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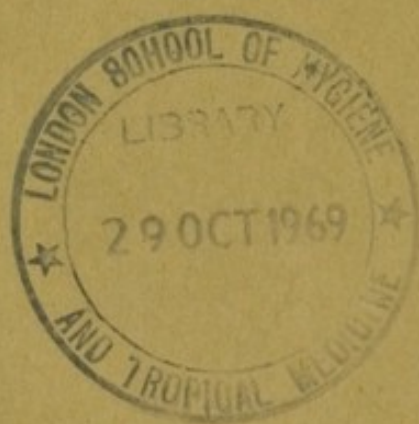
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CORNWALL COUNTY COUNCIL

ANNUAL REPORT
OF THE
COUNTY MEDICAL OFFICER
OF HEALTH
1962




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



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HEALTH COMMITTEE

(as constituted at 31st December, 1962)

Chairman:

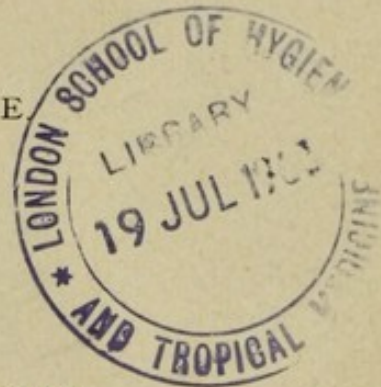
Mrs. M. F. WILLIAMS, O.B.E.

Vice-Chairman:

W. J. T. PETERS

Members:

Major S. E. BOLITHO, M.C.	E. G. LILLEY
S. J. L. CHUBB	W. E. MILLER, M.B.E.
E. E. CORY	E. J. MUTTON
Mrs. K. DALE	J. C. PENBERTHY
T. B. EDDY	A. SLOMAN
F. EDE	R. F. SMITH
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
R. LACEY	



Representatives of Area Sub-Committees:

Area I	J. G. CORIN	Area IV	H. A. HAWKEN
Area II	W. HART	Area V	E. H. PAUL
Area III	Dr. E. H. EASTCOTT	Area VI	Mrs. J. B. WHITEHOUSE
	Area VII	Mrs. M. E. S. COUCH	

Co-opted Members:

Mrs. W. G. BULTEEL	... County Nursing Association
Dr. D. HOOKER	... British Red Cross Society
Dr. W. L. STEWART	... St. John Ambulance Brigade
Dr. W. LESLIE	... Local Medical Committee

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 1962. The statistics show that the health of the County has continued to be satisfactory.

During the year a 10-Year Plan showing the proposed development of the Health and Welfare Services was prepared on the instructions of the Ministry of Health. This exercise provided a useful opportunity for us all to look ahead, to estimate the coming needs, and to outline means of meeting them. The proposals, which are fortunately to be reviewed annually, were certainly not excessive; in fact, in some respects there seems no doubt that the arrangements contemplated, for example, in the Mental Health and Welfare Services, will have to be enlarged as a result of experience.

Great progress has been made again in the field of Mental Health. The first purpose-built Training Centres for juniors and adults came into operation at Redruth, and thanks to the enthusiasm of the staff and the remarkable support received from Voluntary Organisations, these Training Centres have proved a very great success. It is hoped that similar Training facilities will begin to come into operation in St. Austell in the current year and be completed in 1964. These also provide Hostels for juniors and adults who would find it impossible to get to and fro each day. When this scheme is completed, there will for the time being be enough training facilities of this kind for all the teachable subnormal persons who could benefit from attending such Centres, but there is no doubt that as time goes on, there will have to be further provision made, particularly in the adult side.

Only one new Home for the elderly was opened during the year, but the purpose-built Home at Redruth for the confused elderly was well on its way to completion. It is essential in connection with a Home of this kind that residents should not be admitted until we are quite sure that their condition is permanent and that nothing can be done to alleviate it. In a great many cases, confusion in the elderly is due to some underlying physical cause which can be treated successfully, thereby removing the cause of the confusion. Such elderly people then return to normal, and it would be nothing short of a tragedy to admit such a treatable person to a Home and condemn him to permanent confusion. It is for this reason that the building and opening of an Assessment Unit for this purpose by the West Cornwall Hospital Management Committee has become an urgent need, now that the County Council has opened the Home which will depend upon that

Assessment Unit for the investigation of those recommended for admission to the Home. We have had the greatest help from Dr. Donovan, the Medical Superintendent of St. Lawrence's Psychiatric Hospital, and Dr. Wilson, Consulting Geriatrician, in the selection of residents for this Home which at the present time is open and running. This is only one example of the close association between Health and Welfare Departments which has helped enormously by combining them into one Department. We have arranged regular meetings at the Home, attended by Drs. Donovan and Wilson, Mr. Mountford, the County Welfare Officer, the Matron and myself, to discuss the whole problem of the care of the confused elderly, with particular reference to that Home.

There is a great need for the strengthening of the domiciliary psychiatric services on the lines practised for many years in Amsterdam. If only the Regional Hospital Board would provide a 24-hour Domiciliary Psychiatric Consultant Service in some part of the County so that at all times a Consultant Psychiatrist was available to treat a mentally ill patient at home, it is quite certain that the number of patients to be referred for admission to the Psychiatric Hospital would fall materially. This would be a very great benefit to the patient in that the admission to a Psychiatric Hospital is something of a strain, and his return home after treatment is also something of a strain. Both these strains could be avoided if only an adequate Domiciliary Psychiatric Service were available. In support of the Psychiatrist, the County Council would probably have to employ a number of Mental Hospital Nurses in their Home Nursing Service.

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, the support of the many Voluntary Organisations which are associated with my Department, and the zeal and enthusiasm of the staff of the Heath Department.

This is my last report after 24 years' service in Cornwall. I have been fortunate in having been allowed to serve such a Council, and to have been supported by such a staff.

I am,

Your Obedient Servant,

R. N. CURNOW,

County Medical Officer.

County Hall,

Truro.

Telephone Number — Truro 4282.

May, 1963.

CORNWALL COUNTY COUNCIL

REPORT OF THE COUNTY MEDICAL OFFICER OF HEALTH FOR THE YEAR 1962

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:

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.

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.

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.
 MAIR L. JENKINS, B.Sc., M.B., B.Ch.
 D. M. McCARTHY, L.R.C.P. & S., L.M.
 JEAN D. McMILLAN, B.Sc., M.B., Ch.B.
 M. D. H. MYHILL, B.M., B.Ch., D.P.H.
 *W. PATERSON, M.B., Ch.B., D.P.H.
 ISOBEL R. S. PATTERSON, M.B., Ch.B., D.P.H.
 *J. REED, M.B., Ch.B., B.Sc., D.P.H.
 P. R. WILSON, L.R.C.P. & S.

*Also Assistant County Medical Officer.

Chief Dental Officer:

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

Dental Officers:

Whole-time:—

W. T. ARMSTRONG, L.D.S. (Comm. 31.12.62)
 R. A. CURRIE, L.D.S.
 Mrs. M. E. GOODYEAR, L.D.S.
 W. A. GRUNWELL, L.D.S.
 R. H. HAMLYN, L.D.S.
 J. E. KENNY, L.D.S.
 Miss P. M. SIMPSON, L.D.S.
 D. J. WHEELER, B.D.S.

Part-time:—

R. T. D. FORSYTH, B.D.S. (Left 13.7.62)
 Mrs. S. M. SATCHWELL, B.A., L.D.S.

Dental Auxiliary:

Miss J. L. JEREMIAH, G.D.C. Proficiency Cert. (Comm. 3.9.62)

County Public Health Officer:

W. R. SAUNDERS, M.A.P.H.I., M.R.S.H.

Assistant County Public Health Officer:

A. ROWE, Cert. R.S.I.

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

Miss ANN WHITE, M.B.E., S.R.N., S.C.M., 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 V. M. COVENTRY, S.R.N., S.C.M., H.V.Cert., Q.N.S.
(Comm. 3.9.62)

Area 2—Mrs. B. H. LEWIS, S.R.N., S.C.M., H.V.Cert., Q.N.S.
(Comm. 18.2.62)

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.
(Left 15.3.62)

W. H. MAYCOCK, Officer Brother, Order of St. John.
(From 19.3.62)

Transport Officer:

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

Civil Defence Training Officer:

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

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 Officers:

Miss E. DENNIS, S.R.N., H.V.Cert. (Left 31.3.62)

Mrs. B. J. BANHAM, B.Sc. (Hons.) S.R.N., Diploma Social Studies
(Comm. 1.5.62—partime)

District Welfare Officers:

T. H. E. BECKETT.

B. BUCKINGHAM

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

Assistant District Welfare Officers:

D. J. CASTLE
J. R. C. CLEMO

County Mental Health Officer:

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

Assistant County Mental Health Officer:

M. A. GILLESPIE, A.A.P.S.W.

Senior Educational Psychologist:

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

Educational Psychologists:

J. J. GROVER, B.A., Dip. Ed.
D. LAWRENCE, B.A., A.B.Ps.S. (Comm. 1.5.62)

Mental Health Social Workers:

Miss D. M. SWEET, S.R.N.
Miss W. B. TRUSCOTT

Mental Welfare Officers:

Area 1—*R. W. RICHARDS
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—*G. T. ARMSON, R.M.N.
Area 2—J. R. ALLAM, S.R.N., R.M.N.
Area 3—M. WILLS, S.R.N., R.M.N.
Area 4—W. B. STEVENS, S.R.N., R.M.N.
Area 7—N. POWER

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

Organiser of Training of the Mentally Handicapped:

Mrs. R. M. BLAKE, N.F.U., 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:

Miss J. D. KING, L.C.S.T. (Left 31.7.62)

Miss M. PITMAN, L.C.S.T. (Comm. 5.2.62)

Teachers of the Deaf:

L. H. THOMAS, Dip. N.C.T.D., Dip. Audiology

R. S. ELDRIDGE, B.A., Cert. for Teachers of the Deaf.

(Comm. 1.1.62)

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 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.

Advisers on Mental Health:

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

(Consultant Psychiatrist)

J. E. DESSART, M.B., B.S., D.P.M. (Consultant Psychiatrist Child
Guidance), Royal Hospital Board Staff (Comm. 10.12.62)

STATISTICS AND SOCIAL CONDITIONS

Area of the County	...	...	...	864,126 acres
Population 1962 (R.G.'s mid-year estimate)	...	...	...	339,110
Population 1961 Census	...	...	...	339,473
Population 1951 Census	...	...	...	343,447
Censal Decrease	...	...	...	3,974
Percentage Decrease	...	...	...	1.2
Number of private dwellings (1961 Census)	...	...	...	116,292
Rateable Value	...	...	...	£3,899,715
Sum represented by 1d. rate	...	...	...	£15,948

The Registrar-General's mid-year estimate of the population for the Urban and Rural areas during each of the five years 1958—62 is shown in the following table:—

	1958	1959	1960	1961	1962
Urban Districts ..	186,600	187,000	187,460	186,100	190,790
Rural Districts ...	150,780	150,580	149,650	147,490	148,320
Administrative County ...	337,380	337,580	337,110	333,590	339,110
Increase or decrease over previous year ..	—1,490	+ 200	—470	—3,520	+ 5,520

Table I at the end of the Report shows the estimated population, number of births and deaths for 1962 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	...	2,496	2,382	4,878
Illegitimate	...	148	152	300
Total	...	2,644	2,534	5,178

Birth rate per 1,000 of the population ... 15.27

Still Births				Male	Female	Total
Legitimate	...	...		57	54	111
Illegitimate	...	...		7	5	12
				<hr/>	<hr/>	<hr/>
Total	...	...		64	59	123
				<hr/>	<hr/>	<hr/>

Still birth rate per 1,000 total births ... 23.20

The Birth Rate of 15.27 compares with a rate of 14.54 in 1961. The following are the rates for recent years:—

				Cornwall	England & Wales
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	...	...	...	14.7	17.2
1961	...	...	...	14.5	17.6
1962	...	...	...	15.3	

Deaths and Death Rate

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

Males	...	...	...	2,393
Females		...	...	2,459
				<hr/>
Total	...	...	...	4,852
				<hr/>

This gives a death rate of 14.3 the same as 1961. The following are the death rates for recent years:

				Cornwall	England & Wales
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	...	...	...	13.7	11.5
1961	...	...	...	14.3	12.0
1962	...	...	...	14.3	

Infant Mortality

There were 105 infant deaths registered during the year, giving an infant mortality rate of 20.28 per 1,000 live births. This compares with a rate of 22.1 in 1961.

Chief causes of death at all ages

	1961	1962
Disease of Heart and Blood Vessels ...	2,022	2,154
Cancer	733	801
Vascular lesions of nervous system ...	680	713
Respiratory disease	396	396
Suicide and deaths from violence ...	171	155
Motor vehicle accidents	50	54
Tuberculosis	23	20

Deaths from Heart Disease

Age Group	Urban Districts		Rural Districts		Total
	M.	F.	M.	F.	
Under 1 ...	—	—	—	—	—
1 — 5 ...	—	—	—	—	—
5 — 14 ...	—	—	—	—	—
15 — 24 ...	—	—	1	—	1
25 — 44 ...	7	4	5	4	20
45 — 64 ...	135	49	83	52	319
65 — 74 ...	155	143	129	92	519
75 and over ...	264	393	205	222	1,084
	561	589	423	370	1,943*

* including 6 deaths in the Isles of Scilly.

Number of Deaths at Different Periods of Life

Age Group	Male	Female	Total
Under 1 ...	62	43	105
1 — 4 ...	11	7	18
5 — 14 ...	11	9	20
15 — 24 ...	32	5	37
25 — 44 ...	69	56	125
45 — 64 ...	552	393	945
65 — 74 ...	688	582	1,270
75 and over ...	978	1,370	2,348
	2,403	2,465	4,868*

* including 16 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 1912 and 1962:—

1912			1962
121	...	Under 1 year of age	22
40	...	Aged 1 year to 4 years	4
27	...	Aged 5 years to 14 years	4
42	...	Aged 15 years to 24 years	8
312	...	Aged 25 years to 64 years	220
458	...	Aged 65 and over	743

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	18,960
		St. Ives M.B.	4,287	8,870
		St. Just U.D.	7,634	3,580
		West Penwith R.D.	59,792	16,950
			74,868	48,360
2	Station Hill, Redruth.	Helston M.B.	4,014	7,130
		Camborne-Redruth U.D.	22,062	36,000
		Kerrier R.D.	90,839	22,200
			116,915	65,330
3	6/7, Lemon Street, Truro.	Falmouth M.B.	1,880	17,330
		Penryn M.B.	829	4,780
		Truro City	2,634	13,620
		Truro R.D.	108,316	27,320
			113,659	63,050

Area No.	Area Office Address	County Districts	Area in Acres	Estimated Population
4	Moorland Road, St. Austell.	Fowey M.B.	2,979	2,090
		Lostwithiel M.B.	3,256	1,900
		Newquay U.D.	4,599	11,560
		St. Austell U.D.	18,379	25,140
		St. Austell R.D.	82,389	21,610
			<hr/> 111,502	<hr/> 62,300
5	Brooklyn, Wadebridge.	Bodmin M.B.	3,312	6,170
		Padstow U.D.	3,343	2,570
		Wadebridge R.D.	88,230	14,540
			<hr/> 94,885	<hr/> 23,280
6	Launceston	Launceston M.B.	2,182	4,510
		Bude-Stratton U.D.	4,294	4,940
		Camelford R.D.	52,544	6,870
		Launceston R.D.	73,051	5,980
		Stratton R.D.	56,285	4,720
			<hr/> 188,356	<hr/> 27,020
7	Westbourne, Liskeard.	Liskeard M.B.	2,704	4,560
		Saltash M.B.	5,335	7,450
		Looe U.D.	1,691	3,720
		Torpoint U.D.	975	5,910
		St. Germans R.D.	48,433	14,700
		Liskeard R.D.	104,803	13,430
			<hr/> 163,941	<hr/> 49,770

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 1946.

In this section of the Report the numbers and rates refer to occurrences during the year and in some instances are slightly at variance with those quoted earlier which refer to events registered during the year. The figures quoted in brackets here refer to occurrences during 1961 so that valid comparisons may be made.

The death associated with childbirth has not been attributed to this cause by the Registrar-General, whose attention is being drawn to this discrepancy.

A disturbing feature in 1962 is the steep rise in accidental deaths of children under 5. There were 4 deaths due to accidents in 1961 and 12 in 1962, of which only one third occurred on the road.

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 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 1,324 women made 6,606 attendances. Occasional classes have been held for expectant fathers when there has been a demand for them.

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.

All women who need beds for medical reasons are referred by their own doctors to the consultant obstetricians.

The Edward Bolitho Maternity Home was not opened during the year as had been hoped, so the 5 bookings per month at the West Cornwall Hospital were available throughout the year. Those in need of maternity accommodation on social grounds in excess of 5 per month could be referred to Redruth Hospital.

In the east of the County a reduction in the number of beds available for booking on social grounds had to be made by the Regional Hospital Board, owing to shortage of staff at Old Tree Maternity Home. The bookings were reduced from 22 to 15 per month on the 1st October, 1962. This has not so far resulted in women in real social need being refused.

A total of 507 women were recommended for beds on social grounds, compared with 491 for 1961.

The total was made up as follows:— Redruth Hospital 6 (7), Old Tree Maternity Home, Launceston, 188 (200), Trebarras Maternity Home,

Liskeard 120 (123), Tavistock Maternity Home 84 (98), Devonport Maternity Home 46 (34), Alexandra Maternity Home, Plymouth 6 (8), West Cornwall Hospital, Penzance 57 (47).

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

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

Year	Total No. of births	Percentage of total births occurring in:—			Midwives	
		Patient's Home	Redruth Maternity Unit and other Hospitals	Nursing Homes	Total No. Practising	No. employed by C.C.N.A. or C.C.
1941	5290	65.2	19.1	15.7	231	137
1951	4979	58.3	34.8	6.9	187	120
1952	4993	58.7	35.6	5.7	184	120
1953	4870	55.36	40.92	3.72	186	127
1954	4977	54.22	42.74	3.04	198	135
1955	4547	57.11	40.06	2.83	185	135
1956	4883	54.16	42.69	3.15	173	127
1957	4918	51.71	46.37	1.9	176	132
1958	4999	50.25	48.07	1.7	165	124
1959	4860	50.42	47.15	2.43	160	123
1960	5037	51.02	46.87	2.11	171	125
1961	4940	49.85	48.17	1.98	196	144
1962	5333	49.68	48.63	1.69	175	126

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 63 admissions during the year. (Cornish girls 40, non-Cornish but working in Cornwall 2, admitted from other Counties 21). At Morwenna there were 38 admissions, 37 Cornish and 1 non-Cornish.

Puerperal Pyrexia

Under the Puerperal Pyrexia Regulations there were 81 notifications (78 in hospital and 3 in domiciliary practice). 24 cases of puerperal pyrexia in domiciliary practice were notified to doctors by district midwives and treated.

Ophthalmia Neonatorum

4 cases were notified during the year; all recovered with no impairment of vision, but 34 cases of "sticky eyes" were notified to doctors by the district midwives and were treated.

Maternal Mortality

There was 1 death associated with childbirth, giving a maternal mortality of 0.19 per 1,000 total births. This was an unmarried mother who developed abdominal pain near term and was admitted to hospital. She died of peritonitis following perforation of an inflamed appendix, before the onset of labour.

The following table shows the rates for recent years:—

Year	Total Maternal Deaths	Maternity Mortality Rates		
		Cornwall	England & Wales	
		Annual	Quinquennial	Annual
1953	...	4	0.82	0.71
1954	...	5	1.01	0.65
1955	...	2	0.44	0.59
1956	...	8	1.65	0.52
1957	...	2	0.41	0.45
1958	...	4	0.81	0.43
1959	...	4	0.81	0.38
1960	...	3	0.6	0.39
1961	...	5	1.01	0.33
1962	...	1	0.19	

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 16 new cases were included in the scheme. 15 had live births, 5 after removal to hospital, and 1 had a stillbirth after removal to hospital.

Infant Mortality and Stillbirths

In 1962, 106 babies died during their first year, compared with 104 in 1961 and 90 in 1960. This gives an infant mortality rate of 20.4 (21.6) per 1,000 live births, because more babies were born in 1962 than in 1961.

Two deaths were attributed to whooping cough infection. One infant, an only child, died at 6 weeks of age and had congenital heart disease also. The other was 5 months old, and had 2 older siblings aged 3 years and 1 year, both of whom had been immunised against whooping cough.

Two deaths were due to complications of congenital pyloric stenosis. One infant was aged 20 days and died from biochemical imbalance due to vomiting and dehydration. The other, aged 6 weeks, died from severe wound infection following operation to relieve the condition.

Of the 106 babies who died, nearly half, 49, had been prematurely born. 5 of the infants who died were illegitimate, and only one of them survived the first week of life. Two of the mothers had had no ante-natal care.

Infant Mortality Rates

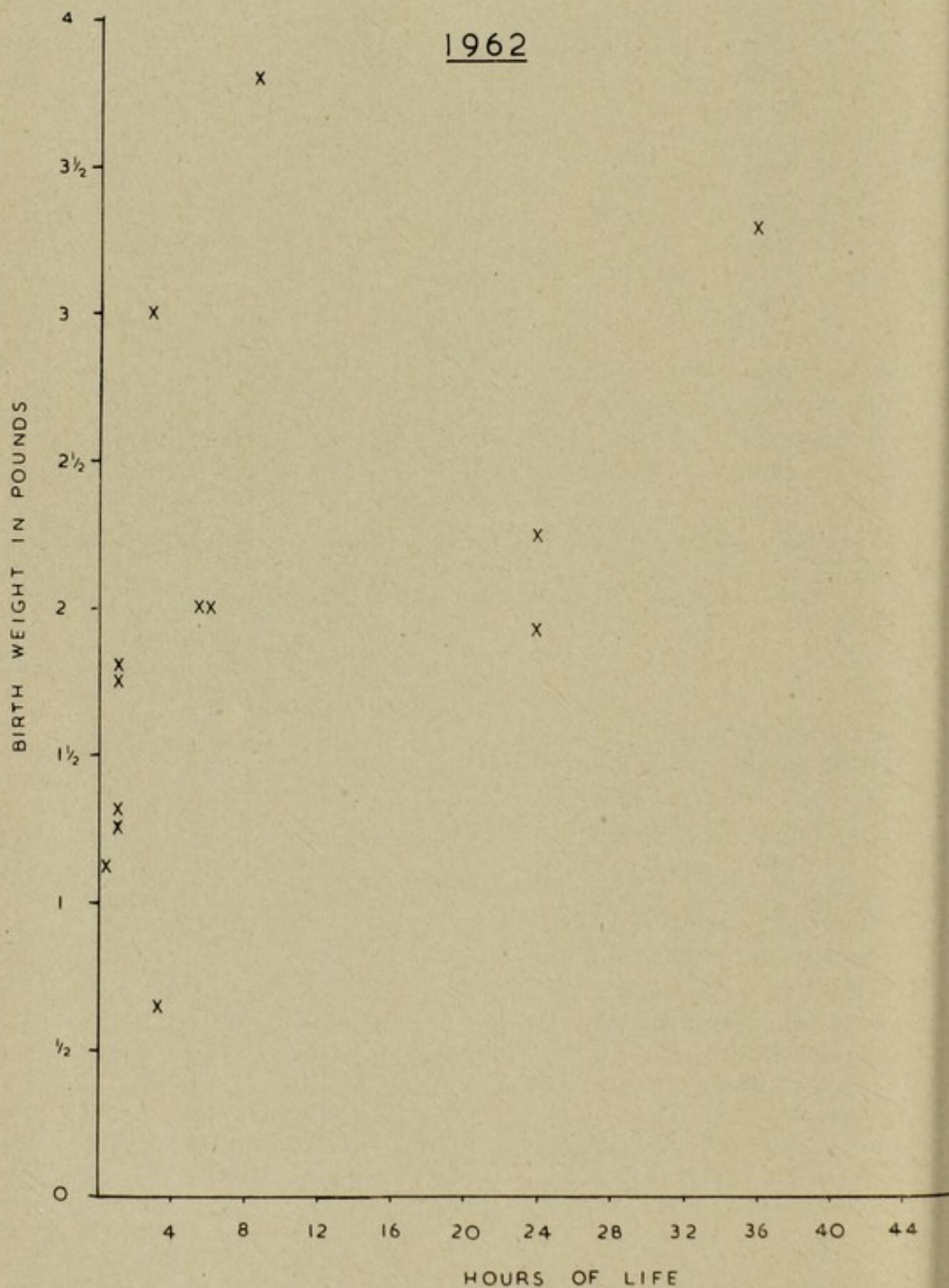
Year		Cornwall		England & Wales
		Annual	Quinquennial	Annual
1898	...	156.2		160
1900	...	126.3		154
1910	...	85.5		105
1920	...	59.5		80
1930	...	51.3		60
1940	...	48.3		55
1950	...	29.2		30
1951	...	33.0		29.6
1952	...	30.6		27.6
1953	...	27.0		26.8
1954	...	20.8	24.5	25.5
1955	...	26.7		24.9
1956	...	23.2		23.8
1957	...	24.8		23.0
1958	...	19.3	19.3	22.2
1959	...	16.9		22.0
1960	...	18.2		22.0
1961	...	21.6		21.0
1962	...	20.4		

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

Neo-natal Deaths (under 4 weeks)				
		Premature	Full Term	Total
Prematurity only	...	14	—	14
Birth injury and difficult labour	...	6	10	16
Congenital abnormalities	...	6	11	17
Respiratory distress syndrome of the newborn	...	2	—	2
Atelectasis	...	—	3	3
Rhesus incompatibility	...	2	1	3
Intra-uterine asphyxia	...	4	1	5
Infection	...	4	5	9
Due to illness of mother	...	2	—	2
Post maturity	...	—	2	2
Other causes	...	2	1	3
Unknown	...	3	1	4
		45	35	80

The following diagram shows the birth weights and ages of the infants where no cause of death other than prematurity was known. The stated duration of pregnancy in these cases varied from 18 to 32 weeks, and was below 28 weeks in 7 cases. 3 of the mothers had no ante-natal care.

INFANT DEATHS
FROM
PREMATURITY ONLY



27 infants died after the age of 1 month, but before 1 year. (30 in 1961, and 22 in 1960).

All but 9 of these deaths were associated with infections.

One death in a premature twin was stated after post-mortem examination to be due to tuberculosis. The other twin remained well and the family were free of tuberculous disease. No contact could be found.

Only 4 of these infants were prematurely born, 2 were from very poor homes. One of these was found dead in its cot. 2 other infants were also found dead, due to accidental suffocation, in one case due to inhalation of vomit.

One infant died with multiple congenital malformations attributed to thalidomide.

Infant Deaths over 4 weeks

Infections	11 (including 4 premature births)
Bronchitis and pneumonia	6
Virus encephalitis	1
Gastro-enteritis	1 (premature)
Tuberculous infection	1
Fulminating infection of operation wound	1
Pertussis	1 (+ 1 with congenital malformation)
Congenital Malformations	4
Congenital Malformations with infection	6
Congenital Malformations with other condition	1
Suffocation	2
Other conditions (Asthma 1, Epilepsy 1, Cerebral degeneration from natal causes 1)	3
	<hr/> 27 <hr/>

There were 125 stillbirths in 1962 (120 in 1961), but because of an increase in the number of births, the stillbirth rate did not rise in 1962, though it remains higher than in 1960.

