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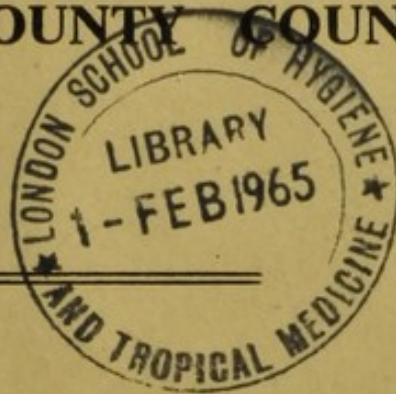
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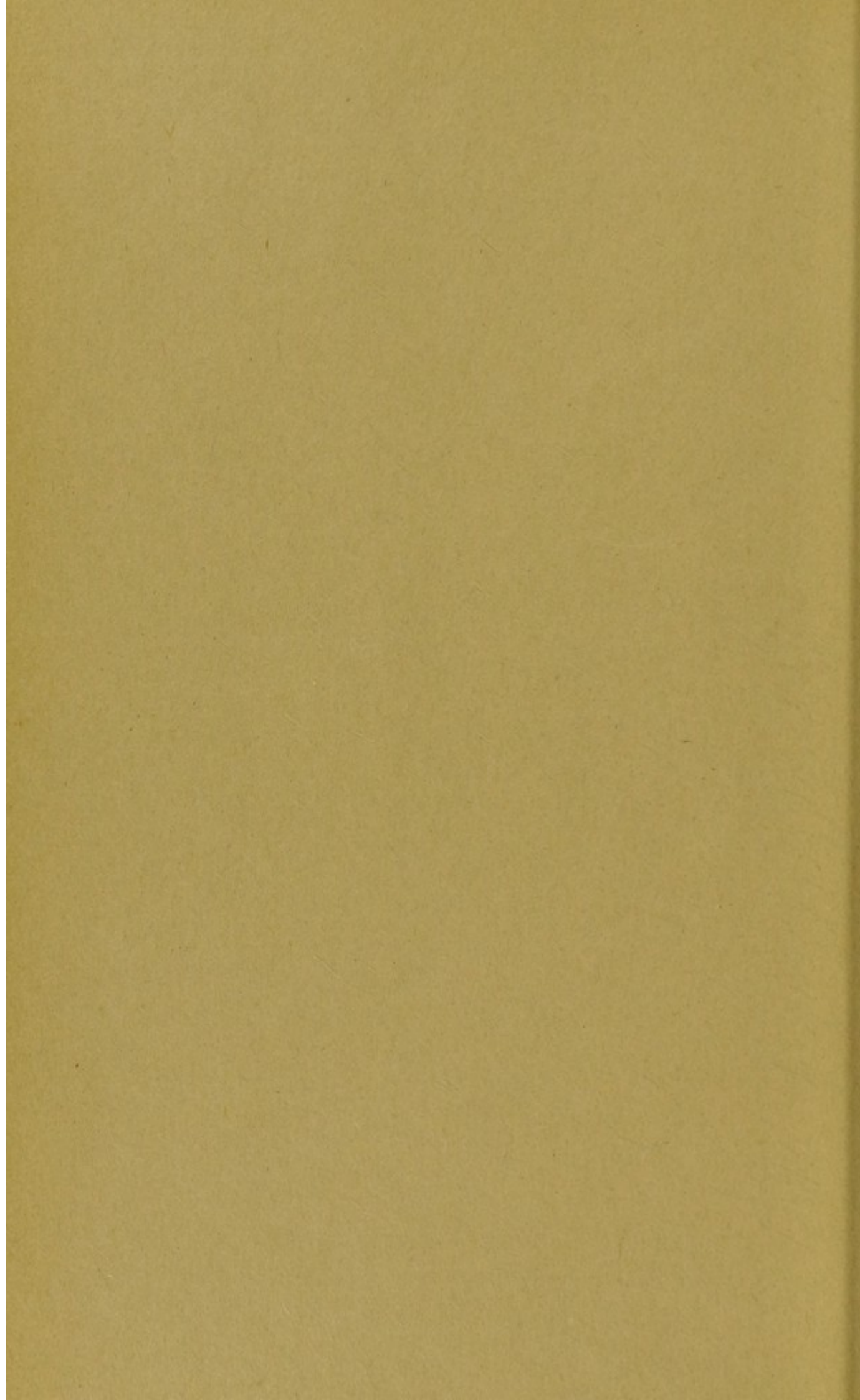
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CORNWALL COUNTY COUNCIL



ANNUAL REPORT
OF THE
COUNTY MEDICAL OFFICER
OF HEALTH
1963

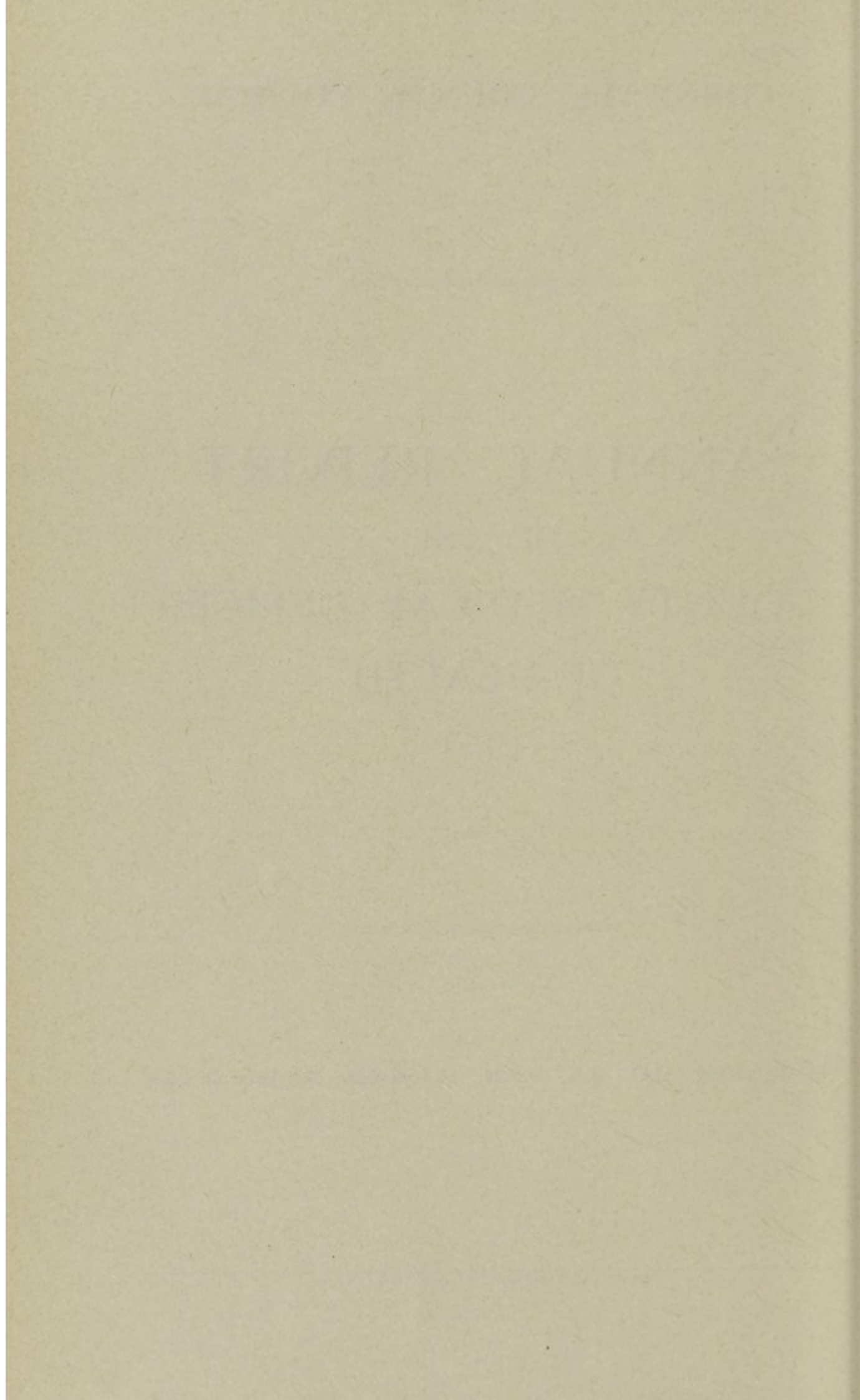
H. BINYSH, M.D., B.S., D.P.H., D.T.M.&H., Barrister at Law



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H. BINYSH, M.D., B.S., D.P.H., D.T.M.&H., Barrister at Law



CONTENTS

Health Committee	5
Public Health Officers	10
Statistics and Social Conditions	14
The 1961 Census	17
National Health Service Acts—Administration	19
Care of Mothers and Young Children	21
Ante-natal Care	21
Maternity Accommodation	21
Care of Unmarried Mothers	23
Puerperal Pyrexia	23
Ophthalmia Neonatorum	23
Maternal mortality	23
Toxaemia of Pregnancy	24
Infant mortality and Stillbirths	24
Premature Babies	28
Child Welfare Centres	28
Handicapped Young Children	29
Family Planning Clinics	30
Welfare Foods	30
Nursing Homes	30
Health Education	31
Nursing Services—	
Report of County Nursing Officer	32
Report of Supervisor of Midwives	34
Health Visiting	35
Dental Service	
Report of Chief Dental Officer	37
Ambulance Service—	
Report of County Ambulance Officer	39
Statistics	41
Report of County Transport Officer	45
Epidemiology, Preventive Medicine, Care and After-Care—	
Notifiable Diseases	49
Tuberculosis	52
Radioactivity in Cornwall	56
Care and After-Care	61

CONTENTS (continued)

Domestic Help Service	62
Mental Health	64
Statistics	71
Welfare Services:—	
The Aged and Infirm	77
Disabled and Old Persons' Homes	83
Special Housing for Old People	83
Homeless Families	85
Meals on Wheels	85
Chiropody	86
Old People's Clubs	86
Handicapped Persons	87
Sub-standard Families	89
Blind and Partially Sighted Persons	90
Cornwall Association for the Care of the Disabled	98
Inspection and Supervision of Food—Report of Chief	
Inspector under Food and Drugs Acts	101
Laboratory Facilities	103
Sanitary Circumstances—	
Report of County Public Health Officer	103
Milk—Special Designations	103
Milk in Schools Scheme	107
Water Supplies in Schools	108
Water Supplies	109
Sewerage and Sewage Disposal	120
Inquiries by Ministry of Housing and Local Government	124
Refuse Disposal	125
Meat Inspection	126
Housing	128

Tables:—

- Table I. Population, Births and Deaths,
- Table II. Population, Births and Deaths—Summary of Years
- Table III. Infectious Diseases,
- Table IV. Infectious Diseases—Summary of Years
- Table V. Causes of Death,

HEALTH COMMITTEE

(as constituted at 31st December, 1963)

Chairman:

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

Vice-Chairman:

W. J. T. PETERS

Members:

Major S. E. BOLITHO, M.C.	D. B. E. HOCKING
S. J. L. CHUBB	E. G. LILLEY
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.	C. J. TREWIN
J. H. HAWKEN	P. M. WILLIAMS, O.B.E.
H. W. HICKS	Mrs. D. M. WILLS

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

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 1963. Dr. R. N. Curnow, O.B.E., retired from the post of County Medical Officer of Health in October of the year, so that the record of work which is embodied in this report is largely a testimonial to the many years of devoted service which he has given to the County.

His retirement coincided with that of several other senior members of the staff, namely, Dr. E. R. Hargreaves, the Deputy County Medical Officer; Dr. M. M. Boyd, the Assistant County Medical Officer and Medical Supervisor of Midwives; and Miss A. White, the County Nursing Officer. All of them had served the County faithfully for many years, and we wish them well in their new spheres.

This year has seen a further improvement in the infant mortality rate in the County; in human terms this means that 11 fewer babies died in 1963 as compared to 1962. This rate is an important one as it is usually taken as an indication of social conditions. There was also a fall in the still-birth rate. Nevertheless, this latter rate is still not considered to have reached an irreducible minimum, and as can be seen in the report, active measures are being taken to improve results still further.

An important feature during the year in this connection was the opening of the Bolitho Maternity Home and provision of 10 maternity beds at St. Michael's Hospital, Hayle. This has inevitably led to a larger proportion of mothers entering hospital for their confinements, and with the Maternity Unit at St. Austell planned to open in the autumn of 1964, it is evident that the proportion of births outside the home will rise appreciably in future years. While it is entirely proper that such facilities should be available, it must not be forgotten that providing there has been proper ante-natal supervision and selection of patients, mothers can safely and happily be delivered in their own homes, a procedure which they prefer in many cases.

Once again the Ambulance Service records a substantial increase in the demand for their aid. Indeed, this year 3,131 more patients were carried. At this point a tribute must be paid to the valuable assistance given by the volunteers providing the Hospital Car Service who carried over 26,000 patients of the total of 162,700.

For several years past it has been possible to reduce the average number of miles travelled by each patient. This has been one of the benefits which has stemmed from the introduction of the radio-control system and reflects credit on those arranging the journeys.

This year a special section has been included in the report relating to radio-activity in Cornwall, which has been prepared by Dr. Willey,

who has made a close study of this subject over many years. Cornwall is an area of high natural radio-activity due to the composition of the rock formations. Particularly in certain localised areas around old mine sites there are higher levels of radio-activity than is found elsewhere. It is, however, encouraging to note that Dr. Willey believes that life in Cornwall is in no way shortened or caused to develop an abnormal pattern of health in regions where radiation levels may go up to six or even ten times the average.

1963 has proved an exciting year for the Mental Health Services of the County with the official opening of the Curnow Training Centre at Redruth in the Spring, and the opening of the Adult Centre at St. Austell in October. Serving this Centre are two hostels for the mentally handicapped, one for males and the other for females, each providing 20 places. These centres and hostels are being well used and are serving a most valuable function. The service for the mentally handicapped has been greatly helped by the close liaison with the Royal Western Counties Hospital at Starcross, and by the out-patient sessions arranged by the Medical Superintendent of that Hospital, Dr. Prentice.

The liaison with St. Lawrence's Hospital which undertakes care of the mentally ill is no less close, and the regular conferences between the Mental Welfare Officers and the Hospital Staff have continued.

During the year two members of the Mental Welfare Officer staff were on secondment to training courses, and this policy is now bearing fruit as the fully trained officers are returning to fill vacancies in the County Service. It has not always proved easy in the past to recruit trained staff for this work, and it is hoped that recruitment of young people and secondment to training schemes will be the long-term solution. Among the functions of the Mental Welfare Officers is the organisation of psychiatric social clubs, and it will be noted that a club was commenced at Redruth in addition to that already operating in Falmouth.

The report of the Welfare Services this year has as one of the principal themes the shortage of welfare beds and consequent waiting lists. The County Council has a substantial number of new schemes in progress which will in future years provide many more beds. At the end of the year there was a total of 767 old people in homes in the County who were the responsibility of the County Council, so that much is already being done.

A priority has been the replacement of the accommodation at Sedgemoor Priory with 3 purpose-built homes, each to be of 48 beds. These homes are imaginatively planned in 4 wings, each of which comprise a "family", with the accommodation in single and double bedrooms. This kind of grouping will accommodate the old people in privacy and dignity, with the opportunity of living with those of similar interests and outlook.

Mr. Enoch Powell, then Minister of Health, in April 1963 opened the home at The Green, Redruth. This has pioneered new ground since it was the first purpose-built home in this country to be provided for confused and senile elderly people. The arrangement of this home on the "open-plan" principle of lounges and dining room has been the subject of favourable comment from many who have visited. The first year's working has proved very successful, partly due to the regular meetings to determine placement of patients, between the Matron, the County Welfare Officer, the Geriatrician from Barncoose Hospital, the Medical Superintendent of St. Lawrence's Hospital, and myself. The working of this unit has been hampered by the lack of a psycho-geriatric unit which it is hoped will shortly be provided at Barncoose Hospital by the Regional Hospital Board. However, The Green is now working successfully to full capacity, a result largely due to the devoted work of the staff.

Embodied in the report are details of many other County Services which are of great interest—the liaison with the housing authorities regarding housing particularly for old people, the work of the Public Health Officers who have done so much to improve the quality of milk supplies in the County, and the family welfare scheme which cares for the social problem families. A foreword cannot do more than point out some of the major features of the year, but much else of interest may be found in the body of the report.

Finally, I wish to express my sincere appreciation of the assistance given to me by the Chairman and Members of the County Health Committee, and of the valuable help of the many Voluntary Bodies whose work is bound up with that of the Health Department.

The following pages are a summary of the diligence and good work of the staff of the Health Department. To all of these and to many others who have assisted the work of the Department, I give my thanks for work well done.

I am,

Your obedient Servant,

H. BINYSH,

County Medical Officer.

County Hall,
Truro.
October, 1964.

CORNWALL COUNTY COUNCIL

REPORT OF THE COUNTY MEDICAL OFFICER OF HEALTH FOR THE YEAR 1963

PUBLIC HEALTH OFFICERS:

County Medical Officer of Health and Principal School Medical Officer:

R. N. CURNOW, O.B.E., M.B., B.S., D.P.H. (Left 23.10.63)

H. BINYSH, M.D., B.S., D.P.H., D.T.M.&H., Barrister at Law
(Comm. 24.10.63)

Deputy County Medical Officer and Deputy Principal School Medical Officer:

E. R. HARGREAVES, M.A., M.D., B.Ch., D.P.H. (Left 30.9.63)

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. (Left 4.12.63)

Assistant County Medical Officers:

Area 1 (Penzance)

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

Area 2 (Camborne)

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.

(Left 30.4.63)

J. McGOVERN, M.B., B.Ch., D.P.H. (Comm. 1.7.63)

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.
 NANCY E. FRANCIS, M.B., B.Ch. (Comm. 16.9.63)
 MAIR L. JENKINS, B.Sc., M.B., B.Ch.
 D. M. McCARTHY, L.R.C.P. & S., L.M. (Left 30.9.63)
 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. (Left 31.8.63)
 *J. REED, M.B., Ch.B., B.Sc., D.P.H.
 D. T. M. SMITH, M.B., B.S. (Comm. 2.9.63)
 P. R. WILSON, L.R.C.P. & S.

*Also Assistant County Medical Officers.

Chief Dental Officer:

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

Dental Officers:

Whole-time:—

W. T. ARMSTRONG, L.D.S.
 A. G. BILLINGS, L.D.S. (Comm. 6.5.63)
 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. (Left 8.3.63)
 D. J. WHEELER, B.D.S.

Part-time:—

Mrs. S. M. SATCHWELL, B.A., L.D.S.

Dental Auxiliary:

Miss J. L. JEREMIAH, G.D.C. Proficiency Cert. (Left 11.7.63)
 Miss H. J. ADAMS, G.D.C. Proficiency Cert. (Comm. 9.9.63)

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.
 (Left 13.10.63)
 Miss E. M. TEAGUE, S.R.N., S.C.M., H.V.Cert., Q.N.S.
 (From 14.10.63)

Deputy County Nursing Officer, etc.:

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

(To 13.10.63)

Miss G. I. JESS, S.R.N., S.C.M., H.V.Cert., Q.N.S. (From 14.10.63)

Assistant County Nursing Officers:

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

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

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

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

Area 5—

Area 6—

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

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

(To 13.10.63)

County Ambulance Officer:

W. H. MAYCOCK, O.St.J., F.I.A.O.

Transport Officer:

J. J. PEARCE, O.St.J.

Civil Defence Training Officer:

F. POLKINGHORNE, O.St.J.

County Welfare Officer:

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

Assistant County Welfare Officer:

W. C. ODGERS

Case Work AdviserMrs. B. J. BANHAM, B.Sc. (Hons.) S.R.N., Diploma Social Studies
(Part-time)**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.
 J. WARD, B.A., Dip. Psych. (Comm. 12.8.63)
 F. L. WYATT, B.Sc. (Comm. 2.9.63)

Child Guidance Social Worker:

Miss M. J. HOSKING (Comm. 1.5.63)

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, Diploma Institute of Home Help Organisers.

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: (provided by the Regional Hospital Board)

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

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)
 Regional Hospital Board Staff.

STATISTICS AND SOCIAL CONDITIONS

Area of the County	864,215 acres
Population 1963 (R.G.'s mid-year estimate) ...	341,110
Population 1961 Census	340,013
Population 1951 Census	343,248
Censal Decrease	3,235
Percentage Decrease	0.99
Number of private dwellings (1961 Census) ...	116,819
Rateable Value	£10,090,685
Sum represented by 1d. rate	£39,179

The Registrar-General's mid-year estimate of the population for the Urban and Rural areas during each of the five years 1959—63 is shown in the following table:—

	1959	1960	1961	1962	1963
Urban Districts ..	187,000	187,460	186,100	190,790	192,390
Rural Districts ...	150,580	149,650	147,490	148,320	148,720
Administrative County ...	337,580	337,110	333,590	339,110	341,110
Increase or decrease over previous year ..	+ 200	—470	—3,520	+ 5,520	+ 2,000

Table I at the end of the Report shows the estimated population and number of births and deaths for 1963 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 ... ..	...	...	2,531	2,375	4,906
Illegitimate ... ..	...	...	158	125	283
Total ... ..	...	...	2,689	2,500	5,189

Birth rate per 1,000 of the population ... 15.21

Still Births				Male	Female	Total
Legitimate	...	...		51	56	107
Illegitimate	...	...		5	5	10
				<hr/>	<hr/>	<hr/>
Total	...	...		56	61	117
				<hr/>	<hr/>	<hr/>

Still birth rate per 1,000 total births ... 22.05

The Birth Rate of 15.21 compares with a rate of 15.27 in 1962. The following are the rates for recent years:—

				Cornwall	England & Wales
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	18.0
1963	...	...	...	15.2	

Deaths and Death Rate

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

Males	...	...	...	2,615
Females	...	...	...	2,558
				<hr/>
Total	...	...	...	5,173
				<hr/>

This gives a death rate of 15.2 compared with a rate of 14.3 in 1962. The following are the death rates for recent years:

				Cornwall	England & Wales
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	11.9
1963	...	...	...	15.2	

Infant Mortality

There were 97 infant deaths registered during the year, giving an infant mortality rate of 18.69 per 1,000 live births. This compares with a rate of 20.28 in 1962.

Chief Causes of death at all ages

	1962	1963
Disease of Heart and Blood Vessels ...	2,154	2,260
Cancer	801	814
Vascular lesions of nervous system ...	713	811
Respiratory disease	396	476
Suicide and deaths from violence ...	155	151
Motor vehicle accidents	54	50
Tuberculosis	20	27

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	—	2
25 — 34 ...	—	—	—	1	1
35 — 44 ...	15	2	3	3	23
45 — 54 ...	38	14	18	7	77
55 — 64 ...	105	51	64	29	249
65 — 74 ...	206	141	124	98	569
75 and over ...	274	382	215	260	1,131
	639	590	425	398	2,052*

*including 4 deaths in the Isles of Scilly.

Number of Deaths at Different Periods of Life

Age Group	Male	Female	Total
Under 1	56	42	98
1 — 4	13	3	16
5 — 14	7	9	16
15 — 24	31	12	43
25 — 34	20	20	40
35 — 44	58	45	103
45 — 54	150	122	272
55 — 64	435	284	719
65 — 74	782	632	1,414
75 and over	1,074	1,394	2,468
	2,626	2,563	5,189*

* 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 1913 and 1963:—

1913			1963
129	...	Under 1 year of age	... 19
42	...	Aged 1 year to 4 years	... 3
32	...	Aged 5 years to 14 years	... 3
41	...	Aged 15 years to 24 years	... 8
114	...	Aged 25 years to 44 years	... 28
202	...	Aged 45 years to 64 years	... 191
440	...	Aged 65 and over	... 748

THE CENSUS 1961

Cornwall and the Isles of Scilly Report

The Report on the Census taken as at midnight on 23rd/24th April, 1961, was published in April 1964 and the opportunity is taken to present some of the information contained in the Report. This includes figures for the Isles of Scilly although the islands do not form part of the Administrative County.

Population Change

The enumerated population was 342,301 of which 55.7% were enumerated in the municipal boroughs and urban districts, the largest of which is Camborne/Redruth Urban District (population 36,110) and the smallest Lostwithiel Municipal Borough (population 1,935).

The population fell by 3,141 between the last Census in 1951 and that of 1961, representing a loss of 0.09 per cent annually, the loss being attributable to the decrease in numbers in defence establishments. The largest increases of population occurred in Newquay Urban District (1,951), Helston Municipal Borough (1,541) and St. Austell Urban District (1,419) while the greatest decreases occurred in Torpoint Urban District (1,685 loss) largely due to a fall in service personnel, and in Penzance Municipal Borough (1,345 loss). Apart from small increases in St. Austell and Truro Rural Districts all the rural districts lost population.

Age distribution

The age distribution figures show that the population of the County was older than that of England and Wales as a whole. The proportions aged under 5 and under 15 were lower than for England and Wales, while the proportion aged 65 or over was considerably more than for England and Wales. The proportion of this age group was 15.6 per cent compared with 13.6 per cent in 1951, and the 1961 England and Wales figure of 11.9 per cent. The sex ratio of 1,107 females per thousand males, compared with a

ratio of 1,067 in England and Wales, is related to the older than average age distribution in the area, the older age groups everywhere tending to have a greater number of females.

Housing

There were 118,221 structurally separate dwellings, of which 5,104 were wholly vacant. the total representing an increase of 11.5 per cent since 1951. 3.9 per cent of the total dwellings were contained in multi-dwelling buildings and 1.4 per cent were in mobile or non-permanent buildings, nearly all of them caravans. In 1961, 3.9 per cent of all households occupied one or two rooms, 33.3 per cent three or four rooms, 28.8 per cent occupied five rooms and the remaining 34 per cent six or more rooms. The interval between 1957 and 1961 has seen an increase from 4.94 to 5.14 in the average number of rooms occupied by a household.

The proportions of all households occupying two, three and four rooms have decreased, while the households occupying one room and five or more rooms have risen, the increase in the proportion of households occupying one room being due to the increase in the number of caravans.

The proportion of households sharing a dwelling fell from 4.1 per cent in 1951 to 1.1 per cent in 1961. Of the sharing households 26.7 per cent were without exclusive use of stove and sink, this group being concentrated in the small households, 74.1 per cent containing only one or two persons.

Of the 110,564 private households with a member present on the night of the Census, 53,390 or 48.3 per cent were owner occupiers, 4.1 per cent rented their accommodation with a farm, shop or other business premises, 5.5 per cent held it by virtue of their employment and 42.1 per cent rented their accommodation, of the last group 18,405 (39.6 per cent) rented from a local authority and 28,108 (60.4 per cent) from private landlords.

Household arrangements

60.6 per cent of all households had exclusive use of all four household arrangements. viz.: cold water tap, hot water tap, fixed bath and water closet.

89.7 per cent of all households had exclusive use of a cold water tap in the building, 0.4 per cent shared and 9.8 per cent were entirely without the use of a cold water tap. In 1951, 7.1 per cent shared and 27.1 per cent were entirely without a cold water tap.

67.7 per cent of households had exclusive use of a hot water tap within the building, 0.4 per cent had shared use and 31.9 per cent were without a hot water tap.

