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CORNWALL COUNTY COUNCIL

ANNUAL REPORT
OF THE
COUNTY MEDICAL OFFICER
OF HEALTH
1960

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

STATE OF NEW YORK

ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER

OF HEALTH

1901

ALBANY: J.B. LIPPINCOTT & CO.

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HEALTH COMMITTEE

(as constituted at 31st December, 1960)

Chairman:

Mrs. M. F. WILLIAMS, O.B.E.

Vice-Chairman:

W. J. T. PETERS

Members:

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

Representatives of Area Sub-Committees:

Area I	G. SIDDONS	Area IV	Mrs. A. G. DAVY
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	... 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
Mental Health 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 1960. The statistics show that the health of the County has continued to be satisfactory.

The section on epidemiology and preventive medicine contributed by Dr. Hargreaves is longer than usual. It contains a very interesting survey on tuberculosis which I thought was well worth printing in full. The annual number of deaths from tuberculosis in Cornwall has fallen in 20 years from 200 to 22. Amongst many other facts elucidated by Dr. Hargreaves is the surprising difference between the incidence of tuberculosis in men over 45 years of age and all the other age and sex groups.

The section on the Mental Health Services contributed by Mr. Pascoe deals with one of the most rapidly expanding branches of the Health Department. It shows how we hope to intensify the services for community care, and the provisions we are making for suitable accommodation for the various types of mental patient—with particular reference to homes for confused elderly patients and training centres and residential hostels for those who are mentally sub-normal. These arrangements are very closely integrated with the arrangements being made by the Regional Hospital Board and the various Hospital Management Committees, and provide an excellent example of the friendly co-operation between the various Authorities which is so fruitful in Cornwall. In this connection it is to be hoped that the provision by the Regional Hospital Board of the Assessment Unit, Short-term Treatment and Day Hospital for the elderly confused patients will not be long delayed for it will form the very centre of all services for patients of this type.

The contribution on the Welfare Services written by Mr. Mountford shows the progress that is being made in the provision of suitable accommodation for the elderly to meet the increasing demand, and also to remove them from the old Part III accom-

modation in Joint User establishments. It also refers to a special type of home for the frail ambulant patients which was nearing completion at the end of the year. Here again there is a rapid expansion of the services for community care in order to enable elderly people to remain at home as long as possible with the support of the various domiciliary services.

During the year the Health Department lost by retirement two senior officers who have made a notable contribution to the Health Services of the County. Dr. Annie Mather, who had been the first Senior Medical Officer for Maternity and Child Welfare and had been largely responsible for creating and running a wide service for Health Education, retired on 13th March. Mr. W. Shaw, who was the first County Public Health Officer and created that Section of the Health Department with great success, retired on 14th April. It is right to place on record the debt which the Department owes to both these officers.

A tribute appears in the Mental Health section of the Report to the work of the late Mr. P. A. Clifton who wore himself out in looking after the mentally ill, the aged and distressed persons in the far west part of the County.

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.

July 1961.

CORNWALL COUNTY COUNCIL

REPORT OF THE COUNTY MEDICAL OFFICER OF HEALTH FOR THE YEAR 1960

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. (Left 13.3.60)

MARY M. M. BOYD, M.Sc., Ph.D., M.B., Ch.B. (Hons.), M.R.C.P.
(Edin.), D.P.H., D.Obst.R.C.O.G., D.C.H. (Comm. 15.3.60)

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. A. W. REID, M.B., Ch.B., D.P.H. (Comm. 1.2.60)

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:

G. W. WARD, M.B., Ch.B., D.P.H.

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., L.M.
 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. (Left 20.8.60)
 P. R. WILSON, L.R.C.P. & S. (Comm. 29.8.60)

§Also Assistant County Medical Officer.

Chief Dental Officer:

C. A. REYNOLDS, L.D.S

Dental Officers:

Whole-time:—

R. A. CURRIE, L.D.S.
 H. J. EAGLESON, L.D.S.
 Mrs. M. E. GOODYEAR, L.D.S. (Comm. 3.10.60)
 W. A. GRUNWELL, L.D.S. (Comm. 11.1.60)
 R. H. HAMLYN, L.D.S.
 N. J. HAWLEY, B.D.S. (Left 31.8.60)
 W. G. HUNTLEY, L.D.S. (Left 31.7.60)
 J. E. KENNY, L.D.S.

Part-time:—

Mrs. M. E. GOODYEAR, L.D.S. (whole-time from 3.10.60)
 Mrs. S. M. SATCHWELL, B.A., L.D.S.
 I. E. WHITLING, L.D.S. (Left 23.7.60)

County Public Health Officer:

W. SHAW, Cert. R.S.I., F.P.H.I.A. (Left 11.4.60)
 W. R. SAUNDERS, M.A.P.H.I., M.R.S.H.

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

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

Deputy County Nursing Officer, etc.:

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

Assistant County Nursing Officers:

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

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

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

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

Area 5— } Miss K. A. PURKISS, S.R.N., S.C.M., H.V.Cert., Q.N.S.
Area 6— }

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

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 Control Officer:

W. H. MAYCOCK.

County Welfare Officer:

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

Assistant County Welfare Officer:

W. C. ODGERS

Social Welfare Officer:

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

District Welfare Officers:

T. H. E. BECKETT.

B. BUCKINGHAM

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

Assistant District Welfare Officers:

D. J. CASTLE, (Comm. 23.7.60)

J. R. C. CLEMO (Comm. 7.11.60)

County Mental Health Officer:

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

Educational Psychologist:

P. F. PORTWOOD B.Sc., Dip. Psych., A.B.Ps.S.

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 (Left 31.1.60)

Miss W. B. TRUSCOTT (Comm. 1.2.60)

Mental Welfare Officers:

Area 1—P. A. CLIFTON (Died 15.12.60)

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 Officers:

Area 1—*R. W. RICHARDS

Area 2—W. B. STEVENS (Comm. 30.5.60)

Area 3—M. WILLS, (Comm. 4 7.60)

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

Supervisor of Training of the Mentally Handicapped:

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

Teachers of the Mentally Handicapped:

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

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

Miss W. E. GLOYN, Diploma N.A.M.H. (Comm. 7.10.60)

Miss O. TRIST, Diploma N.A.M.H.

County Home Help Organiser:

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

Assistant County Home Help Organiser:

Miss D. J. BLIGHT

Speech Therapist:

Mrs. S. QUIXLEY, L.C.S.T. (Comm. 17.10.60)

Teacher of the Deaf:

L. H. THOMAS, Dip.N.C.T.D., Dip.Audiology. (Comm. 1.9.60)

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.
R. L. RAY M.B., B.S.
J. C. MELLOR, M.B., Ch.B.

Adviser on Mental Health:

J. F. DONOVAN, M.R.C.S., L.R.C.P., D.P.M. Consultant Psychiatrist

STATISTICS AND SOCIAL CONDITIONS

Area of the County	...	...	...	864,126 acres
Population 1960 (Registrar-General's estimate)				337,110
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	...	...	...	£3,708,871
Sum represented by 1d. rate	...	...	...	£15,039

The Registrar-General's mid-year estimate of the population for the Urban and Rural areas during each of the five years 1956—60 is shown in the following table:—

	1956	1957	1958	1959	1960
Urban Districts ..	185,700	186,800	186,600	187,000	187,460
Rural Districts ...	153,060	151,970	150,780	150,580	149,650
Administrative County ...	338,760	338,770	337,380	337,580	337,110
Increase or decrease over previous year ..	—1,000	+ 10	—1,490	+ 200	—470

Table I at the end of the Report shows the estimated population and number of births and deaths for 1960 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	...	2,442	2,290	4,732
Illegitimate	...	116	90	206
Total	...	2,558	2,380	4,938

Birth rate per 1,000 of the population ... 14.65

Still Births				Male	Female	Total
Legitimate	...	...	...	48	45	93
Illegitimate	...	...	...	3	3	6
Total				51	48	99

Still birth rate per 1,000 total births ... 19.65

The Birth Rate of 14.65 compares with a rate of 14.2 in 1959. The following are the rates for recent years:—

				Cornwall	England & Wales
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	16.5
1960	...	...	...	14.65	17.1 (provisional)

Deaths and Death Rate

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

Males	...	...	...	2,306
Females	..	...	...	2,300
Total				4,606

This gives a death rate of 13.66 as compared with a rate of 13.4 in 1959. The following are the rates for recent years:—

				Cornwall	England & Wales
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	11.6
1960	...	...	...	13.66	11.5 (provisional)

Infant Mortality

There were 87 infant deaths registered during the year, representing a rate of 17.6 per 1,000 live births. This compares with a rate of 16.9 in 1959. 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	1959	1960
Disease of Heart and Blood Vessels ...	1,874	1,974
Cancer	751	744
Vascular lesions of nervous system ...	729	741
Respiratory disease	306	341
Suicide and deaths from violence ...	170	153
Tuberculosis	25	22

Deaths from Heart Disease

Age Group	Urban Districts		Rural Districts		Total
	M.	F.	M.	F.	
Under 1 ...	—	—	—	—	—
1 — 5 ...	—	—	—	—	—
5 — 14 ...	—	—	—	—	—
15 — 24 ...	—	—	—	—	—
25 — 44 ...	8	3	4	2	17
45 — 64 ...	153	47	72	42	314
65 — 74 ...	151	108	110	75	444
75 & over ...	235	365	182	223	1,005
	547	523	368	342	1,780*

* including 7 deaths in the Isles of Scilly

Number of Deaths at Different Periods of Life

Age Group	Male	Female	Total
Under 1	55	33	88
1 — 4	6	7	13
5 — 14	6	5	11
15 — 24	22	8	30
25 — 44	72	50	122
45 — 64	579	372	951
65 — 74	648	528	1,176
75 & over	931	1,310	2,241
	2,319	2,313	4,632*

* including 26 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 1910 and 1960:—

1910		1960
125	Under 1 year of age ...	19
43	Aged 1 year to 4 years ...	3
34	Aged 5 to 14 years ...	2
43	Aged 15 to 24 years ...	6
312	Aged 25 to 64 years ...	232
443	Aged 65 years and over ...	738

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	19,490
		St. Ives M.B.	4,287	8,420
		St. Just U.D.	7,634	3,900
		West Penwith R.D.	59,792	17,280
			<hr/> 74,868 <hr/>	<hr/> 49,090 <hr/>
2	Station Hill, Redruth.	Helston M.B.	4,014	6,840
		Camborne-Redruth U.D.	22,062	35,160
		Kerrier R.D.	90,839	22,050
			<hr/> 116,915 <hr/>	<hr/> 64,050 <hr/>
3	6/7, Lemon Street, Truro.	Falmouth M.B.	1,880	16,630
		Penryn M.B.	829	4,330
		Truro City	2,634	13,570
		Truro R.D.	108,316	26,550
			<hr/> 113,659 <hr/>	<hr/> 61,080 <hr/>

Area No.	Area Office Address.	County Districts	Area in Acres.	Estimated Population
4	Moorland Road, St. Austell.	Fowey M.B.	2,979	2,300
		Lostwithiel M.B.	3,256	1,980
		Newquay U.D.	4,599	10,370
		St. Austell U.D.	18,379	23,980
		St. Austell R.D.	82,389	21,530
			<hr/> 111,502	<hr/> 60,160
5	Brooklyn, Wadebridge.	Bodmin M.B.	3,312	6,170
		Padstow U.D.	3,343	2,950
		Wadebridge R.D.	88,230	14,070
			<hr/> 94,885	<hr/> 23,190
6	Launceston.	Launceston M.B.	2,182	4,670
		Bude-Stratton U.D.	4,294	5,230
		Camelford R.D.	52,544	7,180
		Launceston R.D.	73,051	6,420
		Stratton R.D.	56,285	5,370
			<hr/> 188,356	<hr/> 28,870
7	Westbourne, Liskeard	Liskeard M.B.	2,704	4,280
		Saltash M.B.	5,335	7,400
		Looe U.D.	1,691	3,810
		Torpoint U.D.	975	5,980
		St. Germans R.D.	48,433	15,390
		Liskeard R.D.	104,803	13,810
			<hr/> 163,941	<hr/> 50,670

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 has seen a further drop in the Perinatal Mortality Rate, 31.0, compared with 35.56 last year. This rate is a sensitive index of the standard of maternal care in the widest sense. It includes the number of stillbirths plus the number of babies dying in the first week of life per 1,000 total births. The Cornish rate is, however, higher than in South East England.

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 1,316 women made 5,876 attendances — 56 more women than in 1959. 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.

The West Cornwall Hospital was closed throughout the year so that 60 bookings per annum in that area were not available. Our regular allocation of bookings in the Alexandra Maternity Home, Plymouth was discontinued in February, 1960, and since then Cornwall are allowed only occasional bookings of amenity or general practitioner beds there, but 3 bookings a month were allocated to Cornwall at the Devonport Maternity Home in March, 1960, and have continued there. From 1st February, 1960, no bookings on social grounds were allowed at Freedom Fields Hospital. The places of our bookings in this area were therefore changed but the numbers were not altered.

Plans have now been made and approved to open the Edward Bolitho Home, Penzance, as a maternity unit, with a view to starting a Part 11 Training School for Midwives there.

In spite of the continued closure of the West Cornwall Hospital maternity beds, no woman in real need of a maternity bed in Cornwall was refused admission. All women who need beds for medical reasons are referred by their own doctors.

A total of 532 women were recommended for beds on social grounds. This is a slight drop from last year's figure (585) and may reflect the improvement in housing conditions with the progress of building and modernisation of houses as well as improved water supplies.

The total was made up as follows:— Redruth Hospital 14 (46), Old Tree Maternity Home, Launceston 239 (241), Trebarras Maternity Home, Liskeard

136 (140), Tavistock Maternity Home 98 (77), Devonport Maternity Home 18, Freedom Fields Hospital 3. Alexandra Maternity Home, Plymouth 24 (47).

A number of doctors prefer to refer their patients to Redruth Hospital themselves rather than have them recommended by the County Medical Officer on social grounds.

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. employees 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	4860	50.42	47.15	2.43	160	123
1960	5037	51.02	46.87	2.11	171	125

Unfortunately the provision of ante-natal beds in Cornwall has not improved, and the percentage of hospital confinements falls far short of the 70% recommended by the Cranbrook Committee.

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, as well as a hostel at Morwenna, Penzance. Girls are admitted to Rosemundy Home several weeks before their confinements and remain afterwards until suitable arrangements have been made for the care of their babies. There were 51 admissions during the year (Cornish girls 20, non-Cornish but working in Cornwall 6, admitted from other Counties 25). At Morwenna there were 22 admissions, 15 Cornish and 7 non-Cornish but working in Cornwall.

Puerperal Pyrexia

Under the Puerperal Pyrexia Regulations 1951, there were 79 notifications (68 in hospital and 11 in domiciliary practice).

Ophthalmia Neonatorum

Only 2 cases were notified during the year, and there was no impairment of vision. The number of cases notified and the rate 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
1960	...	...	2	0.4

Maternal Mortality

There were 3 deaths associated with childbirth, giving a maternal mortality rate of 0.6 per 1,000 total births. None were from puerperal sepsis; one was due to heart failure following congenital heart disease, and two were from pulmonary embolus associated with severe varicose veins. All

the babies were healthy and were born in hospital or nursing home. In the last case the mother was transferred to hospital for treatment.

The following table shows the rates for recent years:—

Year		Total Maternal Deaths	Maternity Mortality Rates		
			Cornwall	England & Wales	
			Annual	Quinquennial	Annual
1951	...	6	1.20	0.97	0.82
1952	...	7	1.40		0.72
1953	...	4	0.82		0.75
1954	...	5	1.01		0.70
1955	...	2	0.44		0.64
1956	...	8	1.65	0.85	0.56
1957	...	2	0.41		0.47
1958	...	4	0.81		0.43
1959	...	4	0.81		0.38
1960	...	3	0.6		

Toxaemia of Pregnancy

Toxaemia of pregnancy is a cause of many premature and stillbirths. 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 a home help free for a short period was continued. This is only supplied when no other help is available, and during the year 22 new cases were included in the scheme. Two of these patients had to be removed to hospital, but all had live babies.

Infant Mortality and Stillbirths

In 1960, 90 babies died during their first year compared with 81 in 1959, and 94 in 1958. This gives an infant mortality rate of 18.2 per 1,000 live births. The rate was 16.9 in 1959 and 19.3 in 1958. The additional deaths are an accompaniment of an increased number of births, and the live birth and survival for a short time of 7 infants who were born at such an early stage of pregnancy that they are normally non-viable.

The stillbirth rate is the lowest ever recorded in Cornwall, and for the first time is not above that for England and Wales.

This association of a slight rise in the infant mortality rate and a low stillbirth rate demonstrates the value, for assessing progress, of linking early neonatal deaths and stillbirths in the perinatal mortality rate. This has again shown a fall, being 31.0 (35.6).

There were 98 stillbirths, and 58 babies died in the first week of life,

making a total of 156 (173). This continues the falling trend of the last decade.

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
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	126	47	173	35.6	34.0
1960	98	58	156	31.0	

Investigations were made into all these stillbirths and deaths. The causes were:—

		Stillbirths		First week deaths		
		Pre- mature	Full Term	Pre- mature	Full Term	Totals
Difficult labour and birth injury	...	—	19	2	7	28
Associated with maternal toxæmia	...	15	7	3	—	25
Congenital malformations	...	10	4	3	8	25
Associated with multiple pregnancy	...	3	2	11	—	16
Prematurity only	...	8	—	5	—	13
Associated with ante-partum hæmorrhage	...	6	2	3	—	11
No ante-natal care	...	5	—	3	—	8
Infection (of mother or of infant)	...	3	—	1	4	8
Placental abnormalities	...	2	4	—	—	6
Rhesus incompatibility	...	1	2	—	2	5
Other causes (e.g. atelectasis)	...	—	—	1	5	6
Unknown	...	—	5	—	—	5
		<hr/>		<hr/>		<hr/>
		53	45	32	26	156
		98		58		

90 babies died during their first year of life, of whom 40 had been prematurely born. 7 of these were non-viable, i.e. born before the 28th week of pregnancy, but nevertheless surviving for a few minutes or hours. They must, therefore, be included in the number of infant deaths. Only 3 of the babies who died were illegitimate.

The number of babies dying during the first 4 weeks of life was 68 (58) and of these 58 died in the first week. 17 of these had serious congenital malformations and a further 13 babies died after the first 4 weeks from this cause, making a total of 30.

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

			Neo-natal Deaths (under 4 weeks)	
			Premature	Full Term
Prematurity only	...	...	24	—
Congenital malformation	...	...	5	12
Difficult birth and birth injury	...	...	2	7
Infection	...	...	3	5
Respiratory conditions excluding infection, atelectasis etc.	...	...	2	5
Rhesus incompatibility	...	...	—	2
Haemorrhagic disease of the newborn	...	...	1	—
			<hr/> 37	<hr/> 31

			Infant Deaths (Over 4 weeks)	
Congenital malformation (1. prem.)	...	...	8	
Congenital malformation with infection	...	...	3	
Congenital malformation with other condition	...	...	2	
Infection (2 premature)	...	...	6	
Accident	...	...	2	
Atelectasis	...	...	1	
			<hr/> 22	<hr/>

Infant Mortality Rates

Year		Cornwall		England & Wales
		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		30
1951	...	33.0	} 27.7	29.6
1952	...	30.6		27.6
1953	...	27.0		26.8
1954	...	20.8		25.5
1955	...	26.7		24.9
1956	...	23.2	} 20.5	23.8
1957	...	24.8		23.0
1958	...	19.3		22.2
1959	...	16.9		22.0
1960	...	18.2		21.7 (provisional)

Deaths of Children 1—4 years

There were 13 deaths in this group. The causes were:—

Malignant Lymphatic Neoplasms	...	...	3
Diabetes	...	...	1
Influenza	...	...	1
Pneumonia	...	...	2
Accidents	...	...	2
Congenital malformations	...	...	1
Other defined and ill-defined diseases	...	...	3
			—
			13
			—

Premature Babies

More than half the stillbirths and over half the first-week deaths occurred in premature babies. Any baby weighing $5\frac{1}{2}$ lbs. or less at birth is considered to be premature, irrespective of the period of gestation. Many of those whose birth weight is over $4\frac{1}{2}$ lbs. have good prospects but need special care, and some need hospital care. 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; but ideally the mother in premature labour is sent to hospital before delivery and so the infant is spared the effects of a journey. Special outfits are available for nursing premature babies at home.

Although 53% of the stillbirths are premature only 6.4% of live births are 5½ lbs. or less and of these 88.3% survived. The rate of survival increases as birth weight increases from 32.1% in babies under 3½ lbs. to 97.6% in those whose birth weight is over 5 lbs.

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

Place of Birth	Total live Births	Neonatal Deaths	Stillbirths
Hospital	189	20	39
Nursing Home	5	1	1
Home and nursed at home	97	7	13
Home and transferred to hospital	18	8	—
	<hr/> 309 <hr/>	<hr/> 36 <hr/>	<hr/> 53 <hr/>

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 87 sessions a month are held. The centre opened last year at Cardinham was closed in September 1960 owing to a falling demand. Officials of the Ministry of Health visited Cornwall during the year and were pleased with the new clinic premises established since their visit in 1953.

There was an increase of 2,631 in the number of attendances and 105 more children attended than in 1959. Under the National Health Service Act every baby is entitled to advice and treatment from a family doctor. At the centres information on mothercraft is given by the doctors and health visitors who staff the clinics, and medical inspections to advise on the existence and prevention of defects are carried out. Reassurance of the anxious mother as to the well-being of her child and help on the wise up-bringing of her family are important aspects of this part of the health service.

The discovery of cases of phenylketonuria, due to an inborn error of metabolism is one example of valuable preventive medicine carried on. A special urine test at the age of 6 weeks demonstrates the existence of the condition. Two cases in babies and one in a young toddler have been found in 1960 and these are all making good progress under treatment. Where a mother is unable or unwilling to attend a clinic with her baby the test is carried out at home by a trained health visitor.

Number of children who attend Centres	3,992	(3,887)
Number of attendances under 1 year	16,346	(14,798)
Number of attendances 1—2 years	4,265	(3,643)
Number of attendances 2—5 years	4,555	(4,094)
Total number of attendances	25,166	(22,535)

There are also three voluntary Centres, at St. Mawes, Portscatho and St. Eval, at which 146 (170) children made 1,019 (1,045) attendances.

(Figures in brackets refer to 1959)

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

The sales of National Dried Milk have fallen again in 1960, and it is difficult to give any reason based on proof for this decrease. Theories advanced are (i) the stepping up of publicity by the makers of proprietary welfare foods and (ii) a greater use of the coupons for liquid instead of dried milk. Neither of these theories can be reasonably substantiated.

It is certain that the packing of the Half Cream National Dried Milk in cases of 9 instead of 18 has proved advantageous, especially to the smaller Centres, and the amount of "out of date" Half Cream Milk returned has fallen considerably. In this connection it might be mentioned that the new coding on the underside of the tin (introduced in September, 1959) has proved rather a mixed blessing. Mothers now examine this code and are apt to insist, a little unreasonably, upon the most recent delivery.

Through the good will of its many volunteers, the service continues to run efficiently and its rather complicated quarterly return gives no trouble. Some of the smaller centres are finding that the demands made upon them are so small as not to make it worth while to carry on, but even so, in 178 centres, distribution, all voluntary, continues.

The following table shows the quantities distributed during the years 1959 and 1960:—

	1959	1960
National Dried Milk — tins	129,785	119,485
Cod Liver Oil — bottles	19,938	19,172
Vitamin Tablets — packets	13,468	13,628
Orange Juice — bottles	139,100	128,889

DENTAL SERVICE

REPORT OF CHIEF DENTAL OFFICER

This has been a disappointing year for the dental service as a result of staffing difficulties. Two full-time and one part-time dental officer resigned and, of the two full-time appointments taken up in the year, one was that of an officer who had been working on a sessional basis. At the end of the year there was a total reduction of one dental officer. While this in itself cannot be regarded in these difficult times as unduly catastrophic, their distribution happened to be such that while the centre of the County was better staffed than it ever has been, there was no dental officer centred either east of Newquay and Truro or west of Camborne. Even by spreading the staff as far as possible, no treatment was available throughout the year at the visited clinics at Camelford and Delabole, and, since the summer, at the clinics in Penryn, Liskeard, Callington, Saltash, Torpoint and the mobile clinic has been out of use; moreover, since the beginning of October, owing to illness of the dental officer at Newquay, the clinics there and at Wadebridge, Bude and Launceston have been out of action.

While there were no changes in clinic premises during the year, planning of a new dental headquarters in Truro and of new clinics at Camborne and Saltash is going ahead.

Four more air-turbine drills were installed in the year and three more were authorised — one however, for the mobile clinic, will not be purchased until its immediate use can be anticipated.

Expectant and Nursing Mothers

Mothers are referred by doctors, midwives and health visitors, and not unexpectedly in view of the shut-down clinics fewer were able to be so referred. In all 287 were recommended to the clinics for dental inspection, but of these 51 failed to attend when sent for; 7 of those inspected were found not to require treatment. Of the 229 who needed treatment, 11 had not attended.

It is seen in Table 2 (A) that more mothers were treated than were inspected. This is accounted for by the fact that mothers whose treatments are carried over from one year to the next are not again recorded as having been inspected and referred for treatment. The total of mothers treated was only 11 less than in the previous year and the general pattern of treatment is remarkably similar.

Dentures are made in the County's laboratory at Truro. The 186 dentures were provided for 109 mothers.

Since the last report, legislation has been proposed to extend the free supply of dentures to expectant and nursing mothers under the General Dental

Service by private practitioners. At present, provision of free dentures is limited to the local authority and hospital services.

This measure is long overdue. The importance of good health to the expectant mother has long been recognised. Many mothers do not avail themselves of the free local authority service because of the inconvenience and expense of travelling not inconsiderable distances to the nearest dental clinic and are deterred by the charge for dentures from seeking treatment through the General Dental Service. If this change comes about, they would then be able to visit their local dentists for dentures. This might result in some drop in the demand for treatment under our service but I do not anticipate it would be considerable.

Pre-school Children

There was also a reduction this year in the number of children under five who were inspected and treated. While more fillings for this group were undertaken, the number of teeth treated with silver nitrate was considerably reduced.

Broken appointments of mothers numbered 342 and of children 90 compared with 338 and 100 respectively last year. This, of course, takes into account the failed appointments of the 51 mothers who failed inspection and the 11 who had no treatment — 2 appointments each in most cases. These broken appointments are very wasteful in time particularly in an understaffed service.

(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 ...	0.6

- (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 ... nil

- (c) Number of dental clinics in operation at end of year ... 14

- (d) Total number of sessions (i.e. equivalent complete half-days) devoted to maternity and child welfare patients during the year ... 219

- (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	...	236	342
Needing treatment	...	229	282
Treated	...	299	256
Made dentally fit	...	170	245

(B) Forms of treatment provided :

		Expectant & Nursing Mothers	Children under 5
Scalings and Gum treatment		105	—
Fillings	...	353	329
Silver Nitrate treatment	...	—	81
Crowns or Inlays	...	—	—
Extractions	...	1,031	386
General Anaesthetics	...	120	132
Dentures provided —			
(Full upper or lower)	...	127	—
(Partial upper or lower)	...	59	—
Radiographs	...	37	4

THE NURSING SERVICE**REPORT OF THE COUNTY NURSING OFFICER**

The year 1960 has brought its full quota of problems and compensations. Monotonously it must be recorded that shortage of staff is the largest problem, especially as the shortages so often accumulate in one area at a time, making relief difficult. Advertisements for staff appear regularly and there is always the hope that the present trickle of applicants will one day become a flood! However, this is rather a forlorn hope as the shortage of young woman power is country wide, not just county wide. In the meantime the work of the Public Health Nurses in Cornwall is under constant review to employ those available to the best advantage.

Staff employed by the County Council at 31st December, 1960

Administrative Staff

County Nursing Officer	...	...	...	1
Deputy County Nursing Officer	...	...	...	1
Assistant County Nursing Officers	...	...	...	6
				<hr/>
				8
				<hr/>

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

" Queen's " Nursing Sisters, S.R.N., S.C.M., H.V.Cert.	...	...	...	39
State Registered Nurses, S.C.M., H.V.Cert.	...	...	...	5
" Queen's " Nursing Sisters, S.R.N., S.C.M.	...	...	...	12
State Registered Nurse, S.C.M.	...	...	...	1
State Certified Midwives, S.E.N.	...	...	...	6

District Nurse-Midwives (Whole-time)

" Queen's " Nursing Sisters, S.R.N., S.C.M.	...	...	...	21
State Registered Nurses, S.C.M.	...	...	...	15
State Certified Midwives, S.E.N.	...	...	...	14

District Nurses (Whole-time)

" Queen's " Male Nurse, S.R.N.	...	...	...	1
State Enrolled Nurse	...	...	...	1
				<hr/>
				115

Part-time Nurses (Permanent)

State Registered Nurses	...	...	...	9
State Enrolled Nurse	...	...	...	1
State Certified Midwife	...	...	...	1
				<hr/>
				126
				<hr/>

Part-time Nurses (Temporary)

" Queen's " Nursing Sisters, S.R.N., S.C.M.	...	...	...	2
State Registered Nurse, S.C.M.	...	...	...	1
State Registered Nurses	...	...	...	3
State Enrolled Nurses, S.C.M.	...	...	...	5
				<hr/>
				11
				<hr/>

Whole-time Health Visitors

" Queen's " Nursing Sisters, S.R.N., S.C.M.,					
H.V.Cert.	...	...	...	...	9
State Registered Nurses, S.C.M., H.V.Cert.	...				19
State Registered Nurses, H.V.Cert.	...	...	...		2
Whole-time Tuberculosis Health Visitors	...				6
					<hr/>
					36
					<hr/>

The above figures show a decrease of 2 in total staff compared with 31st December, 1959.

Sickness

The sickness rate was high again, being 2,373 days, an average of 13.71 days per person. This increase was due again to long term sick leave, 11 members of staff being away for periods varying from 50 to 229 days (a total of 1,292 days).