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

Year	Number of Stillbirths	Stillbirth Rates		
		Cornwall		England & Wales
		Annual	Quinquennial	Annual
1953	... 118	24.1	28.5	22.4
1954	... 158	31.4		24.0
1955	... 129	28.8		23.1
1956	... 132	27.6		23.0
1957	... 148	30.1		22.4
1958	... 129	26.1	24.03	21.6
1959	... 127	25.8		20.8
1960	... 98	19.65		19.7
1961	... 120	25.13		19.0
1962	... 125	23.5		

The cause of stillbirths had to be registered from October 1960, and therefore this information was available for all last year's stillbirths, except those occurring outside the County and transferred in because the mother normally resided here. This concern to discover the cause has led to a new category in the table below, for in 9 cases the foetal death was attributed to the cord being tightly round the neck several times. In some of these cases, post-mortem demonstrated asphyxia, presumably due to the interruption of the foetal circulation through the placenta. There is also greater awareness of post-maturity as a cause of perinatal death. Investigations were made into all the 190 perinatal deaths. The causes were:—

	Stillbirths		First week deaths		Totals
	Pre-mature	Full Term	Pre-mature	Full Term	
Difficult labour and birth injury	... 6	12	5	10	33
Associated with pre-eclamptic toxæmia	... 11	11	6	1	29
Congenital malformations	... 11	9	5	4	29
Associated with ante-partum hæmorrhage	... 5	4	8	—	17
No ante-natal care	... 1	—	4	—	5
Illness of mother or infant	... 3	3	3	2	11
Rhesus incompatibility	... 1	4	1	—	6
Placental abnormalities	... 7	—	—	—	7
Occlusive pressure on cord	... 1	8	1	1	11
Post maturity	... —	11	—	2	13
Gross prematurity	... —	—	3	—	3
Other causes	... —	2	2	1	5
Unknown	... 6	9	4	2	21
	52	73	42	23	
	125		65		190

The number of babies dying during the first month of life was 79, and of these 65 died in the first week.

These early neonatal deaths (i.e. deaths in the first week of life) are linked with stillbirths to give the perinatal mortality rate. 65 (68) infants died in the first week of life, making a total of 190 (188). Owing to the additional number of births the perinatal mortality rate is slightly lower than in 1961, but is unfortunately still above that for England and Wales, and especially for other Southern Counties.

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
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	33.0
1961	120	68	188	38.01	32.0
1962	125	65	190	35.7	

Climatic factors appear to affect infant mortality rates. Certainly geographic position affects the perinatal mortality. The table below shows the perinatal mortality rate for Cornwall in 1961, compared with that of other Southern Administrative Counties of England. The differences in these perinatal rates are unlikely to be climatic effects so the percentage of confinements occurring in hospital in each area is given as a guide to the maternity services available.

	1961 Perinatal Mortality Rate	1961 Percentage of Hospital Confinements
Cornwall	... 38	48.1
Devon	... 26	64.9
Somerset	... 26	53.0
Dorset	... 31	60.0
Wiltshire	... 31	68.9
Gloucestershire	... 27	57.0
Berkshire	... 29	65.0
Hampshire	... 25	68.0
West Sussex	... 27	42.04
East Sussex	... 26	69.43
Surrey	... 25	69.0
Kent	... 30	59.87
Middlesex	... 29	65.0

The perinatal mortality in Cornwall is highest in the St. Austell Rural District and Bodmin and Fowey Municipal Boroughs, which are a considerable distance from either of the hospital maternity units in Redruth and in Plymouth.

Premature Babies

Nearly half of the stillbirths and almost two-thirds of the early neo-natal deaths were prematurely born. 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 oxyginaire 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 an independent journey. The oxyginaire can be used for transport of premature babies from any part of the County to hospital if arrangements are made in advance so that it can be brought in good time to the place where it is needed. Specially designed carry-cots which can be made warm with 3 safely held hot water bottles are kept in each Area to supplement the portable oxyginaire. Oxygen is also available when these cots are used.

Special outfits are available for nursing premature babies at home.

Although 40.6 per cent of stillbirths were premature in 1962, only 5.9 per cent of live births were $5\frac{1}{2}$ lbs. or less, and of these 85.4 per cent survived. The rate of survival increases as birth weight increases, and in 1962 ranged from 32.3 per cent in babies under $3\frac{1}{4}$ lbs., to 95.2 per cent in those over 5 lbs. at birth.

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

Place of Birth	Total live Births	Neonatal Deaths	Stillbirths
Hospital	193	34	35
Nursing Home	3	—	—
Home and nursed at home	94	4	18
Home and transferred to hospital	19	4	—
	<hr/> 309 <hr/>	<hr/> 42 <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 41 Centres (41 in 1961) and 87 sessions (93 in 1961) are held each month.

There was an increase of 3,766 in the number of attendances, and 495 more children attended than in 1961. 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.

To discover cases of phenylketonuria, testing of the urine of every infant at 6 weeks of age or as soon thereafter as possible, has continued at clinics or where attendance there is not possible, at home visits by health visitors. No case has been found in 1962. The 3 cases found in 1960 have continued on medical treatment and supervision.

Medical inspections of toddlers, around the time of each birthday are being encouraged by use of a birthday card with an invitation to the parent and child, where facilities permit.

Children in whose cases there is reason to suspect impaired hearing are referred by health visitors for special appointments at the permanent Child Welfare Clinic premises, so that their hearing may be assessed and advice given to the parents on how to help their children. Where a hearing defect is confirmed the child's general practitioner is told of it, and he is able to refer the child to the Consultant Otologist for investigation and treatment.

Number of children who attended Centres	...	5,017	(4,522)
Number of attendances under 1 year	...	19,141	(16,936)
Number of attendances 1—2 years	...	5,472	(4,463)
Number of attendances 2—5 years	...	5,401	(4,949)
Total number of attendances	...	30,114	(26,348)

There are also three voluntary Centres at St. Mawes, Portscatho and St. Eval, at which 67 (125) children made 1,142 (1,122) attendances.

(Figures in brackets refer to 1961)

Handicapped Young Children

A register of young handicapped children in the County is kept so that they can be given extra supervision and help where necessary, and their parents can be advised. The information is available to the School Health Service when special educational facilities may be needed.

The diagnoses are as follows:—

Mentally handicapped and retarded (including 26 Mongols)	...	...	...	102
Congenital heart disease	...	...	...	53
Serious orthopaedic disabilities (including congenital dislocation of hip 9, severe talipes equino-varus 13, disability from injury or defect of hands and fingers 10)				36
Marked speech defect in children over 3	...	...	...	41
Cerebral palsy	...	...	...	33
Epilepsy	...	...	...	28
Defective hearing (including 2 deaf in one ear only)	...	...	...	14
Defective vision (Blind 1, Blind in one eye 5, both eyes amblyopic 8)	...	...	...	14
Myelomeningocele, with flaccid paralysis	...	...	...	8
Myelomeningocele, paralysis with hydrocephalus	...	...	...	7
Hydrocephalus alone	...	...	...	5
Flaccid paresis of one limb	...	...	...	4
Biochemical abnormalities (including 3 Phenylketonurics)	...	...	...	10
Alimentary disease	...	...	...	8
Marked genito-urinary abnormalities	...	...	...	8
Tumours	...	...	...	4
Other serious diseases	...	...	...	3
				<hr/> 378 <hr/>

No child in the County suffers from limb defects due to thalidomide taken by the mother during her pregnancy. One child was born in 1962 with multiple defects probably due to thalidomide taken by the mother, but he died at the age of 2 months.

Lesser defects are placed on registers in each administrative area so that continuation of treatment can be ensured until the condition is cured or ameliorated.

At Risk Register

A register of young children at risk of developmental abnormality by reason of family history, illness of the mother during pregnancy, birth trauma or asphyxia, and illness or abnormality of the infant after birth was commenced on 1st November, 1962.

Accidents to Young Children

12 children under 5 died in 1962 as a result of accidents. 4 were road accident, and eight occurred in or about the home.

54 other young children were also admitted to hospital as a result of accidents.

Several hospitals admitting or treating children after accidents do not send information so the totals exceed these figures:—

Head injuries	..	16
Limb injuries, fractures and severed tendons	...	17
Burns and Scalds	...	12
Swallowing of poisons or foreign bodies	...	6
Soft tissue injuries	...	3
		—
		54
		—

A further 27 young children were referred for specialist treatment as out-patients following accidents.

Deaths of Children 1—4 years

There were 18 deaths in this group. The causes were:—

Pneumonia	...	3
Other respiratory disease	...	1
Congenital malformations	...	1
Other defined and ill-defined diseases		4
Motor vehicle accidents	...	4
Other accidents	...	5

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

Issues	1961	1962
National Dried Milk — tins	103,976	101,456
Cod Liver Oil — bottles	14,455	6,335
Vitamin Tablets — packets	11,792	7,267
Orange Juice — bottles	89,923	62,772

A further drop in the total issues was expected in 1962. The introduction of cash for and increased cost of the Vitamin products commenced in June 1961; therefore the figures for this year cover the first full year since the change was made. However, issues of these products now seem to have found their level, and, apart from the usual summer rise in issues of Orange Juice, vary little from quarter to quarter.

The fall in past years of National Dried Milk continues, but at a slower rate:— a fall of $2\frac{1}{2}\%$ in 1962; compared with 13% in 1961, and 8% in 1960.

Advantage was taken in June 1962 of the opportunity to transfer the central office staff connected with Welfare Foods from Strangways Terrace to the Maternity and Child Welfare section at The Crescent with a consequent saving of clerical time.

Three centres were closed during the year because of lack of demand. The remainder continued without difficulty under the guiding hand of the two Food Distribution Officers. Our grateful thanks are due to the shop-keepers and members of the Women's Voluntary Service who undertake the distribution on our behalf.

NURSING HOMES

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

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 ”

One new nursing home, for chronic sick, was registered during the year, with 36 beds.

At the end of the year there were 6 registered nursing homes with a total of 12 beds for maternity cases and 65 beds for general cases.

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948

Nine daily minders for children under school age were registered during the year to care for a total of 91 children. At the end of 1962 there were 12 daily minders registered, with places for 106 children.

At the end of the year there were 4 registered private day nurseries in the County with places for 65 children.

No day nurseries are provided by the County Council.

HEALTH EDUCATION

A great deal of time and effort is expended in the important work of health education, carried on by the Local Health Authority under the National Health Service Act.

Special equipment is available. A film strip projector and portable screen is held in each of the 7 Health Area Offices, and in addition a large film strip projector is kept at County Hall, and is available on request by any of the Health Department staff. A projector for sound films is also kept at County Hall and is in frequent use.

A library of 60 film strips is held at County Hall and additional strips are hired when required. 3 films are owned by the Health Department and kept at County Hall. Many others are hired or obtained on loan for showing to audiences throughout the County.

Many flannelgraph sets have also been purchased and their repeated use demonstrates their effectiveness.

Posters are displayed and changed regularly at Child Welfare Clinic premises, Health Area Offices, and other suitable places.

Supplies of leaflets on a variety of topics are available free at Clinics and books for expectant mothers are given free to any who will accept them.

The health visitors deal individually with the health problems of the families they visit and of the mothers and children they see at welfare clinics. They also undertake group teaching by various methods, including discussion, and with various forms of visual aids.

The midwives and health visitors are both concerned in ante-natal classes or mothercraft and relaxation classes for expectant mothers, and where desired, for expectant fathers. 10 midwives were sent on courses for parentcraft teaching in 1962 and many had received this training in previous years.

Many organisations request talks from medical officers and other members of the Health Department staff and all such opportunities for health education are welcomed.

During 1962 posters concerning the health hazards of smoking issued by the Ministry of Health were sent to all Secondary Schools, and additional

posters were provided on request. These posters were also sent, after consultation with the Local Medical Committee, to all general practitioners in the County. Leaflets and posters from the Central Council for Health Education were also used. A film "Facts and Figures" demonstrating the risks of smoking was shown in a few schools in 1962. Some talks on the danger of smoking have also been given at clinics and mother's clubs by health visitors and at Secondary Schools by Medical Officers.

The limited appeal of local effort and talent contrasts with the excellence of national entertainment and instruction by broadcast and television and underlines the need for national resources to deal with nationwide health hazards.

THE NURSING SERVICE

REPORT OF THE COUNTY NURSING OFFICER

Two new Assistant County Nursing Officers were appointed during the year; one in the Redruth Area and one in Penzance Area. They were both very welcome, particularly as these Areas had been without Assistant Nursing Officers for nearly a year. The Assistant County Nursing Officers in Cornwall have many local responsibilities, and also maintain the standard of work shown by the staff, giving support, help and criticism as the occasion arises. The Public Health Nursing Service in Cornwall would be the poorer without them.

Staffing remains a problem, but this is the same throughout most of the country, and will continue to be with so many young nurses marrying on completion of their general training.

The permanent whole time field staff at 31st December, 1962, was the same as at 31st December 1961, and was as follows:—

Administrative Staff

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

District Nurse-Midwife/Health Visitors

"Queen's" Nursing Sisters, S.R.N., S.C.M., H.V. Cert.	...	...	41
State Registered Nurses, S.C.M., H.V. Cert.	...	...	4
"Queen's" Nursing Sisters, S.R.N., S.C.M.	...	...	12
State Certified Midwives, S.E.N.	...	...	5

District Nurse-Midwives

"Queen's" Nursing Sisters, S.R.N., S.C.M.	...	...	22
State Registered Nurses, S.C.M.	...	...	23
State Certified Midwives, S.E.N.	...	...	7

District Nurses

"Queen's" Male Nurse	...	...	1
State Registered Nurses	2
State Enrolled Nurse	1

District Midwife

State Certified Midwife	1
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119

Permanent part-time

State Registered Nurse, S.C.M.	1
State Registered Nurses	4
State Enrolled Nurses	2

7

Temporary full-time

State Certified Midwives, S.E.N.	2
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Temporary part-time

"Queen's" Nursing Sisters, S.C.M.	3
State Registered Nurses	15
State Enrolled Nurse, S.C.M.	...	...	1
State Enrolled Nurses	...	...	2

23

Whole-time Health Visitors

"Queen's" Nursing Sisters, S.C.M., H.V.Cert.	...	...	11
State Registered Nurses, S.C.M., H.V. Cert.	...	...	16
State Registered Nurses, H.V. Cert.	...	...	3
Whole-time Tuberculosis Visitors	...	...	6

36

Sickness

The sickness rate showed a further slight decrease, but was fairly high. For all staff there was a total of 1,992 days, an average of 11.59 days per person. Again the high rate of sickness was accounted for by 9 members of staff being away for long periods varying from 52 to 155 days (a total of 835 days).

Transport

All members of staff, except one Health Visitor in a small compact area, are provided with cars unless they have their own. No persons on the staff are expected to walk or cycle unless they have not passed the driving test before taking up their appointments. The staff of the Transport Department have been a very great help to those learning to drive, giving extra tuition where necessary. We would like to record our thanks.

Housing

The housing of the staff is one of the greatest headaches we have. There have been times when applications have been withdrawn because we have not been able to offer suitable accommodation. It is hoped that next year serious thought will be given to this problem. A suggestion has been made that where distances are not too great, it should be possible to serve some of the surrounding rural areas from towns, so giving the staff the advantages of improved amenities and more social activities. Accommodation could be in the form of bungalows or self-contained flats; this would also make it easier to contact colleagues when necessary.

Midwifery

During 1962 there was an increase in the domiciliary births, 204 more than in 1961, and in consequence an increase in ante-natal visits (1,193). In 1963 the Edward Bolitho Maternity Home is to be opened, and when functioning fully it is hoped to start a Part 2 Midwifery Training School in Cornwall. Each pupil will spend three months at the Edward Bolitho Home, then three months on the district. Some of the midwives on our staff have already agreed to act as training midwives.

Refresher Courses

Refresher Courses have been more difficult to plan because of the increase of annual leave to six weeks. If the County is to be adequately covered overlapping must be avoided. Nevertheless it is most important for everyone to be refreshed in order to maintain interest in the work. During 1962 twenty-six Midwives attended general Midwifery Courses, and ten went to Parentcraft Courses. Nine Health Visitors attended Health Visiting Courses, and two Assistant County Nursing Officers attended a Course for Supervisors of Midwives.

Supervision

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

For checking of records and practical work	...	392
Other visits, including follow-up visits after statutory notifications	...	505

During the year 181 Midwives notified their intention to practise in the County.

Domiciliary, Cornwall County Council	...	134
Domiciliary in private practice	...	7
Institutional—Hospitals	...	38
Nursing Homes	...	2

Deliveries attended by Domiciliary Midwives

	Dr. not Booked		Dr. Booked		Total
	Present	Not Present	Present	Not Present	
Cornwall C.C. Midwives	13	17	485	2,128	2,643
Independent Midwives...			1	—	1
Rosemundy Home	...		19	20	39
	—	—	—	—	—
	13	17	505	2,148	2,683
	—	—	—	—	—

Deliveries in Institutions

In Hospital	...	...	...	...	2,078
In Nursing Homes	...	...	...	...	89

Visits paid by County Council Midwives

Ante-natal visits to domiciliary cases	...	...	30,877
Ante-natal visits to hospital booked cases	...	...	3,207
Midwifery visits	...	...	39,858
Visits to hospital deliveries (emergency admissions)			805
Visits to hospital booked cases discharged before the 10th day	...	...	1,237

Medical Aid forms sent in respect of

Mothers during ante-natal period	...	...	586
Mothers during labour	...	...	766
Mothers during puerperium	...	...	101
Infants	...	...	172

Other Statutory Notifications were received as follows

Stillbirths	...	...	129
Death of Mother	...	...	—
Deaths of Infants	...	...	106
Liability to be a Source of Infection	...	...	26

Attendance at Clinics by Midwives

General Practitioner Ante-Natal Clinics	...	1,063
Midwives Ante-Natal and Relaxation Classes	...	739
Special Clinics for Health Education and Relaxation		488

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	131	—
Number of cases to whom administered:—		
Doctor present	378	1
Doctor not present	1,813	—
Number of cases to whom Pethidine administered:—		
Doctor present	244	1
Doctor not present	942	—

The Midwives attended 225 mothers who were discharged from hospital before the tenth day. They also accompanied 1,236 patients to hospital by ambulance or car entailing in all 2,573 hours away from the districts.

Health Visiting

At the end of the year there were 90 part-time Health Visitors (17 acting by virtue of dispensation) the equivalent of 43.35 whole time Health Visitors. The routine visiting is carried out to the best of everyone's ability, but it is sometimes very frustrating for the staff when, through shortages, they have to cover larger areas, and in consequence feel that some of their duties are not carried out to their satisfaction. It has been possible to increase the amount of help given to relieve them of some of the school work.

Owing to the shortage of staff just mentioned, and the rural nature of the County, it has not been possible to allocate individual Health Visitors to individual General Practitioners, or groups of General Practitioners, although the matter has been under discussion. However, in many areas there is already very close liaison, especially where generalised work is undertaken.

Where it is necessary for Health Visitors to follow-up patients discharged from hospital, it is the practice of the Hospitals to ring up the Area Health Office and pass the information on. There is even closer liaison with Barncoose Hospital as the Assistant County Nursing Officers visit the Almoner regularly to obtain, first hand, information about discharges and impending discharges. There are often many arrangements for the Health Visitor to make before a geriatric patient can come home.

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

First visits to children under 1 year	...	4,750
Total visits to children under 1 year	...	50,765
Total visits to children 1 to 2 years	...	20,882
Total visits to children 2 to 5 years	...	37,356
Total number of children under 5 visited	...	24,136
Visits to persons over 65 years (social)	...	10,621
Child Life Protection visits	...	131
Social visits to others	...	7,686
Total number of families visited	...	15,001
No access visits	...	12,937

Attendances at Clinics, etc.:—

Child Welfare Centres	...	1,507
Mothercraft and Relaxation Classes	...	539
Mothers Clubs	...	142
Minor Ailments Clinics	...	266
Immunisation Sessions	...	1,201
Poliomyelitis Vaccination Sessions	...	733
B.C.G. Vaccination Sessions	...	46
Lectures and Talks given	...	1,223
Demonstrations	...	563
Attendances at School Medical Sessions	...	1,276
Attendances at School Hygiene Sessions	...	1,109
Re-inspections	...	187
Follow-up visits	...	1,313

Students

We continue to arrange for student nurses from the local Training Schools to spend some time with the Nurse or Health Visitor on the district.

During 1962, 84 students had this experience. The District Nurse-Midwife/Health Visitor also helps with the training of nurses taking their District training; these nurses spend 3 days of their training in a rural area, and during 1962 six nurses had their rural experience in Cornwall. Many of our staff also give lectures and talks to Women's Institutes, W.V.S., St. John Ambulance Brigade and the British Red Cross Society.

Home Nursing

During 1962 Home Nursing was carried out by 62 Nurses combining it with midwifery and health visiting; 55 with midwifery only; and 4 were doing full-time home nursing. In addition, 8 permanent part-time nurses and 39 temporary part-time helped with the general nursing.

Six nurses completed their "Queen's" District training during 1962, and at the end of the year there were 75 "Queen's" Nursing Sisters working in the County and 1 Male "Queen's" Nurse.

Work done by District Nurses

			New Patients
Surgical Cases	...	...	1,305
Medical cases	...	...	4,862
Maternal complications	...	...	324
Infectious diseases	...	...	7
Tuberculosis	...	...	104
			<hr/>
			6,602
			<hr/>

Visits Paid:—

Surgical	...	...	27,906
Medical	...	...	138,551
Maternal complications	...	...	2,861
Infectious Diseases	...	...	89
Tuberculosis	...	...	8,203
			<hr/>
			177,610
			<hr/>
Injections included in above	...	...	73,041

The above figures include 120,610 visits to patients over 65 years of age, and 1,764 visits to children under 5 years of age. Over 24 visits were paid to 1,571 people, making a total of 123,059 visits.

REPORT OF THE CHIEF DENTAL OFFICER 1962

There were two changes in the dental officer staff during the year: the part-time dental officer who had been looking after the Saltash area resigned in July in order to give full-time to his practice; on the last day of the year the whole-time dental officer appointed to the Saltash—Torpoint—Callington area, took up his post, filling a vacancy which had existed for four years.

A dental auxiliary was also appointed and started duty in September.

A new two-surgery dental clinic at Camborne came into operation in September in place of the rented rooms in the Community Centre.

In Truro the new building which will house the Truro clinic and dental headquarters and laboratory is nearing completion and will be operational in 1963.

The dental caravan has not been in use throughout the year. No treatment was given at Penryn, Callington, Delabole and Camelford.

The main concern of the local authority dental service is the treatment of school children, and rather less than 5% of the dental officers' time was devoted to the work pertaining to this report, that of mothers and of children under school age. While this is less than half the time the Ministry of Health suggest should be spent on this work, no patient was refused treatment.

Expectant and Nursing Mothers

As anticipated in my last report, there has been a diminution in the demand for treatment by mothers and this is particularly reflected in the treatment table in (a) the number of dentures fitted — 87 for 53 patients compared with 149 for 91 patients in 1961 and (b) the number of teeth extracted, 393 compared with 786.

Pre-school Children

More children under school age were treated in 1962 than in the previous year, 307 compared with 249 and the treatment table shows correspondingly increased treatment throughout.

More treatment time can fairly be allocated to this work and I am sure that those who are in a position to refer mothers and young children, could find more in need of treatment — preferably before extractions are needed.

Following the approval by the Ministry of Health to the fluoridation of water supplies, it is now within the power of local authorities to make good deficiencies of fluorine in their water supplies up to the optimum of one part per million. By doing so they will make the biggest step forward ever made

towards combating dental decay. This is of particular importance in the very young children for from the purely humanitarian standpoint toothache, the commonest pain in childhood, together with the unpleasant operation to eliminate its cause will be largely avoided; by the preservation of the deciduous teeth and better oral condition the general health will profit and crowding of the permanent dentition will be less frequent. Moreover, this improvement in dental health will continue throughout adult life.

Government approval to fluoridation was given only after intensive investigation not only from the dental, but also from medical and industrial aspects and there have been found no contra-indications or valid objections.

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

- (a) Number of Officers employed at 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 ... 0.8

- (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: ... —

- (c) Number of dental clinics in operation at end of year ... 16

- (d) Total number of sessions (i.e. equivalent complete half days) devoted to maternity and child welfare patients during the year: ... 126

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

(2) Dental Treatment Return

- (A) Numbers provided with Dental Care :

		Expectant & Nursing Mothers	Children under 5
Examined	...	155	307
Needing Treatment	...	149	226
Treated	...	171	197
Made dentally fit	...	109	144

(B) Forms of dental treatment provided:

	Expectant & Nursing Mothers	Children under 5
Scalings and Gum Treatment	60	—
Fillings ...	224	227
Silver Nitrate Treatment ...	—	192
Crowns or Inlays ...	—	—
Extractions ...	393	342
General Anaesthetics ...	46	104
Dentures provided —		
Full Upper or Lower ..	53	—
Partial Upper or Lower ...	34	—
Radiographs ...	32	4

AMBULANCE SERVICE

REPORT OF COUNTY AMBULANCE OFFICER

There has been an increase of 1.2% in the number of patients carried during the year. The remote situation of many villages and dwellings throughout the County, together with the diminishing public transport, obviously has a direct bearing on the demand for ambulance transport. The earlier discharge of patients from hospitals, with follow-up attendance at out-patient departments, must also affect this demand.

We have been able to reduce our total strength by one driver. This was brought about by the promotion of the Deputy Station Officer at Penzance to Station Officer at Redruth and not filling the vacancy thus created, as it was considered worthwhile to see if it would be more economical to

make greater use of the Hospital Car Service in the Penzance area. The indications are that, providing the Hospital Car Service can produce the cars where they are required, there is a greater degree of flexibility in providing transport for sitting patients, and at less cost than appointing a driver.

Training

I think it has become generally accepted that a more advanced form of training is required for the staff of the present-day Ambulance Service and the Ministry of Health has set up a working party to recommend what extra training is necessary. During the past year we have held advanced courses ourselves in resuscitation and emergency childbirth, and wherever the Chief Constable has held advanced driving courses, the ambulance drivers in the area have attended. Attendance at all of these courses has been voluntary, with the personnel attending in their own time, and we have had almost 100% attendance, which I feel shows how keen they are to increase their efficiency.

Ambulance Stations

Day-Time Service (Ambulance Stations operated by the County Council)

Station	Station Officer	Head Driver	Ambulance Driver/ Attendants	Vehicles Ambulances	Dual- Purpose
Penzance ...	1	—	8	4	3
Redruth ...	1	—	12	4	6
Falmouth ...	—	1	6	2	4
Truro ...	1	—	13	7	5
St. Austell ...	—	1	8	3	3
Newquay ...	—	1	3	1	2
Bodmin ...	—	1	6	3	3
Launceston ...	—	1	5	1	3
Camelford ...	—	—	2	1	—
Bude ...	—	—	3	1	1
Liskeard ...	—	1	6	3	3
Looe ...	—	—	2	1	—
Torpoint ...	—	1	3	2	1
Saltash ...	—	1	3	1	1
	3	8	80	34	35

Night and Week-end Service

Station	Ambulance owned by County Council and operated by Voluntary Organisation	Ambulance owned and operated by Voluntary Organisation	Ambulance owned by County Council and operated by full- time drivers on stand-by basis
Pendeen	...	1	—
Penzance	...	—	—
St. Ives	...	1	—
Hayle	...	—	—
Camborne	...	—	—
Redruth	...	—	—
Illogan	...	1	—
Helston	...	1	—
Falmouth	...	—	1
Truro	...	—	1
St. Austell	...	—	1
Newquay	...	—	—
Indian Queens	...	1	—
St. Dennis	...	—	—
St. Blazey	...	1	—
Fowey	...	1	—
Bodmin	...	—	1
Padstow	...	1	—
Wadebridge	...	1	—
Camelford	...	—	—
Bude	...	—	—
Launceston	...	1	—
Liskeard	...	—	1
Looe	...	—	—
Torpoint	...	—	—
Saltash	...	—	1
	11	10	6

Voluntary Organisations

Throughout the County the members of the St. John Ambulance Brigade and British Red Cross Society undertake the bulk of ambulance transport duties at nights and week-ends. We are most grateful to them for the excellent manner in which they carry out this task, which they must often do at considerable inconvenience to themselves.

