

**[Report 1964] / Sanitary Committee [- Medical Officer of Health], Cornwall County Council.**

**Contributors**

Cornwall (England). County Council.

**Publication/Creation**

1964

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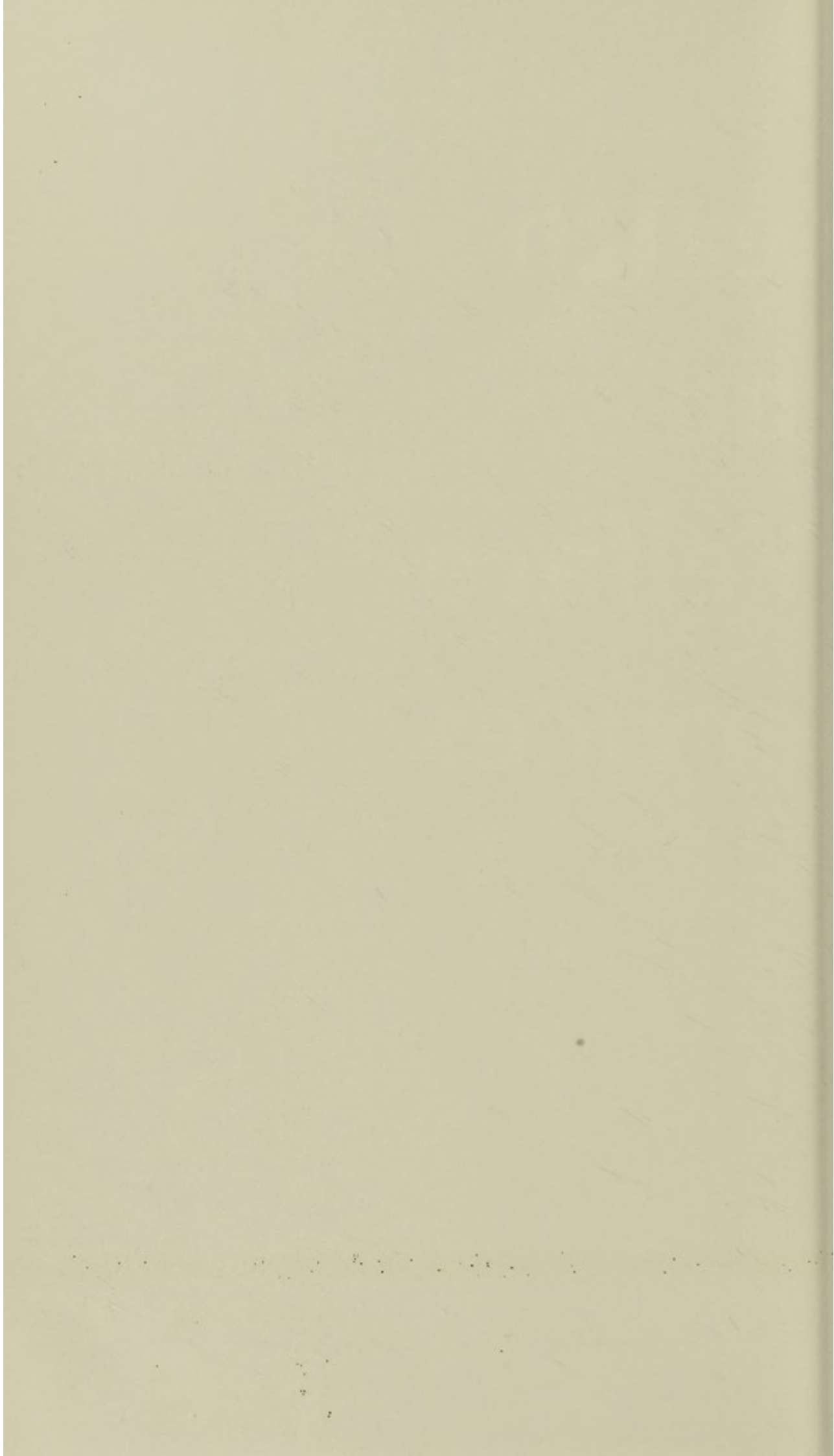
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# Health and Welfare Services

CORNWALL

**1964**



CORNWALL COUNTY COUNCIL

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ANNUAL REPORT  
OF THE  
COUNTY MEDICAL OFFICER  
OF HEALTH  
1964

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

ORIGINAL COUNTY BOOK

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ANNUAL REPORT  
OF THE  
COUNTY MEDICAL OFFICER  
OF HEALTH  
1904

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PRINTED AT THE DISTRICT PRINTING OFFICE

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**HEALTH COMMITTEE**

(as constituted at 31st December, 1964)

**Chairman:**

W. E. MILLER, M.B.E.

**Vice-Chairman:**

W. J. T. PETERS

**Members:**

Major S. E. BOLITHO, M.C.	H. W. HICKS
S. J. L. CHUBB	D. B. E. HOCKING
Dr. D. G. W. CLYNE	H. A. JANE
E. E. CORY	E. G. LILLEY
Mrs. K. DALE	J. C. PENBERTHY
T. B. EDDY	D. L. C. ROBERTS
F. EDE	R. F. SMITH
A. G. F. FARQUHAR, O.B.E.	J. M. TAMBLYN
F. G. FORD	Mrs. E. V. TOWNSEND
Mrs. L. GARSTIN	Mrs. D. E. TREFFRY
W. F. GLUYAS	Mrs. M. F. WILLIAMS, O.B.E.
F. L. HARRIS, O.B.E.	P. M. WILLIAMS, O.B.E.
J. H. HAWKEN	Mrs. D. M. WILLS

**Representatives of Area Sub-Committees:**

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

**Co-opted Members:**

Dr. D. HOOKER	... British Red Cross Society
Dr. W. L. STEWART	... St. John Ambulance Brigade
Dr. E. TOWNSEND	... Local Medical Committee

**Ex Officio:**

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



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

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

To the Chairman and Members of the Cornwall County Council.  
Ladies and Gentlemen,

I have the honour to present the Annual Report on the health of the County of Cornwall for the year 1964. It has been a year of progress in many directions, but there are some less favourable features which require comment.

During the year, as is inevitable, there have been a number of staff changes—some of note being the retirement of Mrs. E. L. Crothers, the County Home Help Organiser, owing to ill health, and the recruitment to the County Staff of Dr. T. D. Lewis as Deputy County Medical Officer, and Dr. N. Eyles as Assistant Medical Officer dealing with Maternal and Child Health. Mrs. Crothers had been responsible for the organisation of the Home Help Service since 1948, and her retirement was a considerable loss. Happily it has been possible for Mrs. Crothers to continue in an associated field so that the County is still benefiting from her skill and experience.

During 1964 the birth rate rose and the death rate fell—both desirable features. The maternal mortality rate apparently doubled, but when one realises this means two mothers in place of one, the effect of chance upon such small figures becomes evident. The infant mortality rate also rose slightly—but this again is well within the range of chance variation and the 5-year trend is still set in the right direction.

However, there is in the County concern regarding the number of stillbirths and the deaths of infants in the first weeks of life. The number of stillbirths fell in 1964, but the peri-natal mortality rate remains above that of England and Wales as a whole. Many of these deaths were unavoidable, but in an attempt to decide what measures were possible to improve the position, a series of regular meetings have been held and appropriate recommendations circulated to those concerned.

During 1964 the proportion of mothers delivered in their own homes fell from 44.5% to 40.6%, a figure still higher than that for many other areas. There is no doubt that with the opening of new maternity units at Penzance and St. Austell, and the projected unit at Truro, there will be an acceleration of the trend towards hospital confinement in future years. Paradoxically, this is likely to present serious difficulties to the home midwifery service, for in a rural county midwives have to travel long distances, particularly when they are relieving their colleagues' work in neighbouring areas at times when they are on holiday or unfit. Any reduction in the demand for domiciliary midwifery, and so in the long run of the number of domiciliary midwives, will render each midwife more inaccessible while travelling about her duties over an extended geographical area.

It is obviously desirable that mothers who require hospital confinement because of their medical condition should be able to obtain this, but in cases where the mother's health and social conditions are suitable for home confinement, this can be a more satisfactory method from the psychological viewpoint. The psychological aspects of pregnancy and childbirth are important for the happiness of mothers, and many of the County's midwives recently had the opportunity, in company with hospital staff, of receiving a course of lectures on the French psycho-prophylactic approach.

Arrangements were made for a course of lectures to the nursing staff to be given by Professor Sir Alexander Ewing and Lady Ewing on the early detection of deafness in young children. It has been possible to increase the number of tests given to infants, and as a result, 86 children were referred to a special assessment clinic. However, other than these new features, it is pleasing to note that the mothers of the County apparently found the services of the Infant Welfare Clinics to be of help to them—so much so that three new Clinics were opened during the year and the attendances at the Clinics of children under one year of age rose very substantially.

The table in the report on page 17 lists the chief causes of death at all ages, and it is noteworthy that there was a reduction under every heading compared to 1963. One interesting feature was the reduction in the number of deaths from tuberculosis to 19, the lowest ever recorded. Only 10 years ago this figure was 55. While this is most encouraging, there are still substantial numbers of new cases of tuberculosis being discovered annually, although this figure too is declining, particularly in young women. There remains, however, a substantial incidence of the disease, particularly among middle-aged and elderly men. To ensure early detection of this condition, arrangements have been made for a review of the visits of the Mass Radiography Service so as to arrange more frequent visits to the County, in order that those with a "chronic smoker's cough" can more easily obtain an x-ray examination. Undoubtedly one of the reasons for this happier position is the campaign of B.C.G. vaccination against tuberculosis among school children. The very success of the scheme has made it even more important for children to receive this protection, for now only a very few of the teenagers have acquired immunity to the disease.

While deaths from cancer fell slightly, the number of lung cancer deaths stayed virtually constant. Now that the association of this condition with smoking has been proclaimed by so many enquiries, one would have thought that there would have been a marked decrease in the tobacco habit. However, the consumption of tobacco continues to rise, and while the association is most strongly linked with cigarettes, the pipe and cigar smokers run a risk half of that of their cigarette

smoking brethren—a risk still far above that of the non-smokers. Government action is projected to stop cigarette advertising through the television medium, but to alter this addiction to nicotine radically, a campaign is needed on the scale and with the subtle persuasive techniques of the commercial advertising world. Occasional talks, leaflets or posters can have little weight balanced against the social habits of generations. The message must be repeated as often and as convincingly as those of the advertisers who have planted in our minds the messages that “. . . . is good for you” or “What we want is . . . .”

Towards the end of the year the arrangement whereby the County Nursing Association acted as agent for the County Council came to an end. This scheme had been in operation since the Appointed Day in 1948, when the Association was responsible for the provision of Nurses, their housing, garages and originally for provision of cars. The County has now undertaken this work directly, but we remain sincerely grateful for the long and devoted voluntary work of the Association. Its work has not come completely to an end for there is still much to be done in the field of Nurses' welfare. There are many elderly retired Nurses whose pensions are far from adequate in this present era of inflation and for whom the Association can provide much needed assistance.

Another of the voluntary bodies which is providing valuable help in the County is the Hospital Car Service. Once again this year there has been an increased demand on the Ambulance Service and once again it has been possible for the Hospital Car Service to free ambulances to carry the patients for whom stretchers were essential, or who needed some special facility. More important still, this Service ensures that the Ambulance Service can provide the maximum cover for accidents and emergencies. The Ambulance Service was significantly improved in this respect during the year by the extension of the radio control arrangements to the night-time Fire Brigade Control.

One of the serious problems in the County is that connected with the care of the elderly. Although there were at the end of 1964, 817 old persons in the care of the County Council, and a programme of 12 Old Persons' Homes to be completed within the coming 10 years, the urgent waiting list of 280 old persons is a source of disquiet. This is all the more serious in that of the projected new Homes, 5 are designed to replace existing old “institutions” which are inconvenient and uneconomic to run. Certainly the old people in the existing homes are happy and well cared for; and the two special homes, “The Green” for the mentally senile, and Blackwood House for the elderly frail, have run smoothly.

However, the policy of the County Council has always been to encourage old people to remain in their own homes. There is everything in favour of such a policy since it is that which usually coincides with the wishes of the old people, and helps to keep them in touch with friends and relatives, but there does come a stage when owing to infirmity, some other assistance is required. The section of the report dealing with the Home Help Service shows that almost 1,500 households were helped by this Service, and of these almost 1,000 of the households assisted were for people over the age of 65. This was an increase of 100 households with aged persons during the year, and it is only by this provision, coupled with the work of the domiciliary Nursing Service, the 10,000 visits paid by the Health Visiting Service and assistance from Voluntary Services, that kept the waiting lists for the Homes for the Aged, and Chronic Sick Hospitals, down to their present levels. The employment of 340 Home Helps (the equivalent of 140 whole-time workers) is an expensive matter, but it is obviously sensible to expand this Service, both from the economic and humanitarian viewpoints, if it can reduce the need to take old persons into residential homes.

One other provision in this field must be mentioned—the scheme of grants to Housing Authorities who provide special welfare facilities in connection with old persons' housing. During the year an additional 100 housing units qualified for this grant, and it was encouraging to note that many areas were providing in addition to the basic warden service and call-bell facilities, such extras as a gardening service, internal telephone, a decorating service and window cleaning. These schemes are excellent for those old people who, while able to care for themselves—possibly with some assistance from the Home Help Service—need to have someone close at hand whom they can call in case of need.

The outstanding features of the Mental Health Service during the year was the opening of the Junior Training Centre and Hostel at St. Blazey for mentally backward children. This is the County's first children's hostel provided by the Mental Health Service, and is serving a valuable function in allowing children to have the benefit of training who otherwise would have found it difficult to reach a centre daily by reason of geography. This new Centre has now brought the provision up to 120 places for adults and 120 places for children in the County Training Centres, but already the Curnow Centre is full so that further development at Redruth is proposed over the next few years. The hostels have all run smoothly and have been the subject of much favourable comment from many visitors. As always the Service has benefited greatly by the close liaison with the Voluntary Associations in East and West Cornwall.

There was another "first" this year—the first year that all schools in Cornwall have been supplied with pasteurised milk. From the aspect of safety, such milk is preferable to untreated milk which is still sold by many producer-retailers. There is in the body of the report mention of the prevalence of Brucellosis among cattle in the County—a problem which is found in every part of the country, and one which can only be eventually solved by an eradication campaign among cattle. However, in the meantime regular milk sampling is carried out for this condition, and any milk found to be affected is rendered safe by pasteurisation. Safety coupled with the better keeping qualities of pasteurised and sterilised milk should make these "best buys" for every household.

A foreword cannot cover every aspect of a report and for those interested there is a wealth of useful information in the facts given in the following pages. These facts record the loyal and faithful service given by the employees of the Health Department, medical, nursing, technical, administrative and clerical. To each one of these I accord my sincere thanks for their diligence and loyalty during the year. In addition, thanks are due to the many Voluntary Bodies who assisted the work of the Department, and the other Chief Officers of the County Council who have shown me so much kindness.

Once again I must record the debt of gratitude which I owe to the Chairman and Members of the County Health Committee for the enthusiastic and understanding spirit with which they have received every suggestion put forward to improve the Health Services of the County. This has greatly eased each problem so that the outlook is bright for the progress of the County's Health Services.

I am,

Your obedient Servant,

H. BINYSH,

County Medical Officer.

County Hall,  
Truro.  
August, 1965.

# CORNWALL COUNTY COUNCIL

## REPORT OF THE COUNTY MEDICAL OFFICER OF HEALTH FOR THE YEAR 1964

### PUBLIC HEALTH OFFICERS:

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

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

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

T. D. LEWIS, M.B., B.S., D.P.H. (Comm. 9.3.64)

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

NULECE EYLES, M.B., Ch.B., D.P.H. (Comm. 5.3.64)

**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. McGOVERN, M.B., B.Ch., D.P.H.

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. (Left 21.10.64)  
 MARGOT M. COOK, M.D., D.T.M. & H.  
 NANCY E. HEAD, M.B., B.Ch.  
 MAIR L. JENKINS, B.Sc., M.B., B.Ch.  
 D. M. McCARTHY, L.R.C.P. & S., L.M., D.P.M. (Comm. 1.9.64)  
 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.  
 \*J. REED, M.B., Ch.B., B.Sc., D.P.H.  
 D. T. M. SMITH, M.B., B.S.  
 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.  
 K. J. CAWLEY, L.D.S. (Comm. 8.3.64)  
 R. A. CURRIE, L.D.S.  
 R. E. EYLES, L.D.S. (Comm. 30.9.64)  
 Mrs. M. E. GOODYEAR, L.D.S.  
 W. A. GRUNWELL, L.D.S.  
 R. H. HAMLYN, L.D.S. (Left 10.7.64)  
 J. E. KENNY, L.D.S.  
 J. M. WADDAMS, B.D.S. (Comm. 2.11.64)  
 D. J. WHEELER, B.D.Sc.

Part-time:—

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

**Dental Auxiliary:**

Miss H. J. ADAMS, G.D.S. Proficiency Cert. (Left 29.2.64)  
 Miss B. C. GODOLPHIN, G.D.C. Proficiency Cert (Comm. 7.9.64)

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



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

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

**Assistant County Nursing Officers:**

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

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

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

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

**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 Adviser**

Mrs. 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. (Left 3.5.64)

T. C. W. STANTON, Dip. Sociology (Comm. 24.7.64)

**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., Dip. Child Psych. (Left 31.12.64)

F. L. WYATT, B.Sc

**Child Guidance Social Worker:**

Miss M. DEACON, Dip. Social Admin., Dip. Applied Social Studies  
(Comm. 23.11.64)  
Miss M. J. HOSKING

**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. (Left 29.2.64)  
Miss D. J. BLIGHT, Dip. Institute of Home Help Organisers  
(From 9.4.64)

**Assistant County Home Help Organiser:**

Miss D. J. BLIGHT, Dip. Institute of Home Help Organisers  
(To 8.4.64)  
Mrs. J. STEPHENS, Dip. Institute of Home Help Organisers  
(From 1.6.64)

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

K. R. C. MARTIN, F.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 1964 (R.G.'s mid-year estimate) ...	344,880
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 ... ..	£10,317,566
Sum represented by 1d. rate ... ..	£41,069

The Registrar-General's mid-year estimate of the population for the Urban and Rural areas during each of the five years 1960-64 is shown in the following table:—

	1960	1961	1962	1963	1964
Urban Districts ..	187,460	188,300	190,790	192,390	195,130
Rural Districts ...	149,650	145,400	148,320	148,720	149,750
Administrative County ...	337,110	333,700	339,110	341,110	344,880
Increase or decrease over previous year ..	—470	—3,410	+5,410	+2,000	+3,770

Table I at the end of the Report shows the estimated population and number of births and deaths for 1964 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 ... ..	2,650	2,421	5,071
Illegitimate ... ..	146	174	320
Total ... ..	2,796	2,595	5,391

Birth rate per 1,000 of the population ... 15.63

**Infant Mortality**

There were 111 infant deaths registered during the year, giving an infant mortality rate of 20.59 per 1,000 live births. This compares with a rate of 18.69 in 1963.

Chief Causes of death at all ages	1963	1964
Disease of Heart and Blood Vessels ...	2,260	2,077
Cancer ... ..	814	799
Vascular lesions of nervous system ...	811	727
Respiratory disease ... ..	476	396
Suicide and deaths from violence ...	151	148
Motor vehicle accidents ... ..	50	41
Tuberculosis ... ..	27	19

**Deaths from Heart Disease**

Age Group	Urban Districts		Rural Districts		Total
	M.	F.	M.	F.	
Under 1 ...	—	—	—	—	—
1 — 5 ...	—	—	—	—	—
5 — 14 ...	—	—	—	—	—
15 — 24 ...	—	—	—	—	—
25 — 34 ...	—	—	1	—	1
35 — 44 ...	7	1	9	1	18
45 — 54 ...	21	8	26	2	57
55 — 64 ...	110	58	83	26	277
65 — 74 ...	183	124	118	87	512
75 and over ...	238	390	182	209	1,019
	559	581	419	325	1,884*

\* including 7 deaths in the Isles of Scilly.

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

Age Group	Male	Female	Total
Under 1 ... ..	66	46	112
1 — 4 ... ..	10	16	26
5 — 14 ... ..	7	9	16
15 — 24 ... ..	26	9	35
25 — 34 ... ..	21	15	36
35 — 44 ... ..	45	35	80
45 — 54 ... ..	135	96	231
55 — 64 ... ..	433	274	707
65 — 74 ... ..	719	563	1,282
75 and over ...	936	1,304	2,240
	2,398	2,367	4,765*

\* including 15 deaths in the Isles of Scilly.

Still Births				Male	Female	Total
Legitimate	...	...		45	59	104
Illegitimate	...	...		6	1	7
				<hr/>	<hr/>	<hr/>
Total	...	...		51	60	111
				<hr/>	<hr/>	<hr/>

Still birth rate per 1,000 total births ... 20.18

The Birth Rate of 15.63 compares with a rate of 15.21 in 1963. The following are the rates for recent years:—

				Cornwall	England & Wales
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	18.2
1964	...	...	...	15.6	18.4 prov.