Transport

Of the 181 members of staff at 31st December, 1960, 96 were provided with County Council cars and 79 provided their own or walked. Of the 5 Nurses or Health Visitors cycling or walking, one is a Health Visitor in a compact area who does not wish to learn to drive; one is a Health Visitor in the same Area who has not been able to pass the driving test; one is a District Nurse-Midwife of retiring age who is allowed taxi hire when necessary; one is a District Nurse-Midwife waiting to take her test; one is a temporary part-time Nurse.

Housing

At the 31st December, 1960, the County Nursing Association was responsible for the upkeep of 60 houses or flats.

19 of these were owned by the County Council or
County Nursing Association;

33 were rented from Local Housing Authorities;

8 were rented from Trusts or privately.

60 (Housing 72 members of staff)

Twenty-eight of these premises were furnished by the County Nursing Association. Several of the staff have asked to furnish their own houses during the year. In two cases they are buying the furniture already in the house after valuation; the other furniture concerned has been stored for future use.

The new bungalows being built for District Nurses at Gunnislake should be ready for occupation by June, 1961.

Midwifery

" Human Relationships in Midwifery " is a phrase often in the press these days. Good human relationships in midwifery are the aim of all the Midwives in Cornwall and, indeed, are generally achieved. Emphasis continues to be on Parentcraft teaching of all kinds, either in classes or individually. This goes a long way to obtaining the right kind of relationship between midwife and patient, and gives both teacher and pupil an insight into each other's problems.

Refresher Courses

Refresher Courses are playing a large part in Midwives lives, teaching new trends and confirming old experience. During 1960, 22 Midwives attended general Midwifery Courses; 6 attended Parentcraft Courses; and 17 Health Visitors and 3 Supervisors attended Health Visiting Courses, while one Supervisor went to an Association of Supervisors Course.

Supervision

The Senior Medical Officer for Maternity and Child Welfare 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	...	503
Other visits, including follow-up visits after statutory notifications	...	673

During the year 179 Midwives notified their intention to practise in the County.

Domiciliary, Cornwall County Council	...	133
Domiciliary in private practice	...	3
Institutional — Hospitals	...	35
Nursing Homes	...	3

Deliveries attended by Domiciliary Midwives:—

	As Midwives	As Maternity Nurses	Total
Cornwall County Council Midwives	2,078	460	2,538
Independent Midwives	2	5	7
Rosemundy Home	22	19	41
	<hr/> 2,102	<hr/> 484	<hr/> 2,586

Deliveries in Institutions:—

In hospital	1,956
In Nursing Homes	103
	<hr/> 2,059

Visits paid by County Council Midwives:—

Ante-natal visits to Domiciliary cases	28,650
Ante-natal visits to Hospital Booked cases	2,449
Midwifery and Maternity visits	46,379
Visits to Hospital cases returned home:—	
before the 10th day (emergency admissions)	1,417
between the 10th and 14th days	1,628

Medical Aid forms sent in respect of:—

Mothers during ante-natal period	555
Mothers during labour	730
Mothers during puerperium	120
Infants	190

Other Statutory Notifications were received as follows:—

Stillbirths	101
Death of Mother	1
Infant Deaths	90
Artificial Feeding	368
Liability to be a source of infection	40

Attendances at Clinics by Midwives:—

G.P. Ante-natal Clinics	1,044
Midwives' Ante-natal and Relaxation Classes	730
Special Clinics for Health Education and Relaxation	387

Gas and Air in domiciliary midwifery:—

	County Council Midwives	Independent Midwives
Number of Midwives qualified to administer		
Gas and Air	127	1
Number of sets of apparatus	129	—
Number of cases to whom administered		
Doctor present	379	—
Doctor not present	1,716	2
Number of cases to whom Pethidine was administered		
Doctor present	245	—
Doctor not present	893	2

The Midwives attended 360 mothers who were discharged from hospital between the 10th and 14th day. They also accompanied 1,440 patients to hospital by ambulance or car, entailing in all 3,134 hours away from the Districts.

Health Visiting

This section of the work is exacting with fewer obvious results. Selective visiting makes the necessary time available for the Problem Families who are ever with us. The 17 Health Visitors who have attended Refresher Courses during the year have found them a great support in their work. A dearth of applicants in this field makes it impossible to fill vacancies as quickly as desirable, and adds to the worries of those doing the work. It may be possible to give 'in service' training to suitable applicants to help with school hygiene inspections, thus leaving the highly trained Health Visitor to her truly skilled work.

At the end of the year we had 93 part-time Health Visitors (including 19 acting by virtue of dispensation), the equivalent of 41.23 whole-time Health Visitors.

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

First visits to children under 1 year ...	4,625
Total visits to children under 1 year ...	50,457
Total visits to children 1—2 years ...	20,022
Total visits to children 2—5 years ...	38,572
Total number of children under 5 visited ...	25,110
Visits to persons over 65 years (social) ...	11,742
Child Life Protection visits ...	64

Social visits to others	...	7,191
Total number of families visited	...	17,490
Attendances at Clinics, etc.—		
Child Welfare Centres	...	1,583
Mothercraft and Relaxation Classes	...	571
Mothers' Clubs	...	116
Minor Ailment Clinics	...	312
Immunisation Sessions	...	1,035
B.C.G. Vaccination Sessions	...	48
Poliomyelitis Vaccination Sessions	...	590
Lectures and Talks given	...	1,392
Demonstrations	...	613
Attendances at School Medical Sessions	...	1,230
Attendances at School Hygiene Sessions	...	1,352
Re-inspections	...	209
Follow-up visits	...	2,307
No access visits	...	12,353

These figures show an increase again in social visits paid to those over 65 years, as well as to those under.

Students

During 1960 several students were given an insight and instruction into all branches of Public Health Nursing in Cornwall. Again these included senior administrators from other countries in the Commonwealth, with mutual benefit.

We continue to arrange for student nurses in training in local hospitals to spend some time with the Nurse or Health Visitor on the district. During 1960, 96 students enjoyed this experience.

Home Nursing

Home Nursing during 1960 was carried out by 63 Nurses combining it with midwifery and health visiting; 50 with midwifery only; and 2 doing whole-time Home Nursing. In addition 26 part-time Nurses helped with the general work during the year.

Two Nurses completed their "Queen's" District training during 1960, and at the end of the year there were 72 "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	... 1,595
Medical cases	... 5,232
Maternal complications	... 230
Infectious diseases	... 23
Tuberculosis	... 159
	<hr/> 7,239 <hr/>

Visits Paid:—

Surgical	... 32,107
Medical	... 133,186
Maternal complications	... 2,003
Infectious diseases	... 126
Tuberculosis	... 11,857
	<hr/> 179,279 <hr/>
Injections included in above	... 67,315

The above figures include 118,427 visits to patients who were over 65 years of age, and 2,539 visits to children under 5 years of age. Over 24 visits were paid to 1,793 people, making a total of 130,916 visits.

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948

Two daily minders for children under school age were registered during the year, to care for a total of 15 children. Three day nurseries were registered during 1960, and one was previously registered, with places for a total of 35 children.

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. One new Home was registered during the year and 1 registration was cancelled at the request of the owner. There are 7 Nursing Homes in the County with 61 beds, 45 general and 16 maternity.

DISABLED AND OLD PERSONS' HOMES

These Homes are registered with the County Council under the National Assistance Act, 1948. During the year the owners of 4 Homes for Old Persons asked for cancellation of the registration on account of removal or for personal reasons, and 3 new Homes were registered, with an increase of 19 beds. In addition 4 new Homes for Old and Disabled Persons were registered during the year. At the end of the year a total of 36 Homes were registered, 28 for old persons (472 beds), 2 for handicapped persons (30 beds) 1 for blind (29 beds) and 9 for old and disabled persons (157 beds). All these Homes are inspected regularly.

AMBULANCE SERVICE

REPORT OF COUNTY AMBULANCE OFFICER

This year's statistics show that the demands made on the Service have increased. Cornwall continues to attract more and more visitors each year, with the result that the accident and sickness rates during the summer season are reflected in the demands made on the Ambulance Service.

The equable climate of the County is proving such an attraction to visitors that numbers of the older age groups come to the County for retirement, and many others for convalescence after illness. These older people and sick people attending hospitals and clinics make a heavy item of transport on the Ambulance Service.

Maintenance, Servicing and Replacement of Vehicles

The Maintenance and Servicing branch of the Service continues to function smoothly. This year we have replaced four ambulances and ten utility 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 + 1R.	14
St. Austell	3	3	9
Newquay	1	1 + 1R.	4
Bodmin	2 + 1R.	3	7
Launceston	1	2 + 1R.	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).

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*	3
Launceston	1	—	—
Looe	1*	—	2
	15	1	6

* denotes County-owned vehicles.

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

It will be noted that the number of whole-time personnel at Voluntary Stations has been increased by one man during the year. This was necessary because the St. John Ambulance Brigade at Bude could no longer provide an ambulance attendant by day.

Last year I reported that a new ambulance station was under construction at Truro. This station was completed and occupied by the Service in April, 1960. New stations are under construction at Falmouth and Bodmin, and should be completed early in 1961.

Service Statistics

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

	1952	1955	1957	1959	1960
Ambulance Service					
Patients Carried ...	35,993	36,850	35,835	42,822	45,713
Miles Travelled ...	501,264	516,314	501,721	539,103	557,265
Average miles per patient ..	13.92	14.01	14.00	12.58	12.19
Utilecon Service					
Patients Carried ...	71,540	82,180	86,223	96,343	97,186
Miles Travelled ...	628,932	654,568	658,693	722,539	661,486
Average miles per patient ...	8.79	7.96	7.63	7.49	6.81
Hospital Car Service					
Patients Carried ...	15,604	20,008	21,668	18,332	20,700
Miles Travelled ...	227,303	273,441	284,725	280,221	364,258
Average miles per patient ...	14.56	13.66	13.14	15.28	17.60
Total—All Services					
Patients Carried ...	123,137	139,038	143,726	157,497	163,599
Miles Travelled ...	1,357,499	1,444,323	1,445,139	1,541,863	1,583,009
Average Miles per patient ...	11.02	10.39	10.05	9.79	9.68

It will be noted that the 1960 figures show an increase over the 1959 figures of 6,102 patients and 41,146 miles. Differences have occurred as follows:—

		Patients	Miles
Section 27 (Accident and Emergency) ...	-	109	- 6,536
(Others) ...	+	7,485	+ 50,443
Other than Section 27 (Cost recoverable from other Committees) ...	-	1,274	- 3,902
		<hr/>	<hr/>
		+ 6,102	+ 40,005
		<hr/>	
Mileage without patients ...			+ 1,141
			<hr/>
			+ 41,146
			<hr/>

Ambulance Service

Control Area	Section 27				Other than Section 27		Journeys without Patients		Totals	
	Accidents and Emergencies		Other Cases		Patients	Miles	Patients	Miles	Patients	Miles
	Patients	Miles	Patients	Miles						
Penzance	1,014	17,686	5,930	46,178	189	671	7,133	800	7,133	65,335
Truro	3,562	85,161	19,521	181,277	5,064	9,136	28,147	8,253	28,147	283,827
Bodmin	2,377	98,221	7,759	104,688	297	1,114	10,433	4,080	10,433	208,103
	6,953	201,068	33,210	332,143	5,550	10,921	45,713	13,133	45,713	557,265
Utilecon Service										
Penzance	19	253	10,536	59,272	642	2,538	11,197	214	11,197	62,277
Truro	151	2,148	47,572	316,555	5,710	20,283	53,433	7,099	53,433	346,085
Bodmin	62	2,319	28,029	229,340	4,465	19,146	32,556	2,319	32,556	253,124
	232	4,720	86,137	605,167	10,817	41,967	97,186	9,632	97,186	661,486
Hospital Car Service										
Penzance	—	—	273	6,005	1,222	12,792	1,495	—	1,495	18,797
Truro	—	—	4,279	73,265	4,759	46,195	9,038	335	9,038	119,795
Bodmin	—	—	9,204	214,311	963	10,696	10,167	659	10,167	225,666
	—	—	13,756	293,581	6,944	69,683	20,700	994	20,700	364,258

The total number of accident and emergency patients dealt with by the Service during the year was 7,185, an average of one accident or emergency patient every 73 minutes.

Long Distance Transport

	1959	1960
Number of Patients carried by Ambulances and Utlecons ...	9	10
Number of Patients carried by Air (omitting patients for whom the County Council did not pay air charter fees) ...	2	4
Number of Patients carried by Rail (omitting patients for whom the County Council did not pay fares) ...	220	250
Number of Miles travelled by Patients by rail ...	54,108	72,805

(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 Miles	Increase %	All Authorities Miles	Increase %
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	101,767,613	7.0
1959/60 ...	1,640,593	19.5	106,015,984	11.5

Annual Percentage Increase in Patients relative to 1952/53

	Cornwall Patients	Increase %	All Authorities Patients	Increase %
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	15,829,302	27.1
1959/60 ...	161,839	32.0	16,763,840	34.6

Voluntary Manning and Hospital Car Service

During the year the voluntary personnel at Country Centres transported 3,756 patients and travelled 125,987 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

When the Ambulance Controls at Truro and Bodmin came fully into operation, it was found that the vehicles operating from Penzance could effectively be controlled from Truro, so Penzance Control ceased to operate as from 5th December, 1960. It now means that there are two Ambulance Controls operating by day; one for the East of the County, and the other for the West. The Fire Brigade Control continues to operate the Ambulance Service at nights and week-ends, under the guidance of one of the Senior Ambulance Officers acting as Duty Officer.

The establishment of these Controls, together with the radio-telephone system, has given a much more efficient and flexible service, and has enabled us to meet all the increased demand which, following the national pattern, has risen in Cornwall by 8.7% since the re-organisation commenced in 1958. It has been possible to obtain a better co-ordination of patient-carrying journeys, reducing the miles per patient as shown in the Service Statistics table, and thus saving vehicle mileage.

The pilot scheme introduced to try to reduce the demand for the transport of orthopaedic and physiotherapy patients did not meet with the success for which we had hoped, and has fallen into abeyance.

Civil Defence

We have now enrolled 492 volunteers in the Civil Defence Ambulance and First Aid Section—an increase of 40 over the 1959 figure. Qualified instructors total 25, consisting of both volunteers and members of the County Ambulance Service. Six of these instructors have been centrally trained.

A team from the Liskeard Ambulance and First Aid 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 fourth in a field of nine.

Competitions

In the Regional Competition organised by the National Association of Ambulance Officers, Cornwall were represented by a team from the Bodmin County Ambulance Depot, and were placed fourth.

EPIDEMIOLOGY AND PREVENTIVE MEDICINE

Notifications of infectious diseases in each County District during 1960 are shown in Table III at the back of this report and in Table IV will be found the number of cases of infectious diseases notified in the County during recent years.

Although slightly higher in 1960, notifications of whooping cough remain low for the third year in succession, a reflection, I hope, of the fact that some 65% of the under 5 population is now protected against whooping cough.

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, as well as that of Dr. G. Sheers on the work of the Mass Radiography Unit.

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, Dr. E. R. Hargreaves, and Dr. J. Hardy, a Consultant of the Regional Hospital Board. In this way I am kept in the closest touch with the prevalence and severity of infectious diseases in the County.

The table below shows the diagnosis of patients on discharge from the County Isolation Hospital for the years 1946—1950—1955—1960. The greatest change in these 15 years has been the virtual elimination of diphtheria. This has reduced the total admissions annually by some 100 a year and, indeed, enabled one ward to be closed (the saving in hard cash on 100 patients, assuming an average stay of 6 weeks, is £12,000 per year).

There have also been less dramatic changes in other infectious diseases. Admissions of cases of gastro-enteritis and skin conditions have increased. The large increase in the latter noted in 1960 is, in part, due to the Dermatologist having the use of two beds and, in part, to scabies which is again prevalent in certain parts of the County.

There are some new entries, such as glandular fever, encephalitis and hepatitis but on the other hand, thanks to modern antibiotics, it is seldom necessary to admit scarlet fever and admissions of upper respiratory infections are greatly reduced.

Diagnosis on Discharge (Alphabetical)		1946	1950	1955	1960
Bronchitis and Pneumonia	...	3	20	21	16
Diphtheria	...	127	10	—	—
Encephalitis	...	—	—	3	3
Erysipelas	...	7	8	5	4
Gastro—Enteritis	...	4	14	36	45
Glandular Fever	...	—	—	3	12
Hepatitis	...	—	—	3	5
Measles and other minor Exanthema	...	1	4	18	13
(a) C.S.F.	...	13	3	10	6
Meningitis (b) Lymphocytic	...	—	—	4	9
(c) Tuberculous	...	1	3	—	1
Poliomyelitis	...	2	57	16	4
Polyneuritis	...	—	—	1	3
Scarlet Fever	...	44	13	5	—
Dermatological cases	...	—	—	2	40
Staphylococcal Infections	...	—	—	3	19
Upper Respiratory Infections	...	43	37	27	22
Whooping Cough	...	—	8	2	4
Not Classified	...	87	104	26	32
Totals	...	332	281	185	238

Diphtheria

No case of diphtheria has been notified in the County since 1958. The immunisation state shown in the table below is not satisfactory, however. Small outbreaks of virulent diphtheria still occur from time to time in different parts of the country and importation of the bacillus to Cornwall may occur at any time. An immunisation state of 75% or over protected in the under 5 years age group is essential to prevent spread, should such importation occur.

Number of children at 31st December, 1960, who had completed a course of Immunisation at any time before that date (i.e. at any time since 1st January, 1946).

Age on 31.12.60 i.e. Born in Year	1960 Under 1	1956—59 1—4	1951—55 5—9	1946—50 10—14	Total Under 15
A. Number of children whose last course (primary or booster) was completed in the period 1956—1960	1,331	13,032	14,199	10,331	38,893
B. Number of children whose last course (primary or booster) was completed in the period 1955 or earlier	—	—	7,552	14,924	22,476
C. Estimated mid-year child population	4,760	18,640		48,400	71,800
D. Immunity Index 100A/C	27.9	69.9		50.67	54.17

Poliomyelitis

Only 7 patients were notified, the lowest annual figure in this decade. The response to vaccination in children has been fairly good but amongst the adult population the response is very disappointing, particularly in men. Vaccination is available for all under 40 years of age under the County Council arrangements and for all ages by General Practitioners. Requests for proof of age from the middle-aged carries the risk of being regarded as discourteous or indiscreet!

Smallpox

The following table shows the amount of Smallpox vaccination carried out in the last 10 years:—

Year	Live Births	Vaccinated		Total Primary Vaccinations
		Under 1	1—4	
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	2,314
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
1960	4,938	1,541	905	2,798

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
1960	108	45	153	13	12	25	121	57	178

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 Number of Deaths			CORNWALL Death Rates			ENGLAND & WALES 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
1960	20	2	22	0.06	0.005	0.06			

SENIOR CHEST PHYSICIAN'S REPORT

In-patient work

The bed complement at Tehidy Hospital has continued at 120 beds.

Admissions for respiratory tuberculosis show a continuing fall, from 214 in 1958, to 174 in 1959, and 148 in 1960. This decline is also reflected in notification figures, which were 165 in 1958, 139 in 1959 and 121 in 1960.

As in the previous year there has been an increasing requirement of beds for non-tuberculosis respiratory diseases, 172 in 1958, 269 in 1959 and 393 in 1960. As in recent years, an appreciable proportion of these cases were not suffering from respiratory disease at all, but were cases of blood diseases, peptic ulcer, etc., admitted to relieve pressure on general medical beds in other hospitals. 69 of these patients were emergency admissions, i.e. admitted on urgent request from General Practitioners or Consultants.

The turnover of beds, associated with the increased acuteness of the type of patient, continues to be best exemplified by the illustration that, whereas in 1952, 283 patients were treated in a complement of 189 beds, in 1960, 759 patients were treated in a complement of 120 beds.

In view of the above change in the nature of the work, it has been clear that the care of some 90 beds on the medical side is too large an assignment for a single House Physician, and, accordingly the Regional Hospital Board has during the present year approved the appointment of a third Senior House Officer to work on the medical side. The vacant appointment of Almoner has been filled by the appointment of Miss D. L. Robins, lately of the Royal Cornwall Infirmary, and she has found that her time has been fully occupied. The benefit of this appointment is undoubted in many respects, and makes for a better link-up between patients, relatives, and nursing and medical staff. In other respects the ancillary staffs have been maintained at full strength, and working has been good. Unfortunately the same cannot be said of the nursing side, where the increase of work referred to above has had to be dealt with on the existing basis.

Cornwall has continued to supply rather more than half of the surgical work in the Thoracic Surgical Department. An interesting figure for comparison is that, whereas in 1954, 76 tuberculous and 28 non-tuberculous patients were transferred from the medical to the surgical department, in 1960 the figures were 3 tuberculous and 60 non-tuberculous patients.

Waiting List

The waiting list has been regularly in low single figures. There has been no question of waiting for admission of urgent cases.

Out-patient Work

Clinics have continued unaltered in place and time. 'First attendance'

(i.e. new patients) were 12% higher than in 1959, and re-attendances virtually unaltered, 1.6% lower. 1,101 new patients were seen in 1960.

Contact Clinic attendances have remained excellent with respect to the number of contacts brought in for check per new case notified, the figure for 1960 being about 12 per new case.

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 the year. The overall attendance figures showed a slight fall, due largely to a reduction in the number of old contacts attending—459 as opposed to 533—this undoubtedly due to the decrease in newly-notified cases—39 as opposed to 45. A good average of just under 6 contacts was examined for each new case admitted to the register.

New cases referred for consultation showed no change, but there was a marked fall in the number of cases referred to the general practitioner session at Beaumont House on Wednesday evenings. 165 as opposed to 251. In point of fact this figure has halved in a period of two years. It is difficult to find an explanation for this. The much publicised effects of radiation may be acting as a deterrent in some cases, but one practitioner who uses this service very freely and with whom I discussed the subject, suggested that he has had fewer occasions to use it and further, that the health of the nation as regards chest diseases is improving year by year. He may well be correct. There are still, of course, vast numbers of old diehards who simply refuse to be X-rayed.

The overall picture, therefore, with regard to tuberculosis in the Eastern part of the County, is reasonably satisfactory. A " morbidity level " has been reached, but significantly to reduce the incidence of tuberculosis and deal the final death blow will, in my opinion, take many years. Certainly the judicious use of prophylactic chemotherapy will play its part, but I still think that the accent should be on tapping the reservoir."

Mass Radiography

The small mass radiography unit which was brought into service in the latter half of 1958 has proved very valuable for survey work in small villages where the use of the large unit would be wasteful. During the year the small unit was used for survey of the general public in the West Penwith Rural District and in the Roseland peninsula of the Truro Rural District. Penzance and Camborne were visited by the large unit.

Dr. Sheers reports on the work carried out, as follows:—

		Male	Female	Total
Number examined	...	11,233	8,093	19,326

Incidence of Disease

A. Pulmonary Tuberculosis

1. Newly discovered significant cases:—	
Requiring treatment	37
Requiring observation	53
2. No further action	102
3. Previously known	103

B. Other conditions

Pneumonia	17
Bronchiectasis	12
Bronchitis and emphysema	33
Sarcoidosis	2
Pneumoconiosis (already known 31)	50
Carcinoma of the bronchus	5
Metastases in lung	1
Metastases in chest wall	1
Thyroid enlargement	11
Lung cyst	3
Cardio-vascular disease:	
Acquired	26
Congenital	5
Old Pleural effusion	2
Diaphragmatic abnormality	7
Congenital dysgenesis	1
Pleural thickening	3
Pulmonary fibrosis	5
Bony abnormality	17

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	4	5	9	9	2
Females	1	—	1	2	1	1

GROUP ANALYSIS

Group	Number Examined			Tuberculosis Requiring Treatment		
	Male	Female	Total	Male	Female	Total
National Service						
Entrants	85	—	85	—	—	—
General Practitioner						
Referrals	75	55	130	—	—	—
School children	864	933	1,797	—	—	—
Tuberculin positive children	412	374	786	2	1	3

Group	Number Examined			Tuberculosis Requiring Treatment		
	Male	Female	Total	Male	Female	Total
Contact groups ...	99	7	106	—	—	—
Contacts tuberculin positive reactors	—	2	2	—	—	—
Industrial surveys ...	492	1	493	—	—	—
Small firms ...	905	562	1,467	1	—	1
Large firms ...	3,776	528	4,304	12	—	12
Students ...	643	384	1,027	—	—	—
General hospital staff ...	15	36	51	—	—	—
School staff ...	177	286	463	—	—	—
Public ...	3,131	4,320	7,451	15	4	19
Mental patients ...	438	532	970	1	1	2
Mental hospital staff ...	121	71	192	—	—	—
Ante-natal patients ...	—	2	2	—	—	—
Totals ...	11,233	8,093	19,326	31	6	37

The following survey of preventive measures in connection with tuberculosis over the years 1948—1959, part of which has already been published in the Proceedings of the Royal Society of Medicine, has been contributed by my Deputy. I am indebted to the Royal Society of Medicine for the loan of the blocks.

TUBERCULOSIS

PREVENTIVE MEASURES

1948 — 1959

Tuberculosis has a slow pathology, the disease of early adolescence being often related to an infection in childhood. In consequence, it is to be expected that the results of preventive measures will be apparent only in a long term study.

Prevention depends on:—

- (1) A high standard of nutrition and living conditions in the community.
- (2) Efficient methods of case detection and prompt elimination of bacillus from the sputum.

- (3) Protection of those susceptible and particularly exposed to infection by artificial immunisation.
- (4) Provision of a safe milk supply.

It is of interest to record the preventive work carried out in Cornwall during the past 10 years and the changes which have taken place in the general epidemiology of the disease.

Records are arranged under the following headings:—

A. Incidence and Mortality

- (a) Notifications
- (b) Registrations
- (c) Mortality
- (d) Geographical Distribution

B. The Known Case

- (a) Rendering Non-infectious
- (b) Tracing Source of Infection and Protecting Contacts

C. The Unknown Case

- (a) Mass Radiography
- (b) Tuberculin Testing

D. Protection of School Children

E. Bovine Tuberculosis

F. Discussion and Summary

A. Incidence and Mortality

(a) Notifications

Notifications during the past 10 years (Table 1) are shown in a histogram (Fig. A).

During the early years the number of cases of pulmonary tuberculosis ascertained at Chest Clinics (shown in brackets in Table 1) differed widely from the total of official notifications. Chest Physicians were reluctant to notify patients seen at clinics, feeling that by so doing they were depriving the General Practitioners of a notification fee.

In 1951, Chest Physicians agreed to notify all new patients diagnosed as tuberculous on the understanding that if the patient was notified within 3 weeks by the family doctor, he should receive the notification fee. In recent years, the discrepancy between ascertained and notified cases is negligible.

A comparison of notification rates in Cornwall with those for the South West Region (Table 1) suggests that ascertainment in Cornwall was poor in the early years of the period, but now remains a little above the average for the region.

TABLE 1
Respiratory Tuberculosis

Notifications						
1948 — 1959						
Year	Male	Female	Total	Rate Per 1,000		
				Population		
				Cornwall	S.W. Region	
1948	...	145	107	252 (360)*	.74	1.0
1949	...	141	121	262 (311)*	.77	1.1
1950	...	143	99	242 (302)*	.71	.91
1951	...	139	108	247	.72	.91
1952	...	165	110	275	.81	.92
1953	...	160	141	301	.88	.84
1954	...	141	101	242	.71	.73
1955	...	155	103	258	.76	.69
1956	...	115	80	195	.58	.62
1957	...	118	78	196	.59	.54
1958	...	124	70	194	.58	
1959	...	118	67	185	.55	

* New cases reported from Chest Clinics

An analysis of Cornish notifications of Pulmonary Tuberculosis by age and sex is given in Table 2 and in Figs B and C. The first graph shows age group distribution irrespective of sex. In the youngest group (0—14 years) the notification rate has remained low, rising to a moderate peak in the years 1954/55 but dropping in 1958/59 to a level some 38% below that of 10 years previously. The next two age groups, 15—24 and 25—44, both show a peak in 1952/53 followed by a rapid fall. This is very marked in the 15—24 age group, where the 1958/59 rate is only a third of that of 1948/49. It is probable that the B.C.G. Vaccination of Schoolchildren in this 14th year, which was started in 1953, has played some part in this reduction as some 60% of children between 15—19 years of age have now been vaccinated. The age group 25—64 shows a less marked drop (approximately a third) but in marked contrast, notification in the population over 45 years of age shows a steady rise throughout the ten year period, the 1958/59 notifications being 90% higher than those of 1948/49.

In the second graph (Fig. C) the age groups are considered by sexes. Much the same pattern is followed in all age groups save the 46+ when it is seen that the marked rise which has taken place in this age group is due almost entirely to male notifications, which have increased over the period by some 150%. The changes cited above are noticeable but not so pronounced in statistics for England and Wales. (see last line of table 2).