Hospital Car Service

The co-operation between the Ambulance Controls and the Officers of the Hospital Car Service is most efficient, and we are indebted to them for their unfailing help in arranging transport for such a large number of patients each year.

Service Statistics

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

Ambulance Service

	1952	1959	1960	1961	1962
Patients Carried ...	35,993	42,822	45,713	44,327	44,030
Miles Travelled ...	501,264	539,103	557,265	564,131	556,477
Average miles per Patient ...	13.92	12.58	12.19	12.73	12.64

Dual-Purpose Vehicles

Patients Carried ...	71,540	96,343	97,186	91,595	94,702
Miles Travelled ...	628,932	722,539	661,486	654,596	640,073
Average miles per Patient ...	8.79	7.49	6.81	7.15	6.76

Hospital Car Service

Patients Carried ...	15,604	18,332	20,700	21,818	20,857
Miles Travelled ...	227,303	280,221	364,258	383,851	383,931
Average miles per Patient ...	14.56	15.28	17.60	17.59	18.40

Total—All Services

Patients Carried ...	123,137	157,497	163,599	157,740	159,589
Miles Travelled ...	1,357,499	1,541,863	1,583,009	1,602,578	1,580,481
Average miles per Patient ...	11.02	9.79	9.68	10.16	9.90

Analysis of the Work carried out during 1962

	Section 27 Patients		Other than Section 27		Journneys without Patients		Totals	
	Accidents and Emergencies Patients	Miles	Patients	Miles	Patients	Miles	Patients	Miles
Ambulances	6,809	190,234	33,206	343,262	4,015	10,131	44,030	556,477
Dual-Purpose Vehicles	253	5,327	83,669	583,408	10,780	42,842	94,702	640,073
Hospital Car Service	—	—	17,055	341,947	3,802	40,421	20,857	383,931
	7,062	195,561	133,930	1,268,617	18,597	93,394	159,589	1,580,481

The total number of accident and emergency patients dealt with by the Service during the year was 7,062, an average of one accident or emergency patient every 74.4 minutes.

Long Distance Transport

	1961	1962
Number of Patients carried by Ambulances and Dual-Purpose Vehicles	...	...
Number of Patients carried by Air	16	15
Number of Patients carried by Rail:—	4	8
Patients for whom the County Council paid fares	...	...
Patients for whom the County Council did not pay fares	270	290
	307	322

Air Transport

During the year we were called upon on 8 occasions to arrange air transport for seriously-ill patients to hospitals outside the County.

In 5 instances we were able to arrange with air charter firms for the patients to be flown in a fixed-wing aircraft, for which the cost is very much less than it is for hiring a helicopter from the Services. Because of this, one would prefer to use a charter aircraft in each instance, but this means an ambulance journey at each end, from the hospital to the nearest airfield and vice versa, whereas a helicopter can land alongside the hospital, which at times is an advantage for the patient.

Patients carried by British Railways

The staff of British Railways are most co-operative in arranging journeys for patients who travel by rail. There is a considerable saving in manpower and mileage of ambulance vehicles by using this means of transport, and we can only view with concern the probability of the loss of this facility due to re-organisation and to the modernisation of coaches, making it virtually impossible to accommodate stretcher patients in them.

We are particularly grateful to the London Ambulance Service, who are often called upon to provide transport between the main railway termini for our patients en route to other Local Authority areas.

A special mention is due to those members of the British Red Cross Society who act as escorts to the patients conveyed out of the County. A number of these journeys are arranged at very short notice, and this must at times put a heavy burden on the voluntary helpers.

Replacement of Vehicles

During the year 7 ambulances were replaced, and 8 utility vehicles were replaced with 8 dual-purpose vehicles. With the re-allocation of the work and the introduction of the dual-purpose vehicles we shall be able to reduce our complement of vehicles by four sitting-case cars during the coming year.

Civil Defence Ambulance nad First Aid Section

The total strength of volunteers in the Ambulance and First Aid Section of Civil Defence is 550. This is 73 less than last year, and this reduction is due to the re-organisation taking place in Civil Defence in accordance with C.D. Circular 18/1962. The Section has 3 Personnel and Equipment Vehicles, and 5 Ambulances (4 of which have been supplied on loan by the Ministry of Health), and these are used in the training of the volunteers.

A Course for Instructors was held in February, and of the 19 who attended, 18 were successful in passing the examination, 16 of these obtaining a Full Certificate. We now have 24 qualified Instructors, 8 holding Centrally-Trained Certificates and 16 Locally Trained. Of this total, 13 are Officers from the full-time Ambulance Service who are encouraged to take an active part in the training of the personnel of the Ambulance and First Aid Section which, in the event of a national emergency, would become an extension of the peace-time Ambulance Service.

A County Competition was held in April for the volunteers of the Ambulance and First Aid Section, and nine teams participated. Liskeard was the winning team and received the Grinter Cup, whilst Coads Green, who were runners-up, received the Kernick Cup.

In July the Casualties Union held an open Competition for organisations having qualified first aid members. A team from the Liskeard Ambulance and First Aid Section was entered and came fourth, which was quite a creditable performance.

REPORT OF COUNTY TRANSPORT OFFICER

The establishment of the Servicing and Maintenance Section is ten mechanics, eight of whom are employed on maintenance and regular repairs, one on panel beating and painting, and one is occupied for the larger part of his time on stores.

The Section is responsible for 236 vehicles, broadly classified as follows:—

Ambulance Service	...	69
Nursing Service	...	120
Education Service	...	30 (Plus equipment)
Civil Defence, Mental Health Service and other	...	17

All the vehicles are maintained and serviced by the staff except seventeen nurses' cars, where it is more economical and convenient for them to be serviced at local garages because of distance from the nearest ambulance depot. The areas affected are Bude, Padstow, Mullion, Helston and The

Lizard. Other than the normal monthly servicing, only minor repairs are carried out by local garages. If a major defect becomes apparent, a car is loaned to the nurse from a central pool, and her vehicle is taken to our nearest repair depot. Such occasions are very rare as it is our practice to bring the cars from these areas into our own workshops for inspection approximately every six months.

In view of the considerable reduction in the value of second-hand vehicles, we have changed our policy of replacing nursing service vehicles every five years. Each car will now be kept until it is considered no longer economical to run, and where vehicles have been carefully used and the mileages are low, they will be kept for a much longer period than previously.

Nine nurses who joined the staff during the past twelve months had either failed a driving test or had not reached the standard to take one. In view of the urgency for these nurses to be mobile, driving lessons were given by our staff during the evenings and weekends and I am pleased to report that they have all been successful in passing the driving test. We have purchased two Lambrettas for use by nurses who only hold provisional licences. This enables them to carry out their duties and gain experience on the road during the period for which driving instruction is given on a motor car.

Now that the Minister of Transport has reduced the age limit for which a road-worthiness certificate has to be obtained, a number of our private and commercial vehicles have had to be taken to local garages for testing. This number will increase as the age limit is reduced and arrangements are being made with the Ministry of Transport for us to be established as a Designated Council, which will enable us to test vehicles in our workshops.

During the past year quite an amount of extra work has been carried out on the Education vehicles and units. The older models of the gang-mowers had reached the stage where a complete overhaul was required. The cost of such repairs by the makers was extremely high and the allowance for replacing with new was negligible. Consequently the units were dismantled in our workshops and the worn parts replaced. They are now back in service after the overhauls and should continue for some years.

The traditional ambulance bell has been fighting a losing battle with modern traffic conditions and we have found it is not sufficiently penetrating to cope with the traffic on our roads, especially during the summer months. We are now replacing the bell with a continental dual-tone horn, which has proved most effective.

EPIDEMIOLOGY AND PREVENTIVE MEDICINE

Notifications of infectious diseases in each County District during 1962 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.

The figures are, on the whole, encouraging. Scarlet Fever notifications (49) are, I believe, the lowest ever recorded in the County, a reflection of the powerful effect of antibiotics on the streptococcus. Notifications of Whooping Cough are again low, but it is disappointing to report three cases of Poliomyelitis, all adults, none of whom had taken advantage of immunisation.

The service for the prevention of tuberculosis, run in conjunction with the staff of the South West Regional Hospital Board, continues 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 and Dr. J. D. 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.

Diphtheria

The County has been completely clear of Diphtheria for the past 4 years, the last case being notified in 1958.

Immunisation against Diphtheria is offered to infants in the form of Triple Vaccine (Diphtheria/Whooping Cough/Tetanus) at 4—6 months of age, a booster dose being offered at school entry and again at 10 years of age.

The following table shows the immunisation state for Diphtheria within the County for children under 5 and under 15 years of age, expressed as a percentage of children receiving immunisation in the previous 5 years, on the 31st December each year, compared with the total number of children in the age groups.

Year		0 — 4 years	0 — 14 years
1957	...	54.4	56.9
1958	...	61.9	59.7
1959	...	64.2	58.9

Year		0 — 4 years	0 — 14 years
1960	...	69.4	50.7
1961	...	64.0	61.0

Note: Figures for December, 1962, not yet available.

Dysentery

Sonne Dysentery, a mild form of the disease, is endemic in Cornwall and leads to many minor outbreaks of Gastro Enteritis, annual notifications numbering 30—40 (see Table IV).

Food Poisoning

Food Poisoning, due to a number of organisms within the group named *Salmonella*, is also endemic in the County, annual notifications numbering 25—50 cases.

It would seem that the local population, through consistent contact with these organisms have built up some immunity, but outbreaks sometimes occur amongst summer visitors.

On the 24th August, two coach loads of people travelling from Newquay to Torquay arrived at the Out-Patients' Department of Bodmin Hospital because of sickness and diarrhoea amongst the passengers. They were seen by Dr. J. D. Hardy, Consultant Physician, who was of the opinion that they were suffering from "Toxic Food Poisoning". In all, some 35 people were affected, but only 6 badly. The Physiotherapy Hut was converted into a reception ward, but all recovered sufficiently to continue the journey later in the day.

Enteric Fever

The term embraces Typhoid and Paratyphoid Fevers. No cases have been reported in the past two years. Sporadic cases occur from time to time, often in seamen taken off ships or schoolchildren returning from holidays on the Continent. In the past 5 years, 7 such cases have been notified.

Meningitis and Acute Encephalitis

These are still with us, and remain a constant source of worry. The former is usually a bacterial and the latter a virus infection. Notifications from these two conditions over the past 10 years are as follows:—

1953	1954	1955	1956	1957	1958	1959	1960	1961	1962
7	9	16	7	4	5	11	7	8	11

The incidence has altered little; fortunately, thanks to ever improving antibiotics, both mortality and cerebral after-effects are greatly reduced.

Whooping Cough

Notifications of Whooping Cough were again encouragingly small, 171 cases being recorded.

Immunisation against Whooping Cough was introduced into the County immunisation scheme 6 years ago. During the past 5 years, (1958—1962) the aggregate of notifications was 966, compared with 4,369 in the previous 5 years (1953—1957).

Measles

Following a severe outbreak in 1961 (6,689 cases with 2 deaths, the highest number of notifications recorded in any one year since measles was made a notifiable disease on 1.10.39) there was a marked drop in notifications (1,514). I look forward to the day when measles will be controlled by a suitable vaccine. An attenuated live vaccine is already available, but as yet reactions are too severe to recommend the vaccine for general use.

Poliomyelitis

In last year's report, I stressed the poor response from the adult population to vaccination. This is borne out by notifications this year, of which there were 3, the ages of the patients being 25, 33 and 35 years. None of these had been immunised. The patient of 35 was a visitor, staying in a cottage with his wife and two children. Stools from these three close contacts showed that all were excreting the virus but as they had all been adequately protected, they developed no clinical signs of the disease.

The records of immunisation show that, on the 31st December, 1962, 77% of the population under 19 years of age in the County had been adequately protected.

Scarlet Fever

Notifications this year number only 49. This, I think, is the lowest ever recorded in Cornwall, a tribute to the efficiency of modern antibiotics in the treatment and elimination of the streptococcal sore throat.

Acute Rheumatism

Another disease caused by the streptococcus is rapidly disappearing from our midst. Over the past 5 years, only 12 cases have been officially notified, although I know of a further 4 cases reported by School Medical Officers and from other sources.

Smallpox

The importation of Smallpox on two occasions during 1962 resulted in a renewed interest by the general public in vaccination. All demands for mass vaccination were resisted. Vaccine was in short supply, so that only children and bona fide travellers were accepted for vaccination at County Council clinics. Nevertheless, a large number of primary immunisations in adults was carried out, as will be seen from the following table, which gives the amount of vaccination carried out over the last ten years.

Year	Live Births	Vaccinated		Total Primary Vaccinations
		Under 1	1—4	
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
1961	4,850	1,380	1,116	2,916
1962	5,178	1,525	3,176	15,328

Tuberculosis

The number of notifications of respiratory tuberculosis was only slightly above the record low figure of 1961, while non-respiratory notifications showed a substantial fall for the first time for seven years, reaching the lowest total ever recorded.

The following table shows the new notifications of tuberculosis for the past ten years:—

Year	RESPIRATORY			NON-RESPIRATORY			ALL FORMS		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
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
1961	77	40	117	9	14	23	86	54	140
1962	79	40	119	7	3	10	86	43	129

The following table shows the mortality from tuberculosis for the past ten years, together with the death rates for the County and for England and Wales:—

Year	CORNWALL			CORNWALL			ENGLAND & WALES		
	Number of Deaths			Death Rates			Death Rates		
	Respira- tory	Other Forms	All Forms	Respira- tory	Other Forms	All Forms	Respira- tory	Other Forms	All Forms
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	0.07	0.01	0.08
1961	19	4	23	0.06	0.01	0.07	0.07	0.01	0.08
1962	16	4	20	0.05	0.01	0.06			

TEN YEARS OF B.C.G. VACCINATION IN CORNISH SCHOOLCHILDREN

Tuberculin Testing, Mass Radiography, and B.C.G. Vaccination where indicated, was offered to children of 13 years of age residing in West Cornwall in 1953 and in subsequent years the whole County has been covered by the scheme.

A Mantoux Test (10 I.U.) was used until 1958, when this was replaced by the Heaf Gun Test.

Possibly owing to the earlier age of puberty, notification of tuberculosis are now not infrequent at 11 or 12 years of age. In consequence, we have decided to advance the age at which B.C.G. protection is offered from 13 to 11 years. This is being carried through in two stages. In 1962, the age was advanced to 12 and in 1963 it will be advanced to 11 years.

Positive Tuberculin reactors are followed up for 5 years with an annual X-ray and their close contacts are examined at Contact Clinics. The earlier age of Tuberculin Testing will ensure at least 4 years follow-up of positive reactors before they leave school.

Negative Tuberculin reactors are vaccinated but not X-rayed until their 15th year. Those continuing their education at Grammar Schools or Technical Colleges have a second X-ray in their 18th year.

All information concerning Tuberculin reactions and X-ray examinations is forwarded to the child's General Practitioner.

Results

I have summarised the work of the last 10 years in Table 1. The Table also shows notifications of tuberculosis in the age groups covered by the scheme. In 1954, this age group was only 13 year olds, but by 1962 all children between the age of 13 and 21 years had been offered a Tuberculin Test and vaccinated, where necessary. Incidence rates are shown per 1,000 children at risk.

TABLE 1

		Notifications of Tuberculosis	Incidence Per 1,000 Children Included in the Scheme
Children at Risk ...	45,592	80 (inc. 13 Non-Pulmonary)	1.75
Refused or Absent ...	7,477 (15.8%)	36	4.82
Tuberculin Tested ...	38,115 (83.6%)	44	1.15
Tuberculin Positive ...	6,474 (17.2%)	41	6.33
Tuberculin Negative ...	31,183 (82.6%)	3	0.1
B.C.G. Vaccinated ...	30,649 (98.4%)	3	0.1

TABLE 2

PULMONARY TUBERCULOSIS

CORNWALL

Notifications by Age and Sex — Rates Per 100,000 Population

1953—1962

Sex and Population (1951 Census)	0—14			15—24			25—44			45+		
	M	F	T	M	F	T	M	F	T	M	F	T
1953 Total Cases	35,777	34,695	70,472	23,879	21,518	45,397	45,618	48,514	94,132	59,503	75,938	135,441
and	37	31	68	59	84	143	96	82	178	109	45	154
1954 Annual Rate	51.7	39.2	48.2	123.5	195.1	157.0	105.2	82.5	94.5	91.6	29.6	56.9
1955 Total Cases	24	22	46	40	53	93	87	69	156	119	39	158
and	32.7	31.7	32.6	83.7	125.5	102.4	95.3	71.1	80.2	66.3	25.7	58.3
1956 Annual Rate	20	10	30	29	31	60	63	66	129	130	42	172
1957 Total Cases	27.8	14.4	21.25	60.7	72.0	66.0	69.0	68.0	69.1	92.4	27.6	63.7
and	15	10	25	14	18	32	59	53	112	138	31	169
1958 Annual Rate	20.8	14.4	17.7	29.3	41.8	35.2	64.6	54.6	59.4	116.8	20.4	62.4
1959 Total Cases	9	8	17	11	14	25	36	25	61	100	33	133
and	12.5	11.5	12.0	25.5	32.5	27.5	39.4	25.7	32.3	84.0	21.6	49.1
1960 Annual Rate												
1961 Total Cases												
and												
1962 Annual Rate												

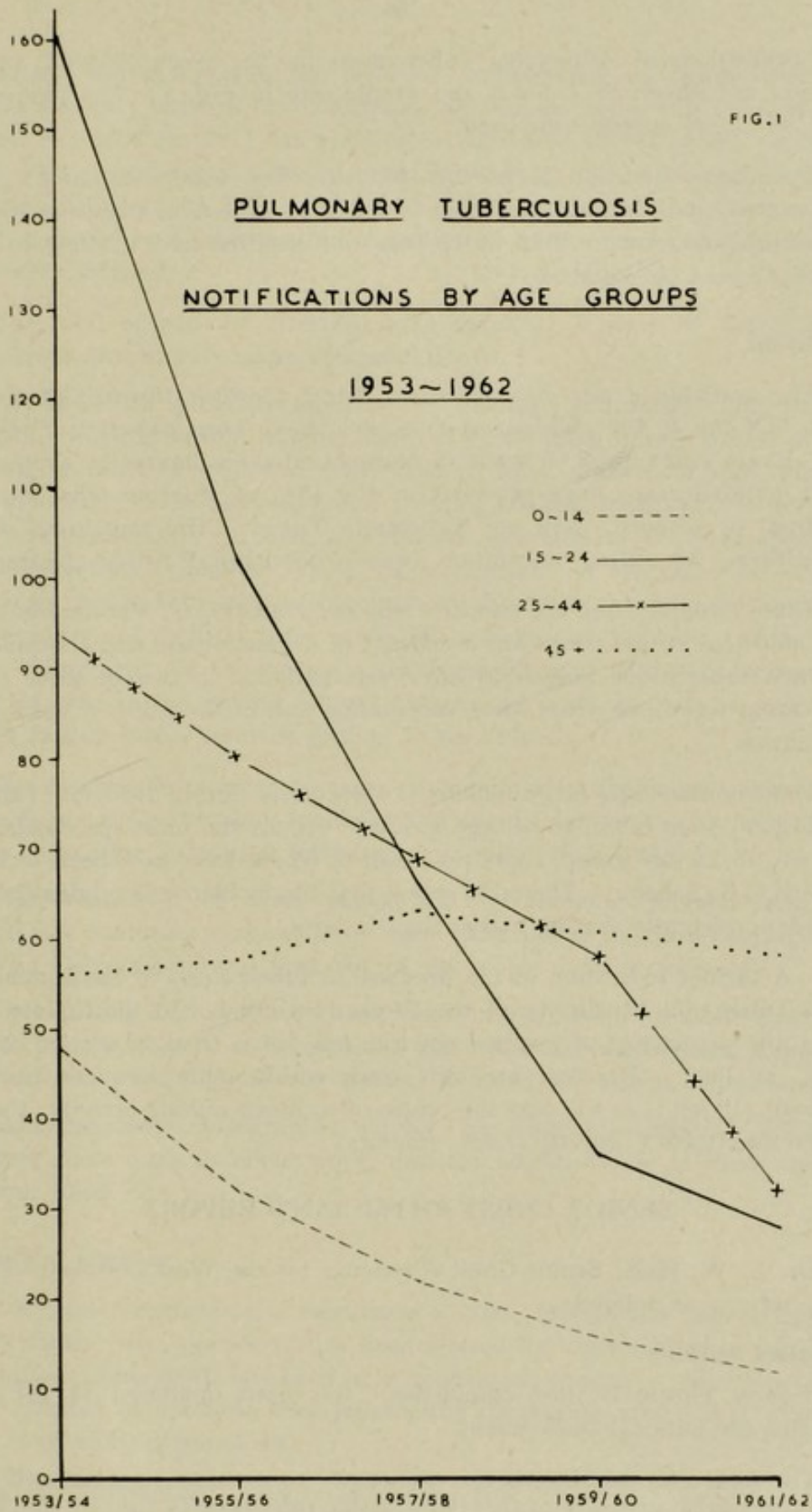
TABLE 3

CORNISH SCHOOLCHILDREN

Tuberculin Reaction Rates — 1954 and 1962

	Number Tested	1954		Number Tested	1962	
		Number Positive	Percentage Positive		Number Positive	Percentage Positive
West Cornwall Health Areas I, II & III ...	2,315	721	31.1	3,356	428	12.8
Central and East Cornwall Health Areas IV, V, VI & VII	1,730	246	14.2	3,582	270	7.5
Whole County ...	4,405	967	23.4	6,938	698	10.1

FIG. 1



Notifications of Pulmonary Tuberculosis for the years 1953/62, by age and sex, are shown in Table 2 and graphically in Fig. 1. The figures are small, so binary averages are used.

Tuberculin Reaction Rates for 1954, the first year the whole county was covered, and for 1962 are shown in Table 3. The figures are not exactly comparable, relating in 1954 to 13 year old children and in 1962 to both 12 and 13 year old children.

Discussion

The acceptance rate has remained fairly constant throughout the 10 years. Of the 45,500 children at risk, 85% have been passed through the mill. Every effort must be made to improve on these figures as nearly half of the notified cases have occurred in the 15% of children who, because of refusal or absence, were not Tuberculin Tested. The remainder of the notifications, with three exceptions, were Tuberculin Positive children.

Three notified cases are children who received B.C.G. Vaccination. All were mild; one of the three was a contact of a known case and continued to live in a tuberculous household after vaccination. In two of these cases, notification was three years after vaccination and in the third, 8 years after vaccination.

Total notifications of Pulmonary Tuberculosis during 1953/62 (Table 2, and Fig. 1) show a fall in all age groups. By far the most spectacular fall is in the 15/24 age group, more than half of whom have now been included in the B.C.G. Scheme. The table shows that the incidence in adolescent girls remains consistently slightly higher than in boys.

A further indication of the decrease in tuberculosis in the community is the Tuberculin Sensitivity of the 13-year-old child. In the County as a whole, the percentage of positive reactors has fallen from 23.4% in 1954 to 10.1% in 1962. Reactors are still considerably more frequent in West Cornwall (12.8%), in the past the centre of so much mining activity, than in Central and East Cornwall (7.5% reactors).

SENIOR CHEST PHYSICIAN'S REPORT

Dr. L. W. Hale, Senior Chest Physician for the West Cornwall Clinical Area, reports as follows:—

In-patient working

Tehidy Hospital's bed complement has been unaltered at 122 beds including the Surgical Department.

The figure for admissions for respiratory tuberculosis is in accord with the decline seen in recent years, 130 cases in 1962 (143 in 1961). Similarly,

the steady rise in demand for beds for non-tuberculous (respiratory and general medical) patients has continued; admissions under this head in 1962 totalled 634 (606 in 1961), of which 265 (compared to 184 in the preceding year) were 'emergency' admissions (admitted on direct request, and not from the waiting list). This represents a large volume of non-tuberculous work, and makes a considerable contribution to the acute medical service for West Cornwall.

The total of patients (medical plus surgical) treated in the Hospital in 1962 was 869; this is also an increased figure.

As stated in previous reports, the greatest continuing difficulty in doing this work is to find nursing staff. Two or three nurses placed on the sick list, as must be expected from time to time, depletes a staff, already fully extended, to an anxious point. Junior Medical Staff, too, is no more than barely adequate. A Medical Registrar appointment has been approved by the Regional Hospital Board (a recognition of the field of clinical experience available), and an appointment should be made soon; even so, the allocation of medical beds, some 90 beds shared between two S.H.O. House Physicians, is too heavy a commitment, and with the increase of work reflected in the greater annual turnover of beds, it may be necessary to seek further junior resident staffing in the future.

The fall in the number of cases of pulmonary tuberculosis transferred to the Surgical Department for treatment there, continues; only two tuberculous cases were submitted for surgery in 1962 (46 in 1955).

The breakdown of cases passed to the Thoracic Surgeon from the medical side continues to show rather more than half of the cases coming from the West Cornwall Clinical area (67 of 126 major surgical patients).

The Waiting List has not at any time in 1962 been an acute problem, though, both in respect of tuberculous and non-tuberculous cases, there has at times been some difficulty in meeting demand for urgent admissions.

Almonerisation, radiographer service, physiotherapy and all ancillary branches, have done excellent work, and the establishment in these regards has been filled.

Out-patient working

The Clinic programme is essentially similar, though the day or time of certain clinics (list appended) has been altered for convenience in working.

Contact Clinic work has been at a good level, though a reduction (9%) in the number of contacts seen reflects the decreasing attack rate of new-found respiratory tuberculosis.

"First Attendance" figures at clinics (i.e. true new patients) have remained virtually the same in 1962: it has been possible to reduce the

figures for re-attendance cases by a further 9% by discharge of patients classified "cured".

B.C.G. vaccination, both of school children (in collaboration with the County Medical Officer) and of contacts, has been energetically followed; 4166 school children were done in 1962, and contacts, 615. The number of school children is higher because of the enlarged scope of the plan, as the age bracket has been altered so as to include all school children over age 11.

Clinic Timetable

Place of Clinic	Clinic Days and Times		Remarks
	New and Old Cases	Contacts	
Truro (Royal Cornwall Infirmary)	Every Monday 9.00 — 1.00	Last Thursday each month 2 p.m.	
St. Austell (District Hospital)	Every Monday except first in month 2.00 — 5.30	First Monday each month 2 p.m.	New Contacts seen each fourth Tuesday 2 p.m.
Newquay (District Hospital)	Every Tuesday except second in month 9.30 — 1.00	Second Tuesday each month 9.30 a.m.	
Camborne-Redruth (Tuckingmill)	Every Wednesday except third in month 9.30 — 1.00	Third Wednesday each month 9.30 a.m.	
Camborne-Redruth (Tuckingmill)	Every Thursday 9.30 — 1.00		
Bodmin (East Cornwall Hospital)	Every Wednesday 9.30 — 1.00	First Wednesday each month 2 p.m.	
Penzance (West Cornwall Hospital)	Every Thursday 9.30 — 1.00	Second Wednesday each month 2 p.m.	
Falmouth (District Hospital)	Every Monday except first in month 2.15 — 5.15	First Monday each month 2.15 p.m.	
Falmouth (District Hospital)	Every Friday 9.30 — 1.00		

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

"No change was made in the location and frequency of clinics during the year. The attendance figures over the year at the Stratton clinic, inaugurated in October 1961, seem to have more than justified this move.

