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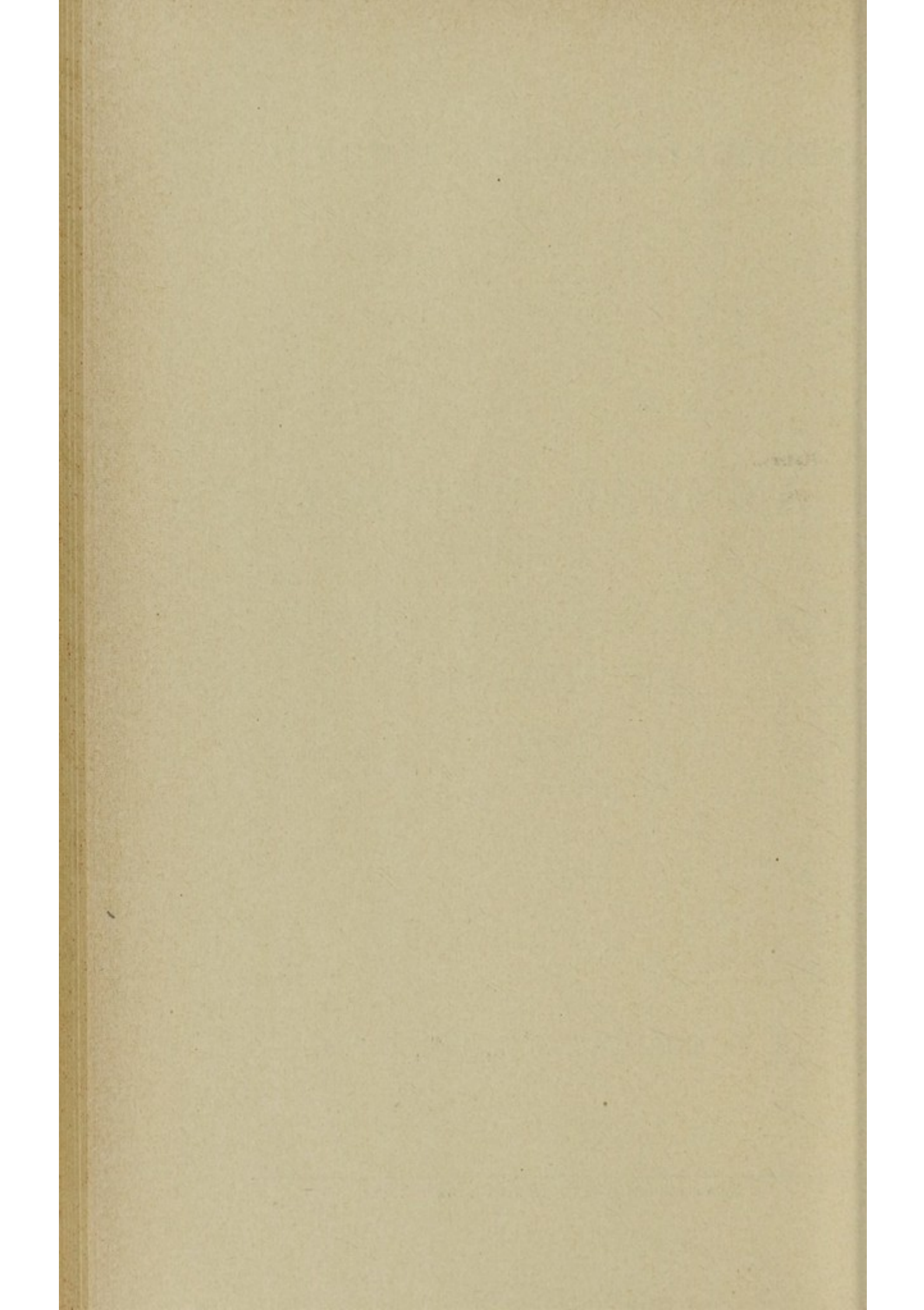
CORNWALL COUNTY COUNCIL

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ANNUAL REPORT  
OF THE  
COUNTY MEDICAL OFFICER  
OF HEALTH  
1959

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R. N. CURNOW, M.B., B.S., D.P.H.





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# HEALTH COMMITTEE

(as constituted at 31st December, 1959)

## Chairman:

Mrs. M. F. WILLIAMS

## Vice-Chairman:

W. J. T. PETERS

## Members:

J. R. BAILEY	J. H. HAWKEN
Mrs. A. M. BLACKWOOD	E. G. LILLEY
Major S. E. BOLITHO	W. E. MILLER
S. J. L. CHUBB	W. G. OLD
E. E. CORY	A. J. ROBERTS
T. B. EDDY	A. SLOMAN
F. EDE	J. M. TAMBLYN
F. G. FORD	Mrs. E. V. TOWNSEND
Mrs. L. GARSTIN	Mrs. D. E. TREFFRY
W. F. GLUYAS	P. M. WILLIAMS
F. L. HARRIS	Mrs. D. M. WILLS

## Representatives of Area Sub-Committees:

Area I	G. SIDONS	Area IV	H. W. HUGHES
Area II	W. HART	Area V	S. A. MARTYN
Area III	Dr. E. H. EASTCOTT	Area VI	Mrs. K. M. ALFORD
	Area VII	D. B. PEACOCK	

## Co-opted Members:

Mrs. W. G. BULTEEL	... Cornwall County Nursing Association
Dr. J. P. B. ARTHUR	... British Red Cross Society
Dr. W. L. STEWART	... St. John Ambulance Brigade
Dr. W. LESLIE	... Local Medical Committee
Miss J. A. FOSTER	... Mental Health

## Ex Officio:

The Chairman of the County Council.  
 The Vice-Chairman of the County Council.  
 The Chairman of the Finance Committee.



The work of the Health Committee is largely done through the following Sub-Committees:—

Ambulance Sub-Committee  
Finance and General Sub-Committee  
Maternity and Child Welfare Sub-Committee  
Welfare Sub-Committee  
Welfare House Sub-Committees  
and  
7 Health Area Sub-Committees



To the Chairman and Members of the Cornwall County Council.

Ladies and Gentlemen,

I have the honour to present the Annual Report on the health of the County of Cornwall for the year 1959.

This is my 21st Annual Report. I thought it might be interesting and possibly encouraging for the Council to look back 21 years and see what major changes have taken place in the Health Services of Cornwall. This progress is, of course, neither the work of one man nor one Department nor one Committee, nor indeed of one Council. It is the result of the work of statutory and voluntary bodies far too numerous to mention here. It is the result of the efforts of workers, both lay and medical, those in clinical practice, in the Public Health Services, in Research Departments, and members of many Voluntary Organisations which have so consistently supported the work of the Health Department. However, it is true to say that had the Health Committee of the County Council been less enthusiastic in their devotion to the cause of health in Cornwall, the accomplishments would have been far less. They can also be regarded as the outcome of a spirit of friendly co-operation between all concerned which seems to flourish in the friendly atmosphere of Cornwall. Much was accomplished during the war years, when the spirit of urgency enabled progress to be speeded which in times of peace would have taken a very much longer time. Immediately following this letter will be found a brief Retrospect of some of the major changes which have taken place during that period.

A glance at the statistics included in the Report will show that the health of the County continues to be satisfactory. As is well known, the various Sections of the Report are contributed by the appropriate members of the staff of the Health Department, and maintain the high standard which the Council has come to expect of them. Much is owed to the devoted service of present and past members of the Health Department for the steady progress that has taken place.



Finally, I would express my sincere appreciation of the continuing help and encouragement which I have always received from the Chairman and Members of the Health Committee, and the support of the many Voluntary Organisations which are associated with the work of my Department.

I am,

Your obedient Servant,

R. N. CURNOW,  
County Medical Officer.

County Hall,  
Truro.  
Telephone No. Truro 4282.  
April, 1960.



## TWENTY-ONE YEARS

### A Retrospect

It may seem strange that a few days before Dunkirk, when the future of the nation was hanging by a thread, I felt it necessary to make a speech about fever hospitals—and even stranger that I found anyone to listen to me. To understand this extraordinary performance it is necessary to go back a short time.

I commenced duty in Cornwall in March, 1939. It seemed likely that war would break out very soon. Cornwall was grouped with the Hebrides as the least likely to suffer air raids. There was little enthusiasm in Cornwall, or for Cornwall at the Ministry of Health, as far as Air Raid Precautions were concerned. But this was to be a reception area for evacuees, and we could expect to receive hundreds of expectant mothers and thousands of children. It seemed wise to see what arrangements there were in Cornwall that could be extended to cope with evacuees.

The total number of hospital maternity beds in Cornwall was seven, at the West Cornwall Miners' and Womens' Hospital, Redruth. I inspected this Department, and finding it riddled with infection, closed it—so then there were no hospital maternity beds in the County. Later in 1939 it was re-opened after being thoroughly cleared of infection. Altogether 95 mothers were delivered in this Department during the year and almost as many—59—in the old workhouses then called Public Assistance Institutions.

In 1939, the County Council ran a clinic at Tuckingmill in a converted private residence. On the first floor were bedrooms which were used for the accommodation of syphilitic in-patients, mothers with puerperal fever, children with ophthalmia neonatorum, and expectant mothers suffering from venereal diseases. Immediate steps were taken to provide alternative accommodation for most of these patients at the Royal Cornwall Infirmary, Truro.

Valuable additions had recently been completed at the larger Voluntary General Hospitals. However, incredible as it may seem now, it is a fact that at the West Cornwall Hospital, Penzance, a general hospital of about 100 beds providing a wide range of medical and surgical treatment, the only qualified nurse was the Matron. Not one of the Ward Sisters, Operating Theatre Sister or Out-Patient Sister, or any other member of the nursing staff was a State Registered Nurse.

The mothers and children coming here from large cities would expect the services at comprehensive clinics to which they had been accustomed. There were none. At Liskeard a combined orthopaedic clinic and infant welfare centre had been built by voluntary subscriptions; at St. Austell a clinic with similar services was nearly completed, also by voluntary subscriptions. The County Council had not provided any comprehensive clinic.



There were 4 Assistant School Medical Officers and 3 Dentists.

The 108 beds at Tehidy Sanatorium were full, and there was a waiting list of about 100. The children's ward was full of children suffering from tuberculous bones and joints, and it too had a waiting list.

There was no Sanitary Section in the Health Department. We knew little about the County's Water Supplies and Sewage Disposal arrangements.

It was thought that the influx of thousands of children would result in heavy epidemics of infectious diseases, and this proved to be the case.

In 1939 there were nine Fever Hospitals in the County, together with two run by Port Health Authorities. These so-called Fever Hospitals were either adapted houses, disused mine houses, cottages or wood and corrugated iron buildings. They provided between them room for 67 beds, but they accommodated in fact 138 overcrowded beds. Two could take only two patients at a time, and five could take only four patients each at a time. Five were lit by oil lamps, and the sanitary arrangements ranged from water closets in some of the converted houses, to buckets in one of the larger Fever Hospitals. In this case, the caretaker had to dig the contents into the garden.

Washing arrangements were limited in some fever hospitals. I remember going into the bathroom in one hospital where there was a wooden form beside the bath. In the bath dirty linen was soaking; on one end of the form were bedpans and on the other cups and saucers.

Some of the arrangements for hospital accommodation for smallpox were just as interesting. One District Council had informed my predecessor just before my arrival in Cornwall that they had arrangements under which a piece of land at . . . Downs could be used, and had also an agreement with a firm of Tent Makers for the purchase of a tent at short notice.

Four of these Fever Hospitals were served by horse ambulances. In at least one case the District Council did not own a horse, but borrowed one from a local tradesman, and if the horse was out on its rounds, the ambulance had to wait until the horse came back. I saw this ambulance. It was very interesting. I had never seen a horse ambulance before.

The new sulphonamide drugs were being used to a greater extent in the treatment of fevers. These required careful administration and skilled nursing. In some fever hospitals nursing was performed by the caretaker and his wife—both untrained in nursing.

There were a few bright spots among the prevailing gloom. The district nursing service run by the County Nursing Association covered the whole County; the ambulance service run by the British Red Cross Society and the St. John Ambulance Brigade seemed adequate for the then small peace-time needs; and the orthopaedic service created by Mr. Rentoul on behalf of



the Cornwall Committee for the Care of Cripples, the Royal Cornwall Infirmary, and the Cornwall County Council, was far ahead of its time.

The first thing to do was to build a reasonable peace-time service on which the enlarged war-time service could be based. To carry out this task, the administrative staff of the Health Department consisted of myself and seven clerks. It was no use looking to the District Council Medical Officers of Health for much assistance. Twenty-three out of twenty-four were in general practice and had, and would have, their hands full with their own commitments.

Then I was appointed the agent of the Ministry of Health to organise the Emergency Hospital Service of the County.

I was greatly encouraged by a visit from the then Minister of Health Mr. Walter Elliott, three days after I commenced duty. "Young man", he said, "If you're not in serious trouble in three months, I shall know you're not doing your duty".

This picture, incomplete as it must be, of the Health Services in Cornwall in 1939, serves as a background to show that the meeting to which I referred in my first sentence was not quite as absurd as it may have seemed. A meeting of representatives of the County Council and the western District Councils had been called at the County Hall on 24th May, 1940. I had hoped to persuade them to allow the County Council to assume responsibility for providing a fever hospital for the west of the County. It may be worth quoting the first few sentences of my speech:—

"The whole purpose of this Conference is to discuss on what lines the fever hospital services of this part of Cornwall should be developed in the future. It has been suggested to me that this is not the time to hold conferences on Public Health; that the gravity of the position across the channel renders such a Conference as this a waste of time; that the results of this Conference cannot be translated into concrete facts for some long time, and by then no-one knows what the position may be. That is not my view. Those across the channel have their responsibilities and we have ours. I am not prepared to believe that the future is so uncertain that we are wasting our time considering it. It is still our responsibility to consider what we are going to do during the war, and when the war is won. There is no doubt that progress in Public Health matters will be affected by the war. Great changes in the Public Health Services are rapidly taking place, and it is our duty to guide our progress along the right lines to see how much good we can get out of the present evil, and it may be considerable; to have a clear-cut idea of the services which we think will be best for Cornwall, and which we hope sooner or later we shall be able to put into operation. Unless we have carefully planned the scheme for the future it will be very easy for us to allow our money and our energies to be spent in a way which we shall regret when peace comes again."



I was obsessed with the idea that we should so do our duty during the war that our own Cornish people would be better served in the future.

Fortunately, the medical staff was considerably strengthened in September, 1939, when Dr. F. J. H. Crawford, the first Deputy County Medical Officer, took up duty. Early in the war Dr. R. H. Simpson was seconded here by the London County Council to act as Senior School Medical Officer and help in the care of evacuated school children. In 1941, Dr. E. C. H. Huddy was appointed as Administrative Assistant Medical Officer in connection with the evacuation scheme, and in 1945 he continued as an Administrative Assistant and Venereologist to the County.

Following the Conference to which I have already referred, the County Council assumed responsibility for providing a Fever Hospital in the west of the County. In June 1940, the Public Assistance Institution at Truro was taken over by the Health Department, and converted into an Isolation Hospital to cope primarily with evacuees. At first 50 beds were provided, subsequently increased to 100, with possibilities of further extension. The anticipated epidemic came in the same year, when there were 392 cases of diphtheria with 26 deaths. On 11th June, 1942, a further conference with District Councils was held, and as a result the responsibility for the provision of Isolation Hospital accommodation throughout the whole County was placed upon the County Council, on the understanding that the arrangements in the far east of the County would be left undisturbed.

A vigorous campaign for immunisation against diphtheria had been inaugurated by the County Council in 1939. Gradually the incidence of diphtheria waned, so that in 1948 half the hospital was converted into offices for the newly formed Hospital Management Committee. Subsequently half the remainder was also given up, and we now manage with 22 staffed beds immediately available for infectious cases from a population of about a quarter of a million.

Early in 1939, arrangements were already in hand for the extension of the maternity accommodation at Redruth from 7 to 15 beds. With considerable hesitation the County Council agreed to assume responsibility for all 15 beds, but doubted very much whether such an enormous number would ever be needed in Cornwall. Later in the year, Emergency Maternity Homes were opened at Hayle (14 beds) and Bodmin (12 beds). In the following year, Ante-Natal Hostels were opened in connection with both these Homes, and a residential nursery set up in the Perranporth Convalescent Home. In the following year, in co-operation with the Cornwall Divisional Hospital Council and the Nuffield Trust, the County Council appointed Mr. J. G. Hastings Ince as the first Consulting Obstetrician in Cornwall. A third Emergency Maternity Home was opened at Polvellan, Looe (18 beds), and the maternity accommodation at Redruth was extended by providing beds at Oak House, Redruth. In the same year, the County Council assumed responsibility for running various war-time nurseries in the County. In



1942, consulting ante-natal clinics were opened up and down the County for the first time, and an obstetric flying squad for emergencies in the home was set up. In 1943, the accommodation at Redruth was further increased by the opening of Trewirgie Corner Annexe.

After the war, the nurseries, ante-natal hostels and emergency maternity homes were closed, but the increased accommodation remained at Redruth, and the Consulting Obstetric Service set up during the war has continued ever since. The 7 beds with which the story started in 1939 can be contrasted with the present number of 80 beds available in the County today, but it is interesting that everyone now agrees that this number of beds is totally inadequate.

During this period the maternal mortality rate, that is, the number of deaths of mothers associated with childbirth per thousand births, has fallen from 3.34 to 0.81, that is to about one-quarter. In 1939, the infant mortality rate, that is, the number of babies in every thousand who died before their first birthday, was 59. Last year it was 16.9. In other words, nearly 200 babies are still alive each year who would have died if this death rate had remained unchanged.

The staffing problems at the West Cornwall Hospital, Penzance, were quickly solved, but not without some difficulties.

The pressure for accommodation at Tehidy Sanatorium caused a lot of anxiety during the war, and repeated representations were made to the Ministry for permission to extend the accommodation. At the end of the war permission was at last obtained, and plans were prepared and approved by the Ministry just at the time of the coming into force of the National Health Service Act, 1946. The Regional Hospital Board accepted the plans, and were able to build a new ward block and a new nurses' home. This building brought the total number of beds at Tehidy up to about 150. It took some years to reduce the waiting list to negligible proportions, but it eventually disappeared, and for some years now the children's ward has been empty. The number of beds occupied in the Chest Hospital now runs at about the figure of 90, including many patients suffering from chest conditions other than tuberculosis. The Department of Chest Surgery which was set up at the Royal Cornwall Infirmary in 1939 under the supervision of Mr. N. Barrett, a Consulting Chest Surgeon from London, now finds its counterpart in the new ward block at Tehidy.

It is, of course, only in recent years that Mantoux Testing, B.C.G. vaccination and Mass Radiography have been introduced on anything like a big scale.

In 1939, 180 persons in Cornwall died from tuberculosis; by 1959 that figure had fallen to 25.



Many of the Emergency Services set up during the war were created, functioned for a few years, and then disappeared. The Emergency Hospital set up in part of St. Lawrence's Hospital, Bodmin, is a good example of this. Hospitals created in large hotels in Cornwall are further examples. The First Aid Posts and First Aid Points closed at the end of the war. The A.R.P. Ambulance Service largely disappeared, but there still remained 10 of its ambulances which were used until 1948 for transport in connection with the County Council's own Hospital Service. The Voluntary Car Pool drivers were transformed into the Hospital Car Service which forms such an essential part of the County Ambulance Service nowadays. The clinics which had to be improvised throughout the County in connection with the evacuation scheme were the fore-runners of the clinics which the County Council has since provided, and is arranging to provide, in the larger centres of population in the County.

In 1944, the Sanitary Section of the Department was set up under the supervision of Mr. W. Shaw, the first County Sanitary Officer. In the following year he carried out a review of the water supplies and sewage disposal system in the County, and at the end of that year the County Council appointed a Consulting Water Engineer. It is difficult to imagine how any examination of the various schemes, costing over £7,000,000, submitted by the District Councils, could have been done without the Section for which Mr. Shaw is responsible. It is interesting to note that over £4,000,000 has been spent on such schemes in Cornwall since 1944, and much still remains to be done. This gives some idea of the deficiencies in these services before the war.

In 1947, the County Council, in co-operation with the Royal Cornwall Infirmary and the Camborne-Redruth Miners' & General Hospital, appointed a consultant in the diseases of children. Unfortunately, the choice was such a good one that he became a University Professor before he could take up his duties in Cornwall. Since the new National Health Service Act was about to come in, it was decided to leave it to the Regional Hospital Board to follow the good example set them. It is unfortunate that they have not yet found themselves able to do so.

In 1947, it was decided that we should have a medical survey of the patients in the chronic sick accommodation of the Public Assistance Institutions. This was carried out by Dr. C. T. Andrews, and it was quite obvious that they would benefit considerably by expert attention. Therefore early in 1948 the County Council appointed Dr. T. S. Wilson as Consulting Geriatrician to take charge of the chronic sick patients in the County. This was the first appointment of its kind outside London, and the results which Dr. Wilson has been able to obtain have shown how wise that appointment was.

In July 1948, the new National Health Service Act came into operation, as also did the new Welfare Service under the National Assistance Act.



In agreement with the District Councils, the administration of the Health Department was largely decentralised to seven Areas, each in charge of a Medical Officer who was not only an Assistant County Medical Officer, but also Medical Officer of Health for the District Councils in the area. In the far west of the County there was already a whole-time Medical Officer of Health, but this new system meant that for the first time 26 out of the 30 District Councils had a whole-time Medical Officer of Health. The partnership between the County Council and the District Councils in the Health Area Sub-Committee has been most fruitful.

Before the Appointed Day, the total annual mileage run by the British Red Cross Society, the St. John Ambulance Brigade, and the County Council ambulances was about 250,000. Now the County Ambulance Service travels about 1,500,000 miles. We no longer use horse ambulances, but we do use helicopters.

The subsequent history of the Health Department, combined as it is now with the Welfare Department, will be fresh in the minds of Members. Possibly the most striking change has been the increase in accommodation for elderly people from 244 places in 1948 to 544 in 1959, coupled as it has been with the closing of many old workhouses and the transferring of the elderly people from the workhouses to very comfortable old folks' homes.

It seems obvious that quite a lot has been done these last 21 years, but the next 21 years will probably see just as great changes. The changing attitude to mental health and the consequent additional responsibilities thrown upon the County Council will probably make our successors in 21 years time as surprised at the present arrangements as we are at the state of affairs 21 years ago.



# CORNWALL COUNTY COUNCIL

## REPORT OF THE COUNTY MEDICAL OFFICER OF HEALTH FOR THE YEAR 1959.

### PUBLIC HEALTH OFFICERS:

**County Medical Officer of Health and Principal School Medical Officer:**

R. N. CURNOW, M.B., B.S., D.P.H.

**Deputy County Medical Officer and Deputy Principal School Medical Officer:**

E. R. HARGREAVES, M.A., M.D., B.Ch., D.P.H.

**Assistant County Medical Officer and Supervisor of Midwives:**

ANNIE MATHER, M.B., Ch.B., D.P.H.

### Assistant County Medical Officers:

Area 1 (Penzance)

D. L. JOHNSON, M.R.C.S., L.R.C.P., D.P.H.

Area 2 (Redruth)

J. F. McCOURT, M.B., B.Ch., B.A.O., D.P.H. (Left 5.10.59)

Area 3 (Truro)

V. E. WHITMAN, B.Sc., M.R.C.S., L.R.C.P., D.P.H., D.T.M. & H:

Area 4 (St. Austell)

J. G. S. TURNER, C.M.G., M.B., Ch.B., B.Sc., D.P.H., D.T.M.

Area 5 (Wadebridge)

\*J. REED, M.B., Ch.B., B.Sc., D.P.H.

Area 6 (Launceston)

\*W. PATERSON, M.B., Ch.B., D.P.H.

Area 7 (Liskeard)

P. J. FOX, M.B., B.Ch., D.P.H.

\*Also School Medical Officer.

### Senior School Medical Officer:

C. C. ELLIOTT, D.S.C., V.R.D., M.D. (Retired 31.5.59)

G. W. WARD, M.B., Ch.B., D.P.H. (Comm. 1.6.59)



**School Medical Officers:**

DOROTHY A. CHOWN, M.R.C.S., L.R.C.P.  
 MARGOT M. COOK, M.D., D.T.M. & H.  
 C. L. KNIGHT, M.R.C.S., L.R.C.P., D.T.M. & H., D.P.H.  
 D. M. McCARTHY, L.R.C.P. & S.I. (Comm. 21.9.59)  
 JEAN D. McMILLAN, B.Sc., M.B., Ch.B.  
 §W. PATERSON, M.B., Ch.B., D.P.H.  
 §J. REED, M.B., Ch.B., B.Sc., D.P.H.  
 B. ROBERTS, M.R.C.S., L.R.C.P.  
 WINIFRED M. RYAN, M.R.C.S., L.R.C.P.  
 G. W. WARD, M.B., Ch.B., D.P.H. (Appt'd Senior S.M.O. 1.6.59)

§Also Assistant County Medical Officer.

**Chief Dental Officer:**

C. A. REYNOLDS, L.D.S.

**Dental Officers:**

Whole-time:—

R. A. CURRIE, L.D.S. (Comm. 1.6.59)  
 H. J. EAGLESON, L.D.S.  
 W. H. ELLAM, B.D.S. (Left 30.9.59)  
 R. H. HAMLYN, L.D.S.  
 N. J. HAWLEY, B.D.S. (Comm. 16.11.59)  
 W. G. HUNTLY, L.D.S. (Comm. 1.10.59)  
 J. E. KENNY, L.D.S. (Comm. 28.7.59)  
 D. A. PATTERSON, L.D.S. (Retired 13.10.59)  
 E. R. TRYTHALL, L.D.S. (Left 31.12.59)

Part-time:—

K. BATTEN, L.D.S.  
 Mrs. M. E. GOODYEAR, L.D.S.  
 Mrs. S. M. SATCHWELL, B.A., L.D.S.  
 C. SKINNER, L.M.S.S.A., L.D.S. (Left 22.4.59)  
 Mrs. L. SMITH, B.D.S. (Left 3.6.59)  
 G. TUNSTALL, L.D.S. (Left 7.11.59)  
 I. E. WHITLING, L.D.S.