RESPIRATORY TUBERCULOSIS

Notifications and Deaths

Rate Per 1,000 Population

1948 — 1959

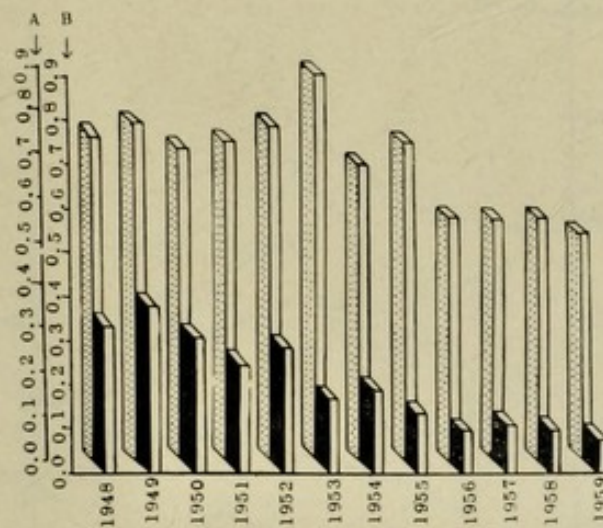


FIG. A

TUBERCULOSIS NOTIFICATIONS

AGE GROUPS

Rate Per 100,000 Population

1948 — 1959

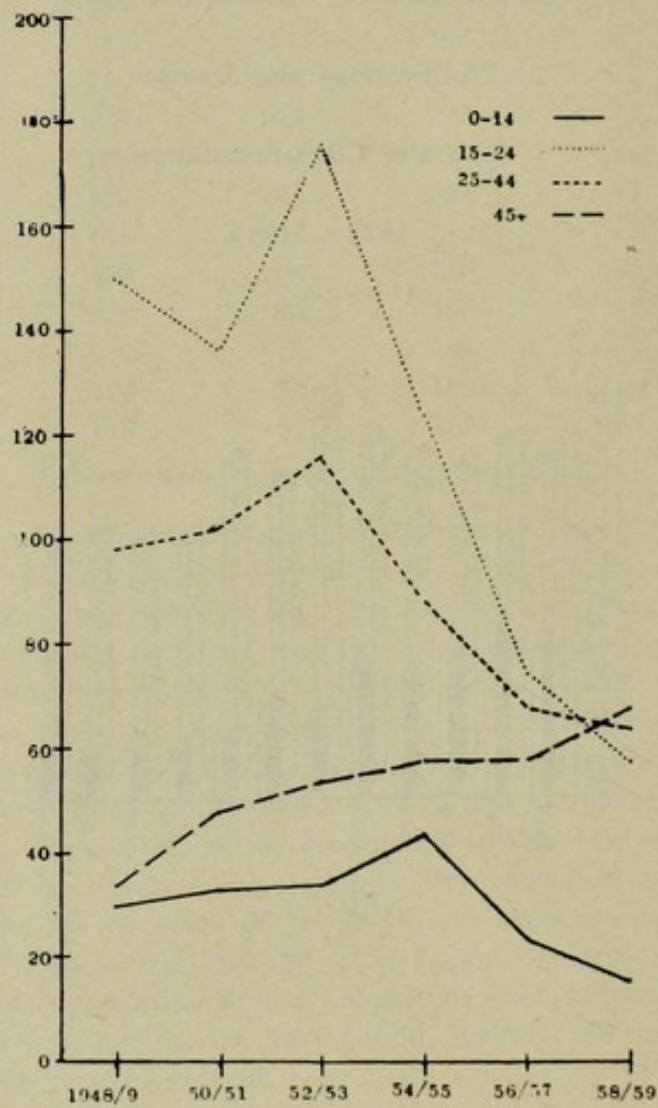


FIG. B

PULMONARY TUBERCULOSIS

Notifications in Age Groups and Sex

Rate Per 100,000 Population

1948 — 1959

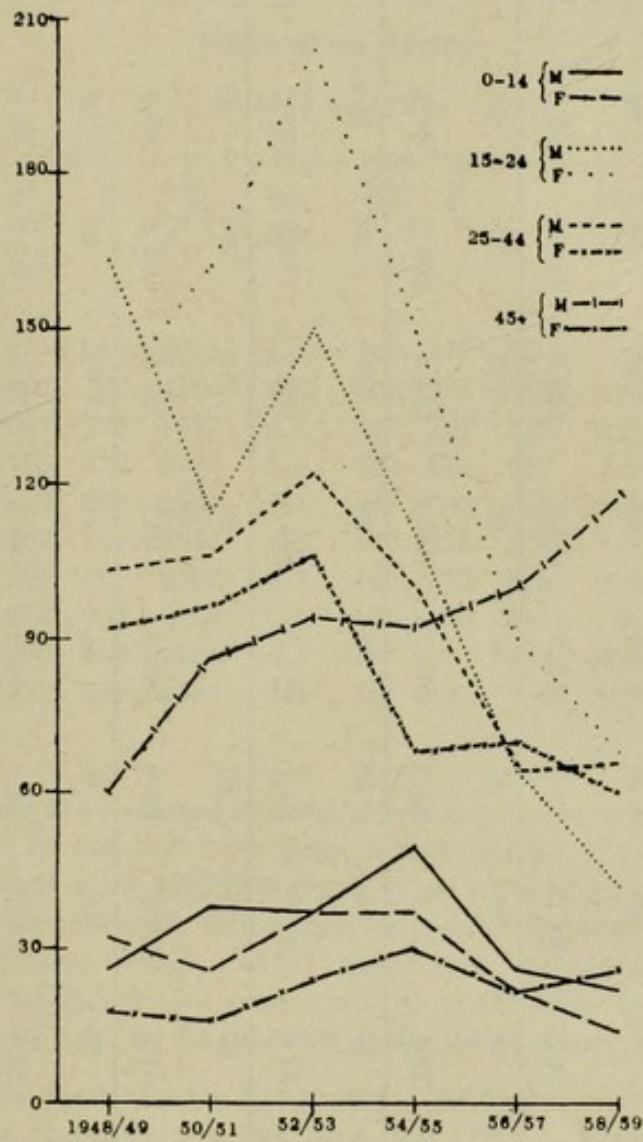


FIG. C

TABLE 2
PULMONARY TUBERCULOSIS

Notifications by Age and Sex
Rates per 100,000 Population

1948 — 1959

Age Groups		0—14		15—24		25—44		45 +						
		M	F	T	M	F	T	M	F	T				
Sex and Population (1951 Census)		...	35,777	34,695	70,472	23,879	21,518	45,397	45,618	48,514	94,132	59,503	75,938	135,441
1948 Total Cases &		...	19	23	42	78	58	136	95	90	185	70	29	99
1949 Annual Rate		...	26.5	33.1	29.7	163.3	134.7	149.8	103.0	92.9	97.7	58.8	19.0	36.2
1950 Total Cases &		...	28	19	47	54	69	123	96	94	190	104	25	129
1951 Annual Rate		...	39.1	27.3	33.3	113.7	160.3	134.4	105.2	96.8	100.9	87.4	16.4	47.2
1952 Total Cases &		...	25	24	49	72	88	160	114	104	218	114	35	149
1953 Annual Rate		...	34.9	34.5	34.7	150.7	204.4	176.2	124.0	107.2	115.8	95.8	23.0	54.6
1954 Total Cases &		...	37	25	62	52	64	116	96	68	164	111	47	158
1955 Annual Rate		...	51.7	36.0	43.9	109.0	148.7	127.8	105.2	69.8	87.1	93.2	30.9	58.3
1956 Total Cases &		...	19	16	35	31	38	69	60	68	128	123	36	159
1957 Annual Rate		...	26.5	23.5	24.8	64.9	88.3	74.9	65.7	70.0	67.9	103.3	23.7	58.3
1958 Total Cases &		...	16	10	26	20	29	49	62	59	121	144	40	184
1959 Annual Rate		...	22.5	14.4	18.4	41.8	69.7	55.1	67.9	61.8	63.7	121.0	26.3	67.9

% Change—Cornwall

1948/58

% Change—England

— 16 — 56 — 38 — 64 — 56 — 62 — 35 — 34 — 35 — 40 + 85

(b) Register

The total on the register has risen by 36% in 12 years, but in the last 4 years the number has remained stationary; it seems probable that the peak has been reached. The rise is, in part, due to the drop in mortality from tuberculosis and, in part, to better means of diagnosis.

In contrast, the number of non-pulmonary cases has dropped steadily throughout the period (see Table 3).

TABLE 3
Tuberculosis Register
1948 — 1959

Year	Pulmonary			Rate Per 1,000	Non-Pulmonary			Rate Per 1,000	Total	Rate Per 1,000
	M	F	T		M	F	T			
1948									1,801	5.4
1949									1,981	5.8
1950	976	660	1636	4.8	202	177	379	1.1	2,015	5.9
1951	1001	689	1690	5.0	203	185	388	1.1	2,078	6.1
1952	1059	723	1782	5.2	167	176	343	1.0	2,125	6.2
1953	1105	822	1927	5.6	183	194	377	1.1	2,304	6.7
1954	1148	880	2028	5.9	186	200	386	1.1	2,414	7.0
1955	1187	902	2089	6.2	176	179	355	1.0	2,444	7.1
1956	1207	925	2132	6.3	167	176	343	1.0	2,475	7.3
1957	1244	930	2174	6.4	160	186	346	1.0	2,520	7.4
1958	1230	934	2164	6.4	147	187	334	0.9	2,498	7.4
1959	1222	908	2130	6.3	135	189	324	0.9	2,454	7.3

(c) Mortality

Tuberculosis is an ancient disease; an excellent description of it is given by Hippocrates in 400 B.C., yet there is little record of it in this country until the latter half of the 17th Century. For 300 years plague ravaged Britain, disappearing with somewhat miraculous suddenness in 1668. It was followed by an ever-increasing incidence of "Consumption," helped on to some extent by the Industrial Revolution some hundred years later, the epidemic probably reaching its peak in the first half of the 19th Century.

In 1855, the death rate for Tuberculosis was 36 per 10,000 population. 50 years later, the mortality was less than half (16 per 10,000) and by 1948 had dropped to 5 per 10,000 population. (Fig. A).

Following the introduction of new antibiotics in 1949 and their general use in 1952, mortality has fallen rapidly and by 1957 reached 1.1 per 10,000 population, about one-fifth of the mortality rates recorded 6 years previously. (see Table 4).

TABLE 4
Tuberculosis Mortality
Cornwall

1946 — 1958

Year	Respiratory	Rate Per 10,000	Non-Respiratory	Rate Per 10,000	Total	Rate Per 10,000	Rate	
							S.W. Reg. Hos-pital Board	England & Wales
1946	132	4.1	39	1.2	171	5.3		5.5
1947	138	4.3	28	0.9	166	5.2		5.5
1948	112	3.4	32	1.0	144	4.4		5.1
1949	127	3.8	23	0.7	150	4.5		4.6
1950	108	3.2	18	0.5	126	3.7		3.6
1951	85	2.5	16	0.5	101	3.0	3.5	3.2
1952	77	2.3	9	0.3	86	2.5	2.9	2.4
1953	58	1.7	13	0.4	71	2.1	2.2	2.0
1954	66	1.9	7	0.2	73	2.1	2.0	1.8
1955	48	1.4	7	0.2	55	1.6	1.7	1.5
1956	34	1.0	3	0.1	37	1.1	1.4	1.3
1957	37	1.1	3	0.1	40	1.2	1.1	1.1
1958	35	1.0	8	0.2	43	1.3	1.1	

Over the past 3 years, the rate in Cornwall has remained stationary, but it is too early to decide whether this is chance or an indication of a more ominous trend, antibiotic resistance of the tubercle bacillus.

(d) Geographical Distribution

A knowledge of the distribution of a disease is essential to effective control. A map was prepared in 1949, showing the distribution of tuberculosis mortality in Cornwall over the previous 5 years; areas of high mortality were found to be very localised, namely the two old mining areas St. Just Urban District and Camborne-Redruth Urban District, together with Penryn, a centre of granite industry and at one time an important port but now little used. The rate was also above average in the larger urban populations.

The incidence of the disease, based on the Tuberculosis Notification Register at 31st December, 1949, is perhaps a less reliable guide, but St. Just and Penryn again show up as blackspots, together with the whole of the West Penwith peninsula.

East Cornwall, with the exception of the population living on the banks of the Tamar, adjacent to Plymouth, was comparatively free from tuberculosis.

B. The Known Case

The supervision of preventive measures in known cases of tuberculosis is the task of the Health Visitor. It is her job to trace every new case to its source, persuade the contacts to attend the clinic for Tuberculin Tests and X-ray examination and, where necessary, B.C.G. Vaccination. This policy has been pursued with vigour and the numbers of close contacts examined for each new case of tuberculosis notified have risen annually from 3.5 in 1948 to 10 in 1958 (see Table 6). In Cornwall, whole time Health Visitors are employed for tuberculosis; in addition to domiciliary work they attend the Chest Clinics.

(a) Rendering the Patient Non-Infectious

Perhaps the most important measure in stamping out pulmonary tuberculosis is the prevention of spread from known cases.

Unfortunately, it is not possible to render all patients non-infectious; in some the organism is resistant to antibiotics, or the disease is advanced with cavity formation so that it becomes impossible to overcome the infection.

Such patients are placed on "The Black List" and receive special surveillance by the Health Visitor. It is difficult to make a rigid definition of such patients, but for our purpose they are defined as:— "Patients who continue to have positive sputum following a full course of antibiotic treatment or who have refused to complete this treatment. Also patients in whom it is considered that the extent of the damage in the lungs make them liable to produce intermittent positive sputum."

The size of the Black List remains considerable. In January, 1959, 71 patients were so classified, 61 in the West Cornwall Hospital Management Committee area and 10 in the Plymouth and East Cornwall Hospital Management Committee area. The sex and age distribution of these patients is shown in Table 5.

TABLE 5

Pulmonary Tuberculosis — Black List Patients

I. Age and Sex Analysis

Present

	0—15	16—25	26—35	36—45	46—55	56—65	66+	All Ages
Male	—	—	2	3	13	18	10	46
Female	—	2	3	5	3	7	5	25
Total	—	2	5	8	16	25	15	71

II. Duration of Disease

Years Since

Notification	0—2	2—5	6—10	11—15	16—20	Total
Male	4	11	11	13	7	46
Female	2	6	7	7	3	25
Total	6	17	18	20	10	71

Ten of the 25 women listed, but only 5 of the 46 men, are under 45 years of age. In no less than 63% of black list patients, the disease was first notified 10 or more years ago.

Information concerning **drug resistance** was not known in 7, but of the remaining 64 patients, 34 (53%) had developed drug resistance, 12 patients to all three antibiotics in use, 15 to two and 7 to 1 antibiotic.

Resistance was fairly evenly divided between the antibiotics:—

Streptomycin	...	21 patients (1 Allergic)
I.N.A.H.	...	28 patients
P.A.S.	...	24 patients (5 Allergic)

The danger of persistently positive patients can perhaps best be illustrated by an example.

A man (born 1903), of a social disposition, was notified as a case of pulmonary tuberculosis in 1950 and has remained an infectious case. Four years before he was notified, one of his sons died of tuberculous meningitis, and in the subsequent 9 years he has been responsible for the following cases:—

Ref. No.	Date of Birth	Date of Notification	Relationship to Patient	
1	1944		Son	T.B. Meningitis died 1946
2	1903	10. 2.50	Wife	
3	1940	25.10.55	Daughter	
4	1933	1958	Daughter	Notified in Sheffield where she lives
5	1939	Not notified Obs. Primary Case	Son	
6	1943	„	Son	
7	4.7.40	20.4.51	Niece	

Ref. No.	Date of Birth	Date of Notification	Relationship to Patient	
8	28.3.40	13.3.53	Uncle	
9	19.9.42	30.5.56	Neighbour & Friend	Attends Bodmin Chest Clinic & Bodmin Grammar School
10	17.10.38	Not notified Obs.	Niece	
11	1900	8.4.53	Neighbour & Friend	died 16.2.56

In sharp contrast may be cited history of another family, where preventive measures would appear to have been taken in time.

In 1953 the head of this family was notified as a case of respiratory tuberculosis. As a result of this the other members of the family consisting of the patient's wife and their six children were brought under surveillance. All were X-rayed, and the children were skin tested. Two who proved positive were left under observation and the 4 negative were given B.C.G. Two subsequent additions to the family Susan (1953) and Derek (1954) were given B.C.G. Vaccination when about 3 months old. In February, 1958, one of the older children Kenneth (1945) was diagnosed as a primary complex tuberculous infection and, as a result of this, and also to evaluate the effect of B.C.G. Vaccination after a lapse of 5 years, seven of the eight children were Heaf Tested, and three children had a further 100 T.U. Mantoux Test. Two of the children Michael (1950) and Susan (1953) were found to need revaccination and this was done in June, 1958. The family is a borderline problem family with poor and overcrowded living conditions. In spite of this, surveillance and B.C.G. Vaccination would appear to have given the children adequate protection over the past 7 years.

(b) Tracing the Source of Infection and Protecting Contacts

Details of this work are given in Table 6. The years have shown a satisfactory increase in the number of contacts attending clinics.

TABLE 6

RESPIRATORY TUBERCULOSIS

Year	Total	New Cases				Contacts			
		Sputum + %	Referred by			Total	No. Per Case	New Cases Discovered	Contacts Vaccinated
			G.P.'s	Contacts	Mass Rad	Other			
1948	252	—	—	—	—	—	—	—	—
1949	262	—	—	—	—	—	—	—	—
1950	242	—	—	—	—	—	—	—	75
1951	247	—	—	—	—	—	4	—	300
1952	275	—	—	—	—	—	5	—	719
1953	301	43%	—	—	—	—	4.5	23	797
1954	242	43%	—	—	—	—	7	27	1166
1955	258	37%	47%	10%	20%	23%	7	25	—
1956	195	39%	—	—	—	—	9	—	1188
1957	196	35%	—	—	—	—	7	—	950
1958	195	27%	—	—	—	—	10	—	1143
1959	185	—	40%	10%	16%	33%	—	—	—

Contacts under the age of 40 years are offered a Tuberculin Test and, where necessary, B.C.G. Vaccination.

Although separated, where practicable, from the source of infection for 6 weeks before and after vaccination, the majority subsequently remain household contacts of the source case.

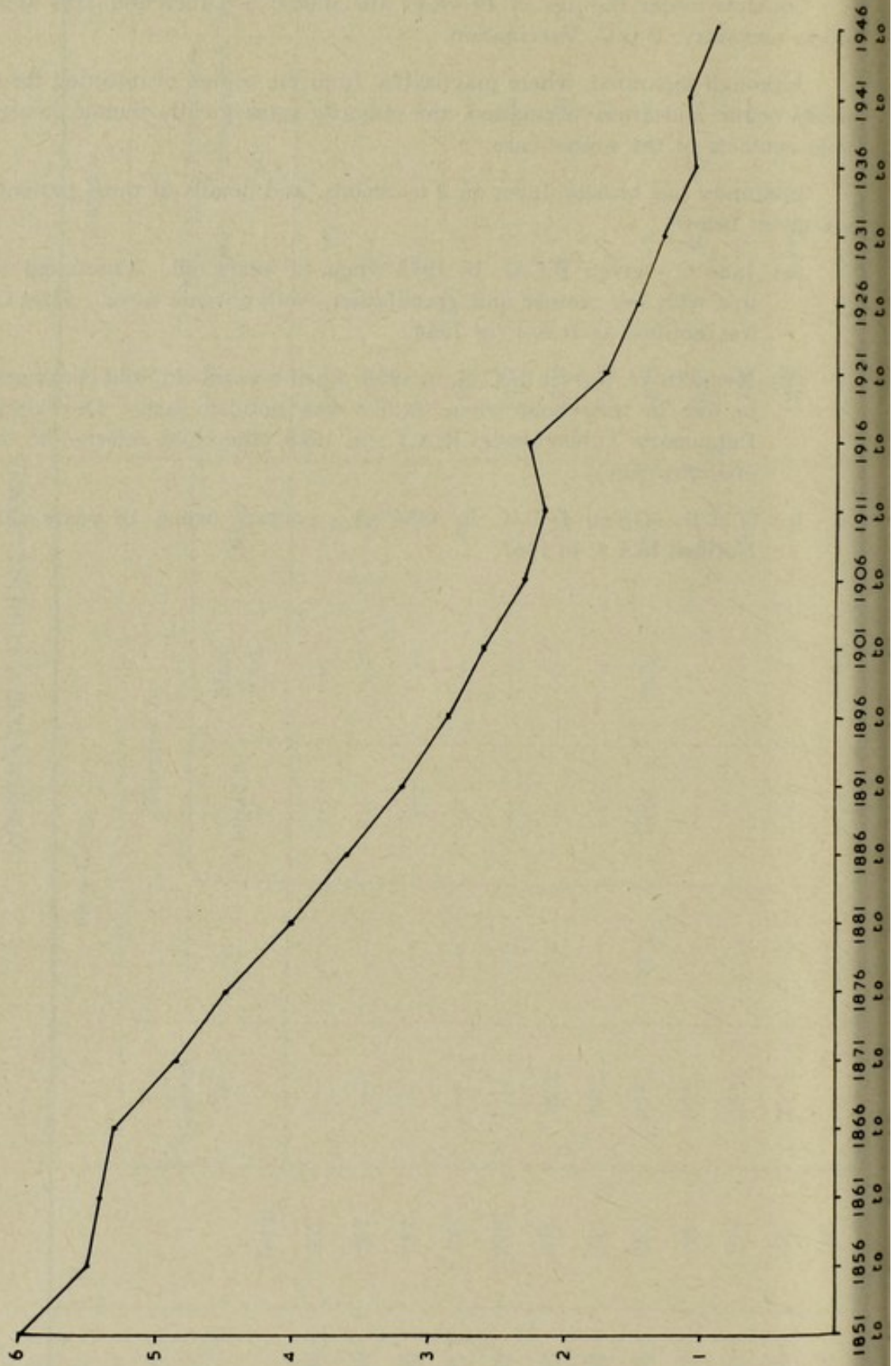
Immunity has broken down on 3 occasions, and details of these patients are given below:

- (a) Jane C.—given B.C.G. in 1952 when 12 years old. Continued to live with her mother and grandfather, both chronic cases. Miss C. was notified as R.A.1. in 1954.
- (b) Kenneth W.—given B.C.G. in 1953, when 8 years old, and continued to live in household where father was notified case. Developed Pulmonary Tuberculosis, R.A.1., in 1958 (the child referred to on previous page).
- (c) G.M.B.—Given B.C.G. in 1954 as a contact, when 14 years old. Notified R.A.1. in 1957.

FIG. D

COMPARATIVE MORTALITY INDEX SHOWING TREND OF RESPIRATORY TUBERCULOSIS IN
ENGLAND AND WALES

1851 — 1950 (1938 = 1)



C. The Unknown Case

Unfortunately, the source of infection is not always found. Anderson (Lancet, 1951, 1; 1116) has shown that at a routine chest clinic at Harrow, the source of infection remained unknown in 63% of cases. In our search for these unknown, potentially dangerous cases, we are helped by Mass Radiography and Tuberculin Testing.

(a) Mass Radiography

In this work we have recognised three priorities. First the small number of industrial concerns in Cornwall where the number of persons employed or the hazards of the occupation (tin mines, granite and china stone quarries) warranted a visit. Second priority are the Tuberculin Positive school children in their 14th year (in conjunction with B.C.G. Vaccination), school leavers and school teachers. Mass Radiography of school leavers in half of the County was introduced in 1953. The examination was considered as an integral part of the child's school medical examination, so the consent of parents was not sought. In 1954 the scheme was extended to cover school leavers and Mantoux Positive children in their 14th year throughout the whole county. The task is considerable, some 4,500 children scattered throughout the County are concentrated at 12 centres. One active case has been found in every 2,000 children examined (Table 7).

TABLE 7

Year	Total Number X-rayed	Active Tuberculosis	Observation	Inactive Primary	Other Conditions
1951	294*	5	—	—	—
1952	212†	1	5	—	—
1953	4,325	—	11	—	—
1954	5,700	5†	2	23	6
1955	5,038	1	11	13	15
1956	4,617	1	13	15	3
1957	5,204	—	16	27	6
1958	5,237	2	3	—	—
Totals	30,623	15	61	78	30

* St. Just and Pendeen † St. Just and Penryn ‡ includes 2 teachers

Lastly, Mass Radiography is used for the survey of the general public in a chosen community. Such surveys were started in a small way, choosing towns of moderate size which could be managed by the staff at our disposal and where the incidence of tuberculosis was known to be high. St. Just and

Penryn, each town of some 4,000 inhabitants, were the obvious first choice and surveys were carried out in 1951 and 1952 respectively. In 1953, St. Ives and Redruth were covered and in 1954 an all-out drive on Truro City was organised. In more recent years, all the towns of any size in the County have been visited.

The surveys at St. Just and Penryn occupied the Unit for five and four weeks respectively. The response of the general public in these surveys, of whom only 44% attended, was disappointing. However, a heavy incidence of tuberculosis was discovered and much work of epidemiological value was carried out, the source of infection being determined in no less than 70% of the cases (Hargreaves E.R., 1952).

In 1955, the much larger task of a survey of Truro City was attempted and thanks to the enthusiasm and energy of Dr. Whitman, the Medical Officer of Health, and Miss Grey, the Area Nursing Supervisor, was a great success. Propaganda and house visiting was done entirely by professional staff. The appointment system was made full use of and when appointments were not kept, the Health Visitor chased up the family and offered a second appointment. A little over 55% of the City's population passed through the Unit and 17 Active and 34 Observation cases were found.

When planning Mass Radiography Surveys, we now anticipate a 50% response of the population. A higher proportion can only be obtained by the employment of additional staff and the acceptance of a very small stream passing through the Unit, a costly business.

In rural areas, the large Mass Radiography Unit is uneconomical, yet many pockets of infection still remain in rural hamlets. A small, self contained, unit with a staff of 3 has been designed by Dr. Sheers and is at present (1959) proving very effective in small rural communities in the County.

(b) Tuberculin Testing

Tuberculin Testing of children when entering the Infants' School at the age of 5 years and the following up of contacts of positive reactors has been employed successfully in cities (Tattersall, W.H. Lancet, 1952, 1,212 and Parks, E.W., Lancet, 1952, 1,361) as a back door approach to the unknown-infectior-pool. At this early age, the environment of these children has been mainly within the home; hence tuberculin positive reactors probably met the infection at home.

This method of case-finding, the value of which is established in urban communities, has been used in the Penzance area with some success (see Table 8) but its application to rural areas is difficult as home contacts may have a long journey to the nearest X-ray Centre.

TABLE 8

Tuberculin Testing of 5-year Old School Entrants
Penzance Area

Year	No. Tested	No. Positive	Cases Found	
			Children	Adult Contacts
1954	160	6	0	0
1955	497	6	—	—
1956	441	12	—	—
1957	346	9	—	2
Totals	1,444	33	—	2

D. Protection of School Children

Tuberculin Testing, Mass Radiography and B.C.G. Vaccination, where indicated, were offered to all children in their 14th year residing in the western half of the County in 1953 and in subsequent years the whole county has been covered by this scheme. Tuberculin Testing is carried out by School and Area Medical Officers. Three days later, the children are assembled at the nearest Grammar or Secondary Modern School, where the Chest Physician attends to read Tuberculin Tests and to carry out Vaccination.

The visit of the Mass Radiography Unit is planned for the same day and all Tuberculin Positive children, together with all these known to be leaving school in the current year are passed through the Unit.

The division of labour between Chest Physicians, Mass Radiography Unit and Local Authority staff works very smoothly. It avoids the employment of additional staff and has the advantage of including the Chest Physician as an active partner in preventive measures.

In the smaller and isolated schools, where transport to the B.C.G. Centre will be too costly, vaccination is undertaken at the schools by the County Council staff.

A Post-B.C.G. Vaccination Tuberculin Test, at 8 weeks and 1 year, was initially carried out but now has been abandoned and reliance is placed solely on a five-year follow-up.

In earlier years, a Tuberculin Mantoux Test (10 I.U.) was used but in the last two years the Tuberculin Heaf Gun Test has largely replaced the Mantoux Test.

The table below (9) shows the number protected in this way. It will be seen that by 1959 more than 80% of the teen age population of the County had been tuberculin tested and, where necessary, immunised, a factor which is already influencing the incidence of tuberculosis in the 15—25 age group (see Fig. B).

In Table (10) are listed comparative figures for the year 1958, in Western counties and one or two Northern Counties.

In Cornwall, the average natural Tuberculin Conversion Rates, over the 7 years, have been 18%. The Conversion Rate was very high (28.7%) in 1953, but in that year only the western half of the County was tested. The following year, the rate for the whole County was 19.3% no further marked fall occurred until 1959, when natural conversion dropped to 13.7%.

Some 16% of school children in their 13th year, have failed to have a Mantoux Test, either because the parents refuse or because the child was absent at time of testing. A much smaller but significant wastage (1.7%) occurs amongst Tuberculin Negative children absent at the vaccination session.

Amongst the 27,030 school children concerned in this work, 59 cases of tuberculosis have been notified in 7 years. These cases are analysed in Table 11. Twenty-seven of those notified (46%) occurred amongst the 5,371 children who were not tuberculin tested; a further 28 notifications were in 4,208 Tuberculin Positive children. Only 4 occurred in the 17,930 vaccinated children and 3 of those had been vaccinated, not in the school scheme, but as contacts of cases continuing to live with the known case. Details of these three cases are given on page 65.

General Practitioners are asked to report any complication that may follow B.C.G. Vaccination and in this way we have knowledge of 6 children in whom enlarged axillary glands broke down and needed aspiration, two cases of lupus and one of erythema multiforma attributed to the B.C.G. Vaccination

Vaccination ulcers have, on occasions, taken a long time to heal and a few unsightly scars have resulted. This is particularly unfortunate on a girl's arm. In the past 2 years freeze-dried vaccine has been available in small quantities and as the scar left by this vaccine tends to be less noticeable than that produced by the Copenhagen liquid vaccine, we are now using freeze-dried vaccine in girl's schools

A five-year follow-up of vaccinated children is planned. At the time of vaccination, a record card is given to each child, on which are instructions to report at the end of 5 years to the nearest chest clinic for a check tuberculin test. The result is recorded on a tear-off card, addressed to the County Medical Officer. So far, 192 pupils vaccinated 5 years previously have been

tested and returned their cards, of which 166 were still Positive (86.5%). The Negative reactors have been re-vaccinated.

E. Bovine Tuberculosis

The incidence of bovine tuberculosis is, of course, in direct proportion to the health of the cattle and purity of the milk supplies.

At the close of the last century, Clifford Allbutt, referring to tuberculosis, wrote: "the sources of infection in tuberculosis are deserving of the closest study to enable us by prophylactic measures to diminish the mortality from the disease." Concerning bovine tuberculosis, he remarks: "It is evident from what has been said of the sources of infection that they are all preventible. As regards the milk and meat, public regulations for limiting the supply of milk to that from healthy cows alone, and for preventing the sale of meat from cattle in an advanced stage of tuberculosis are necessary and would, no doubt, in time remove meat and milk from the list of sources of infection. Public regulations, however, develop slowly, and not infrequently are imperfectly carried out, but as regards milk, tuberculosis infection is so readily destroyed by boiling that this ought to be done as a precautionary measure by every householder"

During the intervening 60 years, the wheels have ground slowly forward. Some areas, particularly in Scotland, were free of tuberculous cattle before the Second World War

The past 10 years have seen considerable progress and the introduction of three important regulations.