The overall attendance figures at the clinics increased during the year. The number of contacts attending for examination also continues to be good and 11 new contacts were examined for each newly notified case.

The number of newly notified cases rose by approximately one third, but the numbers still remain quite low — 31 new cases as opposed to 23 in 1961.

There was a known reservoir of seven sputum positive cases at home at the end of the year."

Mass Radiography

The following is the report of Dr. G. Sheers on the work of the Mass Radiography Service in the County during the year.

	Male	Female	Total
Number examined ...	11,937	9,229	21,196

Incidence of Disease

A. Pulmonary tuberculosis

1. Requiring treatment	...	23	1.06 per 1,000 examinees.
2. Requiring observation	...	34	1.5 per 1,000 examinees.
3. Requiring no action	...	113	
4. Previously diagnosed	...	111	

B. Other conditions

Pneumonitis	...	17
Lung abscess	...	1
Bronchiectasis	...	8
Sarcoidosis	...	8
Pneumoconiosis	...	40
Bronchitis and emphysema	...	26
Asthma	...	1
Carcinoma of the bronchus	...	6
Other tumours:		
Metastases in lung	...	2
Metastases in thorax	...	1
Thyroid enlargement	...	6
Cyst of lung	...	3
Cardiovascular disease:		
Acquired	...	58
Congenital	...	5
Pleural thickening	...	4
Pulmonary fibrosis	...	6

Diaphragmatic abnormalities:

Hiatus hernia	...	7
Others	...	14

Bony abnormalities:

Pagets Disease	...	1
Fragilitis Ossium	...	1
Fibrous Dysplasia	...	1
Others	...	38

Age and sex analysis of cases of pulmonary tuberculosis
requiring treatment (group 1 above)

		—15	15—24	25—34	35—44	45—59	60+
Males	...	1	2	3	3	5	2
Females	...	2	1	2	—	3	—

GROUP ANALYSIS

Group	No. Examined	Tuberculosis requiring treatment	Incidence per 1,000 examinees
General Practitioner referrals	... 143	—	—
School leavers	... 2,645	—	—
Tuberculin Positive reactors	... 1,207	3	2.4
Contacts	... 84	—	—
Industrial surveys	... 477	—	—
Small firms and appointments	... 1,136	1	1.0
Large firms	... 2,857	4	1.4
Students	... 1,456	1	0.7
School staff	... 244	—	—
Homes for the aged	... 70	—	—
Public	... 9,560	9	0.9
Mental Patients	... 969	3 (relapses)	3.0
Mental Hospital staff	... 230	2	9.0
TOTAL	... 21,196	23	1.06

CARE AND 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 requisites 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 the Welfare Officer, and with the Children's Officer, who when necessary is prepared to arrange for the care of children of tuberculous parents who would be exposed to considerable risk of infection if allowed to remain in their own homes, and for the temporary care of children to facilitate the institutional confinements of mothers where this is necessary for medical or environmental reasons.

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 Holidays

Arrangements continue to be made to provide convalescent accommodation of the 'holiday home' type, and such arrangements were made for 40 persons during the year.

DOMESTIC HELP SERVICE

The total number of households receiving assistance from the Home Help Service during 1962 was 1,282, an increase of 75 over the previous year and as in previous years the increase is due to the needs of the chronic sick and the elderly.

The Home Aid Scheme, which is operated by the Women's Voluntary Service in conjunction with the National Assistance Board, arranged help for 236 elderly patients who required a limited number of hours, varying between 4 and 8 per week. Hence the numbers of old people requiring some domestic help were—Home Help 876, Home Aid 236 giving a total of 77% of the households, which is slightly higher than the national average of 75%.

It will be seen from the tables below that although there has been an increase in the number of householders served, the equivalent number of full-time home helps employed throughout the year 1962 was only 128.4 and this reflects great credit on the Home Help Organisers who have given very careful consideration to the allocation of the number of hours required in each home.

Throughout the year there have been 677 new cases and these, in addition to the many applications for the service which, after the Organiser had visited were withdrawn for various reasons, have made 1962 a busy year.

The day-to-day work continues to be arranged and supervised by Women's Voluntary Service Home Help Organisers apart from Areas 2 and 4 where full-time salaried Organisers are employed.

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

Number of home helps employed:

	Whole time	Part time	Spare time
Area 1	2	4	42
Area 2	2	13	41
Area 3	10	8	22
Area 4	—	8	36
Area 5	—	2	26
Area 6	—	—	38
Area 7	—	2	47
Resident	1	—	1

Number of cases served:

Mater- nity	Tubercu- losis	Chronic sick & old age	Others
21	5	140	12
33	1	195	52
60	5	175	37
35	2	129†	35
16	—	82	5
14	2	68	7
10	1	87	6
42	—	—	5
231	16	876†	159
290		1,282	

† including 5 Problem Families.

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

Year	Equivalent No. of Whole-time H. Hs.	Maternity	Tubercu- losis	Chronic sick & old age	Others	Total
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
1961	125.	226	21	789	171	1,207
1962	128.4	231	16	876	159	1,282

As in previous years, I express my appreciation to Lady Carew Pole, Women's Voluntary Service County Organiser and the members of the Women's Voluntary Service for the valuable work they have undertaken and their contribution to the Home Help Service and co-operation with my staff.

MENTAL HEALTH

1. Administration

(a) Committee

The functions of the Health Committee of the County Council under the Mental Health Act, 1959, and the regulations made thereunder are delegated to a Mental Health Sub-Committee. Quarterly meetings are held

and the Chairman is always available, between meetings, to advise as necessary.

(b) (1) Staff

No changes have occurred during the year in social work staff, and this has given a period of stable development in social casework. Some difficulties have arisen, however, due to the unfortunate illness of Mr. F. A. Marks, coming at a time when his colleague in the Camborne-Redruth area, Mr. J. R. Allam, was seconded for a two-year training in social work. Mr. Marks has been a valued member of the County Council's staff for the past thirty years and I wish him a speedy return to health. Approval was given during the year to the appointment of a female psychiatric social worker or social worker. This was an additional post to enable a most interesting experiment in social work to be started in conjunction with St. Lawrence's Hospital, Bodmin. I will comment on this experiment later in my report; suffice it to say at present that no suitable applicant has been found for the post. With the opening of our first purpose-built Training Centre for the severely sub-normal, eight new teachers and instructors joined the staff, bringing our present total of staff for this branch of the service to fourteen.

The lay administration and overall supervision of the Mental Health Services is the responsibility of the County Mental Health Officer. No medical staff have been appointed by the County Council to undertake duties in Mental Health, but Dr. J. F. Donovan, Consultant Psychiatrist and Medical Superintendent of St. Lawrence's Hospital, allocates a portion of his time to the Local Health Authority. Dr. D. Prentice, Consultant Psychiatrist and Medical Superintendent of the Royal Western Counties Hospital, is also available for consultation on problems concerning the sub-normal and severely sub-normal. The County Council's School Medical Officers undertake routine medical work in respect of children under community care.

(b) (2) Training of Staff

During the past few years, a great deal of thought and discussion has centred on the recruitment and training of suitable personnel to staff an expanding and rapidly changing service. One thing has emerged very clearly — Local Authorities must be prepared to second personnel for training, even if this causes difficulties in present services. If they do not, the alternative for the future is inadequate staff or no staff at all. There are now approximately 100 places available yearly at seven Technical Colleges throughout the country for a two-year training in social work. One officer from Cornwall commenced this training in September and, at the time of writing this report, a second officer has been accepted as from September, 1963. It is impossible to second more staff at the same time without our social work service falling below a reasonable level, and a third member of

the staff, who has also been accepted for training, must wait for another year. Whilst on secondment, officers are paid full salary, subsistence allowances and incidental expenses.

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

It is well recognised that positive mental health is based on good human relationships. To those who are responsible for services aimed at providing sound mental health, the moral is obvious — the dichotomy of the services themselves must be bridged by good human relationships. I am pleased to record, therefore, as in previous years, that liaison and communication between the South Western Regional Hospital Board, the Hospitals with whom we are concerned, and the County Council has been excellent at all levels. We do not always agree, but everyone concerned is always ready to reach a reasonable solution by way of personal discussion.

The theme of good human relationships is never more important than between those in actual contact with the patient — Psychiatrists, Nursing staff, General Practitioners and Social Workers. This personal contact is essential and I am very pleased to say that it exists in full measure in the Cornish services. The Mental Welfare Officers of the County Council attend weekly case discussions and are in constant touch with Medical and Nursing staff of the Hospitals. Arrangements are at present pending whereby a third female social worker will be appointed on the County Council's Mental Health Staff. Each of these three officers will then devote two days weekly with in-patients at St. Lawrence's Hospital, spending the rest of the working week providing care and after-care services in the community. This sort of co-ordination can be achieved only if the people concerned know each other and meet each other regularly, thereby working as a unified team.

The Royal Western Counties Hospital at Starcross, catering for the needs of the sub-normal and severely sub-normal, is 100 miles distant, and day to day personal contact is impossible. The County Mental Health Officer attends monthly case conferences at the Hospital and is co-ordinator between Hospital and Local Authority staff. Dr. D. Prentice, the Medical Superintendent of this Hospital, holds two clinics per month in the County and these are staffed by the Local Authority.

(d) Duties Delegated to Voluntary Associations

No active duties are delegated to Voluntary Associations but these organisations have a part to play in any Mental Health Service. Their functions, however, must be directed by the Local Authority so that overlapping can be avoided. We are fortunate in Cornwall in that the Voluntary Associations are willing to help us but do not attempt to run our services for us. A Psychiatric Social Club at Falmouth is now largely run by one social worker with help from at least a dozen local organisations. The two

Cornish Associations for the Mentally Handicapped give us support in full measure, and Rotary Clubs and other similar bodies are constantly coming forward with offers of help. These types of organisation often promote public meetings in Cornwall where selected speakers on mental health can explain the meaning of community care and educate the public in mental health matters.

2. Account of work undertaken in the Community

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

I regret to say that during 1962 it was necessary to admit 1,261 Cornish patients to St. Lawrence's Hospital, Bodmin, or Moorhaven Hospital, Ivybridge. This is an all-time record upon which we have no cause to congratulate ourselves. The services of prevention, care and after-care are designed to keep people out of hospital, in other words to provide community care. Does this climbing admission rate, a figure which has gone steadily upwards during the past ten years, suggest that our community care services are failing in their object? Before answering this question, let us first consider what has been happening in Cornwall during this period.

Ten years ago, public acceptance of psychiatry in this County was very much in its infancy. The Psychiatric Hospital was regarded with suspicion, even with dread. Out-patient facilities were very limited and little was done in the community, other than conveying the patient to hospital when the situation became desperate. During the past decade, tremendous strides have been made. Hospital services have improved beyond recognition; out-patient clinics have multiplied and public education by national and local means has gradually transformed public thinking. Close liaison between Hospital, Local Authority and General Practitioners has slowly evolved an acceptable mental health service from which people will seek help. The increase in number of people seeking help does not necessarily mean that mental illness is increasing but illustrates the demand for a service when one is provided. What does give rise to anxiety is not the increased number of patients but the fact that over 1,200 of them have had to enter hospital to receive the initial care and treatment they require. Many of these could be treated in the community if the present clinics had sufficient space and facilities available for the purpose.

As far as the care and after-care services of the Local Authority are concerned, I am sure that were it not for the efforts of the social work staff, the admission rate and, particularly, the re-admission rate, would have been considerably higher. Despite the fact that one officer was on sick leave for part of the year and another was seconded for training, the volume of work accomplished was in excess of 1961. Over 11,000 visits were made to mentally disordered patients in their own homes. There is no doubt at all of the value of such intensive case work in maintaining the patient in the

community and helping his relatives to support him. I repeat my words of last year that social casework is the cornerstone of any Mental Health Service and an adequate, well-balanced team of social workers is absolutely essential.

(b) Initial Proceedings by Mental Welfare Officers

During 1962 the Mental Welfare Officers admitted to Psychiatric Hospitals 996 patients suffering from mental illness. This is 145 more than in the previous year and represents over 78% of overall admissions from Cornwall. Under present legislation, there is nothing to prevent patients being admitted to hospital without the intervention of a Mental Welfare Officer. The fact that the services of these officers are sought in such a very large proportion of admissions is clear evidence of the value of their work. It is also evidence that their functions are known and understood by General Practitioners and other persons who need their help.

I commented last year that the surprisingly high figure of 33% of all admissions to St. Lawrence's Hospital, Bodmin, entered under a compulsory care procedure. This percentage seemed far too high and quite contrary to the intention of the Mental Health Act. During 1962, the figure dropped slightly to just over 31% and, whilst this is a trend in the right direction, I still feel that compulsory care procedures, particularly Section 29 of the Act, are used too frequently. This is not the fault of the Mental Welfare Officer, who is often confronted with the choice of using Section 29 or not admitting the patient.

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

(i) Ascertainment and Community Care

Arrangements for ascertainment and community care of the sub-normal and severely sub-normal work so smoothly that they are almost taken for granted. During 1962, 108 new cases were referred and there are now almost 700 patients suffering from varying degrees of mental retardation receiving active help in the community. This ranges from a somewhat difficult problem at present — employment placing — to helping the family itself to come to terms with the situation. Family casework in this field is extremely important, as the patient cannot be regarded as a separate entity, with certain specific needs to be met. Often he is the unwitting cause of tension, feelings of guilt or anxiety between other members of the family, and their need of help can be greater at times than his. Despite Training Centres and other very necessary adjuncts to community care, the basic need for sound social casework must be fully recognised.

No serious problems have arisen during the year concerning hospital accommodation and the improvement, which I reported last year, has continued. Undoubtedly the Training Centre development programme in Corn-

wall has lessened the overall need for hospital beds and I assume that this trend will continue.

(ii) Training

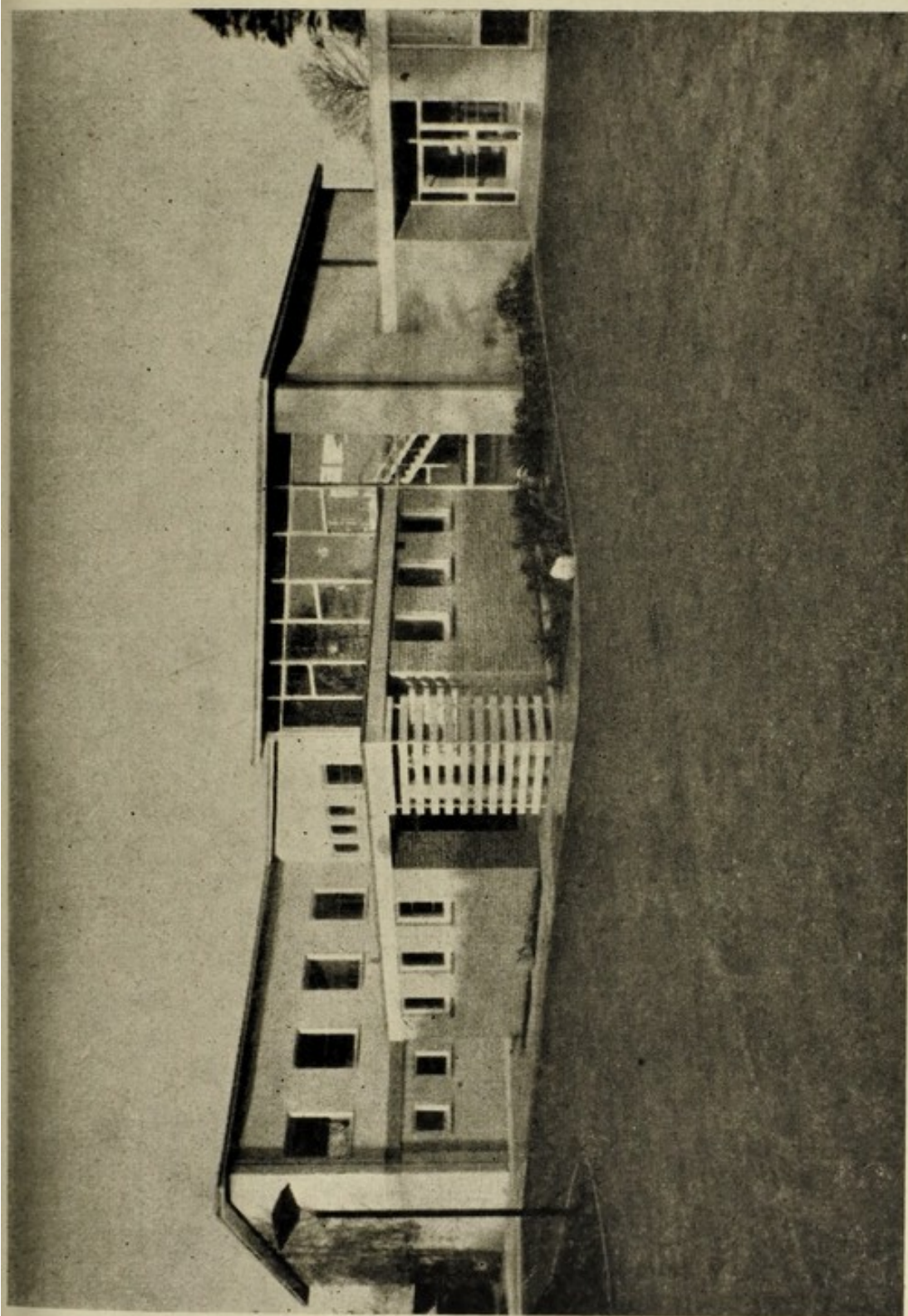
This is my last Annual Report as County Medical Officer of Health before my retirement. It gives me a great deal of satisfaction, therefore, to report the completion of the first purpose built Training Centre in Cornwall. It is the result of a long campaign for a comprehensive training scheme for the County, and the first step in providing full time training for sixty children and sixty adults is a milestone of note. The Health Committee has named the building "The Curnow Training Centre", and I am deeply sensitive of the honour which has been accorded me.

The Centre opened in October last and, at the end of the year, forty-two juniors and fifty adults were attending on a daily basis. Transport presented a big problem but three coaches, two mini-buses and some smaller vehicles have covered the catchment area of the Centre remarkably well. Junior and Adult Departments are fully staffed and six members of the staff hold the appropriate diploma of the National Association for Mental Health. A qualified nursery nurse is in charge of the nursery in the Junior Department. A self-contained kitchen provides mid-day meals, the juniors being served at table and the adults collecting their meals cafeteria style. Both groups have separate dining halls, but the very young children are fed in the Nursery from a heated trolley.

It is far too early to evaluate results but one cannot help noticing the enthusiasm of some of the adults. These are people who have had no training before and for the past ten to twenty years have been slowly vegetating at home. The change in them, after such a short time at the Centre, is remarkable. One man of 35 years missed his transport but found his own way to the Centre later in the day, covering a journey of twenty miles by devious means. He said that he could not possibly be absent from his work. A woman of 30 years told her mother that she could not miss a day at the Centre, as this would interfere with her career. These are typical examples of the enthusiasm which is being shown by adult trainees.

At the time of preparing this report, arrangements are being made for the official opening of the Centre by the Minister of Health, the Rt. Hon. J. Enoch Powell, M.B.E., M.P.

Whilst the start of the first full-time Training Centre in the County has been very much to the fore, the second phase of our programme of 240 training places for Cornwall has been progressing rapidly. This is a sixty-place Adult Training Centre at St. Austell, situated on a very pleasant five-acre site. On the same site, quite separate from the Training Centre, is a twenty-place Hostel for male trainees, and on a separate site about half a mile away,



THE CURNOW TRAINING CENTRE

a Hostel for twenty females is in course of construction. The three buildings should be ready for occupation in September, 1963 — the Hostels catering for trainees living too far away to attend the Centre on a daily basis. The Centre, which includes a fully equipped workshop, will also cater for horticultural activities, the large site lending itself well to this type of work. Plenty of recreational space is available. The Hostels are built on family lines, with small dormitories of 5, 4, and 3 beds and 8 single rooms. A self-contained 2-bedroom flat is provided in each building for the warden, and accommodation is also available for assistant staff. I am sure that this Centre will meet a very real need in the eastern part of the County, particularly the Hostel facilities.

The third phase, a sixty-place Junior Training Centre with a thirty-place Hostel for residents, is just passing from the stage of planning to reality. Two sites have been purchased, close to each other, and a tender has been accepted for the construction of the Training Centre on one and the Hostel on the other. Building will commence in the Spring of 1963 and both buildings should be ready for occupation in September, 1964.

Mental Health Statistics at 31st December, 1962

(The figures in brackets indicate the numbers at 31.12.1961)

A. Hospital care.

(a) Mental illness.

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

Name of Hospital	Informal		Section 25.		Section 29.		Section 26.		Court Cases		Total	
	M	F	M	F	M	F	M	F	M	F	M	F
St. Lawrence's Hospital, Bodmin	257 (192)	334 (269)	34 (47)	80 (89)	93 (73)	136 (124)	12 (6)	16 (15)	1 (2)		397 (320)	566 (497)
Moorhaven Hospital, Devon	11 (10)	10 (19)			5 (3)	7 (2)					16 (13)	17 (21)
	268 (202)	344 (288)	34 (47)	80 (89)	98 (76)	143 (126)	12 (6)	16 (15)	1 (2)		413 (333)	583 (518)

Total admissions during 1962 by Mental Welfare Officers 996 (851)

(ii) Admissions of Cornish patients during the year from all sources

Name of Hospital	Informal		Section 25.		Section 29.		Section 26.		Court Cases		Total	
			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	328 (273)	481 (430)	34 (47)	80 (90)	93 (73)	136 (124)	12 (6)	16 (16)	3 (4)		470 (403)	713 (660)
Moorhaven Hospital, Devon	24 (36)	42 (50)			5 (3)	7 (4)					29 (39)	49 (54)
	352 (309)	523 (480)	34 (47)	80 (90)	98 (76)	143 (128)	12 (6)	16 (16)	3 (4)		499 (442)	762 (714)
Total admissions during 1962 of Cornish patients										1261 (1156)		

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

Name of Hospital	M.	F.	Total
Royal Western Counties Hospital			
Group	218 (229)	188 (187)	406 (416)
Other Hospitals	87 (92)	44 (46)	131 (138)
	305 (321)	232 (233)	537 (554)

(iii) Patients awaiting admission to Hospitals

Classification	M	F	Total
(1) Over the age of 16 years			
(a) Cot and chair cases ...	— (1)	1 (1)	1 (2)
(b) Ambulant low grade cases ...	— (1)	— (1)	— (2)
(c) Medium grade cases ...	— (1)	— (1)	— (2)
(d) High grade cases ...	—	—	—
(2) Under the age of 16 years			
(a) Cot and chair cases ...	5 (6)	4 (5)	9 (11)
(b) Ambulant low grade cases ...	2 (3)	3 (3)	5 (6)
(c) Medium grade cases ...	— (—)	1 (2)	1 (2)
(d) High grade cases ...	—	1	1
	7 (12)	10 (13)	17 (25)

(These figures include 4 males and 4 females of cot and chair grade and 1 male and 1 female of ambulant low grade under the age of 16 at present in an Approved Home. 6 of these patients are over age for transfer).

B. Community Care

(a) Mental Illness				
		M	F	Total
Receiving after care visitation	...	155 (140)	243 (244)	398 (384)
(b) Subnormality and severe subnormality				
(i) Number of new cases reported during the year				
How reported		M	F	Total
(1) Notified by the Education Committee: Education Act 1944				
(a) Children unsuitable for education at school	...	18 (13)	12 (8)	30 (21)
(b) School leavers reported informally	...	7 (18)	13 (14)	20 (32)
(2) Reported from other sources	...	34 (30)	24 (19)	58 (49)
		59 (61)	49 (41)	108 (102)
(ii) Number of patients under care on 31.12.1962.				
		M	F	Total
(1) Under informal care	...	376 (338)	316 (301)	692 (639)
(2) Under Guardianship	...	— (—)	— (1)	— (1)
(3) On leave from Hospitals	...	— (—)	2 (1)	2 (1)
		376 (338)	318 (303)	694 (641)

WELFARE SERVICES

THE AGED AND THE INFIRM

1. Accommodation Provided for Old People

The waiting list of old people wishing to enter one of the County Council's Residential Homes continues to rise and at one time during the year under review the number was in the region of 200. This waiting list could easily have been increased at any time if the District Welfare Officers had sought people who were in need of care and attention, but for obvious reasons, this cannot be done as the County Council must, for the time being, confine itself to urgent cases. Unfortunately, the number of new welfare beds provided during the year was not large, the only new Home coming into operation was St. Anne's, Saltash, and here only 15 beds were occupied at the end of 1962.

The building at Redruth specially built to deal with confused and senile elderly persons is almost completed, and will be occupied early in 1963. It is becoming increasingly apparent that in the not too distant future the welfare beds in Residential Homes will be occupied almost entirely by either the physically frail or the mentally frail, i.e. those who are confused and senile. This makes it increasingly important and urgent for the elderly to be maintained in their own homes as long as possible, and the provision in the 10 Year Plan for domiciliary care is therefore welcomed; as is the increasing provision being made by the housing authorities for special old persons dwellings with welfare facilities attached. Reference is made to this later in this report.

According to the Registrar-General's figures, the number of people in Cornwall over the age of 65 in 1960 was 50,100. At the 31st December, 1962, the number of persons in welfare beds in Cornwall was as follows:—

447 in County Council Residential Homes

74 at Lamellion Hospital (a joint-user establishment under the control of the Regional Hospital Board)

146 in Voluntary Homes

667 TOTAL = 1.33% of 50,100.

In the 10 Year Plan, additional beds are to be provided, namely:—

1962/3	...	147
1963/4	...	35
1964/5	...	80
1965/6	...	—
1966/7	...	70
1967/72	...	175
		—
		507
		—

Making a total of 1174.

The Ministry of Health estimate that the number of people in Cornwall aged over 65 is expected to rise by 1972 to 55,600 and on the assumption that the total welfare beds at the end of the 10 year period will have increased to approximately 1200, the percentage of population occupying welfare beds will have increased from 1.43 to 2.16.

In the country as a whole during the next 20 years, the numbers aged 65 and over are expected to increase by 32.57 but for those aged 75 and over the increase will be proportionately even greater being in the region of 40.5%. This means that the average age of persons in the Residential Homes will be considerably higher by 1970 than at the present time, and the increasing frailty to which reference is made earlier is to be expected.

The existing Homes at Carbis Bay (The Headlands) and at Hayle (Carew House) are being extended and the alterations will be completed in 1963. The Homes provided by voluntary associations at Bude, Liskeard, St. Austell, Perranporth and the Epiphany Homes at Truro, and St. Agnes are most comfortable and well run, and every endeavour is made to make the residents happy.