#### Deaths and Death Rate

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

Males	...	...	...	2,389
Females	...	...	...	2,361
				<hr/>
Total	...	...	...	4,750
				<hr/>

This gives a death rate of 13.8 compared with a rate of 15.2 in 1963. The following are the death rates for recent years:—

				Cornwall	England & Wales
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	12.2
1964	...	...	...	13.8	11.3

## 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	18,950
		St. Ives M.B.	4,287	8,680
		St. Just U.D.	7,634	3,570
		West Penwith R.D.	59,792	17,250
			<hr/> 74,868	<hr/> 48,450
2	Rectory Road, Camborne.	Helston M.B.	4,014	7,840
		Camborne-Redruth U.D.	22,062	36,700
		Kerrier R.D.	90,839	22,520
			<hr/> 116,915	<hr/> 67,060
3	The Leats, Truro.	Falmouth M.B.	1,880	17,320
		Penryn M.B.	829	4,830
		Truro City	2,634	14,240
		Truro R.D.	108,316	27,880
			<hr/> 113,659	<hr/> 64,270
4	Moorland Road, St. Austell.	Fowey M.B.	2,979	2,290
		Lostwithiel M.B.	3,156	1,900
		Newquay U.D.	4,599	11,530
		St. Austell U.D.	18,379	25,500
		St. Austell R.D.	82,389	21,870
			<hr/> 111,502	<hr/> 63,090
5	Brooklyn, Wadebridge.	Bodmin M.B.	3,312	6,630
		Padstow U.D.	3,343	2,590
		Wadebridge R.D.	88,230	14,600
			<hr/> 94,885	<hr/> 23,820

Area No.	Area Office Address	County Districts	Area in Acres	Estimated Population
6	Launceston	Launceston M.B.	2,180	4,550
		Bude-Stratton U.D.	4,296	5,110
		Camelford R.D.	52,544	6,960
		Launceston R.D.	73,042	5,960
		Stratton R.D.	56,220	4,790
			<hr/>	<hr/>
			188,282	27,370
			<hr/>	<hr/>
7	Westbourne, Liskeard.	Liskeard M.B.	2,704	4,530
		Saltash M.B.	5,386	7,720
		Looe U.D.	1,691	3,940
		Torpoint U.D.	988	6,710
		St. Germans R.D.	48,533	14,490
		Liskeard R.D.	104,803	13,430
			<hr/>	<hr/>
			164,105	50,820
			<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 1963 so that valid comparisons may be made.

The long awaited welcome appointment of a full-time Paediatrician to the West Cornwall Hospital Management Committee took place in November, 1963, Dr. N. T. Jaco has now been in West Cornwall for a year and has given invaluable talks and clinical instruction to groups of School Doctors, District Nurses and Health Visitors during this time. Close liaison with the department has been developed and maintained.

#### Ante-natal Care

As in previous years, ante-natal clinics for the care of expectant mothers are held by the Regional Hospital Board in the larger urban areas. These clinics being staffed by hospital consultants. In addition ante-natal clinic sessions are held by the midwives in conjunction with G.P. obstetricians.

At 250 clinic sessions, 301 women have attended, making 1,799 attendances in all. Some ante-natal care is carried out by the domiciliary midwives for their own patients in Local Authority premises or in some instances at the surgery of the local G.P. at his request. These clinics are mainly educational, with instruction in mothercraft, relaxation, physiology, preparation for labour etc. and is given to small groups. It is found that the mothers gain great benefit from these meetings and come to look upon them not only as educational sessions, but as a social outing. The number of classes obviously varies from time to time in any one area, being dependant on the demand. During the year, 1,107 women made 5,431 attendances. Ante-natal mothers also attend mothers clubs together with mothers of infants and toddlers. At these groups, health topics are discussed and a programme of talks and films by experts is organised. Again it is found that the mothers participate in the discussion quite informally and by this form of education many of the long standing prejudices on child birth and child behaviour are being slowly removed.

#### Maternity Accommodation

Maternity beds are provided by the Regional Hospital Board to all women who need beds for medical reasons and the mothers are referred by their own doctors direct to consultant obstetricians, but a patient whose home is considered unsuitable on social grounds for domiciliary confinement may be referred through the County Medical Officer for delivery at a maternity home. The New Maternity Unit at St. Austell (24 beds) was opened in September. 70 confinements took place there up to the end of the year. What the eventual effect will be on the domiciliary midwifery service in the St. Austell area by the provision of these beds is still a matter of conjecture, and until the home has been running for a full year, it is impossible to draw any definite conclusions.

The following table shows the number of expectant mothers recommended for beds on social grounds by the department during the year and as compared with 1963:—

	1964	1963
Redruth Hospital ...	—	1
Old Tree Maternity Home ...	213	186
Trebarras Maternity Home ...	141	148
Tavistock Maternity Home ...	81	107
Devonport Maternity Home ...	45	54
Alexandra Maternity Home ...	11	12
West Cornwall Hospital ...	—	23
	—	—
	491	531
	—	—



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

Year	Total No. of births notified	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
1964	5545	40.6	58.3	1.1

#### 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 Cornwall Social and Moral Welfare Association, has, under delegated powers, acted in the supervision of unmarried mothers and Mother and Baby Homes for Cornish and Out County girls. The actual grant from the County Council has given considerable financial aid to the Association in the maintenance of their work during the years. Unfortunately however, due to growing dilapidation and need for remodernisation of the Rosemundy Home at St. Agnes which provided 15 beds for the young unmarried mother, it was found that the home had to be closed in June, 1964, since which time the girls have been mainly sent out of the County to various other Mother and Baby Homes, consequently, the number of admissions during the 6 months that Rosemundy was running was only 22.

The hostel for Unmarried Mothers, Morwenna, Penzance, which is run by the West Penwith Association for Girls Welfare has continued as usual with 46 admissions; 32 Cornish and 14 Non-Cornish.

#### Puerperal Pyrexia

There were 38 notifications, 35 in hospital and 3 in domiciliary practice. However, a further 18 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 two cases notified during the year both recovered without impairment of vision.

One case of Retrolental Fibroplasia was reported during the current year in a child aged 2 years.

### Maternal Mortality

There were two deaths assigned by the Registrar General as being due to childbirth, giving a maternal mortality rate of 0.36 per 1,000 total births.

The following table shows the rates for recent years:—

Year	Total Maternal Deaths	Maternity Mortality Rates		
		Annual Cornwall	Quinquennial	Annual England & Wales
1955	2	0.44	0.82	0.59
1956	8	1.65		0.52
1957	2	0.41		0.45
1958	4	0.81		0.43
1959	4	0.81		0.38
1960	3	0.6	0.47	0.39
1961	5	1.01		0.33
1962	1	0.19		
1963	1	0.19		
1964	2	0.36		

### Toxaemia of Pregnancy

Toxaemia is still the cause of many still-births and much infant morbidity. Complete rest in bed is still maintained to be one of the main factors in the management of patients at certain stages of this condition and the provision of free home help services has proved to be of great assistance in many cases. 22 cases were served during the year (all these mothers had live infants). However, this home help service should not be allowed to minimise in any way the urgent need for the provision of adequate numbers of ante-natal beds for these cases in the County.

### 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. A committee consisting of Consultant Obstetricians, G.P. Obstetricians, Midwifery Superintendents of

Maternity Units in the West Cornwall Clinical Area and Health Department staff has been meeting regularly to try to assess methods of improving the future maternity services of the County and this point has been discussed on several occasions. The need for more Ante-natal beds has also been at the forefront of these discussions.

This committee was set up as the result of the statistical information given in the Report for 1963, when it was found that the perinatal rate in the West Cornwall Clinical Area was in excess of that for the East Cornwall Clinical Area (see section under Perinatal Mortality).

Towards the end of the year the South Western Regional Hospital board carried out an independent survey of the whole of the Maternity Services in the West Cornwall Clinical Area including maternity bed requirements, midwifery staffing, medical cover and perinatal mortality, and also included the domiciliary maternity services.

The report of this survey is awaited.

In 1964 115 babies died during their first year, compared with 95 in 1963. This gives an infant mortality rate of 21.3 (18.4) per 1,000 live births.

Of the 115 babies who died, 63 had been prematurely born. 5 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		24.9
1956	23.2	} 22.2	23.8
1957	24.8		23.0
1958	19.3		22.2
1959	16.9		22.0
1960	18.2		22.0
1961	21.6	} 20.0	21.0
1962	20.4		21.6
1963	18.6		20.9
1964	21.3		20.0

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

	Neo-natal Deaths (under 4 weeks)		
	Premature	Full Term	Total
Difficult Labour and Birth Injury ...	7	5	12
Gross Prematurity ...	29	—	29
Congenital Abnormalities ...	10	10	20
Respiratory distress syndrome of the new-born ...	2	—	2
Associated with pre-eclamptic Toxaemia, A.P.H., Placental abnormalities, Occlusive pressure on cord ...	3	—	3
Rhesus Incompatibility ...	2	—	2
No ante-natal Care ...	—	1	1
Atelectasis ...	6	5	11
Infection ...	—	3	3
Other causes ...	—	1	1
Unknown ...	—	—	—
Total ...	59	25	84

31 infants died after the age of 1 month, but before 1 year. (33 in 1963 and 27 in 1962). Only 5 of these infants were prematurely born.

	Infant Deaths (over 4 weeks)		
	Premature	Full Term	Total
Difficult Labour and Birth Injury ...	—	1	1
Congenital Abnormalities ...	1	12	13
Infection ...	4	7	11
Other causes ...	—	6	6
Total ...	5	26	31

**Deaths of Children (1—4 years)**

There were 26 deaths in this group. The causes were:—

Meningococcal infections	...	1
Other malignant and lymphatic neoplasms	...	1
Leukaemia, aleukaemia	...	1
Pneumonia	...	6
Gastritis, enteritis and diarrhoea	...	3
Congenital malformations	...	2
Other defined and ill-defined diseases	...	4
Motor vehicle accidents	...	3
All other accidents	...	5
		26
Total	...	26

**Stillbirths**

There were 113 stillbirths in 1964 (117 in 1963), giving a rate of 20.4 (22.2 in 1963).

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
1955	... 129	28.8	} 27.7	23.1
1956	... 132	27.6		23.0
1957	... 148	30.1		22.4
1958	... 129	26.1		21.6
1959	... 127	25.8		20.8
1960	... 98	16.95	} 21.6	19.7
1961	... 120	25.13		19.0
1962	... 125	23.5		18.1
1963	... 117	22.2		17.3
1964	... 113	20.4		

**Perinatal Mortality**

The number of babies dying during the first month of life was 84 and of these 71 died in the first week.

These early neo-natal deaths (i.e. deaths in the first week of life) are linked with stillbirths to give the perinatal mortality rate. 71 (53) infants died in the first week of life, together with 113 stillbirths, making a total of 184 (170).

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
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	38.0	32.0
1962	125	65	190	35.7	30.8
1963	117	53	170	32.2	29.3
1964	113	71	184	33.2	

The causes were:—

	Stillbirths		First week deaths		Totals	
	Pre- mature	Full Term	Pre- mature	Full Term		
Difficult labour and birth injury	...	5	18	7	5	35
Gross Prematurity	...	—	—	23	—	23
Congenital Abnormalities	...	12	3	8	6	29
Respiratory distress syndrome of the newborn	...	—	1	2	—	3
Associated with pre-eclamptic toxaemia	}	26	17	3	—	46
Ante-partum haemorrhage						
Placental abnormalities						
Occlusive pressure on cord	...	3	2	2	—	7
Rhesus Incompatibility	...	—	—	—	1	1
No ante-natal care	...	2	—	—	—	2
Illness of mother or infant	...	—	4	6	5	15
Atelectasis	...	—	—	—	1	1
Infection	...	—	—	—	1	1
Other causes	...	—	—	—	1	1
Unknown	...	13	7	—	—	20
		61	52	51	19	183
		113		70		

The comparative perinatal mortality rates for East Cornwall and West Cornwall Clinical Areas are:—

	1962	1963	1964
West Cornwall ...	37.4	34.7	35.01
East Cornwall ...	29.0	21.9	22.4

During the latter half of the year special confidential investigations were carried out on all stillbirths and early neo-natal deaths immediately after the occurrence by the Deputy County Medical Officer and Assistant Medical Officer for Maternity and Child Welfare with the help of the Consultant Obstetricians, and General Practitioners and midwives concerned. Case summaries of these reports were considered in detail at the regular meetings of the special committee referred to earlier in the report. It is hoped by this means that it may be possible to trace preventable factors and so eventually to lower the perinatal mortality rate throughout the county.

#### Premature Babies

51% (58) of the 113 stillbirths and 76% of the early neo-natal deaths were prematurely born.

A second portable oxygenaire incubator was purchased in June and installed at the Gloweth Ambulance depot, Truro to serve the Western Area of the County. During the six months to the end of the year, it was used seven times.

The existing incubator stationed at Liskeard was used 11 times during the year.

In addition the specially designed carrycots and equipment are maintained in the Health Areas for nursing premature babies at home.

Although 51% of stillbirths were premature in 1964, only 67% of the live births were 5½ lbs. or less and of these 83.6% survived. The rate of survival ranged from 39% in babies under 3¼ lbs. to 94% in those over 5 lbs. at birth.

The table shows the place of birth of premature babies.

Place of Birth	Total live Births	Neo-natal Deaths	Stillbirths
Hospital ...	244	42	49
Home or Nursing Home and nursed there entirely ...	93	4	9
Home and transferred to hospital...	28	8	—
	—	—	—
	365	54	58
	—	—	—

### 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 42 centres (39 in 1963). Centres were opened during the year at Troon (Nr. Camborne), Charlestown (St. Austell) and the centre at Delabole which was closed in 1959 was reopened in October, 1964. A total of 1,203 sessions was held during the year, 849 by Medical Officers and 354 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. One further case was discovered in November, 1964, and with the three cases found in 1960 have continued on medical treatment and supervision.

A scheme whereby Health Visitors carried out the initial screening test on infants suspected of impaired hearing was inaugurated during the year. Where a hearing defect was confirmed or if the Health Visitor was doubtful of the result, the Health Visitor referred the case to the school doctor or to the Senior Medical Officer for Maternity and Child Welfare.

The latter carried out screening sessions at various clinics as required throughout the county in the company of the Education Department's peripatetic teacher of the deaf. A total of 86 children was seen during the year in this way.

An interesting case of Waardenburg Syndrome was discovered in a two year old child, who had marked deafness with some low tone hearing only. He has been supplied with a hearing aid and co-operates very well in the use of the Linco Speech Training Unit. Daily lessons are being given him via this unit by his mother.

Number of children who attended Centres ...	6,808	(6,277)
Number of attendances under 1 year ...	25,042	(20,530)
Number of attendances over 1 year ...	14,118	(13,280)
Total number of attendances ...	39,160	(33,810)

### Handicapped Young Children

The register of handicapped children was decentralised to the seven Health Areas during the year. It was felt that the local knowledge of the families concerned together with the detailed information relating to the children, to which is added from time to time further detail as reports come



in, should be available to the local field staff so that extra supervision and help where necessary can be given, and the parents advised

Upon the child reaching the age of 2 years the information is given to the School Health service to prepare for any special Education facilities which may be needed.

On 1st January the Ministry of Health and the General Register Office sought the assistance of local Health Authorities in the reporting on congenital malformation observed at birth.

The following table shows the numbers of defects reported in each health area during the year.

Defects Observed	Area							Total
	1.	2.	3.	4.	5.	6.	7.	
Central Nervous System ...	2	9	6	1	2	—	—	20
Eye, Ear ...	—	5	1	7	1	—	2	16
Alimentary System ...	8	3	3	2	—	2	6	24
Heart and Great Vessels ...	1	2	1	4	2	—	1	11
Respiratory System ...	1	—	2	—	—	—	—	3
Uro-genital system ...	6	5	1	—	3	—	1	16
Limbs ...	13	20	12	13	6	—	5	69
Other Skeletal ...	1	—	2	—	—	1	—	4
Other systems ...	10	7	11	5	2	0	4	39
Other Malformations ...	5	3	—	1	1	—	3	13
Total ...	47	54	39	33	17	3	22	215
No. of children ...	35	46	34	28	7	2	19	171

#### Accidents to Young Children

8 children under 5 died as the result of accidents during 1964 of which 3 were as the result of a motor accident.

Reports were received on 228 other young children admitted to hospital as the result of accidents:—

Head injuries ...	34
Limb Injuries, fractures and severed tendons ...	91
Burns and Scalds ...	20
Swallowing of poisons or foreign bodies ...	67
Soft tissue injuries (including embedding of foreign bodies in soft tissues) ...	16
	228

#### Family Planning Clinics

Clinics continue to be held in County Council Clinics at Penzance, Redruth, Falmouth, Truro, St. Austell, Wadebridge and Launceston.

Towards the end of the year the clinics at Redruth and Launceston started sessions for advice and fitting of intra-uterine devices and the County Council authorised the payment of the whole or part of the fees for mothers who were unable to afford them. Satisfactory liaison and co-operation continue to be maintained by the Family Planning Association and the Department.

### Welfare Foods

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

	Nat. Dried Milk (Tins)	Cod Liver Oil (Bottles)	Vitamin Tablets (Tablets)	Orange Juice (Bottles)
1960 ...	119,485	19,172	13,628	128,899
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
1964 ...	94,910	6,339	6,052	74,649

All issues once again show a drop, with the exception of orange juice which seems to be regaining some of its popularity as a children's drink. In spite of the influx of summer visitors however, issues in the summer months do not increase to any noticeable extent.

The continued fall in the issue of National Dried Milk can be ascribed to a number of reasons, but mainly the ability to obtain liquid milk at a cheaper rate in place of the dried milk; and the sale by voluntary workers of certain proprietary dried milk foods at some Clinics.

However, it has invariably been found that where shops take over the issues from the clinic centres with limited opening times, the issues of all products increases considerably.

The changed administrative arrangements detailed in my last report continued to function smoothly.

During the year seven centres were closed and six opened. At the end of the year there was a total of 142 centres.

Once again it is with great pleasure that I offer sincerest thanks to the good ladies of the Womens Voluntary Service and to the shop-keepers who carry out the distribution on our behalf, and without whom it would be impossible to provide so efficient or convenient a service for the public.

### 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 . . . . . ”

From 14th May 1964 when the Nursing Homes Act 1963 came into operation, the Voluntary Hospital, St. Michael's at Hayle, was registered as a Nursing Home.

Tremorvah Redruth, which had been a registered Nursing Home for over 30 years was closed by the owners and is now an old persons' home.

The following shows over the past 4 years the number of homes and beds registered at the end of each year.

Number open at end of year			Total	Beds	
				Maternity	Other
1961	...	5	41	12	29
1962	...	6	77	12	65
1963	...	5	70	12	58
1964	...	6	168	12	156

#### Nurseries and Child Minders Regulations Act, 1948

Although little change appears in the number of day nurseries registered, the number of Child Minders continues to grow.

In an effort to ensure that a reasonable standard of accommodation, facilities and staff were maintained, the Council revised and brought up to date the standards required for registration.

The numbers registered at the end of each of the past five years is shown in the table below:

Health Area	Nurseries		Child Minders		
	No. Registered at end of Year	No. of children	No. Registered at end of year	No. of children	
1.	...	3	51	1	10
2.	...	3	82	6	37
3.	...	1	30	4	28
4.	...	3	64	2	14
5.	...	1	30	—	—
6.	...	—	—	2	20
7.	...	1	20	3	34
Total :					
1964	...	12	227	18	143
1963	...	11	256	12	100
1962	...	4	65	12	106
1961	...	4	65	3	15
1960	...	4	35	2	15

## Health Education

The Central Council for Health Education presented a 2 day "In Service" course for Nursing Staff and Home Helps early in the year. These periodic visits from professionals in the field of Health Education do much to stimulate the Nursing Staff in their daily task of group teaching in schools and clinics.

The Deputy County Nursing Officer became responsible for the encouragement of Health Education amongst the Health Visitors and a scheme of monthly subjects was introduced. At each monthly meeting of the Assistant County Nursing Officers the topic for the month following is discussed and decided upon. Leaflets and posters are then made available throughout the County in time for a concentrated effort.

Members of the Medical and other staff of the Department continue to be in demand as speakers to various organisations and the film strip library (which was overhauled and brought up to date during the year) together with the sound film projector continue to be used very extensively.

## THE NURSING SERVICE

### REPORT OF THE COUNTY NURSING OFFICER

After sixty-seven years of devoted work, on the 16th July, 1964 the Cornwall County Nursing Association ceased to act as agent for the Cornwall County Council. Originally the County Nursing Association, with the local District Nursing Associations, were responsible for the whole of the domiciliary nursing service in Cornwall. On the 5th July, 1948 the Committee continued to work for the Cornwall County Council, looking after the nurses houses, furnishings, garages and cars etc. Later a Transport Officer was appointed to organise and service the cars.

By 1964 some nurses had provided their own homes, and in many cases furnished for themselves, so by mutual agreement direct responsibility has been assumed by the Cornwall County Council for all matters relating to the domiciliary service. The thanks of all of us who benefitted under the former County Nursing Association go once again to the members who gave their time so unstintingly.

There has been a reduction in the number of Assistant County Nursing Officers in post, with one Assistant County Nursing Officer covering Truro Area plus Camborne Redruth Urban Area, and the Penzance Assistant County Nursing Officer also covering Kerrier R.D.C. and Helston. This is a trial arrangement, but not an easy one as the two Assistant County Nursing Officers concerned both have to visit Camborne H.A.O., divide the work, and both report to the Assistant County Medical Officer. However, thanks

to the good relationships of all concerned, matters are running fairly smoothly.

All the Assistant County Nursing Officers are extremely busy, and, of course, do practically no field relief work now.

There is no perceptible change in the general staffing position. New members are appointed, while others leave to get married or retire.

The permanent whole time field staff at the 31st December, 1964, was as follows:—

#### Administrative Staff

County Nursing Officer	...	...	...	1
Deputy County Nursing Officer	...	...	...	1
Assistant County Nursing Officers	...	...	...	4
				<hr/>
				6
				<hr/>

#### Whole-time Health Visitors

" Queen's " Nursing Sisters, S.C.M., H.V. Cert.	...	...	...	15
State Registered Nurses, S.C.M., H.V. Cert.	...	...	...	17
State Registered Nurses, H.V.Cert.	...	...	...	3
Tuberculosis Visitors	...	...	...	6
				<hr/>
				41
				<hr/>

#### District Nurse-Midwife/Health Visitors

" Queen's " Nursing Sisters, S.R.N., S.C.M. H.V. Cert.	...	...	...	38
State Registered Nurses, S.C.M., H.V. Cert.	...	...	...	8
" Queen's " Nursing Sisters, S.R.N., S.C.M.	...	...	...	8
State Certified Midwives, S.E.N.	...	...	...	4

#### District Nurse-Midwives

" Queen's " Nursing Sisters, S.R.N., S.C.M.	...	...	...	29
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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**Part-time Staff**

Health Visitors	...	...	...	...	3
" Queen's " Nursing Sisters, S.C.M.	...	...	...	...	6
" Queen's " Nursing Sister, S.C.M., H.V. Cert.	...	...	...	...	1
State Registered Nurses	...	...	...	...	20
State Registered Nurses, S.C.M.	...	...	...	...	3
State Registered Nurse, H.V. Cert.	...	...	...	...	1
State Enrolled Nurses, S.C.M.	...	...	...	...	2
State Enrolled Nurses	...	...	...	...	2
					38

**Sickness**

It has been another year of long periods of sickness, several of them for major operations. There was a total of 50 nurses off duty for 2,526 days, an average of 14.86 days per person for the whole staff. Seventeen of these members were away for periods ranging from 41 to 184 days.