65.7 per cent had exclusive use of a fixed bath, 1.3 per cent shared and 33.0 per cent were entirely without this amenity. There has been a general improvement since 1951, when the proportion of households entirely without

access to a fixed bath was 52.1 per cent and those with only shared was 2.5 per cent.

Exclusive use of a water closet in the building or attached to it was enjoyed by 81.2 per cent of households, 1.3 per cent had shared use and 17.5 per cent were without the use of a water closet in the building.

Persons of pensionable age—housing

Total number of such persons:—

Women over 60	...	44,112	
Men over 65	...	21,415	65,527
<hr/>			
Number living in one person or two person households	...	...	39,847 (60.8%)
Number living alone	...	...	10,984 (27.6%)
(84.3% of these were women)			
Number of two-person households comprising a married couple	...	...	12,460
(65.5% of these were both of pensionable age)			
Number of two-person households containing persons of pensionable age	...	...	18,586

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	18,810
		St. Ives M.B.	4,287	8,870
		St. Just U.D.	7,634	3,570
		West Penwith R.D.	59,792	16,960
			<hr/>	<hr/>
			74,868	48,210
			<hr/>	<hr/>
2	Rectory Road, Camborne.	Helston M.B.	4,014	7,300
		Camborne-Redruth U.D.	22,062	36,240
		Kerrier R.D.	90,839	22,200
			<hr/>	<hr/>
			116,915	65,740
			<hr/>	<hr/>

Area No.	Area Office Address	County Districts	Area in Acres	Estimated Population
3	The Leats, Truro.	Falmouth M.B.	1,880	17,410
		Penryn M.B.	829	4,830
		Truro City	2,634	13,900
		Truro R.D.	108,316	27,540
			<hr/>	<hr/>
			113,659	63,680
			<hr/>	<hr/>
4	Moorland Road, St. Austell.	Fowey M.B.	2,979	2,130
		Lostwithiel M.B.	3,156	1,900
		Newquay U.D.	4,599	11,600
		St. Austell U.D.	18,379	25,300
		St. Austell R.D.	82,389	21,740
			<hr/>	<hr/>
			111,502	62,670
			<hr/>	<hr/>
5	Brooklyn, Wadebridge.	Bodmin M.B.	3,312	6,310
		Padstow U.D.	3,343	2,560
		Wadebridge R.D.	88,230	14,560
			<hr/>	<hr/>
			94,885	23,430
			<hr/>	<hr/>
6	Launceston	Launceston M.B.	2,180	4,510
		Bude-Stratton U.D.	4,296	4,940
		Camelford R.D.	52,544	6,880
		Launceston R.D.	73,042	5,970
		Stratton R.D.	56,220	4,740
			<hr/>	<hr/>
			188,282	27,040
			<hr/>	<hr/>
7	Westbourne, Liskeard.	Liskeard M.B.	2,704	4,570
		Saltash M.B.	5,386	7,520
		Looe U.D.	1,691	3,750
		Torpoint U.D.	988	6,370
		St. Germans R.D.	48,533	14,710
		Liskeard R.D.	104,803	13,420
			<hr/>	<hr/>
			164,105	50,340
			<hr/>	<hr/>

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 refer to occurrences during 1962 so that valid comparisons may be made.

Ante Natal Care

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

Relaxation Clinics organised 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 1,039 women made 3,954 attendances.

In addition 287 Ante Natal Clinic sessions were held by Midwives at which 394 women attended for Ante Natal Examination.

Mothers Clubs are held in several of the larger towns and are increasingly popular. In these, talks and films are given on Health topics as well as on other subjects of interest.

Maternity Accommodation

Maternity beds are provided by the Regional Hospital Board. A patient whose home is unsuitable for domiciliary confinement may be referred by the County Medical Officer for delivery in hospital after consideration of domestic circumstances.

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

The Edward Bolitho Home was opened as a General Practitioner Maternity Unit in February, 1963 and there were 163 admissions during the year.

10 Maternity beds were also opened at the St. Michael's Voluntary Hospital, Hayle in July. The beds previously available (5 bookings a month) at the West Cornwall Hospital for bookings on social grounds were withdrawn.

A considerable fall in domiciliary midwifery cases in the Penzance Health Area has been the inevitable result. In 1963 there were 247 domiciliary births in this Area compared with 331 in 1962.

In the east of the County the reduction made in October, 1962, in the number of the beds available in Old Tree Maternity Home from 22 to 15 continued until October, 1963 when the number of available bookings was restored to 22. Every effort was made to ensure that no woman in real social need was refused a bed in hospital.

The following table shows the number of expectant mothers recommended for beds on social grounds by the department during the year.

	1963	1962
Redruth Hospital ...	1	6
Old Tree Maternity Home ...	186	188
Trebarras Maternity Home ...	148	120
Tavistock Maternity Home ...	107	84
Devonport Maternity Home ...	54	46
Alexandra Maternity Home ...	12	6
West Cornwall Hospital ...	23	57
	531	507

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

Year	Total No. of births	Percentage of total births occurring in:—		
		Patient's Home	Hospital and Maternity Homes	Nursing Homes
1941	5290	65.2	19.1	15.7
1951	4979	58.3	34.8	6.9
1961	4940	49.85	48.17	1.98
1962	5333	49.68	48.63	1.69
1963	5276	44.5	53.2	2.3

The Cranbrook Report envisaged 70% of confinements taking place in hospital but in the West Cornwall area only 49.8% of total births in the area occur in the following:— (a) Redruth Hospital, (b) St. Michael's Hospital, Hayle, and (c) Bolitho Maternity Home, Penzance.

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

The full range of maternity medical services are available to unmarried mothers, many of whom are in need of extra help and advice. The Cornwall Social and Moral Welfare Association receives 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 58 admissions during the year of whom 34 were Cornish girls, 6 non-Cornish but working in Cornwall, and 18 admitted from other Counties. At Morwenna there were 32 admissions, 27 Cornish and 5 non-Cornish.

Puerperal Pyrexia

There were 62 notifications, 55 in hospital and 7 in domiciliary practice. However, a further 17 cases where there was a rise in temperature but not notified under the Regulations were reported to doctors by district midwives and treated.

Ophthalmia Neonatorum

The single case notified during the year recovered without impairment of vision.

Maternal Mortality

There was 1 death assigned by the Registrar General as being due to childbirth, giving a maternal mortality rate of 0.19 per 1,000 total births.

However, reports on four others deaths which were associated with childbirth were completed and sent to the Regional Assessor. In these four cases pregnancy was not the primary cause of death.

The following table shows the rates for recent years:—

Year	Total Maternal Deaths	Maternity Mortality Rates		
		Annual Cornwall	Quinquennial	Annual England & Wales
1954	5	1.01	0.86	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	0.36	0.38
1960	3	0.6		0.39
1961	5	1.01		0.33
1962	1	0.19		
1963	1	0.19		

Toxaemia of Pregnancy

Toxaemia of pregnancy is a cause of many premature births and stillbirths. The cause of this condition is thought to be related to the demands of the infant on the mother's circulation but it is essential that patients in certain stages of this condition should have complete rest in bed. In the early stages the patients may feel very well and it is difficult to convince them of the need for rest. 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 9 new cases were included in the scheme. All these mothers had live infants but in 4 cases it was necessary for the mother to receive treatment in hospital.

Infant Mortality and Stillbirths

Regional differences in infant mortality and stillbirth rates have been known to exist for many years in England and Wales the lowest rates being in the South of the country and the highest in the North and Wales.

The reason for these regional differences is not clear, and in spite of the infant mortality rate being halved in the last 30 years, the relative differences between the regions is still large. This year shows a further drop in the infant mortality and stillbirth rate in Cornwall, with a consequent fall in the perinatal mortality rate (i.e. stillbirth rate plus infant death rate during 1st week of life). However, these rates are still higher than those of other Southern rural counties, as is set out in the following statistical tables. As there are two clinical areas in Cornwall, it was considered desirable to compare them statistically. The East Cornwall figures compare favourably with those of other rural counties in Southern England, but it is disturbing to find that the West Cornwall figures are high. It is hoped that by regular meetings of all those concerned, it may be possible to trace preventable factors, and so eventually obtain more satisfactory results.

Prematurity is still a very large cause of death and it is interesting to note that in this category pre-natal factors of maternal toxaemias, placental and intrauterine abnormalities and adverse socio-economic factors as experienced in Cornwall do play a significant part.

In 1963, 95 babies died during their first year, compared with 106 in 1962. This gives an infant mortality rate of 18.4 (20.4) per 1,000 live births.

Of the 95 babies who died, 45 had been prematurely born. 8 of the infants who died were illegitimate.

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		25.5
1955	26.7	} 22.9	24.9
1956	23.2		23.8
1957	24.8		23.0
1958	19.3	} 19.1	22.2
1959	16.9		22.0
1960	18.2		22.0
1961	21.6	21.0	
1962	20.4	21.6	
1963	18.6	20.9	

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	9	—	9
Birth injury and difficult labour	5	4	9
Congenital abnormalities	1	13	14
Respiratory distress syndrome of the newborn	3	—	3
Atelectasis	11	2	13
Rhesus incompatibility	3	1	4
Infection	1	1	2
Due to illness of mother	3	—	3
Post maturity	—	1	1
Other causes	2	2	4
	<hr/> 38	<hr/> 24	<hr/> 62

33 infants died after the age of 1 month, but before 1 year. (27 in 1962, and 30 in 1961). Only 8 of these infants were prematurely born.

	Infant Deaths (over 4 weeks)		
	Premature	Full Term	Total
Congenital malformations, including cardiac ...	3	10	13
Bronchitis and pneumonia ...	5	9	14
Acute infection of central nervous system ...	—	2	2
Blood dyscorasia ...	—	1	1
Accidental mechanical suffocation ...	—	3	3
Total ...	8	25	33

Deaths of Children 1—4 years

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

Pneumonia ...	5
Congenital malformations ...	3
Other defined and ill-defined diseases ...	3
Other infective and parasitic diseases ...	1
Other malignant and lymphatic neoplasms ...	2
Motor vehicle accidents ...	1
Other accidents ...	1

Stillbirths

There were 117 stillbirths in 1963 (125 in 1962), giving a rate of 22.2 (23.25 in 1962).

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

Year	Number of Stillbirths	Stillbirth Rates		
		Cornwall Annual	England & Wales Quinquennial	England & Wales Annual
1954 ...	158	31.4	28.8	24.0
1955 ...	129	28.8		23.1
1956 ...	132	27.6		23.0
1957 ...	148	30.1		22.4
1958 ...	129	26.1		21.6
1959 ...	127	25.8	23.25	20.8
1960 ...	98	19.65		19.7
1961 ...	120	25.13		19.0
1962 ...	125	23.5		18.1
1963 ...	117	22.2		17.3

The causes of stillbirths has had to be registered from October 1960, and therefore this information was available throughout the year.

Perinatal Mortality

The number of babies dying during the first month of life was 62, and of these 53 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. 53 (65) infants died in the first week of life, together with 117 stillbirths, making a total of 170 (190). The perinatal mortality rate is slightly lower than in 1962.

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
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	30.8
1963	117	53	170	32.2	29.3

The causes were:—

	Stillbirths		First week deaths		Totals	
	Pre- mature	Full Term	Pre- mature	Full Term		
Difficult labour and birth injury	...	8	15	4	4	31
Prematurity	...	—	—	9	—	9
Post maturity	...	—	—	1	—	1
Congenital abnormalities	...	16	5	1	5	27
Respiratory distress syndrome of the newborn	...	—	—	3	—	3
Associated with pre-eclamptic toxaemia	}	34	18	—	—	52
Ante-partum haemorrhage						
Placental abnormalities						
Occlusive pressure on cord	...	5	3	3	1	12
Rhesus incompatibility	...	—	1	—	—	1
No ante-natal care	...	3	2	3	—	8
Illness of mother or infant	...	—	—	11	2	13
Atelectasis	...	—	—	1	1	2
Infection	...	—	—	2	2	4
Other causes	...	4	3	—	—	7
Unknown	...	4	3	—	—	7
		<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
		70	47	38	15	170
		117		53		

The comparison of perinatal mortality rates mentioned earlier in the report are as follows:—

	1962		1963	
	Perinatal Mortality Rate	Percentage of Hospital Confinements	Perinatal Mortality Rate	Percentage of Hospital Confinements
West Cornwall				
Clinical Area ...	37.4	45.3%	34.7	49.8%
East Cornwall				
Clinical Area ...	29.0	61.7%	21.9	68.1%
Cornwall Total ...	35.7	48.6%	32.2	53.2%
Devon ...	24.4	65.6%	28.5	69.7%
Wiltshire ...	29.1	66.6%	29.14	69.3%
Norfolk ...	26.3	48.5%	26.6	50.7%

Premature Babies

60% (70) of the 117 stillbirths and over two-thirds of the early neo-natal deaths were prematurely born. A portable oxygenaire incubator is available in East Cornwall to supply oxygen and keep the baby warm on the journey to the premature baby unit at Freedom Fields Hospital, Plymouth. Specially designed carrycots which can be made warm with safely held hot water bottles are kept in each Area to supplement the portable oxygenaire. Oxygen is also available when these cots are used and special outfits are available for nursing premature babies at home.

Although 58.1% of stillbirths were premature in 1963, only 5.9% of live births were 5½ lbs. or less, and of these 88.6% survived. The rate of survival increases as birth weight increases, and in 1963 ranged from 46.4% in babies under 3¼ lbs., to 97.6% in those over 5 lbs. at birth.

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

Place of Birth	Total live	Neonatal	Stillbirths
	Births	Deaths	
Hospital ...	209	26	51
Home or Nursing Home and nursed there entirely ...	82	2	19
Home and transferred to hospital ...	25	7	—
	316	35	70

Child Welfare Centres

Child Welfare Centres are sited throughout the County wherever there is a demand, and are mainly sited in the larger towns. At present there are 39 Centres (41 in 1962). A total of 1,241 sessions was held during the year, 699 by Medical Officers and 542 by Health Visitors alone.

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 1963. The 3 cases found in 1960 have continued on medical treatment and supervision.

Because of the vigilance of one of the health visitors, an interesting case of the rare Maple Syrup Disease was discovered. The little girl concerned is receiving adequate care from the family doctor and the Paediatrician.

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 ...	6,277	(5,017)
Number of attendances under 1 year ...	20,530	(19,141)
Number of attendances over 1 year ...	13,280	(10,873)
Total number of attendances ...	33,810	(30,014)

There are also three voluntary Centres at St. Mawes, Portscatho and St. Eval, at which 141 (67) children made 1,054 (1,142) attendances.

(Figures in brackets refer to 1962)

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 transmitted to the School Health Service (when the child reaches the age of 2 years) to prepare for any special educational facilities which may be needed.

Accidents to Young Children

4 children under 5 died in 1962 as a result of accidents, one of which was a road accident.

Reports were received on 155 other young children admitted to hospital as a result of accidents.

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

Head injuries ...	25
Limb injuries, fractures and severed tendons ...	79
Burns and Scalds ...	23
Swallowing of poisons or foreign bodies ...	20
Soft tissue injuries ...	8

155

Family Planning Clinics

The Family Planning Associations, through the agency of local voluntary committees, continues to hold clinics at Falmouth, St. Austell, Penzance, Truro, Wadebridge and Launceston. A new clinic was opened at Redruth in April. All clinics are held in County Council premises. Specially trained doctors and nurses attend every session.

Welfare Foods

The following table shows the issues over the past five years:—

	Nat. Dried Milk (Tins)	Cod Liver Oil (Bottles)	Vitamin Tablets (Packets)	Orange Juice (Bottles)
1959 ...	129,785	19,938	13,468	139,100
1960 ...	119,485	19,172	13,628	128,889
1961 ...	103,976	14,455	11,792	89,923
1962 ...	101,456	6,335	7,267	62,772
1963 ...	99,468	6,947	6,910	72,234

The drop in issues of National Dried Milk reported in 1962 continues, although at a slightly slower rate, which may in some degree reflect the effect of advertising by manufacturers of proprietary brands of baby foods.

However, the rise in issues of Cod Liver Oil and Orange Juice seems to be an indication that parents are now more appreciative of the considerable value of these products and are prepared to pay an economic charge.

Advantage was taken at the end of February on the retirement of one of the Food Distribution Officers to centralise the whole of the clerical and outside work under one Distribution Officer. The consequent saving is self-evident and the changeover proceeded smoothly. At this time a postal service was instituted for half-cream National Dried Milk for those mothers living in rural areas, and this commodity was withdrawn from distribution at small centres. There had been difficulty in previous years due to the small demand for half-cream dried milk so that stocks tended to go out of date through long storage and had to be collected and returned to the Ministry. Half-cream is now normally stocked only at the larger centres.

Four centres were closed during the year in rural areas because of lack of demand, but three were opened in places where the demand had risen.

Once again, I must extend our sincere appreciation to those willing members of the Women's Voluntary Service and shopkeepers who undertake this work 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 small home was closed during the year, having changed to an Old Persons' Home.

At the end of the year there were 5 registered nursing homes with a total of 12 beds for maternity cases and 58 beds for general cases.

In May, the passing of the Nursing Homes Act, 1963, enabled the Minister of Health to make regulations regarding the conduct of Nursing Homes. It also provided that by 14th May 1964, any institutions not carried on for profit, and formerly exempted from the provisions of Sections 187—194 of the Public Health Act, 1936, would need to be registered as a Nursing Home.

The Minister made regulations in August 1963 regarding the facilities and services which should be provided and also regarding the numbers of persons in such homes. A copy of these regulations was made available to each of the registered Homes in the County.

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 1963 there were 12 daily minders registered, and 11 day nurseries with places for 256 children.

No day nurseries are provided by the County Council.

HEALTH EDUCATION

The important task of health education continued its unspectacular way throughout the year. In addition to the work done individually by health visitors in dealing with the health problems of the families they visit, and of the mothers and children seen at schools and clinics, a great deal was done in the form of group teaching, including sessions providing for discussion. Members of the medical and other staff of the Health Department are in constant demand as speakers to a great variety of organisations and advantage is taken of every such opportunity to reach a wider public.

Posters on a variety of topics are displayed at Health Department premises and leaflets are made freely available. The film strip library is extensively used, as also is the sound film projector. Additional film strips and appropriate films are hired as required, these aids and flannelgraphs being employed whenever possible because of the great impact of visual as against purely oral teaching.

The Ministry of Health film " Smoking and You " was shown in a number of secondary schools during the year, with a School Medical Officer in attendance to deal with questions, and thanks are due to the Secretary for Education for his co-operation in bringing this and other health education material to the notice of Head Teachers and Youth Organisers.

THE NURSING SERVICE

REPORT OF THE COUNTY NURSING OFFICER

After twenty years of service as County Nursing Officer in Cornwall, Miss Ann White, M.B.E., retired in October 1963, and tribute is paid to her for all she accomplished in those years of change.

As the Assistant County Nursing Officer for Liskeard became Deputy County Nursing Officer in October, an experiment is being tried with one Assistant County Nursing Officer covering Launceston and Liskeard areas, and one Assistant County Nursing Officer covering St. Austell and Wadebridge areas. This will give them a wider field of interest, but with less time perhaps to give to individual social welfare problems.

The staffing position continues to fluctuate, though never achieving full staffing. It would be very difficult to manage without the loyal help given by part time staff.

The permanent whole time field staff at the 31st December, 1963, was as follows:—

Administrative Staff

County Nursing Officer	...	...	1
Deputy County Nursing Officer	...	...	1
Assistant County Nursing Officers	...	...	5
			7

District Nurse-Midwife/Health Visitors

" Queen's " Nursing Sisters, S.R.N., S.C.M., H.V. Cert.	...	...	40
State Registered Nurses, S.C.M., H.V. Cert.	...	...	5
" Queen's " Nursing Sisters, S.R.N., S.C.M.	...	...	9
State Certified Midwives, S.E.N.	...	...	6

District Nurse-Midwives

" Queen's " Nursing Sisters, S.R.N., S.C.M.	...	...	27
State Registered Nurses, S.C.M.	...	...	24
State Certified Midwives, S.E.N.	...	...	6

District Nurses

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

District Midwife

State Certified Midwives	2
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Permanent Part-time

State Registered Nurses, S.C.M.	3
State Registered Nurses	3
State Enrolled Nurses	...	...	1
			<hr/>
			7
			<hr/>

Temporary Full-time

" Queen's " Nursing Sister, S.R.N., S.C.M., H.V. Cert.	...	...	1
State Registered Nurses	...	...	2
			<hr/>
			3
			<hr/>

Temporary Part-time

" Queen's " Nursing Sisters, S.C.M.	...	...	2
State Registered Nurses	...	...	12
State Enrolled Nurses, S.C.M.	...	...	3
Health Visitors	...	...	3
			<hr/>
			20
			<hr/>

Whole-time Health Visitors

" Queen's " Nursing Sisters, S.C.M., H.V. Cert.	...	...	13
State Registered Nurses, S.C.M., H.V.Cert.	...	...	15
State Registered Nurses, H.V.Cert.	...	...	3
Whole time Tuberculosis Visitors	...	...	6
			<hr/>
			37
			<hr/>

Sickness

As many of the staff are not in the youngest age group, sickness continues to take its toll. There was a total of 2,256 days sickness for all staff, an average of 12.46 days per person. Again the high rate was accounted for by 10 members of staff being away for long periods varying from 51 to 275 days (a total of 1,285 days).

Transport

Difficulties are still encountered with new staff who have failed to pass the driving test. However, with the use of the two Lambrettas provided for such an emergency, and the ready help of the Transport Department, these difficulties are overcome and driving tests are passed—eventually. All members of staff are provided with cars unless they have their own.

Housing

Where a house is needed there often is not one, and where there is a house or flat it is not always needed. This sums up the housing situation, and steps are being taken to rent empty property to other sections within

the County Council on a short term basis.

It is difficult to plan ahead to build, as this is such a slow process that the need is often different by the time a house is built.

Midwifery

More maternity beds were provided in Cornwall in 1963 for normal midwifery cases, causing domiciliary deliveries to fall by 340 cases. This is a trend that will continue when the new Maternity Home is opened in St. Austell. The Part 2 Midwifery Training School to be started in Cornwall is still in the planning stage, as there were not enough deliveries in the Bolitho Maternity Home to start it during this year.

Refresher Courses

This important side of the service continues. Practising midwives have to go on a Post Graduate Course every 5 years to be entitled to continue to practise. An endeavour is made to send full time Health Visitors every 5 years, generalised workers having a Health Visitor's Post Graduate Course as it can be arranged. During 1963 twenty-seven Midwives attended general Midwifery Courses, and eight went to Parentcraft Courses. Twelve Health Visitors attended Health Visiting Courses, and three Administrators went to a Course for the Supervisors of Midwives.

Supervision

This is a statutory duty under the Central Midwives Board Rules. The County Nursing Officer, her Deputy and Assistants paid the following visits during the year.

For checking of records and practical work	...	418
Other visits, including follow-up visits after statutory notifications	...	561

During the year 190 Midwives notified their intention to practise in the County.

Domiciliary, Cornwall County Council	...	136
Domiciliary in private practice	...	4
Institutional—Hospitals	...	47
Nursing Homes	...	3
		<hr/>
		190
		<hr/>

Deliveries attended by Domiciliary Midwives

	Dr. not Booked	Dr. Booked	Total
Cornwall C.C. Midwives	... 28	2,275	2,303
Rosemundy Home	... —	41	41
	<hr/>	<hr/>	<hr/>
	28	2,316	2,344
	<hr/>	<hr/>	<hr/>

The Midwives attended 293 mothers who were discharged from hospital before the 10th day. They also accompanied 1,966 patients to hospital by ambulance or car, entailing in all 2,157 hours away from the districts.

Visits paid by County Council Midwives

Ante-natal visits to domiciliary cases	28,948
Ante-natal visits to hospital booked cases	3,598
Midwifery visits	37,887
Visits to hospital booked cases discharged before the 10th day	2,036

Medical Aid forms sent in respect of:—

Mothers during ante-natal period	443
Mothers during labour	593
Mothers during puerperium	88
Infants	135

Other Statutory Notifications were received as follows:—

Stillbirths	117
Death of Mother	—
Deaths of Infants	95
Liability to be a Source of Infection	42

Attendance at Clinics by Midwives

General Practitioner Ante-natal Clinics	1,156
Midwives Ante-natal and Relaxation Classes	830
Special Clinics for Health Education and Relaxation	381

Health Visiting

At the end of the year there were 94 part-time Health Visitors (15 acting by virtue of dispensation) the equivalent of 43.05 whole time Health Visitors.

In order to detect handicaps in young children as early as possible, an 'At Risk' Register was started this year. This means that the infants specially at risk by reason of unfavourable family history, adverse environmental influences before, during or after birth, or with suspicious symptoms early in life, are given extra visits by the Health Visitors who encourage the mother to see the doctor at the Infant Welfare Clinic.

The Central Handicap Register, and Area Minor Handicap Register, continue to run parallel with the new list of children needing special watching and care. This helps to guide the Health Visitors in their selective visiting which is needed if the best use is to be made of their time.

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

First visits to children under 1 year	4,996
Total visits to children under 5 years	98,508
Total number of children under 5 visited	24,866
Visits to persons over 65 years (social)	10,905
Social visits to others	7,595

Attendances at Clinics, etc.:—

Child Welfare Centres	...	...	...	1,424
Mothercraft and Relaxation Classes	...	...	...	379
Mothers Clubs	...	...	...	157
Minor Ailments Clinics	...	...	...	197
Immunisation Sessions	...	...	...	1,443
Poliomyelitis Vaccination Sessions	...	...	...	1,812
B.C.G. Vaccination Sessions	...	...	...	73
Lectures and talks given	...	...	...	928
Demonstrations	...	...	...	650
Attendances at School Medical Sessions	...	...	...	1,268
Attendances at School Hygiene Sessions	...	...	...	1,140
Re-inspections	...	...	...	187
Follow-up visits	...	...	...	1,951

Students

The Student Nurses at the local General Nurse Training Schools all appear to enjoy their lectures on the Social Aspect of Disease and their "day on the district". To many students the day out is their first experience of how some people live in poor sub-standard conditions, thus needing the support and advice of the Public Health Service.

In 1963-64 students were taken round by the staff. In addition 6 "Queen's" candidates were given the 3 days rural experience in Cornwall.

Lectures by various members of the staff continue to be given to Voluntary Associations as they are requested.

Home Nursing

Not very much is heard about this section of the nurses work, but many people can continue to stay in their own homes thanks to this service, and the devotion of their own family.

During 1963 Home Nursing was carried out by 61 nurses combining it with midwifery and health visiting; 57 with midwifery only; and 5 were doing full time home nursing. In addition 7 part-time nurses helped with the general nursing.

Seven nurses completed their "Queen's" District training during 1963, and at the end of the year there were 77 "Queen's" Nursing Sisters working in the county and 1 Male "Queen's" Nurse.

Work done by District Nurses

	New Patients
Surgical cases	1,343
Medical cases	5,088
Miscarriages	145
Infectious diseases	15
Tuberculosis	124
	<hr/>
	6,715
	<hr/>
Visits paid:—	
Surgical	29,714
Medical	143,381
Miscarriages	934
Infectious diseases	60
Tuberculosis	9,368
	<hr/>
	183,457
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Statistics

It is important to note that figures given in connection with Midwifery, Home Nursing and Health Visiting for this year cannot always be compared with last year's figures owing to a new Ministry of Health Annual Return.