**County Public Health Officer:**

W. SHAW, Cert. R.S.I., F.P.H.I.A.

**Assistant County Public Health Officer:**

W. R. SAUNDERS, Cert. R.S.I.

**County Nursing Officer, Non-Medical Supervisor of Midwives, and Superintendent Health Visitor:**

Miss ANN WHITE, M.B.E., S.R.N., S.C.M., Q.N.S., H.V.Cert.



**Deputy County Nursing Officer, etc.:**

Miss E. M. TEAGUE, S.R.N., S.C.M., Q.N.S., H.V.Cert.

**Assistant County Nursing Officers:**

Area 1—Miss A. HANSBURY, S.R.N., S.C.M., Q.N.S., H.V.Cert.

Area 2—Miss A. HOWARTH, S.R.N., S.C.M., Q.N.S., H.V.Cert.

Area 3—Miss E. J. JENNINGS, S.R.N., S.C.M., Q.N.S., H.V.Cert.

Area 4—Miss M. E. SPEAR, S.R.N., S.C.M., Q.N.S., H.V.Cert.

Area 5—

Area 6—Miss K. A. PURKISS, S.R.N., S.C.M., Q.N.S., H.V.Cert.

Area 7—Miss G. I. JESS, S.R.N., S.C.M., Q.N.S., H.V.Cert.

**County Ambulance Officer:**

T. C. TRESIDDER, Commander of the Order of St. John.

**Civil Defence Training Officer:**

F. POLKINGHORNE, Serving Brother, Order of St. John.

**Transport Officer:**

J. J. PEARCE, Officer Brother, Order of St. John.

**Chief County Ambulance Control Officer**

W. H. MAYCOCK.

**County Welfare Officer:**

F. R. MOUNTFORD, D.P.A., A.C.I.S., Barrister at Law.

**Social Welfare Officer:**

Mrs. B. J. BANHAM, B.Sc. (Hons.) Lond., S.R.N., Diploma Social Studies.

**District Welfare Officers:**

T. H. E. BECKETT.

B. BUCKINGHAM

R. J. HURLEY, D.S.A.

**County Mental Health Officer:**

F. E. PASCOE, R.O.'s Cert.

**Educational Psychologist:**

J. E. COLLINS, Ph.D., B.A., Dip.Ed.Psych., A.B.Ps.S.  
(Left 2.5.59)

P. F. PORTWOOD, B.Sc., Dip.Psych., A.B.Ps.S. (Comm. 1.7.59)



**Assistant Educational Psychologist:**

J. J. GROVER, B.A., Dip. Ed.

**Psychiatric Social Worker:**

Miss B. ROGERS, Social Science Diploma.

**Mental Health Worker:**

Miss B. M. SYRETT

**Mental Health and Welfare Officers:**

Area 1—\*P. A. CLIFTON

Area 2—F. A. MARKS

Area 3—S. R. MOYSE

Area 4—W. St. A. SWEET

Area 5—\*A. J. ARMSTRONG

Area 6—\*H. DAVEY, R.O.'s Cert.

Area 7—W. V. COUCH

**Assistant Mental Welfare Officer:**

Area 1—\*R. W. RICHARDS (Comm. 1.4.59)

\*These officers also carry out Welfare duties under Part III of the National Assistance Act, 1948

**Teachers of the Mentally Handicapped:**

Miss A. BALCOMBE, Diploma N.A.M.H.

Mrs. R. M. BLAKE, N.F.U., Diploma N.A.M.H.

Miss E. R. CREWE, Diploma N.A.M.H.

Miss O. TRIST, Diploma N.A.M.H. (Comm. 1.9.59)

**County Home Help Organiser:**

Mrs. E. L. CROTHERS, B.E.M.

**Speech Therapists:**

Miss G. O. FELL, L.C.S.T. (Left 30.9.59)

Miss B. M. GROSSMITH, L.C.S.T. (Left 30.6.59)

**PART-TIME OFFICERS:****Chief Inspector under Food and Drugs Acts:**

K. R. C. MARTIN, M.I.W.M.A. (also Chief Inspector of Weights & Measures)



**Public Analyst:**

ERIC VOELCKER, A.R.C.S., F.R.I.C.  
Analytical Laboratory, Stuart House, 1, Tudor Street,  
London, E.C.4.

**County Pathologist:**

F. D. M. HOCKING, M.Sc., M.B., B.S., F.I.C., F.C.S.,  
Royal Cornwall Infirmary, Truro.

**Chest Physicians:** (under the Regional Hospital Board)

L. W. HALE, M.D., F.R.C.P.  
B. A. G. JENKINS, M.D., M.R.C.P.  
G. A. M. HALL, M.D., M.R.C.S.  
J. C. MELLOR, M.B., Ch.B.



## STATISTICS AND SOCIAL CONDITIONS

Area of the County	...	...	...	864,126 acres
Population, 1959 (Register General's estimate)				337,580
Population, 1951 census	...	...	...	343,447
Population, 1931 census	...	...	...	316,228
Censal Increase	...	...	...	27,219
Percentage increase	...	...	...	8.6
Number of inhabited houses (1951 Census)	...			100,577
Rateable Value	...	...	...	£3,646,617
Sum represented by 1d. rate	...	...	...	£14,724

The Registrar General's mid-year estimate of the population for the Urban and Rural areas during each of the five years 1955—59 is shown in the following table:—

	1955	1956	1957	1958	1959
Urban Districts ..	186,600	185,700	186,800	186,600	187,000
Rural Districts ...	153,160	153,060	151,970	150,780	150,580
Administrative County ...	339,760	338,760	338,770	337,380	337,580
Increase or decrease over previous year ..	—1,590	—1,000	+ 10	—1,490	+ 200

Table I at the end of the Report shows the estimated population and number of births and deaths for 1959 in each of the County Districts in the County, whilst Table II gives a summary of these statistics for the County for recent years.

## Births and Birth Rate

Live Births		Male	Female	Total
Legitimate	...	2,428	2,188	4,616
Illegitimate	...	80	99	179
Total	...	2,508	2,287	4,795
Birth rate per 1,000 of the population		...		14.2
Still Births		Male	Female	Total
Legitimate	...	54	68	122
Illegitimate	...	3	2	5
Total	...	57	70	127
Still birth rate per 1,000 total births		...		25.8



The Birth Rate of 14.2 compares with a rate of 14.4 in 1958. The following are the rates for recent years:—

				Cornwall	England & Wales
1950	...	...	...	14.2	15.8
1951	...	...	...	14.3	15.4
1952	...	...	...	14.3	15.3
1953	...	...	...	14.0	15.4
1954	...	...	...	14.1	15.1
1955	...	...	...	13.0	15.0
1956	...	...	...	14.0	15.6
1957	...	...	...	14.1	16.1
1958	...	...	...	14.4	16.4
1959	...	...	...	14.2	

#### Deaths and Death Rate

Deaths registered in or belonging to the County during the year were as follows:—

Males	...	...	...	2,196
Females	...	...	...	2,332
Total	...	...	...	4,528

This gives a death rate of 13.41 as compared with a rate of 13.7 in 1958. The following are the rates for recent years:—

				Cornwall	England & Wales
1950	...	...	...	13.8	11.6
1951	...	...	...	14.3	12.5
1952	...	...	...	12.8	11.3
1953	...	...	...	13.2	11.4
1954	...	...	...	13.2	11.3
1955	...	...	...	13.8	11.7
1956	...	...	...	13.7	11.7
1957	...	...	...	13.3	11.5
1958	...	...	...	13.7	11.7
1959	...	...	...	13.4	

#### Infant Mortality

There were 81 infant deaths, representing a rate of 16.9 per 1,000 live births. This compares with a rate of 19.3 in 1958. The infant mortality rate is generally considered to be the best index we possess to the social circumstances of an area, as the rate tends to be high where bad housing, overcrowding, defective sanitation, and maternal ignorance and neglect are found.



**Chief causes of death at all ages:—**

	1958	1959
Disease of Heart and Blood Vessels ...	1,930	1,874
Cancer ... ..	814	751
Vascular lesions of nervous system ..	652	729
Respiratory disease ... ..	326	306
Suicide and deaths from violence ...	194	170
Tuberculosis ... ..	43	25

**Deaths from Heart Disease**

Age Group	Urban Districts		Rural Districts		Total
	M.	F.	M.	F.	
Under 1 ...	—	—	—	—	—
1—5 ...	—	—	—	—	—
5—14 ...	—	1	—	1	2
15—24 ...	—	—	—	—	—
25—44 ...	12	1	7	1	21
45—64 ...	101	56	83	36	276
65—74 ...	148	126	110	80	464
75 & over	207	372	167	207	953
	468	556	367	325	1,716*

\*including 6 deaths in the Isles of Scilly.

**Number of Deaths at Different Periods of Life**

Age Group		Male	Female	Total
Under 1 ... ..	...	49	32	81
1—4 ... ..	...	7	9	16
5—14 ... ..	...	8	11	19
15—24 ... ..	...	26	5	31
25—44 ... ..	...	74	56	130
45—64 ... ..	...	496	375	871
65—74 ... ..	...	646	565	1,211
75 & over ... ..	...	902	1,286	2,188
		2,208	2,339	4,547*

\*including 19 deaths in the Isles of Scilly.



The following table shows the number of deaths which occurred in the various age-groups out of every 1,000 deaths which occurred in the County in the years 1909 and 1959:—

1909			1959
139	Under 1 year of age	...	18
49	Aged 1 year to 5 years	...	4
28	Aged 5 to 15 years	...	4
47	Aged 15 to 25 years	...	7
312	Aged 25 to 65 years	...	220
425	Aged 65 years and over	...	747

## NATIONAL HEALTH SERVICE ACTS, 1946—57.

### ADMINISTRATION

The administrative structure described in some detail in earlier Annual Reports has continued to function smoothly.

The areas into which the County has been divided are as follows:—

Area No.	Area Office Address.	County Districts	Area in Acres.	Estimated Population
1	Bellair, Alverton Penzance,	Penzance M.B.	3,155	19,470
		St. Ives M.B.	4,287	8,430
		St. Just U.D.	7,634	4,020
		West Penwith R.D.	59,792	17,260
			<hr/> 74,868 <hr/>	<hr/> 49,180 <hr/>
2	Station Hill, Redruth.	Helston M.B.	4,014	6,750
		Camborne-Redruth U.D.	22,062	35,140
		Kerrier R.D.	90,839	22,520
			<hr/> 116,915 <hr/>	<hr/> 64,410 <hr/>
3	6/7, Lemon Street, Truro,	Falmouth M.B.	1,880	16,630
		Penryn M.B.	829	4,350
		Truro City	2,634	13,510
		Truro R.D.	108,316	26,540
			<hr/> 113,659 <hr/>	<hr/> 61,030 <hr/>



Area No.	Area Office Address.	County Districts	Area in Acres.	Estimated Population
4	Moorland Road, St. Austell.	Fowey M.B.	2,979	2,280
		Lostwithiel M.B.	3,156	2,000
		Newquay U.D.	4,599	10,280
		St. Austell U.D.	18,379	23,760
		St. Austell R.D.	82,389	21,890
			<hr/> 111,502	<hr/> 60,210
5	Brooklyn, Wadebridge.	Bodmin M.B.	3,312	6,080
		Padstow U.D.	3,343	2,950
		Wadebridge R.D.	88,230	14,070
			<hr/> 94,885	<hr/> 23,100
6	Launceston.	Launceston M.B.	2,182	4,680
		Bude-Stratton U.D.	4,294	5,220
		Camelford R.D.	52,544	7,220
		Launceston R.D.	73,051	6,430
		Stratton R.D.	56,285	5,370
			<hr/> 188,356	<hr/> 28,920
7	Westbourne, Liskeard	Liskeard M.B.	2,704	4,270
		Saltash M.B.	5,335	7,450
		Looe U.D.	1,691	3,780
		Torpoint U.D.	975	5,950
		St. Germans R.D.	48,433	15,410
		Liskeard R.D.	104,803	13,870
			<hr/> 163,941	<hr/> 50,730

### CARE OF MOTHERS AND YOUNG CHILDREN

The County Council provides for the care of mothers and young children under Section 22 of the National Health Service Act.

This year there has again been a marked drop in the number of infant deaths and a further slight decrease in the number of still-births, the perinatal mortality rate being 35.35 compared with 36.61 last year. The perinatal mortality rate is the number of stillbirths plus the number of babies dying



in the first week of life per 1,000 total births. A national survey was made into these deaths in 1958, but the results have not yet been published.

### **Ante Natal Care**

Clinics for expectant mothers are held as before in the larger towns and are under the auspices of the Regional Hospital Board. These clinics are staffed by hospital consultants.

Clinics held by domiciliary midwives for their own patients are growing and are held throughout the County. These clinics are mainly educational, where instruction in mothercraft, relaxation, physiology, preparation for labour etc. is given to small groups. Some classes are held in clinic premises or Church Halls, and others in a nurse's home or even in the home of one of the expectant mothers. The number of classes varies from time to time, depending on the demand. During the year 1,260 women made 5,596 attendances—300 more women than in 1958. In addition Mothers' Clubs are held in several towns, and are increasingly popular.

### **Maternity Accommodation**

Maternity beds are provided by the Regional Hospital Board. Patients whose homes are unsuitable for a domiciliary confinement are referred by the County Medical Officer after consideration of their domestic circumstances. A total of 585 women (the same number as last year) were recommended for hospital beds. These were 34 (60) to the West Cornwall Hospital, Penzance; 46 (46) to Redruth Hospital; 241 (228) to Old Tree Maternity Hospital, Launceston; 140 (133) to Trebarras Maternity Home, Liskeard; 77 (73) to Tavistock Maternity Hospital, and 47 (45) to Alexandra Maternity Hospital, Plymouth.

In spite of a further slight reduction in the maternity accommodation available, no woman in real need of a hospital bed was refused admission. In August the maternity unit at West Cornwall Hospital, Penzance, was used for other purposes during alterations at the hospital, and has not since been opened for maternity work. Owing to the closing of part of the Alexandra Hospital, Plymouth, because of staffing difficulties, our allocation of bookings there was reduced. At the time of writing consideration is being given to opening the Edward Bolitho Home, Penzance as a maternity unit, and the Central Midwives Board have approved in principle of the starting of a Part II Training School for midwives there. All women who need beds for medical reasons are referred by their own doctors.



The proportion of hospital confinement is shown in the following table:—

Year	Total No. of births	Percentage of total births occurring in:—			Midwives	
		Patient's Home	Redruth Maternity Unit and other Hospitals	Nursing Homes	Total No. Practising	No. employed by C.C.N.A. or C.C.
1941	5290	65.2	19.1	15.7	231	137
1951	4979	58.3	34.8	6.9	187	120
1952	4993	58.7	35.6	5.7	184	120
1953	4870	55.36	40.92	3.72	186	127
1954	4977	54.22	42.74	3.04	198	135
1955	4547	57.11	40.06	2.83	185	135
1956	4883	54.16	42.69	3.15	173	127
1957	4918	51.71	46.37	1.9	176	132
1958	4999	50.25	48.07	1.7	165	124
1959	4922	50.42	47.15	2.43	160	123

It is to be deplored that the number of ante natal beds in Cornwall is so inadequate. As shown previously, the provision of such beds would reduce the number of emergency admissions to hospital. Among these emergencies were 36 still-births, 10 infant deaths and 4 maternal deaths.

#### Maternity Outfits

Sterilised maternity outfits are available for all domiciliary confinements without charge, and are distributed by midwives to their patients.

#### Care of Unmarried Mothers

All the services are available to unmarried mothers, many of whom are in need of extra help and advice. The Cornwall Social and Moral Welfare Association is subsidised by a grant from the County Council, and the workers of this Association do much of the work for unmarried mothers and their babies. Rosemundy Home at St. Agnes is maintained by the Association.



Girls are admitted to the Home several weeks before their confinements and remain after until suitable arrangements have been made for the care of their babies. There were 59 admissions during the year, and 47 deliveries (Cornish girls 21; non-Cornish but working in Cornwall 4; admitted from other Authorities 22).

### Puerperal Pyrexia

Under the Puerperal Pyrexia Regulations 1951, there were 83 notifications, 72 in hospital and 11 in domiciliary practice.

### Ophthalmia Neonatorum

Only 1 case was notified during the year, and there was no impairment of vision. The number of cases notified per 1,000 live births in recent years is as follows:—

Year	Total cases	No. per 1,000 live births
1950	2	0.4
1951	0	—
1952	5	1.0
1953	4	0.8
1954	1	0.2
1955	0	—
1956	2	0.4
1957	1	0.2
1958	2	0.4
1959	1	0.2

### Maternal Mortality

There were 4 deaths associated with childbirth, giving a maternal mortality rate of 0.81 per 1,000 total births. There were no deaths from puerperal sepsis. All 4 died in hospital after emergency admission; one woman died undelivered and in all the others the babies were stillborn (twins in one case). The following table shows the rates for recent years:—



Year		Total Maternal Deaths	Maternity Mortality Rates		
			Cornwall	England & Wales	
			Annual	Quinquennial	Annual
1950	...	8	1.64	1.21	0.87
1951	...	6	1.20		0.82
1952	...	7	1.40		0.72
1953	...	4	0.82		0.75
1954	...	5	1.01		0.70
1955	...	2	0.44	0.82	0.64
1956	...	8	1.65		0.56
1957	...	2	0.41		0.47
1958	...	4	0.81		0.43
1959	...	4	0.81		0.38

### Toxaemia of Pregnancy

Toxaemia of pregnancy is a cause of many premature and still-births. The cause of this condition is obscure, but it is essential that patients suffering from it should have complete rest in bed. In the early stages they often feel very well, and it is difficult to convince them of this need. The policy of providing home help free for a short period was continued. This is only supplied when no other help is available, and during the year 23 new cases were included in the scheme. One of these patients had an abortion, but all the rest had normal babies, including one case of twins.

### Infant Mortality and Still-births

For many years the maternal mortality rate was considered a measure of the efficiency of the maternity services, but as this figure is now so low it has been superseded by the still-birth rate. The rate for Cornwall has always been higher than that for England and Wales, as is shown by the following table:—

Year		Number of Still-births	Still-birth Rates		
			Cornwall	England & Wales	
			Annual	Quinquennial	Annual
1950	...	125	25.6	25.4	22.6
1951	...	114	23.2		23.0
1952	...	115	23.0		22.7
1953	...	118	24.1		22.4
1954	...	158	31.4		24.0
1955	...	129	28.8	27.5	23.1
1956	...	132	27.6		23.0
1957	...	148	30.1		22.4
1958	...	129	26.1		21.6
1959	...	127	25.8		

There is a very close association between still-births and deaths during the first week of life, as these result from similar causes. These combined



figures give the perinatal mortality rate per 1,000 total births. During the year 47 babies died during their first week of life. The perinatal mortality rate for Cornwall was 35.35.

The following table shows the rates for the past 10 years:—

Year	Still-births	Infant Deaths First Week	Total	Perinatal Mortality Rates	
				Cornwall	England & Wales
1950	125	91	216	44.3	37.4
1951	114	89	203	40.8	38.2
1952	115	92	207	41.5	37.5
1953	118	85	203	41.7	36.9
1954	158	49	207	41.6	38.1
1955	129	75	204	45.5	37.4
1956	132	78	210	43.0	36.7
1957	149	73	222	44.9	36.2
1958	129	54	183	36.6	35.0
1959	127	47	174	35.4	

Investigations were made into 126 of these still-births and 46 of the deaths. The causes were:—

	First week deaths		Still-births	
	Pre-mature	Full Term	Pre-mature	Full Term
Prematurity only	... 18	—	15	—
Associated with maternal toxæmia	... —	—	20	20
Difficult labour and birth injury	... 2	5	6	16
Congenital malformation	... 2	3	14	4
Infection	... 1	1	—	—
Other causes	... 8	6	10	12
Not known	... —	—	—	9
	31	15	65	61
	46		126	

Again there was a marked drop in the number of babies dying during the first year, 81 compared with 94 last year. This gives an infant death rate of 16.9 (19.3) per 1,000 live births. Of these babies, 5 were illegitimate, with a mortality rate of 27.9 compared with 16.2 for legitimate babies.

The number of babies dying during the first 4 weeks of life was 58 (60) and of these 47 died in the first week. The neo-natal death rate is 12.1 (12.3).



Investigations were made into 80 of these infant deaths. The causes were as follows:—

			Neo-natal Deaths (under 4 weeks)	
			Premature	Full Term
Prematurity only	...	...	20	—
Difficult labour and birth injury	...	...	2	5
Congenital malformation	...	...	3	7
Infection	...	...	1	5
Others	...	...	8	6
			<hr/> 34	<hr/> 23
			57	

			Infant Deaths (Over 4 weeks)	
Respiratory infection	...	...	9	
Gastro-enteritis	...	...	—	
Other infections	...	...	2	
Congenital deformities	...	...	11	
Accident	...	...	1	
			<hr/> 13	

The infant mortality rate of 16.9 is the lowest ever reached in Cornwall. This reflects favourably on the social circumstances of the community and the excellent work of the health visitors and nursing staff. This rate has been dropping consistently for many years.

		Infant Mortality Rates			
		Cornwall		England & Wales	
Year		Annual	Quinquennial	Annual	
1898	...	156.2		160	
1900	...	126.3		154	
1910	...	85.5		105	
1920	...	59.5		80	
1930	...	51.3		60	
1940	...	48.3		55	
1950	...	29.2	} 28.4	30	
1951	...	33.0		29.6	
1952	...	30.6		27.6	
1953	...	27.0		26.8	
1954	...	20.8		25.5	
1955	...	26.7	} 22.1	24.9	
1956	...	23.2		23.8	
1957	...	24.8		23.0	
1958	...	19.3		22.5	
1959	...	16.9			



### Deaths of Children 1—4 years

There were 16 deaths in this group. The causes were:—

Pneumonia	...	2
Bronchitis	...	1
Gastro-enteritis	...	—
Congenital malformation	...	4
Accident	...	1
Other causes	...	8

### Premature Babies

It will be seen from the previous tables that half the still-births and two-thirds of the first-week deaths occurred in premature babies. Many of these were very immature, weighing less than  $3\frac{1}{2}$  lbs. at birth. Any baby weighing  $5\frac{1}{2}$  lbs. or less at birth is considered premature, irrespective of the period of gestation. The survival of these babies is very precarious. Many of them whose birth-weight is over  $4\frac{1}{2}$  lbs. have good prospects, but often special care in hospital is advisable. A portable oxygenaire incubator is available in East Cornwall to supply oxygen and keep the baby warm on the journey to the premature baby unit. Special outfits are also available for nursing premature babies at home.

Although 51.6% of the still-births are premature, only 5.8% of live births are under  $5\frac{1}{2}$  lbs., and of these 87.6% survived. The rate of survival increases as birth-weight increases, from 25.8% in babies under  $3\frac{1}{4}$  lbs. to 98.7% in those whose birth-weight is over 5 lbs.

This table shows the place of birth of premature babies:—

Place of Birth		Total live	Neonatal	Stillbirths
		Births	Deaths	
Hospital	...	146	24	46
Nursing Home	...	2	—	1
Home and nursed at home	...	107	2	18
Home and transferred to hospital		21	8	—
		—	—	—
		276	34	65
		—	—	—

### Child Welfare Centres

Child Welfare Centres are sited throughout the County wherever there is a demand. They are mainly in the larger towns. At present there are 40 Centres at which 91 sessions a month are held. Owing to poor attendances the Centre at Downterry was closed. New Centres were opened at St. Day and Cardinham.



There was very little change in the number of attendances, although 633 more children attended than in 1958. Under the National Health Service Act every baby is entitled to advice and treatment from a private doctor. At the Centres, information on mothercraft is given by the doctors and health visitors who staff the clinics. Child Welfare Centres are essentially part of the service concerned with the prevention of diseases, and mothers are encouraged to attend and helped in the wise upbringing of their families. Babies and children under school age are supervised by trained staff.

Number of children who attended Centres	3,887	(3,254)
Number of attendances under 1 year	14,798	(15,126)
Number of attendances 1—2 years	3,643	(3,751)
Number of attendances 2—5 years	4,094	(3,740)
Total number of attendances	22,535	(22,617)

There are also three voluntary Centres, at St. Mawes, Portscatho, and St. Eval, at which 170 (92) children made 1,045 (670) attendances.

(Figures in brackets refer to 1958)

#### Family Planning Clinics

The Family Planning Association with the help of voluntary committees continues to hold clinics at Falmouth, St. Austell, Penzance, Truro and Launceston. The Truro Clinic is held at the Royal Cornwall Infirmary, and all other clinics are held in County Council premises. Specially trained doctors and nurses attend every session.

#### Welfare Foods

Having reported a decrease in the take-up of National Dried Milk of 7,000 tins between 1957 and 1958, it now becomes necessary to report a further decrease in 1959 of 8,166 tins. It is true that some of the decrease is due to alternative methods of supplying hospitals who no longer take from the Local Authority, but as all three other commodities maintain their popularity it would seem that proprietary brands of dried milk are being preferred.

The actual figures are:	1958	1959
National Dried Milk — tins	137,951	129,785
Cod Liver Oil — bottles	19,938	19,172
Vitamin Tablets — packets	12,676	13,468
Orange Juice — bottles	136,443	139,100

A search of the year for something to report reveals nothing of any significance—significantly so. For it means that during another period of twelve months voluntary distributors and the W.V.S. have been handling over Welfare Foods in towns, villages and hamlets—all without reward save the consciousness of public service. Not only have the foods been there



and the customer delighted, but each centre has completed its returns and each return has been so accurate that all four of the County quarterly returns have been balanced without difficulty.