**Transport**

The Transport Officer and his staff continue to take good care of the nurses cars. One Health Visitor this year failed to pass her driving test; otherwise all staff are using cars for their work.

**Housing**

It has been decided to set up a special sub-committee of the Maternity and Child Welfare Committee to formulate a general policy on the provision of nurses houses, and furnishings where required. Local Housing Authorities prove very helpful on the whole when asked for houses for nurses, and we are grateful for their co-operation.

**Midwifery**

The increase in the birth rate coming at the same time as extra General Practitioner maternity beds in Cornwall has resulted in only 117 fewer domiciliary births in spite of the slightly smaller percentage of babies actually born at home. However, with the new Maternity Unit getting into full swing at St. Austell no doubt next year's figures will show a marked difference.

The Part 2 Midwifery School scheme took another step forward when 11 domiciliary midwives were visited and approved by a representative of the Central Midwives Board as suitable to take pupil midwives for their domiciliary midwifery experience.

**Refresher Courses**

During the year 23 Midwives attended general midwifery courses, and 4 went to Parentcraft courses. Health Visiting courses were attended by 10 of our staff and 1 Administrator went to a course for Supervisors of Midwives.

**Supervision**

The County Nursing Officer, her Deputy and Assistant County Nursing Officers paid the following visits during the year.

For checking of records and practical work	...	326
Other visits, including follow-up visits after statutory notifications	...	397

During the year 184 Midwives notified their intention to practise in the County.

Domiciliary, Cornwall County Council	...	127
Domiciliary in private practice	...	2
Institutional—Hospitals	...	45
Nursing Homes	...	10
		184

**Deliveries attended by Domiciliary Midwives**

	Doctor not booked	Doctor booked	Total
Cornwall C.C. Midwives	22	2,225	2,247
Rosemundy Home	—	20	20
Independent	—	2	2
	22	2,247	2,269

The Midwives attended 530 mothers who were discharged from hospital before the 10th day. They also accompanied 993 patients to hospital by ambulance or car, entailing 2,444 hours away from the district.

**Visits paid by County Council Midwives**

Ante-natal visits to domiciliary cases	...	28,664
Ante-natal visits to hospital booked cases	...	4,894
Midwifery visits	...	36,115
Visits to hospital booked cases discharged before the 10th day	...	3,158

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

Mothers during ante-natal period	...	347
Mothers during labour	...	494
Mothers during puerperium	...	63
Infants	...	113

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

Stillbirths	...	113
Death of Mother	...	2
Deaths of Infants	...	116
Liability to be a Source of Infection	...	23

**Attendance at Clinics by Midwives**

General Practitioner Ante-natal Clinics	...	1,294
Midwives Ante-natal and Relaxation Classes	...	802
Special Clinics for Health Education and Relaxation	... ..	431

**Health Visiting**

Three pilot schemes of attaching Health Visitors to General Practices were started in the autumn. It is early to make a definite report, but, so far, all concerned seem to be happy with the new working arrangements. It is hoped to make further experiments in this direction in the near future.

First steps were taken to train the Health Visitors in the detection of any hearing loss in infants 8—10 months old, so that those affected could be passed on for skilled help and advice. This is proving a time consuming process resulting in a greater need of selective visiting by the Health Visitors in other branches of their work.

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

First visits to children under 1 year	... ..	5,367
Total visits to children under 5 years	...	110,542
Total number of children under 5 visited	...	26,251
Visits to persons over 65 years (social)	...	10,044
Social visits to others	... ..	6,780

Attendances at Clinics, etc:—

Child Welfare Centres	... ..	1,611
Mothercraft and Relaxation Classes	... ..	532
Mothers Clubs	... ..	155
Minor Ailment Clinics	... ..	252
Immunisation Sessions	... ..	1,528
Poliomyelitis Vaccination Sessions	... ..	971
B.C.G. Vaccination Sessions	... ..	63
Lectures and talks given	... ..	1,002
Demonstrations	... ..	691
Attendances at School Medical Sessions	...	1,306
Attendances at School Hygiene Sessions	...	1,072
Reinspections	... ..	197
Follow-up visits	... ..	1,878

**Students**

The District Nurse/Midwife/Health Visitors and District Nurse/Midwives and Health Visitors do their utmost to make the student nurse's day with them interesting and worthwhile. This is underlined by the accounts of the students themselves, given to the County Nursing Officer and her Deputy



during their lectures to the students on "The Social Aspect of Disease." In 1964 students spent 20 days out with members of our staff. Also 6 "Queen's" candidates were given their 3 days rural experience in Cornwall.

### Home Nursing

Reports from the District Nurses reveal that there is a need for more hoists for the nursing of the heavy helpless chronic cases who can then continue to live in their own homes. The medical nursing cases form the major part of the District Nurses' work.

Four nurses completed their "Queen's" District training during 1964, and at the end of the year there were 75 "Queen's" Nursing Sisters working in the County and 1 male "Queen's" Nurse.

### Work done by District Nurses

					New patients
Surgical cases	...	...	...	...	1,285
Medical cases	...	...	...	...	4,919
Miscarriages	...	...	...	...	163
Infectious diseases	...	...	...	...	12
Tuberculosis	..	...	...	...	131
					-----
					6,510
					-----
<b>Visits paid:—</b>					
Surgical	...	...	...	...	29,397
Medical	...	...	...	...	154,145
Miscarriages	...	...	...	...	1,089
Infectious diseases		...	...	...	68
Tuberculosis	...	...	...	...	9,914
					-----
					194,613
					-----

## DENTAL SERVICE

### REPORT OF THE CHIEF DENTAL OFFICER

#### Staff

One dental officer resigned at Newquay and three dental officers commenced duty at Newquay, Liskeard and Redruth. A dental officer was appointed also to the Launceston-Bude area and he will take up his post early in 1965. The dental officer staffing situation is thus, at least for the time, more satisfactory than it has ever been.

One again there was a change of dental auxiliary as a result of which there was a period of seven months, from February to September, without one.

## Clinics

The only alteration in clinic accommodation was the closure of that at Callington which was so limited in space and so poorly appointed as a dental clinic that modernisation was not practical. The clinics at Bude and Launceston were in operation for part of the year, only for school-children.

## Expectant and Nursing Mothers

The extent to which mothers use this part of the local authority service is entirely dependant upon referrals by doctors, midwives and health visitors. Compared with that of the previous year, the statistical table shows that there was an increase overall in the number of mothers referred for inspection in 1964. Analysis of the referrals however shows a surprising variation from clinic to clinic: of the grand total of 198 mothers examined, no less than 67 were in Truro and 43 in Penzance; those from Redruth, Falmouth, Camborne and St. Austell totalled between them 61; Bodmin, Hayle and Wadebridge totalled 17; in Saltash, Newquay, St. Ives, Torpoint and Helston there was a total of only 10 and none at all in Liskeard. With the dental officer staffing position now so much improved these figures indicate that there is plenty of scope in most areas for many more mothers to avail themselves of the facilities for dental treatment offered by the local authority service. It is necessary however that those whose work brings them into contact with mothers should make the service known.

The number of treatments of mothers compare very favourably with those of the previous year: the trend towards conservative treatment continues and the number of dentures fitted has diminished although more patients were treated. It is a most interesting and encouraging feature of this work to note how the pattern of treatment has changed in so short a time: in 1960, 1961 and 1962, there were three times as many teeth extracted as there were fillings, whereas this year fillings well outnumbered extractions—473 fillings and 389 extractions.

Dentures were fitted for 43 mothers: 16 had complete upper and lower dentures and a further 11 also had two dentures each; 16 more had one denture each.

## Pre-school children

All children under school age are eligible for treatment and they may be brought directly to the clinics. A pleasing aspect and one to be encouraged, is the growing tendency among parents to bring small children for "check-ups", which is apparent from the table (Part A) — 546 children examined, of whom 184 did not need treatment.

The treatment table (Part B) compared with that of 1963 shows increases throughout, with an improved extraction to filling ratio. There is a favour-

able trend too in the method of conservation of teeth, in that while the increased number of teeth conserved is proportionate to the number of children treated a far higher proportion of teeth was filled and fewer were treated with silver nitrate.

The number of sessions spent in treating mothers and young children is little more than half of that recommended—one tenth of each dental officer's time—but treatment was available for all those who asked for it.

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

	Expectant & Nursing Mothers	Children under 5
<b>A. Dental Treatment—Numbers of Cases</b>		
Numbers of persons examined during the year ... ..	198	546
Number of persons who commenced treatment during the year ... ..	186	362
Number of courses of treatment completed during the year ... ..	177	314
<b>B. Dental Treatment provided</b>		
Scalings and Gum Treatment ... ..	102	—
Fillings ... ..	473	496
Silver Nitrate Treatment ... ..	—	198
Crowns or Inlays ... ..	1	—
Extractions ... ..	389	460
General Anaesthetics ... ..	45	154
Dentures provided:—		
Full upper or lower ... ..	37	—
Partial upper or lower ... ..	33	—
Radiographs ... ..	49	4

### AMBULANCE SERVICE

#### REPORT OF THE COUNTY AMBULANCE OFFICER

The Ministry of Health's policy of the early discharge of patients from hospitals, with follow-up treatment at Out-Patient Departments, the diminishing public transport facilities, and the greater distances patients have to

be transported to main treatment hospitals rather than to local cottage hospitals, all tend to increase the demand on the Ambulance Service, and during the past year 4.89% more patients were carried than in 1963.

Since the reorganisation of the Service in 1958, and the establishment of two Ambulance Controls by early 1959, from which all operational vehicles are controlled by radio, the total number of patients carried has increased by 13.46%. In the meantime, the working week of the Ambulance Staff has been reduced from a basic 44 hours to 42 hours, and their annual leave entitlement has been increased. It is interesting to note, however, that there has only been an overall increase of three in the number of directly-provided ambulance staff. Two of these appointments were made necessary by the resignation from day-time duties of the voluntary attendants at Bude and Camelford. In order that these stations could function as 2-man stations, an extra driver was appointed in each instance, while the third appointment, made this year, was at Launceston to provide additional cover in this area to deal with the increasing number of accidents, which in the majority of instances involve sending casualties to a Casualty Centre at Plymouth for treatment, thus leaving the area without ambulance cover for several hours at a time. The ambulance for this additional cover has been provided by bringing into operational use a reserve vehicle previously kept at Torpoint.

To enable the maximum use to be made of the radio control, it has now been extended to give 24-hour coverage, by providing radio equipment in the Fire Brigade Control which deals with ambulance calls at night and at week-ends.

In 1958, the number of accident and emergency cases carried by the Service was 5,844. In 1964, these cases numbered 9,294 an increase of 3,450 or 59% over this 6-year period, and we have to ensure that the increasing demand for routine attendances at hospitals does not impair the efficiency of this more important part of the Service. We are, consequently, depending more and more on the Hospital Car Service to help in transporting sitting cases to and from treatment centres. This part of the Ambulance Service is invaluable in this respect, and the County Organiser is making an effort to increase the number of drivers in order to meet the demands we are making on them.

During the year a new ambulance station was opened at St. Austell, which has met a long-felt need. During the year a team from Bodmin Ambulance Station won the County Competition and the Regional Competition, but whilst they put up a very creditable performance at the National Competition, they were placed seventh out of the seven teams competing.

### 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	4
Falmouth ...	—	1	6	2	3
Truro ...	1	—	12	7	5
St. Austell ...	—	1	8	3	3
Newquay ...	—	1	3	1	2
Bodmin ...	—	1	6	3	3
Launceston ...	—	1	6	2	3
Camelford ...	—	—	2	1	—
Bude ...	—	—	3	1	1
Liskeard ...	—	1	6	3	3
Looe ...	—	—	2	1	—
Torpoint ...	—	1	3	1	1
Saltash ...	—	1	3	1	1
	3	8	80	34	31

## Night and Week-end Service

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

## Voluntary Organisations

The Voluntary Organisations continue to give valuable assistance to the County Service by manning ambulances at night and week-ends, and undertaking the bulk of the transport during that period.

Analysis of the Work carried out during 1964

	Section 27 Patients		Other than Section 27		Journeys without Patients		Totals	
	Accidents and Emergencies	Other Cases	Patients	Miles	Patients	Miles	Patients	Miles
Ambulances ...	8,493	224,652	37,617	342,543	3,289	6,447	49,399	585,836
Dual-Purpose Ambulances ...	398	8,443	80,444	499,725	11,047	41,181	91,889	555,793
Hospital Car Service ...	403	12,984	26,098	441,772	2,889	28,615	29,390	485,920
	<u>9,294</u>	<u>246,079</u>	<u>144,159</u>	<u>1,284,040</u>	<u>17,225</u>	<u>76,243</u>	<u>170,678</u>	<u>1,627,549</u>

The total number of accident and emergency patients dealt with by the Service during the year was 9,294; an average of one accident or emergency patient every 56.7 minutes.

### Service Statistics

Patients carried and distances covered by the Ambulance and Hospital Car Services are shown in the table below:—

#### Ambulances

	1952	1958	1963	1964
Patients Carried ...	35,993	35,952	46,142	49,399
Miles Travelled ...	501,264	498,070	572,178	585,836
Average Miles per Patient ...	13.92	13.85	12.40	11.86

#### Dual-Purpose Ambulances

Patients Carried ...	71,540	93,590	89,852	91,889
Miles Travelled ...	628,932	686,993	556,580	555,793
Average Miles per Patient ...	8.79	7.34	6.19	6.05

#### Hospital Car Service

Patients Carried ...	15,604	20,876	26,726	29,390
Miles Travelled ...	227,303	280,877	458,864	485,920
Average Miles per Patient ...	14.56	13.45	17.17	16.53

#### Total — All Services

Patients Carried ...	123,137	150,418	162,720	170,678
Miles Travelled ...	1,357,499	1,465,940	1,587,622	1,627,549
Average Miles per Patient ...	11.02	9.75	9.75	9.54

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.

### Long Distance Transport

#### Long Distance Transport

	1963	1964
Number of Patients carried by Ambulances and Dual-Purpose Vehicles ...	25	16
Number of Patients carried by Air ...	8	8
Number of Patients carried by Rail:—		
Patients for whom the County Council paid fares	673	903
Patients for whom the County Council did not pay fares ...	402	346

#### Air Transport

This year, of the eight cases transported by air, seven went by charter aircraft, and only in one instance was it necessary to hire a helicopter from the Services.

In October the long-awaited circular on the emergency conveyance of patients by air was received from the Ministry of Health. This circular places the responsibility for air transport upon Local Ambulance Authorities,



and gives detailed information concerning the arrangements for hiring Service helicopters, but points out the disadvantages of transport by helicopters, in that the noise level and degree of vibration is considerable, there may be some smell of fuel, and as they are not heated they are very cold to travel in. Therefore by using fixed-wing aircraft where possible, we ensure that the patient has a more comfortable journey.

The Ministry has also sent relevant extracts from this circular to Hospital Management Committees and Executive Councils, informing them that arrangements for air transport must be made through Medical Officers of Health, and this should obviate the cases (fortunately very few in this County), where a hospital or doctor orders helicopter transport and expects the Local Authority to pay the bill.

#### **Patients carried by British Railways**

Each year some 300 stretcher patients are sent out of the County to hospitals or to their homes, and the most comfortable means of transport is by train. While we are grateful for the assistance received from British Railways, particularly at local level, we are concerned at the way in which the types of coaches suitable for loading stretcher patients are being withdrawn from service in favour of modern open-type coaches which will not take stretcher cases. The assistance of the County Councils Association has been sought in this matter, and it is hoped that they will be able to prevail upon British Railways to make some provision for stretcher cases to continue to travel by rail, and so avoid long and arduous road journeys.

#### **Premature Baby Units**

There are now two of these Units in the County, one at Liskeard and the other at Truro, and the Ambulance Service is responsible for their care and transportation. The Ambulance Service also provides transport for the Obstetric Flying Squad from Redruth Hospital.

#### **Replacement of Vehicles**

During the year, 6 ambulances and 1 dual-purpose vehicle were replaced.

#### **National Safe Driving Competition**

In 1964, 84 members of the County Ambulance Service staff were entered in the National Safe Driving Competition, and the following awards were gained:—

2nd Bar to 10-Year Medal	...	1
1st Bar to 10-Year Medal	...	1
1st Bar to 5-Year Medal	...	10
5-Year Medal	...	10
Diplomas 1—4 years	...	38
Exemption Certificates	...	3
		—
		63
		—

### Civil Defence Ambulance and First Aid Section

The Regional Director of Civil Defence carried out his first Annual Administrative Inspection in May. In his report to the Home Office he stated that in the Ambulance and First Aid Section "co-operation with voluntary aid societies throughout the County was very good and many of the Civil Defence volunteers were also members of these societies. The plan for integration with the peace-time ambulance service was good and well set out. It should now be extended to show who does what."

The War Establishment of the Section is 1,670. The total number of volunteers in the Section is 372, a reduction over the previous year of 45, which is mainly due to the reorganisation of the Corps as set out in Civil Defence Circular 18/1962, in which members must complete standards of training to be eligible to remain in the Corps. It would therefore appear that more intensive methods of recruiting will be necessary if the Section is to be brought up to establishment.

The progress of training in the Section is as follows;—

		1963	1964
Class A	...	74	113
Class B	...	—	—
Reserve	...	30	39
Recruits	...	313	220
		—	—
		417	372
		—	—

Of the 29 members who have taken the Advanced Test, 17 were successful.

The number of Instructors has increased by 3, bringing the total to 27. Of these, 13 are members of the Civil Defence Corps and 14 are from the full-time Ambulance Service. Of this total, 10 hold Centrally Trained Certificates.

Volunteers from all parts of the County have taken part in Area Exercises and in one-day training exercises with the Wardens and Rescue Sections, and there was also a large scale Exercise at Fort Scrasedon in September when approximately 100 Ambulance Personnel participated.

The Annual Competition for the Ambulance and First Aid Section was held in April. Of the seven teams competing, Liskeard A team won the premier award, the Grinter Cup, while Camborne were runners up and won the Kernick Cup.

This Liskeard A team also entered the competition organised by the Casualties Union in which 10 teams from the Voluntary Organisations, Police, and Industrial Undertakings took part, and were placed fifth.

During the year two members of the First Aid Section in the Liskeard Area completed 15 years efficient service and received their Long Service Medals. This brings the total number of Long Service Medals won by the Section to 4.

There are 3 Personnel and Equipment Vehicles and 5 Ambulances, which are used in the training of the volunteers. In the event of a National Emergency a large number of suitable vehicles will be required for Ambulance and other Civil Defence purposes, and towards the end of the year the first meeting of the Load Carrying Vehicles Committee was held.

### EPIDEMIOLOGY AND PREVENTIVE MEDICINE

No significant trends can be discerned from the information available on communicable diseases in the county during the year. Nowadays, if these diseases occasionally present a public health problem, this is seldom because we do not have the knowledge to solve it but because as a nation and as individuals we do not have the will to apply that knowledge. Tuberculosis and the intestinal infections are outstanding examples.

The communicable diseases having ceased to present serious problems, we are now confronted with new problems: in particular, degenerative diseases of the heart and circulation and cancer. It seems that the very conditions which have helped to reduce the severity of the communicable diseases: better nutrition and higher standards of living, may in part be responsible for the "new epidemics".

#### Lung Cancer

Once again the number of deaths from cancer of the lung and bronchus has increased in the country as a whole. Figures for Cornwall are given in the accompanying table. Once again one must say that our efforts to persuade the general public to change their smoking habits have been largely ineffective. In the past the function of health educators has been to inform, on the assumption that the "average man" would act accordingly. We are now beginning to realise that information is not enough: if any long-term change in habits is to be accomplished, the findings of motivational research and the fullest resources of commercial advertising and of the mass media must be employed over a long period if there is to be any hope of success. This is clearly beyond the powers of any local authority to accomplish: national problems need national action.

Deaths from Cancer of Lung & Bronchus  
Cornwall  
1953 — 1964

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
1964 ...	6	55	59	14	134
Totals ...	40	643	425	175	1283

### Diphtheria

For the sixth year in succession, no case of diphtheria was notified. The organism responsible for the disease has not been isolated from routine throat swabs received at the Public Health Laboratory during the year, so that there is no evidence of the return of this dreaded disease in a mild form. Several small outbreaks, however, again occurred within the United Kingdom so that the need for the immunisation of as many children as possible continues.

At least 5,080 children were immunised for the first time during the year. The departmental records indicate that at least 76.6% of Cornish children under the age of five years have had the recommended primary course of injections. Many children are immunised by the family doctors, some of whom do not send in their records, so that the total number immunised is almost certainly higher.

### Dysentery, Food Poisoning and the Enteric Fevers

73 notifications of bacillary dysentery were received, compared with 34 in the previous year. Whether this represents an increase in the number of persons who contracted the disease is impossible to assess but that the disease should occur at all in a civilised community is a reflection on our standards of hygiene. Unless these can be considerably improved, we must expect an increase in this and the other diseases of the intestine, as "eating out" becomes more commonplace. Poor food hygiene in the home affects

only the family: in the large hotel, restaurant or canteen, hundreds or thousands of people may be infected by one food-handler.

### **Measles**

1964 was not a 'measles year' and the number of notifications received, 1,489 compared with 4,482 in 1963. Unfortunately, little information is received centrally of the incidence of serious complications in the county, but there is no reason to think that they are more frequent here than elsewhere. The assessment of measles vaccines by the Medical Research Council continues, but it is unlikely that a safe, effective vaccine can be made available for general use during 1965.

### **Meningitis and Acute Encephalitis**

6 (4) notifications of meningococcal meningitis and 2 (4) of encephalitis were received, the figures in parenthesis being the notifications for 1963. Of the other forms of meningitis, only tuberculous meningitis is statutorily notifiable and, fortunately, only one case of this disease occurred.