REPORT OF THE CHIEF DENTAL OFFICER

Dental officer staff changes during the year were, at Liskeard a resignation in March and at St. Austell when in May a dental officer commenced duty. Towards the end of the year two dental officers were appointed for Liskeard and Redruth and were due to take up their appointments in 1964. This leaves two posts to be filled to bring the dental officer staff to the establishment as it stands at present.

The dental auxiliary appointed in the previous year left in July but another commenced in September.

The new County Dental Headquarters which incorporates the Truro dental clinic and the county laboratory, was occupied in May. This dental suite forms part of the new building in the Leats which houses also the Truro Health Area Office, Welfare Centre and associated offices. Its two surgeries have most modern equipment of very high standard.

The clinic at Penryn, so long unused, was given up and the treatment of patients in that area transferred to Falmouth. The Callington clinic was not used during the year and the clinics at Bude and Launceston where there is a

vacancy for a dental officer, were used on average only about one day each a week. The dental caravan came back in use in May with the release of its dental officer from the St. Austell and Bodmin clinics when the new dental officer took up his post at St. Austell.

Evening sessions were started, as an experiment in the first instance, at Falmouth and Saltash. It will be interesting to find to what extent mothers will make use of this extension of the service.

While the proportion of time spent by dental officers on 'maternity and child welfare' patients is less than the recommendation by the Ministry of one session in ten, no expectant or nursing mothers or pre-school children were refused treatment.

Whilst the number of mothers treated is much the same as in the previous year, comparison of the two treatment tables show a marked increase, fifty per cent, in conservative work and an appreciable decrease, though less marked in the number of teeth extracted (327 against 393) and of dentures fitted (77 against 87).

For pre-school children the treatment table shows an increase throughout of fifty per cent.

Always a disappointing feature is that of appointments not kept, numbering 333 this year or more than a fifth of appointments given.

Dental Care of Expectant and Nursing Mothers and Children under School Age

	Expectant & Nursing Mothers	Children under 5
A. Dental Treatment—Numbers of Cases		
Numbers of persons examined during the year	162	401
Number of persons who commenced treatment during the year	152	279
Number of courses of treatment completed during the year	176	253
B. Dental Treatment provided		
Scalings and Gum Treatment	94	—
Fillings	357	309
Silver Nitrate Treatment	—	296
Crowns or Inlays	2	—
Extractions	327	411
General Anaesthetics	44	126
Dentures provided:—		
Full upper or lower	48	—
Partial upper or lower	29	—
Radiographs	47	4

C. Number of Premises and Sessions

Number of dental treatment centres in use at the end of the year	16
Number of dental officer sessions devoted to maternity and child welfare patients during the year ...	159

AMBULANCE SERVICE

REPORT OF THE COUNTY AMBULANCE OFFICER

The demand to transport patients to hospitals for treatment continues to grow. This year we were called upon to convey 3,131 more patients than last year, a figure which included 791 more accident and emergency cases, and with the ever-increasing number of vehicles on the roads, one must anticipate that the accident rate will continue to rise. The pressure on the Service is intensified during the summer months when the density of traffic throughout the County inevitably adds to the time it takes vehicles to carry out their work, and this interferes considerably with the system of pre-planning routine journeys. We have had excellent co-operation from the police on a number of occasions when, in dealing with accident and emergency cases, we have appealed to them for help in escorting ambulances through heavily congested traffic.

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	2
Redruth ...	1	—	12	4	5
Falmouth ...	—	1	6	2	3
Truro ...	1	—	12	7	4
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	79	34	31

Hospital Car Service

The Hospital Car Service, within its limitations of volunteers being available is able to give a more flexible service, and by making greater use of this we were able to meet the increased demand and at the same time not replace an ambulance driver who retired during the year.

We have come to look upon the Hospital Car Service as an integral part of the Ambulance Service, and the working arrangement between them and ourselves is excellent. We are most grateful for all their help and co-operation.

Service Statistics

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

Ambulance Service

	1952	1961	1962	1963
Patients Carried ...	35,993	44,327	44,030	46,142
Miles Travelled ...	501,264	564,131	556,477	572,178
Average Miles per Patient ...	13.92	12.73	12.64	12.40

Dual-Purpose Vehicles

Patients Carried ...	71,540	91,595	94,702	89,852
Miles Travelled ...	628,932	654,596	640,073	556,580
Average Miles per Patient ...	8.79	7.15	6.76	6.19

Hospital Car Service

Patients Carried ...	15,604	21,818	20,857	26,726
Miles Travelled ...	227,303	383,851	383,931	458,864
Average Miles per Patient ...	14.56	17.59	18.40	17.17

Total—All Services

Patients Carried ...	123,137	157,740	159,589	162,720
Miles Travelled ...	1,357,499	1,602,578	1,580,481	1,587,622
Average Miles per Patient ...	11.02	10.16	9.90	9.75

Figures are shown for 1952, as in this year standard returns were made for the first time by all Authorities, counting one journey as one patient carried.

The beneficial results of the adoption of County-wide radio control of ambulance vehicles in 1959 will be seen in the progressive reduction in the average number of miles per patient, as by means of this system vehicles are used to better advantage.

Analysis of the Work carried out during 1963

	Section 27 Patients		Other than Section 27		Journeys without Patients		Totals	
	Accidents and Emergencies	Other Cases	Patients	Miles	Patients	Miles	Patients	Miles
Ambulances	7,434	203,663	35,285	347,322	3,423	8,887	46,142	572,178
Dual-Purpose Vehicles	375	7,299	78,712	499,731	10,765	43,823	89,852	556,580
Hospital Car Service	44	1,480	24,227	430,947	2,455	23,942	26,726	458,864
	<u>7,853</u>	<u>212,442</u>	<u>138,224</u>	<u>1,278,000</u>	<u>16,643</u>	<u>76,652</u>	<u>162,720</u>	<u>1,587,622</u>

The total number of accident and emergency patients dealt with by the Service during the year was 7,853, an average of one accident or emergency patient every 67 minutes.

Long Distance Transport

	1962	1963
Number of Patients carried by Ambulances and Dual-Purpose Vehicles	15	25
Number of Patients carried by Air	8	8
Number of Patients carried by Rail:—		
Patients for whom the County Council paid fares	290	673
Patients for whom the County Council did not pay fares	322	402

Air Transport

This year, of the eight cases transported by air, on three occasions only was it necessary to hire a helicopter from the Services; two patients went by charter aircraft, whilst in three instances we were able to take advantage of normal passenger flights.

The expected Ministry of Health circular giving guidance to Local Authorities regarding the transport of patients to hospital by air has not yet been received, and in the meantime we are still one of the few Authorities whose Scheme provides for this form of transport in exceptional cases and for which, therefore, we are financially responsible.

Patients carried by British Railways

Each year it is becoming more and more difficult to arrange journeys for stretcher cases by rail due to the changes following modernisation of rolling stock of British Railways, but the co-operation we receive from the Railway Staff locally is excellent. We are again most grateful to the Voluntary Societies for providing escorts for these journeys, and to all other Local Authority Ambulance Services who meet patients and take them to their final destinations.

Of the total of 1,075 cases transported by train, 627 were taken to and from treatment centres in Plymouth. Most of these were sitting patients travelling for treatment to the Limb Fitting Centre at Plymouth, and back, and as all cases are counted in accordance with the Ministry of Health ruling that a "Patient is one person carried once in one direction", the actual number of persons involved was 397. Previously these Limb Fitting cases were carried by road to Plymouth, but we have found it to be cheaper to send them by train. Also, from the patient's point of view, the time they spend away from their homes is considerably less, which is an advantage as a large number of them are elderly and diabetic. We are greatly indebted to the Plymouth Ambulance Service for making available ambulance transport to convey these patients between the Railway Station and the Ministry of Health's Appliance Centre.

Replacement of Vehicles

By adjusting the work of the Service, it was possible to reduce the fleet of dual-purpose vehicles by four, by replacing only two of the six such vehicles sold during the year. Five ambulances were also replaced.

New Ambulance Stations

It was not possible to proceed with the building of a new ambulance station at Bude during the year because of the difficulty in obtaining a suitable site, but it is hoped to proceed when a site has been obtained. Provision of a new station at Bude remains a priority.

We have been successful in obtaining a site for the building of a new station at St. Austell, which will be completed next year.

Competitions

The team from the Bodmin Ambulance Station was successful in winning the County Competition, and put up an excellent performance at the Regional Competition, where out of a total of seven teams representing Local Authorities in the Region, they were successful in gaining second place.

National Safe Driving Competition

It is now five years since the County Ambulance Service staff volunteered to participate in the Competition organised by the Royal Society for the Prevention of Accidents. Of the 71 drivers who have been entrants for the full five years, 18 will receive a medal for five consecutive years of accident-free driving. In addition, taking into account his accident-free record with a previous employer, one Station Officer will receive a bar to his 10-year medal.

Civil Defence Ambulance and First Aid Section

The total strength of volunteers in the Ambulance and First Aid Section of Civil Defence is 417. This is 123 less than last year, and again this reduction is due to the re-organisation taking place in Civil Defence in accordance with C.D. Circular 18/1962. 78 volunteers have taken the Standard Test; 76 passed and 2 failed. 74 of these have elected to go into Class A, where they will qualify for the Bounty. The remaining 4 have joined 26 other volunteers who have been placed on the Reserve. The Class A members are now receiving Advanced Training. Teams from all parts of the County have taken part in Area Exercises, and in Sunday training at the Bodmin Training Range in conjunction with Rescue and Warden Sections.

The number of Instructors remains at 24, of whom 11 are members of the Civil Defence Corps and 13 are on the staff of the full-time Ambulance Service. However, during the year the number who hold Centrally-trained Certificates rose from 8 to 10, and the remaining 14 hold Locally-trained Certificates.

A County Competition was held in April for the Ambulance and First Aid Section. Six teams participated, and teams from Liskeard won both the Grinter and Kernick Cups.

The Liskeard team which won the Grinter Cup also entered an open Competition organised by the Casualties Union and held in July, in which twelve teams competed. The Liskeard team were placed sixth, and this was considered to be a creditable performance.

The Section has 3 Personnel and Equipment Vehicles, and 5 Ambulances, four of which have been supplied on loan by the Ministry of Health. These vehicles are used in the training of the volunteers.

REPORT OF THE COUNTY TRANSPORT OFFICER

There has been one change in staff during the past twelve months, but the establishment of the Servicing and Maintenance Section remains at ten. Mr. P. L. Tabb terminated duties with us at the end of November and the vacancy was filled by an Auto-Electrician, Mr. H. V. Tremayne.

There was a national wage award of 2½d. an hour to mechanics from the 1st April, 1963, and a further award of 2½d. an hour from the 2nd September, 1963. The stand-by rate during Bank Holiday periods was also raised from 15/0d. to 24/0d. for a 24 hour period.

There has been a total of 20 weeks sickness, one member of the staff having been off duty for 19 weeks.

The number of vehicles for which the Section is responsible fluctuates from 230 to 240. Driving instructions have been given by our staff to five nurses during the year and they were all successful in passing the driving test.

The application made to the Minister of Transport for the technical members of the staff to act as Vehicle Examiners under the Road Traffic Acts was successful. A brake testing machine was purchased for use in the testing of vehicles. Under the conditions laid down by the Minister of Transport, we have to be prepared to examine vehicles for members of the general public also. During the period under review, 85 vehicle examinations were carried out—56 of our own vehicles and 29 of the general public.

The services of the Auto-Electrician, appointed in December, have proved invaluable to our Service. We find we are now servicing and keeping the electrical components working, rather than locating and repairing faulty units. This is proving time saving and far more economical than using the factory replacement unit scheme.

Our central workshops have been greatly improved this year with the installation of a new vehicle lift. Consequently the electricity supply to the workshops had to be increased to operate same. We continue to carry out

as many accident repairs as possible in our own workshops, and apart from the monthly servicing of certain nursing service vehicles, very few repairs are carried out by local garages.

EPIDEMIOLOGY AND PREVENTIVE MEDICINE

In the reports of Medical Officers of Health all over the country in recent years it has been possible for the writers to comment on the generally satisfactory state of the health of the area, as judged by indices such as the infant mortality rate, the prevalence of communicable disease, and the declining mortality from certain infections. This year is no exception to the general rule, but the rise in the tuberculosis statistics is a sharp reminder that tuberculosis, although no longer "captain of the men of death" is still a dangerous opponent. Details are given later in this section.

Conclusions, sometimes unjustified, may be drawn from the statistics of notifiable diseases which have occurred during the year. It is sometimes forgotten that these statistics have three serious limitations:—

- (1) Not all cases of notifiable diseases are notified
- (2) Not all communicable diseases are notifiable
- (3) Not all infections which may result in notifiable disease can be easily recognised or even give rise to any illness or disability.

The list of notifiable diseases, although it has been added to occasionally, has remained largely unchanged for many years, during which Medicine, both curative and preventive, has made great progress. Archaic terms such as "membranous croup" are still retained; pneumonia remains notifiable although the reason for its inclusion in the list has almost been forgotten; there is limited value in the notification of measles. It would, indeed, be surprising if practitioners were not sometimes casual in their notification, particularly of those diseases whose notification seems purposeless. Diseases such as smallpox or poliomyelitis, for which notification is of obvious value, are almost certainly fully notified and it is probable that the Medical Officer of Health would be informed of their occurrence even if the diseases were not statutorily notifiable.

To add to the difficulties of interpreting statistics of communicable disease there is the fact that the ratio of clinical to subclinical diseases varies from disease to disease and, apparently, from time to time. For measles, the ratio of clinical to subclinical cases is of the order of 20 to 1, so that if notification were complete, it would be a fairly accurate guide to the prevalence of the disease. For poliomyelitis, however, even before vaccination was introduced, this ratio was of the order of 1 to 100; as most children in this County have now been vaccinated, the ratio may well be 1 to 1,000 or even less, so that the number of cases notified is a most inaccurate guide to the presence of virus in the community. It is difficult to be certain about whoop-

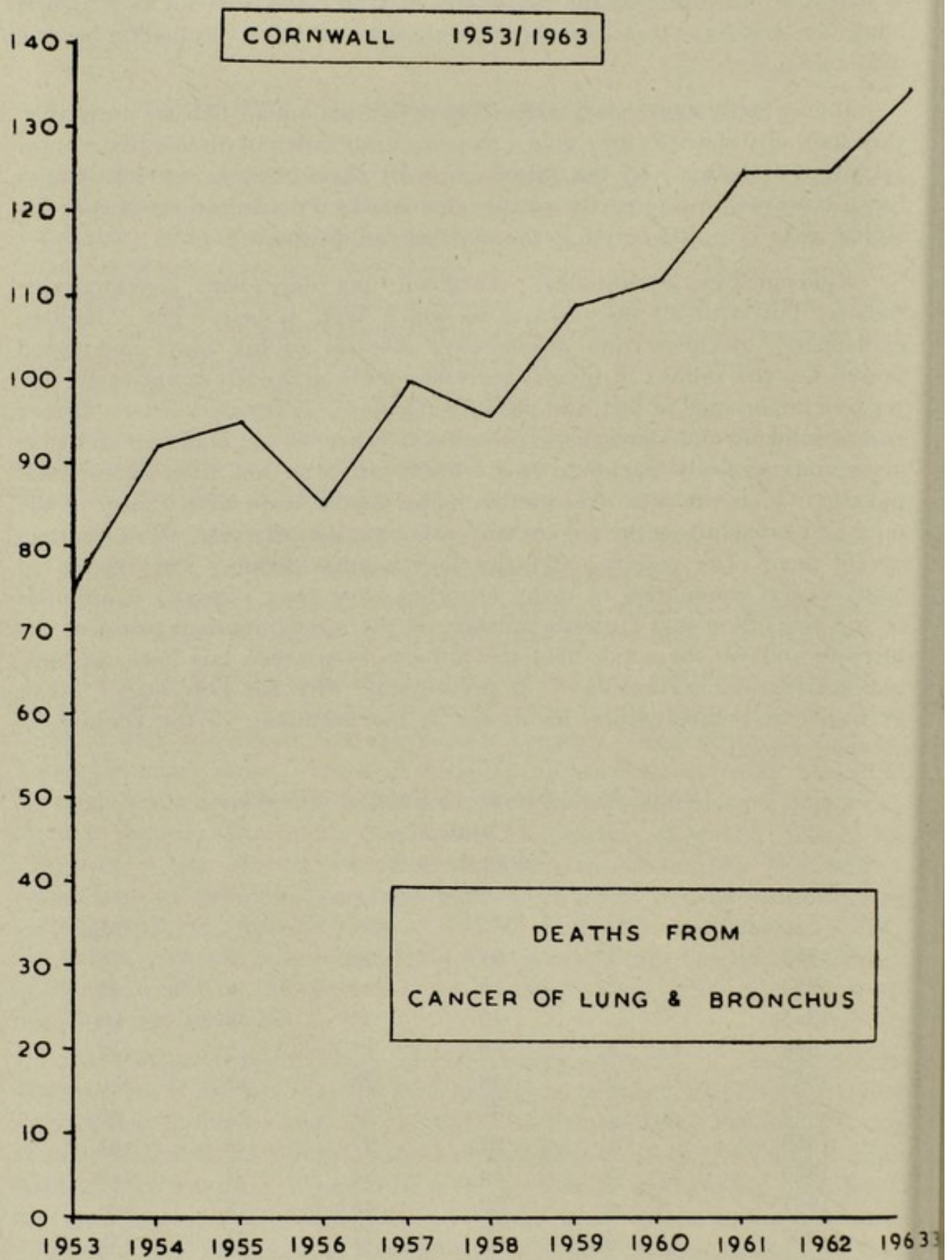
ing cough. One may guess that perhaps half the cases are notified but little is known of the ratio of clinical to subclinical cases. All that can be said is that it is probable that the proportion of mild cases, difficult to recognise clinically, may have increased considerably since effective vaccination became available.

It may be thought that if statistics derived from notification are unreliable, then mortality statistics may give a more accurate index of disease prevalence. Improved nutrition and the introduction of chemotherapy and antibiotics have, however, so altered the picture that deaths from infectious disease are so few as to give little guide to the incidence of disease.

Epidemiology is nowadays concerned, not only with communicable disease, but with all the diseases to which flesh is heir. The "modern epidemics" of cancer and degenerative diseases of the heart and blood vessels are the subject of intense research, study and even controversy; the relative importance of diet and physical inactivity in coronary artery disease and of smoking and atmospheric pollution in cancer of the lung and bronchus are sometimes hotly disputed. In Cornwall, virtually free from atmospheric pollution, there are now over half as many deaths again from cancer of the lung and bronchus as there were ten years ago and, of these, three quarters are of men. The national statistics show similar trends. The reports of many expert committees in many countries have been virtually unanimous in the conclusion that cigarette smoking is the most important cause of the increase and yet the action that has hitherto been taken has been, at best, half-hearted and ineffective. "If preventable, why not prevented?" can be asked as pointedly now as it was at the beginning of the century in another context.

Deaths from Cancer of Lung & Bronchus
Cornwall
1953 — 1963

Year	Ages				Total
	25 +	45 +	65 +	75 +	
1953	2	41	24	8	75
1954	2	43	36	11	92
1955	—	52	32	11	95
1956	4	52	17	12	85
1957	4	48	29	19	100
1958	7	57	21	11	96
1959	1	61	37	10	109
1960	3	54	34	21	112
1961	6	58	46	15	125
1962	3	60	41	21	125
1963	2	62	49	22	135
Totals	34	588	366	161	1149



Diphtheria

No case of diphtheria was notified during the year; the County has been free from this disease since 1958. For over a decade before this, the disease had been in decline as a result of the vigorous immunisation campaign begun in 1942. Unlike their parents, who dreaded diphtheria, young mothers today know little or nothing of the disease; a satisfactory level of immunisation among children can only be maintained by the constant efforts of public health workers and family doctors. The disease continues to smoulder, largely in the industrial conurbations, and could easily flare up and spread if too few children are protected. Of Cornish children under the age of five years, 73% had been protected by the end of the year. Under present conditions, this can be regarded as satisfactory.

Dysentery

Bacillary dysentery, nearly always due to infection with *Shigella Sonnei*, is endemic in this country. In healthy adults, the symptoms are usually mild; many, perhaps the majority, of cases go unrecorded and un-notified. In babies and the elderly, however, the disease may be very severe and indeed can be fatal. Like typhoid and paratyphoid fevers and food-poisoning, the disease is spread mainly by dirty food-handling habits. Failure by food-handlers to wash the hands after use of the lavatory is the main method by which food is contaminated, although flies may play a small part in the spread of the disease.

During the year, 34 cases of dysentery were notified, but for the reasons given these are likely to represent only a small percentage of the total cases.

Enteric Fever

This term includes typhoid and paratyphoid fevers; the latter is generally much milder and may often merely give rise to symptoms indistinguishable from food poisoning, the organisms responsible being closely related. Only two cases of paratyphoid fever were notified during the year. One occurred in a young man from a ship in Falmouth Harbour, the second occurred in a boy who was the son of a man serving in the Royal Air Force. The family had travelled about the country and it is possible that the infection was acquired elsewhere, although enquiries proved inconclusive.

Food-Poisoning

Although the number of cases of food poisoning notified—six—is the lowest for ten years, there is no reason to believe that food-poisoning is less common than it used to be; under-notification is considerable. All one can say is that there seems to have been no serious outbreak. The disease is associated with faulty food-handling; most of the outbreaks of food-poisoning are traced to organisms belonging to the *Salmonella* group, which includes the organisms of paratyphoid and typhoid fevers. A small proportion of cases of

food-poisoning are caused by the toxins of the staphylococcus and of chlostridium Welchii; some outbreaks of diarrhoea and vomiting have now been shown to be due to virus infections. As the isolation and identification of the viruses demands specialised techniques available at only a few laboratories, investigations of such outbreaks must at present be confined to demonstrating the absence of other causes.

Measles

4,482 notifications were received during the year compared with 1,514 in 1962. This follows the usual pattern of a sharp rise in the incidence in alternate years. Probably as a result of higher standards of nutrition, attacks of measles have, on the whole, been much milder since the last war. The disease remains one of the more unpleasant of childhood illnesses and complications are not uncommon; of these encephalitis is the most serious. For these reasons, research into the preparation of vaccines against measles has been followed with great interest. Trials of various vaccines are being conducted by the Medical Research Council.

Meningitis and Acute Encephalitis

Four cases of meningococcal meningitis were notified, compared with nine in the previous year. There are many other causes of meningitis but, except for tuberculosis, none of these is notifiable. Fourteen patients suffering from non-notifiable meningitis were treated at the Isolation Hospital; one, a little boy suffering from pneumococcal meningitis, died. Fortunately, as a result of modern methods of treatment, a fatal outcome is no longer common and serious after-effects have been considerably reduced.

Four notifications of encephalitis were received

Poliomyelitis

An interesting exercise in communicable disease control was conducted in the late spring and early summer of 1963.

Paralytic poliomyelitis in the United Kingdom occurs most commonly in the summer months. Because it had previously been demonstrated that it was possible to prevent the spread of "wild" poliovirus in a community by giving attenuated poliovirus (in the form of oral vaccine) to a large proportion of a population, it was considered that similar action, properly timed, would reduce the likelihood of a summer outbreak in Cornwall.

It is known that children are the main carriers of poliovirus and so it was decided that any attempt to reduce the carrier rate of "wild" virus in the general population should be confined to children; for administrative convenience, an upper age limit of eleven years was chosen.

Over the period May to July, at least 22,676 children were given three doses of oral vaccine, irrespective of their previous vaccination record. This represents 40% of those eligible. A smaller number of children received one

or two doses of vaccine; although this would not give such a high degree of immunity, it would be almost as effective in preventing the spread of "wild" virus. This programme of vaccination was, of course, in addition to the routine programme, by which 87% of persons under the age of 20 in Cornwall have now had at least two doses of vaccine.

In the event, no case of paralytic poliomyelitis was notified during the summer, or indeed during the remainder of the year, the second in which Cornwall has been free from this disease. It is hoped that if the recommended immunisation procedure is followed, the high level of immunity among Cornish children will now prevent any serious spread of poliomyelitis in the future.

Acute Rheumatism

This disease, not nationally notifiable, has been notifiable in children under the age of 16 in Cornwall since October, 1950. The maximum number notified in any year since then was 12, in 1951. During recent years the number notified has varied from 1—3; this year only one case was notified. There is no doubt that this disease is under-notified and it would be unwise to draw any firm conclusion from the data.

Scarlet Fever

Scarlet Fever is almost always due to a throat infection with a streptococcus which produces a toxin which gives rise to a rash in susceptible persons. It is no more serious than streptococcal tonsillitis without a rash, which is not notifiable, and the illness responds rapidly to adequate treatment with penicillin. Streptococcal infection appears to vary in virulence from time to time; a phase of diminished virulence appears to have begun towards the end of the 1930's and is continuing today, coinciding with the introduction, first of the sulphonamides and later of penicillin. The sequelae of infections with certain strains of streptococci—acute rheumatism and acute nephritis—are, however, still serious.

50 notifications were received during the year, compared with 49 in the previous year.

Smallpox

The anxiety caused by the importation of Smallpox into this country in 1962 led to a considerable increase in the number of primary vaccinations. This year the number performed was well below average and represented only 14.3% of the infants under the age of one year. The reason for this is that in 1962 the Ministry of Health, acting on the advice of the Standing Medical Advisory Committee, recommended that vaccination should from then on be carried out in the child's second year, when adverse reactions appear to be less likely. A number of vaccinations which would have been carried out this year have, therefore, been deferred until next year. It remains to be seen whether mothers will be as keen to bring their children for vaccination in the second year as they have in the first.

Year	Live Births	Vaccinated		Total Primary Vaccinations
		Under 1	1—4	
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
1963	5,189	451	419	1,266

Whooping Cough

Since 1957 whooping cough vaccination has been available in Cornwall through the Council's Scheme. A sharp fall in the number of notifications of whooping cough occurred in 1958 and has continued since, but since the proportion of un-notified cases is not known and since the disease may be milder in vaccinated children and, therefore, more difficult to diagnose, the statistics should be interpreted with caution. Certainly, the fall in the number of deaths from whooping cough began many years before vaccination became available. In 1963, 120 cases of whooping cough were notified. There were no deaths.

Mortality from whooping cough has been falling since the beginning of the century, presumably as a result of improved nutrition. It fell more steeply following the introduction, first of chemotherapy and later antibiotics to control complications. National statistics do not show an acceleration of this downward trend of mortality following the introduction of vaccination, probably because most of the deaths were of children under the age of one year, who might not have had a full course of injections. Since 1953, there has, however, been a fall in the number of notifications of cases, which may be due to vaccination.

Tuberculosis

The year has seen a reversal of the downward trend in deaths from respiratory tuberculosis and notifications of non-respiratory tuberculosis. Deaths from non-respiratory tuberculosis and notifications of respiratory tuberculosis are, however, fewer than they were in 1962.