The Food and Drugs (Milk, Dairies and Artificial Cream) Act, 1950, came into operation on the 1st January, 1951. Under the Act, pasteurisation plants must be licensed and inspected regularly by County Boroughs and County Councils.

A further regulation under the same Act came into force on the 1st October, 1954. After that date milk which is pasteurised in bottles shall be delivered to the consumer in these bottles and milk pasteurised in containers other than bottles shall be put in containers in which it is to be delivered to the consumer at the premises when it is pasteurised and as soon as possible after pasteurisation.

Lastly, in 1955 the Milk Special Designation and Specified Areas Order came into force. Under this Act, in a specified area only milk designated:

- (1) Pasteurised (2) Tuberculin Tested (3) Sterilised, may be sold.

Areas specified in Cornwall in 1955 covered South East Cornwall and Mid-Cornwall as far as St. Austell. A further order in 1957 brought in Truro and all West Cornwall, so that today the whole County is a Specified Area with the exception of the extreme North East, the Launceston—Bude area.

The years have seen a great improvement in School Milk supplies. In 1949, of the 370 schools supplied, 316 had Tuberculin Tested or Pasteurised and 54 unspecified supplies. In 1958, 361 schools were being supplied and all milk was Tuberculin Tested or Pasteurised milk.

The effect of these change is reflected in the notification and mortality rates (Table 13).

TABLE 9

Tuberculin Testing and B.C.G. Vaccination of Schoolchildren

Year	No. of Children in their 14th years	No. Tuberculin Tested	% Tested of Total	No. Tuberculin Positive	Percentage Tuberculin Positive	Number Tuberculin Negative	No. B.C.G. Vaccinated	Absent for B.C.G. Vaccination
1953	2,030	1,779†	—	508	28.7%	1,271	1,243	28
1954	4,070	2,966	73%	575	19.3%	2,391	2,301	90
1955	4,130	3,139	76%	539	17.1% (23.3)*	2,600	2,518	82
1956	4,160	3,217	77%	560	17.4% (22.5)*	2,657	2,609	48
1957	4,180	3,721	88%	697	18.7% (19.8)*	3,024	2,999	25
1958	4,200	3,542	84%	688	19.4% (17.7)*	2,854	2,821	33
1959	5,100†	4,457	87%	631	13.7%	3,767	3,728	39
Totals	27,870	22,821	82%	4,198	18.0%	18,564	18,219	345 (1.8%)

† Health Areas I and III only

‡ In 1959, children in both 12th and 13th year were included in Health Area III

* Figures for England and Wales taken from "Future of Chest Services"
Standing Tuberculosis Advisory Committee

TABLE 10

B.C.G. Vaccination — Schoolchildren — 13th Year
Comparative Figures

County	Year	Total children in 13th Year	No. Tested	% of Total Tuberculin +	Percentage +	Tuberculin —	B.C.G. Vaccination	Total Population
Cornwall	1958	4,200	3,542	84%	19.4%	2,854	2,821	337,380
Devon	1958	6,574	4,045	62%	16.0%	3,319	3,263	517,900
Somerset	not available							496,900
Dorset	1958	2,266	1,601	70%	14.8%	—	1,347	304,000
Wiltshire								
Gloucestershire	1958	4,462	2,725	61%	17.4%	2,251	2,243	466,200
Worcestershire	1958	5,412	4,292	79%	13.6%	—	3,708	428,300
Berkshire	1958	—	2,866	80% app.	14 %	—	—	335,800
Lancashire	1958	11,496	7,574	66%	25 %	—	5,280	2,129,000
Cumberland	1958	3,509	2,457	70%	25 %	1,843	1,840	217,700

TABLE 11

Analysis of Tuberculosis Notifications in Schoolchildren

Notifications			Tuberculin Test		B.C.G.		Known Contacts		Age at Notification						
Total Non-Pulmonary			Refused	Tuberculin	Tuberculin		Near	Other	13	14	15	16	17	18&19	
Pulmonary			or Absent	Positive	Negative	Vaccinated	Relative								
Boys	28	4	—	—	1	1	—	—	5	11	1	2	5	4	
Girls	31	3	—	—	3	3	—	—	11	6	3	1	7	3	
Total	59	7	27	28	4	4	26	4	16	17	4	3	12	7	
No. of children at risk			5,371	4,208	18,267	17,930									

Analysis of Cases

Group	No. of Children	Cases Notified	Rate Per 1,000
Not Tuberculin Tested ...	5,381	27	5.0
Tuberculin Tested ...	22,821	32†	1.4

† Expected notifications if rate same as for the not tested group — 113.

In sharp contrast, notifications in the population over 45 years of age are up by 85%. A further analysis of this older age group, by sex, shows that whereas notifications in women have risen slightly from 19 to 23 per 10,000 population, in men the rate has risen from 58 per 10,000 in 1948/49 to 121 per 10,000 in 1958/59.

The Tuberculosis Register has increased by 36% over the period in review, but in the last 4 years the number of patients on it has remained steady.

(3) Distribution of Tuberculosis within the County

In general, the preventive services have been fairly evenly distributed over the County during the 10 years under review, but this is not true of Mass Radiography.

With few exceptions, all towns of any size have now had a visit from the Mass Radiography Unit, but the Unit has paid most attention to West Cornwall, i.e. from Truro to Land's End, where the incidence of the disease was known to be highest. Many towns in this western area have now had 3 surveys.

Two maps showing the distribution of known cases of tuberculosis in Local Authority areas in 1948 and in 1958 show that, although in 1958 the highest prevalence is still in West Cornwall, the difference is not nearly so prominent as it was in 1948. St. Just and Penryn still recur as towns of exceptionally high incidence, but West Penwith, Penzance, St. Ives, Redruth and Truro are approaching the County Mean.

This change in distribution is also reflected in the proportion of school-children in their 13th year, who show a natural conversion to Tuberculin when tested prior to B.C.G. Vaccination.

In the table below I have set out these figures by Health Areas for the first two years of the span 1954/55, compared with those for 1959.

Combined figures for the three Health Areas in West Cornwall are also given for comparison with the four Health Areas in Central and East Cornwall. It will be seen that, whereas natural conversion rates in West Cornwall have fallen 8% in 5 years, those for the East of the County have only fallen 2%.

TABLE 12
Tuberculin Conversion Rates — West and East Cornwall
1954/55 — 1959

Health Area	1954/55			1959		
	Tested	Tuberculin	Percentage	Tested	Tuberculin	Percentage
		+	+		+	+
I	874	217	24 %	711	75	10.5%
II	937	236	25.2%	499	108	21.6%
III	967	207	21.4%	1060	176	16.6%
West Cornwall	2778	660	23.8%	2270	359	15.8%
IV	1146	164	14.3%	580	89	15.0%
V	387	43	11.1%	221	23	10.4%
VI	499	79	15.8%	750	110	10.5%
VII	926	122	13.1%	636	50	8.0%
Central and East Cornwall	2958	420	14.1%	2187	272	12.4%
Total County	5736	1080	19.5%	4457	631	14.2%

TABLE 13
Non-Pulmonary Tuberculosis

Year	New Notifications			Total on Register			Death Rate
	M	F	T	M	F	T	
1949	27	20	47	—	—	—	0.07
1950	22	7	29	202	177	379	0.05
1951	25	34	59	203	185	388	0.05
1952	20	33	53	167	176	343	0.03
1953	35	32	67	183	194	337	0.04
1954	18	23	41	186	200	386	0.02
1955	15	13	28	176	179	355	0.02
1956	8	13	21	167	176	343	0.01
1957	9	16	25	160	186	346	0.01
1958	4	21	25	147	187	334	0.01
1959	10	13	23	135	189	324	0.01

Summary and Discussion

Mortality

The mortality from Respiratory Tuberculosis in England and Wales has been declining steadily for more than 100 years. Comparative Rates for 1851—1950 are shown in Fig. D.

Antibiotics came into general use in 1952 and in the subsequent 6 years the mortality rate was reduced to 1/5th of the 1952 figure.

Morbidity

Notifications of pulmonary tuberculosis in Cornwall showed a rise in the early 1950's but there was a definite fall in 1954-56; during the past 4 years the number has remained static. Notifications in 1958 were 23% less than in 1948. Comparative figures for England and Wales are shown below:

Pulmonary Tuberculosis Numbers of Notifications 1948 — 1958						
Year	Cornwall			England and Wales		
	M	F	T	M	F	T
1948	145	107	252	28,863	23,714	52,576
1958	124	70	194	16,420	9,971	26,391
%Fall	14%	34%	23%	43%	58%	50%

An analysis of Notifications in Cornwall by age groups for these years shows that the reduction is greatest in the 15—24 age group when the present rate is only one-third of the 1948/49 figures; at least half of the population in this age group have now been tuberculin tested and, where indicated, had the protection of B.C.G. Vaccination.

It has been mentioned that the Mass Radiography Unit has been confined to the towns and this is reflected in the marked increase in the register in Urban compared with Rural districts.

TUBERCULOSIS REGISTER

Number of Cases Per 1,000 Population

		Urban Areas	Rural Districts
1948	...	5.43	5.30
1957	...	8.36	6.34

Known Cases and Unknown Cases

The Register now contains 2,128 names, of which 71 are listed as Black List Cases (34 drug resistant).

A special register of persistent sputum positive patients should be kept and every effort made to persuade such patients to come into hospital for treatment. Where this fails, a strict surveillance must be imposed by Physicians and Health Visitors.

Mass Radiography of the general public in search of unknown cases has a decreasing value and other more profitable methods of employing the Mass Radiography Units must be tried, in particular:—

- (1) Making the Unit available to General Practitioners in rural communities at least once a quarter and open X-ray facilities for General Practitioners' chest cases at Hospitals. Emphasis should be laid on the male over 45 years age group.
- (2) Special surveys of small rural areas where epidemiological findings suggest a high incidence of the disease.
- (3) The extension of a tuberculin test (Heaf Gun) of 5 year old school entrants in urban areas or large villages, and Mass Radiography of household contacts of positive reactors.

For the above purposes, the smaller Mass Radiography Unit, designed by Dr. G. Sheers, is ideal.

Protection of School Children

Tuberculin Testing and, where necessary, B.C.G. Vaccination of school children in their 13th year, was introduced in 1953. In all, 22,500 children have been tested and 17,930 of these vaccinated with B.C.G.

In only one child vaccinated under the scheme has the protection provided broken down, a girl who developed pleural effusion 3 years after vaccination and was classified R.A.1.

Fifty-nine cases of tuberculosis have been notified amongst children covered by the B.C.G. Scheme. Analysis shows that 27 of these cases occurred in the 16% of children who, for one reason or another, did not have the Tuberculin Test. Many of these cases are preventable and strenuous efforts must be made to obtain a 100% response for this Tuberculin Test.

The natural Tuberculin Conversion rate over the period is 16% and 32 notified occurred amongst the 4,208 Tuberculin + children, a figure similar to that of E. W. Hughes and R. L. Ray (1958) who, in a study of primary pulmonary tuberculosis in Western Cornwall over a 3-year period, estimated the morbidity in Tuberculin + children to be approximately 1%. All Tuberculin Positive children have an annual X-ray until they leave school, but this is not sufficient as more than two-thirds of these children leave school within 18 months of the X-ray. They should have a 6-month follow-up at school or chest clinic to complete the two-year surveillance.

Two points concerning age of notification:—

- (1) Of the 59 children who developed tuberculosis, notification was within the first two years in 33 instances and 27 of these children were contacts of known cases. These are strong grounds for advocating chemoprophylaxis for all naturally Tuberculin Positive children known to be in household contact with Tuberculosis, such treatment to last 12—18 months.
- (2) Possibly owing to the earlier age of puberty, notifications of tuberculosis are high also in the 12 and 11 year age group. Consideration should be given to advancing the age at which Tuberculin Tests and B.C.G. Vaccination are carried out to children in their 11th year.

Bovine tuberculosis plays an ever-decreasing part in human disease, but it is possible that tuberculosis-free herds may be more susceptible to infection from human sources. An incident illustrating this possibility occurred recently.

In the autumn of 1959, I was approached by Mr. Perkins, the Divisional Veterinary Officer, concerning the high number of tuberculin reactors on a small dairy farm in The Lizard Peninsula, owned by a Mr. W. The figures brought up to date, are as follows:—

August, 1958	6 out of 28 cattle reacted
March, 1959	4 „ „ 28 „ „
July, 1959	2 „ „ 38 „ „
October, 1959	7 „ „ 52 „ „
January, 1960	10 „ „ 40 „ „

All the reactors had, of course, been slaughtered but Mr. Perkins was unable to explain the persistently bad record and wondered whether the cattle were being infected from a human source. Enquiry revealed that Mr. W., Junior, aged 27 and son of the owner, was admitted to the Sanatorium as a sputum + patient with cavitation on 30th October, 1959. Of the contacts, the father who suffers from bronchitis refused to submit himself for examination until after his son returned from hospital, maintaining that should we find anything in his chest we should forbid him to continue the dairy farm and there would be nobody left to look after the cows. He was equally emphatic in forbidding his wife, blind and housebound, from being examined.

All the other contacts were examined, amongst them a married daughter who had a positive sputum and cavitation.

A last appeal was made by the Veterinary Officer to prevail on Mr. W. senior, to have an X-ray for the sake of his cattle, but the old man remained unmoved.

Culture from the sputum of both these cases of pulmonary tuberculosis showed the infection to be a bovine strain. The cultures were sent to the

Ministry of Agriculture Laboratory, Weybridge, for comparison with cultures obtained from the animals slaughtered as Tuberculin reactors.

Dr. Moore reports:

" Subcultures of both the human and bovine strain gave identical dysgonic growth on the various media we used, and both caused generalised tuberculosis in guinea pigs and rabbits with death of the rabbits in the fifth week after intravenous injection. The intravenous test in rabbits differentiates, as you probably know, between bovine and human type strains, only the bovine type producing this rapid generalisation and death of the animal.

" The Tuberculin Test history of the herd in question strongly suggested that the bovine type infection spread from man back to cattle."

This has lead to a new approach. The Veterinary Officer notifies me of herds with abnormal reactions and I have now one further herd where we are examining the human contacts of the herd.

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 certificates 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 the 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.

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 Area Medical Officer after investigation of the financial circumstances.

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.

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

In addition to the liaison with the National Assistance Boards referred to above, close co-operation is maintained with Welfare Officers, and with the Children's Officer, who when necessary is prepared to arrange for the care of children of tuberculosis parents who would be exposed to considerable risk of infection if allowed to remain in their own homes, and for the temporary care of children to facilitate the institutional confinements of mothers where this is necessary for medical or environmental reasons.

Workshops and Settlements

The County Council continued to be financially responsible for the maintenance of one patient in a Village Settlement until August, when the patient was discharged after having been there since January, 1959.

Other types of Illness

Health Visitors undertake a great deal of work in visiting patients notified by hospital almoners as needing follow-up on discharge from hospital, and arrange for the provision of the services available from both statutory and voluntary services.

All District Nurses are equipped with small sick-room requisites for loan to their patients, and larger items such as beds and sorbo mattresses are available from central stores.

Recuperative Holiday Accommodation

Arrangements continue to be made to provide accommodation of the 'holiday home' type. Somewhat fewer patients were accommodated under the Council's arrangements during the year, but a great deal of time was spent in making arrangements for persons who ultimately, for a variety of reasons, did not accept the accommodation offered, or whose means were found to be such that they were required to meet the cost themselves.

HEALTH EDUCATION

Every month the regular work of health education carried out under the National Health Service Act has been continued. Information about the various discoveries of modern science and how they can be applied to personal living is essential if people are to benefit from new knowledge. Most of the discoveries require the active participation of individuals and families. In the last century it was possible for the environment to be improved without effort on the part of most of those who benefitted. Now little remains to be done in this way and it is necessary for people to understand what they should do and why they should do it, in order that they will take the steps advocated and secure optimum health.

People are more health-conscious than in the past but when it requires personal effort, the expenditure of energy and time, and maybe even slight temporary discomfort as in accepting polio vaccination, the case needs to be made very clearly to stimulate action by the individual. This work is carried out by the Health Department staff in advice to individuals, and also as lectures and group discussions. Questions by members of a group show the kind of information they seek and their line of thought, and an expert in the subject is able to supply the knowledge related to their particular problems.

Talks are requested from doctors, health visitors and nurses by many organisations, and are also given at clinics on a great variety of topics concerned with health. There is a great demand for talks with visual aids and a constant watch is kept by the staff for new and helpful material. 3 D displays and posters act as valuable reminders of the teaching given at clinics.

Since 1952 midwives throughout the County have been helping their patients by training in relaxation and exercises to prepare for their confinements. Explanations are given of what may be expected and of what happens in labour so that the mother does not face in ignorance a completely new experience. Mothers appreciate this information and find that their fears and anxieties are allayed in this way.

New discoveries of science and medicine, physical and psychological are continually being made and health education must continue so that all may benefit.

DOMESTIC HELP SERVICE

During 1960 the majority of our home helps have been employed in caring for the elderly and chronic sick. This group of people require constant help and in many instances it is necessary to send a home help daily for up to three hours. The vast majority of these householders are entirely dependant on the home help service and without it would have to enter old persons' homes.

The increase in the number of chronic sick is lower than in previous years and this is due to the expansion of the Home Aid Scheme which is operated by 33 Women's Voluntary Service specialists, in conjunction with the National Assistance Board. Altogether 275 elderly people who require less than 8 hours of domestic help each week and who are eligible for National Assistance are being cared for in comparison with 211 in 1959. The County Home Aid Specialist reports that apart from occasional difficulty in finding a suitable Home Aid, the service is running smoothly.

Throughout the year, 1,131 homes have benefitted from the home help service; of this number 662 were new cases and 469 were receiving help before 1960. In fact a home help has been employed in a few homes since 1953. There has been a small increase in the number of maternity cases; but a lower demand for help for short term cases of illness in the home.

The day to day work is arranged and supervised by W.V.S. Home Help Organisers, apart from one Centre where a salaried Organiser has been appointed. The work of the Organiser is often tiring and exhausting and many hours are devoted to visiting homes and encouraging the patient and the home help. Often the Organiser receives a request for a home help only to find when she visits that relatives or friends are able to give the necessary domestic assistance. In spite of these unnecessary visits her work is rewarding and worthwhile.

The Meals on Wheels service which is in operation in Truro, Camborne, Penzance, St. Austell, Penryn and Falmouth, has enabled us to reduce the hours of help in certain homes on two days each week. In some instances it has been necessary to send a home help daily to ensure that the patient has a hot meal, and with the expansion of the Meals on Wheels service it is anticipated that more of the elderly will benefit from it, and some relief will be felt by the Home Help service.

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	3	4	31	25	4	121	13
Area 2	4	18	24	30	6	143	26
Area 3	10	14	18	52	4	168	34
Area 4	—	9	37	37	2	139*	27
Area 5	—	1	35	27	1	47	10
Area 6	—	1	25	9	—	34	10
Area 7	—	3	47	12	1	93	8
Resident	2	—	2	35	—	5	8
<hr/>				<hr/>			
	19	50	219	227	18	750*	136
		269		11,311			

* including 3 Problem Families served

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

Year	Equivalent No. of Whole-time H. Hs.	Maternity	Tuberculosis	Chronic sick & old age	Others	Total
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
1960	127.7	227	18	750	136	1,131

As I have said in previous reports, I cannot speak too highly of the assistance I have received from Lady Carew Pole, W.V.S. County Organiser, and the members of the Women's Voluntary Service. Once again I express my thanks to them for their most valuable work.

MENTAL HEALTH

1. Administration

(a) Committee

The Welfare Sub-Committee of the Health Committee has, for some years, administered the Mental Health Services, in addition to its main responsibility for Welfare Services under the National Assistance Act. In view of the rapid expansion of mental health work, a separate Mental Health Sub-Com-

mittee has been constituted, and from March, 1960, has undertaken all functions relating to mental health. Meetings are held at quarterly intervals.

(b) (1) Staff

The staff engaged in mental health work is shown at the commencement of this report and several changes have occurred during the year. At the administrative level, establishment has been created for an assistant to the County Mental Health Officer, and it is hoped to fill this post in early 1961. In the field, I must firstly record my sorrow at the passing of Mr. P. A. Clifton, a loyal and experienced Mental Welfare Officer who had spent 34 years in Poor Law, Mental Health and Welfare work. He will be missed by all who knew him. Two further Assistant Mental Welfare Officers, both holding S.R.N. and R.M.N. certificates were appointed during the year, but the post for a female Social Worker in East Cornwall remained vacant. Mrs. R. M. Blake, Teacher of the severely sub-normal has, in view of her qualifications and long experience, been re-classified Supervisor of Training Services, and a further qualified Assistant Teacher has joined the staff. It is proposed to appoint two further Assistant Mental Welfare Officers in 1961.

The lay administration and supervision of the Mental Health Services is the responsibility of the County Mental Health Officer, and the seven principal Mental Welfare Officers in the Health Areas of the County are in charge of the day to day work within their respective Areas. These Officers are supported by assistant staff, and female Social Workers. Training of the severely sub-normal is carried out by a staff of qualified teachers.

No medical staff have been appointed especially to undertake duties in mental health. Arrangements have been made, however, with the South Western Regional Hospital Board for Dr. J. F. Donovan, Medical Superintendent of St. Lawrence's Hospital, Bodmin, to allocate one-eleventh of his time to the Local Health Authority. In addition, the services of Dr. D. Prentice, Medical Superintendent of the Royal Western Counties Hospital are always available and the County Council's School Medical Staff deal with routine medical work relating to the community care of the sub-normal and severely sub-normal.

(b) (2) Training of Staff

For the past four or five years I have been registering my concern at the impossibility of obtaining trained social workers in mental health work, and the almost complete absence of training facilities for staff in post. I suppose it would be unfair to say that nothing has materialised during the year as the Ministry of Health is sponsoring pilot courses of training at three technical colleges, each course to cover 2 years. When one realises that two years have elapsed since the "Younghusband" Report stressed the urgent need for training, one is faced with the fact that progress is painfully slow and our staffing difficulties will continue for a long time. To meet our

own problem of retiring staff over the next few years, Assistant Mental Welfare Officers have been and are being appointed so that at least personnel with experience in the work will be available to take more responsible posts when the time comes. The National Joint Council for Local Authorities' Administrative Professional Technical and Clerical Services has, however, decided that Social Workers with less than five years' experience on the 1st September, 1960 cannot proceed to the salary payable for the more responsible posts, until an appropriate qualification is obtained. This barrier would be absolutely justified if adequate training facilities were available, but until that time arrives, it only makes a difficult situation worse. It is imperative, therefore, that training facilities are provided in all parts of the Country at once so that staff can obtain the training they themselves have been requesting for the past ten years.

During the year a course of lectures was organised by one of the Consultant Psychiatrists at St. Lawrence's Hospital and it is hoped that similar courses will be held annually. In addition, two members of the staff attend an appropriate refresher course for a week each year. This type of training is exceedingly useful, although it is no substitute for a basic academic training and professional qualification.

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

This Act came into operation on the 1st November, 1960, and was, quite naturally, the major event of the year. Replacing, as it did, the Mental Health legislation of the past 70 years, it gave Local Health Authorities modern machinery to carry out their mental health functions under Section 28 of the National Health Service Act of 1946. A great deal of preliminary work was done in Cornwall, by way of meetings and discussions between all persons responsible for the implementation and operation of the new Act. As a result, when the appointed day arrived, transition was so smooth that it was difficult to realise a new Act was in force. The few months which have passed since then have given rise to no serious problems, and the evidence so far shows that the new Act is as good in practice as it seemed in theory.

Before the coming into operation of the Mental Health Act, a great deal of time and effort was given to formulating new proposals for our future community care service. These proposals were approved by the Minister, subject to one or two minor amendments, in May, 1960. The Cornwall proposals were written to give a degree of latitude, but at the same time were quite definite on the many major points of development for the future. This part of my Annual Report will show that much of the proposed development is already under way. It is estimated that in capital cost alone, more than £300,000 will be required over the next few years to provide the buildings required for a reasonable community service, and this sum may well be a conservative estimate. I should have felt happier, therefore, if the

Government had accepted the recommendations of the Royal Commission concerning financial aid to Local Authorities, during this initial period of development.

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

Liaison between all Authorities in any way concerned with Mental Health work has always been a most essential factor since the coming into operation of the National Health Service Act, 1946. With the implementation of the Mental Health Act, 1959, this liaison assumes a far greater importance. It has been forecast that the dichotomy which now exists in our services will prove the rock upon which future plans will founder. I do not agree with this statement, providing there is full and frank discussion on all aspects of development and operation whether it concerns Hospital or Local Authority. In Cornwall, long before the passing of the Mental Health Act, future development and policy were discussed at regular meetings between officers of the Regional Hospital Board, Hospital Management Committees, Local Health Authority and the General Practitioner services to formulate a plan for an integrated mental health scheme to provide the best possible service for the patient. The results were incorporated in a report which was accepted by all the authorities concerned.

During the year, we have been somewhat critical of the South Western Regional Hospital Board concerning insufficient accommodation in hospitals for the sub-normal and severely sub-normal. Despite this criticism, friendly co-operation has been maintained as in past years. As far as the hospitals with whom we work are concerned, co-operation is first-class, and personal liaison between staff excellent. At St. Lawrence's Hospital Bodmin, I am a member of the Management Committee and the Medical Superintendent is my medical adviser in mental health for Local Authority services. A regular monthly conference is held between Hospital Medical Staff and Social Workers and my own Mental Health Staff. In addition, the Mental Welfare Officers on my staff have regular weekly meetings with the appropriate Consultant Psychiatrists, usually at out-patient clinics, to discuss the care and after-care of patients. They also accompany Consultants on domiciliary visits.

The Royal Western Counties Hospital, situated 100 miles from Truro, is too far away for a duplication of the liaison described above. The County Mental Health Officer attends a monthly case conference at the hospital, when the needs of the sub-normal and severely sub-normal are discussed, and the Medical Superintendent is a frequent visitor to Cornwall to undertake domiciliary visits. The disadvantages of distance are, however, compensated by the extraordinary good will which exists between us, and the term "fruitful co-operation," coined by the Ministry in a recent circular letter, could not be more appropriate.

(e) Duties Delegated to Voluntary Associations

No specific duties are delegated to Voluntary Associations, but a great deal of help is given by various bodies, particularly with escort duties in connection with our training scheme for the severely sub-normal. The local Branches of the National Society for the Mentally Handicapped have been very active throughout the year, and Rotarians in various parts of the County have helped us in many ways. There is no doubt that the national publicity, which has been given to mental health since the report of the Royal Commission, has stimulated the interest of all voluntary organisations tremendously not to mention the interest of the general public.

2. Account of work undertaken in the Community

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

1960 has been a memorable year in Mental Health, as apart from the fact that it was designated World Mental Health Year, the Mental Health Act of 1959 most appropriately came into operation. It has been a year of re-shaping present services and planning for the future. Full advantage has been taken of the stimulated public interest, and a great deal of publicity has been achieved by talks and lectures to all manner of organisations. In addition, an exhibition stand was displayed at various centres in the County, to illustrate what the mental health services set out to do and how they do it. This activity in itself seems a far cry from preventive medicine, but it must not be forgotten that ignorance, fear and guilt are effective barriers to prevention. By removing these prejudices and stirring public opinion, we are at least preparing the soil for more positive preventive action.

I have already commented in my separate report as Principal School Medical Officer on the work of the Child Guidance Service. Over the past few years I have often expressed the opinion that to be an effective weapon of prevention, child guidance must be sought as early and not as late as possible. It is pleasing, therefore, to note a significant trend towards earlier referral in the 1960 figures, which in itself points to more understanding by general practitioners, nurses and parents.

During the year, a vast amount of social work has been done to help the mentally ill patient. The annual admission rate has again increased, although with the modern trend of intensive treatment and quick return home, this increase is explained, in part, by the rising number of re-admissions for further treatment. In fact, out of 952 patients admitted to St. Lawrence's Hospital, 239 were admitted more than once, but this does not signify failure. It is far better to re-admit several times than keep the patient in hospital continuously until he becomes a chronic long stay case. These techniques, plus improving facilities for the care of patients outside psychiatric hospitals, should result in a steady reduction of long-stay patients, and preliminary figures support this view. For instance, in 1951, 565 patients

were admitted to St. Lawrence's from Cornwall and the hospital had 1,197 patients in residence at the end of the year. In 1960, however, although 952 patients were admitted, the number of patients in the hospital at the end of the year had dropped to 1,162.

One of the major long stay problems of the psychiatric hospital is the aged person, and there is no doubt that many old people remain in-patients long after the condition causing their admission has subsided. They do so because there is nowhere else for them to go. We have always encouraged relatives to play their part in the care of the aged in the community, but it must be realised that senile confused old people can be a great trial. Relatives must receive a lot of support if they are to accept this responsibility and care for aged relatives in their own homes. Three services are concerned with the problem of providing accommodation for old people—the Geriatric Service, the Psychiatric Hospital and the Welfare Services of the Local Authority, and a great deal of discussion has taken place on future co-ordination. The Regional Hospital Board has agreed to provide a short stay assessment and treatment centre, where old people can be admitted for investigation and immediate treatment. This will ensure that the patient receives an adequate assessment, particularly where it is not certain if his illness is predominantly physical or mental. It may well be that a patient entering this unit in a confused and disorientated condition and who would now undoubtedly go to St. Lawrence's Hospital, will recover after short stay and treatment, and never need admission to a psychiatric hospital. In conjunction with this unit, a day hospital will be established, where aged persons can be cared for during the day, and return to their relatives at night. In addition to these developments by the Regional Hospital Board, the County Council proposes to build three residential hostels to accommodate mildly mentally ill old persons. The first of these will be started in 1961, and, although the units will form part of the County Council's mental health development plan, they will be built and administered through the Welfare Services.