There are in Cornwall only three full-time officers paid out of the rates—for the rest the service runs itself upon the goodwill of its many volunteers.

## DENTAL SERVICE

### REPORT OF CHIEF DENTAL OFFICER

There were many changes in the professional staff during the year. Two full-time officers retired and one other resigned, and four part-time officers—the equivalent of approximately one and a half full-time officers—left the service. Five full-time officers were appointed, but only four had taken up their appointments by the end of the year. The present position is that the service is about four officers below establishment.

In the autumn the dental clinic at Wadebridge moved with the Health Area Office to new premises at "Brooklyn". This is a vast improvement and it will be interesting to see whether this will bring about a greater demand for treatment in that area.

One high-speed air-turbine drill came into use at Truro, and early in 1960 I hope that four others will be provided for the service.

As there is no system of routine inspection of mothers and pre-school children the volume of treatment of the maternity and child welfare dental service is wholly reliant on referrals of expectant and nursing mothers, and to a less extent of children, by doctors, midwives or health visitors. Again this year dental officers had insufficient cases to occupy them for the recommended one-eleventh of their time in this service.

I feel sure that there are many mothers who are deterred by thoughts of expense from obtaining dental treatment, but would take advantage of the scheme were it made more widely known that treatment, including the provisions of dentures where necessary, is free and is available at any of the 21 clinics throughout the County or at the mobile unit.

The numbers of mothers inspected and found to require treatment were slightly higher, but the numbers treated and the amount of treatment carried out, were much the same as in the previous year. Fewer, however, had their treatment completed by the end of the year.

189 dentures were provided for 108 patients, the dentures being made in the County's laboratory at the dental headquarters in Truro.



As with mothers, so with pre-school children, there were fewer treated and completed by the end of the year, but there is a change in the pattern of treatment in that there were 73 fewer teeth filled but 137 more treated with silver nitrate. In total there were 63 more teeth conserved and 24 fewer teeth extracted.

The number of failed appointments of mothers rose to 338, while those of pre-school children was just over 100. This represents a very appreciable amount of treatment time thereby wasted. Unfortunately it is not practicable to allow for this failure to attend as broken appointments do not occur in any regular pattern.

### (1) Dental Care of Expectant and Nursing Mothers and Children under School Age

- (a) Number of Officers employed at the end of year on a salary basis in terms of whole-time officers to the maternity and child welfare service:—

(1) Senior Dental Officer 0.1

(2) Dental Officers .. 0.7

- (b) Number of officers employed at end of year on a sessional basis in terms of whole-time officers to the maternity and child welfare service .. 0.05

- (c) Number of Dental Clinics in operation at end of year . 22

- (d) Total number of sessions (i.e. equivalent complete half-days) devoted to maternity and child welfare patients during the year .. 276

- (e) Number of dental technicians employed in the Local Health Authority's own laboratories at the end of the year .. 2  
+ 1 apprentice

### (2) Dental Treatment

- (A) Numbers provided with Dental Care :

		Expectant & Nursing Mothers	Children under 5
Examined	...	348	483
Needing treatment	...	347	447
Treated	...	310	425
Made dentally fit	...	134	301



(B) Forms of treatment provided :

	Expectant & Nursing Mothers	Children under 5
Scalings and Gum treatment	104	—
Fillings ...	333	308
Silver Nitrate treatment ...	—	635
Crowns or Inlays ...	1	—
Extractions ...	1,018	389
General anaesthetics ...	113	119
Dentures provided—		
(Full upper or lower) ...	117	—
(Partial upper or lower)	72	—
Radiographs ...	40	4

## THE NURSING SERVICE

### REPORT OF THE COUNTY NURSING OFFICER

We come once more to the threshold of a new year and pause to look back over the work of the past year. Reviewing our efforts in trying to achieve the ideals aimed at, 1959 has brought many changes. To those who have grown up in the service of the County, a great deal of satisfaction can be derived from comparing the past with the present. There is also a certain sadness because during 1959 we have parted with eight members of our staff for retirement, although we cannot begrudge them their well earned rest; they will be greatly missed. Among them they have served the County for a total of 188 years, a record to be proud of.

Staff employed by the County Council at 31st December, 1959

#### Administrative Staff

County Nursing Officer	..	..	..	1
Deputy County Nursing Officer	..	..	..	1
Assistant County Nursing Officers	..	..	..	6
				8

#### District Nurse-Midwives/Health Visitors (Whole-time)

"Queen's" Nursing Sisters, S.R.N., S.C.M., H.V.Cert.	..	..	..	44
State Registered Nurses, S.C.M., H.V.Cert.	..	..	..	4



" Queen's " Nursing Sisters, S.R.N., S.C.M.	..	12
State Registered Nurse, S.C.M.	..	1
State Certified Midwives, S.E.A.N.	..	12
<b>District Nurse-Midwives (Whole-time)</b>		
" Queen's " Nursing Sisters, S.R.N., S.C.M.	..	20
State Registered Nurses, S.C.M.	..	17
State Certified Midwives, S.E.A.N.	..	10
<b>District Nurses (Whole-time)</b>		
" Queen's " Male Nurse, S.R.N.	..	1
State Enrolled Assistant Nurse	..	1
		<hr/> 122
<b>Part-time Nurses (Permanent)</b>		
State Registered Nurses	..	3
State Enrolled Assistant Nurse	..	1
		<hr/> 126
<b>Part-time Nurses (Temporary)</b>		
" Queen's " Nursing Sister, S.R.N., S.C.M.	..	1
State Registered Nurse, S.C.M.	..	2
State Registered Nurses	..	6
State Enrolled Assistant Nurses, S.C.M.	..	3
State Enrolled Assistant Nurse	..	1
		<hr/> 13
<b>Whole-time Health Visitors</b>		
" Queen's " Nursing Sisters, S.R.N., S.C.M., H.V.Cert.	..	9
State Registered Nurses, S.C.M., H.V.Cert.	..	20
State Registered Nurses, H.V.Cert.	..	2
Whole-time Tuberculosis Health Visitors	..	7
		<hr/> 38

The above figures show a very slight increase in total staff compared with 31st December, 1958.

#### Sickness

The sickness rate was high again. The total amount was 2,097 days, an average of 12.19 days per person. Again the rise was due mainly to long-term sick leave; 14 members of staff were away for periods varying from 50 to 155 days (a total of 1,231 days).



### Transport

Of the 185 members of staff at 31st December, 1959, 96 were provided with County cars; 84 provided their own; the rest cycled or walked.

### Housing

At 31st December, 1959, the County Nursing Association was responsible for the upkeep of 64 houses or flats.

- 21 of these were owned by the County Council or County Nursing Association;
  - 34 were rented from Local Housing Authorities;
  - 9 were rented from Trusts or privately.
- 
- 64 (housing 78 members of staff)
- 

Twenty-nine of these premises are furnished by the County Nursing Association.

There are still a great many problems in trying to house staff satisfactorily, and while there is a scarcity of houses to rent, with an ever changing staff the problems will not be solved.

### Midwifery (Section 23)

The Midwifery Service during the year has caused anxiety at times because of shortage in some of the Areas, and getting in Refresher Courses and holidays has not been easy. The midwives are also getting more and more requests to start Mothercraft and Relaxation Classes and those midwives who are keen are given the opportunity to attend courses of instruction in this side of their work.

### Refresher Courses

- Twenty-five Midwives attended Midwifery Courses;
- Four Midwives attended Parentcraft Courses;
- Two Supervisors attended a Supervisor's Course.

### Supervision

The Senior Assistant County Medical Officer is Medical Supervisor of Midwives. The County Nursing Officer, her Deputy and six Assistants are Non-medical Supervisors. They paid regular visits to all midwives throughout the year as follows:—

For checking of records	..	476
Other visits, including follow up visits after statutory notifications	..	593



During the year 171 Midwives notified their intention to practise in the County.

Domiciliary, Cornwall County Council ..	139
Domiciliary in private practice ..	3
Institutional—Hospitals ..	26
Nursing Homes ..	3

**Deliveries attended by Domiciliary Midwives:—**

	As Midwives	As Maternity Nurses	Total
Cornwall County Council Midwives ...	1,990	420	2,410
Independent Midwives ...	...	4	4
	<hr/> 1,990 <hr/>	<hr/> 424 <hr/>	<hr/> 2,414 <hr/>

**Deliveries in Institutions:—**

In Hospitals ...	1,928
In Nursing Homes ...	155
	<hr/> 2,083 <hr/>

**Visits paid by County Council Midwives:—**

Ante-natal visits to Domiciliary cases ...	27,131
Ante-natal visits to Hospital Booked cases ...	2,793
Midwifery and Maternity Visits ...	46,131
Visits to Hospital cases returned home	
before the 10th day (emergency admissions) ...	704
between the 10th and 14th days ...	1,288

**Medical Aid forms sent in respect of:—**

Mothers during ante-natal periods ...	434
Mothers during labour ...	782
Mothers during puerperium ...	127
Infants ...	133

**Other Statutory Notifications were received as follows:—**

Stillbirths ...	131
Deaths of Mothers ...	3
Infant Deaths ...	78
Artificial Feeding ...	595
Liability to be a source of infection ...	71



**Attendances at Clinics by Midwives:—**

G.P. Ante-natal Clinics	...	...	...	1,209
Midwives Ante-natal and Relaxation Classes	...	...	...	482
Special Clinics for Health Education and Relaxation	...	...	...	350

**Gas and Air in domiciliary midwifery:—**

	County Council Midwives	Independent Midwives
Number of Midwives qualified to administer Gas and Air	122	3
Number of sets of apparatus	130	
Number of cases to whom administered:—		
Doctor present	344	2
Doctor not present	1,579	—
Number of cases to whom Pethidine was administered:—		
Doctor present	220	1
Doctor not present	836	—

The Midwives attended 381 mothers who were discharged from hospital between the 10th and 14th day. They also accompanied 1,508 patients to hospital by ambulance or car, entailing in all 3,028 hours away from the districts.

**Health Visiting (Section 24)**

During 1959 three candidates were sponsored for the Health Visitors' training. The pattern of the Health Visitor's work over the past years has altered considerably, and in consequence the training has also changed. Mental Welfare, Welfare of the Aged, and work among Problem Families occupies a great deal more of the Health Visitor's time. The staff of whole-time Health Visitors has been increased during the year, and will have to be increased further if their work is to produce satisfactory results. Although the work in some fields has decreased, the extra duties imposed are more time consuming. In order to keep the Health Visitors up-to-date and enthusiastic it is very necessary for them to attend regular Refresher Courses. At the end of the year we had 106 part-time Health Visitors (including 24 acting by virtue of dispensation), the equivalent of 46.7 whole-time Health Visitors.

The following figures show the work of the Health Visitors:—

First visits to children under 1 year	...	4,377
Total visits to children under 1 year	...	49,768
Total visits to children 1—2 years	...	19,848
Total visits to children 2—5 years	...	39,386
Total number of children under 5 visited	...	23,468
Visits to persons over 65 years (social)	...	10,151



Child Life Protection visits	...	27
Social visits to others	...	6,906
Total number of families visited	...	16,797
Attendances at Clinics, etc.—		
Child Welfare Centres	...	1,563
Mothercraft and Relaxation Classes	...	460
Mothers' Clubs	...	101
Minor Ailment Clinics	...	359
Immunisation Sessions	...	938
B.C.G. Vaccination Sessions	...	83
Poliomyelitis Vaccination Sessions	...	850
Lectures and Talks given	...	1,181
Demonstrations	...	493
Attendances at School Medical Sessions	...	1,242
Attendances at School Hygiene Sessions	...	1,514
Re-inspections	...	208
Follow-up visits	...	2,577
No access visits	...	13,577

It will be noted by the above figures that there is an increase in social visits to those over 65 years; also to those under 65 years.

#### Liaison with Other Workers

Our contact with other workers seems to be satisfactory, except in one or two areas. After so many years of working in water-tight compartments, barriers are not always easy to break through. Giving lectures and talks to hospital students and other organisations, i.e. the Red Cross, St. John's, W.V.S. and Women's Institutes does help each to learn something of the other's job. We also arrange for student nurses in general training and from the Chest Hospital to go out on the district with our nurses and health visitors, and from time to time we have students from other countries.

#### Home Nursing (Section 25)

Home Nursing during 1959 was carried out by 74 nurses combining it with midwifery and health visiting; 46 with midwifery only, and 2 doing whole-time Home Nursing. In addition there were 13 part-time staff doing home nursing only.

During the year 3 Nurses completed their "Queen's" District Training. At the end of the year there were 76 "Queen's" Nursing Sisters working in the County, and 1 Male "Queen's" Nurse.



**Work done by District Nurses**

	Number of new Patients
Surgical Cases	... 1,909
Medical Cases	... 6,056
Maternal Complications	... 258
Infectious Diseases	... 36
Tuberculosis	... 209
	<hr/> 8,468 <hr/>

**Visits Paid:—**

Surgical	... 33,358
Medical	... 138,302
Maternal complications	... 2,647
Infectious Diseases	... 209
Tuberculosis	... 13,809
	<hr/> 188,325 <hr/>
Injections included in above	... 73,845

The above-figures include 116,605 visits to patients who were over 65 years of age, and 3,369 visits to children under 5 years of age. Over 20 visits were paid to 1,758 people, making a total of 126,735 visits.

**NURSERIES AND CHILD MINDERS REGULATION ACT, 1948**

There were no registrations under this Act in 1959, and no day nurseries are provided by the County Council.

**NURSING HOMES**

Under Sections 187—194 of the Public Health Act, 1936, the County Council is the Registration Authority for private Nursing and Maternity Homes. This Act states:—

“If any person carries on a nursing home without being registered under this Part of this Act in respect thereof, he shall be liable to a fine not exceeding fifty pounds or, in the case of a second or subsequent offence, to imprisonment for a term not exceeding three months, or to a fine not exceeding fifty pounds, or to both such imprisonment and such fine.....the council may by order refuse to register the applicant if they are satisfied that.....(c) a nursing home.....is not, or will not be under the charge of a person who is either a registered medical practitioner or a qualified nurse and is or will be resident in the home...”

S.199 “.....“nursing home” means any premises used or intended to be used for the reception of, and the providing of nursing for, persons suffering from any sickness, injury or infirmity.....”



All registered Nursing Homes are inspected periodically by the Senior Assistant Medical Officer. No new Homes were registered during the year. There are 7 Nursing Homes in the County with 63 beds—51 general and 12 maternity.

### **DISABLED AND OLD PERSONS' HOMES**

These Homes are registered with the County Council under the National Assistance Act, 1948. During the year 2 registrations were cancelled when the owners removed to new premises, and 7 new Homes were registered. Three Homes increased their accommodation. At the end of the year 33 Homes were registered—30 for old persons (423 beds); 2 for handicapped persons (30 beds) and 1 for the blind (29 beds). All these Homes are inspected regularly.

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### **AMBULANCE SERVICE**

#### **REPORT OF THE COUNTY AMBULANCE OFFICER**

This year's statistics show that the demands made on the Service have increased. With the great influx of visitors to the County during the summer months and the fast-moving motor traffic, the accident rate increases. This itself may seem a small factor, but each accident may involve two or more casualties and many subsequent visits to hospital.

Because of the equable climate the County is fast becoming a health resort to which numbers of older people migrate for retirement. The percentage of the population in the older age groups is one of the highest in England. These older people attending hospitals and clinics are a heavy item of transport to the Ambulance Service.

#### **Maintenance, Servicing and Replacement of Vehicles**

The Maintenance and Servicing branch of the Service continues to function smoothly. With the ageing fleet of vehicles, many of which are over ten years old; numbers of ambulances have exceeded 150,000 miles, and utilecon ambulances over 100,000 miles. Replacements have to be considered. This year we have replaced four ambulances by four dual-purpose vehicles, and included in our 1960/61 budget the replacement of old vehicles by ten new utilecon vehicles and four more diesel dual-purpose ambulances.

#### **Reciprocal Arrangements—Plymouth and Devon**

Arrangements previously reported continue to work well. I take this opportunity of expressing thanks to my colleagues in Plymouth and Devon for their valued co-operation.



### Ambulance Stations

Ambulance stations are sited as follows:—

Main Stations	Ambulances	Utilecons	Whole-time Personnel
Penzance	... 3 + 1R.	2 + 1R.	10
Redruth	... 4	6 + 1R.	14
Falmouth	... 2	2 + 1R.	5
Truro	... 6 + 1R.	4 + 2R.	14
St. Austell	... 3	3	9
Newquay	... 1	1 + 1R.	4
Bodmin	... 2 + 1R.	3	7
Launceston	... 1	2	5
Liskeard	... 3 + 1R.	2 + 1R.	8
Torpoint	... 1	1	4
Saltash	... 1	1	4
Totals	... 27 + 4R.	27 + 7R.	84

(" R " denotes Reserve vehicle).

These staff figures show an increase of one full-time driver-attendant over the 1958 figures.

Voluntary Stations	Ambulances	Utilecons	Whole-time Personnel
Pendeen	... 1	—	—
St. Ives	... 1	—	—
Hayle	... 1*	—	—
Helston	... 1	—	—
Illogan	... 1	—	—
Camborne	... —**	—	—
Indian Queens	... 1	—	—
St. Blazey	... 1	—	—
St. Dennis	... 1*	—	—
Fowey	... 1	—	—
Padstow	... 1	—	—
Wadebridge	... 1	—	—
Camelford	... 1*	—	1
Bude	... 1*	1*	2
Launceston	... 1	—	—
Looe	... 1*	—	2
	15	1	5

\* denotes County-owned vehicles.

\*\* Ambulance from Redruth Main Centre loaned to Camborne S.J.A.B. Division for night and week-end work.

No new stations have been opened during the year. A new station at Truro is under construction, and should be completed by March, 1960. Sance-



tion has now been received to build a new station at Bodmin. Land has been purchased and provision made in the 1960/61 estimates to build a new station at Falmouth.

### Service Statistics

Patients carried and distances covered by the three services are shown in the table below:—

	1952	1955	1957	1958	1959
<b>Ambulance Service</b>					
Patients Carried ...	35,993	36,850	35,835	35,952	42,822
Miles Travelled ...	501,264	516,314	501,721	498,070	539,103
Average miles per patient ...	13.92	14.01	14.00	13.85	12.58
<b>Utilecon Service</b>					
Patients Carried ...	71,540	82,180	86,223	93,590	96,343
Miles Travelled ...	628,932	654,568	658,693	686,993	722,539
Average miles per patient ...	8.79	7.96	7.63	7.34	7.49
<b>Hospital Car Service</b>					
Patients Carried ...	15,604	20,008	21,668	20,876	18,332
Miles Travelled ...	227,303	273,441	284,725	280,877	280,221
Average miles per patient ...	14.56	13.66	13.14	13.45	15.28
<b>Total—All Services</b>					
Patients Carried ...	123,137	139,038	143,726	150,418	157,497
Miles Travelled ...	1,357,499	1,444,323	1,445,139	1,456,940	1,541,863

It will be noted that the 1959 figures show an increase over the 1958 figures of 7,079 patients and 75,923 miles. The increases have occurred as follows:—

	Patients	Miles
Section 27 (Accident and Emergency) ...	1,450	38,282
(Others) ...	4,948	17,111
Other than Section 27 (Cost recoverable from other Committees) ...	681	15,420
	<hr/>	<hr/>
	7,079	70,813
Mileage without patients ...		5,110
		<hr/>
		75,923
		<hr/>



Ambulance Service	Section 27				Other than Section 27				Journeys without Patients		Totals	
Control Area	Accidents and Emergencies		Other Cases		Patients		Miles		Miles		Patients	Miles
	Patients	Miles	Patients	Miles								
Penzance	995	17,691	5,826	41,561	226	828	867	7,047	60,947			
Truro	3,614	87,373	17,741	172,447	4,633	7,729	7,461	25,988	275,010			
Bodmin	2,407	100,854	6,981	97,158	399	1,349	3,785	9,787	203,146			
	7,016	205,918	30,548	311,166	5,258	9,906	12,113	42,822	539,103			
Utilecon Service	15	184	10,375	71,288	331	1,581	168	10,721	73,221			
Penzance	173	3,203	48,255	357,306	6,509	25,554	5,779	54,937	391,842			
Truro	88	3,007	25,741	230,304	4,856	20,852	3,313	30,685	257,476			
Bodmin	276	6,394	84,371	658,898	11,696	47,987	9,260	96,343	722,539			
Hospital Car Service	266	4,064	1,016	12,536	18	16,618						
Penzance	2	12	3,064	46,532	4,621	41,915	273	7,687	88,732			
Truro	—	—	7,369	159,788	1,994	14,129	954	9,363	174,871			
Bodmin	2	12	10,699	210,384	7,631	68,580	1,245	18,332	280,221			

The total number of accident and emergency patients dealt with by the Service during the year was 7,294, an average of one accident or emergency patient every 72 minutes.



**Long Distance Transport**

	1958	1959
Number of Patients carried by Ambulances and Utilecons ...	13	9
Number of Patients carried by Rail (omitting patients for whom C.C. did not pay fares)	196	220
Number of Miles travelled by Patients by rail ...	47,780	54,108
(These figures do not include patients travelling to the Plymouth Clinical Area).		

The annual rate of increase in ambulance work for the County of Cornwall compared with the annual increase for the whole of the Country, is as follows:—

**Annual Percentage Increase in Mileage relative to 1952/53**

	Cornwall	Increase	All Authorities	Increase
	Miles	%	Miles	%
1952/53 ...	1,372,420	—	95,088,550	—
1953/54 ...	1,382,629	0.7	98,731,649	3.8
1954/55 ...	1,474,658	7.4	99,443,622	4.6
1955/56 ...	1,490,759	8.6	102,194,437	7.4
1956/57 ...	1,479,163	7.8	98,931,065	4.0
1957/58 ...	1,479,786	7.8	99,018,043	4.1
1958/59 ...	1,530,847	11.5		

**Annual Percentage Increase in Patients relative to 1952/53**

	Cornwall	Increase	All Authorities	Increase
	Patients	%	Patients	%
1952/53 ...	122,621	—	12,457,595	—
1953/54 ...	127,057	3.6	13,632,960	9.4
1954/55 ...	138,907	13.3	14,391,762	15.5
1955/56 ...	139,535	13.8	15,103,803	21.2
1956/57 ...	138,082	12.6	14,973,331	20.2
1957/58 ...	143,521	17.0	15,079,934	21.0
1958/59 ...	152,459	24.3		

**Voluntary Manning and Hospital Car Service**

During the year the voluntary personnel at Country Centres transported 3,823 patients and travelled 126,382 miles. Thanks are due to the keenness of the St. John Ambulance Brigade and the British Red Cross Society who man the Ambulance Service each night from 7 p.m. to 7 a.m. Mondays to Fridays, and on Saturdays from 1 p.m. to 7 a.m. on Monday mornings.



The Ambulance Service is indebted to the Organisers and drivers of the Hospital Car Service. I wish to express my thanks for the very helpful way in which this Service co-operates with the Ambulance Service as a whole. It is an integral part of the Service.

### Radio Control

In my last report it was stated that it had been decided to equip with radio all operational vehicles operating within this County's Ambulance Service. Control Centres have been set up at Bodmin and Truro to cover the County East and West, with the exception of Area 1 (Penzance, St. Ives, St. Just, West Penwith), which functions as a separate unit. By night all calls go to the County Fire Control at Truro, where they are dealt with, with the assistance where necessary of an Ambulance Duty Officer.

Installation of master sets at the three Controls, and of mobile sets in all operational vehicles has been completed, with a control staff of eight. This has given greater efficiency in mobility and availability of vehicles, and by this re-organisation it was possible to reduce the number of ambulances by two and the staff by five (the latter being achieved by not replacing staff who left the Service), as well as being able to meet an increased demand to convey 4.7% more patients than in 1958.

An analysis of the types of patients carried during the six-months ended 31st December, 1959, has shown that 58.4% of out-patients are physiotherapy and orthopaedic patients, and a pilot scheme is to be introduced on 1st February, 1960, to see if anything can be done to reduce this demand.

### Civil Defence

We have now enrolled 452 volunteers in the Civil Defence Ambulance and Casualty Collecting Section—an increase of 64 volunteers over the 1958 figure. Qualified instructors total 23, consisting of both volunteers and members of the County Ambulance Service.

A team from the Liskeard Ambulance and Casualty Collecting Section competed in the Casualties' Union Competition, open to all Ambulance, Police, St. John, Red Cross and Industrial First Aid Parties in Cornwall, and were placed second, being only five marks behind the winning team from the South Western Electricity Board.

### Competitions

In the Regional Competition of the National Association of Ambulance teams, Cornwall was represented by a team from the Truro County Ambulance Depot and was placed fifth.



## EPIDEMIOLOGY AND PREVENTIVE MEDICINE

Notifications of infectious diseases in each Local Authority during 1959 are shown in Table III at the back of this volume, and in Table IV will be found the number of cases of infectious diseases notified in the County during recent years.

The incidence of Scarlet Fever in 1959, when 190 patients were notified, was higher than it has been for some years. The increase was largely due to a minor epidemic in the Camborne-Redruth and Falmouth areas.

For the second year in succession, notifications of Whooping Cough were very low. Indeed, the figure for 1959 (92 cases) is the lowest on record since the disease first became notifiable in 1940. Immunisation against Whooping Cough was first encouraged in Cornwall in 1952, when a combined prophylactic against Whooping Cough and Diphtheria was introduced in County Council clinics and offered for use to general practitioners. A large percentage of children under 5 years of age are immunised, and this is affecting the annual notifications.

The notifications of Food Poisoning are up slightly, but the figures bear little relationship to the true incidence of the condition and vary with the enthusiasm of the local doctors. One-half of the notifications in 1959 came from the Penzance Borough.

Two cases of Paratyphoid and one of Typhoid occurred during the year. One of the cases of Paratyphoid was a French sailor, taken off a crab boat at Penzance. The second patient with the disease, and also the patient with Typhoid, were inmates of St. Lawrence's Hospital, Bodmin.