The following is the return of persons in welfare accommodation at the 31st December, 1962:—

Establishment		Men	Women	Total
Joint User Establishments				
Sedgemoor Priory, St. Austell	...	68	55	123
Lamellion Hospital, Liskeard	...	30	40	70
Residential Homes				
St. Michael's, Penzance	...	12	26	38
Endsleigh, Newquay	...	9	18	27
Polvellan, Looe	...	12	21	33
Cliffe House, Falmouth	...	13	17	30
Carew House, Hayle	...	16	8	24

Establishment	Men	Women	Total
St. Hilary, Bude	20	12	32
Penberthy House, Newquay	10	36	46
Headlands, Carbis Bay	3	13	16
Blackwood House, Camborne	18	42	60
St. Anne's, Saltash	2	12	14
Voluntary Homes			
Bude Eventide Home	2	11	13
Caprera, St. Austell	7	19	26
Liskeard, Eventide Home	2	10	12
Perran Bay Hotel, Perranporth	3	22	25
Epiphany Home, St. Agnes	15	17	32
Rosewin Home, Truro	—	22	22
St. Teresa's, Penzance	5	9	14
Methodist Homes	—	2	2
Ex-Officers' Home, Bishopsteignton	1	—	1
W.V.S. Club, Southsea	—	1	1
Nurses' Memorial Home, Reigate	—	1	1
St. Mary's, Bovey Tracey	—	1	1
Cann House, Tamerton Foliot	1	2	3
Pembroke House, Gillingham	1	—	1
Laverstock House, Tunbridge Wells	—	1	1
Astor Hall, Plymouth	—	1	1
Badgworth Court, Axminster	1	—	1
	251	419	670
Homes Provided by Other Authorities			
Devon C.C.	2	—	2
Plymouth C.B.C.	2	1	3
Blind Homes			
Rehabilitation Centre, Torquay	—	1	1
Malabar, Truro	6	19	25
Torr, Plymouth	1	6	7
Royal School for the Blind, Leatherhead	3	—	3
Epileptic Colonies			
Chalfont, Bucks.	1	4	5
David Lewis, Cheshire	—	1	1
Meath Home, Godalming	—	1	1
Maghull Homes, Liverpool	2	—	2

Establishment		Men	Woman	Total
Special Homes for Spastics etc.				
Coombe Farm, Croydon	...	1	—	1
Ponds Home, Beaconsfield	...	—	1	1
Enham-Alamein Homes, Andover	...	1	—	1
		19	34	53
Total in Residential Accommodation		270	453	723
 Temporary Accommodation				
		Men	Women Children	Total
Hostel, 17 North Street, St. Austell	...	1	1 2	4
Cameron Estate, St. Agnes	...	5	4 25	34
Caravan at United Downs, Carharrack	...	1	1 3	5
Cottage at Lanreath	...	3	— —	3
Hurtstocks Cottage, Cardinham	...	—	— —	—
Caravan at Keyne	...	1	1 —	2
Cottage at Redruth Coombe	...	—	1 3	4
10 and 12 Church Street, Tywardreath...		2	2 7	11
Old Isolation Hospital, Goss Moor	...	1	1 —	2
Total in Temporary Accommodation	...	14	11 40	65
GRAND TOTAL	...	286	470 40	796
LESS Chargeable to Other Authorities	...	2	11 —	13
NET TOTAL	...	284	459 40	783

The above figures of persons in residential accommodation on the 31st December, 1962, are made up of the following classes, and it will be seen that many of the men and women in the care of the County Council are either physically or mentally handicapped, or both.

	Aged	M	105
		F	212
Not materially handicapped			
	Not Aged	M	7
		F	13
<hr/>			
Blind	Aged	M	11
		F	23
	Not Aged	M	3
		F	9
<hr/>			
Deaf	Aged	M	2
		F	1
	Not Aged	M	1
		F	2
<hr/>			
Epileptic	Aged	M	6
		F	3
	Not Aged	M	5
		F	14
<hr/>			
Others physically handicapped	Aged	M	69
		F	97
	Not Aged	M	17
		F	22
<hr/>			
Mentally handicapped	Aged	M	17
		F	42
	Not Aged	M	19
		F	16

Persons in Temporary Accommodation

Persons over age 16	Evicted	M	12
		F	9
	Other	M	2
		F	2
Children accompanied by persons over age 16	Evicted		37
	Other		3
	Total		65

**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 31.12.62	
	Number of Homes	Number of residents for whom provision made
Homes for Old Persons	... 33	424
Homes for Disabled Persons	... 1	22
Homes for Old Persons and Disabled Persons	... 7	151
	<hr/> 41	<hr/> 597

2. Special Housing for Old People

It is pleasing to report that the District Councils, as the housing authorities, are co-operating with the County Council in the care of old people and the number of housing units in the County where welfare facilities are attached has increased during the year from 297 to 602. The County Council make a grant if welfare services are provided, the minimum being the provision of a warden and some kind of bell system. Provision of this kind means that old people can stay much longer in their own homes and it is possible that in the future the needs of the majority of the

elderly who are in need of care and attention will be made in these special old peoples dwellings except for those who are very frail. The schemes already approved by the County Council are as follow:—

Housing Authorities		No. of Housing Units
Truro R.D.C.	Portscatho	12 Bungalows
"	Mylor Bridge	6 "
"	St. Agnes	12 "
"	Goonhavern	8 "
"	Perran-ar-Worthal	8 "
"	Veryan	6 "
"	Carnon Crescent, Carnon Downs	6 "
"	St. Just-in-Roseland, Harbour View	6 "
Falmouth Borough Council	Sailors' Home, Falmouth	17 Flats
Launceston Borough Council	Poltamar Estate	11 Bungalows & Flats
West Penwith R.D.C.	Bodriggy Estate, Hayle	39 "
"	Lethlean Estate, Hayle	20 "
"	Treloweth Estate	16 "
"	Millett Close and Boltern Road	14 "
"	St. Levan Close and St. Levan Road	28 "
"	Chy-an-Gweal Estate, Ludgvan	16 "
"	Queensway, Hayle	8 "
"	Parc-an-Cady, St. Buryan	7 "
Newquay U.D.C.	St. Piran's Road, Newquay	12 Flats
"	Porth Bean Road, Newquay	12 "
Liskeard Borough Council	Lake Lane Liskeard	72 Bungalows
St. Ives Matthews Trust, St. Ives		10 Flats
Wadebridge R.D.C.	Whiterock, Wadebridge	9 Bungalows
"	West Park Estate	28 Flats

Housing Authorities		No. of Housing Units
Truro City	Baynard's Meadow	16 Flats
"	Carlyon Close	11 Flats
"	Festival Gardens	6 Bungalows
"	Lemon Row	4 "
"	Tregear Gardens	20 Flats
"	Mitchell Hill	16 "
"	Malpas Road	8 "
"	Tregurra	16 Bungalows
"	Malabar	12 Flats
"	George Street	6 "
Penzance Borough	Pendarves Flats	24 Flats
St. Ives Borough	Trewyn Gardens	16 "
Kerrier R.D.C.	Mullion	10 Bungalows
Hutchens Charity	Paul	9 "
St. Austell U.D.C.	Poltair Court, St. Austell	11 Houses
"	Prince Charles Road	10 "
"	Robartes Gardens	6 "
Torpoint U.D.C.	Queens Park Housing Estate	18 Bungalows

3. Meals on Wheels

The number of schemes of Meals on Wheels in the County at the 31st December, 1962, were as follows:—

	Deliveries per Week	Total number of Meals supplied for the week
St. Austell	4	24
Bodmin	2	24
Camborne	2	24
Carharrack, Lanner and St. Day	2	12
Falmouth	2	36
Hayle	2	12
Hayle, St. Erth	2	12
Helston	2	9
Penryn	2	10
Penzance	2	24
Porthleven	2	12
Redruth	2	12
St. Ives	2	12
Truro	2	20

Most of these are organised by local Voluntary Old Folks' Welfare Committees, and in most cases the W.V.S. hold themselves responsible for the transport arrangements.

4. Chiropody

All the County Council Residential Homes for the elderly have the services of a trained chiropodist for one or two sessions each month. There has been great difficulty in obtaining chiropodists who have the qualifications laid down by the regulations of the Ministry of Health and this applies even more to the old peoples' clubs and kindred societies who wish to provide this service. A small number have made provision for chiropody monthly at the meetings of the club, but one Committee at least has been able to arrange for domiciliary visits. Where chiropody is being provided by voluntary societies the County Council have agreed to make a grant on a sessional basis, subject to certain safeguards.

5. Old Peoples' Clubs

The number of Old People's Clubs in the County on the 31st December, 1962 were as follows:—

W.V.S. Clubs	...	43
Red Cross Clubs	...	5
Miscellaneous Clubs	...	10

HANDICAPPED PERSONS

Ever since the world began there have been people who have had the burden of some handicap to bear in life. In the middle ages, the disabled were often treated as outcasts, for during these years the fittest only survived. Today, it is the aim of the Welfare Service to treat the handicapped as normal members of the community.

On the Register of Handicapped Persons in Cornwall, there are persons who have had to bear the burden of being disabled in some way or other from birth; others, previously perfectly fit, have met with some accident or been attacked by some disease which has, to a greater or lesser degree, handicapped them.

During the past year there have been some changes in the provision of care for the disabled in the County of Cornwall. Whereas, previously, all visiting was done from the Central Office during the year a complete copy of the Handicapped Persons Register has been made, and the cards have been distributed to the District Welfare Officers who now do the work of visiting within their areas. However, the administration is still undertaken in the Central Office.

Cases are notified from many sources and details are sent to the District Welfare Officer in whose area the case may be. He then visits the patient concerned, and makes a report. Many of the patients do not require the provision of aids 'on loan' under the scheme run by the County Council, but are greatly encouraged to know that there is someone to whom they can turn, should any problems arise on which they require advice. Most of the parents of disabled children find relief in being able to talk about their difficulties to someone with experience in such matters, and they glean some comfort from the knowledge that their offspring are not alone in their disabilities.

During the year 92 names have been added to the Register, 31 have died, making a net addition of 61 persons. The distribution of ages and disabilities can be seen on the accompanying table.

In Cornwall, the Welfare Section runs a service which enables handicapped persons to have, on loan, certain items which assist them and their relatives and friends who look after them. Such items as hoists, seat-aids, sani-chairs etc. are of great assistance when a patient is totally disabled. In some instances rails are provided in the patient's house, life being made much easier for the person who is unsure of his ability to move from one place to another. Other items such as walking aids, pick-up sticks, stocking pullers-on etc. are often provided for less handicapped persons. However, before any aid is provided or alteration takes place, the patient's General Medical Practitioner is consulted.

As has been mentioned in previous reports, there are two holiday beds at St. Teresa's Cheshire Home, Marazion. These are provided by the County Council and are kept fully occupied during the whole of the year. There, holidays are greatly enjoyed by the patients and the benefit derived by the parents and relatives upon whom many of the handicapped are entirely dependent, is inestimable. Holidays have also been provided at Astor Hall, Plymouth and the Epiphany Convalescent Home, St. Agnes.

The severely handicapped driver is now assisted by the County, who provide him with a badge for display in his car, showing that the car in question is owned by a disabled driver. These badges are often helpful when there is difficulty in parking a vehicle, as most disabled drivers are not able to walk long distances. This is a new venture and close contact is being kept with the Police, who support the scheme, and the Local Taxation Authority regarding the distribution of these badges.

During the year, there has been close liaison between the Department and the voluntary bodies, especially the Cornwall Association for the Care of the Disabled and the British Red Cross Society.

CARE OF THE HANDICAPPED

Number of patients on register on 31.12.62.

Classification	Male			Female		
	16— 30	30— 50	Over 50	16— 30	30— 50	Over 50
A/E(1) Amputation ...	5	5	17	3	—	10
F(2) Arthritis & rheumatism	1	17	42	6	17	71
G(3) Congenital malforma- tions and deformities ...	4	25	12	18	24	2
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 ...	32	38	97	21	16	20
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 ...	23	33	28	9	13	8
V(6) Organic nervous diseases — epilepsy, disseminated sclerosis, poliomyelitis, hemiplegia, sciatica, etc. ...	76	114	85	83	70	59
U/W(7) Neuroses, psychoses and other nervous and mental disorders not included in V(6) ...	19	13	6	6	1	4
X(8) Tuberculosis (respiratory) ...	11	36	17	9	11	—
Y(9) Tuberculosis (non-respiratory) ...	11	5	4	9	4	5
Z(10) Diseases and injuries not specified above ...	13	4	7	6	3	5
Total ...	195	290	315	170	159	184
	800			513		
	(Included in V(6) above)					
Epileptics ...	20	18	6	25	2	5
Spastics ...	17	9	5	24	7	4
	(under 16—6)			(under 16—3)		

REPORT ON SOCIAL CASE WORK AMONG SUBSTANDARD FAMILIES

More than two years have elapsed since the appointment of the first Family Welfare Worker in the Camborne-Redruth area (Health Area 2). This appointment was followed by a second early in 1961, by two appointments in February and April, 1962 for Health Areas 3 and 1, and recently by the appointment of Family Welfare Workers to work in Health Areas 5 and 7.

Family Welfare Workers are at present at work in all areas of the County with the exception of the North East, that is Health Areas 5 and 6, centred upon Wadebridge and Launceston respectively.

Brief particulars of the families being helped by the Family Welfare Workers are listed below:—

Total number of families at present receiving help from this service	..	45
Average age of parents:		
Father	...	36 years
Mother	...	34 years
Average Income	...	£10.4s.7d.
Average number of children under 16 years, per family	...	3.8 or 4 (if corrected to the nearest child)
Employment position of fathers:		
Unemployed	...	14
Employer	...	22
Permanently Sick	...	2
Wives and mothers working	...	Nil
Mothers, widowed, separated or divorced (no male wage-earner)	...	6
Unmarried mother	...	1 (3 children)

Housing Position

Living in Council Houses of standard type	...	22
Living in Huttred Camps (Nissen type) as tenants of Local Authority or in Temporary Accommodation, rented to the County Council by the Local Housing Authority	...	7

Living in Prefabricated Unit, as tenants of the Local Authority	...	2
Living in Caravans	...	3
Living in privately owned or rented accommodation	...	11

Education of children aged 5—16 years

Girls attending County Grammar schools	...	2
Boys attending Special Adjustment Classes	...	1
Boys attending Curnow Training Centre	...	1
Boys attending Pencalenick Special School for the Educationally Sub-Normal	...	1
Attending County Secondary or Primary Schools	...	Remainder

The Special Service has been discontinued in 21 cases, for the following reasons:—

Left the district	...	2
Returned to the supervision of the Probation Officer	...	2
Returned to the supervision of Moral Welfare Association	...	1
Returned to the supervision of Health Visitor:—		
Because of sustained improvement	8	
Returned to maternal grandmother	3	
Unresponsive to help	3	14
Discontinued as children were received into care of the Children's Department, the mother being a severe epileptic with mental retardation	...	1
Unwilling to accept the help offered by the Service	...	1

The Area Medical Officer concerned has been consulted before the discontinuation of the Service in any particular case.

Families were selected for special help by the Area Medical Officer, together with the Assistant County Nursing Officer with the approval of the County Welfare Officer. Several families have been referred to the County Welfare Officer by the Children's Officer, with whom a close liaison has been maintained throughout. The Family Welfare Worker was introduced to the family by the Health Visitor or Social Worker referring the case.

Selection of Cases for Concentrated Family Case Work

It has been found desirable that Family Welfare Workers should not undertake more than a total at any one time of ten cases, of these not more than five should be "hard core" cases. In the initial stages of the Scheme in any particular area it is ideal to build up the case-load gradually starting with perhaps three cases of which only one should be a "hard core" case. This applies only where the Family Welfare Worker is not previously experienced, if she has previous experience it is possible to build up the case-load rather more rapidly as she gains knowledge of local geography.

It has been found possible to achieve a considerable measure of success with parents of below average intelligence, but the problem of the psychopathic personality is a constant challenge and in our present state of knowledge it would seem that these unfortunate people are quite unable to respond to any form of human aid. More, however, is becoming known as to the cause of psychopathy and ever more energetic efforts should be directed towards preventing what we cannot, at present, cure.

It would seem that the type of family with whom we can achieve the greatest measure of success is the young married couple, preferably under the age of thirty. If both mother and father are well over forty, it is difficult to achieve any marked modification of their way of life which by that time will have become well established.

It is further found that from both the social and the economic standpoint the maximum value of this service can be achieved through preventive casework among married couples who are beginning to give rise to anxiety on the part of the Health Visitors, Medical Officer, Children's Officer, Family Practitioner or others concerned with the family.

The readiness of both parents to accept help should be obtained before introducing a Family Welfare Worker.

Method of Work

The majority of families are visited daily in the first instance, time being taken to establish a friendly relationship before any direct instruction is attempted.

Instruction in housecraft, house maintenance and decorating, cookery, elementary sewing, washing and child care are given as and when necessary. The almost inevitable burden of debt is tackled and very careful attention given to budgeting so that the whole family may receive an adequate diet.

The record of School Attendance is poor in most of the families with whom this service deals, and sustained effort is required on the part of the Family Welfare Worker to see that the children attend school regularly. One of the particular difficulties is the provision of school uniform for

children attending County Secondary Schools and Grammar Schools, and another is the provision of adequate footwear and clothing. The National Assistance Board and the Education Department have both proved most helpful in this matter, but there are cases which cannot be met by either of these bodies and, in addition to this, the families concerned tend to be careless and destructive so that the clothing provided does not last very long. Subsequent visits to the schools are made by the Family Welfare Worker and the interest and co-operation of the headmasters and teachers concerned has been greatly appreciated.

For the future, a wider understanding on the part of society as a whole, and of Local Housing Authorities and other departments concerned in particular, of the underlying causes of the degradation and misery into which families may fall, will be of inestimable value in the prevention of this problem which is so costly in terms of economics and human happiness.

Careful selection of suitable cases and a determination not to overburden those undertaking this work, in order to ensure that each family may receive a due share of time and consideration, will do much to improve the lot of children born to these inadequate parents.

It is hoped to undertake a more detailed investigation into several aspects of the problem of "Problem Families" during the next few years, in which time we may hope to form some assessment of the degree of success of this Scheme. Success in this type of work is difficult to measure and two years is far too short a period of time in which to attempt this.

BLIND AND PARTIALLY SIGHTED PERSONS

Blind

The total number of blind persons on the Register at 31st December, 1962, was 823.

New admissions during the year	...	86
Transfers of registered blind people from other areas	...	11
Deaths	...	110
Transfer of registered blind people to other areas	...	9
Decertifications due to improved visual acuity	...	2

There are 13 Home Workers in Cornwall. One basketmaker has died during the year.

Only one child under 5 was registered blind during the year.

Details of the employment of blind persons in Cornwall are given elsewhere in this report. One lad has left school and is being trained as a basketmaker. Two men have been trained in light engineering and been placed in open industry.

One blind man and one blind woman have had courses of social rehabilitation and one blind girl has had a course of industrial rehabilitation. One blind girl attends the Training Centre of the R.N.I.B. in London.

Home Teaching Service

The staff consists of five qualified Home Teachers and two Home Teachers who will be taking their examinations in July. Of the five one is on a course for social workers at Bristol and appears to be greatly profiting from the opportunity. Of the two one is on a short course at Leeds.

Home for the Blind, Malabar, Truro

Towards the end of the year under review Mrs. F. M. Owen was appointed Matron and her husband Handyman-Assistant. The joint appointment is giving great satisfaction to the Home Committee and to the residents. A working party has been appointed and a very thorough survey of the home, its heating, its furniture and equipment and its organisation has been made. From this survey it has been possible for the Home Committee to plan a scheme of restoration and modernisation.

Secretary

Miss Thorold had been a Home Teacher from 1930 to 1950, and Secretary from 1950 to 1963. The Association has recorded its gratitude for her thirty-three years of service.

Honorary Secretary

The Association appointed John Pearce its Honorary Secretary on 1st February, 1963, and the address of the Association is Gwendroc, Truro. Telephone No. Truro 3952.

Register of Blind Persons:—

Age Period	Age Groups of Blind Persons			Age at which Blindness Occurred		
	Males	Females	Total	Males	Females	Total
0	—	—	—	22	32	54
1	—	—	—	—	—	—
2	—	—	—	1	—	1
3	1	—	1	2	1	3
4	—	—	—	2	—	2
5—10	4	2	6	10	8	18
11—15	4	4	8	6	4	10
16—20	5	1	6	11	6	17
21—29	6	6	12	15	20	35
30—39	13	14	27	27	19	46
40—49	25	29	54	33	45	78
50—59	43	39	82	49	59	108
60—64	25	37	62	26	47	73
65—69	35	45	80	16	57	73
70—79	74	134	208	42	124	166
80—84	39	88	127	33	52	85
85—89	24	59	83	8	26	34
90 & over	13	54	67	3	7	10
Unknown	—	—	—	5	5	10
Totals	311	512	823	311	512	823

New cases registered during the year:—

Age Period	Age Groups			Age at Onset		
	Males	Females	Total	Males	Females	Total
0—4	—	—	—	—	—	—
5—10	—	—	—	—	—	—
11—15	—	—	—	—	—	—
16—20	—	—	—	—	1	1
21—29	—	2	2	—	1	1
30—39	—	—	—	—	—	—
40—49	1	—	1	1	—	1
50—59	3	4	7	4	4	8
60—64	1	5	6	2	5	7
65—69	4	8	12	2	8	10
70—79	10	17	27	10	19	29
80—84	4	11	15	6	11	17
85—89	4	7	11	2	8	10
90 & over	1	4	5	1	1	2
Unknown	—	—	—	—	—	—
Totals	28	58	86	28	58	86

Blind Children under 16 years:					Males	Females	Total
1.	Age under 2	...	...	...	—	—	—
2.	Age 2—4						
	Suitable for education at school	...			1	—	1
	Unsuitable for education at school				—	—	—
					—	—	—
					1	—	1
					—	—	—
3.	Age 5—15						
	Suitable for education at school						
	Attending Special School for the Blind						
	(i) Blind with NO other defects	...			2	4	6
	(ii) Blind WITH other defects	...			1	1	2
	Attending other Schools						
	(i) Blind with NO other defects	...			—	—	—
	(ii) Blind WITH other defects	...			—	—	—
	Not at School						
	(i) Blind with NO other defects	...			1	—	1
	(ii) Blind WITH other defects	...			—	1	1
					—	—	—
					4	6	10
					—	—	—
	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	...			1	—	1
	(ii) Blind with multiple defects	...			1	—	1
					—	—	—
					4	—	4
					—	—	—
	Total children	...			9	6	15

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

1. At School	Males	Females	Total
Age Group 16—20 ...	1	—	1
2. Employed			
Employment under Sheltered Conditions			
(i) In Special Workshops ...	4	—	4
(ii) In Home Workers Schemes	9	3	12
Employment under Ordinary Conditions	19	1	20
	—	—	—
Total Employed ...	32	4	36
	—	—	—
3 Undergoing Training			
(i) For sheltered employment ...	1	—	1
(ii) For open employment ...	2	—	2
(iii) Professional or University ...	—	—	—
	—	—	—
Total Training ...	3	—	3
	—	—	—
4. Not Employed			
Capable of and available for work			
Already trained			
(i) For sheltered employment ...	1	—	1
(ii) For open employment ...	2	1	3
Subject to being trained			
(i) For sheltered employment ...	—	—	—
(ii) For open employment ...	1	1	2
Without training			
(i) For sheltered employment ...	—	—	—
(ii) For open employment ...	4	1	5
Not available for work			
Age Group 16—59 ...	19	47	66
Age Group 60—64 ...	13	19	32
Not capable of work			
Age Group 16—59 ...	37	36	73
Age Group 60—64 ...	10	18	28
Not working			
Age 65 and over ...	179	379	558
	—	—	—
Total not employed ...	266	502	768
	—	—	—
Grand Total ...	302	506	808
	—	—	—

Occupations of Employed Blind Persons:—

	Employment Under		
	In Special Workshops	Sheltered Conditions In Home Workers Schemes	Ordinary Conditions
GROUP I			
Professional, Technical, Administrative and Executive Workers, Managerial Workers			
Masseurs and Physiotherapists ...	—	—	3
Clergy and Members of Religious Orders ...	—	—	1
Musicians including Music Teachers ...	—	1	1
Other workers in Group I ...	—	—	1
GROUP II			
Clerical and Related Workers			
Typists, Shorthand Typists, Secretaries ...	—	—	1
Braille Copyists and Proof Readers ...	—	1	—
Telephone Operators ...	—	—	3
GROUP III			
Sales Workers			
Working Proprietors, Shop Managers ...	—	1	2
Street Vendors, Newsvendors, Hawkers	—	—	1
GROUP IV			
Agricultural and Horticultural Workers			
Farmers, Farm Managers, Market Gardeners, Farm Workers ...	—	1	2
Animal Husbandry (including Poultry Keeping) ...	—	1	2
GROUP V			
Craftsmen, Production Process Workers, Labourers			
Machine Tool Operators ...	1	—	2
Viewers, Inspectors, Testers ...	—	—	1
Knitters (Hand and Machine), Weavers, Netting Makers ...	—	2	—

		Employment Under Sheltered Conditions	Ordinary Conditions
	In Special Workshops	In Home Workers Schemes	
Basket Makers	...	—	3
Mat Makers	...	1	—
Brush Makers	...	1	—
Piano Tuners	...	—	2
Craftsmen and Production Process Workers	...	1	—
	—	—	—
	4	12	20
	—	—	—

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

	Males	Females	Total
(a) Mentally Ill	8	16	24
(b) Mentally Sub-normal	11	5	16
(c) Physically Defective	25	43	68
(d) Deaf without Speech	—	—	—
(e) Deaf with Speech	3	5	8
(f) Hard of Hearing	18	38	56
Combination of (a) and (c)	—	1	1
Combination of (a) and (f)	—	1	1
Combination of (b) and (c)	2	1	3
Combination of (c) and (e)	—	1	1
Combination of (c) and (f)	1	4	5
	—	—	—
	68	115	183
	—	—	—

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	9	29	38
(b) Other Homes	7	6	13
Other Residential Homes	—	11	11
Hospitals for Mentally Ill	8	18	26
Hospitals for Mentally Sub-normal	5	2	7
Other Hospitals	4	19	23
	—	—	—
	33	85	118
	—	—	—

Miscellaneous information:

Social Centres	...	...	...	...	7
Handicraft Centres	...	...	...	...	11
Persons newly employed in open industry					
during year	...	...	...	...	2
St. Dunstaners	...	...	...	...	7

Partially Sighted

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 nature.

A register is kept of all partially sighted persons resident in the County and is divided into 4 main groups, namely:

- A. Persons near and prospective blind and who are likely to need the full range of blind welfare services.
- B. Persons mainly industrially handicapped, and whose needs may best be met by proper placement in industry.
- C. Persons requiring observation only — those whose sight may or may not deteriorate.
- D. Children under the age of 16 as referred to in paragraph 16 of Circular 150/48 (Ministry of Health).

The total number of partially sighted persons on the register at December 31st, 1962, was 179 — an increase of 14 over the previous year.

New admissions during the year	...	39
Transfers into the County	...	3
Deaths	...	14
Transfers out of the County	...	5
Transfers to Blind Register	...	9
Decertifications due to improved visual acuity	...	0

As with persons on the blind register, regular visits are made by the Home Teachers to persons on the register of the partially sighted. Many of the partially sighted share the difficulties of the blind and have in addition special problems of their own. This is particularly so in the matter of employment.