Many of the deaths were of persons over the age of 65 in whom the disease was of long standing. There were 4 deaths in which the persons who died undoubtedly suffered, or had suffered, from tuberculosis but the cause of death was from some intercurrent illness, i.e. coronary thrombosis in one, a ruptured aneurysm in another, acute cardiac failure due to myocardial degeneration in the third and bronchopneumonia following a fractured femur in the fourth.

The rise in the number of notifications of non-respiratory tuberculosis occurred in two widely separated areas; extensive enquiries failed to reveal the sources of the infection and it is possible that the rise is merely due to changes in the notification procedure.

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
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
1963	63	39	102	11	9	20	72	48	122

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 Respira- Other All tory Forms Forms			Death Rates Respira- Other All tory Forms Forms			Death Rates Respira- Other All tory Forms Forms		
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	2	20	0.05	0.01	0.06	0.06	0.01	0.07
1963	25	2	27	0.07	0.005	0.075			

SENIOR CHEST PHYSICIAN'S REPORT

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

In-patient work

The bed complement at Tehidy Hospital (including the Surgical Department) remained at 122.

Admissions for respiratory tuberculosis numbered 145 (130 in 1962). It remains to be seen whether this is a true alteration in trend of the decline seen over the past decade: it is not related to any obvious factor such as an intensive diagnostic survey of the area.

Non-tuberculous (including respiratory and general medical) disease admissions this year were again higher, at 577 patients, than previously (504 in 1962): a sharp rise in the "emergency" (i.e. non-waiting-list) proportion of this total occurred (346 emergency admissions, compared to 265 in 1962). The need for increased turnover that these figures impose is reflected in the increase in the total number of patients treated in the year (979 in this year compared with 869 in 1962).

There was also a rise in the number of cases of pulmonary tuberculosis transferred from the medical to the surgical side for treatment there: ten cases transferred this year (only two in 1962). It is too early to draw any conclusion from this change also.

There have been at times difficulty in arranging urgent or 'early' admissions—usually because of staffing difficulty—but there is certainly no waiting-list problem, as there used to be.

The staffing of the medical side of the hospital has been re-organized, so that the work is done by two 'teams'; team "A" with 38 beds being under the charge of Dr. Gwynne Jenkins, assisted by Dr. G. E. Harrison; team "B" under the charge of Dr. E. W. Hughes, assisted by Dr. R. L. Ray, with 57 beds.

The appointment of Registrar (held jointly between Redruth and Tehidy) has been satisfactorily filled by Dr. R. Hilal. It is gratifying to record that each of the last three holders of the Senior House Officer's post on the medical side has obtained the M.R.C.P. diploma.

The ancillary departments, almoner's, radiographer pool, (worked jointly with Redruth Hospital), physiotherapy, etc., have been fully staffed and their work has been most valuable.

In the latter part of 1963, after careful consideration and discussions between the Hospital Management Committee and the Medical and Administrative Staff, it was finally decided to close "B" Block and transfer the

beds there to a new ward, created by modifying the lecture theatre and demonstration room in the Nurses' Home.

Out-Patient Work

There has been no important change in the location and time of Out-Patient Clinics; though the staffing has been re-organised.

In the Contact Clinics a small rise (from 9% to 11.4%) in the number of contacts of tuberculosis checked clinically and radiologically is noted.

A further interesting feature observed is the rise in "first attendances" (new patients referred) at the Chest Clinics — 1,092 in 1961; 1,069 in 1962; 1,281 in 1963 — at the same time, the figure for re-attendances of "old patients" has continued to reduce — 5,606 in 1961; 5,071 in 1962; and 4,555 in 1963.

B.C.G. vaccination of school children is still shared by the department with the County Medical Officer's staff: 3,623 children being vaccinated at various school centres in the Area.

Children in contact with pulmonary tuberculosis and found to be tuberculin test negative continue to be dealt with at the Contact Clinics, and 581 were vaccinated in this year.

The department has continued to participate in the B.T.A. Sarcoidosis Survey.

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

"No change was made in the clinic programmes during the year and the attendance figures were virtually unchanged. These figures have in fact been fairly constant over the past four years. The number of new contacts examined continues to be good, despite the fewer newly notified cases.

The number of newly notified cases reached a new record low level, 14 as opposed to 31 in 1962 and 23 in 1961. This fact, together with the removal from the tuberculosis register of cured cases, has led to a considerable reduction of cases on the register in the eastern part of the county. The total numbers now amount to 217, as opposed to 305 in 1962.

Eight persons on the tuberculosis register died during the year, but in only one case did tuberculosis play any significant part.

The known reservoir of chronic sputum positive cases fell to 3 during the year, as opposed to 7 in 1962. This reduction was due to one death and 3 conversions. It is felt that this reservoir could be drained even further if the patients would be a little more co-operative in taking appropriate treatment."

RADIOACTIVITY IN CORNWALL

E. J. B. Willey, D.Sc., Ph.D., F.R.I.C.

These notes are offered, not only to inform readers of the Report as to what is known upon a matter of much public interest, but also, it is hoped, to allay fears. It should be emphasized that the situation, so far as it affects Cornwall and other areas as well, has been under very close examination since 1947.

Nature of Radioactivity

Certain elements are inherently unstable, with the result that their atoms break up to simpler forms at a rate which is absolutely steady and follows a scheme over which man has no control. The general pattern is that there is a primary break-up in which the original element passes to another with the emission of one or more of four types of energy. These are:—

1. The alpha particle, which is relatively large, slow, and not very active; it often can be stopped and absorbed by tissue paper.
2. The beta particle, which is an electron and may be both fast and penetrating.
3. The neutron, which in many respects is very similar to a hydrogen atom except that it carries no electrical charge.
4. The gamma ray, which is very similar to an X-ray, save that it is usually much more penetrating.

The new element may then disintegrate in its own way.

All of these emissions can give rise to biological actions when they fall on living matter. Radioactive substances are found naturally distributed in all materials, the human body included. The writer once found radium in some quantity in an Egyptian mummy of ca. 1500 B.C.; it was also observed in a sample of wheat taken from the same tomb.

Origin and Distribution of Radioactivity in Cornwall

Radioactivity in this county is derived from naturally occurring materials in the rocks, and, to a very slight degree only, from fall-out resulting from nuclear explosions.

Between about 1947 and 1953, the writer made a complete radiometric survey of the County and a map showing intensities at a very large number of points was lodged with the Civil Defence Officer. A shortened form of this report was published in the *British Journal of Radiology*, 1958. As regards the rocks, the sedimentary strata are of very low activity although the granites, elvans, etc., e.g. those behind Falmouth, in West Penwith,

Bodmin Moor, etc. show about two or three times the County average. Similar levels are found in some Scottish granites, e.g. behind Aberdeen. This is due to naturally occurring radioactive potassium and is quite harmless; it should be remembered that the human body in normal health contributes to itself a dose of radioactivity of the same order as is furnished by these rocks, and for the same reason. Old mine sites, however, are often very active and the writer has continually advised that if and when they are to be built on or their materials employed for building, they should be surveyed to ascertain the levels involved. Those sites of maximum activity are:— West Wheal Peevor (grid. ref. 10/620376); Pendarves and St. Aubyn Consols (10/620376-6343378); Genever and Wheal Abraham (10/6232338); and South Terras (10/935552). The last named is of special interest and is believed to be the most radioactive locality in Western Europe with the possible exception of the pitchblende mines around Joachimstahl, Bohemia. It was mined, not for tin as was usually the case, but for uranium, formerly used in the manufacture of coloured glass and certain ceramics, notably false teeth. Uranium itself is not very radioactive but one of its decay products is radium and this is quite one of the most active elements. Locally, the South Terras levels may go up to 250 times the County and National average.

Water Supplies

Many waters, especially from deep wells and old mine workings, show some activity, the highest levels being at St. Ives. The activity, however, disappears completely on boiling and does not recur, presumably being due to the gas radon, one of the decay products of radium. So far as can be ascertained, it is quite harmless. As one of the noble gases, it does not form chemical compounds and cannot therefore be absorbed into the body.

Water from an adit near Ponsanooth, of the same general level of potency, was formerly listed in the Extra Pharmacopoeia and prescribed for the treatment of rheumatism. The writer knows various individuals who were thus medicated and all are in robust health apart from the rheumatism, which does not seem to have been affected.

Possible Correlations Between Local Radioactivity and Incidence of Disease

Using radiometric data supplied by the author, and vital statistics from County Hall, Dr. E. E. Wood (West Cornwall Hospital, Penzance) has shown (*British Medical Journal*, 1960, p. 1760) that there is no recognisable correlation between the incidence of the rare disease leukaemia and the radiation levels in any locality of Cornwall. The overall incidence rate for Cornwall does not differ significantly from the national average of ca. 50 per million per annum. This indicates that, although leukaemia can be brought on by exposure to radioactive emanations and X-rays, the effect does not

appear to occur when one is dealing with naturally occurring activity levels; all the evidence suggests that it is a matter of giving a large dose over a small period of time, the same overall dose being ineffective if spread out over several years. Also, there seems to be a certain minimal dose below which nothing happens irrespective of the rate of administration and, with our activity levels, this dose is never approached much less exceeded. Similar investigations by the author have given observations of much medical interest which are being published elsewhere.

Effects of High Local Radioactivity Upon Living Matter

Since 1947, the author has been making a close study upon possible abnormalities in the pattern of public health and the characteristics of living matter in some of the highly active areas, with special reference to South Terras and its vicinity. It has been established that a number of families have for some generations lived in houses incorporating mine spoil of considerable activity, and that in other instances the radiation level in and about the house may go up to at least six times the County average. In no instance, however, has it been possible to find any abnormalities in the general pattern of health. The same applies in the higher parts of St. Ives, where there are patches of very high activity, for example in the vicinity of the Consols mine and the Victoria and Berryman's shafts. The house formerly occupied by the author at Carbis Bay had a sizeable activity level due to incorporation of mine material from Wheal Speed, but here it was found that apart from one instance of hereditary tuberculosis, the average age at death of occupants during the last 100 years has been of the order of 70—80 and one lady who resided there some 60 years ago is still in good health at an age believed to be over 90. Moreover, houses occupied for long periods by individuals who eventually died from leukaemia have in no case been found to show abnormal radiation levels. In most cases, the bedrooms were less active than the ground level due, no doubt, to screening by floor materials.

So far, then, as human vital statistics can be obtained and applied in such instances, there is no reason to believe that life in Cornwall is in any way shortened or caused to develop an abnormal pattern of health in regions where radiation levels may go up to six or even ten times the average.

Large numbers of plants, taken mainly from South Terras as the region of highest activity, have also been studied with an equal lack of observations as to abnormality. The radioactivities of their ashes, for example, seem to be unrelated to the activities of the grounds where the plants live. A high activity in the ash is always found to be due to radiostrontium, such a content being given by a plant whose external leaf structure is favourable to the retention of fall-out brought down, as a very fine dust, by rain. A number of chickens were grown on the Terras site from eggs laid by hens also reared there. They were most carefully dissected and compared with

control birds from Kyson Point, Suffolk, where activity is extremely low. No difference could be found between the two sets. Moreover, although the South Terras birds had been running all their lives on very active ground, only negligible pickup of radium into the body tissues could be found; this was confined to the lining of the crops and presumably represented material taken in with grits, etc. being excreted only slowly. The portions normally considered edible were quite inactive and so were the eggs. Radium is not a normal constituent, in any amount, of the average organism, which does not therefore absorb it even when given ample opportunity to do so, as in this case.

Fall-out

The overall activity over the whole of the County has increased very noticeably since the author commenced his investigations in 1947. This is due entirely to fall-out from nuclear test explosions, the active material being radiostrontium. Its activity decays fairly rapidly, and intensity now is about one half of the original value at the time of its formation, the greater part of this occurring some ten years ago. The most recent test explosions have been "clean", i.e. they have given rise to only minimal amounts of fall-out material. The radiations here consist of very soft beta particles, i.e. electrons of low velocity and penetrating power, in no way comparable with the emissions from radium, for instance, which contain "hard" gamma rays corresponding to strong X-rays. Some 70% of this incremental radiation is stopped out by only 1 metre of air, or about 2 mms. of aluminium, and experiments made by the author suggest that it could not noticeably penetrate through normal human skin. On the high moors and other places which are specially subjected to mists and the heaviest rainfall, the effect is at its maximum. Where the terrain has been lined to reduce the acidity of the soil, which is very characteristic of the high moors, due to lack of calcium, the fallout material is rapidly eliminated to a very considerable degree, plants taking up the calcium, their normal requirement, in place of the abnormal strontium (the fact that this is radioactive does not affect its chemical properties).

The fall-out does, however, have an effect upon the radioactivity of normally edible plants such as cabbage, lettuce, etc., where the relevant portions are all above ground; carrots and similar root crops are nothing like so much affected. The activity is, moreover, confined in large part to the outer layers of leaves, normally discarded before consumption. Properly prepared, the plant then shows no more activity than can be attributed to a perfectly normal content of potassium. Even with a completely unprepared plant, the amount of radiostrontium ingested is so small as to be incapable of giving rise to any ill effects even when taken over long periods. Any consequences are due to chemical similarity between strontium and calcium, the major metallic constituent of bone. When present in some quantity, the strontium may join with or even partly replace the calcium, its emissions

then attacking the bone marrow and possibly inducing leukaemia, although the chance that this will occur is very small even with relatively large amounts of radiostrontium such as might be administered to an animal in laboratory experiments. It cannot be too strongly emphasised that although radioactive materials **can** produce various consequences which are bad for health, they do so only when present in quantities wildly in excess of those in cases quoted here. Similarly, although it was at one time considered that some effects might be attributed to external radiations occurring at levels of the order found at South Terras, it is now admitted that there was here a considerable overestimate; man can in fact endure, without traceable malaise, chronic doses of these radiations two or three times what was once considered an upper limit. Small reactions can sometimes be found, but they are small, e.g. a temporary fall in the number of white cells per unit volume of blood or transient disturbances of the nervous system, and they very quickly reverse; nothing permanent can be found or, so far as we have been able to ascertain, anything whose development requires considerable time. If, however, a population were exposed to these radiations at levels in which they might be found in a nuclear attack, the situation would be quite different, and might prove to be very bad indeed. It may be mentioned that for some time it has not been found possible to detect the development of symptoms among those exposed to the nuclear attacks upon Hiroshima and Nagasaki which can, with complete certainty, be attributed to these events. That is, even in these cases there is only very doubtful evidence for the appearance of long-term conditions.

Tests recently made by the author upon samples of dried milk show no very appreciable increase in activity as compared with some ten years ago. In all instances, independently of the nature and provenance of the foodstuff, any radioactivity is a long way below what is considered to be potentially harmful.

Air Radioactivity and Detection of Nuclear Explosions

The level of radioactivity in the air due to hard gamma ray materials, which in quantity would be harmful to human health, has been monitored daily by the author since 1947. No variations have been found which can be regarded as of significance. The apparatus available does not, however, permit the detection and location of distant nuclear explosions but this is done by Harwell, who in suitable circumstances would get in touch with the local authorities. Anything of relatively local occurrence would, however, be detected immediately in the author's laboratory.

Lead in Vegetables

There has recently been some correspondence in the press upon abnormal amounts of lead stated to be found in lettuces, etc. of local provenance. All plants contain varying amounts of metallic substances, many of them

essential to the normal growth and well-being of the organism. Detection of some such substance is, therefore, not necessarily a matter of any significance. A number of plants from various localities have been examined in the author's laboratory and quite noticeable amounts of lead have appeared in some substances. In all cases, however, significant contents appeared only when the plant was growing close to the edge of much-used road; the same plants on the high moors gave only traces. The conclusion seems to be that the metal is derived from the lead tetraethyl added as an anti-knock in petrol.

The whole of the work upon which are based the conclusions given in these notes has been carried out by the author as an independent and unsupported research project in his own laboratory. He is very much obliged to the Harwell authorities for opportunities of discussion and, in particular, to Dr. W. G. Marley, O.B.E. Much of what was done arose out of former connections with the Civil Defence Corps. Thanks for assistance in the experimental work are especially due to the author's former pupil, Mr. Allan Metherell, now of Churchill College and the Cavendish Laboratory, and Clerk Maxwell Scholar of the University, Cambridge.

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 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.

DOMESTIC HELP SERVICE

The total number of households receiving the services of a Home Help in 1963 was 1,368 compared with 1,282 in 1962.

The Free Home Help Service, which has been supplied to enable women with Toxaemia of Pregnancy to have complete bedrest prior to confinement, has been extended to cover other conditions in pregnancy necessitating the patient having complete bedrest.

Limited Home Help has continued with Problem Families at times in conjunction with Family Welfare Workers.

The tables below show the trend of the Home Help Service over the past 5 years.

There have been 818 new cases during the year.

The Women's Voluntary Service Home Help Organisers have continued to carry out the day to day organisation and supervision of the Service apart from in Areas 2 and 4 where there are paid Organisers.

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

	Number of home helps employed:			Number of cases served:				
	Whole time	Part time	Spare time	Chronic Tuberculosis	Under 65 Mentally Disordered	Maternity	Others	Over 65
Area 1	2	3	58	25	—	17	10	172
Area 2	2	18	39	37	1	24	46	194
Area 3	10	7	27	15	—	53	68	153
Area 4	—	7	41	20	2	32	26	128
Area 5	—	1	34	8	—	15	9	76
Area 6	—	—	51	9	—	14	6	71
Area 7	—	2	42	11	—	12	—	76
Resident	1	—	1	—	—	27	5	6
	15	38	293	125	3	194	170	876
	331			1,368				

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

Year	Equivalent No. of Whole-time H. Hs.	Maternity	Tuberculosis	Chronic sick & old age	Others	Total
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

To meet the Ministry of Health requirements, persons having the services of a Home Help are now classified under the headings below.

Year	Equivalent No. of whole-time H.Hs.	Under 65				Over 65	Total
		Chronic sick & Tuberculosis	Mentally Disordered	Maternity	Others		
1963	135.3	125	3	194	170	876	1,368

The Home Aid Scheme, operated by the Women's Voluntary Service in conjunction with the National Assistance Board, has continued to function. In some areas where there is alternative employment for example:— tourist trade or local seasonal work such as flower picking, it has not always been possible to find Home Aid Workers in view of the low rate of pay compared with the rates paid in other employment. Where no Home Aid is available;

householders actually eligible for Home Aid have been granted limited hours of Home Help.

As always I must express my appreciation to Lady Carew Pole, Women's Voluntary Service County Organiser, and the members of the Women's Voluntary Service for their co-operation with the County staff in carrying out the administration of the Home Help Service.

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. This Sub-Committee meets at quarterly intervals, and the Chairman is readily available between meetings, to advise as required.

(b) (1) Staff

The staff of the Mental Health Service has expanded considerably during 1963, mainly due to the opening of an adult training centre at St. Austell, with two supporting residential hostels. Three new social workers, one a qualified psychiatric social worker, joined the field staff during the year, and Mr. F. A. Marks, Area Mental Welfare Officer at Camborne/Redruth, retired after more than thirty years of loyal service to the County Council. The total number of social workers engaged in mental health community care work is now sixteen, although two of this number have been seconded for two-year training courses in social work. Seventeen instructors and teachers staff the present training services for the mentally disordered, and seven resident wardens provide a home background for trainees residing in the hostels.

The lay administration and overall supervision of the Mental Health Services is the responsibility of the County Mental Health Officer. No specialist 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 where problems of the subnormal are involved. The School Medical Officers carry out the routine medical examination of severely subnormal children excluded from the Education framework, and their work will be augmented by the recent appointment to the staff of the West Cornwall Hospital Management Committee of a Paediatrician.

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

The personnel required to provide a community care service, excluding medical staff, fall into three groups:— social workers, teachers or instructors, and hostel staff. All groups require training for the part they have to play in providing therapeutic background whereby the patient and his relatives can be helped and sustained. The cornerstone of the service is social work, and this has been carried out since 1948, in very large measure by officers who have never had the opportunity of academic training for the work. The present services are a tribute to their long experience, adaptability and willingness to accept new horizons, but as retirements approach, replacements must be sought. It is essential, therefore, that younger members of the staff not already qualified, should be trained as speedily as possible, and the County Council has adopted the policy of seconding one social worker each year for a two-year training course. Two members of the field staff are already under training, and at the time of writing this report a third has been accepted for the course commencing in September 1964. Full salary, expenses and subsistence allowances are paid to the officers concerned, whilst they are under training. In addition to full-time secondment, two members of the social work staff attend short refresher courses each year, and all are encouraged to take part in local study days and similar events.

Training Centres are comparatively recent in Cornwall, but whilst staff of the requisite training and calibre have not been easy to obtain, the County has been fortunate with recruitment. Of the seventeen instructors and teachers on the staff, nine hold a recognised qualification for the work, two hold qualifications in closely associated fields, four are qualified by experience and two are of trainee level. At a later stage, a scheme of secondment is envisaged whereby trainees will be released for academic training and qualification.

Residential Hostels for the mentally disordered are quite new in Cornwall, as in most Local Health Authorities. No recognised staff training exists at present, but of the staff of seven in posts here, two hold the dual qualification of State Registered Nurse and Registered Mental Nurse, one holds the R.M.N. and one the S.R.N. certificate.

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

Liaison with the South Western Regional Hospital Board, and the Hospital Management Committees with whom the County Council shares its functions in Mental Health, is extremely good. This is apparent at all levels, and is of course essential, if development of Hospital and Local Authority Services is to proceed in a balanced manner. The staff concerned with the actual day-to-day work of mental health form a unified team, with one aim in view—to help the patient.

In the field of mental illness, regular meetings are held at officer level with the medical and social work staff of St. Lawrence's Hospital. In addition case discussions take place, usually at weekly intervals, between the medical and nursing staff of the hospital, and the Mental Welfare Officers of the County Council. Three social workers on the County Council's staff spend part of their working time with in-patients at the hospital, between them providing the equivalent of one full-time social worker in the hospital.

The Royal Western Counties Hospital at Starcross, situated about a hundred miles distant is not, of course, so convenient of access. This does not mean, however, that liaison and co-operation suffer. The County Mental Health Officer attends regular case conferences at the Hospital, and the Medical Superintendent, Dr. D. Prentice, holds two out-patient clinics each month in Cornwall. These clinics are attended by the Local Authority staff and provide a very worth-while service for the subnormal in the County.

(d) **Duties delegated to Voluntary Associations**

No statutory duties have been delegated to Voluntary Associations, but all voluntary societies are encouraged to help with community care, under the guidance of the Local Health Authority. A tremendous amount of valuable aid is received from the two active Societies for the Mentally Handicapped in Cornwall. These societies raise a great deal of money, and much of this is donated to provide additional amenities in Training Centres and Hostels. One of their most useful functions, however, is the supportive one of bringing parents together and giving them the opportunity of discussing their problems with others having similar difficulties. The Hospital Car Service provides supplementary transport for trainees attending Day Centres but living off the main routes, and Rotary Clubs, Round Table Societies and many other groups help the Mental Health Service in a variety of ways.

2. **Account of Work undertaken in the Community**

(a) **Prevention of Mental Illness, Care and After-Care**

The whole concept of the present community care services, which are being developed on a national scale is, quite simply, to care for the mentally disordered person in the community and prevent him entering a psychiatric hospital. This excellent doctrine, which has almost everything to commend it means that there is a substantial increase in the responsibilities of Local Health Authorities. Forecasts have been made at Ministerial level that the number of beds required in psychiatric hospitals would decrease by fifty per cent over a fifteen year period from 1960, as a result of effective community care. This would mean that the bed requirement for the mentally ill in Cornwall could be expected to drop to about 600 by 1975. What do our own statistics show for the first three years of this fifteen years period?

At the 31st December, 1960, the number of beds in psychiatric hospitals, occupied by mentally ill Cornish patients was 1,195, and during that year

1,069 patients were admitted for treatment. At the 31st December 1963, the number of occupied beds had not decreased, but had risen slightly to 1221. The number of admissions during the year, however, was the peak figure of 1,393 patients. These figures illustrate quite clearly that as yet there is no reduction in the need for hospital beds for the mentally ill, although it is significant that an increase of 324 in the actual admission rate during 1963, only increased the bed occupancy at the end of the year by 26. If, therefore, this very high admission rate could be checked, the need for hospital beds would drop considerably. Why do so many patients need admission to psychiatric hospitals? Ten years ago the annual admission rate stood at 716—now it is almost double this. Certainly, during this ten year period, the psychiatric services have expanded tremendously, and far more people are now referred for help. Possibly the stresses of our modern society have brought in their wake a greater incidence of psychiatric disorder. There is no doubt that psychiatry is now accepted as an integral part of the health services and people are willing to accept treatment far more readily than a few years ago. It does not follow, however, that the increasing demand for psychiatric help should lead automatically to such a high rate of admission to hospital, particularly if effective means of treatment and support are available outside hospital. Although the County Council's community care services have developed rapidly during the past ten years, the supportive value of these services in keeping the patient out of hospital depends upon the treatment available at out-patient clinics, and these out-patient facilities themselves depend on psychiatrists to run them. Out-patient treatment is time consuming, and also requires a reasonable standard of clinic accommodation. St. Lawrence's Hospital, which is responsible for the out-patient clinics in Cornwall has four consultant psychiatrists available for work with adult patients, and apart from duties in the hospital, these consultants hold out-patient clinics at Penzance, Redruth, Truro, St. Austell, Bodmin, Liskeard and Launceston. In a County of 862,000 acres with a population of 341,000, it is quite impossible for four consultants to provide much more than a diagnostic and follow-up service, and treatment must be carried out largely on an in-patient basis at the hospital. Until the medical staff of the hospital is greatly augmented, the desired result of community care—a reduction in hospital beds—cannot be achieved.

During 1963, the care and after care services of the County Council were extremely busy, and over 12,000 visits were made to the homes of mentally disordered persons. The value of this support, not only to patients but to their relatives cannot be overestimated, but these are services which must be taken to the patient in his own home, and cannot be provided in any other way. This, in a rural area, involves considerable travelling. The psychiatric social club at Falmouth met regularly at weekly intervals throughout the year, and proved a valuable asset to patients in that area. A new club was started at Redruth, by the Mental Welfare Officers for the area, and this has got under way in a very encouraging manner. It meets weekly, and as it is

an evening club, the excellent facilities of a new training centre can be used as the venue.

(b) Initial Proceedings by Mental Welfare Officers

During 1963 the Mental Welfare Officers admitted to psychiatric hospitals 1,098 patients, the highest number ever recorded. This represents about 80% of all admissions, and illustrates very clearly that the functions of the Mental Welfare Officers in this respect are well known and widely used. Often this initial contact is invaluable, particularly in the support and help it gives to the relatives of the patient at a time when they most need it. Social histories are obtained for the psychiatrist, where required, and the patient's progress in hospital is followed until he returns home again. After care is then undertaken where necessary. About 31% of the total number of admissions were carried out under a compulsory care procedure. This number seems high, in view of the expectations of almost complete informality envisaged after the Mental Health Act of 1959.

The Mental Welfare Officers regard the statutory duties placed upon them by the Act very seriously. They provide a twenty-four hour service in a large rural community, and severe inroads are made into their leisure time. They accept this as a part of the service to which they have devoted themselves, and one cannot but admire them for their high sense of duty.