The services for the prevention of tuberculosis, run in conjunction with the staff of the South West Regional Hospital Board, continue to work smoothly, and reports from Dr. L. W. Hale, Senior Chest Physician, on the West Cornwall Clinical Area and from Dr. J. C. Mellor, Chest Physician, on the East Cornwall Clinical Area will be found below.

I have continued to act on behalf of the Regional Hospital Board, as Medical Superintendent of the County Isolation Hospital, Truro, for the purpose of correlating and expediting admissions. Clinical duties at the hospital are shared between my Deputy and a Consultant of the Regional Hospital Board, and in this way I am kept in the closest touch with the prevalence and severity of infectious diseases in the County.

### Diphtheria

The County was free from this disease during 1959, and the present



immunisation state in children is shown below:—

Number of children at 31st December, 1959, who had completed a course of Immunisation at any time before that date (i.e. at any time since 1st January, 1945).

Age on 31.12.59 i.e. Born in Year	1959 Under 1	1955—58 1—4	1950—54 5—9	1945—49 10—14	Total Under 15
A. Number of children whose last course (primary or booster) was completed in the period 1955—1959	838	11,851	16,028	12,733	41,450
B. Number of children whose last course (primary or booster) was completed in the period 1954 or earlier	—	—	6,670	15,339	22,009
C. Estimated mid-year child population	4,740	18,460	49,000		72,200
Immunity Index 100A/C	17.68	64.2	58.69		57.41

### Poliomyelitis

For the second year in succession, there were very few cases of Acute Poliomyelitis, and this in spite of a magnificent hot summer.

In all, 13 cases were notified, 11 children and 2 adults. Seven of the patients had no paralysis on leaving hospital, and of the six paralytic patients, only two were at all severe. There were no deaths.

Vaccination against poliomyelitis continues to be well accepted. During the year the scheme was extended to include all up to the age of 25, and by the end of the year the number of people vaccinated with three injections since the inception of the scheme was 50,009.

### Smallpox

No cases of Smallpox occurred during the year. The last occasion on which there were any cases in the County was in 1949. The following table shows the amount of smallpox vaccination carried out in the last ten years.

Year	Live Births	Vaccinated		Total Primary Vaccinations
		Under 1	1—4	
1950	4,819	710	583	1,714
1951	4,865	1,027	605	2,366
1952	4,877	1,079	626	2,092
1953	4,752	1,046	654	2,085
1954	4,819	1,286	690	2,315
1955	4,418	1,215	860	2,389
1956	4,751	947	563	1,735
1957	4,768	1,452	673	2,528
1958	4,875	1,429	816	2,521
1959	4,795	1,398	853	2,574



### Acute Rheumatism

This disease in children under 16 was added to the list of notifiable diseases in Cornwall in 1950, and notifications received since this date are shown in the table below:—

Year	Notified	Classified Non-rheumatic	Classified Acute Rheumatism
1950	31	5	26
1951	30	5	25
1952	17	1	16
1953	16	2	14
1954	10	—	10
1955	—	—	—
1956	19	—	19
1957	15	—	15
1958	3	—	3
1959	4	—	4

### Tuberculosis

The following table shows the new notifications of tuberculosis:—

Year	RESPIRATORY			NON-RESPIRATORY			ALL FORMS		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
1950	143	99	242	22	7	29	165	106	271
1951	139	108	247	25	34	59	164	142	306
1952	165	110	275	20	33	53	185	143	328
1953	160	141	301	35	32	67	195	173	368
1954	141	101	242	18	23	41	159	124	283
1955	155	103	258	15	13	28	170	116	286
1956	115	80	195	8	13	21	123	93	216
1957	118	78	196	9	16	25	127	94	221
1958	124	70	194	4	21	25	128	91	219
1959	118	67	185	10	13	23	128	80	208

The following table shows the deaths from respiratory and non-respiratory tuberculosis in recent years, together with death rates for Cornwall and for England and Wales.



Year	CORNWALL			CORNWALL			ENGLAND & WALES		
	Number of Deaths			Death Rates			Death Rates		
	Respira- tory	Other Forms	All Forms	Respira- tory	Other Forms	All Forms	Respira- tory	Other Forms	All Forms
1939	147	33	180	0.48	0.10	0.58	0.52	0.10	0.62
1940	169	41	210	0.51	0.12	0.63	0.56	0.11	0.67
1941	156	44	200	0.42	0.12	0.54	0.57	0.13	0.70
1942	142	35	177	0.41	0.10	0.51	0.50	0.11	0.61
1943	155	46	201	0.47	0.14	0.61	0.51	0.10	0.61
1944	132	29	161	0.41	0.09	0.50	0.47	0.10	0.57
1945	136	42	178	0.43	0.13	0.56	0.47	0.09	0.56
1946	132	39	171	0.41	0.12	0.53	0.45	0.08	0.53
1947	138	28	166	0.43	0.09	0.52	0.47	0.08	0.55
1948	112	32	144	0.34	0.10	0.44	0.44	0.07	0.51
1949	127	23	150	0.38	0.07	0.45	0.41	0.05	0.46
1950	108	18	126	0.32	0.05	0.37	0.32	0.04	0.36
1951	85	16	101	0.25	0.05	0.30	0.28	0.04	0.32
1952	77	9	86	0.23	0.03	0.25	0.21	0.03	0.24
1953	58	13	71	0.17	0.04	0.21	0.18	0.02	0.20
1954	66	7	73	0.19	0.02	0.21	0.16	0.02	0.18
1955	48	7	55	0.14	0.02	0.16	0.13	0.02	0.15
1956	34	3	37	0.10	0.01	0.11	0.11	0.01	0.12
1957	37	3	40	0.11	0.01	0.12	0.10	0.01	0.11
1958	35	8	43	0.10	0.02	0.13	0.09	0.01	0.10
1959	20	5	25	0.06	0.01	0.07	0.08	0.01	0.09

### SENIOR CHEST PHYSICIAN'S REPORT

#### In-patient work

The bed complement at Tehidy in the year under review was reduced from 153 to 120 beds. The additional 33 beds have been classified as "available" pending consideration of their use for elderly fracture cases, long stay sick children, ante-natal patients, young chronic sick, etc., for all of which successively it was felt that there was neither nursing staff nor appropriate ward accommodation.

Tuberculous admissions continue to fall in all categories—214 in 1958 to 174 in 1959. The decline in notifications also continued—184 in 1957, 165 in 1958 and 139 in 1959.

Meanwhile, the demand for non-tuberculous chest beds showed a very marked rise,—172 in 1958 (when beds were first allocated for this purpose) to 269 in 1959. Less than one-third of these patients were in the "Chronic Chest" category, 71 were emergency admissions, and more than 50 were non-respiratory medical cases admitted for want of beds in general hospitals.



It is apparent that the hospital is covering a considerably wider field than hitherto, and not only in respiratory diseases.

In 1952 283 patients were treated in a complement of 189 beds, while in 1959, 704 patients were treated in an average number of 136 beds. This greatly increased turnover has involved more work both administratively and on the clinical side. In order to facilitate this work one male ward and part of a female ward (a total of 29 beds) were converted for medical non-tuberculous patients; and the minimal allocation (a flexible one) of medical beds on the new block was increased from 10 to 16.

Twelve tuberculous and forty-nine non-tuberculous cases were transferred from the medical wards at Tehidy to the surgical unit for major surgery, about half the major operative work for the year.

### Waiting List

On the medical side this varied from 3 to 5 patients of either sex, no difficulties arising in respect of urgent admissions.

The post of Senior Physiotherapist at Tehidy has been filled, and with the increasing requirements for respiratory physiotherapy and lung function testing (in the conduct of which the physiotherapist has been trained to assist) the volume of work would justify two whole-time physiotherapists.

### Out-patient Work

The location of clinics has continued unchanged. The efficiency of the Camborne clinics has been greatly increased by the availability of an X-ray apparatus in the building.

Chest Clinic "first attendances" were 9% lower than last year, and re-attendances 2.13% higher. Contact Clinic attendances have continued at a high level, the figure being 9.8% contacts seen per new case notified; B.C.G. Vaccination of contacts has continued to increase, and over 2,000 school-leaving children were vaccinated by the Department's staff in co-operation with the Public Health Department.

The list of persistent infectious cases is under regular scrutiny, in particular regarding the anti-biotic sensitivity of their bacilli, and by various means, some reduction in the number of these cases has been achieved.

In this connection, it is observed that a biochemical test of a selection of patients having home therapy suggests that a third of them were either taking less of their medication than the prescribed dose, or none at all—causing drug resistance, a factor to be borne in mind in assessing the value of chemotherapy at home.



Dr. J. C. Mellor, who looks after the east of the County, writes as follows:—

“No alteration was made in the location and frequency of clinics during 1959, clinics being held at Launceston (average one a week), Liskeard (average one a week) and Beaumont House (twice weekly).

The overall attendance at the clinics was virtually unchanged, 3,017 as opposed to 2,992 in 1958. The attendance at the general practitioner mass miniature radiography session at Beaumont House on Wednesday evenings showed a slight fall during the year, 251 persons attending as opposed to 335 the year before. Two cases of active tuberculosis were found however,—a good yield—and it is felt that this service should be encouraged.

Contact clinics continue to be well attended and an average of 6.6 contacts was examined for each new case admitted to the register. This high average reflects great credit on the work of the two health visitors concerned. Despite this, the results were rather disappointing in that only 7 cases were found from contact examination, and 4 of these cases were in one family group. 16% of contacts listed and invited to the clinic failed to attend, the majority being in the 60+ age group. It is felt that nothing more can be done beyond legislation!

New notifications increased by approximately 50%—a figure not wholly unexpected. The reservoir is probably being tapped more effectively, but unquestionably it still remains. This latter remark is based on the fact that there does not seem to be any appreciable fall in the number of natural tuberculin positive school leavers during the last twelve months.

There was still a known reservoir of 9 sputum positive cases at home at the end of the year, compared to 10 the previous year.

One should not be discouraged by the figures produced for 1959, particularly the higher notification rate. Cornwall is not an island, and inevitably the tourist traffic adds to one's difficulties.

I would like to close this short report with a thought for the (immediate) tomorrow—why not extend the B.C.G. programme?

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#### REPORT OF THE DIRECTOR OF THE MASS RADIOGRAPHY UNIT

The following is a summary of the work carried out in Cornwall during the year ended 31st December, 1959.

		Male	Female	Total
Number examined	...	9,912	11,445	21,357



## Incidence of Disease

## A. Pulmonary Tuberculosis

1. Newly discovered significant cases:—	
Requiring treatment	35
Requiring observation	30
2. No further action	74
3. Previously known	88

## B. Other conditions

Pneumonia	29
Bronchiectasis	11
Bronchitis and emphysema	21
Asthma	2
Sarcoidosis	4
Pneumoconiosis	23
Carcinoma of bronchus	5
Thyroid enlargement	12
Cyst of lung	1
Cyst of rib	1
Diaphragmatic abnormality	8
Cardio-vascular disease—	
Acquired	31
Congenital	6
Pleural effusion	2
Left mastectomy	1
Old gunshot wound	1
Pulmonary fibrosis	4
Pleural thickening	15
Bony abnormality	5

Age and sex analysis of newly discovered significant cases  
of pulmonary tuberculosis (group 1 above)

	—15	15—24	25—34	35—44	45—59	60+
Males	2	—	5	7	20	11
Females	2	3	1	8	5	1

## GROUP ANALYSIS

Group	Number Examined			Tuberculosis Requiring Treatment		
	Male	Female	Total	Male	Female	Total
National Service						
Entrants	147	2	147	—	—	—
General Practitioner						
referrals	59	72	131	1	1	2
Schoolchildren	2,656	3,114	5,770	1	2	3
Contact groups	261	552	813	—	—	—
Industrial surveys	188	—	188	1	—	1



Group	Number Examined			Tuberculosis Requiring Treatment		
	Male	Female	Total	Male	Female	Total
Firms ...	1,317	960	2,277	3	1	4
Students ...	350	280	630	—	—	—
School Staff ...	257	404	661	—	1	1
Homes for the Aged ...	2	5	7	—	—	—
Public ...	4,015	5,370	9,385	12	6	18
Mental Patients ...	455	539	994	5	1	6
Mental Hospital						
Staff ...	183	120	303	—	—	—
General Hospital						
Staff ...	22	29	51	—	—	—

### Convalescent Accommodation

Arrangements continue to be made to provide convalescent accommodation of the 'holiday home' type, and 83 patients were accommodated during the year. Patients are assessed to contribute in accordance with their means towards the cost, and arrangements were also made for some patients, not included in the above total, whose means were such that they met the charges directly.

## CARE & AFTER-CARE

### Tuberculosis

The environmental circumstances of each newly notified case of tuberculosis are reported upon by a Health Visitor unless the medical practitioner indicates that he does not wish the patient to be visited. The Health Visitor arranges for the patient and contacts to attend at the nearest clinic, where the report is available to the Chest Physician.

If a domiciliary visit is necessary, this is arranged by the Health Visitor. The Chest Physician refers appropriate cases to the National Assistance Board, issues any certificate required (e.g. for the exclusion of a child from school) and advises the Health Area Office of any such action taken by completing a report form which is forwarded with the report on home conditions, and also contains any recommendations the Chest Physician may wish to make regarding re-housing, the loan of a garden shelter, bed or bedding, or the grant of extra nourishment etc.

Recommendations for after-care are made on purely clinical grounds and the decision whether it should be provided by the County Council is made by the Assistant County Medical Officer after investigation of the financial circumstances of the patient.

The closest co-operation between the Health Area Office and the National Assistance Board ensures that everything possible is done to secure the social and physical welfare of patients and their families through the financial



assistance of the Board and the after-care service of the County Council.

The Chest Physicians who are responsible for the treatment of tuberculosis are concerned also with preventive and care work, and are accordingly appointed jointly by the Regional Hospital Board and the County Council.

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## HEALTH EDUCATION

Since the National Health Service Act came into force there has been steady progress in health education. This is essential to modern public health problems where personal effort is of paramount importance. Environmental hygiene is dealt with by local authorities, but the personal health services which have increased so much in recent years require the active participation of the individual people concerned. Such things as home safety, personal hygiene, active immunity, child care, satisfactory use of leisure, and rehabilitation, to name but a few, need a very active effort in addition to some knowledge of the subject.

A few years ago public indifference was a factor to be contended with as many people are not interested in health until they are ill. It is not always appreciated that health and well-being do not come by chance, but need definite individual effort for their promotion. There is more enthusiasm from both public and staff than there was 12 years ago in health education. The fact that people are becoming more health conscious is shown by the increasing number of requests for health education, as it is realised that health is a topic which affects every member of the community. This work is mainly carried out by the staff of the Health Department, either as lectures or group discussions. The latter are probably more effective, people being most impressed by conclusions they have reached themselves after debate led by an expert in the subject; these decisions are longer remembered.

Talks by doctors, health visitors and nurses are given by many Clinics and organisations on a great variety of subjects concerned with health. These talks are augmented by the many visual and aural aids which are available, and are always popular. By attending refresher courses members of the staff are kept up to date with the latest developments and methods, which they in turn pass on to their colleagues and patients. Health education acts as its own publicity agent, and often a speaker is asked to return for another lecture or to visit a nearby village.

Since 1952 midwives throughout the County have been helping their patients by training in relaxation and exercises to prepare for their confinements. Women have been instructed in the use of analgesia apparatus,



and also in anatomy and the course of labour with the help of birth atlases. It is the dread of the unknown which causes so much apprehension at this time, and by imparting knowledge, anxiety is lessened. Many hundreds of Cornish women have benefitted from this 'natural childbirth.' Midwives have reported their astonishment at the ease with which some babies are born after these courses.

This year the health department exhibited a stand at the Royal Cornwall Show, depicting "Home Safety", "Clean Food", "Posture and Defects", and "Immunisation". Members of the staff were in attendance to answer enquiries and to give further information. The stand was seen with great interest by many visitors. It has since been exhibited in various towns in the County.

Although so much has been accomplished, there are still wide fields of endeavour and many paths to be trodden in health education.

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### DOMESTIC HELP SERVICE

This service continues to provide domestic help to many families. Throughout the year 660 new cases have been accepted, and these, together with 486 cases which were receiving help prior to 1st January, 1959, make a total of 1,146 households who have benefitted from the service.

The total number of cases bears little relation to the volume of work undertaken by the W.V.S. Organisers, as apart from the follow-up visits, each request for a home help must be investigated. On many occasions the Organiser finds that, following the application from a doctor, nurse or hospital almoner for a home help, the patient has relatives or friends to assist her or has made private arrangements for domestic help.

By far the greatest rise is in the demand from the chronic sick, some of whom should be in hospital but who resolutely cling to their own homes and are grateful to their home help for her care of themselves and their homes. Many of these old people are lonely, having no friends or relatives to visit them, and to them the arrival of the friendly home help is the one bright spot in their day. The hours of duty in these homes vary between 4 and 21 per week, and are allocated according to individual needs.

Reference must also be made to the assistance given to old people through the Home Aid Scheme, which has relieved the pressure on the Home Help Service to a very large extent. The service is for people who require up to 8 hours of help per week for heavy domestic work and who are also eligible for National Assistance. The County Home Aid Specialist reports that the service continues to work satisfactorily. There are 32 Women's Voluntary Service Specialists operating throughout the County, covering



211 cases. In the rural areas it is not always easy to find suitable women for the work, but almost without exception the old people have been fixed up with a suitable aid by sheer persistence of the local specialist.

The work with problem families continues; some of these are in the category of hard-core problem families and will need assistance at least until the children are grown up. By giving this help we hope to instil higher ideals and a better standard in the next generation.

While there is a considerable number of problem families in the County, there are relatively few who could and would benefit from the new teaching approach to this work. The following is an instance where satisfactory results are being obtained. Following the death of her mother a young girl of 16 was removed from the grammar school to run the home for her father, sister aged 6, and brother aged 3. The family are living in condemned property and when the County Home Help Organiser visited with the Health Visitor, the home was in chaos and the young housekeeper was untidy, pale and lethargic. The specially selected home help took this family in hand and has restored order and taught the daughter better methods in household management, shopping, etc. It is hoped that the family will be rehoused in the near future and it is considered that when this happens it will be possible to withdraw the home help. The elder daughter is interested in nursing, and with her father's full approval she has joined the Red Cross and attends the lectures regularly and is a very keen student.

The following table shows the number of home helps employed and the cases served.

	Number of home helps employed:			Number of cases served:			
	Whole time	Part time	Spare time	Mater-nity	Tubercu-losis	Chronic sick & old age	Others
Area 1	4	3	29	21	4	118	10
Area 2	6	10	33	28	6	139	33
Area 3	10	11	16	47	3	156	35
Area 4	—	10	39	45	3	148	43
Area 5	—	—	25	19	1	54	15
Area 6	—	1	25	10	—	38	8
Area 7	—	4	35	16	—	86	12
Resident	2	—	3	34	—	4	10
	22	39	205	220	17	743	166
		244		1,146			



The following table shows the work over the past five years.

Year	Equivalent No. of Whole-time H. Hs.	Maternity	Tubercu- losis	Chronic sick & old age	Others	Total
1955	146.5	236	43	632	307	1,218
1956	127.3	231	33	535	324	1,123
1957	122.7	220	30	584	238	1,072
1958	122.7	244	20	671	173	1,108
1959	124.5	220	17	743	166	1,146

I must again express my thanks to Lady Carew Pole, W.V.S. County Organiser, and all the Women's Voluntary Service Home Help Organisers and Home Aid Specialists who give their time and energy to this often demanding but rewarding work.

## MENTAL HEALTH

### 1. Administration

#### (a) Committee

For some years the Mental Health Services of the County Council have been administered by the Welfare Sub-Committee of the Health Committee. This sub-Committee is responsible also for the Welfare Services under the provisions of the National Assistance Act of 1948. With the advent of the Mental Health Act, 1959, and the very considerable development which will ensue, it is obvious that a Mental Health Sub-Committee must be appointed, to deal with mental health matters only. It is hoped that such a Sub-Committee will be constituted in early 1960, and that the normal pattern of quarterly meetings will be followed.

#### (b) (1) Staff

The staff engaged in mental health work is shown at the commencement of this report. Three changes have occurred during the year under review. Dr. J. E. Collins, Educational Psychologist, left to take up another appointment and he has been succeeded by Mr. P. F. Portwood. Mr. R. W. Richards has filled a new post in Area I, that of Assistant Mental Welfare Officer. Miss O. Trist, a former voluntary worker in our group training scheme for the mentally handicapped, has joined the staff as an assistant teacher, having successfully taken the training course of the National Association for Mental Health.



The lay administration and supervision of the Mental Health Services, excluding Child Guidance, is carried out by the County Mental Health Officer, and 8 male and 1 female officers in the field are responsible for the day to day community care of the mentally disordered. Four teachers of the mentally handicapped provide training for children who cannot be included in the Education system. During the next few years there must be a considerable expansion of staff engaged in this work. More assistant Mental Welfare Officers must be appointed and trained, to deal with increased case loads, and replace principal officers as they retire. Establishment has already been created for a second female social worker, who will operate in the North and East of the County.

From the medical viewpoint, the School Medical Officers, supported by Dr. D. Prentice, Medical Superintendent of the Royal Western Counties Hospital, have given valuable help with problems relating to the mentally handicapped. Dr. J. F. Donovan, Medical Superintendent of St. Lawrence's Hospital, has worked in close liaison with me, particularly with regard to future planning. It is hoped that the Regional Hospital Board will be able to arrange a definite allocation of his time, in the near future, so that he can devote regular sessions as my medical adviser in Mental Health matters.

#### (b) (2) **Training of Staff**

For some years I have written on the need for a nationally organised scheme of staff training for officers engaged in Mental Health work. The publication of the Report of the Working Party on Social Workers in the Local Authority Health and Welfare Services, or as it is known the "Young-husband Report", is therefore a most welcome document. It supports much of what I have said in the past, and its implementation should be considered a matter of urgency. Even so, several years must elapse before trained Social Workers reach their ultimate field of operations, and with the immediate expansion of work which is taking place, the interim period will be difficult. The only way in which our own needs can be met is by the appointment of assistant staff, who will work under the Area Mental Welfare Officers and be seconded for academic training when this is available.

Some years ago, a short training course was run by a member of the medical staff of St. Lawrence's Hospital from which our officers derived a great deal of benefit. It is hoped, that a similar but rather more comprehensive course can be organised during 1960, although this depends to a large extent on the appointment of more medical staff at the Hospital. In the meantime officers will continue to attend University refresher courses of one week duration when available.

Whilst discussing the question of staffing and training, one most vital factor must not be lost sight of—salaries. Social work has long been recognised as a vocation, and references are often made to dedicated staff, with



the inference that salary is of minor consideration. Social work is still a vocation, staff are still dedicated to their particular field of endeavour, but as the Young husband Report so rightly states, salaries and career prospects must be made far more attractive if we are to find staff of the required calibre for the years ahead.

**(c) Mental Health Act, 1959**

In my Report for 1958, I gave a brief outline of some of the major points of the Mental Health Bill and as the Act has followed the Bill in such close detail I do not propose to repeat my comments. The Act, however, is of such tremendous and far reaching importance that it would be quite impossible to omit comment altogether. Coupled with Section 28 of the National Health Service Act, 1946, it gives Local Authorities ample powers to provide a really first class mental health service and at the time of writing this report proposals have been prepared to give full scope for this to be done. These will be dealt with in detail in my report for 1960.

One important change in drafting which appeared in the Act, was the placing of a definite duty on the Mental Welfare Officer to make an application for the admission of a patient to hospital or guardianship where this was necessary. Under the Bill no specific duty was placed on anyone to initiate proceedings, and this could have led to some confusion in practice. It does, however, mean that the Mental Welfare Officer will still carry a heavy responsibility in the discharge of his duties.

**(d) Co-ordination with Regional Hospital Boards and Hospital Management Committees**

Liaison with these Authorities has always been extremely good in Cornwall, and I am a member of the St. Lawrence's Hospital Management Committee. Quarterly meetings have also been held between the Medical Officers of Health of the four Local Health Authorities in the South West, their senior Mental Health Officers and the senior staff of the Royal Western Counties Hospital Group. The Assistant Senior Medical Officer of the South Western Regional Hospital Board has also attended these meetings.

There is no doubt that with the very rapid expansion of Local Authority Mental Health Services, and the re-allocation of responsibility for certain types of residential care, considerable overlapping will take place if Hospital and Local Authority services are not properly co-ordinated. A Psychiatric Sub-Committee of the West Cornwall Clinical Area Medical Advisory Committee was therefore formed, and met regularly during the year, under the chairmanship of Dr. J. F. Donovan, Medical Superintendent of St. Lawrence's Hospital. The members of this Sub-Committee were drawn from Hospital, Geriatric, General Practitioner and Local Authority Services. I represented the Local Health Authority and Mr. Mountford the County Welfare Officer and Mr. Pascoe the County Mental Health Officer were co-opted as additional



members of the Sub-Committee. Dr. R. L. Cheverton attending the meetings on behalf of the South Western Regional Hospital Board. After a great deal of discussion, a comprehensive report was prepared, setting out a co-ordinated programme of development, and this report has been accepted in principle by the Committees concerned.

Regular case conferences have been attended by the mental health staff of the County Council throughout the year and personal contact at this level is of great value to all concerned. I should like to thank all members of the hospital staff, both at St. Lawrence's and the Royal Western Counties Hospital, who have taken part in these case discussions, and contributed towards the cordial relationship which has developed.

#### **(e) Duties Delegated to Voluntary Associations**

No duties in mental health are delegated to voluntary associations, although the utmost value is placed upon voluntary help, where it is needed. The main scope for voluntary effort at present is in our Group Training Scheme for the Mentally Handicapped, and it is here that the Hospital Car Service, Women's Voluntary Service, British Red Cross Society and St. John's Ambulance Brigade give a great deal of practical assistance. Their efforts are very much appreciated. The County Council also supports the National Association for Mental Health, and this Association of long standing and experience is always ready to advise and render aid when required.