### **Poliomyelitis**

For the third year in succession, no notifications of paralytic poliomyelitis were received. Unlike many of the other statutorily notifiable diseases, paralytic poliomyelitis is well-notified and one can be almost certain that no cases have in fact occurred. In the country as a whole, the disease has by no means been abolished, although its prevalence is astonishingly low compared with that in previous years. Looking to the future, one can foresee a time when mothers know as little about paralytic poliomyelitis as they now do about diphtheria, but to ensure this, immunisation will have to be continued indefinitely. Fortunately the oral vaccine is so acceptable to the parents and so easy to administer that this should present no difficulty.

### **Acute Rheumatism**

This disease is only notifiable in a few counties in England and Wales, including Cornwall, in which the incidence originally appeared to be higher than it was in the country as a whole. With the decline in the dangers of streptococcal infection and the coincidental improvements in nutrition and standards of living, acute rheumatism is certainly less common than it was, but probably not as uncommon as the number of notifications received suggests. Two were received, compared with one in 1963.

### **Scarlet Fever**

27 notifications were received compared with 50 in 1964. This disease has changed its character so much during this century and the causative

organism, one of the streptococci, is now so easily treated, that at present scarlet fever is hardly worthy of comment. Serious complications, e.g. acute nephritis and acute rheumatism, still occur, but there is no reason to believe that they are more likely to follow an attack of scarlet fever than any other streptococcal infection such as a common form of sore throat. There is no longer any justification for treating scarlet fever (for the purpose of notification) separately from the other associated infections.

### Smallpox Vaccination

1,874 records of primary vaccination of children under the age of five years were received, more than double the number received in 1963. As mentioned in the last report, the fall last year was due to a change of policy following the publication of a paper showing that primary vaccination was safest when performed on children between the ages of 12 and 24 months. Taking the total number of primary vaccinations of children aged under 5 years in 1963 and 1964 and comparing this with the total carried out in the last two "normal" years (1962 being excluded owing to the abnormally large number of vaccinations carried out following the importation of Smallpox into the country) one finds a substantial drop. The fear that the postponement of primary vaccination until the second year of life would lead to this result seems to have been justified.

Despite the evidence of the greater safety of vaccination against smallpox in the second year of life, at least 367 infants were vaccinated during their first year. A small number of infants may have been vaccinated at this age because their parents intended to travel abroad, but this is unlikely to have been true of the majority.

### VACCINATION AGAINST SMALLPOX

1955—1964

Year	Live Births	Vaccinated		Total Primary Vaccinations under 16
		Under 1	1—4	
1955	4,418	1,215	860	2,389
1956	4,751	947	563	1,735
1957	4,768	1,452	673	2,528
1958	4,876	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
1964	5,391	367	1,507	2,127

### Whooping Cough

96 notifications were received during the year, compared with 120 in 1963. There were no deaths. For the reasons given in the last report, one

should not, however, infer that there has necessarily been a decline in the incidence of the disease.

Records of primary vaccination of 4,681 children were received. Although whooping cough is not as dangerous a disease as diphtheria, occasional deaths still occur, mainly of children under the age of one year. The late effects include chronic lung disease which may not only shorten life but be a substantial handicap at school and at work, so that vaccination is well worth-while. Fortunately, a triple vaccine containing, in addition, diphtheria and tetanus antigens is normally used for infants so that the number of injections required is no greater.

### Tuberculosis

The statistics on tuberculosis in the county show no significant changes over those in recent years, although it is evident that the fall in the number of new notifications of tuberculosis is now becoming slower. One possible explanation is that within the community there may be a "hard core" of persons, undiagnosed but highly infectious, who may be exceedingly difficult to detect. There are, however, indications, at least among children, that the main source of infection is from persons already known to suffer from tuberculosis who fail to take adequate measures to prevent others from being infected. One does not wish to see a return to the time when the sufferer from tuberculosis, like the leper, was regarded as "unclean" and was socially ostracised, but it seems sad that children are being infected unnecessarily.

Within the county, there are two areas: the old mining areas of Camborne-Redruth and Kerrier and the china clay area around St. Austell, in which the number of new notifications and the number of patients already diagnosed is persistently above the average for the county.

The problem of the drug-resistant patient is referred to in the report of the Senior Chest Physician for West Cornwall. There are no indications at present of any increase in the number of these patients.

### NEW NOTIFICATIONS OF TUBERCULOSIS

Year	RESPIRATORY			NON-RESPIRATORY			ALL FORMS		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
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
1964	68	27	95	9	10	19	77	37	114

## MORTALITY FROM TUBERCULOSIS

Year	Deaths			Death Rates					
	CORNWALL			CORNWALL			ENGLAND & WALES		
	Respira- tory	Other Forms	All Forms	Respira- tory	Other Forms	All Forms	Respira- tory	Other Forms	All Forms
1955	48	7	55	0.14	0.02	0.16	0.13	0.02	0.15
1956	34	3	37	0.10	0.01	0.11	0.11	0.01	0.12
1957	37	3	40	0.11	0.01	0.12	0.10	0.01	0.11
1958	35	8	43	0.10	0.02	0.13	0.09	0.01	0.10
1959	20	5	25	0.06	0.01	0.07	0.08	0.01	0.09
1960	20	2	22	0.06	0.005	0.06	0.07	0.01	0.08
1961	19	4	23	0.06	0.01	0.07	0.07	0.01	0.08
1962	16	4	20	0.05	0.01	0.06	0.06	0.01	0.07
1963	25	2	27	0.07	0.005	0.075			
1964	18	1	19	0.05	0.003	0.05			

The Senior Chest Physician for the West Cornwall Clinical Area reports that there was again a steep decline in admissions from respiratory tuberculosis to Tehidy Hospital; from 145 admission in 1963 to 81 in the year under review. This reduction reflects the working methods used in recent years, and is not attributable to any addition or innovation.

The transfer of patients to the surgical side for surgical treatment of tuberculosis has dwindled to one case in 1964 (2 in 1963). The figure for 1955 was 59 patients. While this is extremely gratifying, it is a serious fact that 154 patients were admitted in 1964 as having carcinoma of the bronchus: this may be an under-estimate, as it may not include some cases from hospitals other than Tehidy.

There has been no waiting list problem; cases needing urgent admissions have been accommodated, and the list consists of those whose condition is compatible with waiting for admission, or who do not require admission until a future date.

The location and time of Out Patient Clinics has been unchanged, and the division of senior medical staff into two teams continues to work well.

The importance of the survey of contacts of tuberculosis continues to be stressed. The County Health Department's Health Visitors are mainly responsible for the finding of these persons and securing their attendance for examination and X-ray, and they achieve an exceptionally high success in the number of contact subjects presented, about 9 contacts being examined per new case diagnosed.

Children and young people attending Contact Clinics and found to be Tuberculin Negative are vaccinated at the Contact Clinics and 612 such patients were vaccinated in 1964.



B.C.G. vaccination of school children as part of the County Health Department's preventive programme continues to be shared with the medical staff of this Department.

Again in 1964 the Out Patient attendances of "old patients" shows a fall, and that of new patients a rise (1069 in 1962; 1281 in 1963) to 1434 in 1964. The trend reflects the decreased rate of relapse in pulmonary tuberculosis, and also the established function of the Clinics as centres for reference of all types of respiratory disease, and no longer as "TB Clinics".

The Department continues to participate in the British Tuberculosis Association's Sarcoidosis Survey, and it is considered that the work will have worth while results.

At the request of the Regional Hospital Board, figures for the number of cases notified have been divided into those sputum negative and those sputum positive, and the latter group broken down into those resistant to one, to two, and to all three of the major drugs used in therapy. Additionally, the total of known cases producing drug-resistant tubercle bacilli, were ascertained. Details are given below.

Of the total number of new cases of respiratory tuberculosis diagnosed in 1964 (88), 63 were negative and 25 were positive, and of these positive cases, 5 were resistant to one or more of the main drugs, as under:—

- 3 Resistant to one of the main drugs (two initially resistant and one acquired)
- 1 Resistant to one drug and partially resistant to the other two (acquired resistance)
- 1 Slightly resistant to all three drugs (initially resistant).

There were 10 drug resistant cases excreting tubercle bacilli on the Register at the end of 1964, and the breakdown of these is as follows:—

- 7 Resistant to all three of the main drugs—resistance acquired.
- 2 ,, to two of the drugs, and slightly resistant to the third—(resistance acquired).
- 1 ,, to one drug, initially, and refuses treatment.

Dr. J. C. Mellor reports that there were 142 patients on the Register in the East Cornwall Clinical Area at the end of the year, there having been 151 at the beginning. There were 13 newly notified cases during the year. 5 persons on the Tuberculosis Register died during the year but in only one case could the death be attributed to tuberculosis.

Clinical attendances improved slightly during the year as also did the attendances of contacts.

**B.C.G. Vaccination**

A total of 159 persons was vaccinated during the year, as follows:—

Susceptible contacts	...	...	87
School leaver contacts	...	...	72
			—
			159
			—

A follow up of contacts vaccinated in 1959 was carried out during the year with the following results:—

No. eligible	...	...	78
Unable to trace	...	...	27
Refused	...	...	2
Re (Heaf) tested	...	...	38
Positive	...	...	32
Negative	...	...	6
Re. B.C.G. Vaccinated	...	...	1
Refused revaccination	...	...	4

In collaboration with the Assistant County Medical Officer, 450 school leavers were vaccinated during the autumn of 1964.

**MASS RADIOGRAPHY SERVICE**

Report on work carried out in the County of Cornwall and abnormalities found in Cornish Residents during the year ended 31st December, 1964.

	Male	Female	Total
Number of Cornish Residents examined	11,588	9,219	20,807

**INCIDENCE OF DISEASE****A. Pulmonary Tuberculosis**

		Rate per 1000 examined
1. Requiring treatment	... 19	0.9
2. Requiring observation	... 30	1.5
3. No further action	... 155	

**B. Other Conditions**

Pneumonitis	... 17
Bronchiectasis	... 7
Bronchitis and emphysema	... 17
Sarcoidosis	... 5
Pneumoconiosis	... 39
Carcinoma bronchus	... 8

Other tumours		
Plasmocytoma	...	2
Lymphosarcoma	...	1
Thymoma	...	1
Metastases of the chest wall	...	1
Thyroid enlargement	...	4
Cardiovascular disease		
Acquired	...	36
Congenital	...	2
Diaphragmatic abnormality	...	12
Others	...	41

Age and sex analysis of newly discovered significant cases of  
pulmonary tuberculosis requiring treatment  
(Group 1 above)

		— 15	15—24	25—34	35—44	45—59	60 +
M	...	2	—	1	3	5	4
F	...	—	—	1	1	—	2

Analysis of cases of Pulmonary Tuberculosis requiring treatment by  
Survey Group

Group	No. Examined	Pulmonary Tuberculosis	
G.P. Referrals	... 127	—	
Schoolchildren	... 1,510	—	
Tuberculin positive reactors	... 888	2	2.3 per thous.
Contact groups	... 43	—	
Industrial Surveys	... 850	2	2.5 per thous.
Small firms	... 1,996	3	1.5 per thous.
Large firms	... 2,017	—	
Students	... 1,145	—	
School staff	... 231	—	
General hospital staff	... 99	—	
Mental Hospital staff	... 176	—	
Mental Patients	... 883	—	
Prisons and homes for the aged and common lodging houses	... 57	—	
Ante natal patients	... 3	—	
Public	... 10,827	12	1.1 per thous.
TOTAL	... 20,807	19	0.9 per thous.

### Chiropody

In December, a service was started for the domiciliary treatment of elderly patients who are housebound because of foot disabilities which are amenable to treatment. Requests for treatment are made by General Practitioners to the County Medical Officer, who arranges for a State Registered Chiropodist to treat the patient. The Chiropodists are paid a fee for service, together with a mileage allowance; the patient makes a contribution of 2/6d. towards the cost of dressings and applications.

The new service supplements the existing provision of grants to voluntary organisations providing chiropody for the elderly.

### DOMESTIC HELP SERVICE

In February, Mrs. E. L. Crothers, County Home Help Organiser, resigned on health grounds. Mrs. Crothers started the work in Cornwall on a voluntary basis as a member of the Women's Voluntary Service and the Service owes a very great deal to her administration.

Home Help has been supplied to 1,474 households in 1964 which is an increase of 106 compared with 1963.

Free Home Help has continued for Problem Families, women suffering from Toxaemia of Pregnancy and other conditions necessitating complete bedrest prior to confinement.

Day to day organisation and supervision of the Service has been carried out by the Women's Voluntary Service Home Help Organisers, with the exception of 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 Sick & Disorder- ed	Mater- nity	Others	Over 65
Area 1	2	3	63	32	1	14	8	191
Area 2	2	24	27	33	—	38	62	201
Area 3	9	9	29	4	—	50	29	205
Area 4	—	6	39	20	2	36	26	137
Area 5	—	1	30	10	—	22	7	68
Area 6	—	1	55	8	—	20	15	90
Area 7	—	2	44	14	—	22	4	82
Resident	—	—	2	—	1	16	4	2
	13	46	289	121	4	218	155	976
	348			1,474				

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

Year	Equivalent No. of Whole-time H. Hs.	Maternity	Tubercu- losis	Chronic sick & old age	Others	Total
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.	Chronic sick & Tubercu- losis	Under 65		Others	Over 65	Total
			Mentally Disordered	Mater- nity			
1963	135.3	125	3	194	170	876	1,368
1964	140.3	121	4	218	155	976	1,474

The Home Aid Scheme has continued to function under the administration of the Women's Voluntary Service in conjunction with the National Assistance Board and there has been an increase in the rate of pay for the workers.

Once more I must give my thanks and appreciation to Lady Carew Pole, Women's Voluntary Service County Organiser, and the members of the Women's Voluntary Service for their continued help and co-operation with the County Staff in the administration of the Home Help Service.

## MENTAL HEALTH

### 1. Administration

#### (a) Committee

A Mental Health Sub-Committee of the Health Committee undertakes responsibility for the functions of the County Council under the Mental Health Act, 1959, and the regulations made thereunder. This Sub-Committee meets at quarterly intervals.

#### (b)(1) Staff

During the past four years, the staff of the Mental Health Service has increased rapidly, mainly due to the provision of Training Centres and

Hostels. The establishment for professional staff at the end of the year was as follows:—

County Mental Health Officer	...	1
Deputy County Mental Health Officer	...	1
Organiser of Training	...	1
Mental Welfare Officers/Social Workers	...	18
Instructors of mentally disordered adults	...	10
Teachers of mentally handicapped children	...	12
Wardens and Assistant Wardens of Hostels	...	14

The lay administration and overall supervision of the service is the responsibility of the County Mental Health Officer. The Medical Superintendents of the psychiatric hospitals for the mentally ill and the subnormal advise on medical aspects of community care, and the School Medical Officers carry out routine medical inspections of severely subnormal children excluded from the Education system, including those not attending training Centres.

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

It was quite obvious in 1960, that if the development of community care took place on anything like the scale envisaged, there would be a critical shortage of trained or experienced staff in all branches of the service. To meet this, the County Council decided in 1962, to second one member of the social work staff each year, to undertake the two year training in social work. Three of the staff have now been sent for training, the first having returned to duty after obtaining the Certificate of Social Work. If all Local Health Authorities in England and Wales adopted this policy, it would do much to alleviate present problems and insure for the future. Trainee teachers have been appointed in each Junior Training Centre for severely subnormal children and it is hoped that the first of these will be seconded for the two year training in 1965.

During the year, a short course of training was arranged in conjunction with St. Lawrence's Hospital, mainly to help new members of the staff, without previous experience of mental health work. Two members of the social work staff and two instructors in Adult Training Centres were sent on refresher courses. In-service training is invaluable, but it must be placed in its true perspective as a supplement to and not a replacement for full time training, with a recognized qualification as a result.

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

A co-ordination of services between Hospital and Local Authority is absolutely essential, both at Committee and Officer level. It is comparatively simple to effect a close liaison as far as local day to day services are con-

cerned, but far more difficult where capital projects are involved. Capital priorities, allocation of money and methods of procedure differ so widely between Hospital and Local Authority, that it has so far proved impossible to co-ordinate the erection of buildings.

In the sphere of mental illness, the Mental Welfare Officers and Social Workers on the staff of the Local Authority work in clinical teams under the leadership of a Consultant Psychiatrist from St. Lawrence's Hospital. Four Social Workers spend part of their time working with in-patients at the Hospital, thus improving even further, the good liaison which exists. Mental Welfare Officers attend out-patient clinics, accompany consultants on domiciliary visits, and take part in regular case conferences. Co-ordination of this sort is relatively simple, when the Hospital is situated in the Centre of the County, but where subnormality is concerned, the Hospital is one hundred miles distant. Even so, co-operation does not suffer. The County Mental Health Officer attends regular case conferences at the Royal Western Counties Hospital, and the Medical Superintendent, Dr. D. Prentice, holds out-patient clinics within the County. These clinics are organised by the Local Authority and attended as appropriate by Mental Welfare Officers.

The basis of Hospital and Local Authority services must rest on the recognition by each of the essential part which the other has to play. Clinically, this is one service, and by mutual good will and understanding it can remain so. Certainly, in Cornwall this has been achieved.

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

No statutory duties are delegated to Voluntary Associations, but they have a part to play in any Mental Health Service. Their role, however, should be supportive, leaving the Local Authority with its professional "know how", and financial resources to provide the highly specialised services and staff required. The two Societies for the Mentally Handicapped in the County fulfil this role perfectly, and give us a tremendous amount of help, particularly where Training Centres and Hostels are concerned. The Hospital Car Service supports the main transport system bringing trainees to Centres, and Rotary Clubs, Round Table Societies and other groups assist us actively in a variety of ways.

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

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

During 1964, the pattern of previous years has again repeated itself, with the seemingly inexorable climb in the admission rate to Psychiatric Hospitals for the mentally ill. The following comparative table illustrates this trend during the past five years.

	1960	1961	1962	1963	1964
Admissions during year	1069	1156	1261	1393	1512
Patients in Hospital on 31st December	1178	1195	1169	1221	1170

Whilst the admission rate has increased by just over 41 per cent during this period, the overall number of in-patients at the end of each year has remained remarkably static. It follows, therefore, that if this constant rise in admissions could be controlled, hospital bed occupancy would fall—a trend which was forecast rather prematurely from some sources a few years ago. The annual admission figures include, of course, readmissions—that is patients who are admitted to hospital within five years of a previous admission. This accounts for between 40 and 45 per cent of annual admission figures, and at first sight this percentage may seem high. Modern methods of treatment, however, involve a much shorter stay in hospital and even with the support of community care services, lead to a higher readmission rate. This is not necessarily a sign of failure, as short periods of treatment and return home are far better for the patient, and will result ultimately in a drastic reduction of long stay chronic patients. What gives rise to concern, however, is the large number of new patients, requiring hospital treatment each year, and the table below shows the number admitted to psychiatric hospitals for the first time during the past five years:—

1960	1961	1962	1963	1964
630	693	744	822	832

There can be only two reasons for this—an increase in the incidence of mental illness or better services and a more enlightened attitude towards psychiatry, bringing forward more patients for treatment. It is impossible to estimate to what extent either or both these reasons are involved, but one thing is certain—the community care services of the County Council, and the staff involved, are catering for an ever increasing number of patients requiring help.

During 1964, despite staff shortages persisting throughout the year, 13,500 visits were made to the homes of mentally disordered persons by mental welfare officers and social workers. The value of this work in supporting the patient in the community cannot be overestimated and it is quite reasonable to suppose that without this service, the admission rate to hospitals would be very much higher. Two Psychiatric Social Clubs at Falmouth and Redruth have continued to play their part in the rehabilitation of patients, and the Mental Health Staff concerned are actively engaged in these clubs.

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

During the year, the Mental Welfare Officers personally admitted 1155 Cornish patients to psychiatric hospitals. This represents over 76 per cent



of the total number of admissions from all sources, and illustrates very clearly that our services are well used by those who need them. This is the highest number of patients dealt with in any one year and constant staff shortages often have made the task more difficult.

The Mental Welfare Officer is still regarded by many people as responsible for the single function of admitting patients to hospital, with no other duties outside this sphere. Nothing could be more misleading or further from the truth. This Officer is basically a social worker, actively engaged in care and after-care of the mentally disordered. He has an independent personal obligation for initiating action to remove the liberty of the individual—he is often involved in situations outside the scope of those encountered by other social workers, which make heavy demands on his judgment, experience and skill. He is also personally liable in law for the results of his actions.

The Mental Welfare Officers provide a twenty-four hour service. A sufficient number must be on call at all times to deal with emergencies which arise in all parts of the County, at any hour of the day or night. The inroads into leisure time are greater than those encountered in any other branch of social work, and it is not surprising, therefore, that recruitment is difficult.

### (c) **The Subnormal and Severely Subnormal**

#### (i) **Ascertainment and Community Care**

The ascertainment and community care of the mentally handicapped has become a well established system, dating back over many years. During 1964, 124 new cases were referred, somewhat above the average number, and at the end of the year, 743 children and adults living in their own homes, were under the care of Mental Welfare Officers. Visits are made as required by individual circumstances but generally speaking, where children and adults are attending Training Centres, these homes are visited less frequently. It is not easy at the present time to obtain suitable employment for the subnormal adult, capable of work, but a great deal of effort is made in this direction, in conjunction with the appropriate services of the Ministry of Labour. The lack of light industry in Cornwall, is, however, a great handicap, and the two Adult Training Centres provided by the County Council, tend to produce a group of trainees, who could be regarded as employable if openings existed.

A Social Club for the mentally handicapped is run at St. Austell by the East Cornwall Society for the Mentally Handicapped and this has met regularly throughout the year at fortnightly intervals. In the West, sub-normal adults attend the psychiatric social clubs at Falmouth and Redruth.

Community care for the subnormal must be supported by a good Hospital Service, and although increasing numbers of children and adults are being cared for otherwise than by accommodation in hospital, for some hospital provision is essential. Hospital beds are still difficult to obtain and although the number of patients awaiting admission is relatively small, there are a few cases of extreme urgency where community care cannot meet the demands of the situation. The Royal Western Counties Hospital is most co-operative in problems of this nature, but unfortunately internal building works at Central Hospital, Starcross, have created, at least temporarily, a difficult situation.