The result of these schemes will be two-fold. Firstly, many old people suffering from senile conditions will be able to remain in the community, at least longer than at present. Secondly, where residential care is needed, it will not necessarily be in a psychiatric hospital and the long stay age population of this type of establishment should markedly decrease in the next few years.

Short stay and early return to the community from the psychiatric hospital emphasises the need for an active and effective after-care service. Local Health Authorities are extremely well placed to provide this service but the work must be closely integrated with the Hospital, as in fact it is in Cornwall. During 1960, over 300 new cases were referred for after-care, and this number will certainly increase in the future. After-care is very time consuming but most rewarding work and in my opinion is the cornerstone of any community mental health service.

(b) Initial Proceedings by Mental Welfare Officers

Seven principal and three assistant Officers, who are also social workers in mental health, admitted a total of 713 patients to psychiatric hospitals during the year. This figure is more than two-thirds of the total admission rate for 1960 which illustrates how widely their services are used by General Practitioners. In addition to the actual admission and completion of any necessary statutory forms, the Mental Welfare Officer obtains a detailed social history of the patient with other relevant information for the hospital. These Officers run a 24-hour service and their work is always exacting, often arduous. It is stripped of the glamour which sometimes surrounds some specialities of social work and provides a "down to earth" service to bring help to those in need.

(c) The Sub-normal and Severely Sub-normal

(1) Ascertainment and community care

Normal arrangements for the ascertainment of the sub-normal and severely sub-normal continued until the 1st November, 1960. After this date, whilst the system of classifying children as unsuitable for education in the school framework continued on similar lines as before, the statutory requirement for the reporting of backward school-leavers ceased. It was felt, however, that community care for the retarded school leaver served such a useful purpose that an informal system of reporting by the Education Authority should be adopted. Suitable cases have been referred to the Local Health Authority under this informal arrangement since the appointed day and the system is working very well. To improve liaison with the Residential Special School in Cornwall, a quarterly case conference is held when the Headmaster, Senior School Medical Officer, Senior Psychologist and the County Mental Health Officer discuss school leavers and what can be done to help them.

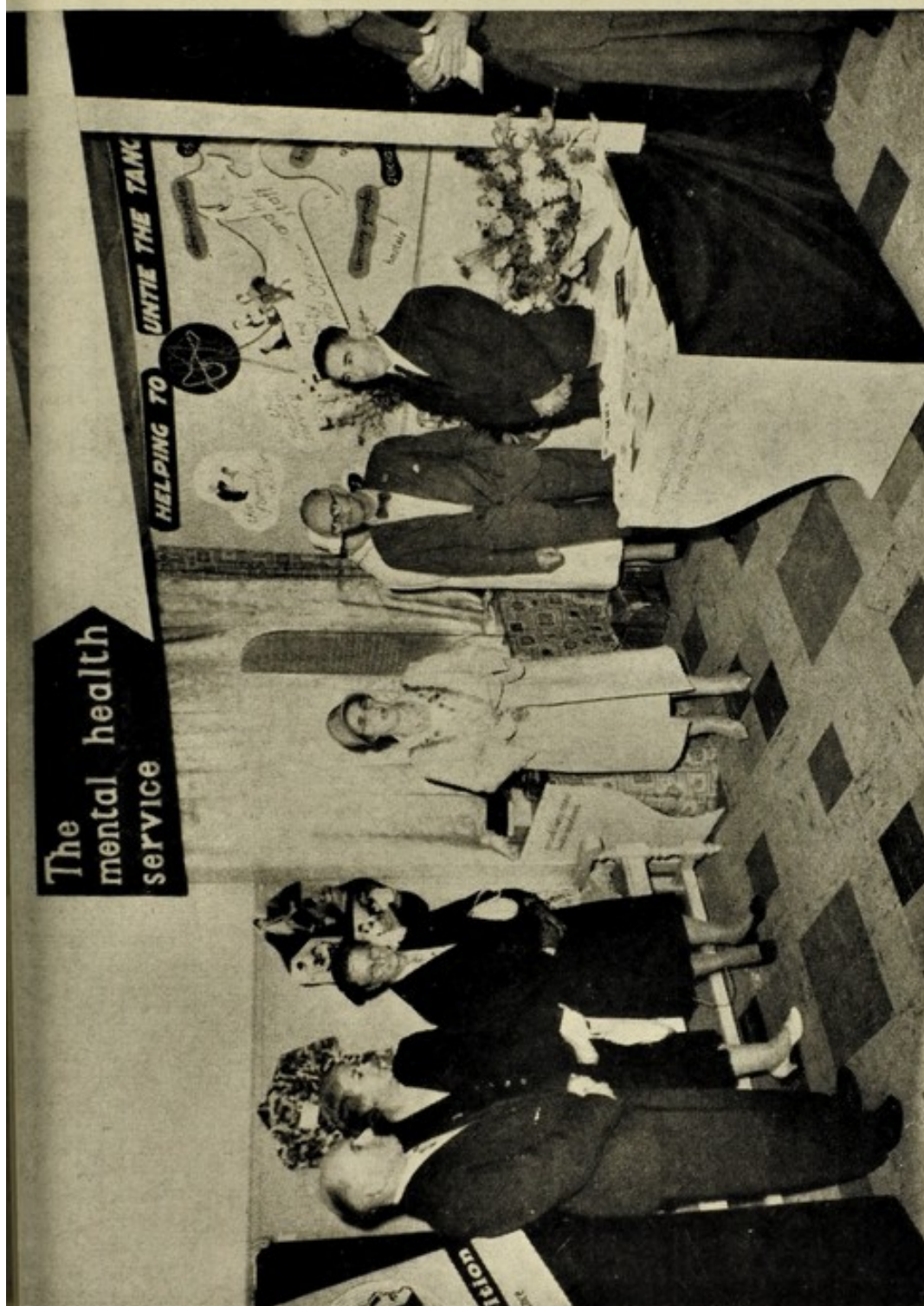
There are more than 600 sub-normal and severely sub-normal patients receiving community care in Cornwall, and they are assisted in a variety of ways by the Mental Welfare Officers and Social Workers. One of the grave problems during 1960 has been a lack of hospital accommodation and it has been very difficult indeed to obtain vacancies, even in an acute emergency. During the year we admitted only 34 patients and our waiting list rose to 66. Many of these patients were extremely urgent and caused grave anxieties in the community. Strong representations were made to the South Western Regional Hospital Board, followed by a meeting between representatives of the Board and the County Council; and short term emergency measures to ease the situation were agreed by the Board. The effect of these should be felt in 1961. As a long term project, the Board proposes a new hospital for the sub-normal and severely sub-normal in Cornwall to form a group of approximately 500 beds.

(ii) **Training**

A Group Training scheme has been running in Cornwall for the past six years, supplemented by home teaching in suitable cases. A great deal has been accomplished by an enthusiastic staff of teachers, and willing voluntary helpers, but at the most training amounts to only two days weekly. It is very obvious, therefore, that priority must be given to the rapid development of this branch of the service. When our proposals were prepared, following the passing of the Mental Health Act, the County Council decided to provide, as a matter of urgency, training facilities for approximately 240 children and adults throughout the County. The first two projects, a 60-place Junior and a 60-place Adult Centre will be built on a site which has been purchased at Redruth and construction will start early in the financial year 1961/62. Both Centres should be in operation by the Autumn term of 1962. Negotiations are taking place for three sites in the St. Austell area, and the following development is proposed there:—

- 1961/62. 60-place Junior Training Centre, and a 30-place residential hostel for children living too far from the Centre to attend daily.
- 1962/63. 60-place Adult Training Centre, with two hostels, one for 20 males, one for 20 females.

This phase of development should be completed and the Centres operating by the end of 1963 when reasonable facilities will then be available for all suitable severely sub-normal children and adults in the County. We shall undoubtedly have our problems in running this service, as Cornwall is not an easy County in which to operate daily transport to and from Centres. Suitably trained and experienced staff are also difficult to obtain. I am sure, however, that with the enthusiasm and public support, which we have had during the past few years in our group training system, a most worthwhile service will emerge.



Mental Health Week at Truro. Opening the County Council's Exhibition is the Mayor of Truro, Mrs. Elsie Cornish; with her on the left the County Medical Officer, and the County Mental Health Officer.

Mental Health Statistics at 31st December, 1960

(The figures in brackets indicate the numbers at 31.12.1959)

A. Hospital care.

(a) Mental illness.

(i) Admissions during the year by Mental Welfare Officers.

Name of Hospital.	Section 11 or 20.				Section 21. Informal				Section 25.				Section 26.				Court Cases				Total	
	Voluntary		Temporary		M		F		M		F		M		F		M		F		M	F
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
St. Lawrence's Hospital, Bodmin:																						
1.1.1960 to 31.10.60	7	15	—	—	—	—	66	101	7	28	142	193	—	—	—	—	—	—	—	—	273	423
1.11.1960 to 31.12.1960	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	(271)	(395)
Moorhaven Hospital, Devon:																						
1.1.1960 to 31.10.1960	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	12
1.11.1960 to 31.12.1960	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	(5)	(12)
	7	15	11	12	—	—	66	101	8	29	171	243	7	9	6	24	1	1	1	1	278	435
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	(276)	(407)

(iv) Number of Cornish patients in Hospitals on 31st December, 1960.

Name of Hospital	Certified		Voluntary		Informal		Section 25.		Section 29.		Section 26.		Court Orders		Total	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
St. Lawrence's Hospital, Bodmin:	49	29	11	18	406	615	7	7	5	12	1	1	1	1	480 (464)	683 (671)
Moorhaven Hospital, Devon:	—	—	—	—	10	21	1	—	—	—	—	—	—	—	11 (24)	21 (31)
	49	29	11	18	416	636	8	7	5	12	1	1	1	1	491 (488)	704 (702)
Total of Cornish patients in Hospitals on 31.12.1960																1195 (1190)

(b) Sub-normality and severe sub-normality

(i) Admissions during the year.

Name of Hospital	Mental Deficiency Acts, Sections 3, 6, 8 or 9		On an Informal basis		Mental Health Act, 1959, Section 26.		Court Orders, Section 60.		Total	
	M	F	M	F	M	F	M	F	M	F
Royal Western Counties Hospital Group										
1.1.1960 to 31.10.1960	4	2	7	14					12	18
1.11.1960 to 31.12.1960				1		1	1		(15)	(27)
Other Hospitals and Approved Homes										
1.1.1960 to 31.10.1960	—	—	2	2					2	2
1.11.1960 to 31.12.60									(12)	(7)
	4	2	9	17	—	1	1	—	14	20
									(27)	(34)

Total admissions during 1960 34 (61)

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

(ii) Patients in Hospitals (including cases on leave).

Name of Hospital	M.	F.	Total
Royal Western Counties Hospital Group			
...	215	190	405
	(219)	(192)	(411)
Other Hospitals			
...	74	41	115
	(74)	(43)	(117)
	289	231	520
	(293)	(235)	(528)

(iii) Patients awaiting admission to Hospitals.

Classification	M.	F.	Total
(1) Over the age of 16 years.			
(a) Cot and chair cases	2	2	4
(b) Ambulant low grade cases	5	1	6
(c) Medium grade cases	16	1	17
(d) High grade cases	2	—	2
(2) Under the age of 16 years.			
(a) Cot and chair	7	8	15
(b) Ambulant low grade	3	4	7
(c) Medium grade	10	5	15
(d) High grade	—	—	—
	45 (38)	21 (20)	66 (58)

(These figures include 5 males and 3 females of cot and chair grade and 2 males of ambulant low 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 cot and chair male, 1 ambulant low grade and 3 medium grade males at Budock Hospital, Falmouth, pending transfer to a Psychiatric Hospital. There are also 1 ambulant low grade and 2 medium grade males over 16 years of age at St. Lawrence's Hospital, Bodmin, pending transfer to a Hospital for the sub-normal and severely sub-normal).

B. Community Care

(a) Mental illness

	M.	F.	Total
Receiving after-care visitation ...	95	163	258

(b) Sub-normality and severe sub-normality.

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

How reported	1.1.1960 to 31.10.1960		1.11.1960 to 31.12.1960		Total
	M	F	M	F	
<hr/>					
(1) Notified by the Education Committee: Education Act, 1944.					
(a) Section 57(3)	6	12	—	—	18
(b) Section 57(5)	15	5	<hr/>		(21)
(c) School leavers reported informally	<hr/>		2	2	24
					(23)
(2) Reported from other sources	20	10	9	5	44
					(26)
<hr/>					
	41	27	11	7	86
					(70)

(ii) Number of patients under care on 31.12.1960.

	M.	F.	Total
(1) Under informal care	340	295	635
(2) Under Guardianship	—	1	1
(3) On leave from Hospitals	2	3	5
	342	299	641
	(329)	(288)	(617)

WELFARE SERVICES

THE AGED AND THE INFIRM

1. Need for further Accommodation for Old People

One of the acknowledged experts in the care of the aged said in the immediate post war years that there were three fears in the minds of old people, "The fear of poverty, the fear of ill health and the fear of loneliness." To these could have been added in past days, the fear of the workhouse. This fear has, to all intents and purposes, vanished. There is no longer a reluctance on the part of our "senior citizens" (as the Americans' call them) to enter an Old People's Home. A few years ago it was possible to say that any emergency could be dealt with as it arose, but this is no longer true. At the end of 1960, there were 95 on the waiting list of those whose admission to one of the County Council Residential Homes was a matter of some urgency, and this number could easily have been doubled or trebled if the District Welfare Officers had sought out those who wished to make application for accommodation. This, despite the comparatively rapid expansion in recent years.

At the end of 1960, in addition to the remaining three old institutions, viz:—

Meneage Hospital, Helston	...	...	20 residents
Sedgemoor Priory, St. Austell	...	...	129 ..
Lamellion Hospital, Liskeard	...	...	74 ..

there were eight County Council Residential Homes in the County as follows:—

St. Hilary, Bude	...	...	...	35 beds.
Polvellan, Looe	...	...	...	35 ..
Penberthy House, Newquay	...	...	...	46 ..
Endsleigh, Newquay	...	...	...	29 ..
Cliffe House, Falmouth	...	...	...	31 ..
Carew House, Hayle	...	...	...	26 ..
St. Michael's, Penzance (in course of being enlarged)				
The Headlands, Carbis Bay	...	...	...	14 ..

As stated above, St. Michael's, Penzance, is being extended and when the work is finished (probably in May, 1961) there will be accommodation for 38 persons, with improved quarters for the Matron and Staff. A lift has been installed and other modern amenities have been introduced. A large new dining room has been built looking out on to the walled garden and the kitchen has been extended and modernised.

The work at the Frail Ambulant Home at Camborne is well advanced and the Home should be ready for occupation by the Summer of 1961. This is the first purpose-built Home in the County and the accommodation will consist of:—

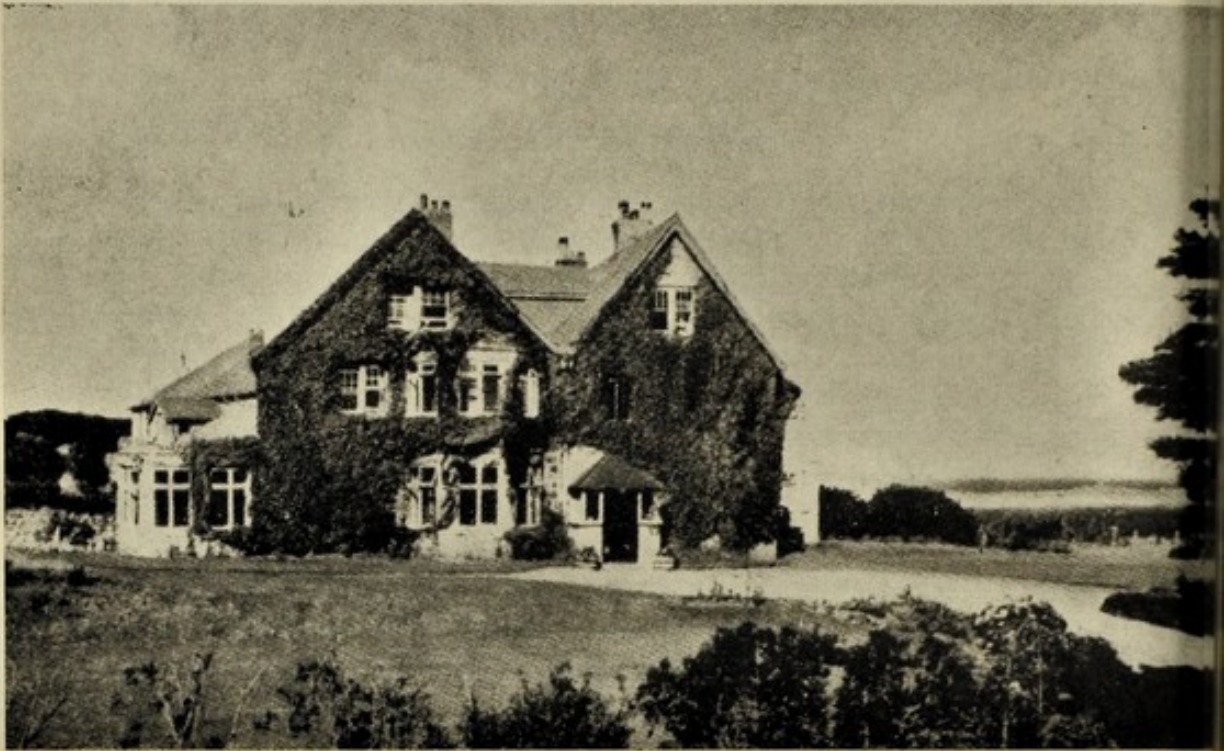
GROUND FLOOR

Entrance Hall
 Matron's Office
 Visitors Room
 Resident Male and Female cloakrooms
 Staff cloakroom
 Dirty Linen room
 Sluice Room
 Resident Male and Female Lavatories
 Resident Male and Female Bathrooms
 Three lounges
 Eleven single bedrooms
 Nine double bedrooms
 Residents' Dining room
 Staff Dining room
 Kitchen and Stores

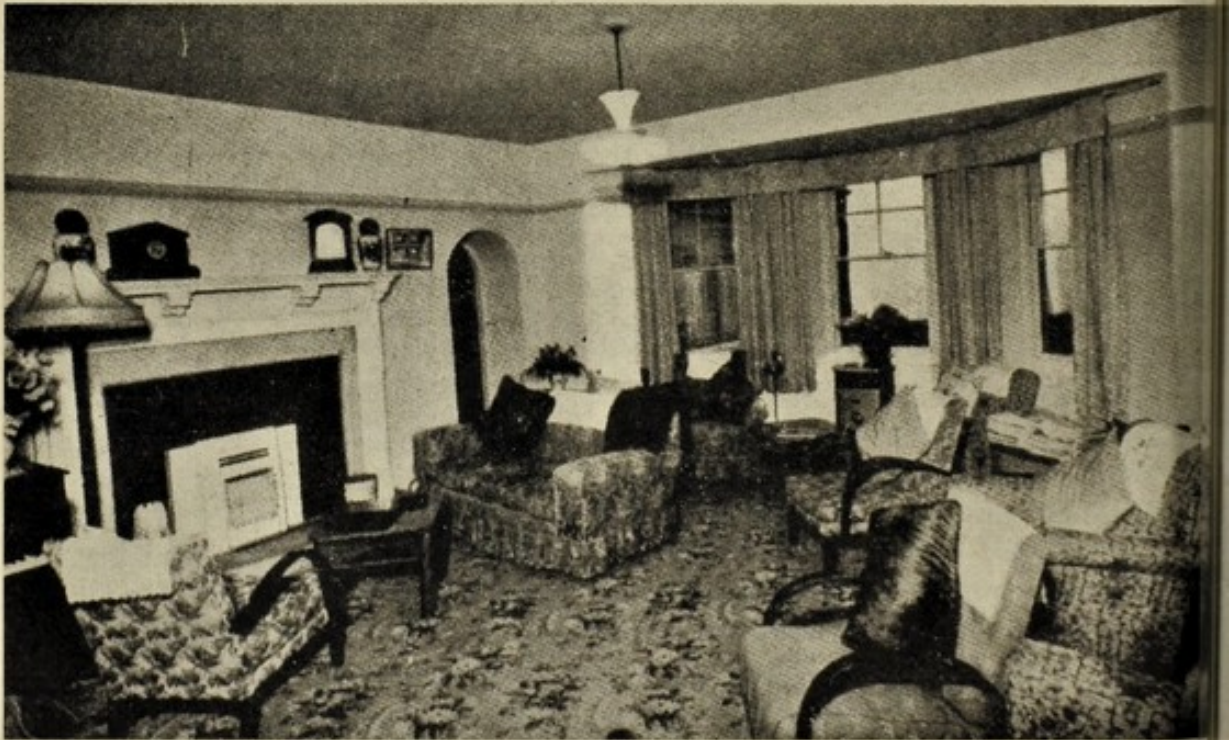
FIRST FLOOR

Matron's Flat
 Three Resident Staff Bedsitters
 Duty room
 Staff Bathroom
 Sluice room
 Residents Male and Female Bathrooms
 Residents Male and Female Lavatories
 Utility Room
 Box Room
 Sewing Room
 Lounge
 Thirteen double bedrooms
 Six single bedrooms

This Home, which since the end of the year under review, has been named "Blackwood House," (in recognition of the long service with the Cornwall County Council of Mrs. A. M. Blackwood who was the first lady to become an Alderman) will go a long way to meeting the long-felt and ever growing need of accommodation for those who have grown very frail but are not hospital cases. Such people are not in need of constant nursing attention but they may have to spend one, two or three days each week in bed and will certainly require more nursing care than it has been the practice of the County Council to provide in the Residential Homes in the past.



Headlands, Carbis Bay



One of the lounges

This, is true, too, of the new Home for which plans have been made at The Green Redruth, for the confused and senile who, but for the passing of the Mental Health Act, 1959, would go to a Mental Hospital. The plans for this Home are on entirely new lines and are something in the nature of an experiment. The site has been acquired, the plans have been approved by the Ministry of Health and it is hoped that building will commence in the middle of 1961.

During the year, the County Council purchased the Headland Hotel, Carbis Bay (see picture on opposite page) and this came into use shortly before Christmas, 1960, as an Old People's Home. Only a few residents have so far been admitted as it is hoped to extend the building and so provide more bedroom accommodation, improve the fire precautions and instal central heating. This Hotel, whilst slightly more remote from the centre of population than most of the County Council Homes, is, nevertheless, admirably situated on the cliff at Carbis Bay with magnificent views of St. Ives, including Godrevy Lighthouse.

The Convent of the Good Shepherd (to be re-named " St. Anne's ") at Saltash has been purchased and plans are being prepared by the County Architect for adaptation and extension of this building as a Home for approximately 37 old people.

Mention must be made again of the splendid work being done in the Homes (provided by Voluntary Associations) at Bude, Liskeard, St. Austell, Perranporth, and the two " Epiphany " Homes at Truro and St. Agnes.

The following is the return of persons in Welfare accommodation at 31st December, 1960:—

Establishment	Men	Women	Total
Joint User Establishments			
Meneage Hospital, Helston	8	12	20
Sedgemoor Priory, St. Austell	71	56	127
Lamellion Hospital, Liskeard	28	41	69
Residential Homes			
Endsleigh, Newquay	6	20	26
Polvellan, Looe	10	25	35
Cliffe House, Falmouth	14	14	28
Carew House, Hayle	17	7	24
St. Hilary, Bude	17	14	31
Penberthy House, Newquay	12	21	33
Headlands, Carbis Bay	2	6	8

Establishment	Men	Women	Total
Voluntary Homes			
Bude Eventide Home	2	9	11
Caprera, St. Austell	9	17	26
Liskeard Eventide Home	—	14	14
Perran Bay Hotel, Perranporth	7	21	28
Epiphany Home, St. Agnes	14	17	31
Rosewin Home, Truro	—	24	24
St. Teresa's, Penzance	5	8	13
Methodist Homes—Ilkley and Liverpool	—	2	2
Ex-Officers' Home, Bishopsteignton	1	—	1
S.O.S. Home, London	—	1	1
Nurses' Memorial Home, Reigate	—	1	1
W.V.S. Club, Southsea	—	1	1
St. Mary's, Bovey Tracey	—	1	1
Cann House, Tamerton Foliot	1	2	3
Pembroke House, Gillingham	1	—	1
Homes provided by other Authorities			
Devon C.C.	2	—	2
Plymouth C.B.C.	3	—	3
Hampshire C.C.	1	—	1
Total Old People	231	334	565
Blind Homes			
Malabar, Truro	8	17	25
Torr, Plymouth	2	6	8
Royal School for the Blind, Leatherhead	2	—	2
29, The Avenue, Wanstead	1	—	1
Epileptic Colonies			
Chalfont, Bucks.	1	4	5
David Lewis, Cheshire	—	1	1
Meath Home, Godalming	—	1	1
Maghull Homes, Liverpool	2	—	2
Special Homes for Spastics, etc.			
Coombe Farm, Croydon	1	—	1
Ponds Home, Beaconsfield	—	1	1
Total Handicapped Persons	17	30	47

Temporary Accommodation

	Men	Women	Children	Total
Hostel, 17, North Street, St. Austell ...	2	3	9	14
Cameron Estate, St. Agnes ...	4	4	27	35
Caravan at Buller Hill, Redruth ...	1	1	3	5
Cottage at Lanreath ...	1	—	2	3
Cottage at Troon ...	1	1	6	8
The Green, Redruth ...	2	2	8	12
Total in Temporary Accommodation ...	11	11	55	77
GRAND TOTALS ...	259	375	55	689
Less chargeable to Other Authorities ...	1	4	—	5
NET TOTAL ...	258	371	55	684

The above figures of persons in residential accommodation on the 31st December, 1960, are made up of the following classes, and attention is drawn to the fact that considerably more than one half of the men and women in the care of the County Council are either physically or mentally handicapped and the tendency is for this proportion to increase.

Not materially handicapped	Aged	M	87
		F	138
	Not Aged	M	4
		F	3
Blind	Aged	M	16
		F	27
	Not Aged	M	4
		F	6
Deaf	Aged	M	3
		F	3
	Not Aged	M	2
		F	1
Epileptic	Aged	M	2
		F	4
	Not Aged	M	5
		F	12

Others physically handicapped	Aged	M	61
		F	92
	Not Aged	M	14
		F	27
<hr/>			
Mentally handicapped	Aged	M	18
		F	26
	Not Aged	M	25
		F	26
<hr/>			
Total		...	606

Persons in Temporary Accommodation

Persons over age 16	Evicted	M	10
		F	9
	Other	M	1
		F	2
<hr/>			
Children accompanied by persons over age 16	Evicted	...	48
	Other	...	7
<hr/>			
	Total	...	77

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

Types of Home	Homes on the register on the night of 31.12.60	
	Number of Homes	Number of residents for whom provision made
Homes for Old Persons	... 30	419
Homes for Disabled Persons	... 2	36
Homes for Old Persons and Disabled Persons	... 5	128
Total	... 37	583

2. "Boarding Out" of Old People

Reference is made in the press, from time to time, to schemes for the "boarding out" of old people. This is, of course, a misleading term if one thinks of it in relation to the work done by the Children's Department. What is implied is that accommodation is found in private Homes and the welfare and well-being of the old people is protected, but no contribution is, or can legally be made by the Welfare Authority towards the cost of maintenance in such private Homes, the old people having to rely upon their own resources or allowances made by the National Assistance Board. It would be doing less than justice to the County Council's District Welfare Officers if it were not pointed out that they do a lot of this work in the ordinary course of their duties and in 1960 at least 53 old people were found accommodation in private Homes in Cornwall and care is taken by the constant visiting of the Homes to see that they are well cared for, comfortable and happy.

3. Special Housing for Old People

The scheme made by the County Council whereby unitary grants are made to District Councils who provide welfare services for houses, flats or bungalows specially for old people has gathered impetus during the year. Actually the Scheme has been extended in one case to cover a Charitable Organisation. The Authorities which have already made schemes are as follows and some of the houses are already in occupation:—

Housing Authorities			No. of Housing Units
Truro R.D.C.	...	St. Agnes	12 Bungalows
"	...	Portscatho	8 "
"	...	Mylor Bridge	6 "
"	...	Goonhavern	6 "
"	...	Perran-ar-Worthal	8 "
Falmouth B.C.	...	Bank Place, Falmouth	17 Flats
Launceston B.C.	...	Poltamar Estate	11 Bungalows & Flats
West Penwith R.D.C.	...	Bodriggy Estate, Hayle	20 Bungalows
Newquay U.D.C.	...	St. Pirans Road	12 Flats
"	...	Porthbean Road	11 "
Liskeard B.C.	...	Lake Lane Estate	22 Bungalows
"	...	"	14 "
Charitable Trusts			
St. Ives Matthews Trust, St. Ives			10 Flats
Total			157

The County Council make a contribution in respect of each housing unit occupied solely by a man over 65 years of age and/or a lady over 60 on the condition that Welfare Services are provided (the minimum being the engagement of a warden and the installation of some form of bell system). It is unquestionably of the utmost importance that the aged should remain as long as possible in their own homes and the provision of this special housing with a warden to keep a friendly eye upon them, contributes in no small measure to their happiness and comfort.

4. Help given by Young People

A pleasing development in the last year or two has been the interest shown in the care of the aged by young people. A good illustration of this is to be seen at Cliffe House, Falmouth, where a group of St. John Ambulance Cadets, girls between the ages of 13 and 18, attend regularly at the Home, in the evenings, at weekends and during holidays, and give valuable assistance to the Matron in many ways. The leader of this group (herself a young wife with a small baby) says that there is no difficulty in getting these young Cadets to attend at the Home, the difficulty is keeping them away !

CARE OF THE HANDICAPPED

There has been a steady increase in the amount of work among the physically handicapped as this service has become more widely known to the medical profession, the social services, and the general public. This increase has been particularly noticeable during the past year. The volume of work in the shape of visits paid to the handicapped in their own homes for the purposes of help and advice with personal problems, adaptation of premises, and the provision of special aids and equipment, has been greater than ever before.