### **2. Account of work undertaken in the Community**

#### **(a) Prevention of mental illness, care and after care**

A glance at the statistics at the end of this report will show that admissions to psychiatric hospitals dropped slightly during the year, being 959 patients, as against 1,011 for the previous year. This change is so small that I would not like to say that the steadily rising admission rate over the last ten years has been permanently checked. On the other hand, it may well be that improving out-patient facilities are at last reducing the very large number of annual admissions. Towards the end of the year, hospitals were informed by the Minister of Health that suitable patients could be admitted on an informal basis, and this method will in future cover the vast majority of cases requiring hospital care. During 1959, it was necessary in only just over 6% of all admissions to use the compulsory power of certification to ensure that the patients received the care and treatment they needed.

There is no doubt of the tremendous task which lies ahead and of the challenge to those engaged in mental health work. Whilst improved out-patient facilities in their present form may reduce the number of persons requiring hospital in-patient care, they do nothing to reduce the number who are mentally ill. It is impossible to assess the vast number of people suffering from neurotic illnesses in one form or another, but it has been



estimated that between one quarter and one third of all absences from work stem from psychological factors. Add to this the vast number of people who live unsatisfactory and unprofitable lives, but who never come within the scope of psychiatric services, and some idea of the size of the problem emerges.

It is argued that there is no more psychiatric illness present in our community today than 20 or 50 years ago, and the vast increase in patient numbers is due to a much wider understanding by the general public, and great strides in the care and treatment of the mentally disordered. I am partly in agreement with these reasons, but I do not think they represent the whole answer. As far as I know, psychotic illnesses have not increased; possibly they have diminished, but the various neurotic states seem to have multiplied. We hear so often about "stress diseases", but should stress exist in a community which according to the popular phrase "has never had it so good"? Many theories have been advanced to account for the growing problem of mental disorder, ranging from the welfare state to international tension. Theories, however, are not enough unless they are supported by facts, and facts can only come to light after long and patient research. With the impetus of the "new look" Mental Health Service, I hope that sufficient thought and money will be given to many research projects on a national or even international scale, and that during the next decade we shall have the answers to many of our present problems.

Preventive work at Local Authority level has consisted of lectures by all members of the mental health staff to varied audiences, such as health visitors and nurses, parents, voluntary organisations and other groups. In this way a great deal is accomplished in giving the public at large a much better insight into mental health and an understanding of human problems. The Child Guidance Service has also been very active throughout the year dealing with the many and varied behaviour disorders in children and young persons. The work of this service is described fully in my separate report as Principal School Medical Officer.

After-care work has progressed steadily throughout the year, with the mental health staff of the County Council working in very close liaison with the staff of the hospitals. Patients about to leave hospital are discussed at regular case conferences and a close relationship thus exists between the psychiatrists concerned with the patients' treatment and the social worker responsible for after-care. Psychiatric out-patient clinics are also closely linked with after-care work, and I am pleased to say that the mental health staff of the Local Authority now attend regularly at some of these clinics where they carry out much of the associated social work, both from the preventive and after-care viewpoints.

#### **(b) Initial Proceedings by Mental Welfare Officers**

The seven male Mental Welfare Officers and one Assistant who deal with



the bulk of the field work of the Mental Health Service on an area basis admitted 683 patients to psychiatric hospitals during the year. This is a higher total than ever before and represents approximately two-thirds of all admissions. In 1951 only half of all admissions were dealt with by the Mental Welfare Officers, and the increase shows quite clearly how much more these officers have become part of our essential community services. They work in the closest co-operation with general practitioners and psychiatrists and operate a 24 hour service. Of the 683 patients admitted, only just over 8% required the full process of certification, the remainder entering hospital under a short term procedure or as voluntary or informal patients.

The mental welfare officers have always worked under difficulties, carrying very high case loads, plus the stress of being continuously on call. In addition the very nature of their duties can give rise to a great deal of emotional conflict. Despite these factors the field staff have acquitted themselves with credit throughout the year.

#### **(c) Mental Deficiency Acts, 1913 to 1938**

##### **(i) Ascertainment and Supervision**

The work carried out under this section has proceeded smoothly throughout the year, and the 70 new cases reported were offset by a similar number discharged from supervision or admitted to Hospitals. Over 600 mentally handicapped persons in Cornwall are under supervision in the community and they and their families are helped in many ways. The main and most serious problem during the year was, and still is, the lack of accommodation for really urgent cases requiring hospital care. The waiting list rose to 58 patients by the end of the year, of which 23 were in urgent need, despite the fact that our admissions for the year reached the highest ever total of 61. In addition to these figures, 16 patients were admitted for short periods, to enable harrassed relatives to have some respite.

There is no doubt that a very real need exists for additional accommodation, a need that must be met without delay, even by some temporary expedient if necessary. It is virtually impossible to obtain other than a very occasional vacancy anywhere in the South Western Regional Hospital Board's area, for any grade of patient with the exception of high grade females. This gives rise to crisis upon crisis, which social work alone cannot solve. It may be argued that with the anticipated expansion of Local Authority services, particularly residential hostels, much of the present need will be met. In my opinion this will not be so, as the majority of patients for whom hospital accommodation is now sought, would prove unsuitable for any form of Local Authority care. Strong representations are being made to the South Western Regional Hospital Board for some positive action to remedy the present situation and I hope that I shall be able to report on a much more satisfactory state of affairs next year.



Before leaving the community care of the mentally handicapped, mention must be made of the success achieved by research into the small clinical group of phenylketonurics. Although this represents only a very small proportion of our severely sub-normal population, early diagnosis and appropriate treatment should prevent future cases of associated mental defect arising. The simple diagnostic test is now being carried out on all babies in Cornwall soon after birth.

## (ii) Occupation and Training

The Group Training scheme which has been developing in Cornwall over the past five years has worked well throughout the year, although I cannot pretend that our present service is doing more than touching the fringe of the problem. Three main groups operate at Hayle, Falmouth and St. Austell two days weekly, with smaller groups at Wadebridge, Bude and Liskeard one day weekly. Supplemented by some home teaching this means that just under 100 children and young persons receive some training at the most, two days weekly. The County Council approved in principle the establishment of a Full time Junior Training Centre in the western half of the County, during 1959, but owing to a great deal of difficulty over the purchase of a site, work has not yet started on this project. I am pleased to say, however, that at the time of writing this report negotiations are well advanced for the purchase of a suitable site and building should commence during 1960.



" Ready for School "

Some of our pupils at a Group Training Centre



It is most apparent that training facilities for the mentally disordered are a high priority in Cornwall, and our proposals, yet to receive the approval of the Minister, have made provision for four Training Centres and three Residential Hostels as the first stage of mental health development in the County. At the present time we have four qualified teachers of the mentally handicapped, who run the Group Training Scheme with a great deal of voluntary help and these teachers will provide the nucleus of trained staff for the new centres.

In commenting on the work of the past year, I should like to thank our teachers for all they have done, not only in training the children under their care, but in public relations with parents, voluntary organisations and other interested persons. I should also like to thank the voluntary helpers in the Training Centres, and the escorts who give their time seeing that their charges are safely conveyed to and from the Centres. Special mention must be made of the practical interest in our training group at Hayle which has been given by employees of Messrs. Holman Brothers, Ltd., at Camborne. By regular subscription amongst themselves, they have provided the Centre with a tape-recorder, a record player, and numerous smaller items, and their genuine compassion for some of their less fortunate fellows is very much appreciated.

#### Mental Health Statistics at 31st December, 1959

(The figures in brackets indicate the numbers at 31.12.1958)

##### 1. Mental Patients

(a) Admissions during the year by Duly Authorised Officers.

Name of Hospital.	Certified		Voluntary		Temporary		Section 11 or 20.		Section 21.		Informal		Total	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
St. Lawrence's Hospital, Bodmin	25 (31)	33 (49)	132 (155)	180 (234)	1 (3)	1 (8)	71 (7)	109 (8)	33 (40)	58 (87)	9	14	271 (236)	395 (386)
Moorhaven Hospital, Devon	—	—	5 (2)	9 (4)	—	—	—	3	—	— (1)	—	—	5 (2)	12 (5)
	25 (31)	33 (49)	137 (157)	189 (238)	1 (3)	1 (8)	71 (7)	112 (8)	33 (40)	58 (88)	9	14	276 (238)	407 (391)

Total admissions during 1959 by Duly Authorised Officers ... 683  
(629)







## 2. Mental Deficiency

(a) Number of new cases reported during the year.

How Reported	M	F.	Total
(1) Notified by the Education Committee:— Education Act, 1944.			
(a) Section 57(3) ... ..	12 (16)	9 (6)	21 (22)
(b) Section 57(4) ... ..	—	—	—
(c) Section 57(5) ... ..	14 (16)	9 (7)	23 (23)
(2) Reported from other sources and ascertained as mental defectives	10 (12)	16 (8)	26 (20)
	36 (44)	34 (21)	70 (65)

(b) Cases residing in the Community.

Type of Case	M.	F.	Total
(1) Under Statutory Supervision ...	297 (293)	260 (263)	557 (556)
(2) Under Friendly Supervision ...	24 (21)	24 (26)	48 (47)
(3) Under Guardianship ...	—	1 (2)	1 (2)
(4) On licence from Institutions but supervised by County Council ... (These figures also included in Table (e)).	8 (6)	3 (4)	11 (10)
	329 (320)	288 (295)	617 (615)



## (c) Cases awaiting admission to Hospitals.

Classification	M.	F.	Total
(1) Over the age of 16 years.			
(a) Idiots ... ..	2 (3)	— (—)	2 (3)
(b) Imbeciles ... ..	10 (7)	3 (2)	13 (9)
(c) Feeble-minded persons ...	9 (6)	3 (2)	12 (8)
(2) Under the age of 16 years.			
(a) Idiots ... ..	6 (6)	6 (5)	12 (11)
(b) Imbeciles ... ..	11 (11)	8 (8)	19 (19)
(c) Feeble-minded persons ...	— (1)	— (—)	— (1)
	38 (34)	20 (17)	58 (51)

(These figures include 6 males and 2 females of idiot grade and 1 female of imbecile grade under the age of 16 at present in an Approved Home, where they can remain until they reach the age of 6 years. Also included are 1 adult male idiot at St. Lawrence's Hospital, Bodmin, and 4 adult male imbeciles at Budock Hospital, Falmouth, pending transfer to mental deficiency accommodation).



## (d) Admissions to Hospitals during the year.

Name of Hospital	Mental Deficiency Acts, Sections 3, 6, 8 or 9		Mental Deficiency Acts, Section 15		On an informal basis		Total	
	M	F	M	F	M	F	M	F
Royal Western Counties Hospital Group	4 (7)	2 (1)	— (—)	— (—)	11 (14)	25 (17)	15 (21)	27 (18)
Other Hospitals and Approved Homes	1 (1)	— (3)	— (—)	— (—)	11 (5)	7 (3)	12 (6)	7 (6)
	5 (8)	2 (4)	— (—)	— (—)	22 (19)	32 (20)	27 (27)	34 (24)

Total admissions during 1959 ... 61 (51)

(In addition to these figures 9 males and 7 females were admitted to temporary care under Circular 5/52).

## (e) Cases in Hospitals (Including Licence Cases).

Name of Hospital	M.	F.	Total
Royal Western Counties Hospital Group ... ..	219 (214)	192 (177)	411 (391)
Other Hospitals ... ..	74 (72)	43 (39)	117 (111)
Cases in other Hospitals in "Place of Safety" accommodation ... ..	—	—	—
	293 (286)	235 (216)	528 (502)



## WELFARE SERVICES

## THE AGED AND THE INFIRM

## 1. Accommodation Provided

The position with regard to accommodation was fully reported in the last Report. Suffice it to say that the new Home at Newquay (named Penberthy House in honour of Alderman J. C. Penberthy who has done such splendid work over many years for the Welfare Services in Cornwall) was opened during the year, and that adaptations are to be carried out during 1960.

Work commenced on the new Frail Ambulant Home at Camborne, and it is hoped this important addition to the Welfare Accommodation will be completed (or nearing completion) by the end of 1960.

The following is the return of persons in Welfare Accommodation at 31st December, 1959:—

Establishment	Men	Women	Total
<b>Joint User Establishments</b>			
Meneage Hospital, Helston	8	12	20
Sedgemoor Priory, St. Austell	72	55	127
Lamellion Hospital, Liskeard	26	43	69
<b>Residential Homes</b>			
St. Michael's, Penzance	7	14	21
Endsleigh, Newquay	7	20	27
Polvellan, Looe	6	26	32
Cliffe House, Falmouth	15	15	30
Carew House, Hayle	18	7	25
St. Hilary, Bude	17	15	32
Penberthy House, Newquay	4	6	10
<b>Voluntary Homes</b>			
Bude Eventide Home	2	10	12
Caprera, St. Austell	7	14	21
Liskeard Eventide Home	—	11	11
Perran Bay Hotel, Perranporth	7	20	27
Epiphany Home, St. Agnes	15	18	33
Rosewin Home, Truro	—	22	22
St. Teresa's, Marazion	4	3	7
Methodist Homes—Ilkley and Liverpool	—	2	2



Ex-Officers' Home, Bishopsteignton	...	1	—	1
Richard Cusden Home, London	...	—	1	1
S.O.S. Home, London	...	—	1	1
Nurses' Memorial Home, Reigate	...	—	1	1
W.V.S. Club, Southsea	...	—	1	1

#### Homes provided by other Authorities

Essex C.C.	...	—	1	1
Pembroke C.C.	...	1	—	1
Devon C.C.	...	2	—	2
East Ham C.B.C.	...	1	—	1
Plymouth C.B.C.	...	2	—	2
Total Old People	...	222	318	540

#### Blind Homes

Malabar, Truro	...	7	16	23
Torr, Plymouth	...	2	7	9
Royal School for the Blind, Leatherhead		1	—	1
29, The Avenue, Wanstead, Essex	...	1	—	1

#### Epileptic Colonies

Chalfont, Bucks.	...	1	5	6
David Lewis, Cheshire	...	—	1	1
Meath Home, Godalming	...	—	1	1

#### Special Homes for Spastics, etc.

Coombe Farm, Croydon	...	1	—	1
Ponds Home, Beaconsfield	...	—	1	1

#### Deaf and Dumb

Bath	...	1	—	1
Total Handicapped Persons	...	14	31	45



**Temporary Accommodation**

	Men	Women	Children	Total
Hostel, 17, North Street, St. Austell ...	4	5	14	23
Cameron Estate, St. Agnes ...	4	4	25	33
Caravan at Buller Hill, Redruth ...	1	1	3	5
Caravan at Carn Brea Lane, Redruth ...	—	1	1	2
Cottage at Lanreath ...	1	—	2	3
Total in Temporary Accommodation ...	10	11	45	66
GRAND TOTALS ...	246	360	45	651
Less chargeable to Other Authorities ...	1	2	—	3
NET TOTAL ...	245	358	45	648

The above figures of persons in residential accommodation on the 31st December, 1959, are made up of the following classes, and attention is drawn to the fact that more than one half of the men and women in the care of the County Council are either physically or mentally handicapped.

	Aged	M	102
		F	145
Not materially handicapped			
	Not Aged	M	3
		F	4
	Aged	M	13
		F	28
Blind			
	Not Aged	M	3
		F	6
	Aged	M	3
		F	—
Deaf			
	Not Aged	M	2
		F	2
	Aged	M	3
		F	4
Epileptic			
	Not Aged	M	3
		F	12
	Aged	M	44
		F	63
Others physically handicapped			
	Not Aged	M	14
		F	13
	Aged	M	12
		F	37
Mentally handicapped			
	Not Aged	M	28
		F	32
	Total	...	576



## Persons in Temporary Accommodation

Persons over age 16	Evicted	M	9
		F	11
	Other	M	2
		F	1
Children accompanied by persons over age 16	Evicted	...	45
	Other	...	5
Total		..	73

## Registration of Old Persons' and Disabled Persons' Homes (Sect. 37-40 of the National Assistance Act, 1948)

Types of Homes	Homes on the register on the night of 31.12.59	
	Number of Homes	Number of residents for whom provision made
Homes for Old Persons	... 30	374
Homes for Disabled Persons	... 2	30
Homes for Old Persons and Disabled Persons	2	69
Total	... 34	473

2. Residential hostels for mentally ill or handicapped old persons who do not need hospital care and treatment, but who are unable to live in their own or other people's homes

The provision of residential hostels by the County Council for the mentally ill and handicapped represents a complete change in policy. When the National Health Service Act, 1946, came into operation all residential services in mental health were taken over by the Regional Hospital Board. There are undoubtedly many patients in mental and mental deficiency hospitals who do not in the narrow sense require hospital care. It is the intention that this type of patient should in future reside in hostels or homes provided by the County Council if no other arrangements can be made in the community. One of the problems to be faced is the wide variety of patients for whom the County Council should provide hostels.



The first task for the County Council in the provision of homes or hostels will be additional establishments for aged persons with mild mental deterioration. A very large number of old people now cared for in hospitals, mainly St. Lawrence's Hospital, Bodmin, do not in fact need hospital care and could live in much happier surroundings if smaller Homes were available. Under the arrangements forecast by the Act, St. Lawrence's Hospital will be concerned primarily with the active treatment of treatable patients. Long-stay elderly patients who need continuous nursing care will be accommodated in long-stay annexes run by the St. Lawrence's Hospital Management Committee. Long-stay patients who do not require continuous nursing care will be accommodated in Homes for elderly psychiatric patients run by the County Council.

To meet this need it will be necessary for the County Council to provide at least three residential Homes with specially trained staff for elderly persons with mild senile mental deterioration. These new Local Authority Homes will be in addition to the ordinary Old Persons' Homes, and it has been decided that one such Home be established in each of the financial years 1960/61, 1961/62, 1962/63.

### 3. Meals on Wheels

Through the good offices of local Old People's Committees, the W.V.S., and others, a Meals on Wheels Service is in operation in the following places and is meeting a great need.

#### FALMOUTH—

started in 1958—24 meals delivered once a week.

#### CAMBORNE—

inaugurated October, 1959—24 meals delivered twice weekly.

#### ST. AUSTELL—

inaugurated December, 1959—12 meals delivered twice weekly.

#### PENZANCE—

inaugurated December, 1959—24 meals delivered twice weekly.

Arrangements are being made to extend this service to other towns and villages in Cornwall in 1960.



## CARE OF THE HANDICAPPED

During the year 1st January, 1959 to 1st January, 1960, the names of 58 men and boys, and 47 women and girls have been added to the County Council's Register of the permanently handicapped. The distribution both by age and type of disability will be seen in the accompanying table, but attention is drawn to the fact that the total number on the County Council's Handicapped Register is now 648 males and 386 females. This number of 1,034 includes 63 Epileptics and 58 Spastics. The County Council Register is wider in its scope than either that maintained by the Ministry of Labour or the Cornwall Committee for the Care of Cripples.

The work amongst the handicapped has continued to be full of variety and interest and most rewarding. It is always unwise to illustrate the type of work undertaken by means of case histories, as these tend to be easily identified, but I should like to stress that one of our principal aims in our work among the severely disabled, be it by injury or disease, is to recognise and as far as possible to mitigate the stress which is to some extent inevitable within a family, one member of which is permanently handicapped. We try to meet this difficulty in three ways. First, by regular visiting, so that the whole family may come to regard the Welfare Officer for the Handicapped as a friend to whom they can turn in any time of particular difficulty. We recognise that in this capacity we are but an adjunct to the general practitioner to whom the family will look for advice and help, and with whom we work in close accord, but there are often problems which the patient or his family may regard as being either too unimportant or too laborious to be brought to the doctor's notice. Secondly, the provision of aids and appliances. We interpret this in a wide sense and where possible we provide anything (hoists, wash-boilers, special beds, feeding aids, etc.) which will lessen the burden carried by those looking after the severely handicapped. Thirdly, and perhaps the most important of all, we endeavour to provide respite for the relatives, and a welcome change for the patient, by means of a holiday at St. Teresa's Cheshire Home, Marazion.

The County Council has made an arrangement with St. Teresa's for two beds, one of which during the year under review has been kept continually occupied by short stay patients. It is hoped that in the year 1960, both beds will be constantly available for these short stay cases. The knowledge that this holiday can be arranged and that the cost to the patient will be well within his means (the difference being met by the County Council) very often makes it possible for a patient to remain in his own home, whereas without an occasional relief, the burden of caring for him might be so great that relatives might well find it necessary to apply for a permanent hospital bed for him. Secure in the knowledge that the patient is happy and well cared for, the relatives can often enjoy a well earned holiday themselves, and return better able to take up their task once more. In the more severe cases where at all possible, we offer several periods at



St. Teresa's and we find this most invaluable, both from the standpoint of human happiness, and of economy in the use of hospital beds. In this context, I quote from Dr. John Delargy writing in the British Medical Journal of 16th January, 1960, regarding a scheme at Laythorne Hospital, London, E.11, which summarises exactly our experience in this connection, for it is with the chronic neurological disorders that primarily we have been dealing.

"As a result of experience gained in this field, the technique has been applied to help patients in the younger age groups suffering from chronic neurological disorders. A special ward known as the 'Social Rehabilitation Unit' has been equipped and geared to cater for their special needs, and, judging from the heightened morale of patients and relatives, it is clear that a great need has been met. As chronic illness mobilizes aggressiveness, it is important to help the chronic neurological patient to come to terms with his disability and make him one with his family and the community. This is the aim of rehabilitation. Regular periods of six weeks in hospital followed by regular periods of six weeks at home has succeeded in mobilizing patients psychologically, when we have failed to mobilize them physically. The hard line between living at home and living in hospital is blurred with a net gain in favour of living at home. The rhythm of life is altered for both patients and relatives, and their horizons widened. Family affection is thus preserved and a sense of responsibility maintained.

It is the continuity of care which is psychologically crippling, resulting in anxious patients, emotionally exhausted relatives, and frustrated general practitioners. As too long a sacrifice can make stone of the heart, alternate hospital and home care has an important role to play in the social problems of chronic disease. Much of this rehabilitation can be accomplished in a domestic setting, and this aspect is worth further study and research."

One important side of the help given by the County Council to handicapped persons is the provision of various kinds of aids and the alteration of premises so that electrically propelled chairs which are supplied by the Ministry of Health can be fully used by the patient. Some indication of the extent of this assistance is given below:—

**Summary of special aids and equipment supplied on loan by the Cornwall County Council to Disabled Persons during the past three years**

Elbow crutches	...	4
Lifting Hoists—hydraulic	...	2
—ceiling	...	2
Special beds, with lifting pole and Dunlopillo mattress		6
Sley Ride Invalid Chair	...	1
Specially constructed invalid chair—not obtainable under N.H.S.	...	1
Tripod Walking Aids	...	4



Extra long Zimmer Walking Sticks	...	1
Specially constructed stationary chair	...	1
Retriever Sticks	...	3
Zedbed	...	1
Specially constructed day bed (adapted Theatre Trolley) with head, arm rest and Dunlopillo mattress	...	1
Bed Linen	...	3
Latex Cushion	...	1
Dunlopillo Cushion—specially made	...	1
Specially constructed lavatory seats	...	3
Feeding Aids (sets)	...	2
Fracture Boards (set)	...	1
Walking Machine	...	1
Sanichair	...	2
Special splint as made for St. Clement's Hospital to Consultant's design	...	1
Garden sheds in which patients can work, 1 from Toc H, St. Austell area; 1 from Rotary Club, Camborne-Redruth area	...	2
Wireless set and licence — wireless from the Bed-ridden Society	...	1

#### **Alterations to Premises**

Ramps, alterations to paths, levelling off steps and alterations to entrances	...	15
Handrails, extra bannisters	...	2

#### **Special Grants**

£5 towards special working clothes for a deaf boy		
Child's special hearing aid	...	1
Surgical corset	...	1
Railway fares for interview to National Spastics Society Assessment Clinics	...	4

#### **Holidays for Handicapped People**

At Epiphany Home, St. Agnes — married couple (husband disabled, wife recently undergone operation); one man; one woman	...	4
At St. Teresa's, Marazion—(most of these patients had a holiday at St. Teresa's last year)	...	22

#### **Additional work undertaken by the Department**

Enquiries on behalf of the Almoners of all the hospitals in the County, and, in addition, on behalf of the Almoner, Mount Gold Hospital, Plymouth.



Investigations and social work for the Invalid Children's Aid Association.

Social work for Remploy and Holy Cross Home, Mullion.

Arrangements for admission of epileptics to Chalfont Colony and Meath Home. There are 7 patients in Epileptic Colonies and 2 in Special Spastic Homes.

Arrange interviews and admissions to the National Spastics Society Establishments.

We maintain close contact always with the Group Disablement Resettlement Officer and the Local Disablement Officers of the Ministry of Labour and the Manager of Remploy with regard to consideration of patients for placement in open industry, and for employment at Remploy.

It is difficult to define Social Welfare. It is something in which the Voluntary Bodies, such as the Cornwall Committee for the Care of Cripples, and the County Council Welfare Department are working co-partners.

It is said of doctors that their duty is—To Cure—sometimes; To Relieve—often; To Comfort—always. The first is solely the province of the doctor. In the second, however, perhaps Social Welfare can share by the provision of the special equipment and aids which have been mentioned, and which can do a great deal to make life easier for those who are handicapped. But in the third, viz. "To Comfort—always", Welfare Workers and, indeed, the community as a whole, have an ever increasing share, namely to bring comfort to those who are distressed and to re-assure the disabled. Some of the handicapped feel that they are different from their fellows. It is our privilege and duty to make them respected and accepted individual members of the community as a whole. As I conceive our work, it is to be neighbours to any who need our help and comfort, whatever their station in life.

It has been said that, in these days of the Welfare State, the three R's have returned to us revitalised in their relationship of the handicapped. The modern three R's may be stated briefly as:—

- (1) the relief of symptoms
- (2) the restoration of function, and
- (3) the return of the handicapped person to the community as an adjusted, happy and accepted individual.