### (ii) Training

The development of the Training Service has continued, as planned, and a purpose built Training Centre for 60 children opened at St. Blazey in November. This Centre caters for children living in mid, east and north Cornwall, but in addition to day Trainees, provision for boarders is available in a Residential Hostel on an adjoining site, where up to 30 children can be accommodated. There are now training facilities for 120 children and 120 adults in the County, in newly constructed buildings on pleasant sites, plus residential accommodation for 70 children and adults, whose homes are too far from the Training Centres to enable them to attend on a daily basis. All these new establishments have come into operation since 1962, and have given the community care services a firm foundation upon which to develop further. At the present time, we are meeting the needs of the County, but a slow build up of adults will, of course, take place as children grow up and leave the Junior Centres. As a first step to meet this, a Work Therapy Unit, with nearby hostel accommodation is being planned for the west of the County, and this will provide a more factory like atmosphere for these on the higher level of subnormality and the mildly mentally ill.

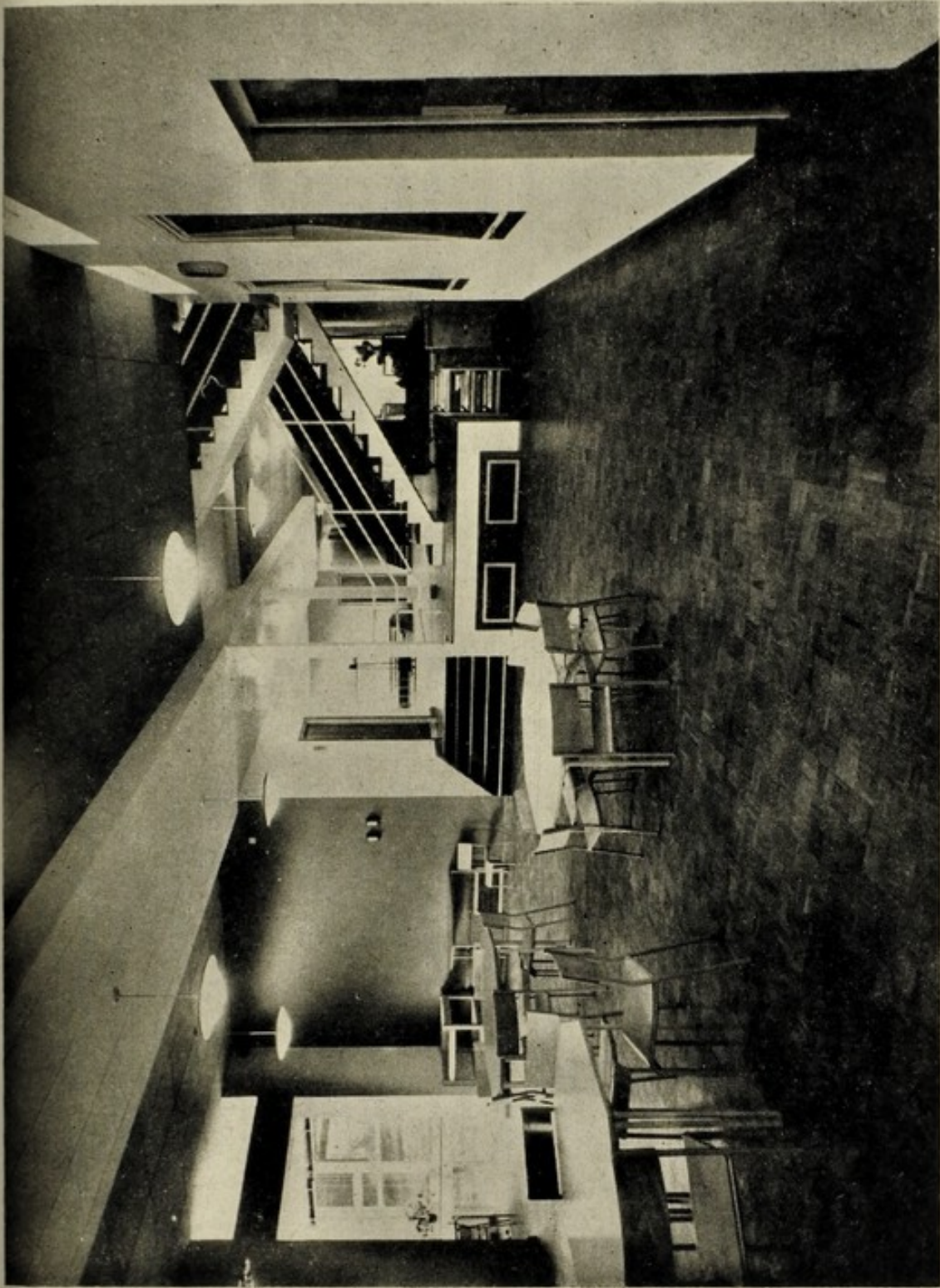
One of the problems of the Adult Training Centres is the lack of contract work due to the shortage of light industry in the County. A certain amount of this type of work is done in both Centres, but in the main, the manufacture of articles for sale is the basic occupation. Rustic garden furniture, step ladders, seed boxes, brief cases and other articles have found a ready market, and success has also been achieved in the horticultural field, with plants and tomatoes.

### (iii) Hostels

During 1963, two residential hostels, one for 20 males and one for 20 females, were provided in conjunction with an Adult Training Centre. These hostels have fulfilled a most useful function in accommodating patients residing too far from the Training Centre to attend on a daily basis. The

male hostel has been in demand more than the establishment for females, but they are both essential if training is to be undertaken on a comprehensive basis in a rural County with the geographical problems of Cornwall. The third hostel, for 30 severely subnormal children, opened in November 1964, and this is rapidly filling. The children attend a Training Centre daily, but the buildings are quite separate and on adjoining sites. The hostel has four small dormitories each of six beds, and there are six single rooms. A two-bedroomed self-contained flat is provided for the Warden and deputy Warden, and bed-sitting rooms are available for four resident assistant wardens. A feature in the design of the hostel is the large amount of playing space for the children, inside the building, and this is essential if this type of residential care is undertaken. Contact with parents is constantly maintained. Children return home during Training Centre holidays and are encouraged to do so at weekends also.

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JUNIOR HOSTEL, PENARWYN, ST. BLAZEY  
Dining and Play Areas

**Mental Health Statistics at 31st December, 1964**

(The figures in brackets indicate the numbers at 31.12.1963)

**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	269	497	30	58	116	159	9	8	1	1	425	723
	(271)	(410)	(36)	(77)	(128)	(136)	(10)	(12)			(445)	(635)
Moorhaven Hospital, Devon	1	4	1	1	1	1					1	6
	(5)	(8)	(1)	(2)	(2)	(2)					(7)	(11)
	270	501	30	59	116	160	9	8	1	1	426	729
	(276)	(418)	(36)	(78)	(130)	(138)	(10)	(12)			(452)	(646)

Total admissions during 1964 by Mental Welfare Officers: 1155 (1098)

## (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	362	704	30	59	118	159	9	10	6	1	525	933
	(350)	(582)	(37)	(78)	(131)	(137)	(10)	(14)	(1)	(1)	(529)	(812)
Moorhaven Hospital, Devon	17	33	1	1		2					18	36
	(15)	(32)	(1)	(1)	(2)	(2)					(17)	(35)
	379	737	31	60	118	161	9	10	6	1	543	969
	(365)	(614)	(37)	(79)	(133)	(139)	(10)	(14)	(1)	(1)	(546)	(847)

Total admissions during 1964 of Cornish patients 1512 (1393)

(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		Section		Court		Total	
	25.		29.		26.		Cases		M		F	
	M	F	M	F	M	F	M	F	M	F	M	F
	104	187	13	10	26	48	1	2	1		145	247
	(96)	(169)	(14)	(29)	(38)	(32)	(4)			(148)	(234)	

(iv) Number of Cornish patients in Hospitals on 31st December, 1964.

Name of Hospital	M		F		Total
St. Lawrence's Hospital, Bodmin	...	455	675	1130	1130
		(472)	(708)	(1180)	(1180)
Moorhaven Hospital, Devon	...	8	32	40	40
		(11)	(30)	(41)	(41)
	463	707	1170		1170
	(483)	(738)	(1221)		(1221)

## (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
<b>Royal Western Counties Hospital Group</b>	15 (11)	11 (14)	1 (3)	1 (1)	1 (1)	6 (12)	1 (26)	1 (16)	22 (26)	13 (16)
<b>Other Hospitals and Approved Homes</b>	2 (4)	1 (1)				1	3 (4)	1 (1)	3 (4)	1 (1)
	17 (15)	12 (15)	1 (3)	1 (1)	1 (1)	7 (12)	1 (30)	1 (17)	25 (30)	14 (17)
Total admissions during 1964 39 (47)										
(In addition to these figures 6 males and 9 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 ... ..	213 (217)	169 (188)	382 (405)
Other Hospitals ... ..	90 (89)	45 (44)	135 (133)
	303 (306)	214 (232)	517 (538)

## (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 ... ..	2 (1)		2 (1)
(d) High grade cases ... ..	(1)		(1)
(2) Under the age of 16 years			
(a) Cot and chair cases ... ..	8 (7)	3 (2)	11 (9)
(b) Ambulant low grade cases ...	1 (3)	1 (1)	2 (4)
(c) Medium grade cases ... ..		1 (1)	1 (3)
(d) High grade cases ... ..	4	1	5
	15 (14)	7 (5)	22 (19)

(These figures include 5 males and 2 females of cot and chair grade; 1 male and 1 female of ambulant low grade; under the age of 16 at present in an Approved Home. Six of these patients are over age for transfer).

## B. Community Care

---

(a) Mental Illness				
		M	F	Total
Receiving after care visitation	...	172	359	531
		(161)	(297)	(458)

---

## (b) Subnormality and severe subnormality

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

---

How reported		M	F	Total
(1) Notified by the Education Committee:				
Education Act 1944.				
(a) Children unsuitable for education at school				
...	...	18	9	27
		(10)	(10)	(20)
(b) School leavers reported informally				
...	...	17	16	33
		(16)	(11)	(27)
(2) Reported from other sources				
...	...	36	28	64
		(42)	(13)	(55)
		71	53	124
		(68)	(34)	(102)

---

## (ii) Number of patients under care on 31.12.1964.

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		M	F	Total
(1) Under informal care	...	407	336	743
		(392)	(304)	(696)
(2) Under Guardianship	...			—
(3) On leave from Hospitals	...	(1)	(2)	(3)
		407	336	743
		(393)	(306)	(699)

---

## (iii) Number of patients receiving training at 31.12.1964.

	M	F	Total
Curnow Training Centre, Redruth:			
(a) Junior Department ... ..	34 (33)	26 (20)	60 (53)
(b) Adult Department ... ..	31 (31)	31 (26)	62 (57)
Blantyre Training Centre, St. Austell:			
(a) Day Trainees ... ..	11 (16)	13 (21)	24 (37)
(b) Hostel Residents ... ..	18 (10)	16 (7)	34 (17)
Group Centre, Liskeard ... ..	(5)	(5)	(10)
Home teaching cases ... ..		1 (1)	1 (1)
Penarwyn Training Centre:			
(a) Day trainees ... ..	3	10	13
(b) Hostel residents ... ..	7	5	12
Training Centres run by other			
Local Authorities ... ..	1 (1)		1 (1)
	105 (96)	102 (80)	207 (176)

## WELFARE SERVICES

### THE AGED AND THE INFIRM

#### 1. Accommodation for the Elderly

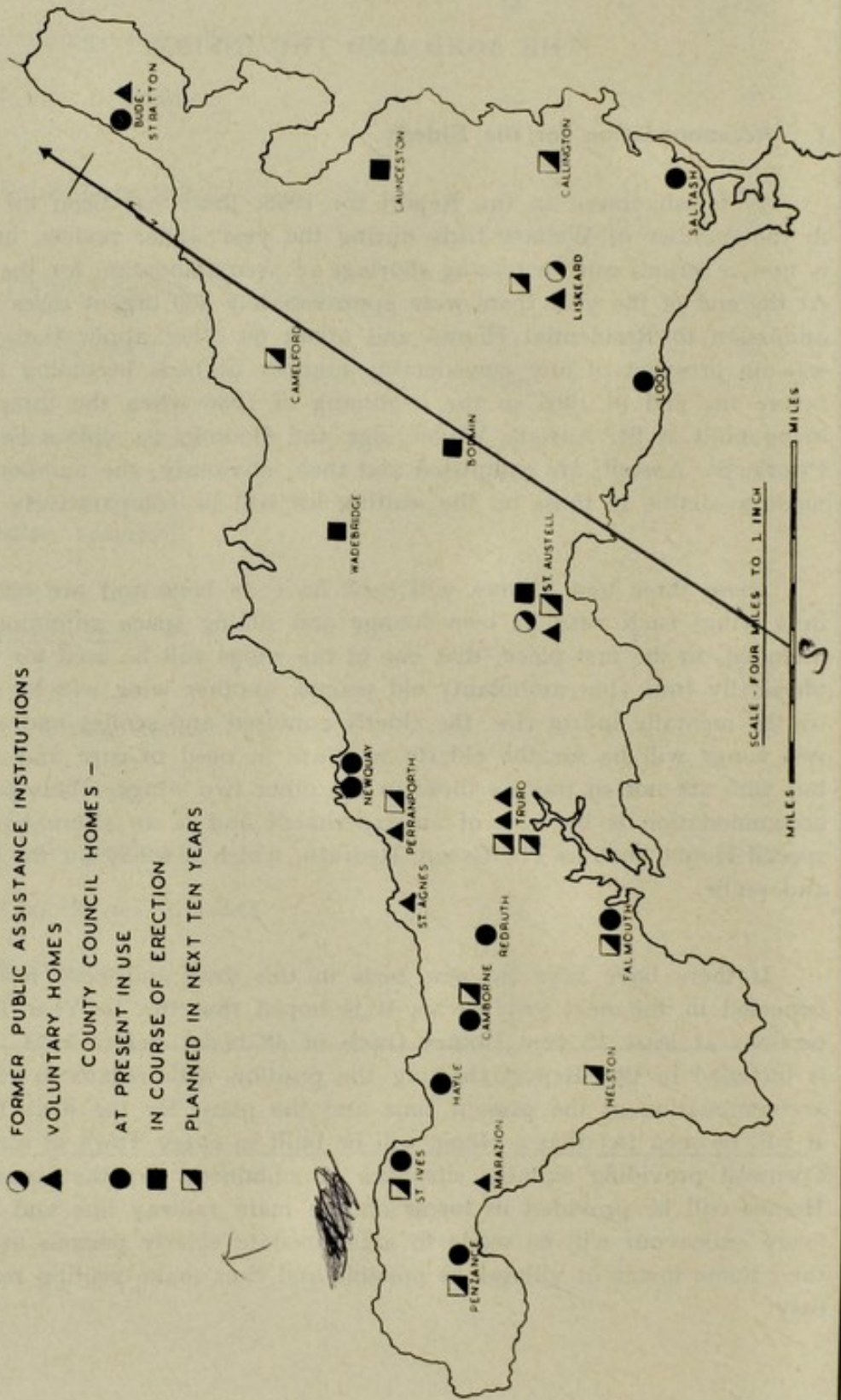
As foreshadowed in the Report for 1963, there has been no increase in the number of Welfare beds during the year under review, and there is now a serious and increasing shortage of accommodation for the elderly. At the end of the year there were approximately 360 urgent cases awaiting admission to Residential Homes and about 60 other applications. There was no prospect of any considerable number of beds becoming available before the end of 1965 or the beginning of 1966 when the three Homes being built at St. Austell, Wadebridge and Bodmin to replace Sedgemoor Priory, St. Austell, are completed and then, obviously, the number of beds made available to those on the waiting list will be comparatively small.

These three new Homes will each have 48 beds and are being built in 4 wings each with its own lounge and dining space adjoining. It is intended, in the first place, that one of the wings will be used for the very physically frail (but ambulant) old people, another wing will be occupied by the mentally infirm (i.e. the elderly confused and senile) and the other two wings will be for the elderly who are in need of care and attention but who are not so frail as those in the other two wings. This pattern of accommodation is by way of an experiment and is an alternative to the special Home, such as The Green, Redruth, which is solely for the confused and senile.

If there have been no new beds in this year and very few can be expected in the next year or so, it is hoped that the 10 Year Plan will produce at least 12 new Homes (each of 48 beds) before 1975. A map is included in this Report showing the position with regard to residential accommodation at the present time and the plans for the next 10 years. It will be seen (a) that a Home will be built in every Town of any size in Cornwall providing suitable sites can be obtained, (b) that most of the Homes will be provided in towns on the main railway line and (c) that every endeavour will be made to accommodate elderly persons as near to their home towns or villages as possible and thus make visiting reasonably easy.

# SITING OF OLD PEOPLE'S HOMES

- FORMER PUBLIC ASSISTANCE INSTITUTIONS
- ▲ VOLUNTARY HOMES
- COUNTY COUNCIL HOMES -
- AT PRESENT IN USE
- IN COURSE OF ERECTION
- ▣ PLANNED IN NEXT TEN YEARS



SCALE - FOUR MILES TO 1. INCH

MILES

MILES

### Cost of maintenance in Residential Homes

The issue of the County Council Gazette for April, 1965 prints a table prepared by the Society of County Treasurers which gives the average net cost per resident week in residential Homes for the Elderly for all counties in England and Wales for the year to 31st March, 1964 as follows:—

		Cost per resident week					
		Not exceeding 30 persons		30—50 persons		Over 50 persons	
		Average for all counties in England and Wales					
		£	s.	d.	£	s.	d.
Employees	...	4	4	11	3	15	0
Fuel, lighting, cleaning, etc.	...	12	10		12	5	12
Repairs, maintenance and rates	...	16	5		14	4	12
Provisions	...	1	1	1	1	0	9
Clothing and personal needs	...	4	0		3	10	4
Other expenditure	...	9	7		8	1	8
Income other than maintenance charges	...	7	8		5	2	5
Capital provision and rent	...	14	4		1	6	0
Net cost per resident week	...	7	15	6	7	15	3
		7	14	4			

These figures compare with £7.3s.2d. as the average cost per resident week for the Residential Homes for the Elderly in Cornwall for the same period.

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. "Caprera" at St. Austell is being extended to provide better accommodation for the Matron and some extra beds and some additional beds have also been provided in a very attractive new wing to the Downs View (Voluntary) Home at Bude.

The following is the return of persons in Welfare accommodation at 31st December, 1964.

Establishment	Men	Women	Children	Total
<b>Joint User Establishments</b>				
Sedgemoor Priory, St. Austell	69	50		119
Lamellion Hospital, Liskeard	29	41		70
<b>Residential Homes</b>				
St. Michael's, Penzance	12	26		38
Endsleigh, Newquay	8	22		30
Polvellan, Looe	12	23		35
Cliffe House, Falmouth	13	18		31
Carew House, Hayle	22	16		38
St. Hilary, Bude	23	15		38
Penberthy House, Newquay	12	34		46
Headlands, Carbis Bay	11	23		34
Blackwood House, Camborne	15	45		60
St. Anne's, Saltash	13	24		37
The Green, Redruth	12	34		46
<b>Voluntary Homes</b>				
Bude Eventide Home	2	10		12
Caprera, St. Austell	7	17		24
Liskeard Eventide Home	1	6		7
Perran Bay Hotel, Perranporth	5	15		20
Epiphany Home, St. Agnes	13	13		26
Rosewin Home, Truro	—	19		19
St. Teresa's, Penzance	6	10		16
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 Gentlefolk's Home, Tunbridge Wells	—	1		1
Astor Hall, Plymouth	—	1		1
Terrill House, Clifton, Bristol	—	1		1
Henry Radcliffe Home, Limpsfield	1	—		1
Belvedere Home, Kent	2	—		2
Prested Hall, Feering	—	1		1
St. Katherine's House, Wantage	—	1		1
	290	472		762

Establishment	Men	Women	Children	Total
<b>Homes Provided by Other Authorities</b>				
Surrey County Council	—	1		1
Devon County Council	1	—		1
Monmouth County Council	—	1		1
Plymouth C.B.C.	3	1		4
London County Council	1	—		1
Somerset County Council	1	—		1
<b>Blind Homes</b>				
Malabar, Truro	5	26		31
Torr, Plymouth	1	6		7
Royal School for the Blind, Leatherhead	1	—		1
<b>Epileptic Colonies</b>				
Chalfont, Bucks	1	2		3
David Lewis, Cheshire	—	1		1
Meath Home, Godalming	—	1		1
Maghull Homes, Liverpool	2	—		2
	16	39		55
Total in Residential Accommodation	306	511		817
<b>Temporary Accommodation</b>				
3, St. Saviour's Terrace, Polruan	1	1	5	7
Hostel, 17, North Street, St. Austell	1	3	7	11
Caravan at United Downs, St. Day	1	1	2	4
Old Isolation Hospital, Goss Moor	1	1	—	2
45, Slades Road, St. Austell	1	1	5	7
Redruth Coombe, Redruth	1	1	7	9
10 and 12 Church Street, Tywardreath	2	2	6	10
Hurstocks, Cardinham	1	1	—	2
11, Treslothan Road, Troon	—	1	3	4
Caravan at Looe	—	—	—	—
Willerby Caravan, Pool	1	1	4	6
Old Police Station, Camborne	3	4	17	24
Caravan at Hayle	1	1	—	2
	14	18	56	905
GRAND TOTAL	320	529	56	905
Less Chargeable to Other Authorities	5	11	—	16
NET TOTAL	315	518	56	889



The figures on page 77 in Residential Accommodation on the 31st December, 1964 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	127
		F	207
Not materially handicapped		M	9
	Not Aged	F	7

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	Aged	M	15
		F	28
Blind		M	3
	Not Aged	F	7

---

	Aged	M	1
		F	3
Deaf		M	1
	Not Aged	F	1

---

	Aged	M	2
		F	5
Epileptics		M	5
	Not Aged	F	10

---

	Aged	M	72
		F	132
Others physically handicapped		M	18
	Not Aged	F	25

---

	Aged	M	29
		F	67
Mentally handicapped		M	12
	Note Aged	F	18

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### Persons in Temporary Accommodation

Persons over age 16	Evicted	M	14
		F	17
	Others	M	1
		F	3

### Children accompanied by persons over age 16

Evicted	49
Others	4
<b>Total</b>	<b>88</b>

### 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 31.12.64	
	Number of Homes	Number of residents for whom provision made
Homes for Old Persons	... 35	430
Homes for Disabled Persons	... 1	22
Homes for Old Persons and Disabled Persons	... 7	152
	43	604

#### 2. Special Housing for Old People

(a) 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 792. The County Council make a grant if welfare services (minimum being the provision of a Warden and bell system) are provided. 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 that Residential Accommodation should only be used as a last resort 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 follows:—

Housing Authorities		No. of Housing Units
Truro R.D.C.	Portscatho	12 Bungalows
"	Mylor Bridge	8 "
"	St. Agnes	12 "
"	Goonhavern	8 "
"	Perran-ar-Worthal	11 "
"	Veryan	6 "
"	Carnon Crescent, Carnon Downs	6 "
"	St. Just-in-Roseland, Harbour View	6 "
"	Frogpool	8 "
"	Mount Hawke	6 "
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 "
"	Aldreath Close, Madron	12 "
"	Parc-an-Cady, St. Buryan	8 "
"	Atlantic Crescent, Sennen	10 "
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

Housing Authorities		No. of Housing Units
Saltash Borough	Grenfell Avenue	37 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
"	Trelander Barton	38 Flats & bungalows
Penzance Borough	Pendarves Flats	24 Flats
St. Ives Borough	Trewyn Gardens	16 Flats
"	Meadow Site	17 "
Kerrier R.D.C.	Mullion	10 Bungalows
"	St. Keverne	6 "
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
St. Austell R.D.C.	South Park, St. Columb Major	14 "
Launceston R.D.C.	Trevendon, Stokeclimsland	7 Flats & bungalows

(b) **Possible Improvements in Welfare Services**

The County Council consider that the minimum welfare services to be provided by Housing Authorities should be a Warden service and the provision of a bell system but it is pleasing to note that some of the authorities have gone beyond these minimum requirements and are providing such services as —

- (i) digging of gardens
- (ii) interior decoration
- (iii) chiropody
- (iv) hot meals and,

at least one authority (Saltash Borough Council) has installed an inter-communication system as an extension to the normal bell system. It is hoped other Housing Authorities will consider arranging for the provision of such extra facilities.