The problem of the severely handicapped school leaver is one which continues to tax the ingenuity of all those concerned, as a number of these boys and girls are well-nigh unemployable. However, of the sixteen who left school during 1960, only one boy and one girl now remain unemployed. Seven are undergoing vocational training, seven are satisfactorily and happily employed.

Of the considerable number of patients and their families who have been helped during the past year, one perhaps deserves special mention. The patient, now aged nearly twenty years, is completely paralysed in all four limbs as the result of spinal injuries received in a traffic accident when he was eighteen years of age. He lives with his parents on their small-holding. His mother has made heroic efforts to care for him physically and to help him to live as full a life as possible. With this end in view, and bearing in mind the recommendations made by the Stoke Mandeville Hospital,

considerable alterations to the house became imperative. A bathroom was installed, a downstairs sitting room converted into a bedroom for the patient, existing doors were taken down, and sliding doors were substituted to enable him to move from room to room. A concrete path was laid around the house so that the wheel chair could safely be taken out-of-doors. These alterations proved extremely costly and beyond the limited means of the boy's parents. The Welfare Sub-Committee was happy to be able to make a special grant equal to the improvement grant made by the Rural District Council concerned. In addition, the Welfare Committee provided a special bed, mattress, lifting apparatus and bed linen, all of which have been a help and encouragement to this family in their problems and anxiety.

SUB-STANDARD FAMILIES

Early in 1960 a Survey of Sub-Standard families in Cornwall was made and the main recommendations were as follows—

- (a) That the **preventive work** be centred upon the Health Area Offices by means of a Co-ordinating Officer working in each Office under the direction of the Area Medical Officer of Health. It is suggested that the scheme for the provision of special Home Helps in sub-standard families be abandoned and that Family Welfare Workers be appointed by and to work under the direction of the County Welfare Officer in conjunction with the Assistant County Medical Officers to undertake the type of work previously undertaken by the special Home Help Service.
- (b) That the **rehabilitative work** be the direct responsibility of the Welfare Department who should deal with cases which, for reasons of complexity or severity, or because of eviction, have been referred by the Health Area Offices as being in need of more concentrated rehabilitation and/or material help. For this purpose it was suggested that two units be established to accommodate five families each, together with suitable accommodation for a resident Warden and his wife in each case.
- (c) That the **Rent Deficiency Scheme** be continued, but that it be used with greater stringency and that certain conditions be laid down and agreed between the Housing Authorities on the one hand and the County Council on the other. It is emphasised that the provision of temporary accommodation is the responsibility of the Housing Authorities, except where such accommodation is required in an emergency which could not reasonably have been foreseen. (Circular No. 17/59 Ministry of Housing and Local Government, and Circular No. 4/59 Ministry of Health dated 18th March, 1959).

As a result of this Survey, a Pilot Scheme was started in November, 1960, in Health Area 2, in an attempt to offer a comprehensive preventative service whereby children of these families might remain in their own homes, while, at the same time, their parents could be helped to regain and to maintain

an acceptable standard of child care and household management. Two special Family Welfare Workers were appointed to work under the direction of the County Welfare Officer.

Twenty families in need of help were carefully selected by the Social Welfare Officer (in conjunction with the Assistant County Medical Officer of Health and the Assistant County Nursing Officer) and the Family Welfare Worker was introduced to the family by the Health Visitor who was already known to the family. The Health Visitor continues to visit the family in the course of her statutory duties and the Family Welfare Worker is careful not to offer advice on matters which are properly the concern of the Health Visitor. The Family Welfare Worker visits the family frequently, these visits may be daily, thrice or twice weekly according to need. She attempts by example, instruction, friendship, support and encouragement to instil a sense of social responsibility, self-discipline and self-respect in families where these have been noticeably lacking. Material help is given where this is necessary to achieve a minimum standard of cleanliness and comfort.

The scheme is still in an early stage and it is too soon to attempt any assessment of results among the families selected for help in this way. As yet no family has shown any overt hostility, but in general the Family Welfare Workers have been welcomed and accepted by the families and are now regarded as friends.

In the year under review, 24 families have been dealt with by the Family Welfare Workers and the Health Visitors concerned have shown a great interest in the scheme and have given it their loyal support. A most helpful meeting was held at its inception when the object and proposed methods of work were fully discussed between the Social Welfare Officer responsible and the Assistant County Nursing Officer and Health Visitors. This meeting removed any misunderstanding which might have hindered the work. The special woman visitor of the National Society for the Prevention of Cruelty to Children has been kept fully informed throughout and she has been most enthusiastic and helpful in every way.

We cannot hope for dramatic improvement in these families whose way of life may well have become established over many years of inadequacy and failure, but we look forward to an extension of this work among what has been known as the "Submerged Tenth" and we believe that we shall in some measure be able to meet their need and thus prevent a recurrence of these difficulties within the coming generation.

CARE OF THE HANDICAPPED

Number of patients on register on 31.12.60

Classification	Male			Female		
	16— 30	30— 50	Over 50	16— 30	30— 50	Over 50
A/E(1) Amputation ...	4	5	13	4	1	10
F(2) Arthritis & rheumatism	1	15	32	6	13	64
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 ...	29	32	86	17	18	13
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 ...	21	29	24	9	13	6
V(6) Organic nervous diseases— epilepsy, disseminated sclerosis, poliomyelitis, hemiplegia, sciatica, etc. ..	69	102	67	77	55	49
U/W(7) Neuroses, psychoses and other nervous and mental disorders not included in V(6) ...	19	13	6	6	2	4
X(8) Tuberculosis (respiratory) ...	10	34	14	10	12	—
Y(9) Tuberculosis (non-respiratory) ...	11	6	2	9	4	5
Z(10) Diseases and injuries not specified above ...	7	4	7	4	3	5
Total ...	173	252	257	158	131	156
	682			445		
(Included in V(6) above)						
Epileptics ...	19	18	4	23	3	3
Spastics ...	16	8	5	24	7	3

Children under 16 Males 19 Females 7 Total 26

Total Number on Register 1,153 excluding deaf and blind and E.S.N.

BLIND AND PARTIALLY SIGHTED PERSONS

Blind

The total number of blind persons on the register at 31st December, 1960, was 852.

New admissions during the year	...	110
Transfers from other areas	...	14
Deaths	...	110
Transfers to other areas	...	19
Decertifications due to improved visual acuity		2

The majority of blind persons in the County are in the higher age groups, i.e. over the age of 65. The problem of the elderly blind person living alone tends to increase each year, as many are averse to the idea of giving up their own homes and entering residential Homes for the Blind. In the rural areas it is not always possible to provide adequate domestic help either through the services available or by local arrangement. During the past year a number of elderly blind people have been re-housed and have settled down happily in modern Council flats or bungalows.

The number of blind people available for and capable of work is comparatively small. It is encouraging to report that all who are capable have been placed in employment or are continuing in the work in which they have previously been placed.

One young blind man finished his training and is now employed full time as a mat maker in a Workshop for the Blind. Another is making satisfactory progress in his training as a shorthand-typist. The Home Workers' Scheme enables certain blind people to work in their own homes. At the present time there are thirteen men and women in the Scheme who are employed as basket makers, piano tuners, smallholders, shopkeepers, machine knitters and as a Braille copyist.

Home Teaching Service

One member of the staff retired in November on account of ill-health. There are now six qualified members of the staff. The number of visits made shows a steady average. Particular attention is paid to the newly blind, as it is at this stage that advice and help is most important. The problems of those who are faced with approaching loss of sight can be complex and the Home Teacher can give much useful information as to the services available and guidance as to the rehabilitation necessary to meet the disability of blindness.

Pastime occupations and reading embossed type have been taught in all areas, either individually or at the Craft Centres. Blind people are encouraged to attend the Centres whenever it is reasonably possible, as it found that the

lonely blind person derives considerable benefit from meeting others with a similar handicap.

The exhibitions and sales of goods made by the blind, which have been held in different parts of the County, continue to promote interest and people often express surprise at the high standard of work produced.

Many Braille readers are members of the National Library for the Blind. Some blind people are unable to master the Braille system of embossed type; a simpler form of reading by touch is provided by the Moon system. Whenever blind persons become proficient readers of either system they are eligible to become members of the National Library for the Blind. Periodicals in embossed type are circulated throughout the County each month.

Blind children attending Special Schools are making steady progress with their studies and a marked improvement in mobility and independence is noticeable after they have settled down in the new environment. Home Teachers visit the children during the school holidays.

Social activities have been included in the year's work. In some areas blind people are able to join local Clubs for Old People, but where this is not possible Social Centres are arranged by the Home Teachers.

Radio sets, both All-mains and Battery models, have been provided through the British Wireless for the Blind Fund. All blind people can be provided with sets if required, and many of the older models have been replaced by the newer types now available. It is hoped to provide Talking Book Machines for circulation to the house-bound and bedridden blind persons.

Home for the Blind, Malabar

The Home has been full during the year. Structural alterations and improvements have been made to the main building and are proving satisfactory. Plans are now being drawn up to make a scented garden as it is felt that this might give enjoyment to the residents. It is proposed to send out a letter giving details of the scheme as it is thought that many people might feel disposed to give plants or shrubs.

Guide Dogs

Two blind women in the County are Guide Dog Owners; both find that they have an added measure of independence as a result. One, who is employed as a physiotherapist, is well able to find her way to and from work accompanied by the Guide Dog, and the other is now able to go for walks unaccompanied by a sighted person.

Register of Blind Persons:—

Age Period	Age Groups of Blind Persons			Age at which Blindness Occurred		
	Males	Females	Total	Males	Females	Total
0	—	—	—	23	32	55
1	1	—	1	—	—	—
2	1	—	1	2	—	2
3	1	—	1	2	1	3
4	—	—	—	2	—	2
5—10	2	3	5	11	11	22
11—15	7	4	11	7	5	12
16—20	4	—	4	11	5	16
21—29	6	6	12	18	17	35
30—39	13	21	34	25	19	44
40—49	25	19	44	30	52	82
50—59	49	43	92	53	63	116
60—64	30	35	65	29	51	80
65—69	34	39	73	22	53	75
70—79	86	143	229	54	121	175
80—84	39	88	127	28	45	73
85—89	31	70	101	12	28	40
90 & over	8	44	52	2	6	8
Unknown	—	—	—	6	6	12
Totals	337	515	852	337	515	852

New cases registered during the year:—

Age Period	Age Groups			Age at Onset		
	Males	Females	Total	Males	Females	Total
0—4	2	—	2	3	—	3
5—10	1	—	1	—	—	—
11—15	—	—	—	—	—	—
16—20	—	—	—	—	—	—
21—29	1	—	1	1	—	1
30—39	1	1	2	1	1	2
40—49	—	1	1	—	2	2
50—59	5	3	8	5	2	7
60—64	1	4	5	1	6	7
65—69	3	7	10	3	7	10
70—79	14	23	37	14	24	38
80—84	10	11	21	11	13	24
85—89	4	13	17	4	9	13
90 & over	2	3	5	1	1	2
Unknown	—	—	—	—	1	1
	44	66	110	44	66	110

Blind Children under 16 years:				Males	Females	Total
1.	Age under 2	...	...	1	1	2
2.	Age 2—4					
	Suitable for education at school	...		—	—	—
	Unsuitable for education at school	...		2	—	2
				<hr/>	<hr/>	<hr/>
				3	1	4
3.	Age 5—15					
	Suitable for education at school					
	Attending Special School for the Blind					
	(i) Blind with NO other defects	...		5	5	10
	(ii) Blind WITH other defects	...		—	1	1
	Attending other Schools					
	(i) Blind with NO other defects	...		1	—	1
	Not at School					
	(i) Blind with NO other defects	...		1	—	1
	(ii) Blind WITH other defects	...		—	1	1
				<hr/>	<hr/>	<hr/>
				7	7	14
	Unsuitable for education at school					
	In hospitals for Mentally Sub-Normal					
	(i) Blind	...		2	—	2
	(ii) Blind with multiple defects	...		—	—	—
	At home or elsewhere					
	(i) Blind	...		—	—	—
	(ii) Blind with multiple defects	...		—	—	—
				<hr/>	<hr/>	<hr/>
				2	—	2
	Total children	...		12	8	20

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	...	—	—
	(ii) For open employment	...	—	2
	(iii) Professional or University	...	1	1
		<hr/>	<hr/>	<hr/>
		2	1	3
		<hr/>	<hr/>	<hr/>

3 Employed

(i) In Workshops for the Blind ...	3	—	3
(ii) In Home Workers' Schemes for the Blind ...	9	4	13
(iii) Other than in (i) and (ii) ...	25	2	27
	<hr/> 37	<hr/> 6	<hr/> 43

4 Unemployed

Capable of and available for work:

Open employment—already trained	1	—	1
Open employment—without training	5	1	6

Not available for work:

Age Group 16—59 ...	24	45	69
Age Group 60—64 ...	17	16	33

Not capable of work:

Age Group 16—59 ...	39	37	76
Age Group 60—64 ...	8	19	27

Not employed over 65 ...	192	383	575
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Grand Total ...	<hr/> 286	<hr/> 501	<hr/> 787
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Occupations of Employed Blind Persons:

	Within Work- shops for the Blind	In approved Home Workers Scheme	Others not Pastime workers	Total
Agricultural Workers ...	—	—	2	3
Basket Workers ...	—	4	—	4
Braille Copyists ...	—	1	—	1
Clerks and Typist ...	—	3	—	3
Dealers, Newsagents and Shopkeepers ...	—	1	4	5
Factory Operatives ...	—	3	—	3
Machine Knitters ...	—	3	—	3
Masseurs and Physiotherapists ...	—	5	—	5
Mat Makers ...	1	—	—	1
Ministers of Religion ...	—	—	1	1
Musicians and Music Teachers ...	—	1	1	2
Office Executives ...	—	—	1	1
Piano Tuners ...	—	2	—	2
Porters, Packers, Cleaners ...	—	—	1	1
Poultry Keepers ...	—	—	2	2
Ships Fendoffs Maker ...	1	—	—	1
Telephone Operators ...	—	—	3	3
Miscellaneous ...	1	—	1	2
	<hr/> 3	<hr/> 24	<hr/> 16	<hr/> 43

Physically Defective and Mentally Sub-Normal and Mentally Ill (All Ages)

	Males	Females	Total
(a) Mentally Ill	4	16	20
(b) Mentally Sub-Normal	12	4	16
(c) Physically Defective	29	43	72
(d) Deaf without Speech	—	—	—
(e) Deaf with Speech	3	4	7
(f) Hard of Hearing	19	35	54
Combination of (a) and (c)	1	—	1
Combination of (b) and (c)	1	1	2
Combination of (c) and (e)	—	1	1
Combination of (c) and (f)	1	5	6
	<hr/> 70	<hr/> 109	<hr/> 179

Blind Persons age 16 and upwards resident in:—

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

	Males	Females	Total
(a) Homes for the Blind	11	24	35
(b) Other Homes	10	7	17
Other Residential Homes	1	8	9
Hospital for Mentally Ill	5	16	21
Hospitals for Mentally Sub-Normal	5	3	8
Other Hospitals	5	18	23
	<hr/> 37	<hr/> 76	<hr/> 113

Miscellaneous information:

Social Centres	5
Handicraft Centres	10
St. Dunstaner's	8

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.

Regular visits by the Home Teachers are made to the partially sighted who are provided with the services to which they are entitled. Certain facilities are not available to this group of persons, i.e. the increased Supplementary Pension, free wireless licences and travel concession tickets. Partially sighted persons who are likely to become blind are accepted for Rehabilitation and Training in establishments for the blind.

The number of registered partially sighted persons at 31st December, 1960, was 175.

New admissions during the year	...	39
Transfers from other areas	...	3
Deaths	...	17
Transfers to other areas	...	5
Transfers to Blind Register	...	13
Decertifications due to improved vision	...	2

Particulars of the register for 1960 are given in the following tables.

Age Groups of Partially Sighted Persons

			Males	Females	Total
0—4	...	...	1	—	1
5—15	...	...	8	7	15
16—20	...	...	3	2	5
21—49	...	...	10	13	23
50—64	...	...	8	11	19
65 and over	...	...	33	79	112
Totals	...	...	63	112	175

Cases newly registered during the year

Age at date of registration

			Males	Females	Total
0—4	...	...	—	—	—
5—15	...	...	1	2	3
16—20	...	...	—	—	—
21—49	...	...	1	2	3
50—64	...	...	2	4	6
65 and over	...	...	9	17	26
Totals	...	...	13	25	38

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	3	1	4
Undergoing Training ...	1	—	1
Unemployed:			
Available for and capable of training and work	2	—	2
Not available for or capable of work ...	19	51	70
	—	—	—
Totals ...	25	52	77
	—	—	—

CLASS B

Persons Mainly Industrially Handicapped:

	Males	Females	Total
Employed	3	2	5
Undergoing Training	—	—	—
Unemployed:			
Available for and capable of work ...	1	1	2
Not available for or capable of work ...	3	4	7
	—	—	—
Totals ...	7	7	14
	—	—	—

CLASS C

Persons requiring observation only	22	46	68
------------------------------------	----	----	----

CLASS D

Children 5—16:

		Males	Females	Total
Educable:				
At special schools	...	5	2	7
At other schools	...	1	3	4
Not at school	...	1	—	1
Ineducable	...	1	2	3
		—	—	—
Totals	...	8	7	15
		—	—	—

One partially sighted man is training as a shorthand-typist at the Royal National Institute for the Blind in London; one woman has been accepted for training as a switchboard-operator after having attended a Rehabilitation Course earlier in the year.

Three children are attending a Partially Sighted School; two are at Condover Hall School, and one at the Royal Normal College for the Blind.

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 cares for the deaf and dumb in the greater part of the County. The Plymouth Mission provides for those in the south-eastern part of the County, both bodies receiving financial support from the County Council. Figures for Cornish deaf and dumb cared for by the Plymouth Mission have been inserted in the table showing the numbers on the register.

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

County of Cornwall Association				Plymouth Mission		
Men						
Over 65	...	8		Over 65	...	—
16—64	...	39		16—64	...	16
Women						
Over 60	...	20		Over 65	...	2
16—59	...	44		16—64	...	15
Boys						
At school	...	18				
Under school age		3		Under 16	...	3
Girls						
At school	...	15				
Under school age		2		Under 16	...	2
		<hr/>				<hr/>
		149				38

Homes and Institutions

	Men	Women
Blind	...	3
Hospitals or Homes	...	8

Employment

Men

Employed full time	...	33
Employed part time	...	1
Unemployed	...	—
Not available for or not capable of work	...	5

Women

Employed full time	...	...	14
Married	...	...	18
Domestic duties	...	...	8
Unemployed	...	...	—
Not available for or not capable of work	...	...	4

Degree of speech and language of deaf

Only adults are included as children who are born deaf or become deaf at an early age have no natural speech. Only time will show which children have sufficient hearing to acquire speech when assisted by a hearing aid.

	Men		Women		Total
	Over 65	16—64	Over 60	16—59	
(a) Deaf with natural speech but speech and language impaired by deafness	...	0	3	0	5
(b) Indistinct but intelligible	...	2	8	6	20
(c) Unintelligible speech, but educated at a special school	...	5	20	8	16
(d) Uneducated	...	1	8	1	3

Social Welfare

The deaf have to live and work with hearing people, but most of them like to relax with other deaf whose interests are the same as their own. Clubs and services have been held at Camborne, St. Austell and Truro. Harvest Festival services were held at Camborne and St. Austell with special preachers interpreted by the missionary.

Christmas parties were held at Camborne and St. Austell and Beetle Drives are held monthly at Camborne in conjunction with a hearing club. There was an outing to Torquay and Paignton Zoo in June, and deaf from all parts of the County joined the trip.

Visiting and General Welfare

Welfare work covers every aspect of life, at home and at work, social and spiritual, throughout the whole of life. While the deaf child is still at school, visits are made to the home and to the employment exchange to get to know the child and help him to get suitable employment.

Two school leavers have been placed in employment. The sick have been visited at home and in hospital. The deaf are lonely in sickness, they

cannot understand the minister or doctor, they do not read much and cannot hear the wireless, and lipreading is a great strain when one is ill.

Interpretation

I have interpreted at the Magistrates' Court, the Assizes and Juvenile Courts. In the latter case the child was not deaf but the parent was.

Further Education and Youth Work

A few years ago there were still deaf adolescents who had never been to school and had neither speech nor language. Although there are still 13 uneducated deaf in the County, no new cases have been found and all young deaf are being or have been suitably educated.

As mentioned in last year's Report, the deaf themselves and those interested in them, have been concerned with the retardation in language and general information of the deaf school leavers. Among the subjects discussed at the National Conference of the Deaf in 1960, were:—

- (i) The early ascertainment of deafness.
- (ii) The problem of the deaf child who makes no educational progress by the method of pure oralism.
- (iii) The further education of school leavers.

The headmaster of a deaf school pointed out that the ability to lipread does not correlate with intelligence, not all deaf children will be good speakers or lipreaders. The intensely deaf child may have outstanding ability without being a good oralist.

In most trades nowadays, apprentices have to attend technical colleges. This is a great difficulty for the deaf, who can neither hear nor understand the language, although they may be first-class craftsman. In a recent report to the British Council for Rehabilitation, the writer says "The deaf student usually has nothing like the vocabulary of his hearing fellows or the ability to comprehend the technical terms. This insistence in certain instances on a deaf apprentice attending a technical school might well deprive the country of a first-class workman. I am endeavouring to tackle this problem by overcoming rather than removing the obstacles. I give such instruction in theoretical subjects, English and Mathematics, as is necessary and visit the technical college to co-operate with the staff. The parents of a deaf boy consulted me about his future and I was able to assure them that deafness would not prevent him obtaining an apprenticeship or attending a technical college.

HARD OF HEARING

Register This includes all those who are partially deaf or became deaf after the acquisition of speech and were educated as hearing persons.

Men

Over 65	...	...	91
16—64	...	...	41

Women

Over 65	...	...	189
16—64	...	...	77

Boys

(Under 15)	9
------------	-----	-----	---

Girls

(Under 15)	4
------------	-----	-----	---

Hearing Aid Clinic I attend the clinic at the Royal Cornwall Infirmary to meet patients and visit them at the request of the E.N.T. surgeon to help those who are likely to have difficulty in using the aid, especially old people living alone, and to help with other problems arising from deafness.

Hard of Hearing Club The club is held at Perranporth fortnightly. We have lipreading sessions, informal discussions on the use of the aids and other problems, and refreshments.

Visiting Hard of Hearing persons have been visited in hospitals and Old People's Homes. Lipreading instruction has been given to people at St. Ives, Camborne, St. Columb, Newquay and Truro.

In dealing with the deaf we have not only the psychological and general problems that affect all handicapped persons, we have also the much harder problem of communication. This applies also to the hard of hearing, especially those who are completely deafened, for whom it is often necessary to write everything down, a means of communication which serves to emphasise the isolation of the deaf as it has none of the warmth and intimacy of speech or manual gesture.

The hard of hearing frequently express appreciation. A retired professional man said "It is nice to know someone is interested; most people are not". Another said "There is nothing like this where we come from. How kind to send someone to know how we are getting on with the aid."

A considerable amount of time has been spent on young people who wore hearing aids at school, but did not go to a special school. Transistor aids have been obtained for these as a priority. Several of them have been given instruction and visits paid to their homes to help with finding employment and adapting to normal social life. This is a new side of the work which is likely to become increasingly important, as in future more children using hearing aids will be leaving school, as hearing aids are now supplied at an early age and many partially deaf children can manage to maintain their

place with hearing children. One school girl who became deaf, has been taught lipreading and passed her G.C.E. at 'A' level and is happily employed.

Reports and statistics have been asked for and supplied to eight statutory and professional bodies interested in the deaf. The time involved is considerable, but it is well spent if it results in great publicity for the needs of the deaf.

REPORT OF THE CORNWALL COMMITTEE FOR THE CARE OF CRIPPLES

A year ago attention was drawn to a decline in the number of visits recorded by the occupational therapists and to some contraction in the sale of craftwork and raw materials. A fall in the number of cases on the Register at the close of the year was also noted.

In all three instances this downward trend has been halted, and in two, the figures again exceed the average over the past seven years, as the following table shows:—

		Average for the past seven years	1960
Sales	... ..	£1,431	£1,786
Visits	... ..	4,074	3,701
Cases on the Register	... ..	240	252

In comparing the figures relating to visits, however, account must be taken of the fact that 1960 was the first full year in which regular visits to St. Teresa's Cheshire Home were made. The Home has been visited once each month at least and, frequently, on two occasions. Twenty-four patients there are currently under the supervision of the occupational therapists. The total of visits recorded above does not include attendance at St. Teresa's Home.

In the Welfare field close co-operation has been maintained with the County Welfare Department, the War Pensioners' Welfare Service, the Ministry of Labour, the British Red Cross Society, the Order of St. John and Rotary Clubs throughout the County. To mention but two of the very many instances where co-operative effort has been of incalculable value will illustrate how important it is—the Falmouth Holiday and the exhibitions of aids and gadgets held at Truro and Penzance.

At the Membly Hall Hotel, Falmouth, 38 severely disabled persons were given a splendid holiday the expense of which was shared with the

County Health Committee. Transport was provided by Rotary Clubs and nursing supervision and attendance by the British Red Cross Society and the Order of St. John.

The exhibitions of aids and gadgets were organised jointly with the County Welfare Officer and his staff and the County Civilian Welfare Officer of the British Red Cross Society.

For the very satisfactory total of sales of patients craftwork we are much indebted to the County Welfare Officer, the County Children's Officer and the War Pensioners' Welfare Service.

The maintenance of an efficient occupational therapy service, with which this report is mainly concerned, becomes increasingly difficult as time goes on. During the past five years there has been a 50% increase in overall costs and there is every indication that this trend will continue. There is, moreover, a serious shortage of qualified occupational therapists, and in consequence, great difficulty in recruitment is encountered when vacancies occur. At the time of writing our complement is under strength.

As the Younghusband Report suggests, far reaching changes in the structure of the Welfare Services, both statutory and voluntary, are inevitable in the not far distant future, and until these changes become an established reality all that we can hope to do is to try to maintain the level of progress achieved over the past few years, and even that will not be easy and will certainly be costly.

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

				1959	1960
Sales	...	...	...	£1,518.7s.6d.	£1,786.4s.7d.
Total visits	...	...	...	3,608	3,701
New cases	...	...	...	45	50
Cases closed	...	...	...	65	28
Patients on the Register at the year end			...	230	252

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

Table 1—CLASSIFICATION

		Male	Female
A/E — Amputation	...	7	2
F — Arthritis and Rheumatism	...	22	17
G — Congenital malformations and deformities	...	4	9
H/L — Disease of the digestive and genito-urinary systems, of the heart and circulatory systems, of the respiratory system (other than tuberculosis) and of the skin	...	28	15
Q/T — Injuries of the head, face, neck, thorax, abdomen, pelvis or trunk. Injuries or diseases (other than tuberculosis) of the upper and lower limbs and of the spine	...	15	7
V — Organic nervous diseases—epilepsy, disseminated sclerosis, poliomyelitis, hemiplegia, sciatica etc.	...	41	43
Including	M F		
	Epileptics	3	4
	Spastics	4	5
U/W — Neuroses, psychoses, and other nervous and mental disorders not included in V	...	11	4
X — Tuberculosis (respiratory)	...	12	2
Y — Tuberculosis (non-respiratory)	...	3	2
Z — Disease and injuries not specified above	...	4	4
	...	147	105

Table 11—DEGREE OF HANDICAP

A — Handicapped persons (other than children) who though possibly needing training for some new occupation are capable of work under ordinary industrial conditions	...	—	—
B — Handicapped persons (other than children) who are incapable of work under ordinary conditions but who are mobile and capable of work in sheltered workshops	...	21	11
C — Handicapped persons (other than children) who are incapable of work under ordinary industrial conditions and who are insufficiently mobile for work in sheltered workshops but who are capable of work at home	...	121	92
D — Handicapped persons (other than children) who are incapable of or not available for work	...	2	1
E — Handicapped persons who are children under the age of 16 years and whose needs are likely to be met under other enactments but for whom the local authority have a general responsibility under Section 29 of the Act	...	3	1
	...	147	105

Table 111—AGE GROUPING

Under 16 years	...	...	3	1
16 to 30 years	...	...	21	23
31 to 50 years	...	...	47	51
Over 50 years	...	...	76	30
		...	<u>147</u>	<u>105</u>
Number of Male patients on Register at 31.12.60				147
Number of Female patients on Register at 31.12.60				105

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 & Dairies (Channel Islands & South Devon Milk) Regulations, 1956

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

The present legislation, most of which is consolidated in the Food and Drugs Act, 1955, is designed to ensure that all foodstuffs are sold in a pure and genuine condition

Samples of food are purchased or taken under the provisions of the Act, and, if a sampling officer considers that the substance should be analysed, it is submitted to the Public Analyst.

During the year 3,386 samples were obtained and of that number 565 were forwarded to the Public Analyst. With a view to avoiding duplication of sampling as far as possible, the sampling is spread over the whole County and samples obtained from the widest possible variety of foodstuffs.

The Public Analyst reported adversely on 16 samples of milk and 14 samples of other foodstuffs.

The following is a summary of the samples taken during the year.

Article	Number Obtained
Milk	2,442
Milk Products	204
Soft Drinks	42
Sugar and Sugar Confectionery	39
Flour and Flour Confectionery	25
Preserves	29
Ground Almonds	17
Honey	9
Cornish Pasties	168
Cooking Fat	41
Vinegar	14
Spirits and Beers	34
Meat and Fish Products	95
Flavouring, Seasoning and Colouring	32
Canned Fruit and Dried Vegetables	26
Ice Cream	73
Tea, Coffee and Cocoa	26
Soups and Sauces	8
Miscellaneous	62
<hr/>	
Total ...	3,386
<hr/>	

Of those submitted to the Public Analyst for formal analysis the following samples were found to be adulterated, sub-standard or otherwise open to objection.

Article	Number reported on adversely by Public Analyst
Milk	16
Milk Products	1
Flour and Flour Confectionery	4
Meat and Fish Products	1
Spirits	4
Coffee	1
Soft Drinks	2
Sugar and Sugar Confectionery	1
<hr/>	
Total ...	30
<hr/>	

Numbers of samples are obtained informally, that is, they are not subjected to the division, labelling and sealing laid down by the Act for

formal samples but are examined departmentally to determine whether further action on the part of the sampling officer is necessary.