Details of the register for 1962 are as follows:—

Age Groups of Partially Sighted Persons

			Males	Females	Total
0—4	...	...	—	—	—
5—15	...	...	7	5	12
16—20	...	...	4	5	9
21—49	...	...	8	12	20
50—64	...	...	13	10	23
65 and over	...	...	34	81	115
Totals	...	...	66	113	179

Cases newly registered during the year

Age at date of registration

			Males	Females	Total
0—4	...	...	—	1	1
5—15	...	...	2	1	3
16—20	...	...	—	—	—
21—49	...	...	2	—	2
50—64	...	...	2	3	5
65 and over	...	...	10	18	28
Totals	...	...	16	23	39

CLASS A

Persons Near and Prospectively Blind

			Males	Females	Total
Employed	...	...	3	—	3
Undergoing Training			—	—	—
Unemployed:—					
Available for and capable of training and work	...		1	—	1
Not available for or capable of work	...		24	61	85
Totals	...	...	28	61	89

CLASS B

Persons Mainly Industrially Handicapped:

	Males	Females	Total
Employed	3	2	5
Undergoing Training...	2	—	2
Unemployed:			
Available for and capable of training or work ...	2	—	2
Not available for or not capable of work	3	2	5
	<hr/>	<hr/>	<hr/>
Totals	10	4	14
	<hr/>	<hr/>	<hr/>

CLASS C

Persons requiring observation only 21 42 63

CLASS D

Children 5—16:

	Males	Females	Total
Educable:			
At special schools ...	5	1	6
At other schools ...	1	2	3
Not at school ...	—	2	2
Ineducable ...	1	—	1
	<hr/>	<hr/>	<hr/>
Totals ...	7	5	12
	<hr/>	<hr/>	<hr/>

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.

Register

Circular 25/61 of the Ministry of Health requires that all persons suffering from a disabling loss of hearing shall be registered in three subdivisions from 1st January, 1962:—

Deaf without speech — Those with no useful hearing and whose normal method of communication is by signs, fingerspelling or writing.

Deaf with speech — Those who, even with a hearing aid, have little or no useful hearing but whose normal method of communication is by speech and lipreading.

Hard of hearing — Those who, with or without a hearing aid, have some useful hearing and whose normal method of communication is by speech, listening and lipreading.

			Males	Females
Deaf without speech				
Over 65	...	...	8	14
16—64	...	...	29	21
Under 16	...	...	11	8
Deaf with speech				
Over 65	...	...	1	7
16—64	...	...	10	25
Under 16	...	...	6	5
Hard of Hearing				
Over 65	...	...	96	230
16—64	...	...	51	87
Under 16	...	...	17	23

Homes and Institutions

			Men	Women
Old people's homes	...	...	1	1
Joint user establishment	...	...	1	2
Blind home	...	...	—	1
Mental hospital	...	...	1	5

Employment — Ages 16—64**Men**

Employed full time	...	...	34
Unemployed	...	...	—
Not available for or not capable of work	...	...	5

Women

Married	...	...	20
Employed full time	...	...	14
Domestic duties	...	...	5
Blind	...	...	2
Retired	...	...	1
Not capable of work	...	...	4

There are no deaf registered unemployed. One partially deaf boy left Exeter School for the Deaf during the year and was found employment in the building trade. He was not of sufficiently high educational standard to obtain an apprenticeship owing to his inability to learn to read and write.

Two deaf men had a period of short-time but have now returned to full-time working.

Social and spiritual welfare

Clubs and services for the deaf have been held at Camborne and Truro. Other activities have included the Christmas party, the Annual Outing and monthly Beetle Drives in all of which hearing relatives and friends have joined with the deaf.

Visiting and interpreting

There has been a considerable amount of sickness during the year and hospitals have been visited to cheer the deaf, who are cut off from the other patients by the difficulty of communication, and to interpret for the staff. Gifts from the British Deaf and Dumb Association were distributed to deaf in hospital at Christmas. This Association is run by the deaf themselves but missionaries are asked to act as almoners for the gifts.

Other personal problems have been: A woman who was referred by her doctor because of trouble with hire purchase payments—I was able to convince the company that payment had been made.

A deaf man had a new car for which his company would not give full comprehensive insurance cover. I was able to arrange this through an insurance company recommended by the Royal National Institute for the Deaf.

Another deaf man has had considerable periods off work through sickness. I was able to consult doctor and employer so that arrangements could be made for him to work as he was able. Many other deaf have been able to discuss their problems with me at the club or in their homes. These have included private affairs such as Income Tax and personal affairs concerning their children or hearing people with whom they live. Routine home visits are paid to the deaf, more frequently to those who live alone or who need continual help.

HARD OF HEARING

I attend the Hearing Aid Clinic at the Royal Cornwall Infirmary and visit any patients who are likely to have difficulties. Others are referred by doctors and social workers. Regular visits are paid to those who require it. Lipreading lessons have been given to six people during the year.

Many of the hard of hearing who have been visited, have said that their lives have been revolutionised by their hearing aids. They can now go to church and meetings and hear what is going on, whereas previously they had very little social life and were unable to follow a church service at a time when it would have cheered them. We must not, however, overlook the deeper needs of those who receive little or no help from an aid. Some of these have become deaf in middle life and find lipreading too difficult. One of these is now learning finger spelling.

The majority of the intensely deaf have been deaf from infancy and attended special schools. Their greatest handicap is lack of language rather than lack of speech. This has been emphasised during the year by writers who are themselves deaf. Their best asset is to be able to express themselves clearly whether in speech or language and to understand the meaning of words, without which they cannot read or lipread. It is this difficulty of communication that leads to so much misunderstanding. Most of the deaf express themselves fluently in the natural sign language. Where writing and fingerspelling are used the deaf are frequently confused by expressions they do not know, as most of us would be if we had to communicate in a language we had never heard spoken.

As a speaker at the West Regional Association for the Deaf said recently, "Tragedy has been averted by the understanding and experience a fully trained and expert Welfare Officer for the Deaf was able to apply when ordinary knowledge and common sense had failed when doctors and social workers were trying to help deaf people."

REPORT OF THE CORNWALL ASSOCIATION FOR THE CARE OF THE DISABLED

This report has previously been submitted under the name of the Cornwall Committee for the Care of Cripples. In November the name was changed as it was felt that the use of the word "cripple" was out of line with modern thinking. The word "cripple" derives from the root "creep" and it is at once apparent that anything to do with creeping has no validity at all when considering the present-day problems of disablement and the various ways in which help can be given. Today the emphasis is on rehabilitation which implies a re-creation of confidence and self-dependence in whatever form disablement occurs.

Turning to the year under review, it will be seen from the statistical details that the number of persons under the care of the occupational therapists has increased. The number of visits, too, is substantially higher. The latter reflects the improved staffing position (a full complement of three occupational therapists has been maintained throughout the period), and the former, we hope and believe, is due to a wider awareness of the benefits which the occupational therapy service has to offer to the disabled in their own homes.

Sales of craftwork and materials have remained at a satisfactory level although somewhat short of last year's record figure.

The occupational therapists have continued to give close attention to the needs of patients in the way of living conditions and the provision of mechanical aids and gadgets designed to enable them to make the fullest use of the faculties which remain to them. Through the whole-hearted co-operation of the County Welfare Officer a need once brought to light is always dealt with promptly and efficiently.

An important development during the year, in connection with the Association's Workshop, was the approval by the Ministry of Labour of an application for its registration as an establishment for the employment of disabled persons under sheltered conditions. This arrangement re-affirms the principle that one of the two main functions of the Workshop is the employment of persons whose disabilities restrict their ability to compete for work in the open labour market. In the event of a loss resulting from the employment of such persons 75% of it, will, in future, be borne by the Ministry. Profit-making thus becomes of secondary importance. The other main function remains, as always, the manufacture and supply of surgical appliances and footwear under contract to the Ministry of Health.

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

		1961	1962
Sales	... ..	£1,763.4s.2d.	£1,676.10s.7d.
Total visits	... ..	3,071	3,766
New cases	... ..	18	45
Cases closed	... ..	34	31
Patients on the Register			
at 31/12/62	...	236	250

Table I—CLASSIFICATION

			Male	Female
A/E — Amputation	... ..	...	5	1
F — Arthritis and Rheumatism	... ..	...	17	13
G — Congenital malformations and deformities	... ..	...	4	9
H/L — Diseases of the digestive and genito-urinary systems, of the heart and circulatory system, of the respiratory system (other than tuberculosis) and of the skin	... ..	...	39	16
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	... ..	...	19	8
V — Organic nervous diseases — epilepsy, disseminated sclerosis, poliomyelitis, hemiplegia, sciatica, etc.	... ..	...	42	41
including:				
	M	F		
Epileptics	... 3	5		
Spastics	... 3	4		
U/W — Neuroses, psychoses and other nervous and mental disorders not included in V	... ..	...	11	5
X — Tuberculosis (respiratory)	... ..	...	9	2
Y — Tuberculosis (non-respiratory)	... ..	...	1	1
Z — Disease and injuries not specified above	... ..	...	3	4
			150	100

Table II—DEGREE OF HANDICAP

			Male	Female
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	... ..	...	23	23

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	...	...	...	...	...	117	76
D — Handicapped persons (other than children) who are incapable of or not available for work	...	...	...	...	...	1	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	...	...	...	...	...	9	—
						<u>150</u>	<u>100</u>

Table III—AGE GROUPING

					Male	Female
Under 16 years	...	...	...	...	8	2
16 to 30	...	...	...	...	25	22
31 to 50	...	...	...	...	47	37
Over 50	...	...	...	...	70	39
					<u>150</u>	<u>100</u>
Number of Male Patients on Register at 31/3/61						150
Number of Female Patients on Register at 31/3/61						100

INSPECTION AND SUPERVISION OF FOOD

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

The County Council carries out the functions of the Food and Drugs Authority in the whole of the County. During the year your Inspectors obtained 3,322 samples of various foods and drugs for examination and analysis for compositional quality and the presence of injurious or deleterious ingredients.

The following is a summary of the samples examined during the year:—

Article	Number Obtained
Milk	2,362
Milk Products	173
Soft Drinks	29
Sugar and Sugar Confectionery	34
Flour and Flour Confectionery	38
Preserves	34
Ground Almonds	4
Honey	4
Cornish Pasties	201
Cooking Fat	52
Vinegar	5
Spirits and Beers	40
Meat and Fish Products	137
Flavouring, Seasoning and Colouring	22
Canned Fruit and Dried Vegetables	44
Ice Cream	72
Tea, Coffee, Cocoa	23
Soups and Sauces	14
Miscellaneous	34
Total	3,322

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

Article	Number reported on adversely by Public Analyst
Milk	19
Flour and Flour Confectionery	3
Meat and Fish Products, Soup	2
Beer	2
Soft Drinks	1
Sugar Confectionery	4
Vegetables	1
Miscellaneous	2
Total	34

The Public Analyst analysed 550 samples during the year 34 of which were unsatisfactory. Seven persons were prosecuted and eight cautions were issued.

Certain articles, particularly those containing obvious foreign bodies do not require the services of the analyst e.g. glass in milk and stone in cake. Two prosecutions for this kind of offence were also taken.

Although the adulteration of milk with water is practically a thing of the past as far as householders are concerned it still heads the list of adulterated samples. Indeed during the year under review samples taken from milk en route from farm to dairy were found with the heaviest adulteration in the records of the Department. To find so called milk more than half of which is water makes it difficult to believe that the people concerned could not easily have detected the adulteration however it was caused.

In one case samples on consecutive days contained from 28.8% to 42.8% (Bennet) and on pleading guilty before the magistrates the explanation given was that the inchurn cooler had burst during the severe winter weather. The farmer was fined £10.0s.0d. and ordered to pay £9.0s.0d. costs.

In another case (Blackburn) seven churns were all watered from 49.6% to 55% and before the magistrates it was stated that two young sons had added water thinking the milk was to be fed to the pigs. The farmer was fined £40.0s.0d. and ordered to pay £15.15s.0d. costs.

Caravan and camping sites, both permanent and temporary, for the most part only occupied during the brief summer months present a problem in themselves. In one such instance (Haultot) a sample purchased from the farm was found to contain 21.7% of added water. A leaking cooler was blamed and the farmer/camping site owner was convicted and fined £3.0s.0d. with £1.10s.0d. costs.

There is little doubt that our campaign against poor quality Cornish Pasties has had a beneficial effect on these articles offered for sale to the public. When one considers that the customary domestic recipe would contain approximately equal quantities of meat vegetable, and pastry the article offered for sale could only be regarded as a very 'poor relation'.

However, it is heartening to note that the Food Standards Committee of the Ministry of Agriculture, Fisheries and Food have now concluded their enquiries regarding the quality of meat pies and of meat and vegetable pies and are recommending a Food Standards Order to require 25% and 12½% of meat. It is also heartening to note that the description "Cornish Pasty" is to be included under a general designation of meat and vegetable pies together with its remote relative the "Forfar Bridie".

Foreign bodies in foodstuffs continue as last year to furnish the biggest proportion of complaints and investigations.

In my opinion the increase in complaints is not due to an increased laxity on the part of the manufacturers but rather to the fact that the

public are gradually becoming more interested in Consumer Protection and more frequently make their complaints "official" than they did in past years.

Each complaint is investigated very thoroughly and subsequent action depends on a number of complicated factors. Five prosecutions were taken concerning mould and general dirt in milk, glass in ice cream, rodent hairs and vegetable matter in beer, pieces of metal in tinned rhubarb and a piece of stone in cake. All were convicted and fined.

With regard to the pieces of metal in tinned rhubarb (Batchelors) several instances were found in the large tins used in a school canteen. Before the magistrates it was stated that part of the complicated machinery used for slicing the rhubarb had accidentally disintegrated.

A subsequent complaint regarding similar tins concerned a hexagonal steel nut $\frac{1}{2}$ " in diameter and it was thought possible that this had some connection with the disintegration of the machinery because the reference numbers on the tins showed that it had been packed before the pieces of aluminium were discovered. It was felt therefore that a written caution would meet this second discovery.

Other enquiries regarding foreign bodies were in respect of: discolouration in headache powders, metal staple in cheese, glass in school milk, glass in mincemeat, unidentified specks in school milk, piece of wire in frozen sausage, mice in flour, foil caps in milk, greaseproof paper in luncheon meat, cigarette end on bone delivered to school canteen, a fly in mineral water, mould in tea and vegetable debris in milk.

In addition to the above, cautions were issued in respect of sausages containing excess preservatives and milk which was deficient in fat.

Close co-operation exists between the County Public Health Officer, the Ministry of Agriculture, Fisheries and Food and the Public Health Inspectors in the County.

Other legislation has a close relationship to Food and Drugs administration and an overlapping of duties in regard to the method of labelling foodstuffs and the descriptions applied thereto. The Labelling of Food Order, 1953 and the Merchandise Marks Acts, 1887—1953 together with the labelling provisions under the Food and Drugs Act, 1955 determine in effect that statements on labels must be true statements which fundamentally must be the basis of this Consumer Protection Service.

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

Milk (Special Designation) Regulations

The County of Cornwall is a "specified area" in which it is illegal for any milk other than that designated as Tuberculin Tested, Pasteurised or Sterilised to be sold by retail for human consumption. Only milk dealers licensed by the County Council, or in certain instances by the Ministry of Agriculture, Fisheries and Food, are permitted to retail these grades of milk.

During the year 201 dealers' licences were issued and fifty-two cancelled, bringing the total number of licences granted by the County Council and in operation at the end of the year to 872. Routine inspections are made of the dairies occupied by these dealers, and in addition special detailed investigations are undertaken whenever milk samples fail the prescribed tests.

It is encouraging to report that milk retailers in general wish to provide their customers with milk of excellent keeping quality, and to this end have co-operated closely with the County Public Health Officers in ensuring that milk storage and distribution arrangements conform to the requirements of the Milk and Dairies Regulations.

The total number of dairies modernised during 1962 was 128, and in every instance these improvements resulted from informal discussions between dairymen and the County Public Health Officers; in no case was it found necessary to secure these improvements by instituting legal proceedings.

Milk samples taken at regular intervals from all dairymen licensed by the County Council are examined by the County Bacteriologist at the Royal Cornwall Infirmary, Truro, and details of his reports are given in the following table —

Grade	No. of Samples	Phosphatase Test		Methylene Blue Test		Turbidity Test		Percentage of failures
		Passed	Failed	Passed	Failed	Passed	Failed	
Pasteurised	1,642	1,639	3	1,624	18	—	—	1.3
Tuberculin								
Tested	405	—	—	358	47	—	—	11.4
Sterilised	98	—	—	—	—	97	1	1.0

The Methylene Blue test determines keeping quality. The Phosphatase and Turbidity tests indicate whether pasteurisation and sterilisation has been carried out as prescribed by Milk Regulations.

The low percentage of pasteurised milk samples failing the tests (1.3%) reflects the high efficiency of modern hygienic methods of pasteurisation and the subsequent distribution arrangements for this grade of milk. Unfortunately, the corresponding percentage figure for raw Tuberculin Tested milk (11.4%) is not entirely satisfactory, and a close liaison is being maintained with the Divisional Milk Officer of the Ministry of Agriculture, Fisheries and Food in an endeavour to improve the keeping quality of this grade of milk.

Pasteurised and Sterilised Milk

The County Council as licensing authority is responsible for inspection and supervision of premises where milk is either pasteurised or sterilised. 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°F. for at least fifteen seconds, whereas in the Holder process it is held between 145° and 150°F. for thirty minutes. In both systems milk immediately after pasteurisation is cooled to a temperature not exceeding 50°F. Unless milk is pasteurised under hygienic conditions, any subsequent care in storage or distribution taken by individual milk retailers may well prove abortive, and for this reason the County Public Health Officers inspect pasteurising dairies at regular intervals and supervise milk processing arrangements. In addition to detailed inspections of the pasteurising plant, examinations are also made of the bottle washing machines. The seven pasteurising dairies in the County wash and fill a total of more than a quarter of a million milk bottles every day of the year, and it is inevitable that occasionally a bottle containing a "foreign body" should escape detection, pass into the distribution system, and result in prosecution of the dairy concerned. From the bacteriological point of view it is important to stress that during 1962 every specimen milk bottle taken from washing machines at each of the seven dairies and submitted for sterility tests was reported by the County Bacteriologist as conforming to the standard of cleanliness recommended by the Ministry of Health.

Biological Examination of Milk

During the year twenty-nine samples of milk from Tuberculin Tested dairy herds were examined for the presence of tubercle bacilli and brucella abortus. The first of these organisms may cause 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	... 49	—
Milk submitted for chemical examination	... 49	—
Water submitted for bacteriological examination	... 50	—

School Canteens and Central Kitchens

By arrangement with the Secretary for Education the County Public Health Officers make routine visits to school canteens and central kitchens for the purpose of examining food stocks. During the year sixty-seven canteens were visited and fifty-nine pounds of tinned food and five pounds of dried fruit were condemned as unfit. The quantity of food condemned represents a very small proportion of the total quantity examined, which in general was sound and of good quality.

It is encouraging to report that the standard of hygiene achieved by canteen staff continues to be above that legally required by the Food Hygiene Regulations. This achievement by the School Meals Service deserves special commendation, as it supplies more than 29,000 cooked meals on each school day and is the largest single catering organisation in the County.

During 1962 more than £6,000 was spent by the School Meals Service on improving and modernising existing kitchens and serveries at twelve schools; in addition canteen kitchens were installed at four new schools.

Milk in Schools

335 maintained and 36 non-maintained school departments are supplied with milk by forty-two distributors. Of the 371 school departments concerned, 364 receive pasteurised and seven tuberculin tested milk; all but five schools receive milk in one-third pint bottles.

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 1962 as follows —

Grade of Milk		Satisfactory	Unsatisfactory	Total
Pasteurised	...	88	4	92
Tuberculin Tested	...	5	—	5
Totals	...	93	4	97

In addition to samples of milk examined bacteriologically, ninety-four were submitted for chemical analysis by the Chief Inspector of Food and Drugs; all were satisfactory.

It is regretted that complaints of empty milk bottles in an unsatisfactory condition being returned from schools continue to be received from managers of milk bottling dairies. Many managers retain as "museum pieces" empty school milk bottles stained green or containing aluminium bottle caps, straws, pieces of broken glass and other rubbish. Excessively dirty bottles can be destroyed, but it is difficult for dairy staff to "spot" empty bottles containing glass particles. It does not seem an unreasonable request that Head Teachers should arrange for school milk to be delivered into a cool, clean place and not left in open playgrounds exposed to heat or contamination by dust and animals. It also seems reasonable for milk bottles to be rinsed after use, or where rinsing is impracticable, for children to pour surplus milk into a sink or drainage gully before replacing empty bottles in the crate. Used straws, aluminium caps and pieces of broken glass should be deposited in a separate waste container and not pushed into empty bottles. Many Head Teachers observe these simple rules, but those who do not should reflect that a piece of broken glass pushed into a bottle in the school yard and subsequently escaping detection during bottle washing process may result in the dairyman incurring a fine of up to £100, whilst a glass particle may cause injury to the next child drinking milk from the bottle.

It must be stressed that legal liability for cleanliness of milk bottles rests with dairy managements, and they are compelled to rely on the human "spotter" for rejection of unsatisfactory bottles. Some indication of the efficiency with which dairy companies fulfil their obligations in this field is apparent from the fact that out of more than seven million school milk bottles washed and filled during 1962, only thirteen complaints were received by the Chief Inspector of Food and Drugs, i.e. two complaints per million bottles washed. Of the thirteen complaints, five concerned glass particles, six minute black specks, and two used aluminium caps. Every complaint was investigated and warning letters sent to the dairy companies concerned.

Water Supplies in Schools

Of the 339 maintained school departments in the County, 323 receive a supply of water in pipes from public mains. The remainder rely on local

private supplies, or where these are not available, on drinking water transported daily to the school by School Meals Service vehicles.

Samples of drinking water are taken from all maintained schools in the County by the County Public Health Officers and submitted for bacteriological examination by the Public Health Service Laboratory at Truro. During the year 110 samples have been taken with the following results —

Source of Supply		Doubtful	Satisfactory	Unsatisfactory	Total
Public mains	...	2	91	7	100
Private supplies	...	1	8	1	10
		<hr/>	<hr/>	<hr/>	<hr/>
Total	...	3	99	8	110
		<hr/>	<hr/>	<hr/>	<hr/>

The policy of the County Education Committee is for schools to be provided with mains water wherever this is reasonably practicable. This policy has been implemented so successfully during the past fifteen years that only a small number of schools remains to be dealt with. These will be reduced during the next few years, either as a result of school closures or because new water mains will be available. Ultimately not more than two schools in the County will be without a mains water supply.

Swimming Pools

Swimming pools at which instruction is given to school-children are visited by the County Public Health Officers, who check the efficiency of chlorinating and filtration equipment, and also submit samples of pool water for bacteriological examination.

Arrangements have been made for instructors to test the chlorine residual of pool water at least once during each day, and for the results of these tests, together with a report on the general health and skin condition of pupils, to be sent each week to the School Medical Officer. Copies of these reports are made available to the appropriate Area Medical Officer.

WATER SUPPLIES AND SEWERAGE ACTS, 1944—1961

The policy of the County Council in respect of financial assistance toward 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.

During the year, £85,876 has been paid to district councils as the County Council's contribution toward schemes completed under the Rural Water Supplies and Sewerage Acts. This sum is £21,111 more than the amount paid in 1961, and indicates the increasing financial liability that

the County Council will have to meet during the next few years when costly schemes already approved are carried out. An early reduction in this financial commitment cannot be expected, as most of the grants made by the County Council are in the form of annual payments for a period of thirty years.

WATER SUPPLIES

Since the Rural Water Supplies and Sewerage Act, 1944, came into operation, 138 schemes of water supply have been submitted for approval by the County Council; of these 129, estimated to cost £4,922,038, had either been completed or the contracts were in progress at the end of the year.

A safe and wholesome water supply is one of the basic essential requirements of life, yet the water undertakers who supply this commodity seldom receive consideration except when there is an outbreak of water-borne disease such as typhoid. The normal method of destroying harmful bacteria and protecting a water supply is by the addition of minute doses of chlorine, and all water before being passed into public mains should undergo this form of treatment. Local authorities and water undertakers also arrange for the bacteriological purity of their water supplies to be checked at frequent intervals, and for this purpose samples are submitted for a detailed examination by the County Bacteriologist. Although only about 4% of the 15.2 million gallons of water distributed throughout the County each day is not chlorinated, nevertheless this percentage represents more than 650,000 gallons, and there can be no reason for any complacency whilst this quantity of water is passing into the distribution system without any form of sterilizing treatment. Most of these untreated water sources are local supplies, and fortunately many will gradually be eliminated as new water sources incorporating modern treatment plant are developed.

In Cornwall a considerable proportion of the raw water is slightly acid in reaction and is therefore liable to be affected by certain metals. Correction of this acidity (pH adjustment) is necessary in order to prevent corrosion of pipes and fittings, and this treatment is carried out by adding lime or sodium silicate to the water before it is passed into the distribution system.

During the peak holiday period there is a considerable increase in water demand; in one village alone the water consumption increases from 120,000 gallons per day (g.p.d.) in the winter to 300,000 g.p.d. during the summer months. The effect of this seasonal increase is that in certain areas of the County water shortages occur and supplies become limited. In order to meet the increasing water demand many water undertakings are preparing or carrying out water augmentation programmes. One such scheme designed to improve the water resources of three district councils in Mid-Cornwall by

3½ million g.p.d. is the new impounding reservoir at Stithians, on which work started during August, 1962.

The major improvements undertaken within the area of each water authority, together with a brief description of the water sources, are given below:—

West Cornwall Water Board

The constituent authorities of this Board are Penzance Borough, St. Ives Borough, St. Just Urban District, and West Penwith Rural District.

The average quantity of water supplied by this undertaking is 2,019,000 g.p.d., obtained from three impounding reservoirs, eight mine adits, and two streams. All but approximately 450,000 g.p.d. is filtered and chlorinated; in addition water from the major sources of supply is pH adjusted.

During the year the following contracts were completed, at a total cost of approximately £349,119.

- (i) Two new sedimentation tanks at the Drift headworks were constructed to improve the water treatment process.
- (ii) A booster station was installed at Drift to pump water from the Drift source of supply to service reservoirs at Leha and Cryor. These reservoirs feed the water distribution system in the Lands End and St. Just area.
- (iii) Two new service reservoirs of 500,000 and 100,000 gallons capacity, constructed at Ludgvan and Trevelyan, will augment the water supply in the Eastern and North-Eastern parts of the Board's area.
- (iv) A new 150,000 gallon service reservoir has been constructed at Phillack Towans, and 1,544 yards of main installed to improve the water supply in the higher zone of Hayle parish.
- (v) A total length of 17.3 miles of 8", 6", 4" and 3" diameter pipe has enabled mains water to be distributed in the St. Just, Pendeen and Morvah parts of the Lands End peninsula..
- (vi) Water from the Drift impounding reservoir has been made available in the Ludgvan, St. Erth, Marazion, Rosudgeon, St. Hilary, Hayle and Nancledra areas, by the installation of approximately 21 miles of distribution main.

In addition to the foregoing contracts, approximately 4,553 yards of 4" diameter pipe was laid throughout the district, and 757 new connections made to the Board's mains.

During the year work commenced on two contracts totalling £65,065. One scheme provides for the construction of a water tower at Trevelyan to improve the water supply in the South-Eastern part of the district. The

second includes a 15" trunk main from Drift impounding reservoir to the distribution system in the Eastern area.

Mid-Cornwall Area

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

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

Details concerning the sources of water supply of these undertakings, and improvement schemes carried out during the year are as follows:—

Camborne Water Company

Water is obtained from three sources of supply, comprising mine adits, springs and a stream. Before being passed into the distribution system all water is filtered, pH adjusted and chlorinated, except for three months in every year when approximately 25% of the supply is not subjected to filtration. The average water demand in the Company's area during the year was 1,100,000 g.p.d.

No major improvements were undertaken, but about 300 yards of corroded 3" diameter distribution main was replaced with 4" diameter pipe.