(c) The County Council is considering the extension of this Scheme to include handicapped elderly persons who may not have reached the ages stated above or other persons who are so severely and permanently handicapped that they are unable to lead a normal life and have no-one who can give them adequate care and attention.

### 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 (usually 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 number eventually have to be taken into Temporary Accommodation provided by the County Council.

The Rent Guarantee Scheme has two purposes, viz (i) to prevent loss to the District Council during the period a tenant is settling in the new home, having been rehoused by a District Council after a period in temporary accommodation and being called upon to pay a much higher rent than was formerly the case and, (ii) to prevent eviction in cases where existing tenants of Council houses have allowed standards to fall, and are in arrear with rent etc. If appropriate, one of the County Council's Family Welfare Workers visits the home and endeavours to rehabilitate the family.

It will be seen, therefore, that this is a private arrangement between the County Council and the District Councils where by agreement the County Council guarantee the District Councils against loss of rent, in the first place for six months from the date of the guarantee, but usually this period is extended. The County Council do not guarantee arrears but every endeavour is made through the Family Welfare Workers to persuade the tenants to pay off the arrears and these efforts meet with a considerable amount of success. The details of the Scheme are not revealed to the tenants concerned. 13 authorities during the last 3 years have asked the County Council to guarantee rents in respect of 63 tenants and £200.9s.11d. has been paid during the three years in question to Housing Authorities in respect of 13 defaulting tenants.

It is hoped that the District Councils which are not operating the Rent Guarantee Scheme will consider using it to prevent eviction and so give

an opportunity for the Family Welfare Workers employed by the County Council to visit the families concerned and endeavour to raise their standards and secure payment of the rent.

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 at the end of the year was 19. 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 re-house 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 18 Meals on Wheels Schemes and one Luncheon Club operating in the County. The County Council provide, on loan, the equipment (hot-locks) etc.) for the meals on wheels service and the local District Council usually makes a grant towards the running expenses, the transport being arranged by voluntary effort.

#### 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, 12 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.

#### 6. Old People's Clubs

The numbers of old people's clubs in the County at 31st December, 1964, were as follow:—

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

### HANDICAPPED PERSONS

On the 31st December, 1964 there were 1537 persons on the County Council's Register of Handicapped Persons. This number does not include those who are deaf and dumb or blind, but during the past year, it was agreed that partially sighted persons may, if they wish, be transferred from

the Register of Blind Persons to the County Council's Register of Handicapped Persons and receive all the advantages of the general classes of the handicapped.

It is the duty of the County Council to help, advise and care for those who are substantially and permanently handicapped by illness, injury or congenital deformity. The personal visiting is done by the District Welfare Officers who all have registers for their areas. There is also a Central Register.

It is often in the later years of life that a disability makes its presence felt. Many on the Register at the present time suffer from the effects of strokes or arthritis. Of course there are those who have been unfortunate enough to be congenitally handicapped—many feel that through this, they have been deprived of an essential part of their lives, but most of these cases have learnt to accept their handicap and to arrange their lives in such a way as to conceal, as far as possible, the burden which will be with them all their days. Others are disabled by War. However, disablement can come at any time, e.g. a car accident, or even a simple mishap in the home.

What do the welfare services try to achieve? The object is to **assist** those who are rendered unfit, to **provide aids** for those who are deprived of needed power, to **advise** those who are deprived of adequate resources and to **give hope** to those who are handicapped.

During the course of the last year £1,000 was used to provide people with aids and to make necessary alterations to make their lives easier in their homes. Advice is often sought (a) on money matters—where the family budgets are stretched to breaking point (b) where tempers are frayed by the anxiety of years (c) where it is no longer possible for a patient to live a normal life e.g. to lower himself into a bath or where a patient's joints have stiffened so much that special feeding equipment is necessary. It is often possible, with the help of the Ministry of Labour, to place people in either sheltered employment or to offer them facilities for training. This seems to raise the family budget sufficiently to make the person concerned feel of use to the community. Where tempers are frayed by the anxiety of years, often a 'sympathetic ear', a person able to sit and listen to the troubles with plenty of time to listen to each case is invaluable and this is where the Voluntary Services can help. Up to the present time, voluntary visiting is not organised in this County, but it may be that the getting together in the Clubs for Handicapped so recently and successfully started by the Cornwall Association for the Care of the Disabled, could assist such persons. Where aids are necessary, if they are not readily available, they may be ordered and placed on loan with patients. Medical Certificates are requested for the provision of these aids. In this day of progress, many of the light alloys are in use in aids for the disabled, and rarely a month goes by without some new type of aid becoming available. In fact, the

life of the disabled person can be considerably eased by many of the inventions which are now available.

Even so, although home is the best place for us all, there are times when a change for the patient and the people who care for the patient works wonders in the home. The County Council is able in many cases to provide holidays either at the Cheshire Home, Marazion, where the County Council have two holiday beds, one male and one female, or at Astor Hall, Plymouth. Letters of appreciation are often received from parents and patients who have enjoyed and appreciated a "rest on the way".

An extract is given below from a letter received from one of the persons after returning from a holiday —

"Many thanks to you for the lovely holiday I had at Cheshire Home. The cheers I had when I entered the Home. Xmas was very lovely and I received many presents from the Xmas tree and from each patient at the Home. Thanking you Sir again for your kindness."

The letter quoted below is from a grateful parent —

"I feel I should write you these few lines for letting my daughter stay at the hospital for a little while at the Cheshire Home. It has sure helped me to get a little rest and I sure must thank you. Every one has been so wonderful to her. And for myself I am feeling much rested. Thanking you once again."

Naturally the time will come in many cases where the relative and friends become ill or die and are no longer able to care for the person in the home who has had to have special care, because of their disability. The need, therefore, for a Home for the Physically Handicapped in this County is becoming more and more evident. The situation has been relieved to some extent by the holidays available, and also by the New Court Hospital for Young Chronic Sick at Exeter, but it is regrettable that people needing permanent care should have to go out of the County to quite unfamiliar surroundings and so far away from their home environment.

A week's holiday has been arranged for May 1965 at Falmouth and simultaneously a week's holiday at the Holiday Camp for the Disabled at Westward Ho! The cost of this holiday is shared equally by the Cornwall County Council and the Cornwall Association for the Care of the Disabled who make the arrangements for these holidays and who also assist many of the handicapped in Cornwall with the provision of Occupational Therapy. Diversional Therapy and some special aids are also available from the Red Cross Society and prove very useful. The co-operation of the voluntary organisations in Cornwall is greatly appreciated.

Disabled drivers in the County are issued, on request, with special badges. These are renewable yearly. The number of badges issued for 1964 was 74.

The above could be summed up in the following verse:—

"In others' good he finds his own;  
Life's worth in fellowship is known".

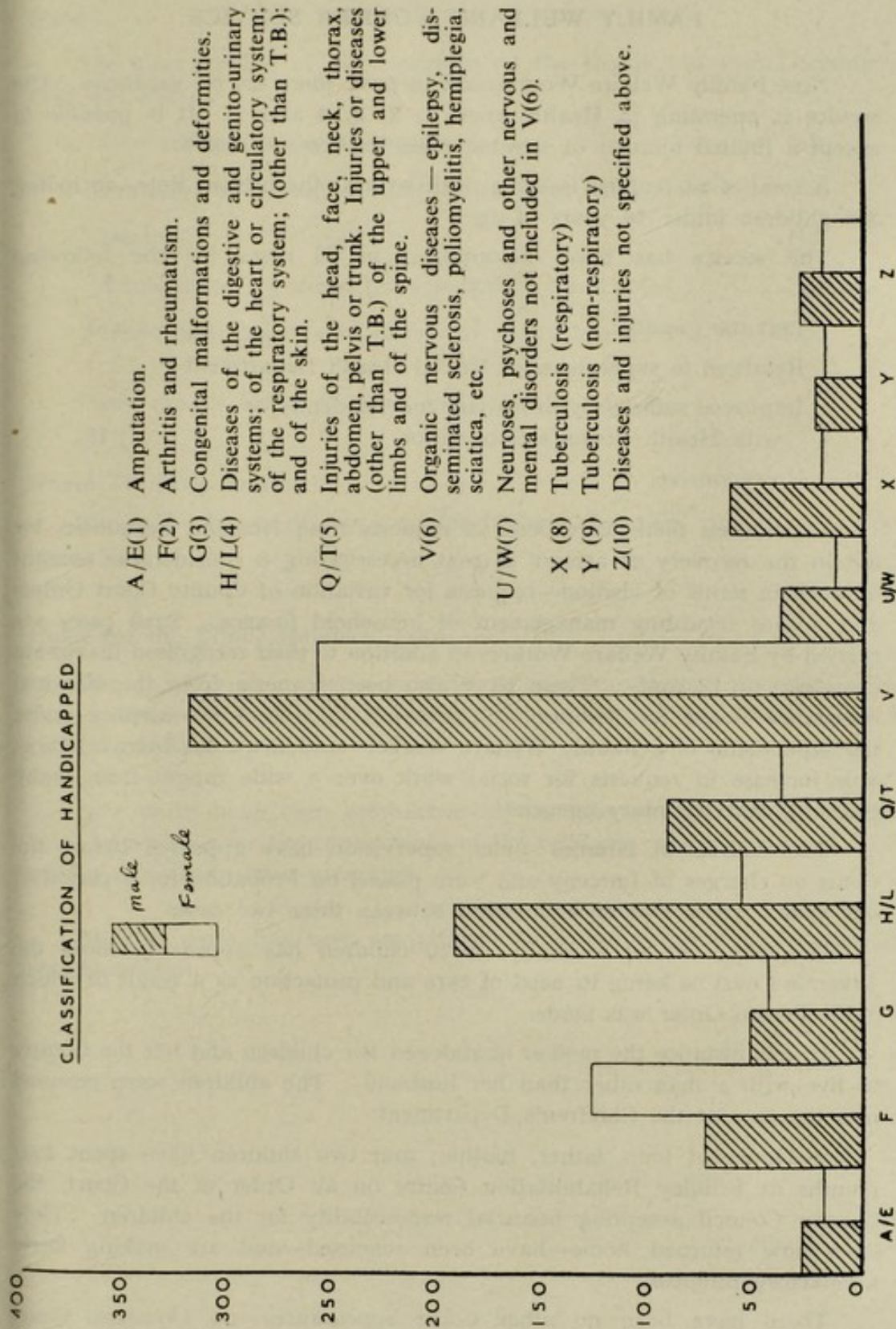


## CARE OF THE HANDICAPPED

Number of patients on register on 31.12.64.

Classification	Male			Female		
	16— 30	30— 50	Over 50	16— 30	30— 50	Over 50
A/E(1) Amputation ...	7	8	22	3	1	15
F(2) Arthritis & rheumatism	1	20	54	7	22	100
G(3) Congenital malforma- tions and deformities ...	9	31	14	19	23	3
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	51	109	22	17	19
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	37	32	9	14	16
V(6) Organic nervous diseases — epilepsy, disseminated sclerosis, poliomyelitis, hemiplegia, sciatica, etc. ...	81	127	112	84	85	79
U/W(7) Neuroses, psychoses and other nervous and mental disorders not included in V(6) ...	18	14	7	6	2	6
X(8) Tuberculosis (respiratory) ...	11	36	17	9	11	—
Y(9) Tuberculosis (non-respiratory) ...	12	5	5	9	5	5
Z(10) Diseases and injuries not specified above ...	14	9	7	8	5	7
Total ...	209	338	379	176	185	250
	926			611		
	(Included in V(6) above)					
Epileptics ...	21	20	7	25	5	5
Spastics ...	18	11	5	25	8	3
	(under 16—4)			(under 16—3)		

CLASSIFICATION OF HANDICAPPED



- A/E(1) Amputation.
- F(2) Arthritis and rheumatism.
- G(3) Congenital malformations and deformities.
- 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.
- 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.
- V(6) Organic nervous diseases — epilepsy, disseminated sclerosis, poliomyelitis, hemiplegia, sciatica, etc.
- U/W(7) Neuroses, psychoses and other nervous and mental disorders not included in V(6).
- X (8) Tuberculosis (respiratory)
- Y (9) Tuberculosis (non-respiratory)
- Z(10) Diseases and injuries not specified above.

## CHILDREN AND YOUNG PERSONS ACT 1963

## FAMILY WELFARE WORKER SERVICE

Nine Family Welfare Workers are in post, there are no vacancies. The service is operating in Health Areas 1, 2, 3, 4 and 7. It is possible to accept a limited number of selected cases in Areas 5 and 6.

A total of 94 families is being dealt with at the present time—including 365 children under 16 years of age.

The service has been discontinued in 25 cases for the following reasons —

Left the County	...	5
Returned to supervision of Mental Health Department		1
Improved sufficiently to manage independently or with Health Visitor's Supervision	..	18
Unresponsive	...	1

In addition there have been 22 requests from Housing Authorities for aid in the recovery of arrears of rent necessitating a considerable amount of work in terms of visiting—requests for variation of County Court Orders and advice regarding management of household finance. Such cases are carried by Family Welfare Workers in addition to their recognised maximum case load of 12 cases. There have also been requests from the National Assistance Board for "supervised shopping" in cases not already under the supervision of a Family Welfare Worker—and there has been a noticeable increase in requests for social work over a wide range—from many statutory and voluntary agencies.

Two fathers of families under supervision have appeared before the Court on charges of Larceny and were placed on Probation for a period of one year. There was no connection between these two cases.

One boy, one of a family of 10 children has appeared before the Juvenile Court as being in need of care and protection as a result of which a Fit Person Order was made.

In one instance the mother abandoned her children and left the County to live with a man other than her husband. The children were received into the care of the Children's Department.

A family of four, father, mother, and two children have spent four months at Frimley Rehabilitation Centre on an Order of the Court, the County Council accepting financial responsibility for the children. They have now returned home—have been rehoused—and are making fairly satisfactory progress.

There have been no other Court appearances—no Domestic Court Proceedings and no evictions from privately owned or Council property.

## BLIND AND PARTIALLY-SIGHTED PERSONS

**Blind**

The total number of blind persons on the Register at 31st December, 1964 was 882.

New admissions during the year	...	159
Transfers of registered blind people from other areas		15
Deaths	...	110
Transfers of registered blind people to other areas	...	13
Decertifications due to improved visual acuity	...	2

There are 12 Home Workers in Cornwall.

**Home Teaching Service**

The staff consists of seven qualified Home Teachers, and there is one vacancy.

**Home for the Blind, Malabar, Truro**

During this year ambitious schemes to bring the Home up to date have been completed and Malabar Home is now a convenient unit, well-decorated and in excellent repair.

New paths have been established in the extensive grounds and these have been railed for the convenience of the residents, and a numbr of teak garden seats have been presented.

All this work has been undertaken from the voluntary resources of the Association.

## Register of Blind Persons:—

Age Period	Age Groups of Blind Persons			Age at onset of Blindness		
	Males	Females	Total	Males	Females	Total
0	—	—	—	25	35	60
1	—	1	1	—	—	—
2	—	1	1	1	—	1
3	—	—	—	2	1	3
4	—	—	—	2	—	2
5—10	4	2	6	9	8	17
11—15	5	1	6	7	4	11
16—20	7	5	12	10	7	17
21—29	8	4	12	17	14	31
30—39	14	9	23	25	18	43
40—49	25	25	50	30	43	73
50—59	35	43	78	47	58	105
60—64	31	38	69	28	47	75
65—69	36	45	81	20	61	81
70—79	79	138	217	57	140	197
80—84	47	113	160	23	68	91
85—89	23	77	100	11	34	45
90 & over	10	56	66	2	15	17
Unknown	—	—	—	8	5	13
Totals	324	558	882	324	558	882

## New cases registered during the year:—

Age Period	Age Groups			Age at Onset		
	Males	Females	Total	Males	Females	Total
0—4	—	2	2	—	2	2
5—10	—	—	—	—	—	—
11—15	—	—	—	1	—	1
16—20	—	—	—	—	—	—
21—29	2	—	2	1	—	1
30—39	1	1	2	1	1	2
40—49	1	—	1	1	—	1
50—59	2	4	6	2	5	7
60—64	3	6	9	3	8	11
65—69	4	5	9	5	5	10
70—79	22	29	51	25	37	62
80—84	11	30	41	8	27	35
85—89	6	18	24	6	11	17
90 and over	2	8	10	1	5	6
Unknown	—	—	—	—	2	2
Totals	54	103	157	54	103	157

Blind Children under 16 years	Males	Females	Total
1. Age under 2	—	1	1
2. Age 2—4:			
Suitable for education at school	—	1	1
Unsuitable for education at school	—	—	—
	—	2	2
3. Age 5—15			
Suitable for education at school	—	—	—
Attending Special Schools for the Blind			
(i) Blind with NO other defects	3	3	6
(ii) Blind WITH other defects	1	—	1
	4	3	7
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
	5	—	5
Total children	9	5	14

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

	Males	Females	Total
1. At School			
Age Group 16—20	—	2	2
2. Undergoing training			
(i) For sheltered employment	1	—	1
(ii) For open employment	3	—	3
Total training	4	2	6
3. Employed			
Employment under Sheltered Conditions			
(i) In Workshops for the Blind	4	—	4
(ii) In Home Workers' Schemes	10	2	12
Employment under Ordinary Conditions	24	3	27
Total Employed	38	5	43

## 4. Not Employed

## Capable of and available for work

## Already trained

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

## Subject to being trained

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

## Without training

(i) For sheltered employment ...	—	—	—
(ii) For open employment ...	6	—	6

## Not available for work

Age Group 16—59 ...	...	19	44	63
Age Group 60—64 ...	...	11	24	35

## Not capable of work

Age Group 16—59 ...	...	33	37	70
Age Group 60—64 ...	...	14	14	28

## Not working

Age 65 and over ...	...	189	427	616
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		<u>273</u>	<u>546</u>	<u>819</u>
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Grand Total ...		<u>315</u>	<u>553</u>	<u>868</u>
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## Occupations of Employed Blind Persons:—

	Employment Under		
	In Special Workshops	Sheltered Conditions In Home Workers Schemes	Ordinary Conditions
<b>GROUP I</b>			
Professional, Technical, Administrative and Executive Workers, Managerial Workers			
Masseurs and Physiotherapists ...	—	—	5
Ministers of Religion ...	—	—	1
Musicians and Music Teachers ...	—	1	1
Other Workers in Group I ...	—	—	1
<b>GROUP II</b>			
Clerical and Related Workers			
Typists ...	—	—	1
Braille Copyists ...	—	1	—
Telephone Operators ...	—	—	3
<b>GROUP III</b>			
Sales Workers			
Working Proprietors, Shop Managers ...	—	1	4
Street Vendors ...	—	—	1
<b>GROUP IV</b>			
Agricultural and Horticultural Workers			
Farmers ...	—	—	4
Poultry Keepers ...	—	1	2
<b>GROUP V</b>			
Craftsmen, Production Process Workers, Labourers			
Machine Tool Operators ...	1	—	2
Knitters ...	—	2	—
Basket Makers ...	—	3	—



	Employment Under			Sheltered		Under
	Conditions			Conditions		
	In Special	In Home		Workshops	Workers	Conditions
	Workshops	Schemes				
Mat Makers	...	...	...	1	—	—
Brush Makers	...	...	...	1	—	—
Piano Tuners	...	...	...	—	3	1
Craftsmen and Production Process						
Workers	...	...	...	1	—	—
Labourers	...	...	...	—	—	—
Viewers, Inspectors and Testers	...	...	...	—	—	1
				4	12	27

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

	Males	Females	Total
(a) Mentally Ill	7	16	23
(b) Mentally Sub-Normal	15	8	23
(c) Physically Defective	27	40	67
(d) Deaf without Speech	—	—	—
(e) Deaf with Speech	3	4	7
(f) Hard of Hearing	17	44	61
Combination of (a) and (c)	—	1	1
Combination of (a) and (f)	1	1	2
Combination of (b) and (c)	2	2	4
Combination of (c) and (e)	—	1	1
Combination of (c) and (f)	2	4	6
	74	121	195

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) Home for the Blind	6	32	38
(b) Other Homes	10	11	21
Other Residential Homes	3	13	16
Hospitals for the Mentally Ill	8	18	26
Hospitals for the Mentally Sub-Normal	8	1	9
Other Hospitals	11	27	38
	46	102	148

## Miscellaneous information:

Social Centres ... ..	6
Handicraft Classes ... ..	11
St. Dunstaners ... ..	9
Persons newly employed in open industry ...	1
Persons discharged from open industry during year ... ..	0

## Partially Sighted

The total number of partially sighted persons on the register at 31st December, 1964 was 199.