Milk which is of poor quality although not necessarily adulterated, is the exception rather than the rule in this County. Cases of deficiency in fat are usually due to the producer failing to take the elementary precaution of mixing the bulk milk adequately, especially when he knows that there might be a fat deficiency from one or more cows e.g. that a particular animal is giving a very high yield. One such instance occurred and was detected in milk being sold by a dairyman retailer. The milk had been bottled at a farm and was designated Guernsey milk. This designation carries with it a claim of high quality and in fact it is an offence to label milk as such unless it contains 4% of fat as opposed to ordinary milk which should contain 3%.

Further samples were taken from the producer the following day, nine samples being obtained and of these all but one were deficient of the 3%. One particular sample was as low as 1.5% of milk fat.

The producers were prosecuted on nine charges and fined £18.0s.0d. and ordered to pay £22.12s.0d. costs.

Where a sample of milk contains less than 8.5% of milk solids other than milk fat it is to be presumed, until the contrary is proved, that the milk is not genuine by reason of the abstraction therefrom of milk solids or the addition thereto of water.

A sample of milk purchased at a roadside farm contained 26% added water. A sample taken at milking time proved to be genuine and the offender was prosecuted. For the defence it was said that a churn containing evenings milk had been left in a passageway between farm buildings and that no one lived at the farm overnight. The producer was fined £2.2s.0d. and ordered to pay £4.10s.0d. costs.

Spirits can, of course, be diluted with water and if such dilution results in the spirit falling below 65° proof than the retailer is liable. For the most part spirits are sold at 70° proof so that if a sample is obtained and falls below the statutory limit of 65° the adulteration is calculated from the 70° declared on the bottle. In one instance a sample of rum purchased at a hotel was returned by the Analyst as 62.9° proof. This meant an adulteration of 10.1%. For the defence it was submitted that a glass of rum not consumed by a customer had been poured back into the bottle and that this might have been watered. The publican was fined £5.0s.0d. and ordered to pay £4.12s.0d. costs. Further investigations regarding the accuracy of the label applied by the supplier are at present being made.

If the year is notable for anything, it is for the increase in the number of complaints from purchasers regarding food containing foreign bodies. No less than 28 of these were investigated by the sampling officers and 5 offenders were prosecuted.

These were for a piece of metal in a loaf of bread, a piece of wood in a fancy bun, a finger dressing in a biscuit, glass splinters in school milk and bread containing a rodent dropping. Convictions were recorded in each case.

Other items investigated were mould on Cheese and Tomato Spread, Steak and Kidney Pudding containing wire, Bread containing rodent excreta, Bread containing grease, Bread containing unidentified foreign body, Bread containing string, Steak and Kidney Pudding containing a 2in. nail, Meat Pie containing mould, unidentified specks in School Milk, Instant Coffee containing iron fragments, milk containing glass, School Milk containing mortar, grey powder on top of School Milk, rubber particles in Milk and Milk containing a fly.

The circumstances surrounding each case have to be examined with minute care because obviously the basis of any prosecution must be that it has to be proved, beyond all reasonable doubt that the article was in fact sold in such a condition that it was either not fit for human consumption or not of the substance demanded. If gaps or lacunae are found in the history of the article after it was delivered, then proceedings would be almost sure to fail.

A number of cautions were issued where it was considered that the complaint was not serious enough to warrant legal proceedings. Cautions were also issued in respect of Lemon Juice which was said by the Analyst to have been treated in such a manner as to reduce the mineral content to such an extent as to deprive the article of its normal characteristics.

A small producer/retailer was warned as to his obligation to use a special designation in regard to sales of milk in an area included in the Milk (Special Designation) (Specified Areas) Order, 1957.

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 COUNTY PUBLIC HEALTH OFFICER

MILK AND DAIRIES ADMINISTRATION

Specified Areas

On the 28th November, 1960, the Minister of Agriculture, Fisheries and Food, and the Minister of Health, acting jointly, made an Order declaring Launceston Borough, Bude-Stratton Urban District, and the rural districts

of Camelford, Launceston and Stratton, to be a " Specified Area " in which all milk sold by retail must be either pasteurised, sterilised, or tuberculin tested. The whole of Cornwall thus becomes a " Specified Area."

Milk (Special Designation) Regulations, 1960

These Regulations which came into operation on the 1st October, 1960, provide that as from the 1st January, 1961, the County Council will replace district councils as the authority responsible for granting, suspending or revoking dealer's licences for —

- (a) Tuberculin Tested Milk, except in certain cases where the licence will be issued by the Ministry of Agriculture Fisheries and Food,
- (b) Pasteurised Milk, and
- (c) Sterilised Milk

In a ' specified area ' such as the whole of the County of Cornwall, any person holding a designated milk licence on the 31st December, 1960, will be entitled to have it renewed on the 1st January, 1961. This entitlement will apply to the existing 287 Tuberculin Tested, 424 Pasteurised and 38 Sterilised Milk licences already issued by district councils. After the 1st January, 1961, the County Council, before granting a milk licence must be satisfied that the applicant's arrangement for production, handling, treatment, storage and distribution of milk comply with all relevant provisions contained in any Milk and Dairies Regulations.

In future milk licences will be granted for a period of five years and dairymen will no longer be required to allow samples of milk to be taken without payment.

In so far as laboratory examination of samples is concerned, the conditions of the Methylene Blue Test for Tuberculin Tested and Pasteurised Milk have been modified and a different Phosphatase Test prescribed for pasteurised milk.

Pasteurised and Sterilised Milk

The County Council, as licencing authority, is responsible for inspection and supervision of premises where pasteurisation and sterilisation of milk is carried out. During the year there has been considerable re-organisation of the dairy industry in so far as pasteurised milk is concerned. Two pasteurising plants have been closed and one re-opened. An extensive improvement and modernisation programme has been completed at two large creameries and similar work is in progress at a third.

At the end of the year licences in respect of one sterilising and seven pasteurising establishments had been issued by the County Council. Four of the pasteurising plants use the High Temperature Short Time (H.T.S.T.) method of pasteurisation and three the Positive Holder process. In the H.T.S.T. method milk is retained at a temperature of 161° Fah. for at least fifteen seconds, whereas in the Holder process it is held at a temperature of

between 145°—150° Fah. for thirty minutes. In both systems milk, immediately after pasteurisation is cooled to a temperature not exceeding 50° Fah.

During the year 214 inspections of these dairies were made and 179 samples of pasteurised and 18 of sterilised milk submitted for examination. The bacteriologist's reports on these samples are summarised below —

Grade	No. of Samples	PASTEURISED MILK				STERILISED MILK	
		Phosphatase Test		Methylene Blue Test		Turbidity Test	
		Passed	Failed	Passed	Failed	Passed	Failed
Pasteurised	179	177	2	179	—	18	—
Sterilised	18	—	—	—	—	18	—
Total	197	177	2	179	—	36	—

In addition to inspections of pasteurising equipment check tests are made on the efficiency of bottle-washing plants, and specimen bottles have been submitted for sterility tests. All bottles examined during the year were reported satisfactory.

Unsatisfactory milk reports are followed by an immediate investigation at the dairy and further milk samples are taken after advice has been given on the possible cause of failure. Repeated failures could result in the dairyman concerned having his licence suspended or legal proceedings taken against him.

BIOLOGICAL EXAMINATION OF MILK

Samples of milk have been taken quarterly from St. Lawrence's Hospital Farm and examined for the presence of tubercle bacilli and brucella abortus. The first of these organisms may cause bovine tuberculosis and the second undulant fever. The bacteriologist reported that all samples examined during the year were satisfactory.

HOSPITALS

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

Samples of	Satisfactory	Unsatisfactory
Milk submitted for bacteriological examination	... 18	1
Milk submitted for chemical examination	... 18	—
Water submitted for bacteriological examination	... 21	4

Unsatisfactory results are notified to the Hospital Management Committee and followed by investigation and further sampling.

SCHOOL CANTEENS AND CENTRAL KITCHENS

The arrangement with the Secretary for Education whereby routine visits are made to canteens and central kitchens for the purpose of examining food stocks was continued throughout the year, and altogether 113 inspections were undertaken by the County Public Health Officer. In general, the food examined was sound and of good quality, but at one central kitchen it was found necessary to condemn 116 pounds of ox liver affected by multiple tumours and distomatosis.

The number of meals supplied daily by the school meals service exceeds 27,000. Food preparation on this scale demands strict observance of hygienic principles by all kitchen staff if food poisoning outbreaks are to be avoided. It is, therefore, a tribute to the school meals service that the County Public Health Officer has reported every canteen visited as having a standard of hygiene above that demanded by the Food Hygiene Regulations, 1955

MILK IN SCHOOLS

The 350 maintained and 35 non-maintained schools in the County are supplied with milk by 58 distributors. Of the 385 schools, 379 receive pasteurised and 6 tuberculin tested milk; all milk is supplied in one-third pint bottles with straws.

Samples of milk delivered to each school are taken at regular intervals and submitted for bacteriological examination. The bacteriologist has reported on those taken during 1960 as follows —

	Satisfactory	Unsatisfactory
Pasteurised	... 222	nil
Tuberculin Tested	... 6	..
Total	... 228	..

In addition to samples of milk examined bacteriologically, 212 were submitted for analysis by the Chief Inspector of Food and Drugs. In every case the milk was found to be genuine.

During the year 17 complaints of dirty milk bottles or milk bottles containing foreign bodies being delivered to schools were received by the Chief Inspector of Food and Drugs. One complaint resulted in legal proceedings being taken against the dairy concerned.

Until cartons replace bottles as milk containers there will always be a possibility of an unsatisfactory bottle escaping detection during the washing and filling process at the dairy. Dairy managers realise their legal liability in

such cases but consider the risk to be a negligible one provided empty milk bottles are returned in a reasonably clean condition. They appreciate the efforts made by the head teachers of many schools to ensure that empty bottles are returned free of surplus milk, straws, bottle caps and other foreign bodies, and feel that if this service could be extended complaints of unsatisfactory bottles would become almost non-existent.

WATER SUPPLIES IN SCHOOLS

Of the 350 maintained school departments in the County 330 receive a supply of water in pipes from public mains. The remaining 20 rely on local private supplies although in a few cases where no satisfactory source is available drinking water is taken daily to each school by school meals service vehicles.

Samples of drinking water are taken from all maintained schools in the County by the County Public Health Officer, and submitted for bacteriological examination by the Public Health Laboratory Service, Truro. During the year 220 samples have been tested with the following results —

Source of Supply	Satisfactory	Unsatisfactory	Total
Public mains ...	176	10	186
Private sources, wells, etc. ...	28	6	34
Total ...	204	16	220

When a source of water supply has been reported unsatisfactory an investigation is immediately carried out, and the school concerned is advised to boil drinking water until the source of contamination has been traced and eliminated.

It is the policy of the County Council for schools to be connected to public water mains wherever practicable, and for this purpose the Education Department is kept acquainted with schemes of water supply carried out by local authorities and water undertakings. During the year 13 schools have been connected to public mains.

WATER SUPPLIES AND SEWERAGE ACTS, 1944—1955

The policy of the County Council in respect of financial assistance towards schemes of water supply, sewerage and sewage disposal carried out by district councils is that rural districts receive grants equivalent to those made by the Ministry of Housing and Local Government, whilst schemes submitted by other district councils are considered on their merits.

Since the Rural Water Supplies and Sewerage Act, 1944, came into operation, 123 schemes of water supply have been submitted for approval by

the County Council; of these 114, estimated to cost £4,503,470 had been completed or the contracts were in progress at the end of the year.

WATER SUPPLIES

Re-grouping of water undertakings within the County is nearing completion; only the future composition of the Mid-Cornwall area has yet to be decided.

A considerable amount of work has been carried out during 1960 to develop sources of water supply and improve distribution. The major improvements undertaken within the area of each Water Board are given below —

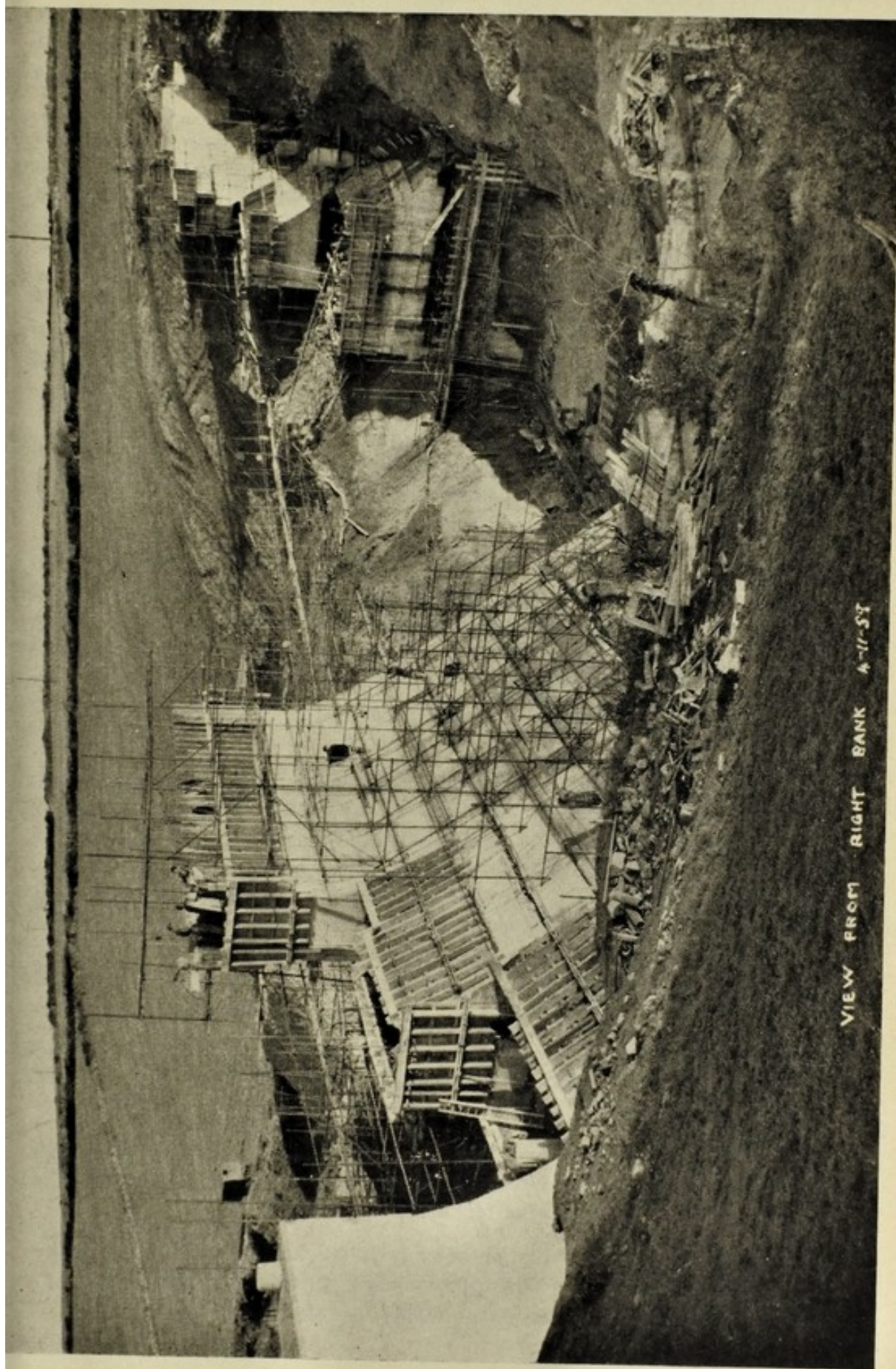
West Cornwall Water Board

The constituent authorities of this Board are the Boroughs of Penzance and St. Ives, St. Just Urban District, and West Penwith Rural District. All water supply functions of these district councils were transferred to the Board on the 1st April, 1960.

The new impounding dam on the Drift Stream was completed during the year. Geological conditions encountered during construction were more difficult than anticipated, and an extensive area of almost completely kaolinised granite (china clay) was revealed under the centre section of the spillway. This necessitated additional work including widening the base of the dam for a length of 117 feet, and provision of a deeper cut-off trench in the centre section. Numerous water bearing quartz veins were encountered. These were sealed by drilling 20,000 feet of holes to depths of 120 feet and injecting 280 tons of cement grout. The impounded reservoir formed by the construction of this dam will hold 300,000,000 gallons and yield 2.3 million gallons of water per day.

In the Land's End area, west of Penzance, about 80 per cent. of the water distribution trunk mains have been installed and almost all of these are in use. Two new service reservoirs of 500,000 and 150,000 gallons capacity are being constructed at Leha and Cryor, near St. Just.

The Drift Impounding Scheme, together with distribution mains was originally estimated to cost £745,000. The final cost, excluding extensions to the water treatment plant, is expected to be about £975,000.



VIEW FROM RIGHT BANK 4-11-37

DRIFT WATER SCHEME — DAM IN COURSE OF CONSTRUCTION

During the year the water supply to St. Ives Borough was improved by the provision of new chlorinating plant at Consuls Treatment Works, and by the installation of an additional pump in the Victory shaft.

Mid-Cornwall Area

A conference of local authorities and water companies is considering re-grouping arrangements for this area. The present water undertakings are —

Newquay and District Water Company
 Truro Water Company
 Camborne-Redruth Water Company
 Helston and Porthleven Water Company
 Falmouth Borough
 Lostwithiel Borough
 St. Austell Urban District
 Camborne-Redruth Urban District
 Truro Rural District
 Kerrier Rural District
 St. Austell Rural District

The principal water supply improvement schemes carried out by these undertakings during the year are as follows —

Fowey River Intake Scheme—Considerable progress has been made on this scheme which when completed will supplement existing water supplies to the boroughs of Fowey and Lostwithiel, and the urban and rural districts of St. Austell.

Of the contract figure of £566,000 approximately £400,000 had been spent by 31st December, 1960. Twenty-two of the total of thirty-four miles of water main had been laid and the headworks were sixty per cent. completed. The scheme provides for taking two million gallons of water per day from the Fowey River by means of an intake approximately 1,200 yards downstream of Respryn Bridge, near Lostwithiel. Water from this source will be treated and pumped to a service reservoir at Chark Hill from which it will gravitate throughout the four districts. The scheme should be completed by August, 1961.

St. Austell Rural District—To provide twenty-four properties at Wesley Terrace and Bilberry with a piped supply of water, approximately 1,200 yards of three inch diameter main was laid at an estimated cost of £2,380.

Truro Rural District—A three inch diameter main extension of some 4,200 yards was made from the village of Gerrans to the hamlets of Place and St. Antony. The estimated cost of this work was £9,181.

As a result of the installation of some 2,300 yards of three inch diameter water main from Twelveheads approximately thirty smallholdings at Sunny Corner were provided with a piped supply of water.

In the village of Devoran 650 yards of corroded Water main was replaced with four inch diameter asbestos pipe.

Kerrier Rural District—The scheme to provide approximately 4,500 yards of three inch water main to serve about fifty properties in the hamlets of Porthallow and Roskorwell has been completed at an estimated cost of £14,000.

Newquay Water Company—The capacity of the treatment and pumping plant at Rialton has been increased to 60,000 gallons per hour as a result of extensions completed during the year. At the Tolvish mine, source of water supply for the Fraddon and Summercourt area an existing diesel pump has been replaced with a new electric submersible pump. This pumping station is now fully automatic. At St. Columb Road, new filtration and chlorination plant has been installed to treat all water obtained from the Indian Queens intake source. The modernisation programme completed by Newquay Water Company during 1960 ensures that all water supplied by them is properly treated and chlorinated.

Camborne-Redruth Water Company—A water intake scheme at Penponds has been implemented and the existing water supply augmented by 500,000 gallons per day. Additional treatment plant has been installed and raw water is subjected to filtration, pH adjustment and chlorination before passing into distribution mains. Approximately 4,000 yards of twelve inch trunk main has been laid from Trevu reservoir to improve the water supply at the eastern end of Camborne.

Helston and Porthleven Water Company—The installation of approximately 3,000 yards of distribution main has enabled a piped supply of water to be made available to about ninety properties in the hamlets of Tresowas, Balwest and Boscreage. A new 300,000 gallon concrete covered service reservoir to improve the water supply to the Helston area has been constructed at Three Cross, Wendron.

Falmouth Borough—The water supply is gathered from gravel and peat subsoil and is impounded in two main reservoirs. The concrete gravity dam to the largest reservoir (Argal) has been raised by a height of ten feet during the year, and its storage capacity increased by 158 million gallons. The total storage capacity of both reservoirs is now 390 million gallons. Booster pumps have also been installed to raise water from the lower levels of the Argal reservoir to the first stage of treatment. Treatment of the water is carried out in three stages —

- (a) Coagulation and sedimentation,
- (b) Pressure filtration through sand and gravel,
- (c) Chlorination and lime injection

During the year the water has been satisfactory in quality and quantity. The average consumption has been 1.216 million gallons per day.

Camborne-Redruth Urban District—Water supply improvement schemes completed during the year include 7,500 yards of distribution main to serve approximately fifty properties in the Nancekuke area; a 1,200 yard main extension to Carnkie, and 400 yards of six inch trunk main to augment the water supply at Mount Ambrose and Redruth Highway.

North Cornwall Water Board

The Board was established during the year and on the 1st January, 1961, will take over all water supply and distribution functions of Padstow Urban District Council, Camelford Rural District Council, Wadebridge Rural District Council, Bodmin Water Company, and North Cornwall Joint Water Board.

A small number of minor water supply improvement schemes have been carried out in this area during the year including —

Wadebridge Rural District—An 880 yard extension of distribution main to the hamlet of Retire enabled eight properties to be provided with a piped supply of water.

Padstow Urban District—During the heavy floods of October, 1960, the intake works at Padstow source of water supply were carried away. To meet the emergency Wadebridge Rural District Council agreed to supply the whole of Padstow's water requirement of some 80,000 gallons per day from their trunk main at High Lanes, St. Issey. This arrangement has continued and the Padstow intake works have been abandoned.

East Cornwall Water Board

The Board came into operation on 1st October, 1960, and as from that date took over all water supply and distribution functions of the South East Cornwall Water Board; Liskeard and District Water Board, and Kelly Bray Water Company. For the time being the remaining water authorities in this area, namely, Launceston Rural District, Launceston Borough, Torpoint Urban District, and Saltash Borough will continue to maintain their water undertakings as agents of the Board. Schemes of water supply and distribution completed in this area during the year, are as follows —

Launceston Rural District—Distribution mains laid, at an estimated cost of £10,050 to the villages of Trelash, Tremain and Tresmeer, enabled a piped supply of water to be made available to thirty-eight domestic and nineteen agricultural properties.

Treated water from a twelve inch trunk main of the East Cornwall Board has been taken to forty-five domestic and nine agricultural properties in the hamlets of Berriobridge, Middlewood and Bathpool. The work included

construction of a 15,000 gallon concrete service reservoir and installation of 2,400 yards of distribution main. The estimated cost of this scheme was £6,300.

In addition to the foregoing schemes completed, good progress has been made on the contract to supply the villages of Polyphant, Holyway Cross and Lewannick with water from an existing borehole at Tregadillet. Of the contract price of £23,473, work valued at less than £1,000 was outstanding at the end of the year.

Liskeard Rural District—A piped supply of water was taken to the village of Merrymeet, Pengover and Clift as a result of a small diameter main extension from Liskeard Borough. The scheme to provide a water supply to the parishes of Linkinhorne and St. Ive at an estimated cost of £88,347 was completed during the year. Work included construction of a 7,000 gallon service reservoir at Sharptor and approximately 18.5 miles of distribution main. Chlorinating apparatus has been installed at the source of water supply to Warleggan village.

Torpoint Urban District—The obsolete slow sand filters were replaced with pressure filtration at a cost of approximately £14,000.

North East Cornwall

In this area the two local authorities are Bude-Stratton Urban and Stratton Rural Districts.

The urban district council is an independent water authority obtaining supplies from an impounded reservoir on the upper reaches of the River Tamar.

The responsibility for supplying water to the majority of parishes in Stratton Rural District has been taken over by North Devon Water Board, and some progress has been made during the year on implementing parts of the £250,000 comprehensive water scheme proposed for this area. In the parish of Jacobstow, 3,100 yards of distribution main has been laid, and water from an existing borehole is to be treated and used as a temporary source of supply until this section is linked to the North Devon Water Board distribution system in 1963—1964. A contract to extend the North Devon Water Board main at Whitstone to the villages of North Tamerton and Deer Bridge is nearing completion and a piped supply of water should be available in this area early in 1961. The total estimated cost of these two sections of the comprehensive scheme is £26,700.

Future Proposals

Schemes of water supply approved by the County Council under the Rural Water Supply and Sewerage Acts, 1944—1955, during 1960 were as follows —

District	Scheme	Estimated Cost £
Kerrier Rural District	Stithians Distributions Scheme (3rd instalment)	... 37,000
Stratton Rural District	North Devon Water Board main extension to Deer Bridge and North Tamerton	... 16,000
West Penwith Rural District	Extension of main to Tremethick Cross	... 3,000
East Cornwall Water Board	Menheniot Village Improvement Scheme	... 9,500

SEWERAGE AND SEWAGE DISPOSAL

Provision of piped supplies of water increases domestic consumption and leads to a demand for proper sewerage and sewage disposal facilities. The number of local authority sewerage and sewage disposal contracts carried out during 1960 was more than three times the figure undertaken in 1959. This demonstrates the increasing extent to which water schemes are being utilised by the general public. In the interests of hygiene and public health it is to be hoped that this trend will continue.

Since the coming into operation of the Rural Water and Sewerage Act, 1944, 110 schemes of sewerage and sewage disposal, estimated to cost £2,275,484, had been submitted by local authorities for County Council observations; 67 of these had been completed or were in progress at the end of December, 1960. The following Table shows contracts in progress or completed during the year —

Local Authority	Scheme	Est. Cost £	Remarks
Kerrier Rural District	St. Keverne Village	29,666	Contract commenced 26/6/60 Completion date 26/6/61
	Nancegollan Village	10,936	Contract commenced 8/8/60 Completion date 4/5/61

Local Authority	Scheme	Est. Cost £	Remarks
Liskeard Rural District	Dobwalls Village	15,614	Completed
	Menheniot Village	18,880	Nearing completion
	Lanreath Village	7,975	Nearing completion
	Duloe	7,536	Nearing completion
	Tredinnick	2,115	Commenced December, 1960
St. Austell Rural District	Grampound	15,100	Completed
	St. Dennis and Trerice	12,920	50% completed
	St. Dennis flood relief sewer	2,250	Completed
St. Germans Rural District	St. Mellion— Sewage Disposal Works	1,400	Work in progress
	Downderry— New sea outfall sewer	1,700	Work in progress
Truro Rural District	Probus Village	25,857	95% completed
	Mylor Bridge	41,048	Commenced December, 1960
	Chacewater	19,862	70% Completed
West Penwith Rural District	St. Levan (Treen)	2,270	Completed
	Guildford (Hayle) Sewer Extension	409	Completed
	St. Erth (Cannonstown)	62,533	Work in progress

The following schemes have been submitted to, and approved by, the County Council during the year —

Local Authority	Scheme	Estimated Cost £
Camborne-Redruth Urban District	St. Day and Carharrack	255,000
Camelford Rural District	Camelford, Trevia and Tregoodwell	34,686
Kerrier Rural District	Constantine and Brillwater Sewerage and Sewage Disposal	69,700
	Mullion Sewerage Improvement	22,600
Liskeard Rural District	Pensilva	69,500
	Crows Nest	4,970
	Common Moor	10,300
	Minions	8,500
Truro Rural District	Porthtowan	13,576
	Mitchell	9,690
	Tregony	24,709
	Mylor Bridge	41,048
West Penwith Rural District	Long Rock	15,250

MINISTRY OF HOUSING AND LOCAL GOVERNMENT INQUIRIES

The following Inquiries were attended during the year —

Camelford Rural District

Proposed scheme of sewerage and sewage disposal for the parishes of Trevia, Tregoodwell and Camelford.

Kerrier Rural District

- (i) Scheme to serve parts of Kerrier Rural District, Truro Rural District and Camborne-Redruth Urban District with water from an impounding reservoir at Stithians.
- (ii) Proposed sewerage improvement scheme for the village of Mullion.

Liskeard Rural District

Menheniot Village—sewerage and sewage disposal scheme.

St. Austell Rural District

- (i) Grampound Road—sewerage and sewage disposal scheme.
- (ii) St. Stephen Churchtown—sewerage and sewage disposal scheme.

Truro Rural District

Proposed revision of water charges.

Wadebridge Rural District

Scheme to supply water throughout the rural district from an intake on River De Lank.

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, 1960, 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
			Amount £	Amount £	Amount £	Amount £	Amount £	Amount £	Amount £
Water	123* 5,796,470	21 203,292	309,350	573	35,249	13,178	1,794	52,380	2,044
Sewerage	110* 2,275,484	10 120,564	79,850	—	11,706	3,950	—	15,913	—
Totals	233* £8,071,954	31 £323,856	£389,200	£573	£46,955	£17,128	£1,794	£68,293	£2,044

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

Of the 123 schemes of water supply submitted, 114, estimated to cost £4,503,470 had been completed or were in progress at the end of December, 1960.

Of the 110 schemes of sewerage and sewage disposal submitted, 67, estimated to cost £1,054,748 had been completed or were in progress at the end of December, 1960.

HOUSING ACTS, 1936—1957

The tabulated statement on page 149 shows the action taken to improve housing conditions in each of the ten rural districts within the County.

The total of ninety-four houses demolished during the year was forty-two more than the number dealt with in 1959. However, thirty-one of these were huts on a former service camp leased by the district council from the Royal Air Force in 1946, and used as a temporary housing site since that date. The tenants were rehoused in traditional-type dwellings in 1959 and the hutments demolished during 1960.

Unfit houses reconstructed as a result of formal and informal action by the rural district councils decreased slightly from four hundred and seventy-two in 1959, to four hundred and sixty-six during 1960.