## BLIND AND PARTIALLY SIGHTED PERSONS

### Blind

There were 859 blind people on the register at 31st December, 1959.

New admissions during the year	...	100
Deaths	...	104



Seven Home Teachers are employed in the County who make regular visits to both the blind and partially sighted.

Handicraft Classes are held fortnightly at the following places:—Penzance, Falmouth, Redruth, St. Austell, St. Dennis, Newquay, Bodmin, Torpoint, and Gunnislake. A weekly class is held at the Home for the Blind. Social Centres are held once a month at Penzance, Redruth, Falmouth and Launceston.

Members of the Rotary Clubs and the Red Cross, as well as other voluntary drivers, help with the transport of blind people to and from the Centres.

During the year sales of goods made by the blind have been held at St. Ives, Newquay, Bodmin and Launceston, as well as at local shows. The Cornwall County Association for the Blind also had a stand at the Royal Cornwall Show which was most successful. During the summer months outings are arranged for blind people from each area. Special events are arranged for the children during the school holidays. In addition to crafts taught at the Centres, lessons are given by the Home Teachers to the home-bound blind people. Reading embossed type is also taught.

Each year an allocation of wireless sets is received from the British Wireless for the Blind Fund. In addition to the All-Main and Battery sets, V.H.F. models are now being supplied. Batteries are supplied at reduced cost through the Fund, and the Association makes provision against the cost of repairs.

Three blind people have attended Rehabilitation Courses. Two have been admitted for training at Workshops for the Blind. One young woman is a student at Exeter University.

The Home for the Blind has had its full quota of residents during the year.

Applications for pensions from other voluntary Societies have been made for those blind people who are in need. There are now 161 blind people in the County who are in receipt of these pensions. Grants for special purposes have been made from funds at the disposal of the Association.



## Register of Blind Persons:—

Age Period	Age Groups of Blind Persons			Age at which Blindness Occurred		
	Males	Females	Total	Males	Females	Total
0	—	—	—	23	31	54
1	—	—	—	—	—	—
2	1	—	1	2	—	2
3	—	—	—	2	1	3
4	—	1	1	1	—	1
5—10	2	2	4	11	11	22
11—15	7	4	11	7	6	13
16—20	4	—	4	11	6	17
21—29	8	5	13	16	16	32
30—39	15	19	34	27	18	45
40—49	21	22	43	35	51	86
50—59	49	47	96	54	67	121
60—64	29	31	60	29	50	79
65—69	39	34	73	22	48	70
70—79	87	154	241	53	120	173
80—84	33	85	118	25	49	74
85—89	33	69	102	13	31	44
90 & over	10	48	58	2	9	11
Unknown	—	—	—	5	7	12
Totals	338	521	859	338	521	859

## New cases registered during the year:—

Age Period	Age Groups			Age at Onset		
	Males	Females	Total	Males	Females	Total
0—4	1	—	1	2	—	2
5—10	—	—	—	—	—	—
11—15	—	1	1	—	1	1
16—20	—	—	—	—	—	—
21—29	—	—	—	—	—	—
30—39	—	2	2	—	2	2
40—49	1	1	2	—	3	3
50—59	5	4	9	5	3	8
60—64	1	3	4	2	5	7
65—69	4	6	10	4	5	9
70—79	10	19	29	14	17	31
80—84	14	5	19	11	6	17
85—89	7	10	17	5	9	14
90 & over	—	6	6	—	4	4
Unknown	—	—	—	—	2	2
	43	57	100	43	57	100



Blind Children under 16 years:					Males	Females	Total
1.	Age under 2	...	...	...	—	—	—
2.	Age 2—4						
	Educable	...	...	...	1	1	2
	Ineducable	...	...	...	—	—	—
					<hr/> 1	<hr/> 1	<hr/> 2
3.	Age 5—15						
	Educable						
	Attending Special School for the Blind						
	(i) Blind with NO other defects				6	3	9
	(ii) Blind WITH other defects ...				1	1	2
	Attending other Schools						
	(i) Blind with NO other defect				—	—	—
	Not at School						
	(i) Blind with NO other defects				1	1	2
	(ii) Blind WITH other defects ...				—	1	1
					<hr/> 8	<hr/> 6	<hr/> 14
	Ineducable						
	In M.D. Institutions						
	(i) Blind ... ..				1	—	1
	(ii) Blind with multiple defects ...				—	—	—
	At home or elsewhere						
	(i) Blind ... ..				—	—	—
	(ii) Blind with multiple defects ...				—	—	—
					<hr/> 1	<hr/> —	<hr/> 1
	Total children	...			<hr/> 10	<hr/> 7	<hr/> 17

#### Education, Training and Employment (Age periods 16 years and upwards)

	Males	Females	Total
1. At School			
Age Group 16—20	—	—	—
2. Undergoing Training			
(i) For sheltered employment ...	2	—	2
(ii) For open employment ...	2	—	2
(iii) Professional or University ...	—	1	1
	<hr/> 4	<hr/> 1	<hr/> 5



3. Employed			Males	Females	Total
(a)	In Workshops for the Blind ...		3	—	3
(b)	As approved Home Workers ...		9	5	14
	All other not included in (a) or (b)		25	1	26
			<hr/> 37	<hr/> 6	<hr/> 43
<hr/>					
4. Unemployed					
Unemployed but capable of and available for work:					
	Already trained ...	...	1	—	1
	Subject to being trained ...	...	—	—	—
	Without training ...	...	3	—	3
Not available for work:					
	Age Group 16—59 ...	...	24	46	70
	Age Group 60—64 ...	...	15	19	34
Not capable of work:					
	Age Group 16—59 ...	...	37	41	78
	Age Group 60—64 ...	...	8	12	20
	Not employed over 65 ...	...	199	389	588
			<hr/> 287	<hr/> 507	<hr/> 794
			<hr/>	<hr/>	<hr/>
	Grand Total ...	...	328	514	842
			<hr/>	<hr/>	<hr/>

## Occupations of Employed Blind Persons:

	Within Work-shops for the Blind	In approved Home Workers Scheme	Others not Pastime workers	Total
Agricultural Workers ...	—	1	2	3
Basket Workers ...	1	4	—	5
Braille Copyists ...	—	1	—	1
Clerks and Typists ...	—	—	3	3
Dealers, Newsagents				
• Shopkeepers ...	—	1	4	5
Factory Operatives ...	—	—	3	3
Machine Knitters ...	—	4	—	4
Masseurs and Physiotherapists	—	—	3	3
Ministers of Religion ...	—	—	1	1
Musicians and Music Teachers	—	—	1	1
Office Executive ...	—	—	1	1
Piano Tuners ...	—	3	—	3
Porters, Packers and Cleaners	—	—	1	1
Poultry Keepers ...	—	—	3	3
Ships Fender Makers ...	1	—	—	1
Telephone Operators ...	—	—	3	3
Miscellaneous ...	1	—	1	2
	<hr/> 3	<hr/> 14	<hr/> 26	<hr/> 43
	<hr/>	<hr/>	<hr/>	<hr/>



**Physically and Mentally Defective and Mentally Disordered Blind  
Persons (All ages)**

				<b>Males</b>	<b>Females</b>	<b>Total</b>
(a) Mentally Disordered	...	...	...	4	16	20
(b) Mentally Defective	...	...	...	8	5	13
(c) Physically Defective	...	...	...	31	49	80
(d) Deaf without Speech	...	...	...	—	—	—
(e) Deaf with Speech	...	...	...	3	2	5
(f) Hard of Hearing	...	...	...	19	36	55
Combination of (a) and (c)	...			1	—	1
Combination of (a) and (e)	...			1	—	1
Combination of (b) and (c)	...			2	1	3
Combination of (c) and (e)	...			—	1	1
Combination of (c) and (f)	...			2	6	8
				<hr/> 71	<hr/> 116	<hr/> 187

**Blind Persons age 16 and upwards resident in:—**

**Residential accommodation provided  
under Part III of the 1948 Act  
(viz. Sect. 21)—**

				<b>Males</b>	<b>Females</b>	<b>Total</b>
(a) Homes for the Blind	...	...		10	25	35
(b) Other Homes	...	...		8	6	14
Other Residential Homes	...	...		3	8	11
Mental Hospitals	...	...		6	16	22
Mental Deficiency Institutions	...	...		5	3	8
Other Hospitals	...	...		5	15	20
				<hr/> 37	<hr/> 73	<hr/> 110

**Miscellaneous information:**

Social Centres	...	4
Handicraft Centres	...	11
St. Dunstan's	...	7

**Partially Sighted Persons**

A partially sighted person is one who is not blind within the meaning of the National Assistance Act, 1948, but who is, nevertheless, substantially and permanently handicapped by congenitally defective vision, or in whose case illness or injury has caused defective vision of a substantial and permanently handicapping character. "Partial Sight" has a corresponding meaning.



Particulars of the register for 1959 are given in the following tables. These people are entitled to the services and facilities provided for Blind Persons.

#### Age Groups of Partially Sighted Persons

			Males	Females	Total
0—4	...	...	1	—	1
5—15	...	...	8	5	13
16—20	...	...	3	2	5
21—49	...	...	10	12	22
50—64	...	...	7	12	19
65 and over	...	...	29	82	111
			<hr/> 58	<hr/> 113	<hr/> 171

#### Cases newly registered during the year

##### Age at date of registration

			Males	Females	Total
0—4	...	...	1	—	1
5—15	...	...	—	1	1
16—20	...	...	—	—	—
21—49	...	...	4	1	5
50—64	...	...	4	9	13
			<hr/> 11	<hr/> 14	<hr/> 25

During the year 10 persons previously registered as partially sighted persons were transferred to the Blind Register.

The register is kept in four main classes:—

- A. Prospective Blind—Persons (other than children) who are near blind or likely to become blind and to need the full range of blind welfare services.
- B. Industrially Handicapped—Persons (other than children) whose principal needs are likely to be met by proper placement in industry.
- C. Requiring Observation—Persons (other than children) whose defect is neither industrially or socially a serious handicap and whose vision may or may not deteriorate.
- D. Children—All such children under the age of 16 as are referred to in paragraph 16 of Circular 150/48.



## CLASS A

## Persons Near and Prospectively Blind

	Males	Females	Total
Employed ... ..	—	1	1
Unemployed:			
Available for and capable of work ...	3	—	3
Not available for or capable of work	15	46	61
	—	—	—
Total	18	47	65
	—	—	—

## CLASS B

## Persons Mainly Industrially Handicapped:

Employed ... ..	6	3	9
Undergoing Training ...	—	1	1
Unemployed:			
Available for and capable of work ...	1	—	1
Not available for or cap- able of work ...	—	3	3
	—	—	—
Total	7	7	14
	—	—	—

## CLASS C

Persons requiring observation only 24                      53                      77

## CLASS D

## Children 5—16:

## Educable

At special schools ...	5	—	5
At other schools ...	2	3	5
Not at school ...	—	—	—
Ineducable ... ..	1	2	3
	—	—	—
Total	8	5	13
	—	—	—

## Children over 16:

Still at school ... .. 1                      1

Two partially sighted people have been admitted for Rehabilitation and two others have been placed in full time employment. The children attending special schools are visited at regular intervals, particularly those who are likely to become blind. The borderline cases are often substantially handicapped by their disability and are in need of advice and help in overcoming the problem of approaching blindness.



## CARE OF THE HANDICAPPED

Number of patients on register on 31/12/1959.

Classification	Male			Female		
	16— 30	30— 50	Over 50	16— 30	30— 50	Over 50
A/E(1) Amputation ...	3	5	11	4	1	8
F(2) Arthritis & rheumatism	1	15	28	6	12	51
G(3) Congenital malforma- tions and deformities ...	2	12	6	16	10	—
H/L(4) Diseases of the digestive and genito-urinary systems; of the heart or circulatory system; of the respiratory system; (other than T.B.); and of the skin ...	27	32	83	17	18	12
Q/T(5) Injuries of the head, face, neck, thorax, abdomen, pelvis or trunk. Injuries or diseases (other than T.B.) of the upper and lower limbs and of the spine ...	16	28	22	9	11	4
V(6) Organic nervous diseases— epilepsy, disseminated sclerosis, poliomyelitis, hemiplegia, sciatica, etc. ...	48	79	56	50	50	33
U/W(7) Neuroses, psychoses and other nervous and mental disorders not included in V(6) ...	19	13	12	6	2	4
X(8) Tuberculosis (respiratory) ...	10	34	13	10	12	—
Y(9) Tuberculosis (non-respiratory) ...	10	6	2	9	4	4
Z(10) Diseases and injuries not specified above ...	6	4	6	4	3	4
Total ...	142	228	239	131	123	120
609			374			

(Included in V(6) above)

Epileptics ...	19	14	2	22	2	2
Spastics ...	15	8	5	20	7	3



Children under 16	...	22
Dull and backward	...	29
Total on register of Handicapped Persons other than deaf and blind	...	1,034
Miscellaneous, including those deaf, blind, and others not suitable for inclusion in U/W	...	108
		—
TOTAL ON REGISTER	...	1,142
		—



## THE DEAF AND DUMB

The following report has been received from Miss Una Potter, B.A., B.D., S.Th., A.I.S.W., Deaf Welfare Diploma, the County Missioner, on the work of the Cornwall Association for the Deaf and Dumb. This Association provides for the spiritual, social, general and personal welfare of the deaf and dumb in the greater part of Cornwall. The Plymouth Mission provides for those in the south-eastern part of the County, both bodies receiving financial support from the County Council.

**Register** Those who were born deaf or lost their hearing before the acquirement of speech—

County of Cornwall Association			Plymouth Mission		
<b>Men</b>					
Over 65	...	8	Over 65	...	—
16—64	...	42	16—64	...	15
<b>Women</b>					
Over 60	...	20	Over 65	...	1
16—59	...	43	16—64	...	14
<b>Boys</b>					
At school	...	16			
Under school age		2	Under 16	...	5
<b>Girls</b>					
At school	...	15			
Under school age		3	Under 16	...	3
		149			38

During the year 2 have died, 4 have been removed from the register, and 4 children and 1 adult have been added.

One deaf blind woman has been admitted to Malabar Home and one deaf and dumb man to Part III accommodation.

### Homes and Institutions

	Men	Women
Mental	...	6
Blind	...	2
Part III accommodation	...	1

### Employment

<b>Men: 16—64</b>		
Working	...	34
Incapable of work	...	7
Unemployed	...	1



**Women: 16—59**

Married	...	...	18
Working:—			
Occupied outside the home	...	...	9
Occupied at home	...	...	8
Incapable of work	...	...	7
Unemployed	...	...	1

There has been very little unemployment during the year. Three young men have changed their work owing to redundancy. One has taken up engineering and is working satisfactorily; another is in the building trade; and the other, who was an apprentice shoe-repairer, was obliged to leave owing to shortage of work but is now working with another firm in the same trade and the manager gives a very good report of his work. One man was obliged to give up work owing to illness and is looking for light work.

**Clubs and Services** are held at Camborne and St. Austell, and services at Truro. The average attendances are:— Camborne 8; St. Austell 8; Truro 5. Harvest Festival services with special preachers were held at Camborne and St. Austell. A service of carols and lessons was held at Christmas, the lesson being read by deaf members of the congregation and the Missioner. Services have also been held in the house of a deaf man who has been incapacitated for some time. Services are conducted on the combined method of speaking and signing simultaneously, special preachers being interpreted by the Missioner.

New Year parties were held at Camborne and St. Austell and a special party for deaf children was held at Camborne during the school holidays.

There was a coach outing to Clovelly, Bideford and Westward Ho in June, and a Rally for the deaf of Devon and Cornwall at Bude on Ephphatha Sunday, this year August 16th. A service was held in Bude Parish Church. A coach was run picking up deaf at all points from Penzance to Bodmin, and 29 from Cornwall attended the Rally.

One woman was prepared for Confirmation and confirmed by the Bishop of Truro in Truro Cathedral.

**Visiting and Personal Problems** There have been many applications for help in difficulties, and the following are typical.

One deaf man applied for help in getting comprehensive insurance for his motor van, as he has his own business as a carpenter and decorator and needs the van for his work. I made enquiries of other missioners and deaf drivers and hope to arrange it through the British Deaf and Dumb Association, which have a special agency for deaf drivers at normal rates. The



National Institute for the Deaf are taking up the matter of discrimination against deaf drivers. Successful appeals have been made against disqualification of deaf drivers in magistrates' courts.

A married deaf woman wished to dispute a bill with a tradesman, as she said she had paid it. I visited the home and interviewed the man, and the matter was settled in favour of the deaf woman.

Visits have been paid to deaf in their homes and in hospitals. Gifts from the British Deaf and Dumb Association were given to all deaf in hospital at Christmas.

**Interpreting** There has been the usual routine interpreting at hospitals, doctors and opticians and one court case of importance.

I interpreted at Penzance Magistrates' Court for four deaf youths from another County, charged with stealing cigarettes and souvenirs from Gift shops while on holiday in Cornwall in a car. Each youth had to be questioned separately, one had intelligible speech, but all had very limited vocabulary. They told me that on their first appearance in court the charge was interpreted by finger-spelling which they could not follow. They had all been at a school for the deaf and had left within the last two or three years. They were put on probation and I informed their Missioner.

A doctor from a London hospital is investigating the incidence of goitre among the congenitally deaf. With the consent of the deaf and their relatives, I visited two deaf girls with him and interpreted for him.

I was asked to open a Sale of Work in aid of the Exeter Deaf School Recreation Fund, and was able to give a short talk on work done in the County for pre-school and school age deaf children.

**Education** I have been teaching a young man of normal intelligence who has never been to school and has no language. A home for backward deaf youths is to be opened by the National Institute for the Deaf, and I am hoping that this youth may be trained there.

During the year there has been a movement towards better language teaching for the deaf. As the headmaster of a deaf school has said "They have been so busy learning to speak that they have had no chance to learn what to say". This is primarily a problem for the schools, but the adult deaf would have a fuller life if they could read more and they are limited both in speech and lipreading by lack of language. This point of view has been expressed by the deaf themselves in magazine articles and at meetings.

#### HARD OF HEARING

**Register** This includes those who have lost their hearing wholly or in part after acquiring ordinary speech and after being educated as hearing persons, and hard of hearing children not in special schools.



<b>Men</b>	Over 65	...	...	92
	16—64	...	...	39
<b>Women</b>	Over 65	...	...	186
	16—64	...	...	74
<b>Boys</b>		...	...	7
<b>Girls</b>		...	...	3

I visit the Hearing Aid Clinic at the Royal Cornwall Infirmary to meet patients and follow up with home visits where required.

Home visits are paid:—

- (i) To those too deaf to use an aid
- (ii) To help the elderly and others who are likely to experience difficulty in using an aid
- (iii) To advise the friends and relatives of the deaf on how to help them
- (iv) To teach lip reading

#### REPORT OF THE CORNWALL COMMITTEE FOR THE CARE OF CRIPPLES

In comparing the figures relating to the visits of the occupational therapists during the past two years it is necessary to take into account the disturbance caused by two staff changes. In June the Head Occupational Therapist left to take up a similar appointment in Gloucestershire and in August one of the two Assistants secured a teaching appointment and resigned. Delay in filling the vacancies, coupled with the settling-in process of two units unfamiliar with domiciliary work led, inevitably, to severe dislocation of the normal visiting routine. In the circumstances the percentage drop of about 20 although severe is not surprising. A decline in the number of cases on the Register will also be noted but there is no evidence to suggest that this is connected with the staff changes referred to above.

Turning to other aspects of the work, the impact of staff changes was, inevitably, reflected in the output of patients' work. Sales of craftwork and raw materials amount to £1,518.7s.6d. against last year's record total of £1,786.2s.2d. This is a drop of about 15%, slightly better than the percentage fall in visits.

One development of great importance during the year was the provision of a supervisory occupational therapy service at St. Teresa's, one of the Cheshire Homes situated at Marazion. The decision to extend the Committee's activities beyond the strict limits of work in private homes was not taken without much anxious consideration. Finally it was decided that the claims of St. Teresa's for help in the invaluable work they are doing to



ease the burden of the very seriously disabled was overwhelming, and it was agreed to afford the utmost assistance possible within the Committee's wider obligations.

For the third year in succession, a holiday for a number of seriously disabled patients was organised at the Membly Hall Hotel, Falmouth. As before, the arrangements were made in co-operation with the County Welfare Sub-Committee, which met half the cost, the British Red Cross Society and the Order of St. John. Help in full measure was also forthcoming from the Rotary Clubs throughout the County and many private persons, which contributed greatly to the success of the undertaking. One problem now facing the Committee is that of finance, as, so popular has the holiday become, each year the number of patients who wish to be catered for increases. It can be said, however, that no suitable patient wishing to go on holiday will be refused on the grounds of lack of funds alone.

Once more thanks must be recorded to Departments of the County Council—especially the Welfare Department—for their unfailing help and interest. The diversity of the problems thrown up in the day to day work is immense and little could be achieved without the whole hearted co-operation of the County Welfare Officer and his staff. Fortunately this co-operation is always forthcoming and is a real contribution to the smooth running of that section of the welfare services of which we form a part.

The following table gives details of sales, visits, etc. for the past two years:—

				1958	1959
Sales	...	...	...	£1,786.2s.2d.	£1,518.7s.6d.
Total Visits	...	...	...	4,416	3,608
New Cases	...	...	...	64	45
Cases Closed	...	...	...	68	65
Patients on the Register at the year-end:	...	...	...	250	230

#### **Appendix to Report by the Cornwall Committee for the Care of Cripples**

The nursing of patients in their own homes is undertaken by the County Council's District Nurses, and nursing requisites are available from the nurses' loan cupboards.

In addition to the liaison with the National Assistance Board referred to above, close co-operation is maintained with Welfare Officers, and with the Children's Officer who does valuable work in arranging for the care of children of tuberculous parents who would be exposed to considerable risk of infection if allowed to remain in their own homes; for the temporary care











## INSPECTION AND SUPERVISION OF FOOD

REPORT OF CHIEF INSPECTOR UNDER THE FOOD  
AND DRUGS ACT, 1955

## Labelling of Food Order, 1953

## The Public Health (Preservatives etc. in Food) Regulations

## The Food Standards Orders and Regulations

## The Milk (Special Designations) (Specified Areas) Orders, 1953 and 1957

## The Milk &amp; Dairies (Channel Islands &amp; South Devon Milk) Regulations, 1956

The County Council is the Food and Drugs Authority for the whole of the County.

During the year 3,729 samples of all kinds of foodstuffs were obtained. 600 samples were submitted for a complete formal analysis and the necessary reduction of the sample to its constituent part by the Public Analyst.

## Summary of Samples Examined during the Year

Article	Number Obtained
Milk ... ..	2,771
Milk Products ... ..	287
Soft Drinks ... ..	37
Sugar and Sugar Confectionery ... ..	35
Flour and Flour Confectionery ... ..	37
Preserves ... ..	34
Ground Almonds ... ..	12
Honey ... ..	6
Cornish Pasties ... ..	152
Cooking Fat ... ..	26
Vinegar ... ..	17
Meat and Fish Products ... ..	97
Flavouring, Seasoning and Colouring ... ..	16
Canned Fruit and Dried Vegetables ... ..	47
Ice Cream ... ..	75
Tea, Coffee and Cocoa ... ..	25
Soups and Sauces ... ..	5
Spirits and Beers ... ..	11
Jellies ... ..	12
Miscellaneous ... ..	17
Total ... ..	3,729



The Public Analyst forwarded adverse reports on the following articles:—

Article	Number reported on adversely by Public Analyst
Milk ... ..	23
Milk Products ... ..	3
Flour and Flour Confectionery ... ..	3
Cornish Pasties ... ..	3
Meat and Fish Products ... ..	6
Canned Fruit and Dried Vegetables ... ..	1
Ice Cream ... ..	2
	<hr/> 41 <hr/>

Milk supplied to hospitals has received some attention in the same way as the milk supplied for consumption by school children under the milk in schools scheme. By arrangement with the County Public Health Inspector samples are collected by him and submitted to my Department for examination. All the samples were of good quality.

With the considerable changes that have taken place in the distribution of milk to the retail consumer, it is now safe to say that the old offence of watering milk on sale to householders has virtually disappeared. It would not be safe to predict that this watering offence will never recur because there is always a possibility of human default.

During the year there were only three prosecutions, none of which fall within the above category, and only one was for milk on sale to the general public. In this case milk was being sold from a vending machine, and had been supplied in cartons by a milk factory. The exact details as to how the water got into the milk were never discovered, but the seller was convicted and fined. At a later date certain supplies of milk to the same factory came under suspicion, and in fact were found to be watered. The producer was prosecuted and convicted.

The other prosecution in respect of milk was against a producer of Channel Islands Milk and it was found from samples taken at the factory that water was present, and subsequent samples taken at the farm collecting point were also watered. This producer was also convicted and fined.

In my last Annual Report, I said that the year might be noted as the "glass and foreign bodies in school milk year", and although some complaints were received during the year under review, I am glad to report that towards its close a considerable lessening of complaints is apparent, and may I hope dwindle to minute proportions. We found it necessary, however, to institute legal proceedings in two cases of "foreign bodies", and no doubt this had a salutary effect.



Considerably more complaints have, however, been made regarding foreign bodies in other foodstuffs, and our investigations dealt with such things as a beetle in a bread roll, fly-blown bacon, mould in savoury duck and puff pastry, a piece of glass in a Cornish Pasty, a pin in a fruit cake, match stems in custard powder and rodent excreta in dried milk powder.

Five prosecutions were taken either alleging the food not to be of the substance demanded, or that it was unfit for human consumption, and convictions were recorded in each case.