(c) The Subnormal and Severely Subnormal

(i) Ascertainment and Community Care

Community care for the mentally retarded has existed for many years, and a recognised system of ascertainment has evolved during this time. Children who are ineducable within the meaning of the Education Act, 1944, are reported by the Education Authority, and their care and training then becomes the responsibility of the Local Health Authority. In addition, backward school-leavers who are likely to need the help of the mental health services are reported on an informal basis. Courts, Probation Officers, General Practitioners and others also refer cases where assistance is required. During 1963 there were 102 new referrals from all sources,—about the average number for a year.

All the mentally retarded in the County, some 700 patients, are visited in their homes, by the social work staff, and a great deal of support and guidance given to parents. Family casework is extremely important in this branch of the work to overcome feelings of guilt and tension which can exist in a family containing a mentally handicapped member. The provision of Training Centres in Cornwall has met a real and urgent need, but the value of social work support in the home must never be overlooked. Social workers consult with the staff of Training Centres in respect of children and adults who are trainees in these establishments and case conferences are held at the end of each term. For the subnormal who is employable, a suitable job

within the scope of the patient's abilities is the answer. The employment situation here is not easy at the present time, but the Mental Welfare Officers work in close contact with the Disablement Resettlement Services of the Ministry of Labour, and many backward people in the County are self-supporting.

Any really effective system of community care for the mentally retarded must be supported by Training Centres and Hostels run by the Local Authority, and by suitable Hospital provision. The Royal Western Counties Hospital at Starcross is the main hospital serving Cornwall, and just over 400 Cornish patients are receiving care there. In addition 133 patients from Cornwall are accommodated in other hospitals. Cases awaiting admission during 1963 have remained within reasonable limits, but the fact remains that beds are not immediately available for certain categories of patient, and this can cause a great deal of hardship and suffering. Although the expansion of the Local Authority Services will inevitably reduce the need for hospital beds, it is felt that the former project of the South Western Regional Hospital Board for a new Hospital in Cornwall should be re-examined.

(ii) Training

The Curnow Training Centre at Redruth, the first full-time Centre in Cornwall, completed its first year of operation during 1963. This day centre serves the whole of the west of the County, and has provision for 60 children and 60 adults in separate departments. At the end of the year, numbers attending were 53 juniors and 57 seniors, which illustrates the rapid build up of trainees. The Centre was officially opened in April 1963 by the Minister of Health, the Rt. Hon. J. Enoch Powell, M.B.E., M.P.

One of the problems of day training in Cornwall is transport, and a very comprehensive system of buses, minibuses and hospital cars, serves the Centre. This system has worked very well indeed considering the distances involved and numbers concerned. In the Centre, steady progress has been made and the improvement in teamwork among the trainees, junior and senior, is noticeable. In the adult department, production has developed and a variety of articles is manufactured. A leatherwork section produces very good brief cases, and box assembly is undertaken for a local firm of fish packers. These boxes are assembled by means of jigs on a production line process, and it is anticipated that about 15,000 to 20,000 boxes will be made annually. A small incentive bonus scheme was started during the year, and the amounts paid will be increased as production rises. Although work forms a large part of the daily programme, social training and recreation are not forgotten, as these are an integral part of a balanced training system.

In October a new Adult Training Centre was opened at St. Austell, and this has provision for 60 trainees. It serves mid, east and north Cornwall,

and whilst a number of trainees attend on a daily basis, the Centre is supported by two residential hostels, where trainees living too far away to attend the Centre daily can be accommodated. This Centre is situated on a very pleasant 5 acre site close to the town and there is plenty of opportunity for horticultural training. The Centre is also producing a wide range of articles, mainly in wood, for which there is a ready sale.

We are fortunate in having a full complement of teaching and instructing staff in all Training Centres, and they have worked well in bringing new projects into operation. Public relations are extremely good as many visitors from all walks of life and representing many organisations are interested in this new service in Cornwall.

(iii) **Hostels**

Two residential hostels, one for 20 males and one for 20 females have been provided at St. Austell in conjunction with the Adult Training Centre. The male hostel is on the same site as the Training Centre, although quite separate from it, and there is plenty of playing field space at hand. The female hostel is in the centre of the town, where the residents can visit shops etc., without difficulty. These hostels break completely new ground in the field of mental disorder, but they have started most successfully, and should fill a real need in Cornwall. Each hostel has three small dormitories, of five beds, four beds and three beds, plus eight single rooms. They are decorated in contemporary style with pleasant furnishings, and the residents so far have taken great pride in their " term time " homes. The male hostel has enlarged kitchen facilities, as all mid-day meals are provided in this building for the Training Centre. Hostel residents return home for holiday periods when the Training Centre is closed and they are also encouraged to go home at weekends when this is feasible. One point has emerged so far—the demand for male hostel places has outstripped the apparent need for female accommodation. It is too early as yet to draw conclusions from this, but if the trend continues, our experience can be put to good use in planning for the future.

Mental Health Statistics at 31st December, 1963

(The figures in brackets indicate the numbers at 31.12.1962)

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	271	410	36	77	128	136	10	12			445	635
	(257)	(334)	(34)	(80)	(93)	(136)	(12)	(16)	(1)		(397)	(566)
Moorhaven Hospital, Devon	5	8	1	2	2	2					7	11
	(11)	(10)			(5)	(7)					(16)	(17)
	276	418	36	78	130	138	10	12			452	646
	(268)	(344)	(34)	(80)	(98)	(143)	(12)	(16)	(1)		(413)	(583)

Total admissions during 1963 by Mental Welfare Officers 1098 (996)

(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
St. Lawrence's Hospital, Bodmin	350 (328)	582 (481)	37 (34)	78 (80)	131 (93)	137 (136)	10 (12)	14 (16)	1 (3)	1	529 (470)	812 (713)
Moorhaven Hospital, Devon	15 (24)	32 (42)		1	2 (5)	2 (7)					17 (29)	35 (49)
	365 (352)	614 (523)	37 (34)	79 (80)	133 (98)	139 (143)	10 (12)	14 (16)	1 (3)	1	546 (499)	847 (762)
Total admissions during 1963 of Cornish patients <u>1393 (1261)</u>												

(iii) Admissions of Cornish patients aged 65 years and over to St. Lawrence's Hospital during the year.
 (These figures are included in the numbers given under (ii)).

	Informal Section				Section 25.				Section 26.				Court Cases		Total	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
	96	169	14	29	38	32	4						148	234		
	(102)	(127)	(13)	(36)	(27)	(27)	(2)	(6)	(1)				(145)	(196)		

(iv) Number of Cornish patients in Hospitals on 31st December, 1963.

Name of Hospital	M		F		Total
St. Lawrence's Hospital, Bodmin	472	(470)	708	(674)	1180 (1144)
Moorhaven Hospital, Devon	11	(9)	30	(16)	41 (25)
	483	(479)	738	(690)	1221 (1169)

(b) Sub-normality and severe sub-normality

(i) Admissions during the year

Name of Hospital	Informal		Sections 25 and 29		Section 26		Court Orders		Total	
	M	F	M	F	M	F	M	F	M	F
Royal Western Counties Hospital Group	11 (15)	14 (8)	1 (2)	1 (1)	3 (1)	1 (4)	12 (3)	12 (3)	26 (19)	16 (14)
Other Hospitals and Approved Homes	4	1				(1)			4	1 (1)
	15 (15)	15 (8)	1 (2)	1 (1)	3 (1)	1 (5)	12 (3)	12 (3)	30 (19)	17 (15)

Total admissions during 1963 47 (34)

(In addition to these figures 9 males and 12 females were admitted for temporary care)

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

Name of Hospital	M.	F.	Total
Royal Western Counties Hospital Group	217 (218)	188 (188)	405 (406)
Other Hospitals	89 (87)	44 (44)	133 (131)
	306 (305)	232 (232)	538 (537)

(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)
(b) Ambulant low grade cases ...			
(c) Medium grade cases	1		1
(d) High grade cases	1		1
(2) Under the age of 16 years			
(a) Cot and chair cases	7 (5)	2 (4)	9 (9)
(b) Ambulant low grade cases ...	3 (2)	1 (3)	4 (5)
(c) Medium grade cases	2	1 (1)	3 (1)
(d) High grade cases		1 (1)	1 (1)
	14 (7)	5 (10)	19 (17)

(These figures include 6 males and 2 females of cot and chair grade, 1 male and 1 female of ambulant low grade, and 1 male of medium 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	161	297	458	
	(155)	(243)	(398)	
(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				
... ..	10	10	20	
	(18)	(12)	(30)	
(b) School leavers reported informally				
... ..	16	11	27	
	(7)	(13)	(20)	
(2) Reported from other sources				
... ..	42	13	55	
	(34)	(24)	(58)	
	68	34	102	
	(59)	(49)	(108)	
(ii) Number of patients under care on 31.12.1963.				
	M	F	Total	
(1) Under informal care	392	304	696	
	(376)	(316)	(692)	
(2) Under Guardianship			—	
(3) On leave from Hospitals	1	2	3	
		(2)	(2)	
	393	306	699	
	(376)	(318)	(694)	

(iii) Number of patients receiving training at 31.12.1963.

	M	F	Total
Curnow Training Centre, Redruth:			
(a) Junior Department	33	20	53
(b) Adult Department	31	26	57
Blantyre Training Centre, St. Austell:			
(a) Day trainees	16	21	37
(b) Hostel residents	10	7	17
Group Centre, Liskeard	5	5	10
Home teaching cases		1	1
Training Centres run by other			
Local Health Authorities	1		1
	96	80	176
	(78)	(60)	(138)

WELFARE SERVICES

THE AGED AND THE INFIRM

1. Accommodation Provided for the Elderly

The three main impressions of work for the elderly in Cornwall in 1963 are:—

- (i) the extreme shortage of Welfare beds
- (ii) the increasing frailty of those admitted to the Residential Homes, and
- (iii) the success of the County Council's experiment in building a Home at Redruth for confused and senile elderly people.

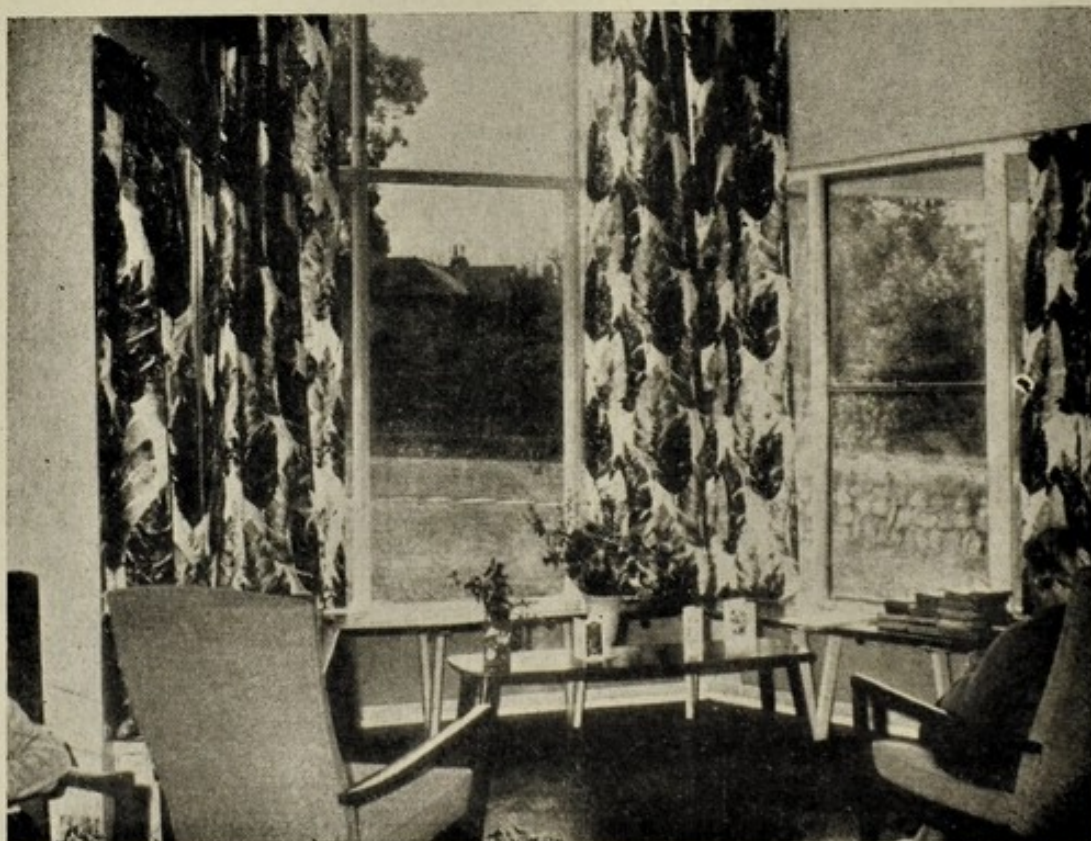
With regard to (i), there is little prospect of the situation being relieved in the next one or two years as the next three Homes to be built will be used to provide accommodation for those withdrawn from Sedgemoor Priory, St. Austell (the old Public Assistance Institution Joint User Establishment). As to (ii) above, the frailty of old people is likely to increase rather than diminish, with the increasing average age on admission.

A Residential Home known as "The Green", Drump Road, Redruth, for 46 confused and senile elderly people of both sexes was opened in April, 1963 by the Rt. Hon. Enoch Powell, M.P., Minister of Health. This Home, which was purpose-built on the open lounge principle, was provided by the

" THE GREEN ", REDRUTH



EXTERIOR VIEWS



VIEW FROM LOUNGE

County Council as a result of discussions with the Hospital Management Committees in Cornwall. A Working Party set up after the passing of the Mental Health Act 1959, recommended (a) that a diagnostic and treatment centre should be established by the Regional Hospital Board for assessing the medical and social needs of persons who were mentally ill, particularly the elderly (b) that special Homes for confused and senile old people should be provided by the County Council. "The Green" is the first of such Homes and a record is being kept in an endeavour to ascertain whether the Home is the right size for the purpose mentioned above and what further provisions should be made. There is a monthly meeting between the County Medical Officer of Health, the County Welfare Officer, the full-time Geriatrician of the West Cornwall Hospital Management Committee, the Medical Superintendent of the St. Lawrence's (Mental) Hospital and the Matron of the Home and these monthly "case" meetings have proved invaluable. An arrangement has been made with the Geriatrician for him to visit all cases before admission to the Home. The Home has been well received in Redruth and a great deal of voluntary assistance and help is given.

The extensions at Carew House, Hayle were completed during the year and the accommodation increased from 26 to 36 but the alterations at Headlands, Carbis Bay were not quite completed at the end of the year under review although a number of new beds had come into use. The new Home at St. Anne's, Saltash also came fully into use during the year 1963. In addition to the three Homes mentioned above which will be built at St. Austell, Wadebridge and Bodmin to take residents from Sedgemoor Priory, two further purpose-built Homes are foreshadowed, one at Launceston and the other at Truro and it is hoped that these will be built in the year 1965.

It is pleasing to be able to report that the Residential Homes provided by voluntary associations at Bude, Liskeard, St. Austell, Perranporth and the Epiphany Homes at Truro and St. Agnes continue to be very well run and every endeavour is made by the management committees to make the residents comfortable and happy.

The following is the return of persons in Welfare accommodation at 31st December, 1963.

Establishment	Men	Women	Total
Joint User Establishments			
Sedgemoor Priory, St. Austell	71	57	128
Lamellion Hospital, Liskeard	29	41	70
Residential Homes			
St. Michael's, Penzance	12	26	38
Endsleigh, Newquay	9	20	29
Polvellan, Looe	12	19	31
Cliffe House, Falmouth	13	17	30
Carew House, Hayle	20	14	34

Establishment	Men	Women	Total
St. Hilary, Bude	23	13	36
Penberthy House, Newquay	9	38	47
Headlands, Carbis Bay	10	24	34
Blackwood House, Camborne	16	45	61
St. Anne's, Saltash	10	25	35
The Green, Redruth	10	31	41

Voluntary Homes

Bude Eventide Home	1	9	10
Caprera, St. Austell	8	18	26
Liskeard, Eventide Home	2	10	12
Perran Bay Hotel, Perranporth	4	18	22
Epiphany Home, St. Agnes	12	15	27
Rosewin Home, Truro	—	21	21
St. Teresa's, Penzance	7	10	17
Methodist Home, Liverpool	—	1	1
Ex-Officers' Home, Bishopsteignton	1	—	1
Nurses' Memorial Home, Reigate	—	1	1
W.V.S. Club, Southsea	—	1	1
St. Mary's, Bovey Tracey	—	1	1
Cann House, Tamerton Foliot	1	2	3
Distressed Gentlefolks Home, Tunbridge Wells	—	1	1
Aster Hall, Plymouth	1	1	2
Badgworth Court, Axbridge	1	—	1
Crosfield House, Bwlch	1	—	1
Henry Radcliffe Home, Limpsfield	1	—	1
Belvedere Home, Kent	3	—	3
St. Katherine's House, Wantage	—	1	1
	287	480	767

Homes Provided by Other Authorities

Devon C.C.	1	—	1
Plymouth C.B.C.	2	1	3

Blind Homes

Malabar, Truro	5	22	27
Torr, Plymouth	1	7	8
Royal School for the Blind, Leatherhead	1	—	1

Establishment	Men	Woman	Total	
Epileptic Colonies				
Chalfont, Bucks ...	1	3	4	
David Lewis, Cheshire ...	—	1	1	
Meath Home, Godalming ...	—	1	1	
Maghull Homes, Liverpool ...	2	—	2	
	13	35	48	
Total in Residential Accommodation	300	515	815	
Temporary Accommodation				
	Men	Women	Children	Total
3, St. Saviour's Terrace, Polruan ...	3	1	4	8
Hostel, 17, North Street, St. Austell ...		3	7	10
Cameron Estate, St. Agnes ...	3	5	27	35
Old Isolation Hospital, Goss Moor ...	1	1	—	2
Redruth Coombe, Redruth ...	—	1	3	4
10 & 12 Church Street, Tywardreath ...	1	1	3	5
Hurstocks, Cardinham ...	1	1	3	5
Caravan at St. Keyne ...	1	1	—	2
Old Police Station, Camborne ...	2	3	8	13
Caravan at Hayle ...	—	1	4	5
	12	18	59	89
GRAND TOTAL ...	312	533	59	904
Less Chargeable to Other Authorities ...	5	13	—	18
NET TOTAL ...	306	520	59	886

The above figures in Residential Accommodation on the 31st December, 1963 are made up of the following classes and again attention is drawn to the fact that many of the elderly in the care of the County Council are either physically or mentally handicapped, or both.

	Aged	M	134
		F	230
Not materially handicapped			
	Not Aged	M	11
		F	7
<hr/>			
	Aged	M	13
		F	31
Blind			
	Not Aged	M	5
		F	7

Deaf	Aged	M	2
		F	3
	Not Aged	M	1
		F	1
Epileptic	Aged	M	6
		F	2
	Not Aged	M	5
		F	9
Others physically handicapped	Aged	M	64
		F	127
	Not Aged	M	15
		F	24
Mentally handicapped	Aged	M	24
		F	56
	Not Aged	M	17
		F	17

Persons in Temporary Accommodation

Persons over age 16	Evicted	M	11
		F	16
Children accompanied by persons over age 16	Others	M	1
		F	2
Total			89

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

Types of Home	Homes on the register on the night of 31.12.63	
	Number of Homes	Number of residents for whom provision made
Homes for Old Persons	... 34	409
Homes for Disabled Persons	... 1	22
Homes for Old Persons and Disabled Persons	... 7	152
	----- 42	----- 583

2. Special Housing for Old People

The District Councils, as Housing Authorities, continue to co-operate with the County Council in the care of the elderly by providing special housing (bungalows, flats, etc.) in the County where welfare facilities are provided and the number of such housing units now stands at the excellent figure of 697. The County Council make a grant (which was increased at the end of 1963) if welfare services are provided, the minimum being for the provision of a Warden and bell system. The County Council as the welfare authority has always held that it is much better for the elderly to stay in their own homes as long as possible and Residential Accommodation should only be used as a last resource and the County Council, therefore, welcome this very valuable provision made by the Housing Authorities. The schemes already approved by the County Council are as follow:—

Housing Authorities	No. of Housing Units
Truro R.D.C.	12 Bungalows
Portscatho	6 "
Mylor Bridge	12 "
St. Agnes	8 "
Goonhavern	8 "
Perran-ar-Worthal	6 "
Veryan	6 "
Carnon Crescent, Carnon Downs	6 "
St. Just-in-Roseland, Harbour View	6 "
Frogpool	8 "

Housing Authorities		No. of Housing Units
Falmouth Borough Council	Chy-an-Mor, Falmouth	18 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 „
„	St. Levan Close	20 „
„	Millett Close, Boltern Road and St. Levan Road	22 „
„	Chy-an-Gweal Estate, Ludgvan	16 „
„	Queensway, Hayle	8 „
„	Parc-an-Cady, St. Buryan	8 „
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
Camelford R.D.	Bossiney	6 Bungalows
Lostwithiel Borough	Tangier	12 Flats
Saltash Borough	Grenfell Avenue	25 Flats
Truro City	Cook's Row	3 Bungalows
„	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	16 Flats
„	George Street	6 „
„	Trelander	12 Bungalows
Penzance Borough	Pendarves Flats	24 Flats

Housing Authorities		No. of Housing Units
St. Ives Borough	Trewyn Gardens	16 Flats
"	Meadow Site	17 "
Kerrier R.D.C.	Mullion	10 Bungalows
"	St. Keverne	6 "
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. Homeless Families

The problem of families being rendered homeless following their eviction from furnished or unfurnished accommodation continues to present a very difficult situation. Whilst the Rent Guarantee Scheme agreed between the County Council and the local Housing Authorities has in most cases prevented the eviction of families from Local Authority Housing the District Welfare Officers are being continually confronted with families (often large in number and low in standards) who have been evicted from other forms of accommodation. Whilst every effort is made to direct such families to privately owned properties or caravans a percentage eventually have to be taken into Temporary Accommodation provided by the County Council.

Unfortunately, it is very rare for the Local Housing Authority to re-house such families, although constant application is made to the Local Councils by the County Council. In consequence the County Council Hostels, Old Police Houses, Caravans, etc. are fully occupied and the number of such units of accommodation has increased during the year from 15 to 23. The Old Police Station at Camborne, which was acquired and adapted at considerable expense as a Rehabilitation Unit, has never been used for the purpose for which it was intended because it is permanently filled with homeless families.

This is essentially a housing and not a welfare problem and unless there is a greater willingness on the part of the District Councils to rehouse evicted families following a limited period in Temporary Accommodation the County Council will be faced with the need to provide more and more accommodation which in itself is extremely difficult to find.

4. Meals on Wheels

There are 15 Meals on Wheels Schemes operating in the County. The County Council pay the whole of the initial cost of the equipment for a Meals on Wheels Scheme subject to such equipment remaining the property of the Council.

5. Chiropody

Arrangements have been made for the Residential Homes of the County Council to have the services of a trained chiropodist for one or two sessions in each month. In addition, many of the Old People's Welfare Committees in the County have arranged chiropody sessions for the members of old people's clubs. One or two committees have also arranged for domiciliary visits by the chiropodist. The County Council is contemplating a chiropody service in the County for the elderly who are house-bound.

A grant is made by the County Council towards the cost of certain approved chiropody schemes, the basis of the grant being that the County Council bear about one third of the cost, the district council or Voluntary Committee a further one third and the elderly person the remaining amount. Up to the present time the County Council has only considered schemes run by voluntary bodies, mainly local committees for the care of the aged but, as indicated above, there will be some extension of the scheme next year by direct employment of chiropodists to assist old people who are house-bound.

6. Old People's Clubs

The number of old people's clubs in the County at 31st December, 1963 were as follows:—

W.V.S. Clubs	...	45
Red Cross Clubs	...	6
Miscellaneous Clubs	...	6

HANDICAPPED PERSONS

The welfare services for the handicapped person continues on the lines set out in some detail in the 1962 report. During the year 105 names have been added to the register, 17 have died, or for some reason have been taken off the register, making a total increase of 88 persons. The ages and disabilities of the handicapped are shown in the accompanying table.

There continues to be an increasing demand and use for aids for the disabled and such items as hoists, seat aids and sani-chairs, etc. have been found of great benefit to those who are partially or totally disabled. Where it is necessary, the County Council have met the whole or a substantial part of the cost of altering premises so as to make it easier for the disabled person to move about in his or her own home. Walking aids, pick-up sticks, etc. are provided for the less handicapped persons and so life is made easier for them too. Before any aid is provided or an alteration to a house is made the patient's General Medical Practitioner is consulted.

As previously reported, two beds are maintained by the County Council at St. Teresa's Cheshire Home, Marazion for use as holiday beds and these are paid for by the County Council whether they are occupied or not. In practice, however, the beds are fully occupied during the whole of the year and there is a considerable demand for this type of accommodation. The holidays so provided are greatly enjoyed by the handicapped people and the benefit derived from the parents and relatives upon whom many of the handicapped are entirely dependent is incalculable. Because of the demand for holiday accommodation, it has been found necessary to apply to Astor Hall, Plymouth and the Association which runs this Home has always been most helpful, as is the Epiphany Home at St. Agnes when we ask for their help.

The car badges for severely handicapped drivers continue to be issued and again have proved most helpful. I wish to record the help given by the Police who support this scheme and the local taxation authority who are notified when badges are distributed.

During the year, as in the past, there has been close liaison between the Department and the voluntary bodies, particularly the County Association for the Care of the Disabled and the British Red Cross Society.

CARE OF THE HANDICAPPED

Number of patients on register on 31.12.63.

Classification	Male			Female		
	16— 30	30— 50	Over 50	16— 30	30— 50	Over 50
A/E(1) Amputation ...	7	6	18	3	—	13
F(2) Arthritis & rheumatism	1	18	49	7	21	85
G(3) Congenital malforma- tions and deformities ...	9	27	12	19	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 ...	34	41	100	21	17	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 ...	22	35	30	9	14	11
V(6) Organic nervous diseases — epilepsy, disseminated sclerosis, poliomyelitis, hemiplegia, sciatica, etc. ...	81	117	89	84	73	67
U/W(7) Neuroses, psychoses and other nervous and mental disorders not included in V(6) ...	18	14	6	6	1	4
X(8) Tuberculosis (respiratory) ...	11	36	18	9	11	—
Y(9) Tuberculosis (non-respiratory) ...	12	5	4	9	4	5
Z(10) Diseases and injuries not specified above ...	14	4	7	7	5	5
Total ...	209	303	333	174	170	212
	845			556		
	(Included in V(6) above)					
Epileptics ...	21	18	6	25	2	5
Spastics ...	18	10	5	25	7	4
	(under 16—4)			(under 16—3)		

REPORT ON SOCIAL CASE WORK AMONG SUB-STANDARD FAMILIES

Sixty-five families, including 253 children, are at present under the care and supervision of Family Welfare Workers who are working in Health Areas 1, 2, 3, 4 and 7. The work has continued much as before—attention being given to every aspect of family and social life, continuous efforts being directed towards the independence and social acceptability of the families under care.

No child from any family under the care of a Family Welfare Worker has appeared before a Juvenile Court. One mother has appeared before a Magistrates Court on three occasions charged with larceny from a meter at her home. One father was charged with occasioning actual bodily harm (to a lodger) and sentenced to two years, with a condition of residence in a Mental Hospital. There have been no other Criminal Court appearances, and only one case before a Matrimonial Court resulting in a Separation Order.