Undertakings not to permit fifty-two houses to be used for human habitation until reconstruction had been carried out, were accepted from the owners by rural district councils. Property of this nature is often lost as housing accommodation, but during 1960, in some cases with financial assistance under improvement grant schemes, twenty-one houses on which undertakings had been accepted were renovated and brought up to modern housing standards.

The real effect of new housing is often partially nullified by the number of houses condemned. In 1960 three hundred and seventy-five new houses were constructed in the ten rural districts, but the net housing gain was reduced to two hundred and eighty-one because of the ninety-four dwellings demolished. It is a sobering thought that one in every four new houses built in these districts during 1960 merely replaced a worn-out dwelling.

The use of improvement grants as a means of preserving old property is worthy of particular attention, and the action taken by rural district councils to implement housing improvement grant schemes, and the improvement grant schemes themselves deserve maximum publicity. During 1960 applications for grants were approved in respect of six hundred and fourteen houses and £99,867 paid to owners who had completed reconditioning. There are two types of grants available, 'Standard' and 'Discretionary.' Details of grants made under both schemes by each rural district council are shown in the tabulated statement.

The 'Standard' grant enables an owner, including a county council, to obtain half the cost (subject to a maximum of £155) of providing the standard amenities which his house lacks. The five standard amenities and the maximum grant for each is as follows

	£
(a) A bath or shower in a bathroom ...	25
(b) Wash basin ...	5
(c) Hot water supply ...	75
(d) Water-closet ...	40
(e) Food store ...	10

A condition of grant is that when work has been completed the dwelling must possess all five standard amenities. The house-owner can demand this grant as of right provided he has a freehold or unexpired leasehold interest of not less than fifteen years.

The ' Discretionary ' grant scheme provides for more extensive works of house improvement. These grants are made at the discretion of the local authority who may fix a grant not exceeding one-half of the cost, or four hundred pounds, whichever is the less. After improvement the house must comply with a twelve point standard of fitness. District councils recover from the Exchequer a sum equal to approximately seventy-five per cent. of the grants made by them.

Whilst a district council is not obliged to operate the discretionary scheme, nevertheless, it is encouraging to report that out of ten rural district councils only one has decided not to make discretionary grants. The improvement grant scheme has been well received by owner-occupiers, but with the possible exception of some owners of large estates and agricultural holdings, the response from landlords in most rural district areas has not been very satisfactory.

Housing Acts 1936—1959 — County Council Contributions —

Where an Exchequer contribution of the special standard amount is made by the Ministry of Housing and Local Government to county district councils, principally in respect of houses for the agricultural population, then the County Council is also required to make a contribution.

These contributions are payable for a period of sixty years at varying rate of £1; £1.10s.0d.; or £2.10s.0d. per house according to the date when the schemes are approved by the Ministry. In 1960 the County Council paid £1,494 to eighteen county district councils, as follows —

Boroughs				Rural Districts			
	£	s.	d.		£	s.	d.
Helston ...	22	10	0	Camelford ...	89	0	0
Liskeard ...	3	0	0	Kerrier ...	191	10	0
Penryn ...	12	0	0	Launceston ...	89	10	0
Penzance ...	60	0	0	Liskeard ...	155	10	0
Saltash ...	4	10	0	St. Austell ...	61	0	0
				St. Germans ...	167	10	0
Urban Districts				Stratton ...	154	10	0
Bude-Stratton	10	0	0	Truro ...	202	0	0
Padstow ...	6	0	0	Wadebridge ...	81	0	0
St. Austell ...	24	0	0	West Penwith ...	160	10	0

HOUSING ACTS, 1936—1959

Rural District	...	...	...	...	...	CAMELFORD	KERRIER	LAUNCESTON	LISKARD	ST. AUSTELL	ST. GERMANS	STRATTON	TRURO	WADEBRIDGE	WEST PENWITH
1. Estimated population	...	...	...	...	...	7,180	22,050	6,430	13,810	21,530	15,390	5,370	26,550	14,070	17,280
2. (a) Total number of permanent houses at 31st December 1960.	...	...	...	...	...	2,481	7,038	2,040	5,337	6,727	5,600	1,689	10,145	5,127	6,694
(b) Total number of permanent houses owned by local authority at 31st December 1960.	...	...	...	...	...	257	704	97	543	783	594	184	943	597	704
3. (a) New houses erected—															
(i) by local authority	...	...	...	...	...	—	8	—	14	—	16	—	29	—	16
(ii) by private enterprise	...	...	...	...	...	8	21	5	18	39	36	7	69	53	36
(b) Number of applicants on housing list at end of year.	...	...	...	...	...	71	232	*	120	279	120	38	403	357	200
4. Inspections of houses during the year—															
(a) Number inspected for housing defects (under Public Health or Housing Acts)	...	...	...	...	...	372	85	78	62	216	122	373	81	87	134
(b) Houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation.	...	...	...	...	...	49	75	10	1	25	29	9	49	10	48
(c) Number of houses (excluding those referred to in 4(b) above) found not to be in all respects reasonably fit for human habitation.	...	...	...	...	...	17	—	42	61	41	61	121	64	7	86
5. Houses rendered fit during the year by informal action...	...	...	...	...	...	1	—	54	72	39	58	104	42	5	44

*No Housing List kept

Rural District	...	...	...	...	...	CAMELFORD	KERRIER	LAUNCESTON	LISKEARD	ST. AUSTELL	ST. GERMANS	STRATTON	TRURO	WADEBRIDGE	WEST PENWITH
6. Statutory action taken during year—															
(a) Proceedings under sections 9, 10 and 12 of the Housing Act, 1957.															
(i) houses requiring repairs in respect of which notices were served.	...	...	...	...	...	1	—	1	3	2	2	—	—	—	—
(ii) houses rendered fit after service of formal notice—	...	...	...	...	...	—	—	1	1	2	2	—	—	—	—
(a) by owners	...	...	...	...	...	—	—	—	—	—	—	—	—	—	—
(b) by local authority in default of owners	...	...	...	...	...	—	—	—	—	—	—	—	—	—	—
(b) Proceedings under Public Health Acts—															
(i) houses requiring repairs in respect of which notices were served	...	...	...	...	...	—	—	3	1	8	—	—	14	—	—
(ii) houses rendered fit after service of formal notices—	...	...	...	...	...	—	—	—	—	—	—	—	—	—	—
(a) by owners	...	...	...	...	...	—	—	3	1	5	—	—	1	—	—
(b) by local authority in default of owners	...	...	...	...	...	—	—	—	—	—	—	—	10	—	—
(c) Proceedings under sections 16, 17 and 18 of the Housing Act, 1957—															
(i) houses in respect of which demolition orders were made	...	...	...	...	...	12	5	4	1	4	21	—	10	—	2
(ii) Houses in respect of which closing orders were made	...	...	...	...	...	—	37	3	—	—	8	—	6	—	37
(iii) houses demolished	...	...	...	...	...	4	41	1	—	3	1	6	5	—	11
(iv) houses in respect of which undertakings were accepted from the owners either not to use premises for human habitation or alternatively carry out reconstruction to satisfaction of local authority	...	...	...	...	...	6	—	—	5	3	3	1	23	—	11

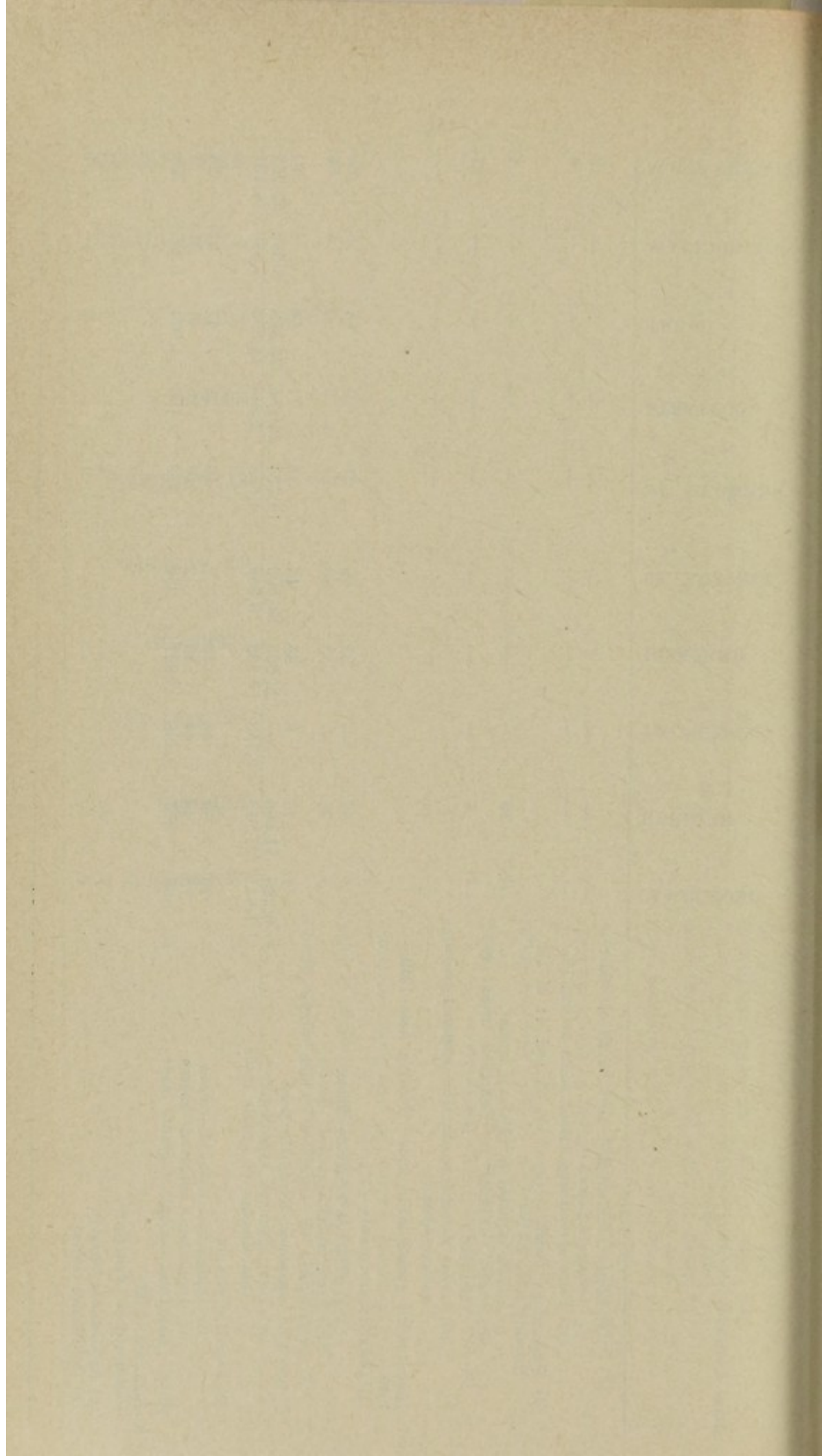


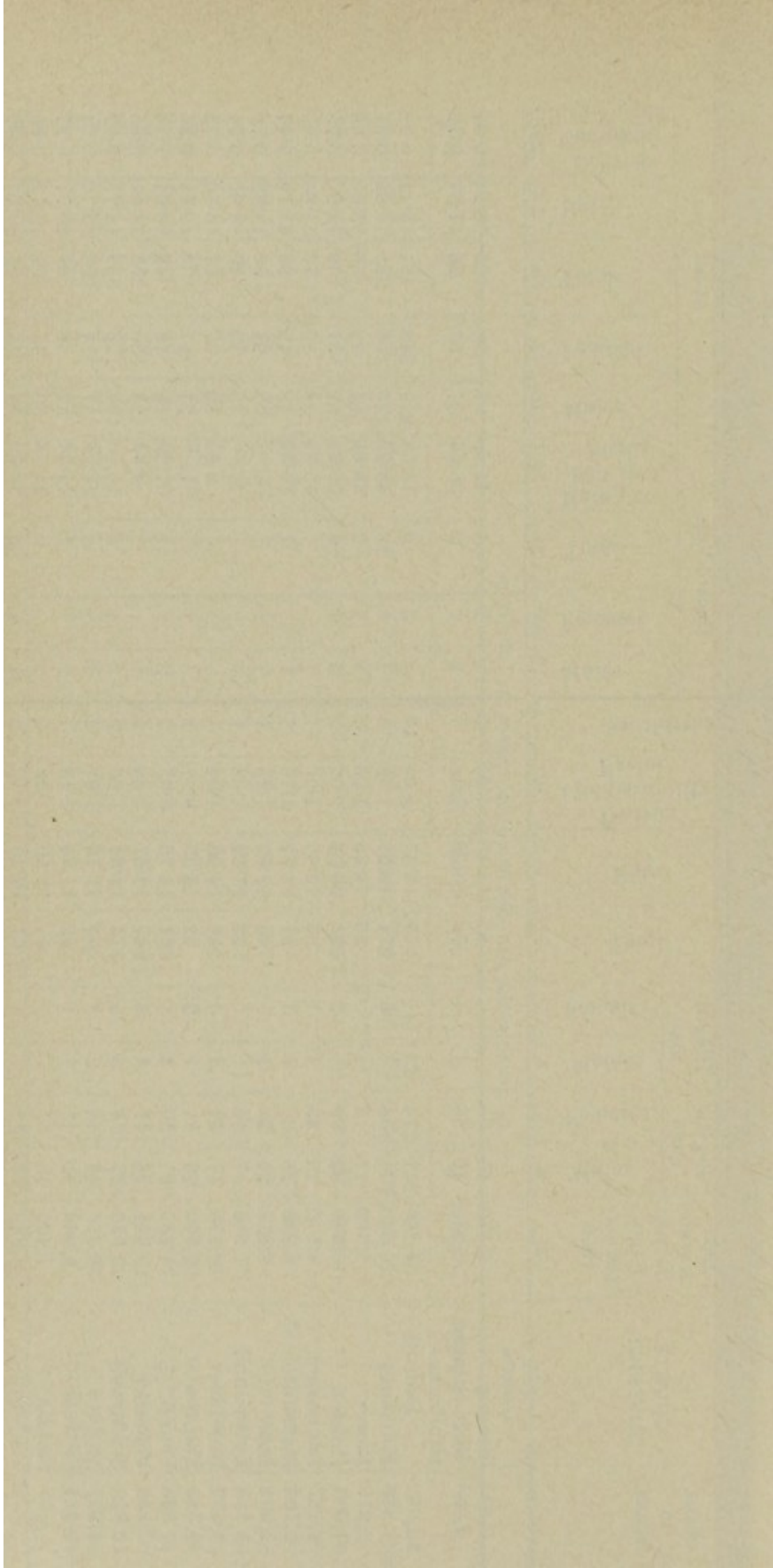
TABLE I.

Estimated Population and Total Number of Births and Deaths in each County District for the year 1960

AREA IN ACRES.			ESTI- MATED HOME POP- ULATION 1960			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.	District Comparability Factor
																								4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20																						
URBAN.																																									
3,312	Bodmin	6,170	49	38	..	..	87	14.10	1.37	2	2	2	4	45.98	67	98	165	26.74	0.35																				
4,294	Bude-Stratton	5,230	42	26	1	1	70	13.38	1.11	1	2	..	2	28.57	37	53	90	17.21	0.72																						
Camborne—																																									
22,062	Redruth	35,160	271	274	23	11	579	16.47	1.00	10	4	5	9	15.54	219	242	461	13.11	0.92																						
1,880	Falmouth	16,630	111	108	7	5	231	13.89	1.08	4	7	3	10	43.29	123	108	231	13.89	0.87																						
2,979	Fowey	2,300	17	15	1	..	33	14.35	1.06	..	1	1	2	60.60	14	22	36	15.65	0.86																						
4,014	Helston	6,840	92	99	..	2	193	28.22	0.92	5	2	1	3	15.54	52	57	109	15.9	0.75																						
2,182	Launceston	4,670	28	33	1	1	63	13.49	1.06	1	1	..	1	15.87	38	35	73	15.63	0.59																						
2,704	Liskeard	4,280	25	30	1	1	57	13.32	1.10	1	1	..	1	17.53	48	45	93	21.72	0.47																						
1,691	Looe	3,810	24	23	1	..	48	12.59	1.15	1	..	..	..	..	32	24	56	14.69	0.76																		
3,156	Lostwithiel	1,980	7	16	..	..	23	11.62	1.08	1	..	..	..	..	19	10	29	14.65	0.71																
4,599	Newquay	10,370	77	64	2	3	146	14.08	1.04	4	..	1	1	6.85	80	87	167	16.10	0.75																						
3,343	Padstow	2,950	25	14	1	2	42	14.23	0.97	2	..	..	..	..	21	17	38	12.88	0.84																		
829	Penryn	4,330	31	30	3	..	64	14.78	0.95	2	2	..	2	31.25	28	18	46	10.62	1.14																						
3,155	Penzance	19,490	116	117	8	6	247	12.67	1.08	5	1	..	1	4.05	123	150	273	14.01	0.85																						
18,379	St. Austell	23,980	187	174	5	9	375	15.64	1.09	13	2	4	6	16.00	164	175	339	14.13	0.82																						
4,287	St. Ives	8,420	43	46	2	3	94	11.16	1.07	2	2	..	2	21.28	87	74	161	19.12	0.71																						
7,634	St. Just	3,900	21	23	..	1	45	11.54	1.13	1	2	..	2	44.44	32	49	81	20.77	0.87																						
5,335	Saltash	7,400	40	37	7	7	91	12.30	1.03	2	2	..	2	21.98	50	47	97	13.11	0.85																						
975	Torpoint	5,980	28	32	..	1	61	10.20	1.12	2	2	..	2	32.79	32	22	54	9.03	1.39																						
2,634	Truro City	13,570	85	83	4	2	174	12.82	0.99	3	3	1	4	23.05	66	85	151	11.13	0.92																						
99,444	TOTALS	187,460	1319	1282	67	55	2,723	14.53	1.06	62	35	19	54	19.83	1,332	1,418	2,750	14.67	0.82																						
RURAL.																																									
52,544	Camelford	7,180	40	41	1	1	83	11.56	1.13	1	..	1	1	12.05	51	45	96	13.36	0.90																						
90,839	Kerrier	22,050	173	148	7	7	335	15.19	1.06	4	1	2	3	8.99	119	113	232	10.52	0.99																						
73,051	Launceston	6,420	57	50	4	..	111	17.29	1.12	2	..	..	..	..	50	25	75	11.68	0.88																		
104,803	Liskeard	13,810	94	96	4	5	199	14.41	1.13	2	1	..	1	5.03	81	93	174	12.6	0.85																						
82,389	St. Austell	21,530	161	143	7	4	315	14.63	1.05	9	6	5	11	34.90	128	105	233	10.82	0.99																						
48,433	St. Germans	15,390	103	91	1	2	197	12.80	1.17	1	3	2	5	25.38	116	78	194	12.6	0.90																						
56,285	Stratton	5,370	33	36	2	..	71	13.22	1.30	1	..	..	..	..	28	29	57	10.61	1.08																		
108,316	Truro	26,550	206	185	11	11	413	15.55	1.12	8	3	1	4	9.68	192	180	372	14.01	0.81																						
88,230	Wadebridge	14,070	128	107	4	3	242	17.20	0.94	5	2	2	4	16.50	85	93	178	12.65	0.85																						
59,792	West Penwith	17,280	128	111	8	2	249	14.41	1.05	4	4	..	4	16.06	124	121	245	14.18	0.89																						
764,682	TOTALS	149,650	1123	1008	49	35	2,215	14.80	1.09	37	20	13	33	14.89	974	882	1,856	12.40	0.91																						
864,126	Whole County	337,110	2442	2290	116	90	4,938	14.65	1.07	99	55	32	87	17.62	2,306	2,300	4,606	13.66	0.85																						
4,041	Isles of Scilly	1,820	8	16	3	..	27	14.84	0.94	..	..	1	1	37.04	13	13	26	14.29	1.09																				

Comparability factors are given for the purpose of securing comparability between local birth and death rates and those for England & Wales

Birth and Death rates calculated per 1,000 of the population.



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				Total	Rate per 1,000 live	Males	Females	Total	Rate		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
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	2125	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	2333	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	5729	18.0	156	136	87	223	39.0	2168	2387	4555	14.3
1948	329,828	2501	2465	172	137	6014	18.6	177	136	77	213	34.9	2286	2449	4735	14.6
	(d) 330,247	2434	2374	142	147	5375	16.3	136	117	69	186	34.6	2095	2169	4264	12.9
1951	(e) 339,077					5097	15.4	130	99	65	164	32.2	2242	2416	4658	14.1
1957	(e) 339,999	2333	2236	124	126	4819	14.2	125	79	66	145	29.2	2254	2418	4672	13.8
1949	(e) 340,861	2306	2321	129	109	4865	14.3	114	98	65	163	33.0	2370	2493	4863	14.3
1950	(e) 341,463	2379	2282	116	100	4877	14.3	115	84	65	149	30.6	2105	2271	4376	12.8
1952	(e) 341,350	2306	2218	94	134	4752	14.0	118	77	51	128	27.0	2193	2322	4515	13.2
1953	(e) 339,760	2420	2198	100	101	4819	14.1	158	67	33	100	20.8	2308	2209	4517	13.2
1954	(e) 338,760	2103	2108	113	89	4418	13.0	129	76	42	118	26.7	2304	2370	4674	13.8
1955	(e) 338,770	2298	2231	115	107	4751	14.0	132	55	55	110	23.2	2292	2337	4629	13.7
1956	(e) 339,800	2350	2225	94	100	4769	14.1	149	66	52	118	24.7	2217	2287	4504	13.3
1958	(e) 337,380	2469	2205	107	89	4870	14.4	129	62	32	94	19.3	2312	2318	4630	13.7
1959	(e) 337,580	2400	2155	80	99	4734	14.0	126	49	32	81	16.9	2196	2332	4528	13.4
1960	(e) 337,110	2442	2290	116	90	4938	14.6	99	55	32	87	17.6	2306	2300	4606	13.7

* not distinguished

† not available

(a) for birth rate

(b) for death rate

(c) for infant and maternal mortality rates

(d) civilian population for birth and death rates

(e) total population (including non-civilians stationed in the County)

TABLE III.

Infectious Diseases notified in each District during the year 1960

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 ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Bude-Stratton ...	-	1	-	100	-	-	-	-	-	-	-	-	-	-	101
Camborne- Redruth ...	25	4	-	4	32	-	-	-	14	68	1	-	4	-	152
Falmouth ...	10	-	-	6	3	-	-	-	-	-	-	-	-	-	19
Fowey ...	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1
Helston ...	1	1	-	2	1	-	-	-	-	1	-	-	-	-	6
Launceston ...	-	14	-	1	-	-	-	-	-	-	-	-	3	-	18
Liskeard ...	-	-	-	5	2	-	-	-	-	-	-	-	-	-	7
Looe ...	1	-	-	-	2	-	-	-	-	-	-	-	-	-	3
Lostwithiel ...	-	1	-	-	1	-	-	2	-	-	-	-	-	-	4
Newquay ...	1	10	-	18	-	-	-	-	-	-	-	-	-	-	29
Padstow ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Penryn ...	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1
Penzance ...	-	3	-	3	-	1	-	-	4	1	-	-	-	-	12
St. Austell ...	-	3	-	1	-	-	1	-	2	1	-	-	-	-	8
St. Ives ...	3	15	-	15	-	-	-	-	1	1	-	-	1	-	36
St. Just ...	-	-	-	16	-	-	-	-	-	-	-	-	2	-	18
Saltash ...	16	77	-	4	2	-	-	-	-	-	-	-	2	-	101
Torpoint ...	2	-	-	1	-	-	-	-	-	-	-	-	-	-	3
Truro City ...	13	-	-	37	1	-	-	-	11	1	-	-	-	-	63
TOTALS ...	72	129	-	213	44	1	1	2	33	73	1	-	13	-	582
RURAL															
Camelford ...	13	3	-	2	-	-	-	-	-	-	-	-	-	1	19
Kerrier ...	1	-	-	28	1	-	2	-	-	2	-	1	1	-	36
Launceston ...	10	10	-	1	1	-	-	-	1	-	-	-	-	-	23
Liskeard ...	6	3	-	2	11	-	3	-	-	-	-	-	1	-	26
St. Austell ...	4	22	-	2	6	-	1	1	-	-	-	-	4	-	40
St. Germans ...	21	8	-	87	6	2	-	-	-	1	-	1	3	-	129
Stratton ...	5	3	-	5	-	-	-	-	-	-	-	-	-	-	13
Truro ...	11	7	-	5	9	-	-	-	1	1	-	28	3	-	65
Wadebridge ...	22	1	-	5	2	-	-	-	-	-	-	1	-	1	32
West Penwith ...	2	6	-	10	6	-	-	1	-	2	-	5	1	-	33
TOTALS ...	95	63	-	147	42	2	6	2	2	6	-	36	13	2	416
Whole County ...	167	192	-	360	86	3	7	4	35	79	1	36	26	2	998

Ophthalmia Neonatorum ... 2 (St. Germans R.D. (1))
(Truro R.D. (1))

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

Infectious Disease	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
Scarlet Fever ...	311	284	236	162	124	90	83	68	190	167
Whooping Cough ...	1485	421	1211	1294	279	351	1234	142	92	192
Diphtheria ...	10	11	8	—	1	—	3	1	—	—
Measles ...	5813	1041	6391	551	2255	5216	2846	2593	2462	360
Pneumonia ...	264	157	184	203	222	175	189	149	127	86
Meningococcal Infection ...	5	7	2	7	11	3	3	1	9	3
Acute Poliomyelitis	36	21	30	10	35	8	24	14	13	7
Acute Encephalitis	3	5	5	2	5	4	1	4	2	4
Dysentery ...	82	20	19	102	21	6	7	37	35	35
Ophthalmia Neonatorum ...	—	3	3	1	—	2	1	2	1	2
Puerperal Pyrexia†	28	124	127	143	135	156	146	106	83	79
Paratyphoid Fevers ...	1	4	2	—	1	1	1	1	2	1
Typhoid Fever (excluding Paratyphoid) ...	—	—	—	—	—	—	1	2	1	—
Food Poisoning ...	36	68	44	44	63	63	35	40	51	36
Erysipelas ...	35	27	24	26	33	37	19	25	16	26
Malaria ...	2	2	2	1	—	1	—	1	—	—
Acute Rheumatism§ ...	12	5	4	8	—	4	3	1	4	2
TOTALS	8153	2200	8292	2554	3185	6117	4596	3187	3088	1000

†—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, 1960

	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	7	—	6	2	4	—	17	3
2. Tuberculosis, other	2	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	2	—
3. Syphilitic disease	9	—	—	—	—	—	—	—	—	—	—	1	1	6	1	—	—	7	2
4. Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5. Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6. Meningococcal infections	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. Acute Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9. Other infective and parasitic diseases	6	—	—	—	—	—	—	—	—	1	—	1	2	1	—	1	—	4	2
10. Malignant neoplasm: stomach	132	—	—	—	—	—	—	—	—	1	—	29	3	28	17	27	27	85	47
11. do. lung, bronchus	112	—	—	—	—	—	—	—	—	2	1	50	4	25	9	19	2	96	16
12. do. breast	61	—	—	—	—	—	—	—	—	—	4	—	31	1	13	—	12	1	60
13. do. uterus	37	—	—	—	—	—	—	—	—	—	4	—	18	—	10	—	5	—	37
14. Other malignant lymphatic neoplasms	402	—	—	1	2	—	1	4	—	9	11	62	65	66	55	72	54	214	188
15. Leukaemia, aleukaemia	21	—	—	—	—	1	1	—	—	4	—	2	1	4	4	3	1	14	7
16. Diabetes	43	—	—	—	1	—	—	—	—	—	—	3	5	8	11	4	11	15	28
17. Vascular lesions of nervous system	741	—	—	—	—	—	—	—	—	4	1	51	59	91	110	152	273	298	443
18. Coronary disease, Angina	688	—	—	—	—	—	—	—	—	7	—	158	46	151	69	137	120	453	235
19. Hypertension with heart disease	111	—	—	—	—	—	—	—	—	—	1	8	5	17	21	25	34	50	61
20. Other heart disease	981	—	—	—	—	—	—	—	—	5	4	59	38	93	93	255	434	412	569
21. Other circulatory disease	194	—	—	—	—	—	—	—	—	2	3	14	14	23	23	31	84	70	124
22. Influenza	19	—	—	1	—	—	—	—	—	—	—	3	—	3	2	2	8	9	10
23. Pneumonia	174	9	5	—	2	—	—	—	2	2	4	9	14	19	24	32	52	71	103

24. Bronchitis	118	—	—	—	—	—	—	2	—	18	6	27	9	35	21	82	36
25. Other disease of respiratory system	30	1	—	—	—	—	—	—	—	5	3	11	—	8	2	25	5
26. Ulcer of stomach and duodenum	34	—	—	—	—	—	—	1	1	8	1	8	1	9	5	26	8
27. Gastritis, enteritis and diarrhoea	31	—	—	—	—	—	—	2	—	3	2	9	5	3	7	17	14
28. Nephritis and nephrosis	51	—	—	—	—	—	—	4	1	11	7	4	6	8	8	27	24
29. Hyperplasia of prostate	35	—	—	—	—	—	—	—	—	2	—	8	—	25	—	35	—
30. Pregnancy, childbirth, abortion	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1
31. Congenital malformations	39	12	12	—	1	—	—	1	2	2	1	—	1	1	1	19	20
32. Other defined and ill-defined diseases	388	32	15	—	—	—	—	8	6	42	33	31	35	64	114	183	205
33. Motor vehicle accidents	31	—	1	—	—	—	—	6	1	2	3	1	—	4	2	22	9
34. All other accidents	87	1	—	—	—	—	—	6	3	13	3	4	5	10	32	42	45
35. Suicide	33	—	—	—	—	—	—	5	1	14	7	2	2	—	1	22	11
36. Homicide and operations of war	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—
Totals	*4632	55	33	6	7	6	5	72	50	579	372	648	528	931	1310	2319	2313

* including 26 deaths in the Isles of Scilly