A visitor to the County was induced by an advertisement in a cafe window to enter the cafe and purchase "Waffles with Maple Syrup and Farmhouse Cream". It was natural for him to feel considerably prejudiced when he found that the 'cream' was not of the kind which has such a high reputation in the County, but was a synthetic mixture used to decorate confectionery. The complainant took the remains of his waffle to the Police who passed it to one of my Sampling Officers. The Public Analyst reported that the synthetic cream was entirely devoid of milk fat. Proceedings were instituted against the Cafe Proprietor, who stated through his Solicitor that the staff had not obeyed his instructions. A conviction was recorded.

### LABORATORY FACILITIES

Dr. F. D. M. Hocking at the Royal Cornwall Infirmary, Truro, Pathological Department, continues to carry out the chemical analysis of water, sewage, effluent samples etc., which is beyond the scope of the free service provided by the Public Health Laboratory Service. Specimens of water and food etc., are sent to the Laboratory of the Public Analyst.

### SANITARY CIRCUMSTANCES

#### REPORT OF THE COUNTY PUBLIC HEALTH OFFICER

The following is a summary of the work carried out during the year:—

Pasteurising plants and other dairy premises inspected	21†
Visits in relation to works of sewage disposal ...	62
Visits in relation to works of water supply ...	22
Visits to school premises ...	361
Visits to school canteens and central kitchens ...	173
Samples of water submitted for analysis ...	399
Samples of pasteurised milk submitted for examination ... ..	202
Samples of sterilised milk submitted for examination ... ..	23
Samples of school milk submitted for examination ... ..	343



Samples of milk submitted for biological examination	... ..	4
Samples of school milk submitted for analysis	...	333
Samples of hospital milk submitted for examination	... ..	32
Samples of hospital water supplies submitted for examination	... ..	32
Ministry Inquiries attended	... ..	15

## MILK—SPECIAL DESIGNATION

### Pasteurised Milk

The County Council, as the Food and Drugs Authority, is the licensing authority for the granting of Dealers' (Pasteurisers') Licences authorising the use of the special designation "Pasteurised" in relation to milk pasteurised on the premises of the applicant, and the responsibility for the taking of samples and the inspection of premises has been placed upon the licensing authority in order to ascertain if the conditions of the licence are being and will be complied with.

Licences were in operation at the end of the year in respect of eight premises throughout the County for the pasteurisation of milk; no new licences having been granted during the year.

One dairy in the County is licensed for the sterilisation of milk.

In these plants, the methods adopted for pasteurising the milk are, five by High Temperature Short Time (H.T.S.T.) process in which the milk is retained at a temperature of not less than 161° Fah. for at least fifteen seconds and immediately cooled to a temperature of not more than 50° Fah. and three by Positive Holder process in which the milk is retained at a temperature of not less than 145° Fah. and not more than 150° Fah. for at least thirty minutes and immediately cooled to a temperature of not more than 50° Fah.

During the year 211 inspections of these dairies were made and 202 samples of pasteurised milk and 23 samples of sterilised milk were taken and submitted for examination with the following results:—

### Pasteurised Milk

Satisfactory	...	200
Failed Phosphatase Test	...	1
Failed Methylene Blue Test	...	0
Failed both tests	...	0
Rendered Void (atmospheric temperature exceeded 650° Fah.)		1
Total samples taken	...	202



Fifteen samples of pasteurised milk were also submitted for plate count and coliform tests and 15 bottles were submitted for sterility test.

Check tests of the accuracy or otherwise of the Indicating and Recording Thermometers have been made at all pasteurising plants.

The 23 samples of sterilised milk submitted for examination all passed the turbidity test.

Unsatisfactory samples are followed up and further samples taken after advice has been given on the possible cause of the failure of the sample to comply with the standard laid down. A monthly report on all samples is made to the Ministry.

The results of the examination of samples are furnished to the managers of creameries and to the Medical Officers and Public Health Inspectors of the districts in which the creameries are situated.

## BIOLOGICAL EXAMINATION OF MILK

Quarterly samples of Milk have been taken from St. Lawrence's Hospital Farm and submitted for examination for *Brucella Abortus* and for Tuberculosis

All samples proved to be free of brucella organisms and tuberculosis bacilli.

## HOSPITALS

The sampling of milk supplies and water supplies to hospitals has been continued throughout the year with the following results:—

Samples	Satisfactory	Unsatisfactory
Samples of Milk submitted for bacteriological examination	... 31	1
Samples of Milk submitted for chemical analysis	... 32	Nil
Samples of water submitted for bacteriological examination	... 30	2

Any unsatisfactory sample of milk or water is 'followed up' by investigation and further sampling.

## SPECIFIED AREAS

Under Orders made by the Minister of Agriculture, Fisheries and Food and the Minister of Health acting jointly, the whole of the County of Cornwall, with the exception of the Borough of Launceston, the Urban District of Bude-Stratton and the Rural Districts of Camelford, Launceston and Stratton is a specified area.



This means that all dairymen retailing milk in any part of these areas must sell the milk under special designation, irrespective of whether the premises from which the milk is retailed are inside or outside the area.

Any milk which is retailed outside the areas from these same premises must also be sold under special designation. This ensures that all schools within the area or any school outside the area, but being supplied by a dairyman supplying schools within the area, must be supplied with milk bearing a special designation such as "Pasteurised", "Tuberculin Tested" or "Sterilised".

### SCHOOL CANTEENS AND CENTRAL KITCHENS

By arrangement with the Secretary for Education 173 visits have been made by the County Public Health Officers during the year to school canteens and central kitchens for the purpose of inspecting all food stocks. These canteens and central kitchens supply an average of 36,267 meals daily.

Generally speaking, the quality of the food supplied to the canteens is very good, but arrangements were made for the replacement by the supplier or the disposal of the following:—

- 2—7 lb. tins of fruit
- 1—7 lb. tin of carrots
- 7 lbs. of dried fruit
- 12 lbs. of beast liver.

During the inspections opportunity is taken to discuss with the cook the methods used in detection of unsound food and the steps to be taken in cases of doubtful foodstuffs.

### MILK IN SCHOOL

...

The 358 schools in the County are supplied with milk by 55 suppliers, all schools being supplied with Pasteurised or Tuberculin Tested milk and with the exception of four schools, all milk is supplied in one-third pint bottles, the straws being supplied by the distributors.

Regular sampling of the milk has been carried out by the County Public Health Officers for bacteriological examination and during the year 343 samples were taken with the following results:—

Grade of Milk		Satisfactory	Unsatisfactory	Total
Pasteurised	...	317	9	326
Samples rendered void*		—	—	14
Tuberculin Tested	...	3	Nil	3
All Grades	...	320	9	343

\*Rendered void by reason of the atmospheric temperature exceeding 65° Fah.



During the year 333 samples of school milk were taken by the County Public Health Officers and passed to the Chief Inspector of Food and Drugs for analysis. All these samples proved to be genuine.

#### WATER SUPPLIES IN SCHOOLS

The regular sampling of water supplies to schools has continued throughout the year by the County Public Health Officers and both mains supplies and local wells and shutes have been given attention.

Samples were taken from 351 schools with the following results:—

Source of Supply	Satisfactory	Unsatisfactory	Total
Mains Supplies ...	307	15	322
Wells, Shutes, etc. ...	38	5	43
	345	20	365

The Education Department is kept acquainted with schemes of water supply carried out by the local authorities and water undertakings with a view to schools being connected to mains supplies when these are available and where practicable.

The following works or precautions have been carried out during the year:—

Connected to mains	...	...	...	...	18
Proposed to be connected to mains			...	...	4
Mains extended to washbasins, etc.			...	...	8
Alternative sources of supply being sought	...	...	...	...	3
Wells repaired structurally		...	...	...	Nil
Pumps replaced	...	...	...	...	1
Pumps repaired	...	...	...	...	6
Collecting chambers cleaned		...	...	...	16
Defective drains made good		...	...	...	9

#### ICE CREAM (HEAT TREATMENT) REGULATIONS, 1947—1959

The Ice Cream (Heat Treatment) Regulations, 1947—1959 placed the responsibility of the registration and supervision of premises where ice cream is manufactured and sold, together with the taking of samples, upon the district councils.

Most of the ice cream now being sold in the county districts is prepacked by the larger manufacturers and the number of local manufacturers thereby reduced. Regular routine samples have been taken by the local authorities' officers and submitted for examination.



The Food Standards (Ice Cream) Regulations, 1959, is administered by the Food and Drugs Department of the County Council and 65 samples of ice cream were taken during the year. Of these samples 2 were deficient in fat; no proceedings were taken.

## INQUIRIES BY THE MINISTRY OF HOUSING AND LOCAL GOVERNMENT

The following Inquiries held by the Ministry of Housing and Local Government were attending during the year:—

### **Bodmin Borough**

Proposed works of sewerage and sewage disposal for West Heath area of the Borough.

### **Liskeard Borough**

Proposal to establish works of sewerage and sewage disposal for the Borough.

### **Camborne Water Company**

Camborne Water Order to take water from the Roseworthy Stream.

### **Kerrier Rural District**

- (a) Proposal to establish works of sewerage and sewage disposal at Constantine.
- (b) Proposal to establish works of sewerage and sewage disposal at St. Keverne.
- (c) Proposal to establish works of sewerage and sewage disposal at Nancegollan.

### **Launceston Rural District**

Scheme of water supply for Polyphant, Holyway Cross and Lewannick.

### **Porth Navas**

Use of Quay for industrial purposes, etc.,—County Planning.

### **St. Austell Rural District**

Proposal to establish works of sewerage and sewage disposal at St. Dennis.

### **St. Austell Urban District**

Proposal to establish works of sewerage and sewage disposal at Mevagissey.



**Truro Rural District**

- (a) Proposal to establish works of sewerage and sewage disposal at Newlyn East.
- (b) Proposal to establish work of sewerage and sewage disposal at Flushing.
- (c) Two Informal Inquiries were held in respect of the proposal to establish works of sewerage and sewage disposal at Chacewater.

**West Penwith Rural District**

Proposed scheme of sewerage and sewage disposal for St. Erth and Canonstown.

**RIVERS POLLUTION PREVENTION**

The responsibility of the County Council for the administration of the above Act was passed to the Cornwall River Board under the River Board's Act, 1948, but following an application by the Cornwall River Board, the County Council approved the formal seconding of the County Public Health Officers to the River Board for such proportion of their time as may, in practice, be found necessary to carry out the obligations of the Board in respect of the prevention of pollution under the Rivers (Prevention of Pollution) Act, 1951.

The following is a summary of the works carried out during the year ended 31st December, 1959:—

Visits to works of sewage disposal	..	147
Visits to industrial plants	...	86
Inspections of outfalls to rivers	...	34
Samples of sewage effluent submitted for examination		123
Samples of river water and trade wastes submitted for examination	...	168
Plans of proposed works reported upon	...	29
Ministry of Housing and Local Government Inquiries attended	...	11
Samples of sea and river waters taken and submitted for bacteriological examination	...	118

**WATER SUPPLIES**

The major schemes of water supply throughout the County have maintained good progress during the year.

Since the coming into operation of the Rural Water Supplies and Sewerage Act, 1944, there have been 117 schemes of water supplies submitted by local authorities and other water undertakings for the County Council's



observations, the total estimated cost of these being £4,405,917 and 108 schemes, estimated to cost £3,936, 999, had been completed or the works were substantially in progress at the end of the year.

Schemes of water supply submitted and approved during the year:—

Local Authority	Scheme	Estimated Cost
		£
Kerrier R.D.	Stithians Scheme Second instalment Distribution Scheme ...	174,000
Launceston R.D.	Lewannick, Polyphant and Holycross ...	23,450
	Middlewood, Bathpool and Berriobridge ...	6,300
St. Austell R.D.	Wesley Terrace and Bilberry ...	2,858
St. Germans R.D.	Polbathic ...	300
	Downderry ...	5,010
	Gunnislake ...	4,115
	Tideford and Craffhole ...	545
Stratton R.D.	Jacobstow ...	10,700
	Total estimated cost	£227,278

The following schemes of water supply were completed during the year or the works were in hand at the end of the year:—

Local Authority	Scheme	Estimated Cost
		£
Fowey B. Lostwithiel B. St. Austell U.D. St. Austell R.D.	Fowey Water Scheme	... 501,202
Newquay Water Company		Porth River Impounding Scheme 150,000
Penzance B. St. Just U.D. West Penwith R.D.	Drift Impounding Scheme	... 745,000
Kerrier R.D.		Porthallow Extension ... 14,000
		Predannick Extension ... 1,000
		Carabone Lodge Extension ... 130



Local Authority	Scheme	Estimated Cost £
Launceston R.D.	Warbstow Extension	... 10,050
Liskeard R.D.	Regional Scheme	... 456,651
St. Germans R.D.	Downderry	... 5,010
	Polbathic	... 300
	Gunnislake	... 4,115
	Tideford and Craffhole	... 545
Stratton R.D.	North Devon Water Board	
	Shop and Woodford	... 4,800
	St. Gennys	... 4,270
Truro R.D.	Perranzabuloe Augmentation Scheme	... 26,220
West Penwith R.D.	Hayle	... 10,349
Total estimated cost		£1,933,642

Consequent upon the coming into operation of the Rural Water Supplies and Sewerage Act, 1944, a comprehensive survey of the water supplies in the County was carried out and, with the exception of the scheme to take water from the De Lank River on Bodmin Moor and distribute this to a large part of the County, the recommendations contained in the report of the Consulting Engineers have been generally followed.

The position throughout the County is as follows:—

#### **The Lands End Peninsula Area**

This includes the Boroughs of Penzance and St. Ives, the Urban District of St. Just and the Rural District of West Penwith. These are to be formed into one Joint Board under the title of the West Cornwall Water Board. The functions of the Board will be:—

- (a) the procuring of a supply of water and the distribution thereof within the limits of supply or in any area outside those limits in which the Board may be authorised for the time being to supply water otherwise than in bulk;
- (b) the supplying of water in bulk within or outside the limits of supply, and
- (c) the doing of all things necessary for, connected with, incidental to or consequent upon the powers, rights, duties, capacities and liabilities exercisable by or attaching to the Board.



The formation of such a Board is in accordance with the policy of the Minister of Housing and Local Government for the re-grouping of water undertakings in order to promote the most effective use of the water resources of the country, and to provide a reliable service supplying at an economic cost the quantity and quality of water that consumers need.

On the appointed day the existing undertakings of the constituent authorities will be transferred to and vest in the Board.

Under the Penzance Corporation Act, 1938, and the Penzance Corporation Water Order, 1957, the Penzance Corporation is empowered to impound the waters of the Drift Stream by the construction of a dam across the valley. Works on the construction of the dam commenced in March 1959 and the probable completion date is January 1961. The estimated cost is £280,000.

The catchment area is 4,762 acres and the capacity of the reservoir will be 300 million gallons. The water area of the reservoir will be 63 acres.

The compensation water is to be 0.3 million gallons per day giving a nett yield of 2.3 million gallons per day.

The yield from this reservoir, together with the existing resources of the Board should be capable of providing an adequate supply of water to the four districts forming the Lands End Peninsula.

The West Penwith Rural District Council, whose area is the largest to be supplied from these sources, has entered into contracts for the laying of mains from Drift to Trevasean (Sennen) with branches to St. Buryan, Escalls Cliff and Sennen Cove and from Chyoone Reservoir, near Sheffield, to Lamorna. The tender for this work is £96,399.

The total cost of the Drift Scheme, together with distribution, is estimated to be in the region of £745,000. ...

#### **The Camborne-Redruth—Lizard Area**

In this area which includes Helston Borough, Camborne-Redruth Urban District and Kerrier Rural District, the major scheme is the one usually referred to as the 'Stithians Scheme' but the Camborne Water Company has also been taking steps to supplement its resources to meet the present demand which has increased by 50 per cent from 1951, from 220 million gallons to 322 million gallons in 1958. It is estimated that the ultimate requirements will be in the region of  $1\frac{1}{2}$  million gallons per day.

An investigation was held by the Ministry of Housing and Local Government on the 8th January 1959 into the Camborne Water Order which provided for:—



- (a) the establishment of a weir and intake on the Roseworthy Stream partly in the Camborne-Redruth Urban District and partly in the parish of Gwinear—Gwithian in the Rural District of West Penwith,
- (b) the taking of water from this stream at a rate of 525,000 gallons per day, and
- (c) to construct a pumping station and filtration and treatment works in the Urban District.

This work has now been put out to contract and will be completed early in the summer of 1960.

**Stithians Water Scheme**—This scheme provides for the construction of an Impounding Reservoir at Stithians to supply water to the major portion of the Kerrier Rural District and a supplementary supply to Camborne-Redruth Urban District and Truro Rural District.

The reservoir will have a top water level of 528 O.D. and a yield of 3.25 million gallons per day. The dam is to be constructed so that it could be raised by a further four feet if this becomes necessary, giving a top water level of 532 O.D. and a yield of 3.5 million gallons per day.

The Order and Scheme was submitted to the Ministry in the early part of 1959. The total estimated cost as now approved is £745,400 of which the Kerrier Rural District Council's share is estimated at £267,000. A Public Inquiry by the Ministry is now awaited.

As a temporary measure the Stithians Distribution (first instalment) Scheme was submitted which provided for the following:—

- (a) the construction of a concrete water storage reservoir of one million gallons capacity at Roskrow in the parish of St. Gluvias.
- (b) the construction of a break pressure tank at Towntanna in the parish at St. Gluvias.
- (c) the construction of a booster station at Kernick in the Borough of Penryn, together with the laying of the necessary mains and ancillary works to afford a temporary piped supply of water, by the purchase of water in bulk from the Falmouth Corporation, in the parishes of Mabe, St. Gluvias and Stithians.

This work was completed during the year at a cost of £123,000.

A further scheme of distribution, known as the Second Instalment Distribution Scheme and estimated to cost £174,000 is awaiting Ministry approval.

This scheme provides for the laying of a trunk main of ten inch, nine inch and eight inch diameter to enable the water to be conveyed from Roskrow Wood Reservoir to the Lizard Peninsula and link up with



the temporary schemes implemented by the Rural District Council, during the past few years.

Helston Borough and the parishes of Breage, Germoe, Sithney and part of Wendron are supplied by the Helston and Porthleven Water Company and the parishes of Budock and Mawnan in the Kerrier Rural District are supplied by Falmouth Borough.

When the major scheme is completed the whole of this area should be adequately supplied with water.

### **The Central Area**

There are two major water schemes proceeding in this area:—

- (i) The Fowey River Intake Scheme, and
- (ii) The Porth River Impounding Scheme.

(i) The Fowey Water Scheme provides for the following works:—

- (a) an intake on the Fowey River in the Borough of Lostwithiel,
- (b) treatment works, filter house and pumping station in this Borough,
- (c) a covered storage reservoir in the Borough, and
- (d) a covered service reservoir in the parish of Lanlivery in the Rural District of St. Austell.

In this scheme four local authorities are co-operating—The Boroughs of Fowey and Lostwithiel, the Urban District of St. Austell and the Rural District of St. Austell

The scheme, estimated to cost £501,000, provides for taking two million gallons of water per day from the Fowey River by means of an intake at a point about 1,200 yards downstream from Respryn Bridge, Lostwithiel, and to pump the water to Chark Hill service reservoir from which it will gravitate to supplement the supplies to the four districts.

At the end of the year 1959 some 20 per cent of the work had been completed including the Intake Pumping and Treatment Works and Rising Main to Chark Hill Reservoir. The total value of the work done is between £105,000 and £110,000.

(ii) Porth River Impounding Scheme—This scheme of the Newquay Water Company provides for:—

- (a) the construction of a dam and impounding reservoir on the Porth River at Newquay,
- (b) the enlarging of the present pumping station at Rialton, and
- (c) the covering of the existing 3,000,000 gallons reservoir.



The total cost of these works is in the region of £150,000. Works commenced in June 1958 and the construction of the dam was completed by the end of 1959 and only the clearing of the approach roads remained to be done.

The dam is approximately 360 feet in length across the valley and the height to the spillway level is 32 feet above the original stream level. The capacity of the reservoir when full will be in the region of 120 million gallons and the yield will be about  $1\frac{1}{2}$  million gallons per day with average weather conditions.

The extension to the treatment and pumping plant at Rialton is in progress and will be available for the summer of 1960. The plant will be capable of dealing with 60,000 gallons per hour continuous sedimentation, filtration and subsidiary treatment.

#### North Cornwall Area

This includes the following water undertakers—

The North Cornwall Joint Water Board

The Bodmin Water Company

Padstow Urban District Council

Camelford Rural District Council

Wadebridge Rural District Council

and is to be formed into a Joint Board. The Draft Order was in course of preparation at the end of the year. General agreement would appear to have been reached between the various water undertakers and it is anticipated that the Joint Board will be established during 1960.

#### North East Cornwall Area

This includes Bude-Stratton Urban District and Stratton Rural District. The total area involved is about 95 square miles.

The supply to the Urban District is from an impounding reservoir on the upper reaches of the River Tamar known as the Tamar Lake with an effective storage capacity of 87 million gallons.

The Stratton Rural District is supplied with water from springs, wells and boreholes. The village of Widemouth has a piped supply from the Bude-Stratton Urban District Council's main.

The parishes of Jacobstow, Kilkhampton, Launcells, Morwenstow, St. Gennys and Week St. Mary have been taken over by the North Devon Water Board for the purpose of water supply and considerable progress has been made during the year towards supplying these parishes with a main supply.



### South East Cornwall Area

The whole of South East Cornwall will be supplied with water by the East Cornwall Water Board under the Order which came into operation on the 25th November, 1959. The constituent districts include:—

- Borough of Launceston
- Borough of Liskeard
- Borough of Saltash
- Urban District of Looe
- Urban District of Torpoint
- Rural District of Launceston (except Boyton)
- Rural District of Liskeard
- Rural District of St. Germans

The formation of this Board means the merging of two existing Boards, the Liskeard and District Water Board and the South East Cornwall Water Board. The combined resources of all the constituent districts should provide an adequate supply of water for the whole of this area.

The South East Cornwall Water Board operate under the South East Cornwall Water Board Act, 1936. The constituent authorities are the St. Germans Rural District Council and Looe Urban District Council. The source of supply is the Rushyford and Withy Brooks which rise on Bodmin Moor. The water is taken by means of an intake weir from which it gravitates to the treatment works at Bastreet, the Board not to take water from the Rushyford or Withy Brooks unless the flow exceeds 100,000 gallons per day. The minimum yield is said to be in the region of 800,000 gallons per day.

The Liskeard and District Water Board operate under their Order of 1954. The constituent authorities are Liskeard Borough and Liskeard Rural District Council. The sources of water are the Fowey River which rises on Bodmin Moor and the Siblyback and Crylla Streams. An intake has been established on the Fowey River below the confluence with the Siblyback Stream and the permitted abstraction is two million gallons per day from the two sources.

The water is passed to treatment works at St. Cleer before distribution. There is said to be a daily surplus of 780,000 gallons to the requirements of Liskeard Borough and Liskeard Rural District which would be available to meet deficiencies in other districts.

The works carried out by the Joint Board between the years 1955-57 included the construction of the pumping and treatment plant, the rising



main from intake to treatment works and a million gallons capacity reservoir at St. Cleer at a cost of £179,060.

The Rural District Council have, in addition to their share of the head works carried out by the Joint Board, carried out works of distribution between 1955 and the end of 1959 estimated to cost £456,651 in connection with the comprehensive scheme of water supply from this source.

The following grants in respect of water supplies have been approved by the County Council:—

	£
Lump sum grants	9,963
Per annum for 35 years	1,794
Per annum for 30 years	55,059
Per annum for 12 years	1,981

The above figures of County Council grants do not include the following tentative grants offered in aid of the Fowey River Joint Water Scheme:—

	£
Fowey Borough Council	9,333
Lostwithiel Borough	750
St. Austell Urban District Council	25,000
St. Austell Rural District Council	55,000

which, if the scheme is completed, will be paid by annuities.

## SEWERAGE AND SEWAGE DISPOSAL

Since the coming into operation of the Rural Water Supplies and Sewerage Act, 1944, there have been 100 schemes of sewerage and sewage disposal submitted by the local authorities for the County Council's observations, the total estimated cost of these being £1,806,039 of which 55 schemes, estimated to cost £737,945 had been completed or were in progress at the end of December, 1959.

The following schemes have been submitted and approved during the year:—

Local Authority	Scheme	Estimated Cost
		£
Bodmin Borough	West Heath	... 27,200
	Scarletts Well—Reconstruction	... 134,400
Lostwithiel B.	Scheme for whole of Borough	... 80,918
Camelford R.D.	Camelford, Trevia and Tregoodwell	... 26,500
St. Austell R.D.	St. Stephens Churchtown	... 16,000
West Penwith R.D.	Gwinear—Angarrick	... 115,330
	Total estimated cost	£400,348



Schemes of sewerage and sewage disposal completed during the year or substantially in hand at the end of 1959:—

Local Authority	Scheme	Estimated Cost
		£
Truro R.D.	Flushing (sea outfall)	... 19,250
	Newlyn East	... 26,900
	Probus	... 25,887
Liskeard R.D.	Dobwalls	... 15,614
West Penwith R.D.	Goldsithney and Perranuthnoe	... 24,200
Total estimated cost		£111,851

The following grants in respect of schemes of sewerage and sewage disposal have been approved by the County Council:—

	£
Lump sum grants	1,925
Per annum for 30 years	11,063



# WATER SUPPLIES, SEWERAGE & SEWAGE DISPOSAL SCHEMES

Summary showing schemes of water supply, sewerage and sewage disposal submitted by local authorities and other water undertakings for the County Council's observations since the coming into operation of the Rural Water Supplies and Sewerage Act, 1944, to the 31st December, 1959, and the progress made with such schemes.