An enquiry is being conducted using an assessment form in respect of all families who have been under the supervision of a Family Welfare Worker for more than one year. Family doctors, headmasters and headmistresses, Medical Officers of Health, Health Visitors, and Probation Officers (where concerned) are being given an opportunity to comment in writing upon the family, and every aspect of the family's progress will be noted. It is not possible to study with any certainty the level of intelligence of the parents of these families—they would appear to be of poor average ability—the men tend to follow unskilled occupations and to have prolonged periods of unemployment, although some are skilled tradesmen earning up to £20 per week. The highest income of any family referred to the Department during the past year was £120 per month.

During the year there has been one eviction of a family under the supervision of a Family Welfare Worker. This family has been in arrears of rent, but these were cleared at the time of eviction. The eviction was from a house declared to be unfit for habitation and the family has not as yet been rehoused by the Local Housing Authority.

It is our continuous aim to ensure that children from sub-standard families are not obviously labelled thus at school. This is rendered more difficult by the question of school uniform in secondary schools, the National Assistance Board being unable to provide such uniforms. The Education Department are able to help in relatively few cases. Uniform is not compulsory but a child appearing without uniform is at once noticeable. A further difficulty arises through the provision of free school meals. Other children bring their "dinner money" to school, children in receipt of free school meals bring no money and are thus earmarked by their fellows and on many occasions teased or isolated. This, while perhaps appearing to be a minor matter, is a cause of much distress to the child concerned, and may well perpetuate the social isolation which we seek to prevent.

The service has been discontinued in 23 cases, sixteen families having reached a satisfactory standard of household management, social adjustment and child care, 3 families failed to respond to the type of help and support offered by the service, 3 made reasonably satisfactory progress and it was felt that supervision by a Health Visitor would meet their need, and one family left the County.

BLIND AND PARTIALLY SIGHTED PERSONS

Blind

The total number of blind persons on the Register at 31st December, 1963, was 833.

New admissions during the year	...	...	...	104
Transfers of registered blind people from other areas	...			18
Deaths	...	...	...	102
Transfer of registered blind people to other areas			...	8
Decertifications due to improved visual acuity			...	2

There are 13 Home Workers in Cornwall.

Details of the employment of blind persons in Cornwall are given elsewhere in this report.

Blind Persons have had courses of social rehabilitation and of industrial rehabilitation.

Home Teaching Service

The staff consists of eight qualified Home Teachers. Of these eight, one is on a course for social workers at Bristol and appears to be greatly profiting from the opportunity. One will be retiring shortly due to ill health.

Home for the Blind, Malabar, Truro

During the period under review, work was started to bring the home up to date. The comfort and convenience of the residents was the first consideration, labour saving the second. The sitting room, originally five steps down, has had the floor raised. The kitchen has been modernised and enlarged by the removal of partition walls between it and the scullery. The dining room has also been enlarged by the removal of an ornamental arch.

The original matron's rooms have been converted into two well equipped sick bays and extra accommodation, whilst a self-contained flat has been built on to the flat roof for the matron.

Further improvements to the house and garden are in hand.

Register of Blind Persons:—

Age Period	Age Groups of Blind Persons			Age at onset of Blindness		
	Males	Females	Total	Males	Females	Total
0	—	—	—	24	34	58
1	—	—	—	—	—	—
2	—	—	—	1	—	1
3	—	—	—	2	1	3
4	2	—	2	2	—	2
5—10	3	2	5	9	8	17
11—15	5	2	7	6	4	10
16—20	5	4	9	10	7	17
21—29	7	5	12	15	18	33
30—39	12	11	23	26	18	44
40—49	23	29	52	32	46	78
50—59	37	39	76	48	59	107
60—64	30	36	66	25	44	69
65—69	36	50	86	19	62	81
70—79	75	141	216	42	128	170
80—84	38	96	134	27	55	82
85—89	22	64	86	9	28	37
90 & over	11	48	59	2	11	13
Unknown	—	—	—	7	4	11
Totals	306	527	833	306	527	833

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	—	1	1
21—29	—	—	—	1	—	1
30—39	1	1	2	—	1	1
40—49	—	2	2	—	2	2
50—59	5	2	7	4	3	7
60—64	1	2	3	1	3	4
65—69	4	9	13	5	11	16
70—79	7	22	29	8	23	31
80—84	5	16	21	3	15	18
85—89	3	15	18	3	11	14
90 and over	1	7	8	—	6	6
Unknown	—	—	—	2	1	3
	27	77	104	27	77	104

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
		<hr/>	<hr/>	<hr/>
		2	—	2
		<hr/>	<hr/>	<hr/>
3.	Age 5—15			
	Suitable for education at school	—	—	—
	Attending Special Schools for the Blind			
	(i) Blind with NO other defects	2	3	5
	(ii) Blind WITH other defects	1	1	2
		<hr/>	<hr/>	<hr/>
		3	4	7
		<hr/>	<hr/>	<hr/>
	Unsuitable for education at school	—	—	—
	(i) In hospital for the Mentally sub-normal	3	—	3
	(ii) At home or elsewhere			
	Blind	1	—	1
	Blind with multiple defects	1	—	1
		<hr/>	<hr/>	<hr/>
		5	—	5
		<hr/>	<hr/>	<hr/>
	Total children	10	4	14

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

		Males	Females	Total
1.	At School			
	Age Group 16—20	—	1	1
2.	Undergoing training			
	(i) For sheltered employment	1	—	1
	(ii) For open employment	1	—	1
		<hr/>	<hr/>	<hr/>
	Total Training	2	1	3
		<hr/>	<hr/>	<hr/>
3.	Employed			
	Employment under Sheltered Conditions			
	(i) In Workshops for the Blind	4	—	4
	(ii) In Home Workers' Schemes	10	3	13
	Employment under Ordinary Conditions	19	3	22
		<hr/>	<hr/>	<hr/>
	Total Employed	35	7	42
		<hr/>	<hr/>	<hr/>

4. Not Employed

Capable of and available for work

Already trained

(i) For sheltered employment ...	—	—	—
(ii) For open employment ...	—	1	1

Subject to being trained

(i) For sheltered employment ...	—	—	—
(ii) For open employment ...	2	1	3

Without training

(i) For sheltered employment ...	—	—	—
(ii) For open employment ...	4	—	4

Not available for work

Age Group 16—59	20	47	67
Age Group 60—64	12	18	30

Not capable of work

Age Group 16—59	34	34	68
Age Group 60—64	13	18	31

Not working

Age 65 and over	176	397	573
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	<u>261</u>	<u>516</u>	<u>777</u>
Grand Total	<u>296</u>	<u>523</u>	<u>819</u>

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 ...	—	—	4
Ministers of Religion	—	—	1
Musicians and Music Teachers ...	—	1	1
Other Workers in Group I	—	—	1
GROUP II			
Clerical and Related Workers			
Typists	—	—	1
Braille Copyists	—	1	—
Telephone Operators	—	—	3
GROUP III			
Sales Workers			
Working Proprietors, Shop Managers ...	—	1	3
Street Vendors	—	—	1
GROUP IV			
Agricultural and Horticultural Workers			
Farmers	—	1	2
Poultry Keepers	—	1	1
GROUP V			
Craftsmen, Production Process Workers, Labourers			
Machine Tool Operators	1	—	2
Knitters	—	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	—	3	1
Craftsmen and Production Process			
Workers	1	—	—
Labourers	—	—	1
	<hr/>	<hr/>	<hr/>
	4	13	22
	<hr/>	<hr/>	<hr/>

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

	Males	Females	Total
(a) Mentally Ill	7	17	24
(b) Mentally Sub-Normal	14	8	22
(c) Physically Defective	27	40	67
(d) Deaf without Speech	—	—	—
(e) Deaf with Speech	3	4	7
(f) Hard of Hearing	18	39	57
Combination of (a) and (c)	—	1	1
Combination of (a) and (f)	1	1	2
Combination of (b) and (c)	2	1	3
Combination of (c) and (e)	—	1	1
Combination of (c) and (f)	1	6	7
	<hr/>	<hr/>	<hr/>
	73	118	191
	<hr/>	<hr/>	<hr/>

Blind Persons age 16 and upwards resident in:—

Residential accommodation provided
under Part III of the 1948 Act,
(viz. Section 21.)

	Males	Females	Total
(a) Homes for the Blind	9	30	39
(b) Other Homes	9	11	20
Other Residential Homes	2	14	16
Hospitals for the Mentally Ill	8	19	27
Hospitals for the Mentally Sub-Normal	6	2	8
Other Hospitals	9	22	31
	<hr/>	<hr/>	<hr/>
	43	98	141
	<hr/>	<hr/>	<hr/>

Miscellaneous information:

Social Centres	...	...	...	...	6
Handicraft Centres	...	...	...	...	13
St. Dunstaners	...	...	...	...	9
Persons newly employed in open industry	...	...	...	...	3
Persons discharged from open industry	...	...	...	...	4

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.

The total number of partially sighted persons on the register at the 31st December, 1963, was 188.

New admissions during the year	...	...	...	...	29
Transfers into the County	...	...	...	...	4
Deaths	...	...	...	...	14
Transfers out of the County	...	...	...	...	2
Transfers to the Blind Register and Decertifications due to improved visual acuity	...	...	...	...	8

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 1963 are as follows:—

Age Groups of Partially Sighted Persons

			Males	Females	Total
0—4	...	...	—	—	—
5—15	...	...	8	4	12
16—20	...	...	3	5	8
21—49	...	...	8	12	20
50—64	...	...	14	12	26
65 and over	...	...	32	90	122
Totals	...	...	65	123	188

Cases newly registered during the year

Age at date of registration

	Males	Females	Total
0—4	—	—	—
5—15	—	—	—
16—20	—	1	1
21—49	—	—	—
50—64	—	—	—
65 and over ...	1	4	5
	<hr/>	<hr/>	<hr/>
	1	5	6
	<hr/>	<hr/>	<hr/>

CLASS A

Persons Near and Prospectively Blind

(age 16 and over)

	Males	Females	Total
Employed	3	—	3
Undergoing Training	—	—	—
Unemployed:—			
Available for and capable of training or work ...	3	—	3
Not available for or not capable of work ...	22	71	93
	<hr/>	<hr/>	<hr/>
	28	71	96
	<hr/>	<hr/>	<hr/>

CLASS B

Persons Mainly Industrially Handicapped:

	Males	Females	Total
Employed	4	3	7
Undergoing training ...	1	—	1
Unemployed:			
Available for and capable of training or work	4	—	4
Not available for or not capable of work	3	2	5
	<hr/>	<hr/>	<hr/>
	12	5	17
	<hr/>	<hr/>	<hr/>

CLASS C

Persons requiring Observation only	17	42	59
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CLASS D

Children 5—16

	Males	Females	Total
Educable:			
At special schools ...	5	3	8
At other schools ...	2	1	3
Not at school ...	—	—	—
Ineducable ...	1	—	1
	—	—	—
	8	4	12
	—	—	—

Children over 16 and still at school ...			1
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REPORT OF THE CORNWALL ASSOCIATION FOR THE CARE OF THE DISABLED

Although the number of visits undertaken by the occupational therapists and the number of patients on the Register at the close of the year both show a marginal decrease, the level of activity has been well maintained. Fluctuations in the number of cases under treatment are not unusual and the number of visits recorded is still substantially higher than in 1961 when the number of patients on the Register was approximately the same.

Much time and thought have been given to ways in which a greater contribution to the welfare of the disabled can be made. Two projects have come to fruition the spade-work for which was done in the year under review. These are: the opening of a Social Centre for disabled persons at Camborne and the provision of holidays for a small number of patients who are too badly disabled to take part in the Falmouth Holiday Scheme. The start made in both these enterprises is promising and it is confidently expected that the current year will see further progress on similar lines. A limiting factor can, of course, be money but strenuous efforts have been made, and will continue to be made, to increase income from voluntary sources. The factors which govern the grant of money from statutory sources are beyond the Association's control.

One gratifying improvement in the Association's fortunes is the profit earned by the Workshop for the Disabled. The primary objective of this undertaking is, and always has been, to provide well paid employment under sheltered conditions for persons whose disabilities restrict their ability to compete for work in the open labour market. Not only has this objective

been achieved but the profit earned has enabled a very useful contribution to be made to the Association's work in other fields.

Another development of importance is the forging of a closer link with the British Red Cross Society. Under a new arrangement it has been agreed that certain patients, who are not in need of the specialised skill of an occupational therapist, are passed to the British Red Cross Society who are able to provide a diversional therapy service. The Association's Head Occupational Therapist remains available to give advice as necessary and raw materials for craftwork are still provided.

Close liaison with departments of the County Council has been maintained and, in particular, sincere appreciation of the help and co-operation of the County Treasurer, the County Medical Officer and the County Welfare Officer must be recorded.

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

	1962	1963
Sales	£1,676.10s.7d.	£1,363.12s.9d.
Total visits	3,766	3,691
New Cases	45	37
Cases closed	31	48
Patients on the Register at 31st December	250	239

Table I—CLASSIFICATION

	Male	Female
A/E — Amputation	4	2
F — Arthritis and Rheumatism	19	19
G — Congenital malformations and deformities	4	8
H/L — Diseases of the digestive and genito-urinary systems, of the heart or circulatory system, of the respiratory system (other than tuberculosis) and of the skin	36	11
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	7
V — Organic nervous diseases — epilepsy, disseminated sclerosis, poliomyelitis, hemiplegia, sciatica, etc.	34	43
including:	M	F
Epileptics	3	5
Spastics	3	4
U/W — Neuroses, psychoses and other nervous and mental disorders not included in V	9	6
X — Tuberculosis (respiratory)	6	—
Y — Tuberculosis (non-respiratory)	2	1
Z — Diseases and injuries not specified above	5	4
	<hr/>	<hr/>
	138	101
	<hr/>	<hr/>

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	...	...	...	16	14
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	...	...	...	115	85
D —	Handicapped persons (other than children) who are incapable of or not available for work	...	...	...	—	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	...	...	...	7	1
					<hr/>	<hr/>
					138	101
					<hr/>	<hr/>

Table III—AGE GROUPING

					Male	Female
Under 16 years	...	...	...	...	2	—
16 to 30	...	...	...	...	9	8
31 to 50	...	...	...	...	38	33
Over 50	...	...	...	...	89	60
					<hr/>	<hr/>
					138	101
					<hr/>	<hr/>
Number of Male Patients on Register at 31/12/63					...	138
Number of Female Patients on Register at 31/12/63					...	101

FOOD AND DRUGS ACT
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 the Inspectors obtained 3,337 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	2,284
Milk Products	183
Soft Drinks	49
Sugar and Sugar Confectionery	73
Flour and Flour Confectionery	33
Preserves	32
Ground Almonds	8
Honey	7
Cornish Pasties	219
Cooking Fats	68
Vinegar	5
Spirits and Beers	57
Meat and Fish Products	146
Flavouring, Seasoning and Colouring	7
Canned/Dried Fruit and Vegetables	31
Ice Cream	75
Tea, Coffee, Cocoa	20
Soups and Sauces	10
Miscellaneous	30
Total	3,337

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 the Public Analyst
Milk	8
Milk Products	1
Meat & Meat Products	4
Sugar Confectionery	5
Drinks	6
Total	24

For thirty years the adulteration of milk has headed the list of adulterated food but during the past year only one offender was prosecuted.

The retail sale of deficient milk has virtually disappeared and offenders appear to be confined to wholesale producers sending their milk to the factory.

The one case referred to above, concerned a second offender who did everything possible to prevent the sampling officer from obtaining samples. In spite of his previous conviction a few months previously he alleged that "he did not know what the sampling officer was up to".

When the results of the samples were known he refused to say anything and refused "appeal to cow" samples. Six churns were sampled and contained 26.6%, 31.8%, 19.2%, 30.7%, 34.9% and 28.1% of added water—an average of 28 per cent.

This meant that in the quantity being delivered to the factory on that day he was trying to sell between 14 and 15 gallons of water.

In mitigation it was stated on his behalf that he was very worried because of sickness among his animals. The magistrates imposed a fine of £75.0.0. and £15.15.0. costs.

Foreign bodies in foodstuffs continue to furnish the major proportion of complaints. Each complaint is carefully investigated and it is not unknown to discover or to suspect that official complaint is being made because a direct approach to the manufacturers has not produced the free gift which has sometimes resulted.

For the complaint to be justified the inspecting officer would invariably need overwhelming proof that the foreign body existed when the purchase was made and sufficient evidence to prove the sale of the offending article. Sometimes the foreign body is sent to us by post with a short note to the effect that "this thing was found in x's bread or cake". This kind of complaint nearly always is suspect and the real evidence (if any) has been destroyed.

Several prosecutions were taken during the year and convictions obtained in each case. They were for a snail in a pasty, moth in beefburger, maggots in bacon, glass in cream, skin and hair in steak & kidney pie.

Other investigations in which the facts could not be proven concerned glass in milk (5), wire in milk, stone in cake, metal in pasty, nail fragments in dates, mould on cake, bristle in ice cream, small unidentified object in milk, discoloured tinned beetroot, stone in milk, pipe scale in milk, discoloured corned beef, glass in bread roll, rancid sweets, rancid sausages, excess fat in sausage, nail in bap, excess fat and jelly in Cooked Pork Collar and excess preservative in pork sausages.

Manufacturers were notified and cautioned in appropriate cases.

Numerous instances have occurred during the year where food descriptions have been challenged but no prosecutions have been taken, examples of these are:—

Devon Egg and Milk Toffee with the word "flavoured" in minute lettering on individual pieces only and not on the outer wrapping.

Pure Tomato Juice Cocktail which was in powder form and should be described as Tomato Cocktail Mix.

Non alcoholic Ruby Wine which contained preservative and the description of which is a contradiction in terms.

Ginger Beer Shandy and Lemonade Shandy containing less than 2% proof spirit. It is open to doubt whether such an article can properly be described as Shandy.

Non alcoholic Ginger Punch which contained alcohol.

All the manufacturers were notified and many agreed to amend their labels. In some cases discussions are continuing by the manufacturers with various bodies with a view to an agreed Code of Practice through the Local Authorities Joint Advisory Committee on Food Standards.

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

New legislation during the year include the Soft Drinks Regulations, 1963, The Bread and Flour Regulations, 1963, The Liquid Egg Regulations, 1963, and The Milk (Special Designations) Regulations, 1963.

This latter will see the end of Tuberculin Tested Milk as such and the introduction of a new description "Untreated Milk".

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

There are within the County of Cornwall 6,098 registered dairy herds, approximately 87,000 attested cattle, and 402 producer-retailers; thus dairy farming may rightly claim to be one of the major Cornish industries.

Cornwall is a "specified area" where only Tuberculin Tested, Pasteurised, or Sterilised milk may be sold by retail for human consumption. However, every dairy herd in England and Wales has now passed the Tuberculin Test, and consequently the special designation "Tuberculin Tested" applied to milk sold by retail has lost its significance. The Ministry of Agriculture, Fisheries and Food, acting jointly with the Ministry of Health, has made new Milk and Dairies (Special Designation) Regulations during the year, with the object of bringing milk legislation up to date. These Regulations provide that as from the 1st January, 1965, the special designation "Tuberculin Tested" will be eliminated, and in future all raw milk will be described as "Untreated"; only minor alterations have been made in the law relating to pasteurised milk.

The County Council is responsible for issuing dealers' licences to all milk retailers other than those who only retail milk produced from their own herds, and during the year 115 such licences were issued and seventy-three cancelled; the total number of dealers' licences in operation at the end of December, 1963, was 914. Routine inspections are made of the dairies occupied by these dealers, and detailed investigations are undertaken whenever milk samples fail the prescribed tests.

Every effort is made by the County Public Health Officers to persuade dairymen to provide hygienic dairies and adequate cold storage for milk. It is therefore encouraging to report that during 1963 eighty-two dairies were modernised after informal discussions, and in no instance was it necessary to institute 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 a summary of his reports is 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	1,220	1,217	3	1,204	16	—	—	1.6
Tuberculin Tested	318	—	—	299	19	—	—	6.0
Sterilised	84	—	—	—	—	81	3	3.6

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 efficiency of modern hygienic methods of pasteurisation and subsequent care in storage and distribution by milk retailers is reflected in the low percentage sample failure rate for this grade of milk (1.6%). Whilst the keeping quality of Tuberculin Tested milk does not compare favourably

with that of pasteurised, nevertheless the percentage failure rate (6.0%) is a considerable improvement on the corresponding figure for the previous year (11.4%). This improvement is a direct result of the close liaison that exists between the Divisional Milk Officer of the Ministry of Agriculture, Fisheries and Food, and the County Public Health Officer.

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 had been issued to one sterilising and seven pasteurising establishments that between them pasteurise over 25,000 gallons of milk every day. Four of these 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. The capacity of two pasteurising dairies has been increased as a result of extensions and improvements undertaken during the year. In addition to modernisation of premises, these improvements include installation of new bottle washing machines, filling and capping units, and a complete overhaul and reorganisation of the pasteurising equipment. The structural condition of premises and the operating techniques at the principal pasteurising establishments in Cornwall are such that these dairies rank among the most up-to-date in the country.

Routine examinations are also made of the bottle washing machines. During 1963 every specimen milk bottle taken from 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.

Milk Sampling—Dairy Herds

Samples of milk from thirty-eight dairy herds were examined for the presence of Tubercle Bacilli and from 113 herds for *Brucella Abortus*. The first of these organisms may cause tuberculosis, and the second undulant fever if infected milk is consumed without being properly pasteurised or boiled. The Bacteriologist reported that all samples examined biologically for the presence of Tubercle Bacilli proved negative.

In examining milk for *Brucella Abortus* organisms the routine procedure is for preliminary screening tests to be carried out on a bulk milk sample

from each dairy herd. When these tests prove positive, a specimen of milk from every cow in the suspected herd is examined by Direct Culture. Of the 113 dairy herds examined during 1963, twenty-four gave positive reactions to the screening tests. Milk from each of the 408 animals in these twenty-four suspected herds was examined and a total of twenty-one cows in seven herds were found to be passing *Brucella Abortus* organisms into the milk. With one exception all the dairy herds examined were owned by producers who retail untreated Tuberculin Tested milk. The exception was a herd belonging to a milk producer, one of whose employees had been admitted to hospital suffering from undulant fever. All milk from infected cows was diverted for heat treatment.

Hospitals

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

Samples	Satisfactory	Unsatisfactory
Milk submitted for bacteriological examination	32	—
Milk submitted for chemical examination	31	—
Water submitted for bacteriological examination	32	1

Old People's Homes

Routine visits are made to County Council homes for elderly people, for the purpose of inspecting kitchens and examining foodstocks. The general standard of hygiene maintained at every home visited was found to be satisfactory, and the quality of foodstocks excellent.

Advice on food hygiene was given to staff, and reports on the condition of kitchens made to the County Welfare Officer.

School Canteens and Central Kitchens

The County Public Health Officers visit school canteens and central kitchens for the purpose of examining foodstocks and ensuring a standard of hygiene conforming to the requirements of the Food Hygiene (General) Regulations, 1960. During the year fifty-eight school canteens were inspected and 60 lbs. of tinned meat condemned as unfit for human consumption. In general the food supplied to schools was of excellent quality, and the amount condemned represented only a small proportion of the total quantity examined.

The County Public Health Officer reports that the standard of hygiene in school kitchens has been maintained at a level well above the legal requirements of the Food Hygiene Regulations. This report reflects credit on the

School Meals Service and must also be reassuring to parents whose children dine at school. It may not be generally realised that more than 6,000,000 cooked meals were provided in school canteens during 1963, a scale of operation far exceeding that of any other catering organisation in the county.

The condition of kitchen and servery equipment, together with the structural state of the premises, is under constant review, and during 1963 a sum of £8,524 was spent on improvement schemes. In addition, canteens were installed at two new schools and one kitchen and dining room at an existing school.

Milk in Schools

The 333 maintained and 33 non-maintained school departments in Cornwall are supplied with milk by thirty-eight distributors. Of the 366 school departments concerned, 365 receive pasteurised and one Tuberculin Tested milk. For the first time since the "Milk in Schools" scheme started thirty years ago it has been possible to eliminate all bulk deliveries and provide every school in the county with 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 1963 as follows—

Grade of Milk	Satisfactory	Unsatisfactory	Total
Pasteurised	79	2	81

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

Dairy Managers continue to complain about the unsatisfactory condition of empty school milk bottles returned to dairies. In December, 1963, a survey was carried out at the principal dairies in the County; this revealed that in East Cornwall approximately one bottle in every fifty returned from schools contained extraneous matter such as straws, bottle caps, glass particles, etc., whereas in Central and Mid-Cornwall this ratio was as high as one in five. At each school arrangements should be made for milk to be delivered into a cool, clean place, and not left in open playgrounds exposed to heat or contamination by dust and animals. Pupils should also be instructed to observe the following simple rules—

- (a) Rinse milk bottles after use, or where rinsing is impracticable pour any surplus milk into a sink or drainage gully before replacing the empty bottle in the crate.
- (b) Used straws, aluminium caps, and pieces of broken glass should be deposited in a separate waste container; under no circumstances should these articles be pushed into empty bottles.

Ten complaints of milk being delivered to schools in dirty bottles or bottles containing "foreign bodies" were received by the Chief Food and Drugs Inspector. Each of these complaints was investigated and warning letters sent to the dairy companies concerned.

A defect in a bottle washing plant at one dairy resulted in a quantity of caustic soda solution being retained in a bottle of school milk. Some of this milk was consumed by a fourteen-year-old boy who was subsequently taken ill but fortunately suffered no serious after-effect. The use of the bottle washing machine concerned was banned until extensive repair work had been completed and the plant re-examined, tested, and approved by the County Public Health Officer. Legal proceedings were taken against the dairy by the local authority, and the Company fined £10.

Water Supplies in Schools

Of the 333 maintained school departments in the County, 321 receive a supply of water in pipes from public mains. The remaining twelve 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 Public Health Officers and submitted for bacteriological examination by the Public Health Service Laboratory at Truro. During the year ninety-nine samples have been taken with the following results—

Source of Supply	Satisfactory	Unsatisfactory	Total
Public mains	90	—	90
Private supplies	9	—	9
	—	—	—
Total	99	—	99
	—	—	—

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

Swimming Pools

The County Public Health Officers visit all swimming pools at which instruction is given to school children, and check the maintenance routine, condition of water, and efficiency of the chlorinating and filtration equipment. During the swimming season samples of water taken from each pool are submitted for bacteriological examination. It is a tribute to the hygienic manner in which these pools are operated and maintained by school staff that the County Bacteriologist has reported every sample taken during 1963 as having a bacteriological standard equivalent to that required for a drinking water supply.

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 any infective skin condition of pupils, to be sent each week to the Principal School Medical Officer. Copies of these reports are made available to the appropriate Assistant Medical Officer.