Camborne/Redruth Urban District Council

The water demand in the area served by the Urban District Council averages 480,000 g.p.d., whereas the reliable summer yield of the six mine adit sources of supply is only 410,000 g.p.d.; the result is a seasonal water shortage in certain parts of the districts. All water is chlorinated, and in summer about 50% of the supply is also filtered and pH adjusted.

The Council are co-operating with Kerrier and Truro Rural Districts in the construction of an impounding reservoir at Stithians, and will use the 800,000 g.p.d. available to them from this source to replace their existing sources of supply.

Helston and Porthleven Water Company

Water is obtained from three sources of water supply, comprising an impounding reservoir, a mine adit, and two streams. It is possible that as a result of the re-awakening of interest in mining, the Company's source of supply at Wheal Vor mine adit may have to be closed in the near future.

All water is filtered and chlorinated before passing into the distribution system, and 75% of the total quantity is treated for pH adjustment. Water consumption averages 500,000 g.p.d.

During the year 937 yards of 4" and 3" diameter distribution main was laid to serve new housing development.

Kerrier Rural District

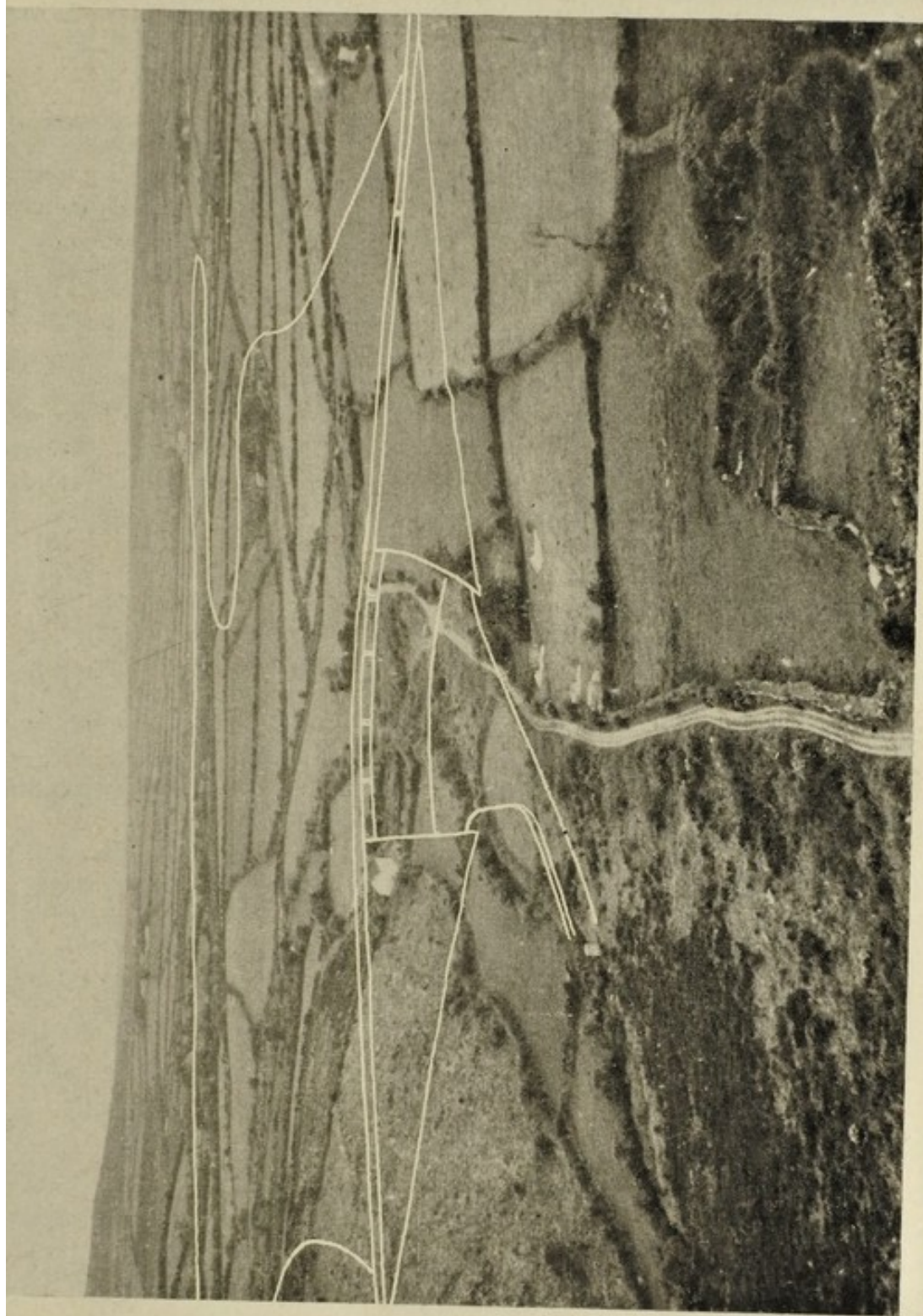
The average water demand in the area supplied by this Local Authority is 220,000 g.p.d.; of this quantity approximately one-third is obtained in bulk from Falmouth Corporation and the remainder from three sources of supply, comprising mine adits, a stream, and a borehole. All water is filtered, pH adjusted and chlorinated before being passed into the distribution system.

Work on the construction of an impounding reservoir in the parish of Stithians commenced during 1962. When completed, this reservoir will have a total water capacity of 1,150 million gallons, a water surface area of 267 acres, and a gross yield of $3\frac{1}{2}$ million g.p.d. The initial excavation to a depth of 35 feet along the proposed line of the dam revealed a seam of kaolinised rock much softer than had been anticipated from trial borings. As a result of this discovery, and after further geological exploration had been undertaken, the site of the dam was moved thirty feet upstream of the original position.

Work continued throughout the year on the installation of trunk water mains to link the one million gallon service reservoir at Roskrow Wood with the existing Lizard, Manaccan and Mullion water distribution systems, and provide branch mains to serve the villages of Constantine and Gweek. This work forms part of the District Council's proposals for distributing water from the Stithians impounding reservoir.

Falmouth Borough Council

Falmouth Borough Council are responsible for water supply and distribution in Falmouth, Penryn, and parts of Kerrier and Truro Rural Districts. The water demand in the area supplied is 1.3 million g.p.d., and the reliable yield of the source 2.1 million g.p.d. The water, gathered from gravel and peat sub-soil, is impounded in two large reservoirs, and before passing into the distribution system is filtered, pH adjusted and chlorinated.



STITHIANS IMPOUNDING RESERVOIR

Aerial photograph of site showing outline of dam and area to be flooded.

Truro Rural District Council

The average water demand in this District is 924,000 g.p.d., obtained from eight sources of supply, including mine adits, streams, and river intakes. All water is chlorinated, 80% filtered, and 65% pH adjusted before being passed into the distribution system.

During the year 3,300 yards of 9" and 2,500 yards of 6" diameter spun iron pipe was laid, at an estimated cost of £55,000, to augment the water supply in the St. Agnes area. In addition, 4,388 yards of 6", 4" and 3" diameter distribution main was installed to serve new housing development.

Truro Water Company

The average water demand in the area of supply during 1962 was 650,000 g.p.d., and the whole of this quantity was obtained from streams.

New chlorinating plant was installed at the works and the treatment process amended to provide super-chlorination of raw water, filtration, pH adjustment, and finally dechlorination by the use of sulphur dioxide.

Approximately 1,200 yards of distribution main was installed to serve new housing development.

Newquay Water Company

The water consumption in this area has almost doubled during the past fifteen years. Although the average water consumption in 1962 was 850,000 g.p.d., the seasonal demand varies from 591,000 g.p.d. in winter to 1,380,000 g.p.d. during the peak summer period.

Approximately 75% of the water is obtained from upland surface areas, and the remainder from a disused mine; all water receives full treatment by filtration, pH adjustment, and chlorination.

During the year, 330 yards of 4" diameter pipe was installed to replace corroded mains, and 650 yards of 4" and 3" pipe as extensions to serve new housing development.

St. Austell Rural District Council

Water is obtained from four principal sources, the Fowey River intake, mine adits, and bulk supplies from two adjoining water authorities. Water demand is about 420,000 g.p.d., of which 70% is subjected to complete treatment by filtration, pH adjustment and chlorination, whilst the remaining 30% is chlorinated only.

A scheme to install distribution mains and provide a piped water supply in the hamlets and villages of Little Polgooth, Higher and Lower Kestle,

Rescassa, Polmassick, Treskilling and Milltown is scheduled to be completed during 1963.

St. Austell Urban District Council

Nearly all properties within the district receive a supply of water in pipes from public mains. Water is obtained from five sources of supply, but one of these is to be closed in the near future. All water is chlorinated and about 75% is also filtered and pH adjusted. Water consumption is approximately 1,200,000 g.p.d., and of this quantity 770,000 g.p.d. is obtained from the Fowey River Intake Scheme.

Fowey Borough and Lostwithiel Borough

The combined average water demand of both Boroughs is 272,000 g.p.d., all of which is fully treated water obtained from the Fowey River Intake Scheme.

East Cornwall Water Board

The Board is responsible for all water supply and distribution functions in the Boroughs of Liskeard, Launceston, and Saltash; Urban Districts of Looe, and Torpoint, and Rural Districts of Launceston, St. Germans, and Liskeard.

Water is obtained from twenty-seven sources, of which twenty-six are used for domestic supplies. These sources are fed by two spring impounding reservoirs, one stream impounding reservoir, one river and three stream intakes, four mine adits, eight springs, nine bore wells, one shallow well, and a bulk supply from Plymouth Corporation. Water from eleven of these sources, representing between 5% and 10% of the daily quantity distributed by the Board, is untreated. The remaining supplies are chlorinated, and about 70% is also filtered and pH adjusted. The average water demand throughout the Board's area is approximately 2,500,000 g.p.d.

The principal water improvement schemes in progress or completed during the year are as follows:—

- (i) Approximately 700 yards of 9" trunk main being laid across the Tamar Bridge will enable the water supply in Saltash Borough to be augmented from Plymouth. At the end of the year this contract, estimated cost £29,400, was nearing completion.
- (ii) Stage I of the Looe Urban District water main renewal scheme has been completed, and approximately 1,600 yards of 6", 4" and 3" diameter pipe laid at a cost of approximately £11,000.
- (iii) The booster station at Maders has been provided with automatic controls and a standby pump, and a new booster pump and chlorinator has

been installed at Bray Down. This latter improvement will augment the water supply to Tregadillet, Altarnun and Launceston.

(iv) Chlorinating equipment has been installed at the following local sources of water supply:— Bolventor (borehole), Bray Shop (borehole), Tutwell (well), and Lawhitton (borehole).

In addition to the improvements enumerated above, a total length of approximately $3\frac{1}{2}$ miles of distribution main has been installed to serve new housing development in the Board's area.

North Cornwall Water Board

The Board is responsible for all water supply and distribution functions in Bodmin Borough, Padstow Urban District, and Camelford and Wadebridge Rural Districts. Water consumption varies between $1\frac{1}{2}$ million g.p.d. in the winter and $2\frac{1}{4}$ million g.p.d. in the peak summer months; with the exception of a few small local sources of supply the whole of this quantity is obtained from upland surface areas. All water from the principal sources is chlorinated, and approximately 60% filtered and pH adjusted.

The principal improvement schemes in progress or completed at the end of the year are:—

Wadebridge Rural District: (i) Work is proceeding on the installation of approximately $4\frac{1}{2}$ miles of water main to serve the Cardinham and Millpool areas.

(ii) Approximately 3,300 yards of 5" and 4" diameter pipe has been laid from Sladesbridge near Bodmin to Bodieve on the outskirts of Wadebridge, in order to link the Wadebridge town distribution system with the De Lank River Intake source of supply.

(iii) Approximately one mile of 3" diameter pipe has been laid to provide five farms and two private dwellings in the hamlet of Trevisquite with mains water.

Camelford Rural District: (i) A scheme to provide a piped supply of water in Tremail village was completed during the year. An existing borewell and pump has been adapted, and water from this source distributed throughout the village by the installation of approximately one mile of 4" and 3" diameter pipe.

(ii) A water augmentation scheme for the parishes of Polzeath and St. Minver has been completed during the year. Approximately $2\frac{1}{4}$ miles of 9" and $2\frac{1}{4}$ miles of 6" diameter main has been laid from St. Endellion reservoir to enable an additional 125,000 g.p.d. to be distributed in these areas.

Bude/Stratton Urban District Council

This Council is the water authority for the urban area and two parishes in the Stratton Rural District. Water obtained from an impounding reservoir on the upper reaches of the River Tamar is subjected to filtration and chlorination before being fed into the Bude distribution system. Maximum water consumption in Bude during the peak summer period is approximately 470,000 g.p.d., which is well within the reliable yield of the reservoir (570,000 g.p.d.).

Stratton Rural District Council

Responsibility for supplying water in eight of the ten parishes in Stratton Rural District has been taken over by North Devon Water Board, and during the year this undertaking has made further progress in implementing the comprehensive water scheme proposed for the rural area. The average water consumption in the district during 1962 was approximately 92,000 g.p.d.; part of this quantity was supplied by Bude/Stratton Urban District Council, and the remainder from six local bore wells and a river intake source in Devon. With the exception of about 5,000 g.p.d. obtained from one bore well, all water is chlorinated before distribution.

The principal water supply and distribution schemes completed or in progress during the year were:—

- (i) The scheme to supply the whole of the northern part of Stratton Rural District with a maximum of 200,000 gallons of water per day from the North Devon Water Board main at Bradworthy is in progress. The 8,270 yards of 8" diameter pipe in the Bradworthy-Welcombe section has been completed; a 500,000 gallons service reservoir at Welcombe is in course of construction, and the section between the reservoir and Kilkhampton village, comprising 8,270 yards of 10" diameter trunk main and 4,050 yards of 6", 4" and 3" diameter branch mains is 50% completed.
- (ii) Approximately 1,900 yards of 4" diameter pipe has been laid between Raggott Hill and Venton Cross to serve eight farms and one other property.

Future Proposals

Schemes of water supply approved by the County Council under the Rural Water Supplies and Sewerage Acts, 1944—1961, during 1962 were as follows —

Water Authority	Scheme	Estimated Cost £	Action taken
North Devon Water Board	Stratton Rural District—water main extension to serve Cherry Cross, Whitstone and Week St. Mary ...	8,700	Approved
North Cornwall Water Board	Camelford Rural District—Boscastle water supply improvement scheme ...	42,500	Approved
do.	Wadebridge Rural District—water main extension from Sladesbridge to Bodieve ...	10,298	Approved
do.	Camelford Rural District—Tremail village water supply and distribution (amended scheme). ...	3,439	Approved
do.	Wadebridge Rural District—water main extension from Retire to Tremore ...	2,955	Approved
East Cornwall Water Board	Launceston Rural District—water main extension to Bray Shop and Venterdon ...	16,150	Approved
St. Austell Rural District	Fowey River Scheme—branch mains ...	18,000	Approved

SEWERAGE AND SEWAGE DISPOSAL

Capital expenditure on schemes of sewerage and sewage disposal undertaken during 1962 by the ten Rural Districts in the County is itemised on page 130, but in total nineteen schemes, estimated to cost £437,404, had either been completed or were in progress at the end of the year.

Most Rural District Councils have arranged an order of priority for dealing with unsewered villages and hamlets, and as far as possible endeavour to programme contracts so as to work steadily through this list. At the present time a period of three to four years usually elapses between submission of a scheme for County Council observations and completion of the contract; it may therefore be anticipated that the twenty-three schemes of sewerage and sewage disposal submitted during the year and listed in the table on page 131 will be in operation by 1965 or 1966.

Before 1945 few villages or hamlets in the rural areas of the County had satisfactory sewerage or sewage disposal systems; the majority of properties being compelled to rely on earth closets, privies, or cesspools. The Rural Water Supplies and Sewerage Act, 1944, gave Rural District Councils an opportunity of installing modern sewerage systems in unsewered villages,

and obtaining financial assistance toward the cost of the work from both the County Council and Ministry of Housing and Local Government. Although these grants became available in 1945, it was not until 1950 that real progress was made, and between that date and the end of 1962 an estimated £1,200,000 was spent on sewerage and sewage disposal schemes by nine of the ten Rural District Councils in the County. Only one rural authority has not yet completed a single sewerage scheme in any of its villages or hamlets during the post-war period.

Undoubtedly this considerable expenditure on rural sewerage schemes has done much to improve public health and provide an opportunity for primitive forms of sanitation to be replaced by modern water carriage drainage systems. However, 149 villages and hamlets in the rural areas, and some built-up parts of certain Boroughs and Urban Districts, have not yet been sewered, and until they are sanitary conditions in the County cannot be considered satisfactory. It is perhaps not generally realised that in Cornwall 20% of the houses in the rural areas and 2% of those in Boroughs and Urban Districts still rely on primitive forms of sanitation. In the County as a whole 75% of all houses are connected to public sewers, 15% have cesspools, and 10%, or nearly 12,000 houses, use "privies". During 1962, owners of 597 houses replaced their "privies" with water carriage drainage systems, and it is encouraging to report that in most instances this conversion was made possible by the provision of public sewers.

The following table summarises the methods of sewerage and sewage disposal provided for the 117,854 houses in the County.

		20 Boroughs and Urban Districts	10 Rural Districts	Total All Districts
Total number of houses	...	64,389	53,465	117,854
Estimated number of houses without water carriage drainage systems	...	1,179	10,664	11,843
%	...	2%	20%	10%
Estimated number of houses with cesspool drainage	...	2,948	14,935	17,883
%	...	4.5%	28%	15%
Estimated number of houses connected to public sewers	...	60,262	28,070	88,332
%	...	93.5%	52%	75%
Number of privy conversions to water carriage drainage systems during 1962	...	64	533	597

Sewerage and sewage disposal contracts in progress or completed in the rural districts during the year:—

Local Authority	Scheme	Estimated Cost £	Remarks
Camelford Rural District	Camelford Sewerage and Treatment Works ...	34,686	60% completed
Kerrier Rural District	Mullion Sewerage Improvement ...	11,000	Completed
	Constantine Sewerage and Treatment Works	75,890	95% completed
Launceston Rural District	South Petherwin and Daws House Sewerage and Treatment Works	17,900	75% completed
Liskeard Rural District	Pensilva Sewerage and Treatment Works ...	69,500	80% completed
	Common Moor Sewerage and Treatment Works ...	10,300	90% completed
	Crows Nest Sewerage and Treatment Works	4,970	Completed
	Minions Sewerage and Treatment Works ...	8,500	25% completed
St. Austell Rural District	St. Stephens Churchtown Sewerage and Treatment Works ...	16,000	75% completed
	Trewoon and Polgooth sewer extension ...	1,700	In progress
Stratton Rural District	Higher Crackington sewer extension ...	1,235	90% completed
Truro Rural District	Mitchell Sewerage and Treatment Works ...	9,690	80% completed
	Tregony Sewerage and Treatment Works ...	24,709	Completed
	Mylor Bridge Sewerage and Treatment Works	41,048	Completed
	Portloe Sewerage and Sea Outfall ...	14,779	Completed
Wadebridge Rural District	St. Kew Sewerage and Treatment Works ...	3,264	50% completed
West Penwith Rural District	Nancledra Sewage Treatment Works ...	4,200	Completed
	St. Erth and Cannons-town Sewerage and Treatment Works ...	62,533	Completed
	Perranuthnoe Sewerage Stage II ...	27,200	80% completed

Schemes of sewerage and sewage disposal submitted to the County Council during the year:—

Local Authority	Scheme	Estimated Cost £	Action taken
Kerrier Rural District	Mawnan Smith, Bareppa, and Maenporth sewerage and sewage disposal (amended scheme) ...	93,700	Approved subject to conditions
	The Lizard and Landewednack sewerage and sewage disposal ...	74,000	Approved subject to conditions
	Contsantine sewer extension ...	750	Approved
	Ruan Minor, St. Ruan and Cadgwith sewerage and sewage disposal (outline scheme) ...	70,000	Approved
	Altarnun and Five Lanes sewerage and sewage disposal; sewer extension for Trewint ...	6,011	Referred back to Local Authority for further consideration
Launceston Rural District	South Petherwin and Daws House sewerage and sewage disposal (amended scheme) ...	17,900	Approved
	Middlewood sewerage and sewage disposal...	3,700	Approved
	East Taphouse sewerage and sewage disposal ...	9,500	Approved
Liskeard Rural District	East Taphouse sewerage and sewage disposal ...	9,500	Approved
St. Austell Rural District	Quintrell Downs sewerage and sewage disposal ...	33,450	Approved subject to conditions
	Trewoon and Polgooth; sewer extension to serve Treloweth ...	1,764	Approved
St. Germans Rural District	Landrake sewerage and sewage disposal ...	18,607	Approved subject to conditions
	Latchley sewerage and sewage disposal ...	8,635	Approved
	Shevioc sewerage and sewage disposal ...	6,324	Approved subject to conditions
	Metherell sewerage and sewage disposal ...	20,300	Approved subject to conditions
	Harrowbarrow sewerage and sewage disposal...	26,770	Approved
	Chilsworthy sewerage and sewage disposal	27,350	Approved subject to conditions
	Carnyorth, Botallack and Truthwall sewerage and sewage disposal...	23,800	Approved
St. Just Urban District	Carnyorth, Botallack and Truthwall sewerage and sewage disposal...	23,800	Approved

Local Authority	Scheme	Estimated Cost £	Action taken
Stratton Rural District	Widemouth Bay sewerage and sewage disposal (amended scheme)	47,500	Approved subject to conditions
Wadebridge Rural District	St. Kew Churchtown sewerage and sewage disposal	3,264	Approved
	Blisland sewerage and sewage disposal	32,546	Referred back to Local Authority for further consideration
West Penwith Rural District	Perranuthnoe, Goldsithney and St. Hilary sewerage extension (Stage II)	28,900	Approved subject to conditions
	Ludgvan sewerage and sewage disposal (amended scheme)	51,000	Approved
	Sennen Cove Hill and Mayon sewer extension	7,500	Approved

RURAL WATER SUPPLIES AND SEWERAGE ACTS, 1944-1961

Summary showing schemes of water supply, sewerage and sewage disposal submitted by local authorities and 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, 1962, 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	Total amount paid during 1962		
No.	Est. Cost £	No.	Est. Cost £	£	£	£	£	£	£	£	£	£	£
Water	138*	6,360,405	21	203,292	298,213	573	59,616	17,881	1,794	70,563	2,044	68,449	
Sewerage	134*	2,880,910	11	121,564	81,824	—	17,358	5,924	—	21,507	—	17,427	
Totals	272*	9,241,315	32	324,856	£380,037	£573	£76,974	£23,805	£1,794	£92,070	£2,044	£85,876	

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

Of the 138 schemes of water supply submitted, 129, estimated to cost £4,922,038, had been completed or were in progress at the end of December, 1962.

Of the 134 schemes of sewerage and sewage disposal submitted, 93, estimated to cost £1,492,661, had been completed or were in progress at the end of December, 1962.

REFUSE COLLECTION AND DISPOSAL

Each of the thirty district councils in Cornwall dispose of domestic and trade refuse by some form of tipping, usually into disused quarries or on to sites of little agricultural value. Controlled tipping is a valuable means of reclaiming land for many useful purposes, and if properly carried out in accordance with Ministry recommendations need not be an objectionable or unhygienic process; unfortunately, of the forty-six tips in use throughout the County, only twenty are operated in this manner.

An arrangement has recently been made with the County Planning Officer whereby planning applications for new tips are referred to the County Public Health Officer for advice on conditions which should be attached to the planning consents, in order to ensure that sites will not deteriorate into uncontrolled or unsightly dumps.

REFUSE DISPOSAL

	12 Boroughs	8 Urban Districts	10 Rural Districts	Total All Districts
<hr/>				
	Number of Tips			
Controlled Tipping according to Ministry recommendations ...	7	5	8	20
Partially Controlled Tipping ...	—	1	5	6
Uncontrolled Tipping ...	4	2	13	19
Incineration and Uncontrolled Tipping...	—	1	—	1

REFUSE COLLECTION

Frequency of Collection	12 Boroughs	8 Urban Districts	10 Rural Districts	Total All Districts
(a) At least once per week in all built-up areas	12	8	5	25
(b) Less frequently than once per week in some built-up areas ...	—	—	5	5

MINISTRY OF HOUSING AND LOCAL GOVERNMENT INQUIRIES

The following Inquiries were attended during the year —

Helston Borough

Porthleven Sewerage and Sewage Disposal Scheme.

Launceston Rural District

Venterdon and Stokeclimsland Sewerage and Sewage Disposal Scheme.

St. Germans Rural District

Landrake Sewerage and Sewage Disposal Scheme.

Saltash Borough

Saltash Borough Sewerage and Sewage Disposal Improvement Scheme.

Truro Rural District

Carnon Downs Sewerage and Sewage Disposal Scheme.

Wadebridge Rural District

Lanivet Sewerage and Sewage Disposal Scheme.

MEAT INSPECTION

District Councils are responsible for inspecting animals slaughtered for human consumption, and the following statistical information relating to the number of animals killed and examined in Cornwall during 1962 has been made available by courtesy of district Medical Officers of Health and Public Health Inspectors of the local authorities concerned.

The total number of animals killed at slaughterhouses in Cornwall during 1962 was 667,158; an increase of 84,816 on the corresponding figure for 1961.

Four local authorities do not record the weight of meat condemned, but the returns of those that do indicate that the tonnage of meat found to be diseased or unsound increased from 146 tons in 1961 to 186 tons in 1962.

"Export" of meat is an established Cornish industry, and a considerable proportion of the total kill is sent to markets in other parts of England.

			CATTLE			Sheep and	
			Cows	Calves	Others	lambs	Pigs
Number killed	...	...	13,932	45,149	33,227	245,678	329,172
Number inspected	...	...	13,716	44,400	32,877	239,225	311,176
All diseases except cysticercosis and tuberculosis:							
(a) Whole carcase condemned	...	...	195	313	66	730	591
(b) Carcase of which some part or organ was condemned	...	...	3,409	213	4,137	10,267	15,560
Tuberculosis only:							
(a) Whole carcase condemned	...	...	52	—	3	—	31
(b) Carcase of which some part or organ was condemned	...	...	425	2	172	—	4,439
Cysticercosis only:							
(a) Whole carcase condemned	...	...	12	—	10	—	—
(b) Carcase of which some part or organ was condemned	...	...	56	—	122	—	—
*Gross weight of meat condemned			...	186 tons, 14 cwt., 3 qrs., 6 lbs.			

* This figure is incomplete as four of the twenty-one district councils who undertake inspection of meat at slaughterhouses did not record the weight of meat condemned.

HOUSING

Enforcing the provisions of the Housing Acts is the duty and responsibility of district councils and the information contained in the Tables on page 139, 140 and 141 has been made available by courtesy of the thirty local authorities within the County.

The number of permanent houses, including flats, in Cornwall on the 31st December, 1962, was 117,854 and of these 19,321 were owned by district councils. During the year, 1,705 new houses were completed, of which 1,292 were built by private enterprise and 413 by local authorities. This total is an increase of nineteen over the corresponding figure for 1961, but whilst the private enterprise share rose by 170, the number of houses completed by local authorities fell by 151. The population of the County, according to the Registrar General's estimate, is 339,110; thus the ratio of existing houses to population is approximately one to every 2.8 persons. At the end of December, 1962, the number of applicants on local authorities' housing lists was 5,808.