GRANTS TOWARDS SCHEMES APPROVED									
	SCHEMES SUBMITTED	GRANT REFUSED BY MINISTRY	BY MINISTRY			BY COUNTY COUNCIL			
			Lump Sum Grants	P.A. for 12 years	P.A. for 30 years	Lump Sum Grants	P.A. for 35 years	P.A. for 30 years	P.A. for 12 years and less
	Est. Cost No.	Est. Cost No.	Amount £	Amount £	Amount £	Amount £	Amount £	Amount £	Amount £
Water	117*	4,405,917	345,920	2,173	42,324	9,963†	1,794	55,059	1,981
Sewerage	100*	1,806,039	76,100	—	8,484	1,925	—	11,063	—
Totals	217*	£6,211,956	£422,020	£2,173	£50,808	£11,888	£1,794	£66,122	£1,981

\*These figures do not include schemes submitted and later abandoned.

†Plus £4,176 towards the sinking of Trial Holes.

Of the 117 schemes of water supply submitted at a total cost of £4,405,917, 108 schemes, estimated to cost £3,936,999 had been completed or were in progress at the end of December, 1959.

Of the 100 schemes of sewerage and sewage disposal submitted at a total cost of £1,806,039, 55 schemes estimated to cost £737,945 had been completed or were in progress at the end of December, 1959.

The above figures of County Council grants do not include the following tentative grants offered in aid of the Fowey River Joint Water Scheme:—

Fowey Borough	...	£9,333	Lostwithiel Borough	...	£750
St. Austell U.D.C.	...	£25,000	St. Austell R.D.C.	...	£55,000

which, if the scheme is completed will be paid by annuities.



## HOUSING ACTS, 1936—1957

## ACTION BY LOCAL AUTHORITIES

Section 116 of the Housing Act, 1957, states:—

“It shall be the duty of the council of every county, as respects each rural district within the county, to have constant regard to housing conditions in the district, to the extent to which overcrowding or other unsatisfactory conditions exist and the sufficiency of the steps which the council of the district have taken, or are proposing to take, to remedy those conditions and to provide further housing accommodation.”

“The council of every rural district shall at such intervals, not being in any case less than one year, as the county council may direct, furnish to that council such information with regard to the matters mentioned in the foregoing subsection as the county council may reasonably require for the purposes of enabling them to carry out their duties thereunder.”

The two tabulated statements which follow give details of the housing situation and steps taken to remedy the unsatisfactory conditions which exist in the respective districts. The statement also shows the action taken under the Housing Acts, 1949-1957, by the rural district councils in respect of Improvement Grants and gives the number of applications received, how these were dealt with, the amount of the total approved expenditure and the amount of grants made by rural authorities.



Rural District	...	...	...	...	...	CAMELFORD	KERRIER	LAUNCESTON	LISKARD	ST. AUSTELL	ST. GERMANS	STRATTON	TRURO	WADEBRIDGE	WEST PENWITH
1. Inspections of dwelling-houses during the year	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
(a) The total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	...	...	...	...	...	350	202	81	157	365	118	506	91	48	127
(b) Number of inspections made for the purpose	...	...	...	...	...	457	439	195	523	410	322	506	94	76	311
Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	...	...	...	...	...	22	164	1	7	nil	44	15	37	8	53
Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	...	...	...	...	...	47	nil	59	75	48	57	107	32	4	74
2. Remedy of defects during the year without service of Formal Notices.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Number of defective dwelling-houses rendered fit in consequence of informal action by the local authority or their officers	...	...	...	...	...	30	nil	48	79	35	68	102	25	4	46
3. Action under Statutory Powers during the year:	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
(a) Proceedings under Sections 9, 39, 10 and 12 of the Housing Act, 1957:	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
(1) Number of dwelling-houses in respect of which notices were served requiring repairs	...	...	...	...	...	nil	nil	nil	nil	nil	5	nil	1	nil	nil
(2) Number of dwelling-houses which were rendered fit after service of formal notices:	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
(a) By owners	...	...	...	...	...	nil	nil	nil	1	nil	5	2	1	nil	nil
(b) By local authority in default of owners	...	...	...	...	...	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil





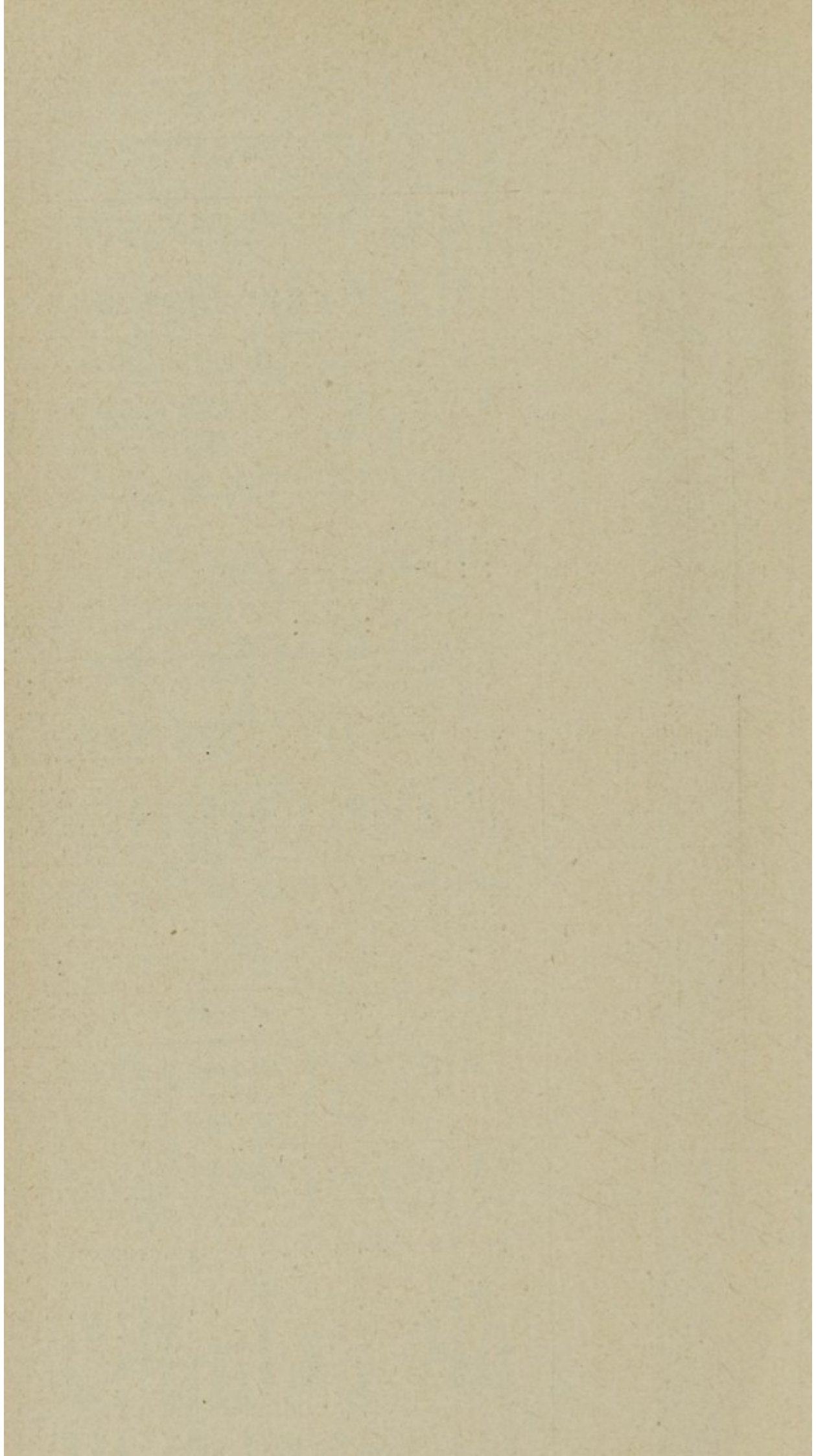


TABLE 1.  
Estimated Population and Total Number of Births and Deaths in each County District for the year 1959

AREA IN ACRES.			COUNTY DISTRICT	ESTI- MATED HOME POP- ULATION 1959			LIVE BIRTHS.				DEATHS.								
				Legiti- mate		Illegiti- mate	Total.		Rate.	District Comparability Factor	Stillbirths.	Under 1 Year.				At all Ages.			
				Males	Females		Males	Females				Males	Females	Total.	Rate per 1,000 live births	Males	Females	Total	Rate.
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
<b>URBAN.</b>																			
3,312	Bodmin	6,080	36	32	3	4	75	12.34	1.37	2	1	..	1	13.33	48	90	138	22.70	0.38
4,294	Bude-Stratton	5,220	29	31	3	..	63	12.07	1.11	2	..	..	..	..	36	49	85	16.28	0.71
22,062	Camborne— Redruth	35,140	256	241	4	6	507	14.43	1.00	17	4	5	9	17.75	218	261	479	13.63	0.91
1,880	Falmouth	16,630	129	101	2	10	242	14.55	1.08	7	3	2	5	20.66	109	123	232	13.95	0.88
2,979	Fowey	2,280	16	7	..	..	23	10.09	1.06	2	..	1	1	43.48	19	19	38	16.67	0.86
4,014	Helston	6,750	99	79	5	2	185	27.41	0.92	4	2	..	2	10.81	44	52	96	14.22	0.71
2,182	Launceston	4,680	35	20	2	..	57	12.18	1.06	..	3	..	3	52.63	35	37	72	15.38	0.64
2,704	Liskeard	4,270	28	25	1	1	55	12.88	1.10	1	..	..	..	..	52	53	105	24.59	0.47
1,691	Looe	3,780	23	23	1	3	50	13.23	1.15	2	..	..	..	..	33	33	66	17.46	0.77
3,156	Lostwithiel	2,000	15	12	1	..	28	14.00	1.08	..	..	..	..	..	12	13	25	12.50	0.71
4,599	Newquay	10,280	58	84	1	2	145	14.11	1.04	3	..	2	2	13.79	68	85	153	14.88	0.75
3,343	Padstow	2,950	29	26	..	1	56	18.98	0.97	3	1	..	1	17.86	14	21	35	11.86	0.84
829	Penryn	4,350	33	32	3	1	69	15.86	0.95	1	..	..	..	..	16	41	57	13.10	1.14
3,155	Penzance	19,470	133	116	3	9	261	13.41	1.08	14	2	..	2	7.66	135	144	279	14.33	0.85
18,379	St. Austell	23,760	179	154	3	13	349	14.69	1.09	8	2	2	4	11.46	165	185	350	14.73	0.82
4,287	St. Ives	8,430	42	37	3	3	85	10.08	1.07	3	1	..	1	11.76	71	66	137	16.25	0.66
7,634	St. Just	4,020	26	22	..	..	48	11.94	1.13	..	1	..	1	20.83	31	39	70	17.41	0.87
5,335	Saltash	7,450	48	46	1	..	95	12.75	1.03	1	..	..	..	..	55	38	93	12.48	0.85
975	Torpoint	5,950	28	27	1	..	56	9.41	1.12	..	..	..	..	..	26	21	47	7.90	1.39
2,634	Truro City	13,510	81	72	3	7	163	12.07	0.99	5	2	2	4	24.54	73	71	144	10.66	0.92
99,444	TOTALS	187,000	1323	1187	40	62	2,612	13.97	1.06	75	22	14	36	13.78	1,260	1,441	2,701	14.44	0.81
<b>RURAL.</b>																			
52,544	Camelford	7,220	52	37	4	1	94	13.02	1.13	1	3	2	5	53.19	45	55	100	13.85	0.90
90,839	Kerrier	22,520	141	144	5	14	304	13.50	1.06	11	..	2	2	6.58	119	111	230	10.21	0.99
73,051	Launceston	6,430	58	44	2	..	104	16.17	1.12	5	1	2	3	28.85	37	35	72	11.20	0.88
104,803	Liskeard	13,870	103	93	3	3	202	14.56	1.13	5	2	1	3	14.85	81	83	164	11.82	0.86
82,389	St. Austell	23,760	169	140	4	10	323	13.59	1.05	12	6	2	8	24.77	122	104	226	9.51	0.99
48,433	St. Germans	15,410	79	87	2	2	170	11.03	1.17	4	4	2	6	35.29	118	96	214	13.89	0.90
56,285	Stratton	5,370	38	41	2	..	81	15.08	1.30	1	2	4	6	74.07	34	30	64	11.92	1.08
108,316	Truro	26,540	205	154	8	4	371	13.98	1.12	8	3	2	5	13.47	178	177	355	13.38	0.81
88,230	Wadebridge	14,070	126	129	3	1	259	18.41	0.94	4	1	..	1	3.86	98	91	189	13.43	0.86
59,792	West Penwith	17,260	134	132	7	2	275	15.93	1.05	1	5	1	6	21.82	104	109	213	12.34	0.88
764,682	TOTALS	150,580	1105	1001	40	37	2,183	14.50	1.09	52	27	18	45	20.61	936	891	1,827	12.13	0.91
864,126	Whole County	337,580	2428	2188	80	99	4,795	14.20	1.07	127	49	32	81	16.89	2,196	2,332	4,528	13.41	0.85
4,041	Scilly Isles	1,820	10	11	2	2	25	13.74	0.94	..	..	..	..	..	12	7	19	10.44	1.09

Birth and Death rates calculated per 1,000 of the population.  
Comparability factors are given for the purpose of securing comparability between local birth and death rates and those for England and Wales







Estimated Population and Total Number of Births and Deaths in Cornwall (Excluding the Isles of Scilly) During Recent Years.

YEAR	ESTI- MATED POPU- LATION	LIVE BIRTHS						Stillbirths	DEATHS							
		Legitimate			Illegitimate				Total	Rate	Under 1 Year			At all Ages		
		Males		Females	Males		Females				Rate per 1,000 live Births	Males	Females	Total	Rate	
		3	4	5	6	7	8									9
1900	320,420	3957	3842	*	*	7799	24.3	†	*	*	985	126.3	2498	2773	5271	16.5
1910	320,613	3434	3288	*	*	6722	21.0	†	*	*	575	85.5	2298	2308	4606	14.4
1920	(a) 317,970 (b) 318,713	3403	3240	190	158	6991	22.0	†	249	167	416	59.5	1978	2215	4193	13.2
1930	(a) 313,028 (b) 312,807	2280	2096	123	123	4622	14.8	225	137	100	237	51.3	1985	2284	4269	13.7
1940	329,138	2127	1945	100	96	4268	13.0	163	116	90	206	48.3	2357	2567	4924	15.0
1941	371,382	(a) 2215 (c) 2456	3125	161	132	4633	12.5	183	159	108	267	52.5	2465	2721	5186	14.0
1942	344,944	2402	2339	160	134	5098		192								
1943	327,163	2386	2243	186	157	4972	14.2	180	135	93	228	46.5	2127	2301	4428	12.8
1944	322,513	2621	2591	294	260	5766	15.2	164	106	72	178	35.8	2201	2388	4589	14.0
1945	313,559	2233	2182	323	271	5009	17.9	180	132	99	231	40.1	2197	2359	4556	14.0
1946	318,139	2738	2569	224	198	5729	16.0	178	101	84	185	37.0	2214	2367	4581	14.6
1947	324,185	2899	2746	206	163	6014	18.0	156	136	87	223	39.0	2168	2387	4555	14.3
1948	329,828	2601	2465	172	137	5375	18.6	177	136	77	213	34.9	2286	2449	4735	14.6
1949	(d) 330,247 (e) 339,077	2434	2374	142	147	5097	16.3	136	117	69	186	34.6	2095	2169	4264	12.9
1950	(e) 339,999	2333	2236	124	126	4819	15.4	130	99	65	164	32.2	2242	2416	4658	14.1
1951	(e) 339,800	2306	2321	129	109	4865	14.2	125	79	66	145	29.2	2254	2418	4672	13.8
1952	(e) 340,861	2379	2282	116	100	4877	14.3	114	98	65	163	33.0	2370	2493	4863	14.3
1953	(e) 341,463	2306	2218	94	134	4752	14.3	115	84	65	149	30.6	2105	2271	4376	12.8
1954	(e) 341,350	2420	2198	100	101	4819	14.0	118	77	51	128	27.0	2193	2322	4515	13.2
1955	(e) 339,760	2103	2108	113	89	4418	14.1	158	67	33	100	20.8	2308	2309	4517	13.2
1956	(e) 338,760	2298	2231	115	107	4751	13.0	129	76	42	118	26.7	2304	2370	4674	13.8
1957	(e) 338,770	2350	2225	94	100	4769	14.0	132	55	55	110	23.2	2292	2337	4629	13.7
1958	(e) 337,380	2469	2205	107	89	4870	14.1	149	66	52	118	24.7	2217	2287	4504	13.3
1959	(e) 337,580	2428	2188	80	99	4795	14.1	129	62	32	94	19.3	2312	2318	4630	13.7
						4795	14.2	127	49	32	81	16.9	2196	2332	4528	13.4

\* not distinguished

† not available

(a) for birth rate

(b) for death rate

(c) total population

(c) for infant and maternal mortality rates

(d) civilian population for birth and death rates

(e) including non-civilians stationed in the County



TABLE III.

Infectious Diseases notified in each District during the year 1959

COUNTY DISTRICT	Scarlet Fever	Whooping Cough	Diphtheria	Measles	Pneumonia	Meningococcal infection	Acute Poliomyelitis	Acute Encephalitis	Dysentery	Puerperal Pyrexia	Paratyphoid Fever	Food Poisoning	Erysipelas	Acute Rheumatism	Totals
URBAN															
Bodmin ...	-	1	-	82	-	-	-	-	-	-	1	-	-	-	84
Bude-Stratton ...	-	-	-	6	-	1	1	1	-	-	-	-	-	-	4
Camborne-Redruth ...	56	3	-	74	34	2	-	-	2	72	-	-	-	-	241
Falmouth ...	33	-	-	8	4	2	1	-	-	1	-	-	2	-	43
Fowey ...	-	-	-	20	-	-	1	-	-	-	-	-	-	-	21
Helston ...	-	-	-	22	-	-	-	-	-	-	-	-	-	-	22
Launceston ...	-	-	-	96	-	1	-	-	-	-	-	-	-	-	98
Liskeard ...	4	5	-	3	5	1	1	-	-	1	-	-	1	-	20
Looe ...	2	1	-	22	3	-	-	-	-	1	-	-	-	-	29
Lostwithiel ...	5	3	-	3	3	-	1	-	-	-	-	-	-	-	18
Newquay ...	7	1	-	19	-	-	-	-	-	-	-	-	1	-	28
Padstow ...	6	-	-	4	-	-	-	-	-	-	-	-	-	-	10
Penryn ...	6	-	-	3	-	-	-	-	-	-	-	-	-	-	12
Penzance ...	-	-	-	381	-	-	-	-	1	3	-	26	-	-	411
St. Austell ...	3	3	-	174	6	-	3	1	14	-	-	12	1	2	216
St. Ives ...	4	-	-	273	-	-	-	-	4	-	-	-	1	-	282
St. Just ...	-	3	-	21	-	-	-	-	-	-	-	-	-	-	27
Saltash ...	8	11	-	219	13	-	-	-	-	-	-	-	6	-	257
Torpoint ...	2	-	-	-	-	-	-	-	-	-	-	-	-	-	2
Truro City ...	-	-	-	2	1	-	-	-	-	1	-	-	-	-	4
TOTALS ...	136	31	-	1432	69	7	8	2	21	79	1	38	12	2	1833
RURAL															
Camelford ...	1	1	-	5	1	1	1	-	-	1	-	4	-	-	11
Kerrier ...	2	-	-	106	-	-	1	-	-	2	-	1	-	-	112
Launceston ...	-	-	-	50	1	-	-	-	-	-	-	-	-	-	52
Liskeard ...	7	13	-	80	7	-	-	-	4	1	-	-	-	1	113
St. Austell ...	11	1	-	82	5	-	1	-	10	-	-	-	-	-	120
St. Germans ...	17	33	-	120	18	1	-	-	-	-	-	1	2	-	173
Stratton ...	-	1	-	65	-	-	-	-	-	-	-	-	-	-	67
Truro ...	9	2	-	159	15	-	-	-	-	-	-	1	2	1	189
Wadebridge ...	5	5	-	32	2	-	2	-	-	-	1	2	-	-	47
West Penwith ...	2	5	-	331	9	-	-	-	-	-	-	4	-	-	351
TOTALS ...	54	61	-	1030	58	2	5	-	14	4	1	13	4	2	1234
Whole County ...	190	92	-	2462	127	9	13	2	35	83	2	51	16	4	3067

Ophthalmia Neonatorum ... 1 (Camborne-Redruth U.D.)

Typhoid ... 1 (Bodmin M.B.)



**TABLE IV.**  
**NUMBER OF CASES OF INFECTIOUS DISEASE NOTIFIED IN**  
**RECENT YEARS.**

Infectious Disease	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959
Scarlet Fever ...	263	311	284	236	162	124	90	83	68	190
Whooping Cough ...	729	1485	421	1211	1294	279	351	1234	142	92
Diphtheria ...	16	10	11	8	—	1	—	3	1	—
Measles ...	668	5813	1041	6391	551	2255	5216	2846	2593	2462
Pneumonia ...	221	264	157	184	203	222	175	189	149	127
Meningococcal Infection ...	8	5	7	2	7	11	3	3	1	9
Acute Poliomyelitis	98	36	21	30	10	35	8	24	14	13
Acute Encephalitis	1	3	5	5	2	5	4	1	4	2
Dysentery ...	27	82	20	19	102	21	6	7	37	35
Ophthalmia Neonatorum ...	2	—	3	3	1	—	2	1	2	1
Puerperal Pyrexia	58	58	124†	127†	143†	135†	156†	146†	106†	83†
Paratyphoid Fevers ...	—	1	4	2	—	1	1	1	1	2
Typhoid Fever (excluding Paratyphoid) ...	2	—	—	—	—	—	—	1	2	1
Food Poisoning ...	87	36	68	44	44	63	63	35	40	51
Erysipelas ...	54	35	27	24	26	33	37	19	25	16
Malaria ...	—	2	2	2	1	—	1	—	1	—
Acute Rheumatism§ ...	3	12	5	4	8	—	4	3	1	4
TOTALS	2237	8153	2200	8292	2554	3185	6117	4596	3187	3088

†—The definition of Puerperal Pyrexia was revised by the Puerperal Pyrexia Regulations, 1951, which came into operation on 1.8.51.

§—In persons under 16 years of age (notifiable from 1.10.50).



TABLE V.  
CAUSES OF DEATH AT SPECIFIED AGES, 1959

	All Ages	0—		1—		5—		15—		25—		45—		65—		75—		Totals	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1. Tuberculosis, respiratory	20	—	—	—	—	—	—	—	1	—	—	5	1	4	3	3	2	12	8
2. Tuberculosis, other	5	—	—	—	—	—	—	—	—	1	2	1	—	—	1	—	—	2	3
3. Syphilitic disease	11	—	—	—	—	—	—	—	—	1	—	2	—	5	—	2	1	10	1
4. Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5. Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6. Meningococcal infections	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
7. Acute Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9. Other infective and parasitic diseases	5	—	—	1	—	—	—	—	—	—	—	1	3	—	—	—	—	2	3
10. Malignant neoplasm:																			
stomach	108	—	—	—	—	—	—	—	—	—	—	12	12	19	17	15	31	47	61
lung, bronchus	109	—	—	—	—	—	—	—	—	1	1	55	6	31	6	8	2	95	14
breast	75	—	—	—	—	—	—	—	—	—	6	1	31	—	—	18	1	74	—
uterus	35	—	—	—	1	—	—	—	—	—	3	—	11	—	—	8	—	—	35
Other malignant																			
lymphatic neoplasms	424	—	—	—	1	1	—	1	1	14	7	55	61	79	61	79	64	229	195
Leukaemia, aleukaemia	18	—	—	—	—	1	—	1	—	—	2	3	1	2	1	4	3	11	7
Diabetes	39	—	—	—	—	—	1	—	—	—	—	4	4	8	8	5	9	17	22
Vascular lesions of nervous system	729	—	—	—	—	—	—	—	—	3	3	39	47	87	119	161	270	290	439
Coronary disease, Angina	684	—	—	—	—	—	—	—	—	12	1	143	45	160	86	125	112	440	244
Hypertension with heart disease	114	—	—	—	—	—	—	—	—	3	—	9	10	13	20	14	45	39	75
Other heart disease	918	—	—	—	—	—	2	—	—	4	1	32	37	85	100	235	422	356	562
Other circulatory disease	158	—	—	—	—	—	—	—	—	—	1	10	7	23	24	42	51	75	83
Influenza	34	—	—	—	—	1	—	3	—	3	—	2	3	3	2	9	8	21	13
Pneumonia	143	8	5	—	2	1	—	—	1	4	2	10	9	18	15	31	37	72	71



24. Bronchitis	88	1	—	—	1	—	—	—	—	18	3	23	7	20	14	62	26
25. Other disease of respiratory system	41	—	—	—	—	—	—	—	—	6	2	13	4	7	5	27	14
26. Ulcer of stomach and duodenum	29	—	—	—	—	—	—	—	—	5	6	5	2	5	6	15	14
27. Gastritis, enteritis and diarrhoea	22	—	—	—	—	—	—	—	—	3	6	2	2	2	5	7	15
28. Nephritis and nephrosis	67	—	—	—	—	—	—	—	—	7	10	11	7	12	10	36	31
29. Hyperplasia of prostate	58	—	—	—	—	—	—	—	—	2	—	14	—	42	—	58	—
30. Pregnancy, childbirth abortion	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4
31. Congenital malformations	32	5	10	—	—	—	—	—	—	3	1	3	1	—	—	17	15
32. Other defined and ill-defined diseases	406	34	15	4	1	2	2	2	1	42	36	29	37	70	121	186	220
33. Motor vehicle accidents	34	—	—	—	1	1	—	—	—	8	3	2	1	1	—	27	7
34. All other accidents	94	—	2	—	—	—	2	—	—	7	9	5	8	7	42	31	63
35. Suicide	39	—	—	—	—	—	—	—	—	11	11	2	2	3	—	21	18
36. Homicide and operations of war	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	2
		49	32	7	9	8	11	26	5	74	56	646	565	902	1286	2208	2339
	*4547*																

\*including 19 deaths in the Isles of Scilly.