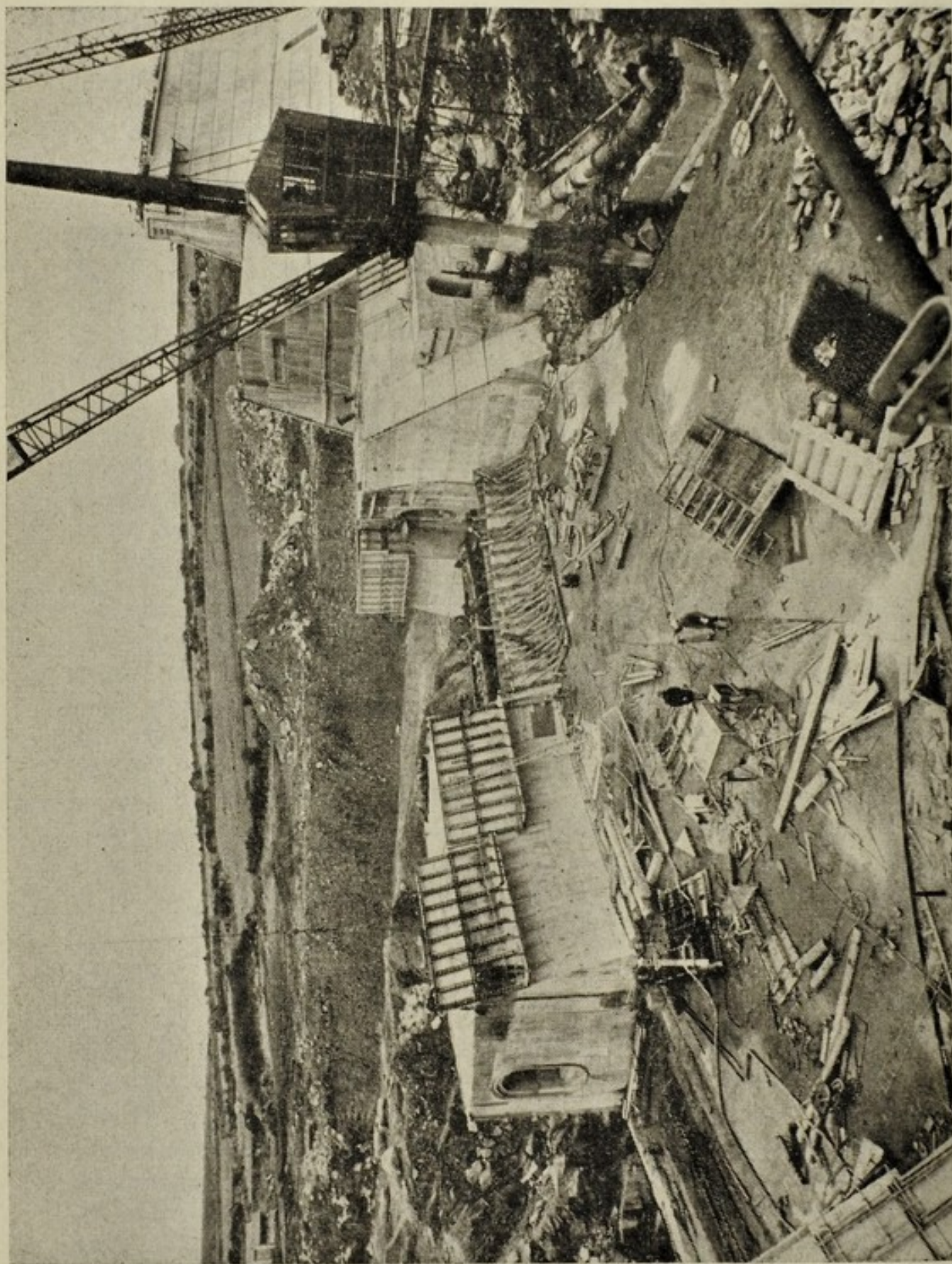
WATER SUPPLIES, SEWERAGE AND SEWAGE DISPOSAL

The Rural Water Supplies and Sewerage Acts, 1944-1961, provide that schemes of water supply and sewerage carried out in rural localities may qualify for grant from the County Council and the Ministry of Housing and Local Government. The conditions and terms of grant are laid down by the Ministry, but in general the Ministry contribute 35% of the cost of all water schemes, after excluding headworks, and a similar proportion of the cost of sewerage schemes. The cost of sewage disposal works or sea outfall sewers do not qualify for grant. The County Council's policy in respect of making grants towards the cost of water and sewerage schemes is that rural districts receive a contribution equivalent to that made by the Ministry, whilst schemes submitted by other authorities are considered on their merits.

In 1944 relatively few rural villages had adequate water supply and sewerage systems, and inevitably as these basic essential requirements of civilised living have been provided the amount of grant paid by the County Council has increased. In 1948 the total sum paid by the County Council during the year was £700, in 1963 this figure had risen to £96,448; the sharpest increases occurring during the past three years, viz:— 1961, £64,765; 1962, £85,876; and 1963, £96,448. This annual contribution will increase for some time to come as substantial schemes now in course of preparation are completed. As most of the County Council grants are in the form of annual payments over a thirty-year loan period, it is clear there will be no early reduction in this financial commitment.

WATER SUPPLIES

The total quantity of water supplied in Cornwall from public mains during 1963 averaged 15,417,000 gallons per day (g.p.d.); an increase of 217,000 g.p.d. over the corresponding figure for the previous year. This pattern of increasing water demand year by year will continue as more and more houses are connected to public mains, and the occupants, many for the first time, are able to enjoy a safe, wholesome and abundant water supply. In addition to catering for the rising domestic water consumption, water undertakers must also meet the ever increasing needs of industry and agriculture. New sources of water supply are being sought and developed for this purpose, and the photograph on page shows the stage of construction of one such project designed to add 2,900,000 g.p.d. to the water available for distribution in Mid-Cornwall.



STITHIANS IMPOUNDING RESERVOIR
Dam in course of construction. December, 1963.

Water for domestic purposes should as far as is practicable be obtained from unpolluted sources, and should also be chlorinated and preferably filtered and adjusted for acidity before being passed into any public water distribution system. It is therefore regretted that despite the many improvements carried out during the year more than 650,000 gallons of water is passed each day into public mains without first being subjected to any form of sterilising treatment.

There has not been any alteration in the number of water undertakers operating in the county during the year, but it is anticipated that an amalgamation of certain water authorities will take place in the near future. The effect of this amalgamation will be to reduce the number of undertakings from seventeen to about five.

The major improvements undertaken during the year by each water authority, together with a brief description of their 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 quantity of water supplied each day by this undertaking averaged 2,270,000 gallons, the whole of this amount being obtained from the Board's thirteen sources of supply, comprising three impounding reservoirs, eight mine adits, and two streams. Water treatment is by filtration and chlorination, whilst water from the major sources of supply is also pH adjusted. Approximately 450,000 g.p.d. is not subjected to any form of sterilising treatment before being passed into the distribution system.

During the year the following contracts, totalling £173,553, were completed:—

- (i) Construction of a clear water tank and installation of two pressure filters at the Drift headworks, for the purpose of supplying water to the lower parts of Penzance.
- (ii) A new water tower of 40,000 gallons capacity at Trevelyn, to improve the supply in the south-eastern part of the district.
- (iii) A total length of 22.25 miles of water mains varying in diameter from 15" to 3" has been laid in order that water may be distributed in the southern parts of the Lands End peninsula.

In addition to the foregoing contracts approximately 4,000 yards of 4" and 3" diameter pipe was laid throughout the district, and 388 new connections were made to the Board's mains.

Mid-Cornwall Area

A conference of Local Authorities and Water Companies is considering regrouping arrangements for this area, but there are indications that unless this conference reaches a decision in the near future the Minister of Housing and Local Government will intervene. The present water undertakings are:—

Falmouth Borough Council	Lostwithiel Borough Council
	Fowey Borough Council
Camborne-Redruth Urban District Council	St. Austell Urban District Council
	Kerrier Rural District Council
Truro Rural District Council	Newquay and District Water Company
St. Austell Rural District Council	
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 the year when approximately 25% of the supply is not subjected to filtration. The water demand of the Company's area averaged 1,130,000 g.p.d.

The principal improvements to the water distribution system were:—

- (i) 1,000 yards of 9" pumping main from Barripper to Ramsgate in order to improve water delivery in the Penponds area.
- (ii) 900 yards of 8" diameter pipe to improve water supply at the new industrial site at Pool.
- (iii) 200 yards of 3" diameter pipe to serve new housing development in the Company's area.

Camborne-Redruth Urban District Council

The water demand in the area served by the Urban District Council averaged 500,000 g.p.d., whereas the reliable summer yield of the six mine adit sources of supply is only 455,000 g.p.d.; the result is a seasonal water shortage in certain parts of the district. 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.

The principal improvements undertaken during 1963 were:—

- (i) Installation of a new submersible pump in one mine shaft, thereby enabling the Urban District's water resources to be augmented by 45,000 g.p.d.
- (ii) 1,100 yards of 10" diameter main laid from Sandy Lane Reservoir to Mount Ambrose, and the installation of a booster pump to increase the available water in the St. Day and other high level areas of the district.

Helston and Porthleven Water Company

Water is obtained from three sources of supply, namely an impounding reservoir, a mine adit, and two streams. All water is filtered and chlorinated before being passed into the distribution system, and 85% is treated for pH adjustment. During the year water consumption averaged 517,055 g.p.d., the peak figure of 675,000 gallons being reached on the 10th June.

A total length of 1,123 yards of 4", 3", 1½" and 1¼" diameter pipe was laid to serve new housing development.

Kerrier Rural District Council

Water demand in the area supplied by this Local Authority averaged 337,000 g.p.d. Approximately one-third of this quantity 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 continued during the year on the construction of an impounding reservoir in the parish of Stithians. This reservoir is designed to have a total water capacity of 1,150 million gallons, a water surface area of 267 acres, and a gross yield of 3,500,000 g.p.d. After compensation water has been deducted the minimum quantity available for distribution will be 2,900,000 g.p.d. The contract is due to be completed by the end of 1964, and it is anticipated that water will be available for distribution about September, 1965.

Work was completed on the installation of trunk water mains to link the 1,000,000 gallon service reservoir at Roskrow Wood with the existing Lizard, Manaccan and Mullion water distribution systems, and branch mains to serve the villages of Constantine and Gweek. These contracts form part of the District Council's proposals for distributing water from the Stithians impounding reservoir.

Approximately, 2,780 yards of 3" diameter P.V.C. pipe has been laid from the Camborne Water Company's main at Horsedown in order to provide a mains water supply for properties in the hamlets of Crenver, Wheal Abraham, and Drym.

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 1,300,000 g.p.d., and the reliable yield of the source 2,100,000 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.

Truro Rural District Council

Water demand in the area supplied by this Council averaged 900,000 g.p.d. Apart from 50,000 g.p.d. purchased from Truro Water Company the whole of this quantity was 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 930 yards of 3" diameter distribution main was installed to serve new housing development.

Truro Water Company

Water demand in the Company's area averaged 668,000 g.p.d., and the whole of this quantity was obtained from streams. At the end of the year work was in progress on a modernisation programme which includes resiting and increasing the capacity of the treatment plant and providing new chlorinating, filtration and pH adjusting equipment.

A new 380,000 gallon reservoir has been provided at Gloweth in order to meet the increased water demand that will arise in this part of Truro when the construction of both the new County Hall and Truro Hospital has been completed.

Approximately 1,500 yards of distribution main has been installed, primarily for the benefit of new housing development.

Newquay Water Company

Water demand in the area supplied by this undertaking averaged 910,000 g.p.d.; a 7% increase on the corresponding figure for 1962.

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 1,500 yards of 12" diameter trunk main was installed in order to augment existing water supplies in the Urban District of Newquay.

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 averaged approximately 456,000 g.p.d., of which 70% was subjected to complete treatment by filtration, pH adjustment and chlorination; the remainder being chlorinated only.

Schemes in progress or completed during 1963 included:—

- (i) The installation of nearly 6,000 yards of distribution main to provide a piped water supply in the hamlets and villages of Little Polgooth, Higher and Lower Kestle, Rescassa, Polmassick, Treskilling and Milltown.
- (ii) A 2,960 yard 3" diameter P.V.C. water main extension from Hewas Water to Grampond for the purpose of linking the village of Grampond with the Fowey River Intake source of supply. The spring that formerly served this village has been abandoned.
- (iii) Two short 3" diameter water main extensions, one of approximately 330 yards at Chapel Hill in the village of Sticker, and the other of approximately 100 yards at Hornick Hill, St. Stephens. These extensions are primarily to serve new housing development.

St. Austell Urban District Council

Nearly all properties within the district receive a water supply from public mains. Water is obtained at present from five different sources, but two of these are likely to be closed in the near future.

All water is chlorinated, and about 75% is filtered and pH adjusted.

The water consumption in this area averaged 1,200,000 g.p.d., and of this total approximately 770,000 g.p.d. was obtained from the Fowey River Intake Scheme. The consumption of water varies from 900,000 g.p.d. in the winter to a peak figure of 1,400,000 g.p.d. during the summer months.

Fowey Borough Council

All water is fully treated, and purchased in bulk from the Fowey River Intake Scheme. Water consumption during the year averaged 200,000 g.p.d.

Lostwithiel Borough Council

Water consumption within the Borough averaged 120,000 g.p.d.; of this quantity 30,000 g.p.d. was upland surface water collected from springs at Collibeacon, and the remainder treated water from the Fowey River Intake Scheme. The Collibeacon supply is filtered and chlorinated, and the pH partially corrected by passing the water over limestone chippings before it enters the distribution system.

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 nine 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 were as follows:—

- (i) Stage II of the Looe water distribution improvement scheme, estimated cost £122,500, commenced in August, 1963. This scheme is designed to improve the water supply in Looe and eliminate waste due to defective or unsatisfactory mains. One 250,000 gallon service reservoir will be constructed at Barbican, East Looe, and another of similar capacity at West Looe; in addition the existing trunk mains will be reinforced. When completed some four and a half miles of 8" and three and a half miles of 6", 4" and 3" diameter pipe will have been laid.
- (ii) A 100,000 gallon sectional steel tank has been constructed at Treninnow and a booster installed at Blarrick in order to augment the water supply in the Rame peninsula.
- (iii) Approximately 2,200 yards of 6" diameter main has been installed between Nomansland Reservoir and Donderry in order to augment the water supply in the Donderry and Seaton areas.
- (iv) Chlorinating equipment has been provided at the two borehole sources of supply at Coads Green and Trebullet.
- (v) Distribution mains have been laid and an existing borehole developed in order to provide a mains water supply in the hamlets of Bray Shop and Venterden. The estimated cost of the scheme was £16,150.
- (vi) Approximately 570 yards of 3" diameter water main has been laid for the purpose of serving domestic properties and providing field supplies for farms in the Shortacross area of Liskeard Rural District.

In addition to the improvements enumerated above, a total length of approximately four and a half miles the 6", 4" and 3" diameter distribution main has been laid throughout the Board's area, principally in the form of short extensions to serve new housing development or to replace defective or corroded mains. The cost of these extensions and replacements totalled £26,500.

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 averaged 1,929,000 g.p.d., and with the exception of a few small local sources of supply the whole of this amount was obtained from upland surface areas. All but 50,000 g.p.d. of the total quantity is chlorinated, and approximately 1,400,000 g.p.d. is also filtered and pH adjusted.

From an existing main at Harlyn Bay some 2,250 yards of 4" diameter pipe has been laid to the Trevone Ward of Padstow Urban District. This pipeline will supplement the water in the Trevone Ward, and ensure adequate supplies in the high level areas of Padstow.

A new borehole has been brought into use at Boscastle in order that the existing water supply in that area may be augmented by up to 24,000 g.p.d.; this supply is not chlorinated.

In addition to the improvements set out above, the Board has installed a total length of about two miles of distribution main to serve new housing development.

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. Water consumption in Bude averaged 380,000 g.p.d., which is well within the reliable yield of the reservoir (570,000 g.p.d.).

In August, 1963, responsibility for supplying water to the built-up area of Widemouth in the Poundstock parish of Stratton Rural District was transferred to Bude/Stratton Urban District Council. This area was formerly served by a private water undertaking.

Work carried out during the year included a 600 yard extension of 3" diameter spun iron main at Poughill to supply four properties with mains water for the first time and replace an existing small diameter pipe.

Stratton Rural District

The supply of water to eight of the ten parishes in Stratton Rural District is the responsibility of 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. Water is obtained from three local borewells and a river intake source in Devon, and the estimated consumption during 1963 averaged 100,000 g.p.d.

Water main extensions completed during the year and set out in detail below enabled four boreholes at Shop, Woodford, Week St. Mary and Kilkhampton to be eliminated. All water supplied in Stratton Rural District is now chlorinated before being passed into the distribution system.

Work has continued on the scheme to supply the eight parishes with up to 200,000 g.p.d. from North Devon Water Board sources. During the year three further sections of this scheme have been completed, viz.:—

- (i) The 500,000 gallon service reservoir at Welcombe.
- (ii) The pipeline section between Welcombe 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.
- (iii) Approximately 4,300 yards of 4" and 3" diameter spun iron pipe between Cherry Cross and the village of Week St. Mary. The borehole formerly used for supplying water to Week St. Mary has been abandoned but is being retained on a "care and maintenance" basis for emergency use if needed.

Future Proposals

Schemes of water supply submitted under the Rural Water Supplies and Sewerage Acts, 1944-61, during 1963 were as follows:—

Water Authority	Scheme	Estimated Cost £	Action Taken by County Council
North Devon Water Board	Stratton Rural District — Boot to Uplands House water main extension.	610	Approved
do.	Stratton Rural District—Caudworthy to Jacobstow water main.	27,600	Approved
do.	Stratton Rural District—water main extension to South Sturston.	1,930	Approved
North Cornwall Water Board	Camelford Rural District —water supply scheme for village of Otterham and part of St. Juliot Parish.	10,165	Approved subject to chlorinating equipment being included.
East Cornwall Water Board	Launceston Rural District — extension of water main from Launceston Borough to Lawhitton village.	10,866	Approved
do.	St. Germans Rural District — water main extension to Cliff Road, Seaton.	1,538	Approved
West Cornwall Water Board	Penzance Borough — water main extension to Cliff Road, Mousehole.	1,834	Approved subject to conditions.

Water Authority	Scheme	Estimated Cost £	Action Taken by County Council
do.	St. Just Urban District— water main extension to Little Brea Veau and St. Just Airport.	1,250	Approved
do.	St. Just Urban District— water main extension to No-go-by.	1,150	Approved
do.	West Penwith Rural Dis- trict—water main ex- tension from Croft Mason to Primrose Hill, Goldsithney.	600	Approved
do.	West Penwith Rural District—extension to serve Georgia and Castle Gate (amended)	11,400	Approved
do.	West Penwith Rural Dis- trict—water main ex- tensions to Grumbla, Bodinar, Boskenna and Newbridge.	8,763	Approved
do.	West Penwith Rural Dis- trict—water main ex- tension from Lamorna to Nantewas Hill.	800	Not approved for grant.
do.	West Penwith Rural Dis- trict—water distribu- tion mains for Lands End, St. Levan, Treen, Newbridge, and St. Buryan areas of Lands End peninsula (amended).	60,178	Approved
do.	West Penwith Rural Dis- trict—Rosmodress water main extension.	1,600	Approved
Camborne Water Company	Camborne-Redruth Urban District—water main extension to serve the hamlet of Treswithian.	1,200	Approved
do.	Kerrier Rural District— water main extension from Horsedown to Crenver and Drym.	4,266	Approved subject to conditions.
Kerrier Rural District	Water Main extension from Bridge to Mount View.	845	Not approved for grant.
Truro Rural District	Water main extension to Coombe Creek.	11,382	Approved
do.	Water main extension from Ladock to the hamlet of New Mills.	5,073	Approved

Water Authority	Scheme	Estimated Cost £	Action Taken by County Council
do.	(a) Extension of water mains from Truro to serve villages of Trispen, St. Erme, Zelah, St. Allen, Shortlanesend, and Allet; and (b) installation of a trunk main from Coswarth, Newquay, to St. Piran's Reservoir, Perranporth.	99,000	Approved subject to conditions.

SEWERAGE AND SEWAGE DISPOSAL

The Rural Water Supplies and Sewerage Act, 1944, gave rural district councils an opportunity of installing modern sewerage and sewage disposal systems in unsewered villages and hamlets, and recovering a proportion of the cost by way of grants from the Ministry of Housing and Local Government and the County Council. Further contributions may be obtained provided the District Council has made a resolution under Section 12 of the Public Health Act, 1961. Under this Statute where a house is built after a sewerage scheme has been completed the local authority may in certain circumstances recover from the owner part of the cost of the sewer section fronting his premises.

Rural district councils also receive rate deficiency payments from the Exchequer toward their proportion of the cost of sewerage schemes, and in some parts of Cornwall this amounts to more than half the district council's contribution. Finally, a proper sewerage system facilitates building development and house improvement schemes which in turn provide further revenue in the form of increased rateable income. Grant aid is unlikely to be more favourable in the future, and contract prices are not expected to fall. Thus from a financial point of view rural district councils should wherever practicable complete the sewerage of their areas at the earliest possible moment.

It is important to stress that in spite of the various contributions mentioned in the preceding paragraph the high cost of sewerage and sewage disposal schemes places a heavy financial burden on local authorities, and it is to the credit of the rural district councils that most of the major villages and hamlets in Cornwall are now provided with modern drainage systems.

During the year the ten rural districts between them completed sixteen sewerage schemes at a total estimated cost of £313,941; and a further six contracts, estimated cost £332,859, were in progress.

Because of the nature of the subsoil, individual septic tank drainage disposal systems are not suited for estate development in some parts of the

County. Main drainage in these areas would not only reduce nuisances resulting from existing septic tanks, but what is equally important would enable building land to be properly developed. Sewerage schemes for these parts of Cornwall ought to be given a high priority, and it is encouraging to report that an extensive area where such conditions exist was included in the most costly proposal submitted for County Council approval during 1963.

Grant aided sewerage and sewage disposal contracts in progress or completed during the year:—

Local Authority	Scheme	Estimated Cost £	Remarks
Camelford Rural District	Camelford Sewerage and Treatment Works.	34,686	Completed
Kerrier Rural District	Sewer extensions to Brill and Bowling Green.	947	Completed
	Constantine Sewerage and Treatment Works.	75,890	Completed
Launceston Rural District	South Petherwin and Daws House Sewerage and Treatment Works.	17,900	Completed
	Middlewood Sewerage and Treatment Works.	3,700	Completed
	Stokeclimsland and Venterden Sewerage and Treatment Works.	17,600	Completed
Liskeard Rural District	Pensilva Sewerage and Treatment Works.	69,500	Completed
	Commonmoor Sewerage and Treatment Works.	10,300	Completed
	Minions Sewerage and Treatment Works.	8,500	Completed
	East Taphouse Sewerage and Treatment Works.	9,500	Completed
St. Austell Rural District	St. Stephens Sewerage and Treatment Works.	16,000	Completed
	Trewoon and Polgooth Sewer Extension (Treloweth).	1,764	Completed
Stratton Rural District	Widemouth Sewerage and Treatment Works.	47,500	Commenced December 1963
St. Germans Rural District	Landrake Sewerage and Treatment Works.	18,607	70% completed
Truro Rural District	Mitchell Sewerage and Treatment Works.	9,690	Completed
	Carnon Downs and Devoran Sewerage and Treatment Works.	65,672	50% completed
Wadebridge Rural District	Lanivet Sewerage and Treatment Works.	34,750	80% completed
	St. Kew Sewerage and Treatment Works.	3,264	Completed

Local Authority	Scheme	Estimated Cost £	Remarks
West Penwith Rural District	Perranuthnoe Sewerage Stage II.	27,200	Completed
	Ludgvan and Crowlas Sewerage and Treatment Works.	51,000	50% completed
	Gwinear Gwithian Sewerage and Treatment Works.	115,330	50% completed
	Sewer extensions to Mayon and Sennen Cove Hill.	7,500	Completed

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

Local Authority	Scheme	Estimated Cost £	Action Taken
Camelford Rural District	Sewer extension from Treknow to the hamlet of Trewarmett.	8,200	Approved
Kerrier Rural District	Constantine sewerage and sewage disposal: sewer extensions to Brill and Bowling Green.	947	Approved subject to conditions.
Liskeard Rural District	Rilla Mill and Upton Cross sewerage and sewage disposal (amended).	42,000	Approved
St. Austell Rural District	Fraddon sewerage and sewage disposal (amended).	42,700	Approved
	Gorran Churchtown sewerage and sewage disposal.	9,500	Approved subject to conditions.
	Roche sewerage and sewage disposal improvement (amended).	18,500	Approved
St. Germans Rural District	Calstock sewerage and sewage disposal.	125,600	Approved subject to conditions.
Wadebridge Rural District	St. Issey and Little Petherick sewerage and sewage disposal (amended).	56,000	Approved subject to conditions.
	St. Merryn sewerage and sewage disposal.	204,300	Approved subject to conditions.

**RURAL WATER SUPPLIES AND SEWERAGE ACTS,
1944-1961**

Summary showing details of costs and of Ministry of Housing and Local Government and County Council grants made in respect of schemes of water supply, sewerage and sewage disposal, submitted by local authorities and water undertakers for the County Councils observations under the Rural Water Supplies and Sewerage Acts, 1944-1961.

		Water	Sewerage	Total
		£	£	£
Total cost of grant-aided schemes—1945 to 31st December, 1963		4,867,411	1,431,021	6,298,432
TOTAL GRANTS MADE BY MINISTRY DURING PERIOD 1945-1963	Lump Sum Grants	303,223	82,584	385,807
	P.A. for 12 yrs.	829	—	829
	P.A. for 30 yrs.	64,278	19,216	83,494
TOTAL GRANTS MADE BY CORNWALL COUNTY COUNCIL DURING PERIOD 1945-1963	Lump Sum Grants	20,889	7,534	28,423
	P.A. for 35 yrs.	1,794	—	1,794
	P.A. for 30 yrs.	75,296	23,809	99,105
	P.A. for 12 yrs. and less.	1,629	—	1,629
Total amount payable by County Council for the financial year 1963/64		76,192	20,256	96,448

REFUSE DISPOSAL

Each of the thirty district councils in Cornwall disposes 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; however, of the forty-seven tips in use throughout the County only twenty are operated in this manner.

Every planning permission to establish a new tip will have conditions to the planning consent that will ensure that in future all sites are properly controlled in accordance with Ministry recommendations. During the year ten such applications were investigated.

Methods of refuse disposal employed by the district councils in the County are indicated in the following summary:—

	12 Boroughs	8 Urban Districts	10 Rural Districts	Total All Districts
Number of Tips				
Controlled Tipping according to Ministry recommendations ...	7	5	8	20
Partially Controlled Tipping ...	—	1	9	10
Uncontrolled Tipping ...	4	2	10	16
Incineration and Uncon- trolled Tipping ...	—	1	—	1

MEAT INSPECTION

District Councils are responsible for inspecting carcasses of animals slaughtered for human consumption, and the following statistical information relating to the number of animals killed and examined in Cornwall during 1963 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 during 1963 was 705,129, and of this number all but 47,118 were inspected by the Public Health Inspectors. The importance of every carcass being properly examined is demonstrated by the fact that more than 220 tons of meat was condemned as diseased or unfit for human consumption by fifteen out of the nineteen district councils who undertake this service; the remaining four authorities do not record the weight of diseased meat.