In 1955, district councils advised the Minister of Housing and Local Government that 7,189 houses within the County were unfit for human habitation, and in such condition as to warrant clearance or closure by statutory action under the Housing Acts. Since that date, 3,104 unfit houses have been demolished or closed and others have been reconditioned by the owners. At the end of 1962, district councils estimated that there were 4,645 occupied unfit houses remaining in the County.

In Cornwall there are 1,474 local authority owned houses of a type suitable for occupation by old people, and many of these are provided with welfare services such as Warden and call bell systems. These houses serve a three-fold purpose; they enable old people to maintain their own homes as long as possible, they reduce the demand for accommodation in County Council homes, and they also release larger houses for use by persons with families. In respect of 627 of these houses the County Council make a financial contribution toward welfare services.

Housing (Financial Provisions) Act, 1958 — County Council Contributions.

Where an Exchequer contribution of the special standard amount is made by the Ministry of Housing and Local Government to 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 rates of £1; £1.10s.0d.; or £2.10s.0d. per house according to the date when the schemes are approved by the Ministry. In 1962 the County Council paid £1,495.10s.0d. to eighteen district councils, as follows:—

Boroughs				Rural Districts					
		£	s.	d.		£	s.	d.	
Helston	...	24	0	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, 1957-1959

BOROUGH	BODMIN	FALMOUTH	POWEY	HELSTON	LAUNCESTON	LISKEARD	LOSTWITHIEL	PENRYN	PENZANCE	ST. IVES	SALTASH	TRURO CITY	Boroughs Total
1. Estimated population	6,170	17,330	2,090	7,130	4,510	4,560	1,900	4,780	18,960	8,870	7,450	13,620	97,370
2. (a) Total number of houses at 31st December, 1962	1,709	5,096	900	2,451	1,560	1,571	776	1,437	6,591	3,327	2,448	4,400	32,266
(b) Total number of houses owned by Local Authority at 31st December, 1962	526	1,400	† 163	546	287	433	† 103	542	† 1,655	695	569	1,206	8,125
3. (a) New houses erected during 1962													
(i) By Local Authority	9	5	16	8	—	49	—	—	3	14	—	37	141
(ii) By private enterprise	79	83	6	56	17	8	4	27	24	43	48	71	466
(b) Number of applicants on general housing list at end of year	150	415	35	201	96	170	37	97	196	115	109	408	2,029
4. (a) Number of houses provided for old people	107	62	8	56	63	36	—	6	24	68	36	96	562
(b) Houses provided with —													
(i) Warden Service	—	17	—	—	11	Yes	—	—	Yes	—	—	93	
(ii) Communal Room	—	17	—	—	—	—	—	—	—	—	—	—	
(iii) Call Bell Service	—	17	—	—	11	Yes	—	—	Yes	—	—	93	
(iv) Other Services	Yes	17	—	—	—	—	—	—	Yes	—	—	Yes	
5. (a) Number of houses cleared or closed since 1955	132	97	18	118	137	83	1	86	166	32	84	323	1,277
(b) Number of houses cleared or closed during 1962	33	14	12	24	35	70	1	8	13	3	2	32	247
(c) Estimated number of unfit houses remaining at 31st December, 1962	90	80	10	74	50	45	30	60	140	29	63	300	971

† Fowey Borough total includes 7 converted wartime huts

† Lostwithiel Borough total includes 10 temporary prefabricated bungalows

† Penzance Borough total includes 50 temporary prefabricated bungalows, and 10 houses scheduled for demolition within the next five years.

HOUSING ACTS, 1957-1959

URBAN DISTRICTS	...	...	...	...	BUD-STRATTON	CAMBORNE-REDRUTH	LOOE	NEWQUAY	PADSTOW	ST. AUSTELL	ST. JUST	TORPOINT	Urban Districts Total
1. Estimated population	...	...	...	...	4,940	36,000	3,720	11,560	2,570	25,140	3,580	5,910	93,420
2. (a) Total number of houses at 31st December, 1962	...	...	...	...	1,857	12,554	1,493	3,891	1,005	8,544	1,479	1,300	32,123
(b) Total number of houses owned by Local Authority at 31st December, 1962	...	...	...	...	204	† 1,814	210	569	163	1,909	94	316	5,279
3. (a) New houses erected during 1962 —													
(i) By Local Authority	...	...	...	...	—	28	—	18	—	16	—	34	96
(ii) By Private Enterprise	...	...	...	...	13	126	46	77	5	167	1	13	448
(b) Number of applicants on general housing list at end of year	...	...	...	...	150	571	41	245	51	700	75	140	1,973
4. (a) Number of houses provided for old people	...	...	...	...	—	242	—	24	—	151	—	24	441
(b) Houses provided with —													
(i) Warden Service	...	...	...	...	—	—	—	Yes	—	Yes	—	—	—
(ii) Communal Room	...	...	...	...	—	—	—	—	—	—	—	—	—
(iii) Call Bell Service	...	...	...	...	—	—	—	Yes	—	Yes	—	—	—
(iv) Other Services	...	...	...	...	—	—	—	—	—	Yes	—	—	—
5. (a) Number of houses cleared or closed since 1955	...	...	...	...	11	180	1	10	8	239	33	32	514
(b) Number of houses cleared or closed during 1962	...	...	...	...	3	65	—	—	2	67	11	1	149
(c) Estimated number of unfit houses remaining at 31st December, 1962	...	...	...	...	29	100	5	49	69	200	100	50	602

† Camborne-Redruth Urban District total includes 99 temporary prefabricated bungalows and 18 converted nissen huts.

HOUSING ACTS, 1957-1959

RURAL DISTRICT	CAMELFORD	KERRIER	LAUNCESTON	LISKEARD	ST. AUSTELL	ST. GERMANS	STRATTON	TRURO	WADEBRIDGE	WEST PENWITH	Rural Districts Total
1. Estimated population	6,870	22,200	5,980	13,430	21,610	14,700	4,720	27,320	14,540	16,950	148,320
2. (a) Total number of houses at 31st December, 1962	2,595	7,154	2,078	5,024	6,661	5,853	1,749	10,301	5,464	6,586	53,465
(b) Total number of houses owned by Local Authority at 31st December, 1962	273	758	97	586	784	628	184	† 1,106	677	824	5,917
3. (a) New houses erected during 1962 —											
(i) By Local Authority	15	15	—	—	4	16	—	36	38	52	176
(ii) By private enterprise	10	29	7	20	56	37	10	115	47	47	378
(b) Number of applicants on general housing list at end of year	71	250	*	110	255	176	42	502	217	183	1,806
4. (a) Number of houses provided for old people	10	77	2	35	16	40	19	64	37	171	471
(b) Houses provided with —											
(i) Warden Service	Yes	—	—	—	—	—	—	Yes	Yes	Yes	
(ii) Communal Room	—	—	—	—	—	—	—	—	—	—	
(iii) Call Bell Service	Yes	—	—	13	—	—	—	—	Yes	171	
(iv) Other Services	—	—	—	—	—	—	—	—	Yes	—	
5. (a) Number of houses cleared or closed since 1955	35	216	24	152	35	194	72	186	24	375	1,313
(b) Number of houses cleared or closed during 1962	25	17	—	22	22	95	1	78	8	48	316
(c) Estimated number of unfit houses remaining at 31st December, 1962	380	1,432	50	65	212	125	37	150	427	154	3,032

* No housing list maintained

† Truro Rural District total includes 74 converted wartime huts used as temporary accommodation.

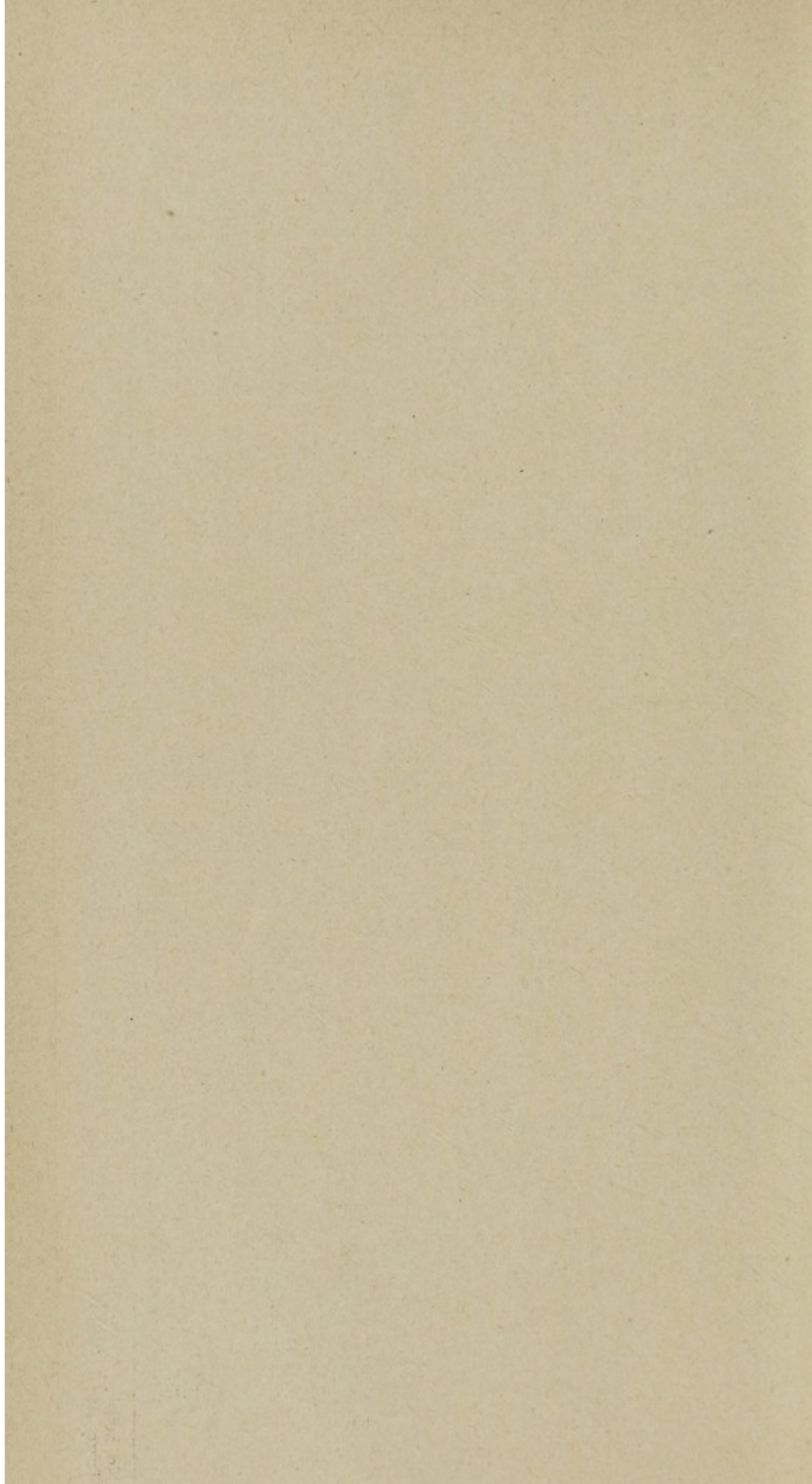


TABLE I

Estimated Population and Total Number of Births and Deaths in each County District for the year 1962

Estimated Population																				
AREA IN ACRES.	COUNTY DISTRICT	ESTI- MATED HOME POPU- LATION 1962	LIVE BIRTHS.								Stillbirths.	DEATHS.								
			Legiti- mate		Illegiti- mate		Total.	Rate.	District Comparability Factor	Under 1 Year.				At all Ages.						
			Males	Females	Males	Females				Males		Females	Total.	Rate per 1,000 live births	Males	Females	Total	Rate.	District Compara- bility Factor	
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	43	47	3	2	95	15.40	1.37	1	2	1	3	31.58	74	107	181	29.34	0.39	
4,294	Bude-Stratton	4,940	41	28	5	1	75	15.18	1.11	..	..	..	..	..	38	53	91	18.42	0.72
22,062	Camborne— Redruth	36,000	261	266	21	15	563	15.64	1.00	18	7	6	13	23.09	240	270	510	14.17	0.93	
1,880	Falmouth	17,330	119	93	9	13	234	13.50	1.08	9	3	1	4	17.09	113	126	239	13.79	0.91	
2,979	Fowey	2,090	19	19	1	1	40	19.14	1.06	..	1	1	2	50.00	18	15	33	15.79	0.86	
4,014	Helston	7,130	119	89	5	3	216	30.29	0.90	4	2	..	2	9.26	48	65	113	15.85	0.78	
2,182	Launceston	4,510	37	26	2	3	68	15.08	1.06	2	1	..	1	14.71	37	40	77	17.07	0.65	
2,704	Liskeard	4,560	23	37	1	1	62	13.60	1.10	..	1	..	1	16.13	45	59	104	22.81	0.50	
1,691	Looe	3,720	29	15	2	1	47	12.63	1.15	..	1	1	2	42.55	32	26	58	15.59	0.76	
3,156	Lostwithiel	1,900	19	11	1	1	32	16.84	1.13	..	..	..	..	..	12	13	25	13.16	0.66
4,599	Newquay	11,560	90	89	8	9	196	16.96	0.98	4	2	5	7	35.71	73	89	162	14.01	0.83	
3,343	Padstow	2,570	20	18	2	2	42	16.34	0.97	1	..	..	..	..	19	21	40	15.56	0.84
829	Penryn	4,780	54	41	3	..	98	20.50	0.93	3	1	..	1	10.20	33	21	54	11.30	1.18	
3,155	Penzance	18,960	114	113	5	12	244	12.87	1.08	6	4	2	6	24.59	157	132	289	15.24	0.85	
18,379	St. Austell	25,140	177	180	10	14	381	15.16	1.09	11	4	1	5	13.12	184	189	373	14.84	0.80	
4,287	St. Ives	8,870	58	49	5	4	116	13.08	1.07	2	2	2	4	34.48	81	82	163	18.38	0.67	
7,634	St. Just	3,580	23	23	..	..	46	12.85	1.20	2	1	..	1	21.74	23	31	54	15.08	0.81
5,335	Saltash	7,450	70	45	2	5	122	16.38	1.03	3	2	..	2	16.39	53	42	95	12.75	0.85	
975	Torpoint	5,910	38	41	3	3	85	14.38	1.11	1	..	1	1	11.76	27	33	60	10.15	1.38	
2,634	Truro City	13,620	85	111	7	5	208	15.27	0.99	4	2	3	5	24.04	77	105	182	13.36	0.90	
99,444	TOTALS	190,790	1439	1341	95	95	2,970	15.57	1.05	71	36	24	60	20.20	1,384	1,519	2,903	15.22	0.82	
RURAL.																				
52,544	Camelford	6,870	42	52	1	3	98	14.26	1.13	1	1	1	2	20.41	50	62	112	16.30	0.89	
90,839	Kerrier	22,200	156	156	7	5	324	14.59	1.06	5	5	2	7	21.60	115	124	239	10.77	0.99	
73,051	Launceston	5,980	37	34	2	2	75	12.54	1.12	2	1	3	4	53.33	35	37	72	12.04	0.88	
104,803	Liskeard	13,430	85	91	5	6	187	13.92	1.13	4	3	..	3	16.04	103	83	186	13.85	0.86	
82,389	St. Austell	21,610	168	166	6	10	350	16.20	1.05	11	2	3	5	14.29	121	111	232	10.74	0.98	
48,433	St. Germans	14,700	117	88	5	6	216	14.69	1.28	3	1	3	4	18.52	115	92	207	14.08	0.83	
56,285	Stratton	4,720	23	28	2	2	55	11.65	1.48	2	..	1	1	18.18	28	19	47	9.96	0.99	
108,316	Truro	27,320	185	175	16	11	397	14.17	1.12	13	3	3	6	15.50	202	192	394	14.42	0.81	
88,230	Wadebridge	14,540	121	139	4	4	268	18.43	0.94	6	8	2	10	37.31	101	89	190	13.07	0.85	
59,792	West Penwith	16,950	123	112	5	8	248	14.63	1.05	5	2	1	3	12.10	139	131	270	15.93	0.89	
764,682	TOTALS	14,8320	1057	1041	53	57	2,208	14.89	1.10	52	26	19	45	20.38	1,009	940	1,949	13.14	0.90	
864,126	Whole County	339,110	2496	2382	148	152	5,178	15.27	1.07	123	62	43	105	20.28	2,393	2,459	4,852	14.31	0.85	
4,041	Isles of Scilly	1,770	21	12	..	1	34	19.21	0.94	..	..	..	..	..	10	6	16	9.04	1.09

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

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

Estimated Population and Total Number of Inhabitants

Year	Population	Total Number of Inhabitants	Urban Population		Rural Population	
			Population	Percentage	Population	Percentage
1900	1,000,000	1,000,000	200,000	20.0	800,000	80.0
1910	1,200,000	1,200,000	240,000	20.0	960,000	80.0
1920	1,400,000	1,400,000	280,000	20.0	1,120,000	80.0
1930	1,600,000	1,600,000	320,000	20.0	1,280,000	80.0
1940	1,800,000	1,800,000	360,000	20.0	1,440,000	80.0
1950	2,000,000	2,000,000	400,000	20.0	1,600,000	80.0
1960	2,200,000	2,200,000	440,000	20.0	1,760,000	80.0
1970	2,400,000	2,400,000	480,000	20.0	1,920,000	80.0
1980	2,600,000	2,600,000	520,000	20.0	2,080,000	80.0
1990	2,800,000	2,800,000	560,000	20.0	2,240,000	80.0
2000	3,000,000	3,000,000	600,000	20.0	2,400,000	80.0
2010	3,200,000	3,200,000	640,000	20.0	2,560,000	80.0
2020	3,400,000	3,400,000	680,000	20.0	2,720,000	80.0
2030	3,600,000	3,600,000	720,000	20.0	2,880,000	80.0
2040	3,800,000	3,800,000	760,000	20.0	3,040,000	80.0
2050	4,000,000	4,000,000	800,000	20.0	3,200,000	80.0
2060	4,200,000	4,200,000	840,000	20.0	3,360,000	80.0
2070	4,400,000	4,400,000	880,000	20.0	3,520,000	80.0
2080	4,600,000	4,600,000	920,000	20.0	3,680,000	80.0
2090	4,800,000	4,800,000	960,000	20.0	3,840,000	80.0
2100	5,000,000	5,000,000	1,000,000	20.0	4,000,000	80.0

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				Under 1 Year			At all Ages				
		Males		Females	Males		Females		Males		Females	Males		Females	Total	Rate
		3	4	5	6	7	8		9	10	11	12	13	14	15	16	17
1	2															
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	2398	2308	4606	14.4
1920	(a) 317,970	3403	3240	190	158	6991	22.0	†	249	167	416	59.5	1978	2215	4193	13.2
1930	(b) 318,713															
	(a) 318,028	2280	2096	123	123	4622	14.8	225	137	100	237	51.3	1985	2284	4269	13.7
	(b) 312,807															
1940	329,138															
		2127	1945	100	96	4268	13.0	163	116	90	206	48.3	2357	2567	4924	15.0
		(a) 2215	2125	161	132	4633	12.5	183	159	108	267	52.5	2465	2721	5186	14.0
		(c) 2456	2339	160	134	5089		192								
1941	371,382															
1942	344,944															
1943	327,163															
1944	322,513															
1945	313,559															
1946	318,139															
1947	324,185															
1948	329,828															
1949	(d) 330,247	2434	2374	142	147	5097	15.4	130	99	65	164	32.2	2242	2416	4658	14.1
	(e) 339,077															
1950	(e) 339,999	2333	2236	124	126	4819	14.2	125	79	66	145	29.2	2254	2418	4672	13.8
1951	(e) 339,800	2306	2321	129	109	4865	14.3	114	98	65	163	33.0	2370	2493	4863	14.3
1952	(e) 341,861	2379	2282	116	100	4877	14.3	115	84	65	149	30.6	2105	2271	4376	12.8
1953	(e) 341,463	2306	2218	94	134	4752	14.0	118	77	51	128	27.0	2193	2322	4515	13.2
1954	(e) 341,350	2420	2198	100	101	4819	14.1	158	67	33	100	20.8	2308	2209	4517	13.2
1955	(e) 339,760	2108	2108	113	89	4418	13.0	129	76	42	118	26.7	2304	2370	4674	13.8
1956	(e) 338,760	2298	2231	115	107	4751	14.0	132	55	55	110	23.2	2292	2337	4629	13.7
1957	(e) 338,770	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	2440	2303	116	90	4949	14.7	99	55	32	87	17.6	2306	2300	4606	13.7
1961	(e) 335,500	2404	2239	135	124	4902	14.6	123	70	37	107	21.8	2337	2432	4769	14.2
1962	(e) 339,110	2496	2382	148	152	5178	15.3	123	62	43	105	20.3	2393	2459	4852	14.3

* not distinguished

† not available

(a) for birth rate

(b) for death rate

(c) total population

(c) for infant and maternal mortality rates

(d) civilian population for birth and death rates

(e) non-civilians stationed in the County

TABLE III

Infectious Diseases notified in each District during the year 1962

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 ...	-	-	-	7	-	-	-	-	7	-	-	-	-	-	14
Bude-Stratton ...	1	-	-	5	-	-	-	-	-	-	-	-	-	-	6
Camborne-Redruth ...	4	12	-	19	42	2	-	-	15	78	-	3	3	-	178
Falmouth ...	1	46	-	46	3	-	-	-	1	-	-	-	1	-	98
Fowey ...	-	-	-	12	-	-	1	-	-	-	-	-	-	-	13
Helston ...	-	23	-	2	-	-	-	-	-	1	-	-	-	-	26
Launceston ...	-	-	-	7	-	-	-	-	-	-	-	-	1	-	8
Liskeard ...	-	7	-	5	1	-	-	-	-	-	-	1	-	-	14
Looe ...	-	8	-	47	1	-	-	-	-	-	-	-	-	-	56
Lostwithiel ...	-	-	-	36	1	-	-	-	-	-	-	-	-	-	37
Newquay ...	2	1	-	9	1	-	-	-	-	-	-	1	-	-	14
Padstow ...	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1
Penryn ...	-	1	-	34	-	-	-	-	1	-	-	-	-	-	36
Penzance ...	2	3	-	38	2	-	-	-	-	-	-	13	-	-	58
St. Austell ...	1	-	-	404	-	2	-	-	-	-	-	-	-	-	407
St. Ives ...	2	3	-	150	-	-	-	-	-	-	-	-	1	-	156
St. Just ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Saltash ...	4	2	-	19	8	-	-	-	-	-	-	-	3	-	36
Torpoint ...	-	1	-	3	-	-	-	-	-	-	-	-	-	-	4
Truro City ...	-	-	-	14	-	-	-	-	-	-	-	-	-	-	14
TOTALS ...	17	107	-	857	59	4	2	-	24	79	-	18	9	-	1176
RURAL															
Camelford ...	5	-	-	50	-	-	-	-	-	-	-	-	-	1	56
Kerrier ...	3	16	-	20	-	-	-	-	7	1	-	1	-	-	48
Launceston ...	1	2	-	14	-	-	-	-	-	-	-	1	2	1	21
Liskeard ...	2	15	-	79	5	1	-	2	-	-	-	1	1	-	106
St. Austell ...	3	1	-	111	3	2	-	-	1	-	-	-	-	-	121
St. Germans ...	1	13	-	209	12	1	-	-	-	1	-	-	-	-	237
Stratton ...	7	-	-	34	-	-	-	-	-	-	-	-	-	-	41
Truro ...	4	4	-	47	8	-	-	-	-	-	-	-	3	-	65
Wadebridge ...	3	3	-	41	-	1	1	-	-	-	-	-	-	1	50
West Penwith ...	3	10	-	56	11	-	-	-	-	-	-	6	-	-	86
TOTALS ...	32	64	-	661	39	5	1	2	8	2	-	9	6	3	832
Whole County ...	49	171	-	1518	98	9	3	2	32	81	-	27	15	3	2008

Ophthalmia Neonatorum ... 4 (Launceston M.B. 1)
 (Saltash M.B. 2)
 (Truro R.D. 1)
 Malaria ... 1 (Truro R.D.)

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

Infectious Disease	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962
Scarlet Fever ...	236	162	124	90	83	68	190	167	98	49
Whooping Cough ...	1211	1294	279	351	1234	142	92	192	369	171
Diphtheria ...	8	—	1	—	3	1	—	—	—	—
Measles ...	6391	551	2255	5216	2846	2593	2462	360	6689	1514
Pneumonia ...	184	203	222	175	189	149	127	86	121	98
Meningococcal Infection ...	2	7	11	3	3	1	9	3	3	9
Acute Poliomyelitis	30	10	35	8	24	14	13	7	—	3
Acute Encephalitis	5	2	5	4	1	4	2	4	5	2
Dysentery ...	19	102	21	6	7	37	35	35	39	32
Ophthalmia Neonatorum ...	3	1	—	2	1	2	1	3	—	4
Intermittent Pyrexia	127	143	135	156	146	106	83	79	68	81
Paratyphoid Fevers ...	2	—	1	1	1	1	2	1	—	—
Typhoid Fever (excluding Paratyphoid) ...	—	—	—	—	1	2	1	—	—	—
Food Poisoning ...	44	44	63	63	35	40	51	36	21	27
Scabies ...	24	26	33	37	19	25	16	26	18	15
Malaria ...	2	1	—	1	—	1	—	—	1	1
Acute Rheumatism ...	4	8	—	4	3	1	4	2	1	3
TOTALS	8292	2554	3185	6117	4596	3187	3088	1000	7433	2009

* In persons under 16 years of age (notifiable from 1.10.50)

TABLE V

CAUSES OF DEATH AT SPECIFIED AGES, 1962

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	—	—	—	—	—	—	—	—	1	—	6	1	6	—	1	1	14	2
2. Tuberculosis, other	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	3
3. Syphilitic disease	—	—	—	—	—	—	—	—	—	—	4	2	—	1	2	—	6	3
4. Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5. Whooping Cough	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
6. Meningococcal infections	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. Acute Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9. Other infective and parasitic diseases	—	1	1	—	—	—	—	—	1	—	5	1	—	1	2	1	9	4
10. Malignant neoplasms:																		
stomach	—	—	—	—	—	—	—	—	1	1	22	8	24	10	20	35	67	54
lung bronchus	—	—	—	—	—	—	—	—	2	1	53	7	34	7	17	4	106	19
breast	—	—	—	—	—	—	—	—	—	7	—	36	18	—	32	—	—	93
uterus	—	—	—	—	—	—	—	—	—	3	—	21	11	—	13	—	—	48
14. Other malignant lymphatic neoplasms	—	—	—	—	1	1	1	1	9	8	69	61	70	59	72	62	222	192
15. Leukaemia, aleukaemia	—	—	—	—	1	1	1	—	2	2	1	7	2	1	3	1	10	12
16. Diabetes	—	—	—	—	—	—	—	—	—	—	4	5	10	10	4	13	18	28
17. Vascular lesions of nervous system	—	—	—	—	—	—	—	—	6	5	38	51	88	102	141	282	273	440
18. Coronary disease, Angina	—	—	—	—	—	—	—	—	6	2	151	42	156	97	160	162	473	303
19. Hypertension with heart disease	—	—	—	—	—	—	—	—	—	1	7	9	18	22	11	29	36	61
20. Other heart disease	—	—	—	—	—	—	—	—	6	5	60	50	110	116	298	424	475	595
21. Other circulatory disease	—	—	—	—	—	—	—	—	1	—	18	16	26	14	55	80	101	110
22. Influenza	—	—	—	—	—	—	—	—	—	—	4	2	4	4	3	1	11	7
23. Pneumonia	6	6	1	2	—	—	—	—	1	3	8	11	15	30	41	63	72	116