New admissions during the year ... ..	45
Transfers into the County ... ..	6
Deaths ... ..	19
Transfers out of the County ... ..	4
Transfers to the Blind Register and Decertifications due to improved visual acuity ... ..	17

Details of the register for 1964 are as follows:

## Age Groups of Partially Sighted Persons

	Males	Females	Total
0—4 ... ..	—	1	1
5—15 ... ..	8	4	12
16—20 ... ..	5	5	10
21—49 ... ..	10	12	22
50—64 ... ..	13	14	27
65 and over ... ..	34	93	127
Totals ... ..	70	129	199

## Cases newly registered during the year

Age at date of registration

	Males	Females	Total
0—4 ... ..	—	1	1
5—15 ... ..	1	—	1
16—20 ... ..	—	—	—
21—49 ... ..	2	—	2
50—64 ... ..	2	5	7
65 and over ... ..	12	22	34
	17	28	45

CLASS A  
Persons Near and Prospectively Blind  
(age 16 and over)

	Males	Females	Total
Employed ... ..	4	1	5
Undergoing Training	—	—	—
Unemployed:—			
Available for and capable of training or work ...	3	—	3
Not available for or not capable of work ...	28	70	98
	<hr/>	<hr/>	<hr/>
	35	71	106
	<hr/>	<hr/>	<hr/>

CLASS B  
Persons Mainly Industrially Handicapped:

	Males	Females	Total
Employed ... ..	5	3	8
Undergoing training ...	1	1	2
Unemployed:			
Available for and capable of training or work ... ..	2	2	4
Not available for or not capable of work	2	1	3
	<hr/>	<hr/>	<hr/>
	10	7	17
	<hr/>	<hr/>	<hr/>

CLASS C	Males	Females	Total
Persons requiring observation only	16	46	62

CLASS D  
Children 5—16

	Males	Females	Total
Educable:			
At Special Schools ...	4	2	6
At other schools ...	3	2	5
Not at school ...	—	—	—
Ineducable ...	1	—	1
	<hr/>	<hr/>	<hr/>
	8	4	12
	<hr/>	<hr/>	<hr/>

Children over 16 and still at school ... 1

## WELFARE OF THE DEAF, DEAFENED AND HARD OF HEARING

The welfare of the deaf, deafened and hard of hearing is undertaken by the Cornwall County Association for the Deaf, a voluntary body founded in 1932, which represents most of the Christian denominations as well as other charitable bodies.

Deaf people can be roughly grouped into three categories: the deaf—those who have been deaf from birth or early childhood, and who have difficulty with speech; the deafened—those who have become profoundly deaf since childhood, and therefore have a normal educational background; and the Hard of Hearing—those who can still hear the spoken word, either with or without a hearing aid. The needs of each group are different.

At present the born-deaf—the deaf—receive the most complete welfare service. The numbers are known fairly accurately, and most have been known to the Association for many years. The majority live in their own homes, and are earning their living at normal places of employment. Welfare care consists of regular visiting: and appropriate assistance should any difficulty have arisen. This may be anything from helping to fill up an official enquiry form to giving advice and assistance in marital, legal, or financial matters.

In addition social activities are encouraged, and the Association maintains a special Club room for the deaf at Camborne, and hopes shortly to open others, notably at St. Austell. Religious services are also provided at these centres.

More and more deafened individuals are coming to the Association's notice. At present the worker is unable to do more than take note of the person's difficulties, and to visit at fairly long intervals. Deafened people often need special social rehabilitation which can be very slow and time-consuming. The numbers are comparatively small, but the need of the particular individual may be extremely tragic, and much more needs to be done in this field.

The Association is unable at present to provide any service for the Hard of Hearing, other than a visit and advice in some emergency for any individual hard of hearing person. A follow-up system for those receiving National Health hearing aids is badly needed, and there are no facilities for lipreading tuition in the county.

Ultimately any provision carried out by a local authority or a charitable body depends on the desire of the general public that this particular provision should be made. It is a commonplace that the public are not

sufficiently aware of the existence and needs of the deaf. Advertisement for the deaf world is therefore an important part of the Association's work, and great efforts are being made in this direction, with public meetings, exhibitions and addresses to various groups and fellowships. It is upon the response to these appeals for the goodwill of the public that the future of work for the deaf in Cornwall will depend.

		Age 16—64 Dec. 1964	65 & over Dec. 1964	Total Dec. 1964
Deaf with normal speech:	Male	1	3	4
	Female	3	5	8
Deaf without normal speech:	Male	39	9	48
	Female	48	18	66

(Some of the above include blind or partially blind persons)

#### Speech attainments of Deaf persons

M/F	Total No.	Speech only	Speech and finger- spelling	Finger- spelling only	Signs only
M	50	7	16	14	13
F	66	22	22	10	12

#### Speech attainments

The above table refers to the profoundly deaf: those who were either born so, or became deaf to speech sounds at a very early age before the education process could be fairly said to have begun. Without special educational provision such persons grow up to be completely dumb.

Great advances have been made in deaf education, with the result that it is often possible to train severely deaf children to use speech and its corollary lipreading as their normal method of communication. Very occasionally such speech can be cultivated to such an extent as to be acceptable and intelligible to the ordinary public. More often the speech attainment is such as to be merely the means whereby the deaf person can make his needs known: deaf persons who can carry on a fluent conversation are not as common as is popularly believed. It is often forgotten what an outstanding achievement any speech at all can be under such circumstances as deafness in infancy.

In spite of the undoubted advances in deaf education and the provision of hearing aids, there remain considerable numbers of people deaf from

infancy who cannot use speech with any great ease or fluency, and are not readily understood by their acquaintances. Skill among the deaf in speech has been fairly well proved to depend on an innate ability akin to skill at games or music, and does not necessarily depend on intelligence. Thus there are many who make very little progress in speech at all, and have to rely on writing, or the services of an interpreter in deaf manual sign-language.

The above figures show the proportion of such persons in Cornwall; and similar surveys elsewhere show much the same result.

It is with less severely deaf children with some ability to hear speech sounds, perhaps with a hearing aid, that the best advances in speech have been made, often to the extent of almost complete rehabilitation.

Quite apart from speech training, however, deaf children inevitably grow up in a different educational environment to the rest of the population, not only in school, but with regard to their perception and understanding of the events around them. The mental development of deaf people differs from the normal, and their thought processes are based on different habits of mind.

A great deal of the work of an agency dealing with the care of the deaf depends on experience of deaf persons' thought processes, and consists not only of interpreting the deaf to the hearing world, but the inverse interpretation of the hearing world to the deaf. A great proportion of the difficulties deaf people experience stem from their different attitude of mind, and the misunderstandings which so easily arise on both sides.

While much of the work of deaf welfare is of a general welfare kind: finding employment, advice on domestic problems, aid for the sick or needy, finding accommodation, providing social activities and the like, including religious ministrations, deaf welfare is unique in dealing with a body of people who, to a greater or less degree, but always substantially, are cut-off from the rest of the community, and who, left to themselves might well degenerate into solitary misfits. The needs of the deaf are peculiar to themselves and not often appreciated by others, but these needs are none the less profound, reaching into the depths of human personality. It is not sufficiently realised what poignant effects even a mild degree of deafness can produce.

## REPORT OF THE CORNWALL ASSOCIATION FOR THE CARE OF THE DISABLED

Very few years pass without some disruption of visiting caused by staff changes and shortage. The year 1964 was no exception. On the contrary, the position was particularly difficult. In February an assistant occupational therapist resigned and for the next three months visiting was carried on with a complement of two only. At the end of May a part-time therapist was appointed and in September a newly qualified student from St. Loyes College, Exeter, took up duty. Unfortunately, however, in the same month the Head Occupational Therapist left to take up an important post in Australia. At the close of the year a replacement had not been found. Rather surprisingly visiting has not suffered any serious decline and the number of visits recorded is just under 300 fewer than the previous year. Sale of craftwork and raw materials has been more than maintained and, in fact, approaches the record figure reached in 1962. A marginal decrease in the number of cases on the Register at the close of the year will also be noted but this can be attributed to a greater employment of the British Red Cross Society's services in the provision of diversional therapy of which special mention was made a year ago.

One development of real importance has been the planning of Social Clubs for disabled persons. At the time of writing this Report Clubs are firmly established in Camborne, St. Austell, Truro and Penzance. A gratifying feature in the development of this aspect of the Association's work has been the close co-operation of the County Welfare Department and the British Red Cross Society. This co-operation has enabled many disabled persons, not on the Association's Register, to share in the benefits which social gatherings, organised specially for the disabled of both sexes, can bring into the lives of people to whom normal social activities are denied.

One further step forward should be mentioned in connection with the Holiday scheme. One problem which has always been difficult to overcome has been the unsuitability of hotel life for persons whose disabilities seriously restrict their mobility. A year ago, in an effort to provide holidays for the more seriously disabled, two patients were sent to the Westward Ho! Holiday Camp. This camp is organised for one week each year and special arrangements for providing for the needs of incapacitated patients are made. This year the scope of the scheme was extended to enable a total of fifteen men and women and two attendants to go. Transport was a major problem but this was overcome through the great kindness of the Management Committee of St. Teresa's Cheshire Home who lent to the Association a purpose-adapted bus in which patients could travel in their wheel chairs.

The assistance of the St. John Ambulance Brigade and the Red Cross

Society was invaluable. They provided the attendants at the Camp and the Ambulance men who afforded the assistance necessary to enable patients, in their wheel chairs to get on and off the bus at the collecting points en route.

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

		1963	1964
Sales	...	£1,363	£1,630
Total visits	...	3,691	3,398
New cases	...	37	29
Cases closed	...	48	33
Patients on the Register at 31st December	...	239	235

#### Age Grouping

		Male	Female
Under 16 years	...	1	—
16—30	...	13	11
31—50	...	41	30
Over 50	...	89	50
Patients on the Register at 31/12/64	...	144	91

## FOOD AND DRUGS ACT

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

The County Council is the Food and Drug Authority for the whole County and as such has the duty to ensure that purchasers are supplied with pure and genuine food and that prescribed standards of composition, description and labelling are met.

To this end 3353 samples were obtained during the year and scrutinized or analysed.

Five hundred and thirty four of these samples were submitted to the Public Analyst for the County for complete compositional examination. Of these, twenty six were adversely reported. Most of these were satisfactorily resolved by direct communication with the manufacturers but proceedings were instituted in six cases for such offences as selling milk with a false trade description, bacon in an unwholesome condition, milk containing added water, using a special designation without holding a licence, corned beef in a state of decomposition, bread and margarine sold for bread and butter and ten offences in connection with foreign bodies.



## SUMMARY OF SAMPLES

Article	Total No. Taken	Examined in Dept	Sent to Public Analyst	Unsatisfactory (including Foreign Bodies)
Milk	2302	2249	53	16
Milk Products	153	113	40	3
Cream	89	81	8	—
Ice Cream	109	104	5	1
Sugar and Sugar Confectionery	68	7	61	5
Flour and Flour Confectionery and Bread	30	5	25	6
Cornish Pasties	203	203	—	—
Meat and Fish Products	161	56	105	10
Soups and Sauces	5	—	5	—
Fruit and Vegetables	82	—	82	—
Tea, Coffee and Cocoa	19	—	19	—
Soft Drinks	39	—	39	1
Spirits and Beers	45	—	45	2
Cooking Fats	14	—	14	1
Vinegar	13	—	13	—
Flavouring, Seasoning and Colouring	15	—	15	—
Honey	1	—	1	—
Ground Almonds	4	—	4	—
Liquid Paraffin	1	—	1	—
	3353	2818	535	45

Careful investigations were made following complaints regarding "foreign" bodies in food. These are widely diverse and include glass in milk, wasp in raspberry jam, piece of wood in bread, maggots in bacon, inedible stalks decorating jelly sweets, oil or grease in bread, mould on pork pies, hair net in margarine, stone in cake, hay or grass in milk, glass fragments in bread crumbs, bone in boneless bacon, decomposed corned beef, moth larva in granulated sugar, surgery wool in sugar, animal hair in stewed steak, cloth in saffron cake, string in sausages, iron tack in sweet, half a wasp in jam doughnut, wire in rusk biscuit, and various items in bottles of milk.

The number of these complaints remains high and is in all probability due to the very high proportion of food which is now processed or partly processed by machinery and of the difficulty of detecting solid impurities once they have found their way into the food.

With the co-operation of the County Public Health Officers forty one samples of milk supplied to schools were submitted to test for compositional quality and all of these proved to be genuine.

Since 1955 the County of Cornwall has been a specified area in which only designated milk is permitted to be sold for human consumption. Under an Order made in 1963 the designations are "pasteurised", "sterilised" and "untreated". It is unusual to find milk for sale which is not properly designated but one retailer was discovered selling milk with which he had mixed the produce from other farms without being properly authorised to do so. In addition a sample when analysed showed 40% of extraneous water had also been added. This offender was severely dealt with by the Magistrates being fined £50 in respect of the added water and £30 for not having a licence.

## SANITARY CIRCUMSTANCES

### REPORT OF COUNTY PUBLIC HEALTH OFFICER

#### MILK AND DAIRIES ADMINISTRATION

##### Milk (Special Designation) Regulations

For some years the number of registered dairy herds in Cornwall has been declining, and this trend continued during 1964. At the end of the year there were in the county 5,788 milk producers, 378 producer-retailers, and approximately 96,000 attested dairy cattle. The annual milk yield from these farms, excluding producer-retailers for whom separate figures are not available, was 65,080,000 gallons. Compared with 1963 these figures show a reduction of 310 in the number of dairy farmers, twenty-four fewer producer-retailers, and a drop of approximately 1½ million gallons in the annual milk yield.

Every dairy herd in England and Wales has passed the Tuberculin Test, and consequently the special designation "Tuberculin Tested" used for more than forty years as a quality description of milk no longer has any significance. Milk Regulations made in 1963 by the Ministry of Agriculture, Fisheries and Food, acting jointly with the Ministry of Health, replaced this designation with the more realistic description "Untreated", and as from 1st October, 1964, all raw milk must bear this new designation.

In Cornwall all milk licences are issued by the Ministry of Agriculture, Fisheries and Food, or the County Council. The Ministry licence producer-retailers and the County Council all other milk dealers. The line of demarcation between Ministry and County Council functions is a fine one, and in order to prevent unnecessary duplication of work a close liaison is maintained between the respective officers of both authorities.

The number of milk licences issued by the County Council and in operation on the 1st January, 1964, was 914. During the year a further 215 were granted and 204 cancelled, bringing the total at 31st December to 925.

Before any licence is granted the applicant's arrangements for treating, handling, storage and distribution of milk are closely scrutinised by the County Public Health Officers and applications are not approved until these conditions satisfy the statutory requirements. Dairies licensed by the County Council are inspected from time to time as a matter of routine. In addition, special investigations are made whenever milk samples fail the prescribed tests or complaints are received from the general public.

During the year fifteen dairies were modernised as a result of informal discussions between dairymen and the County Public Health Officers. The willingness of most milk retailers to undertake costly improvements and cold store installations is particularly commendable, and contributes in no small measure to the excellent hygienic quality of milk retailed in the county.

Milk Regulations prescribe statutory tests for checking the keeping quality of milk and also for ensuring that the heat treatment processes of pasteurisation and sterilisation are properly carried out. Samples of all grades of milk are purchased regularly from dairymen or taken from pasteurising plants and submitted for examination by the Director of the Public Health Laboratory. The following table is a summary of the laboratory reports on all samples taken and examined during 1964.

Grade of Milk	No. of Samples	Phosphatase Test		Methylene Blue Test		Turbidity Test		Percentage of failures
		Passed	Failed	Passed	Failed	Passed	Failed	
Pasteurised	1,147	1,145	2	1,113	34	—	—	3.1
Untreated	242	—	—	199	43	—	—	17.8
Sterilised	96	—	—	—	—	96	—	0

The Methylene Blue test determines keeping quality. Phosphatase and Turbidity tests indicate whether pasteurising and sterilising processes have been carried out in accordance with Milk Regulations.

The small percentage of pasteurised and sterilised milk samples failing the tests (3.1% and 0%) demonstrated the effectiveness of the hygienic methods of milk collection, pasteurisation, storage, and distribution employed by the modern dairy industry. Unfortunately there has been an increase in the proportion of Untreated milk samples failing the keeping quality test, and efforts are being made by the respective officers of the County Council and Ministry to improve the production and distribution arrangements for this grade of milk.

Approximately 90% of all milk retailed in Cornwall is pasteurised, and the County Council as licensing authority is responsible for the inspection and supervision of the milk factories where this treatment is carried out. In a modern large pasteurising dairy almost every process is automated and milk passes through the various stages from churn to bottle untouched by hand. A total quantity of some 33,500 gallons of milk is pasteurised every day at the seven establishments licensed for this purpose in Cornwall. Of this amount about 31,900 gallons are treated at four dairies using the High Temperature Short Time (H.T.S.T.) method of pasteurisation, and the remaining 1,600 gallons at three smaller undertakings relying on the "Positive Holder" process. The Holder process is the original method of pasteurisation whereby milk stored in a vat is raised to a temperature of between 145° and 150° F. and held at that point for thirty minutes. This form of treatment has been superseded, at least as far as the major dairy companies are concerned, by the H.T.S.T. technique in which milk is heated to 161°F. in fifteen seconds. In both systems the milk immediately after pasteurisation is cooled to a temperature not exceeding 50°F. At this stage it has an excellent keeping quality and is free from pathogenic bacteria.

Only one milk factory in the county is licensed for sterilisation of milk, and during 1964 about 750 gallons per day were treated by this process. The method of sterilisation adopted is for bottles of milk to be stacked in a special sterilising chamber which is then heated to a temperature of approximately 235°F. for about twenty minutes. Sterilised milk has a distinctive flavour but a more or less unlimited shelf life

Every treatment process carried out during pasteurisation and sterilisation of milk is inspected at frequent intervals by the County Public Health Officers, and samples taken from various points along the production line are examined in the Public Health laboratory at Truro. Bottle washing machines are checked and sterility tests carried out on washed bottles; with few exceptions these conformed to the standard of cleanliness recommended by the Ministry of Health. Where bottles did not conform to this standard further detailed investigations were made, as a result of which one machine was replaced and two completely overhauled.

#### **Milk Sampling—Dairy Herds**

Dairy cows suffering from brucellosis may transmit undulant fever to human beings if infected milk is consumed without first being subjected to heat treatment. Pasteurisation has undoubtedly brought safety from brucellosis to urban populations, but pasteurisation by itself cannot eliminate the disease. In rural areas a high proportion of the population, particularly farmers and farm workers, do not drink pasteurised milk, and therefore ultimately the only effective way of preventing brucellosis in human beings will be by eradication of the disease in animals. Such a scheme is being carried out in Northern Ireland under a Brucellosis Control Order which

came into operation on the 1st June, 1963. So far no similar scheme exists in this country.

In Cornwall efforts are made to limit the sale of infected raw milk to the public by taking samples from dairy herds and submitting these for detailed examination by the Director of the Public Health Laboratory. The routine procedure is for a sample of the bulked milk from the whole herd to be subjected to a screening test. Samples of Untreated milk purchased from roundsmen are also examined in this way. When any screening test indicates the possibility of one or more animals in a herd being infected, specimens of milk are taken from every cow. Samples so obtained are subjected to further laboratory tests which include culturing the organisms on specially prepared plates, and inoculating guinea pigs with the suspected milk and examining the carcasses and organs for evidence of the disease after an interval of between five and six weeks. Should brucella organisms be isolated from any specimen a ban is imposed on retailing milk from the infected animal, and the whole herd is re-examined at bi-monthly intervals until two consecutive negative samples are obtained. Of the eighty-five dairy herds investigated during 1964 ten were found to contain infected cows. In these ten herds a total of sixty-three cows were excreting live brucella organisms into the milk. Three of the investigations were undertaken as a result of the department being notified of persons suffering from undulant fever who might have contracted the disease as a result of drinking raw milk from cows infected with brucellosis.

The following table is a summary of the laboratory reports on milk samples submitted for brucella abortus examination during 1964.

Laboratory Test	No. of Samples reported		Total milk specimens examined
	Positive	Negative	
Screening Test			
(Milk Ring) ...	12	77	89
Direct Culture ...	82	1,281	1,363
Guinea Pig Inoculation ...	—	8	8

## SCHOOLS, COUNTY COUNCIL HOMES, ETC.

### School Canteens and Central Kitchens

The Food Hygiene (General) Regulations, 1960, lay down requirements for the hygienic handling of food and sanitary condition of premises where it is prepared and stored. The County Public Health Officers inspect the 209 kitchens and 105 serveries attached to schools in Cornwall to ensure that these statutory requirements are observed, and at the same time also examine foodstocks for soundness and quality. It is a pleasure to report that although a few minor structural defects were noted during 1964, the

standard of hygiene in school canteens was maintained at a high level, and the quality of food supplied was excellent. This standard can only be sustained by constantly renewing or replacing worn or out-dated equipment, and improving premises. During the year the Education Department spent £10,817 on improvement schemes at twenty-two school canteens, and in addition three new kitchens and two serveries were constructed.