The past three years have shown a considerable increase in the number of animals killed at slaughterhouses in Cornwall; in 1961 the figure was 582,342, in 1962 667,158, and this year the total reached 705,129. With few exceptions Public Health Inspectors of the districts in which slaughterhouses are situated are grossly overworked, and the coming into operation of the Meat Inspection Regulations, 1963, has made it necessary for local authorities to consider the appointment of additional staff. These Regulations, which came into effect on the 1st October, 1963, ensure that in future all home killed meat will be inspected before it leaves the slaughterhouse, and carcasses passed as fit for human consumption will be marked with an official stamp. Local authorities are empowered to require payment for this service, the maximum permitted charges being:—

Cattle	2/6d. per carcass
Calf or pig	9d. per carcass
Sheep, lamb, or goat	6d. per carcass

These are the maximum charges, but the Minister has asked that local authorities should not recoup more than the actual cost of the inspection service.

	Cattle (excl. Cows)	Cows	Calves	Sheep and Lambs	Pigs
Number killed ...	37,372	15,775	37,432	243,679	370,871
Number inspected ...	36,270	15,294	35,342	220,551	350,554

All diseases except cysticercosis
and tuberculosis:

(a) Whole carcass condemned ...	52	273	280	926	722
(b) Carcass of which some part or organ was condemned ...	4,310	3,995	198	11,715	20,045

Tuberculosis only:

(a) Whole carcass condemned ...	4	23	1	—	18
(b) Carcass of which some part or organ was condemned ...	109	281	—	—	5,074

Cysticercosis only:

(a) Whole carcass condemned ...	10	4	—	—	—
(b) Carcass of which some part or organ was condemned ...	170	69	—	—	—

*Gross weight of meat condemned ... 220 tons, 13 cwt., 2 qrs., 24 lbs.

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

HOUSING

The responsible authorities for enforcing the provisions of the Housing Acts are district councils, and the statistical information contained in the tables on pages , , and , has been made available by courtesy of the Medical Officers of Health and Public Health Inspectors of the thirty local authorities in the County.

The number of permanent houses, including flats, in Cornwall on the 31st December, 1963, was 119,309; of these 19,816 were owned by district councils. The total number of dwellings built since 1945 is 23,155 (private enterprise 10,109; local authorities 13,046); thus one in every five houses in the County is of post-war construction.

It is of interest to compare the increased tempo of building development that has taken place within the County during the past three years. In 1961 1,686 houses were completed; in 1962 1,705; and this year the figure reached 2,021. Of the 1963 total 1,565 were built by private enterprise, and 456 by local authorities.

At the end of December the number of applicants on local authority housing lists, excluding Torpoint Urban District, for which figures are not available, was 5,636.

In 1955, district councils advised the Ministry 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, 3,112 unfit houses have been demolished or closed, and others have been reconditioned by the owners; 382 of these unfit houses were demolished or closed during 1963.

Dwellings occupied by old people and provided with welfare services such as wardens and call bell systems may qualify for grant from the County Council. Of the 1,393 dwellings in the County of a type suitable for occupation by elderly persons, the grant for welfare services is paid in respect of 592.

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 1963 the County Council paid £1,496 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	10	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

	BODMIN	FALMOUTH	POWEY	HELSTON	LAUNCESTON	LISKEARD	LOSTWITHIEL	PENRYN	PENZANCE	ST. IVES	SALTASH	TRURO CITY	12 Boroughs Total
	1. Estimated population	6,310	17,410	2,130	7,300	4,510	4,570	1,900	4,830	18,810	8,870	7,520	13,900	98,060
2. (a) Total number of permanent houses at 31st December, 1963	1,691	5,533	810	2,438	1,500	1,577	697	1,554	6,697	3,354	2,586	4,446	32,883
(b) Total number of permanent houses owned by local authority at 31st December, 1963	495	1,422	164	553	288	439	103	537	1,704*	696	571	1,319	8,291
3. Total number of houses completed from 1st April, 1945 to 31st December, 1963 —													
(a) By local authority	379	670	105	426	231	340	50	314	846	355	354	884	4,954
(b) By private enterprise	306	555	46	342	127	119	18	160	419	353	373	437	3,255
4. (a) New houses completed during 1963 —													
(i) By local authority	4	—	—	26	—	33	12	—	50	—	2	54	181
(ii) By private enterprise	101	121	5	65	9	26	4	25	56	28	65	86	591
(b) Number of applicants on housing list at 31st December, 1963	190	426	40	210	143	106	39	166	145	168	118	421	2,172
5. Total number of houses specially provided for, and occupied by, people of pensionable age at 31st December, 1963 —													
(a) Receiving contribution from County Council for Welfare Services	—	18	—	—	9	59	12	—	24	—	—	124	246
(b) Other houses	107	74	—	62	65	2	—	—	—	68	—	10	388
6. Number of houses demolished during 1963 —													
(a) In clearance areas —													
(i) Houses unfit for human habitation	—	—	—	18	7	20	—	9	—	—	—	—	54

BOROUGH	BODMIN	FALMOUTH	FOWEY	HELSTON	LAUNCESTON	LISKEARD	LOSTWITHIEL	PENRYN	PENZANCE	ST. IVES	SALTASH	TRURO CITY	12 Boroughs Total
9. Number of unfit houses in temporary use (Housing Act, 1957) at 31st December, 1963—													
(a) Retained for temporary accommodation													
(i) Under Section 48: Number of houses				3				1					4
No. of separate dwellings contained therein				5									5
(ii) Under Section 17(2): Number of houses							1						1
No. of separate dwellings contained therein							1						1
(iii) Under Section 46: Number of houses								1					1
No. of separate dwellings contained therein													—
(b) Licensed for temporary occupation under Section 34 or 53: Number of houses													1
10. Purchase of houses by agreement during 1963—													
Houses in clearance areas other than those included in confirmed clearance orders or compulsory purchase orders: Number of houses	7			4	4								17
Number of occupants	16			6	13				2				39

* Penzance Borough: includes 50 temporary prefabricated bungalows.

URBAN DISTRICTS	BUDE-	STRATTON	CAMBORNE-	REDRUTH	LOOE	NEWQUAY	PADSTOW	ST. AUSTELL	ST. JUST	TORPOINT†	8
	Urban	Districts	Total								
(ii) Houses included by reason of bad arrangement											
(iii) Houses on land acquired under Section 43(2), Housing Act, 1957											
(b) Not in clearance areas—											
(i) As a result of formal or informal procedure under Section 16 or Section 17(1), Housing Act, 1957			2					17	4		23
(ii) Local authority owned houses certified unfit by Medical Officer of Health			1								1
(iii) Houses unfit for human habitation where action has been taken under local Acts											
(iv) Unfit houses included in unfitness orders made under Para 2, of the Second Schedule to the Land Compensation Act, 1961										Overall total demolished or closed	3
7. Number of unfit houses closed during 1963—											
(a) Under Section 16(4), 17(1) and 35(1), Housing Act, 1957, and Section 26, Housing Act, 1961			13	1	2	10	1				27
(b) Under Section 17(3) and 26, Housing Act, 1957							1				1
(c) Parts of buildings closed under Section 18, Housing Act, 1957							7				7

RURAL DISTRICTS	10										
	CAMELFORD	KERRIER	LAUNCESTON	LISKARD	ST. AUSTELL	ST. GERMANS	STRATTON	TRURO	WADEBRIDGE	WEST PENWITH	Rural Districts Total
9. Number of unfit houses in temporary use (Housing Act, 1957) at 31st December, 1963—											
(a) Retained for temporary accommodation											
(i) Under Section 48: Number of houses											
No. of separate dwellings contained therein ...											
(ii) Under Section 17(2): Number of houses											
No. of separate dwellings contained therein ...											
(iii) Under Section 46: Number of houses											
No. of separate dwellings contained therein ...											
(b) Licensed for temporary occupation under Section 34 or 53: Number of houses ...											
10. Purchase of houses by agreement during 1963—											
Houses in clearance areas other than those included in confirmed clearance orders or compulsory purchase orders: Number of houses ...	13									4	21
Number of occupants ...	21										35

* Launceston R.D.: no housing list maintained.

† St. Germans R.D.: housing list — 179 general need. 116 for old person's dwellings.

TABLE I

Estimated Population and Total Number of Births and Deaths in each County District for the year 1963

AREA IN ACRES.	COUNTY DISTRICT	ESTI- MATED HOME POPU- LATION 1963	LIVE BIRTHS.								DEATHS.												
			Legiti- mate				Illegiti- mate				Total.	Rate.	District Comparability Factor	Stillbirths.	Under 1 Year.				At all Ages.				
			Males	Females	Males	Females	Males	Females	Males	Females					Total.	Rate per 1,000 live births	Males	Females	Total	Rate.	District Compara- bility Factor		
																						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	6,310	50	48	2	3	103	16.32	1.23	1	..	1	9.71	69	99	168	26.62	0.32					
4,296	Bude-Stratton Camborne— Redruth	4,940	26	21	..	1	48	9.72	1.25	..	..	..	..	50	41	91	18.42	0.66	
22,062	Falmouth	36,240	309	252	15	14	590	16.28	1.06	18	5	8	22.03	269	289	558	15.40	0.94					
1,880	Fowey	17,410	127	118	11	9	265	15.22	1.15	9	2	1	11.32	153	123	276	15.85	0.87					
2,979	Helston	2,130	14	9	2	..	25	11.74	1.28	..	..	..	..	15	21	36	16.90	0.73	
4,014	Launceston	7,300	103	81	2	..	186	25.48	0.85	1	5	..	26.88	45	53	98	13.42	0.81					
2,180	Liskeard	4,510	33	27	1	1	62	13.75	1.09	3	..	..	..	39	42	81	17.96	0.64		
2,704	Looe	4,570	27	44	2	2	75	16.41	1.20	1	..	1	13.33	44	58	102	22.32	0.48					
1,691	Lostwithiel	3,750	25	23	2	..	50	13.33	1.26	1	..	..	..	22	26	48	12.80	0.68		
3,156	Newquay	1,900	12	9	1	..	22	11.58	1.18	..	..	..	..	14	22	36	18.95	0.74	
4,599	Padstow	11,600	87	90	8	3	188	16.21	1.13	5	2	1	15.96	92	76	168	14.48	0.76					
3,343	Penryn	2,560	21	21	3	..	45	17.58	1.09	..	1	..	22.22	28	25	53	20.70	0.85					
829	Penzance	4,830	36	45	1	2	84	17.39	1.02	5	2	1	35.71	43	30	73	15.11	1.14					
3,155	St. Austell	18,810	110	123	14	5	252	13.40	1.14	7	2	4	23.81	159	149	308	16.37	0.82					
18,379	St. Ives	25,300	170	167	14	9	360	14.23	1.12	9	3	3	16.67	220	193	413	16.32	0.80					
4,287	St. Just	8,870	54	50	4	4	112	12.63	1.20	1	1	1	17.86	76	75	151	17.02	0.70					
7,634	Saltash	3,570	21	27	1	..	49	13.73	1.11	1	..	..	..	38	29	67	18.77	0.84		
5,386	Torpoint	7,520	56	47	4	1	108	14.36	1.10	2	1	2	27.78	62	53	115	15.29	0.90					
988	Truro City	6,370	52	31	1	2	86	13.50	1.56	..	..	..	..	23	28	51	8.00	1.38	
2,634	Truro City	13,900	91	104	3	4	202	14.53	1.03	8	2	2	19.80	90	105	195	14.03	0.90					
99,508	TOTALS	192,330	1424	1337	91	60	2,912	15.14	1.12	72	26	25	51	17.51	1,551	1,537	3,088	16.05	0.81				
	RURAL.																						
52,544	Camelford	6,880	54	53	..	2	109	15.84	1.24	..	..	2	18.35	51	49	100	14.53	0.78			
90,839	Kerrier	22,200	152	156	11	4	323	14.55	1.09	5	6	2	24.77	150	154	304	13.69	0.94					
73,042	Launceston	5,970	52	42	4	4	102	17.09	1.11	..	3	..	29.41	38	38	76	12.73	0.90					
104,803	Liskeard	13,420	95	90	6	9	200	14.90	1.20	3	..	3	15.00	89	90	179	13.34	0.86					
82,389	St. Austell	21,740	164	164	10	13	351	16.15	1.07	13	3	3	17.09	158	149	307	14.12	1.00					
48,533	St. Germans	14,710	112	101	7	4	224	15.23	1.25	4	2	1	13.39	109	102	211	14.34	0.83					
56,220	Stratton	4,740	33	37	3	4	77	16.24	1.25	1	1	..	12.99	37	25	62	13.08	0.90					
108,316	Truro	27,540	219	193	7	16	435	15.80	1.18	11	6	5	25.29	190	182	372	13.51	0.82					
88,230	Wadebridge	14,560	132	87	11	4	234	16.07	1.11	4	4	..	17.09	107	84	191	13.12	0.93					
59,792	West Penwith	16,960	94	115	8	5	222	13.09	1.15	4	4	1	22.52	135	148	283	16.69	0.88					
764,708	TOTALS	148,720	1107	1038	67	65	2,277	15.31	1.14	45	29	17	46	20.20	1,064	1,021	2,085	14.02	0.88				
864,216	Whole County	341,110	2531	2375	158	125	5,189	15.21	1.13	117	55	42	97	18.69	2,615	2,558	5,173	15.17	0.85				
4,041	Isles of Scilly	1,790	20	15	..	..	35	19.55	0.91	..	1	..	28.57	11	5	16	8.94	1.17			

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

TABLE 1

Estimated Population and Total Number of Birds

Year	Area	County	Population	Total Number of Birds	
				1910	1920
1910
1920
1930
1940
1950
1960
1970
1980
1990
2000
2010
2020

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		Total	Males		Females		Total		Males		Females		Total	Rate per 1,000 live Births	Males	Females	Total	Rate
		3	4	5	6		7	8	9	10			11	12	13	14							15	16	17
1900	320,420	3957	3842	*	*	7,799	24.3	†	*	985	126.3	2436	2173	5271	16.5							
1910	320,613	3434	3288	*	*	6722	21.0	†	*	575	85.5	2298	2308	4606	14.4							
1920	(a) 317,970 (b) 318,713	3403	3240	190	158	6991	22.0	†	249	416	59.5	1978	2215	4193	13.2							
1930	(a) 318,028 (b) 312,807	2280	2096	123	123	4622	14.8	225	137	100	51.3	1985	2284	4269	13.7							
1940	329,138	2127	1945	100	96	4268	13.0	163	116	90	48.3	2357	2567	4924	15.0							
1942	344,944	(a) 2215 2402	2125	161	132	4633	12.5	183	159	108	52.5	2465	2721	5186	14.0							
1943	327,163	2386	2200	160	144	4906	14.2	180	135	93	46.5	2137	2301	4428	12.8							
1944	322,513	2621	2243	186	157	4972	15.2	164	106	72	35.8	2201	2388	4589	14.0							
1945	313,559	2233	2591	294	260	5766	17.9	180	132	99	40.1	2197	2359	4556	14.0							
1946	318,139	2738	2182	323	271	5009	16.0	178	101	84	37.0	2214	2367	4581	14.6							
1947	324,185	2899	2569	224	198	5729	18.0	156	136	87	39.0	2168	2387	4555	14.3							
1948	329,828	2601	2746	206	163	6014	18.6	177	136	77	34.9	2286	2449	4735	14.6							
1949	(d) 330,247 (e) 339,077	2434	2465	172	137	5375	16.3	136	117	69	34.6	2095	2169	4264	12.9							
1950	(e) 339,999	2338	2374	142	147	5097	15.4	130	90	65	32.2	2242	2416	4658	14.1							
1951	(e) 339,800	2306	2236	124	126	4819	14.2	125	79	66	29.2	2254	2418	4672	13.8							
1952	(e) 341,861	2379	2321	129	109	4865	14.3	114	98	65	33.0	2370	2493	4863	14.3							
1953	(e) 341,463	2306	2282	116	100	4877	14.3	115	84	65	30.6	2105	2271	4376	12.8							
1954	(e) 341,350	2420	2218	94	134	4752	14.0	118	77	51	27.0	2193	2322	4515	13.2							
1955	(e) 339,760	2108	2198	100	101	4819	14.1	158	67	33	20.8	2308	2209	4517	13.2							
1956	(e) 338,760	2298	2108	113	89	4418	13.0	129	76	42	26.7	2304	2370	4674	13.8							
1957	(e) 338,770	2350	2231	115	107	4751	14.0	132	55	55	23.2	2292	2337	4629	13.7							
1958	(e) 337,380	2469	2225	94	100	4769	14.1	149	66	52	24.7	2217	2287	4504	13.3							
1959	(e) 337,580	2400	2205	107	89	4870	14.4	129	62	32	19.3	2312	2318	4630	13.7							
1960	(e) 337,110	2440	2155	80	99	4734	14.0	126	49	32	16.9	2196	2332	4528	13.4							
1961	(e) 335,500	2404	2303	116	90	4949	14.7	99	55	32	17.6	2306	2300	4606	13.7							
1962	(e) 339,110	2506	2239	135	124	4902	14.6	123	70	37	20.1	2337	2432	4769	14.2							
1963	(e) 311,110	2531	2400	148	152	5206	15.4	123	62	43	18.7	2393	2459	4852	14.3							
		2375	2375	158	125	5189	15.2	117	55	42	18.7	2615	2558	5173	15.2							

* not distinguished
† not available

(a) for birth rate
(b) for death rate
(c) for infant and maternal mortality rates
(d) civilian population for birth and death rates
(e) total population (including non-civilians stationed in the County)

TABLE III

Infectious Diseases notified in each District during the year 1963

COUNTY DISTRICTS	Scarlet Fever	Whooping Cough	Diphtheria	Measles	Pneumonia	Meningococcal infection	Acute Poliomyelitis	Acute Encephalitis	Dysentery	Puerperal Pyrexia	Paratyphoid Fever	Food Poisoning	Erysipelas	Acute Rheumatism
URBAN														
Bodmin ...	-	-	-	167	-	-	-	-	-	-	-	-	2	-
Bude-Stratton ...	1	-	-	9	-	-	-	-	-	1	-	-	-	-
Camborne-Redruth ...	6	48	-	410	44	1	-	-	2	47	-	-	4	-
Falmouth ...	-	3	-	254	3	-	-	-	-	-	-	-	-	-
Fowey ...	-	-	-	3	-	-	-	-	-	-	-	-	-	-
Helston ...	-	-	-	177	-	-	-	-	-	-	-	-	-	-
Launceston ...	-	-	-	35	3	-	-	-	-	1	-	-	-	-
Liskeard ...	-	-	-	7	2	-	-	-	-	1	-	-	-	-
Looe ...	-	-	-	6	-	-	-	-	2	-	-	-	-	-
Lostwithiel ...	-	-	-	13	-	-	-	-	-	2	-	-	-	-
Newquay ...	-	1	-	438	-	-	-	-	-	-	-	-	-	-
Padstow ...	-	-	-	3	-	-	-	-	-	1	-	-	-	-
Penryn ...	-	1	-	21	1	-	-	-	-	1	1	-	-	-
Penzance ...	-	4	-	324	5	-	-	-	2	1	-	-	-	-
St. Austell ...	-	-	-	88	2	-	-	-	-	-	-	-	-	-
St. Ives ...	4	11	-	112	-	-	-	-	-	-	-	-	2	-
St. Just ...	-	4	-	85	-	-	-	-	-	-	-	-	-	-
Saltash ...	3	4	-	240	11	-	-	-	1	-	-	-	9	-
Torpoint ...	-	-	-	4	-	-	-	1	25	-	-	-	-	-
Truro City ...	1	-	-	218	-	-	-	-	1	-	-	-	-	-
TOTALS ...	15	76	-	2614	71	1	-	1	33	55	1	-	17	-
RURAL														
Camelford ...	6	4	-	8	-	-	-	-	-	1	-	3	-	1
Kerrier ...	3	3	-	249	3	1	-	1	-	-	-	-	-	-
Launceston ...	-	-	-	55	-	-	-	-	-	1	-	1	2	-
Liskeard ...	1	-	-	192	8	-	-	1	1	2	-	-	-	-
St. Austell ...	7	4	-	82	9	1	-	-	-	2	-	-	-	-
St. Germans ...	6	1	-	134	19	1	-	-	-	-	-	-	1	-
Stratton ...	1	-	-	11	-	-	-	-	-	-	-	-	-	-
Truro ...	8	19	-	513	4	-	-	1	-	1	-	-	2	-
Wadebridge ...	-	-	-	203	-	-	-	-	-	-	-	2	-	-
West Penwith ...	3	13	-	421	4	-	-	-	-	-	-	-	1	-
TOTALS ...	35	44	-	1868	47	3	-	3	1	7	-	6	6	1
Whole County ...	50	120	-	4482	118	4	-	4	34	62	1	6	23	1

Ophthalmia Neonatorum ... 1 (Liskeard R.D.)

Typhoid Fever ... 1 (Padstow U.D.)

TABLE IV

NUMBER OF CASES OF INFECTIOUS DISEASES NOTIFIED IN
RECENT YEARS

Infectious Disease	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963
Cholera ...	162	124	90	83	68	190	167	98	49	50
Whooping Cough ...	1294	279	351	1234	142	92	192	369	171	120
Diphtheria ...	—	1	—	3	1	—	—	—	—	—
Scarlet Fever ...	551	2255	5216	2846	2593	2462	360	6689	1514	4483
Pneumonia ...	203	222	175	189	149	127	86	121	98	118
Streptococcal Infection ...	7	11	3	3	1	9	3	3	9	4
Acute Poliomyelitis	10	35	8	24	14	13	7	—	3	—
Acute Encephalitis	2	5	4	1	4	2	4	5	2	4
Bacillary Dysentery ...	102	21	6	7	37	35	35	39	32	34
Leptospirosis ...	1	—	2	1	2	1	3	—	4	1
Intermittent Pyrexia	143	135	156	146	106	83	79	68	81	63
Paratyphoid Fevers ...	—	1	1	1	1	2	1	—	—	2
Typhoid Fever (excluding paratyphoid) ...	—	—	—	1	2	1	—	—	—	—
Food Poisoning ...	44	63	63	35	40	51	36	21	27	6
Scabies ...	26	33	37	19	25	16	26	18	15	28
Trachoma ...	1	—	1	—	1	—	—	1	1	—
Acute Rheumatism ...	8	—	4	3	1	4	2	1	3	1
TOTALS	2554	3185	6117	4596	3187	3088	1000	7433	2009	4907

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

TABLE
CAUSES OF DEATH

	All Ages	0—		1—		5—		15—
		M	F	M	F	M	F	M
1. Tuberculosis, respiratory	25	—	—	—	—	—	—	—
2. Tuberculosis, other	2	—	—	—	—	—	—	—
3. Syphilitic disease	3	—	—	—	—	—	—	—
4. Diphtheria	—	—	—	—	—	—	—	—
5. Whooping Cough	—	—	—	—	—	—	—	—
6. Meningococcal infections	—	—	—	—	—	—	—	—
7. Acute Poliomyelitis	—	—	—	—	—	—	—	—
8. Measles	—	—	—	—	—	—	—	—
9. Other infective and parasitic diseases	10	2	—	1	—	—	—	—
10. Malignant neoplasm:								
stomach	121	—	—	—	—	—	—	—
11. do. lung bronchus	135	—	—	—	—	—	—	—
12. do. breast	86	—	—	—	—	—	—	—
13. do. uterus	39	—	—	—	—	—	—	—
14. Other malignant and lymphatic neoplasms	433	—	—	2	—	1	2	1
15. Leukaemia, aleukaemia	23	1	—	—	—	—	2	—
16. Diabetes	44	—	—	—	—	—	—	—
17. Vascular lesions of nervous system	811	—	—	—	—	—	—	—
18. Coronary disease, Angina	873	—	—	—	—	—	—	—
19. Hypertension with heart disease	113	—	—	—	—	—	—	—
20. Other heart disease	1066	—	—	—	—	—	—	2
21. Other circulatory disease	208	—	—	—	—	—	1	—
22. Influenza	40	—	—	—	—	—	—	—
23. Pneumonia	241	11	3	4	1	1	—	2
24. Bronchitis	157	1	—	—	—	—	—	—
25. Other disease of respiratory system	38	—	—	—	—	—	—	—
26. Ulcer of stomach and duodenum	35	—	—	—	—	—	—	—
27. Gastritis, enteritis and diarrhoea	22	—	—	—	—	1	1	—
28. Nephritis and nephrosis...	35	—	—	—	—	—	—	2
29. Hyperplasia of prostate...	27	—	—	—	—	—	—	—
30. Pregnancy, childbirth abortion	1	—	—	—	—	—	—	—
31. Congenital malformations	38	10	14	1	2	—	—	2
32. Other defined and ill-defined diseases	362	30	24	3	—	1	2	2
33. Motor vehicle accidents...	50	—	—	1	—	1	1	12
34. All other accidents	106	1	1	1	—	2	—	6
35. Suicide	43	—	—	—	—	—	—	2
36. Homicide and operations of war	2	—	—	—	—	—	—	—
Totals	*5189	56	42	13	3	7	9	31

* including 16 deaths in the Isles of Scilly

IFIED AGES, 1963

5—	35—		45—		55—		65—		75—		Totals	
	F	M F	M F	M F	M F	M F	M F	M F	M F	M F		
—	—	3	3	1	4	—	8	2	3	1	18	7
—	—	—	—	—	1	1	—	—	—	—	1	1
—	—	—	—	—	1	—	—	—	1	1	2	1
—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	1	—	—	2	—	2	—	2	—	9	1
—	—	—	7	3	16	8	19	15	23	28	66	55
—	2	—	14	6	36	6	35	14	17	5	104	31
—	—	6	—	8	—	21	—	33	1	17	1	85
—	—	2	—	3	—	13	—	10	—	11	—	39
4	4	7	16	26	55	39	74	59	71	68	228	205
1	2	—	1	—	5	3	2	2	4	—	15	8
1	—	—	—	1	3	7	3	10	8	11	14	30
1	2	1	9	13	36	38	118	115	192	286	357	454
—	8	1	43	6	131	35	218	106	165	160	565	308
—	—	1	2	2	8	11	15	21	18	35	43	70
1	10	3	11	13	30	34	97	112	306	447	456	610
2	1	1	3	7	18	11	26	27	54	55	103	105
—	—	—	—	1	3	5	3	6	8	14	14	26
—	—	1	1	3	9	6	29	28	45	94	105	136
—	—	1	8	1	20	6	50	17	34	19	113	44
—	2	—	1	—	6	—	13	1	8	7	30	8
—	—	—	2	—	8	2	9	—	9	5	28	7
—	1	—	2	—	2	3	2	2	3	5	11	11
1	2	—	3	2	4	1	8	2	6	3	25	10
—	—	—	1	—	1	—	4	—	21	—	27	—
—	—	—	—	—	—	—	—	—	—	—	—	1
1	—	2	3	1	—	1	—	—	—	—	17	21
2	9	10	5	12	20	27	29	38	56	89	155	207
3	5	1	5	2	6	—	4	1	3	—	40	10
2	8	3	6	3	3	3	7	9	13	32	52	54
1	2	1	4	8	6	3	7	2	3	1	26	17
—	—	—	—	—	1	—	—	—	—	—	1	1
20	58	45	150	122	435	284	782	632	1074	1394	2626	2563