### Milk in Schools

Within the county 329 maintained and thirty-three non-maintained school departments are supplied with pasteurised milk in  $\frac{1}{3}$ rd-pint bottles by forty-one retailers. The overall percentage of children taking milk (68.65%) shows little change from the corresponding figure for 1963 (68.5%), but a breakdown of this percentage indicates a fall in milk consumption between primary and secondary school pupils. In the primary schools eight out of every ten (80.7%) are milk drinkers compared with only five out of ten (52.7%) at secondary schools.

Since the Milk in Schools scheme started more than thirty years ago the Health Department's policy has always been that ultimately every school in Cornwall should be supplied with pasteurised milk. After thirty years of effort this objective was finally achieved during 1964.

Periodically samples of milk delivered to schools are tested for keeping quality by the Director of the Public Health Laboratory and for chemical composition by the Chief Inspector of Food and Drugs. It is gratifying to report that every sample examined during 1964 passed the statutory tests.

The condition of milk bottles returned to dairies from some schools continues to give cause for concern. In my 1963 Annual Report a "Code of Practice" was suggested for the storage of milk and treatment of empty bottles at schools and if this "code", which is again set out below, had been observed at every school, then dairymen would have no cause for complaint.

1. 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.
2. Milk bottles should be rinsed after use, or where rinsing is impracticable surplus milk should be poured into a sink or drainage gully before the empty bottle is replaced in the crate.
3. Used straws, aluminum foil 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

During the year five complaints relating to the unsatisfactory condition of milk delivered to schools were investigated by the Chief Food and Drugs Inspector. Four of these complaints concerned particles of glass or

aluminium foil caps within the bottle, and one related to the dirty and damaged condition of bottle caps when the milk was delivered to the school. Warning letters were sent to the dairies concerned.

### Water Supplies in Schools

The progress made during the past decade in providing schools with water from public mains is worthy of special comment. In 1954, 108 Cornish schools were compelled to rely on drinking water obtained from local wells, shutes, or springs, many of which were of doubtful purity. Since that time extensive water distribution schemes carried out in rural areas by water undertakings have made it possible to eliminate most of these doubtful or unsatisfactory sources of supply, and by the end of 1964 only ten school departments in the county were not connected to public mains. Under the County Education Department's development plan only four of the ten schools will be retained as permanent establishments, and each of these should have mains water available within the next two years.

The bacteriological quality of drinking water at maintained schools is checked by the Director of the Public Health Laboratory. In his report on all water samples taken from schools or canteens during 1964 he states that only two were unsatisfactory. Detailed investigations into both of these doubtful sources of supply were made by the County Public Health Officer, and remedial action has been taken in each case.

### School Swimming Pools

During recent years public enthusiasm for the installation of swimming pools at schools has developed rapidly in almost every part of the country, and Cornwall has proved no exception to this rule. Generally, funds for providing pools are raised by parent-teacher associations, with the Education Authority making a grant towards the capital cost and subsequently taking over responsibility for maintenance. County Council policy on swimming pools is as follows —

1. Grants shall be limited to 25% of the tendered cost of approved pools.
2. Grants shall be based on the cost of approved pools without diving facilities. Additional costs to be borne by the local sponsors.
3. The pools will become the property of the Education Authority, who will be responsible for their maintenance.

By the end of the year, swimming pools had been installed and were in use at the following schools:—

School	Capacity
Mawnan Smith V.A.	... 3,000 gallons
Tretherras C.S., Newquay	... 80,000 gallons

School	Capacity
Trescobeas C.S., Falmouth ...	70,000 gallons
Wadebridge C.S. ...	70,000 gallons
Treviglas C.S., Newquay ...	30,000 gallons
Trevisker C.P., St. Eval ...	8,000 gallons
Mount Charles C.P., St. Austell ...	8,000 gallons
Other pools were under construction at —	
Tregony C.S. ...	30,000 gallons
Polruan C.P. ...	8,000 gallons
Pensilva C.P. ...	8,000 gallons

In addition to those schools which enjoy the use of their own pools, eight use a private pool at Carlyon Bay, and one a swimming pool installed at H.M.S. Raleigh, a Royal Naval shore establishment at Torpoint. Children from twenty-one schools receive swimming instruction in the public baths at Launceston, Bude and Penzance, whilst six schools at Falmouth and two at Torpoint rely on local beaches.

The County Public Health Officers visit all pools used by school children and check maintenance routine, bacteriological and chemical condition of water, and efficiency of chlorinating and filtration equipment. Instructors at each school are required to test the chlorine residual in pool water at least once during each day and record the result on an information sheet together with a report on the general health and any infected skin condition of the pupils. These completed record sheets are returned at the end of each week to the Principal School Medical Officer.

The County Architect and I as Principal School Medical Officer are preparing an information sheet for the guidance of head teachers, school managers and parent-teacher associations who are interested in the possibility of providing a swimming pool at any school maintained by the local education authority and this should be available early in 1965.

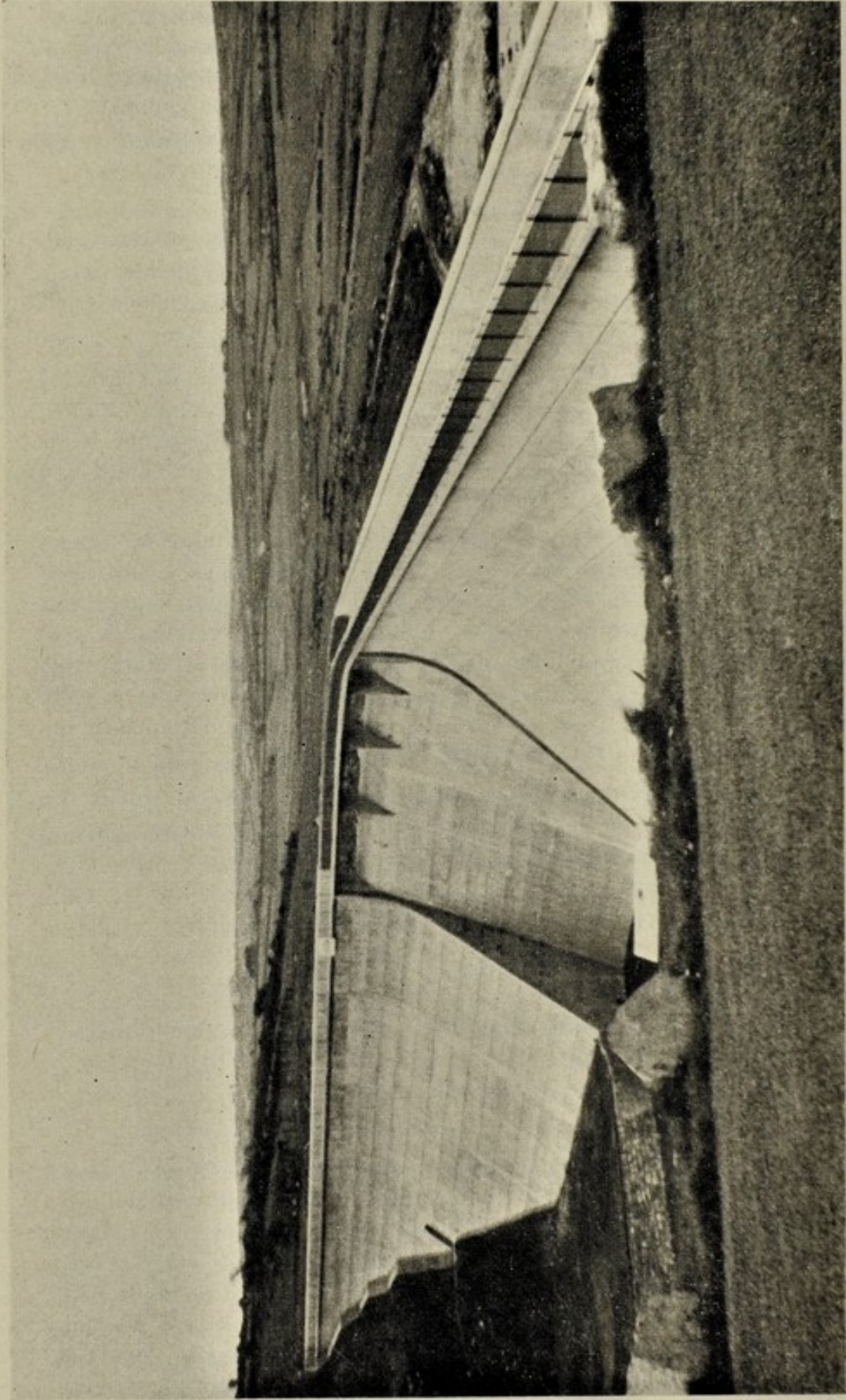
#### County Council Homes—Food Hygiene

Kitchens and foodstocks at County Council Homes are inspected and advice on food hygiene given to staff. Ten Old People's and two Children's Homes were visited during 1964, and at each of these the standard of hygiene and quality of food was excellent.

#### Hospitals

Samples of water and milk supplies to hospitals in the West Cornwall Hospital Management Committee's area are submitted for bacteriological and chemical examination. The seventeen milk samples examined during the year were all reported satisfactory, but of the nineteen water samples taken two failed to comply with the standard required for a domestic water supply. Both of these samples came from a private water source belonging to one hospital; the use of this supply for hospital purposes has been abandoned, and all water is now obtained from public mains.





STITHIANS IMPOUNDING RESERVOIR  
Completed dam: December, 1964

## 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 does not qualify for grant. The County Council's policy on grant aid under these Acts is that rural districts receive a contribution equivalent to that made by the Ministry, whilst applications by other authorities are considered on their merits. Where the County Council's share of grant toward any scheme exceeds £2,000 it is paid as an annual contribution for a period of thirty years. When grant is less than £2,000 a single payment is made on completion of the work.

Since 1945 more than £6,500,000 has been spent on schemes of water supply and sewerage in the rural areas of Cornwall. From a small beginning, £1,374 in 1946, the County Council's share of this expenditure has risen year by year until it reached a record total of £104,930 in 1964. There is every indication that this annual contribution will continue to rise for several years in keeping with the general trend shown in the graph on page 128. The total cost of future water supply and sewerage schemes in the rural areas of Cornwall cannot be assessed with complete accuracy. In May, 1964, water undertakings and local authorities were asked by the Ministry of Housing and Local Government to submit estimates of the number and cost at 1964 prices of the grant-aided schemes considered necessary to complete their water supply or sewerage programmes. The total cost of schemes required for the whole county, excluding water supplies in Stratton Rural District from whom this information is not available, amounts to £5,512,524, of which £1,406,209 is required for water supply and £4,106,315 for sewerage and sewage disposal the County Council must contribute towards this expenditure. It is estimated that these proposals will provide sewerage facilities for 11,000 existing houses and mains water for 3,600 properties.

## WATER SUPPLIES

The total quantity of water supplied from public mains in Cornwall during the year averaged 16,355,000 gallons per day (g.p.d.); an increase of 938,000 over the 1963 figure. This increase means that water consumption in the county during the past two years has risen by more than 1,155,000 g.p.d. Some of this extra water has been used by agriculture and industry, but a large part has gone to supply new baths, water closets, sinks, and washing machines installed in homes whose occupants had never before

enjoyed the benefits of an unlimited supply of water in pipes. From a public health point of view this increased water usage is to be commended in that it indicates the desire of the public in general for a higher standard of cleanliness and hygiene.

The Annual Reports for the past two years included photographs showing in the first instance the outline proposal for a new impounding reservoir at Stithians, and in the second the work in course of construction. This year the actual dam is portrayed. In three years a project has been completed that will add 2.9 million gallons per day to the water available for distribution in Mid-Cornwall, and yet public demand for water is not satisfied; in 1966 work will commence on the construction of another reservoir designed to increase by about 3 million g.p.d. the water resources in East Cornwall.

Treatment of domestic water supplies should include filtration to remove suspended matter, pH adjustment to prevent possible corrosive action on metals, and most important of all chlorination to guarantee bacteriological purity. Additional chlorinating equipment installed during the year has enabled the water undertakings to reduce the quantity of untreated water passing into public mains from 650,000 gallons each day in 1963 to 350,000 g.p.d. at the end of 1964. It is hoped that the day is not far distant when all public water supplies in the county will be chlorinated.

The number of water undertakings operating in the county is unchanged, but the Ministry of Housing and Local Government has indicated that the water responsibilities of the four water companies, eight district councils, and one existing water board in Mid-Cornwall will be transferred to two new water boards. When this reorganisation is completed all water supply and distribution functions in Cornwall, with the exception of Stratton Rural District and Bude-Stratton Urban District in the north-eastern part of the county, will be administered by five boards. Stratton Rural District has already joined North Devon Water Board, and the future of the Bude undertaking has yet to be determined.

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 Board is responsible for water supply and distribution in the Boroughs of Penzance and St. Ives, the Urban District of St. Just, and West Penwith Rural District.

The quantity of water distributed each day averaged 2,219,179 gallons, the whole of this being obtained from the Board's six sources of supply comprising three impounding reservoirs and three mine adits. All water is chlorinated and 90% filtered and pH corrected to 8.5 before distribution.

During the year the following contracts were completed —

- (i) A pump-house was constructed and a new 25 h.p. pump installed in order to lift water from Mellanear Reservoir at 145 ft. O.D. to Nanspusker Reservoir at 249.5 ft. O.D. This pump will be used during summer peak periods to augment supplies in the high level areas of Hayle.
- (ii) The capacity of the existing 1 million gallon reservoir at Chywoone has been doubled by the construction of a reinforced concrete extension.
- (iii) A 4-core insulated and armoured cable has been laid underground from Chywoone Reservoir to Drift treatment works for the purpose of transmitting water levels and controlling new pumps when these are installed at Drift
- (iv) Improvements and alterations made at the Drift treatment works include:—
  - (a) temporary plant for dosing with sodium silicate in order to raise the pH from 6.6 to 8.7;
  - (b) a small temporary booster pump to lift water into the 500,000 gallon clear water tank;
  - (c) 200 yards of porous concrete drains to improve site drainage.
- (v) Approximately 4,680 yards of 3" diameter P.V.C. pipe has been laid to serve properties and farms in the localities of Brane, Sellan, Rose Valley, Rosmodress, and Hayle.

In addition to the foregoing contracts approximately 2,000 yards of 4" and 3" diameter pipe has been laid to serve new housing development, and 285 new connections made to the Board's mains.

The capital cost of grant-aided water schemes to be carried out in the Board's area is approximately £100,000. These schemes will commence within the next three years, and when completed will enable mains water to be made available for the first time to 250 existing properties.

#### Mid-Cornwall Area

Water supply and distribution in this area is the responsibility of the following water undertakings —

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

The Minister of Housing and Local Government has indicated his intention of forming those authorities in the left-hand column into a single water board, but the Order to bring this into effect has not yet been prepared. Those undertakings in the right-hand column will join the existing North Cornwall Water Board, and a Draft Order for this amalgamation will be published in January, 1965; the new Board will be known as the North and Mid-Cornwall Water Board.

Details of the water sources and major improvements carried out during the year by the water undertakings in this area are as follows:—

#### **Camborne Water Company**

Water is obtained from three sources of supply, comprising mine adits, springs, and a stream. Except for three months in the year when approximately 25% of the supply is not subjected to filtration, all water is filtered, pH adjusted and chlorinated before distribution. Water consumption in 1964 averaged 1,183,000 gallons per day; the reliable yield available from all sources under the Company's control is 1,358,000 gallons per day (g.p.d.).

Principal improvements to the water distribution system were —

- (i) 230 yards of 6" spun iron pipe to supply the industrial development site at Pool;
- (ii) approximately 1,200 yards of small diameter main to serve new housing development in the Company's area.

The capital cost of outstanding grant-aided water supply schemes in this area is estimated at £4,000. These schemes will enable twenty existing properties to be connected to public mains.

#### **Camborne-Redruth Urban District Council**

Water demand in the statutory area of the Urban District Council averaged 575,000 g.p.d.; this is 15% above the 1963 figure. The reliable summer yield of the three mine shafts forming the six principal sources of supply is 455,000 g.p.d., and consequently there is a seasonal water shortage in some 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 associated with Kerrier and Truro Rural District Councils in the construction of an impounding reservoir and treatment works at Stithians, and will use their 800,000 g.p.d. share of this water to replace or augment existing sources of supply.

During the year 1,770 yards of 3" diameter pipe has been laid to serve new housing development, and 154 new connections made to public mains.

The estimated capital cost of the remaining grant-aided water schemes in the district is £206,375. When completed these schemes will supply 212 existing properties.

#### **Helston and Porthleven Water Company**

Water is obtained from three sources, comprising an impounding reservoir, a mine adit, and two streams. All water is filtered and chlorinated before being passed into the distribution system, and 84% is pH adjusted. Throughout the year water consumption averaged 517,055 g.p.d., an increase of 29,745 g.p.d. over the 1963 figure. The peak water demand occurred on 20th July, when 785,000 gallons were supplied from the mains.

One of the Company's sources of supply is a disused tin mine at Wheal Vor. The mining company now wish to re-open this mine and have asked the Water Company to obtain another water source. In July, 1964, a Ministry Inquiry was held into the Water Company's suggestion that the Loe Pool south of Helston should be used to replace the Wheal Vor Mine. The Minister's decision on this proposal has been deferred pending an investigation into an alternative source on the River Cober above Helston.

During the year a total length of 2,100 yards of small diameter main has been laid to serve new housing development and five existing houses at Carne View.

#### **Kerrier Rural District Council**

Water demand in the rural district averaged 360,000 g.p.d. Approximately 106,000 gallons of this quantity was 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 distribution.

By the end of the year the new impounding reservoir at Stithians was almost completed; the only remaining work being the grouting of the construction joints. Because of the necessity of allowing the mass concrete to cool to about 10°C. before permitting the reservoir to be filled water will not be available from the Dam until April or May, 1966, instead of September, 1965, as originally anticipated. The reservoir has a total 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 reservoir site has been cleared and fencing fixed around the perimeter. Work is proceeding on the diversion of the main road where it crosses the area to be flooded, and it is anticipated that the new road will be in use by June, 1965. The water treatment plant will be sited near

the reservoir and constructed in two stages. The first stage, to be undertaken at a cost of some £48,000, provides for site excavation for the treatment house and construction of sedimentation, chemical, and wash water tanks. This contract commenced on the 4th November and is scheduled for completion about mid-1965. Stage 2 will cost some £192,000, and will include the construction of the treatment plant building, installation of pumps, filters, chlorinators, clear water tanks, switch gear, and pipework. It is expected that this contract will start about August, 1965, and be completed twelve months later. Distribution of water from Stithians cannot take place until these contracts are completed irrespective of the time taken to fill the reservoir.

Work on the £37,000 contract for the construction of a 1 million gallon storage reservoir at Carnmenellis commenced in June, 1964, and was 25% completed by the end of the year. This reservoir will enable Stithians water to be distributed in parts of Kerrier Rural and Camborne-Redruth Urban Districts.

The £117,000 trunk mains contract for conveying water from Stithians treatment works to the Camborne-Redruth Urban and Kerrier and Truro Rural Districts commenced on 5th September, 1964. Progress at the end of the year was as follows —

Kerrier Rural District: the 4,350 yards 12" diameter trunk main from Stithians pumping station to Roskrow Wood—50% completed.

Truro Rural District: the 5,250 yard 15" diameter trunk main from the treatment plant to Pengreep on the Kerrier/Truro Rural District boundary — 18% completed.

Camborne-Redruth Urban District: the contract provides for 4,000 yards of 8" and 5,000 yards of 15" trunk main for the benefit of this authority. Work has not yet started on this part of the scheme.

Distribution mains laid in Kerrier Rural District during the year included 1,300 yards of small diameter pipe to serve properties at Trevassick and 3,400 yards of 3" diameter pipe to supply 104 houses in the hamlets of Treverva, Lamanva, Penwarne, and Bosilliac Orchards. Coast erosion in one part of the district compelled the Council to lay about one mile of 3" P.V.C. pipe as a diversionary main.

The capital cost of grant-aided water distribution schemes yet to be carried out in Kerrier Rural District totals approximately £163,000. When completed these schemes will enable 772 existing houses to receive a mains water supply.

#### **Falmouth Borough Council**

Falmouth Borough Council are responsible for water supply and distri-

bution in Falmouth, Penryn, and parts of Kerrier and Truro Rural Districts. Water demand throughout the year averaged 1,392,000 gallons each day, of which 106,000 gallons were sold to Kerrier Rural District; the available yield of the Council's water sources is 2,100,000 g.p.d.

The water gathered from gravel and peat sub-oil is impounded in two large reservoirs and before passing into the distribution system is filtered, pH adjusted, and chlorinated.

#### **Truro Rural District Council**

Water consumption in the area supplied by the Council averaged 1,400,781 g.p.d. Of this quantity 74,770 gallons were obtained from Truro and Newquay Water Companies and 1,326,011 from the Council's own eight sources consisting of mine adits, streams and river intakes. All water is chlorinated, 85% filtered, and 65% pH adjusted before distribution.

Work in progress or completed during the year was as follows—

- (i) A contract to lay approximately six miles of 8", 6", 4" and 3" diameter distribution mains to improve water supply in the village of St. Agnes and the surrounding area—80% completed.
- (ii) The Coombe Creek water main extension scheme involving four miles of 4" P.V.C. pipe to serve thirty-eight properties—75% completed.
- (iii) A one-mile water extension from Ladock to serve twenty properties in the hamlet of New Mills—50% completed.
- (iv) A scheme to install a booster station at Kenwyn and lay 1½ miles of 6" diameter pipe to a storage tank at Shortlanesend to augment the existing water supply in that village—10% completed.

The capital cost of the remaining grant-aided water distribution schemes to supply 400 existing properties in the rural district has been estimated at £165,000.

#### **Truro Water Company**

Water supplied by the Company during 1964 averaged 710,000 g.p.d., the peak demand being 882,000 gallons on the 12th July. The reliable net yield of the Water Company's existing sources of supply is 1,250,000 g.p.d. A water treatment modernisation programme including new filtration plant, pH adjustment equipment, and a control laboratory, was completed during the year. All water supplied by this undertaking is now superchlorinated, dechlorinated, filtered and pH controlled to between 7.8 and 8.0 before distribution.

Approximately 3,500 yards of 8", 6", 4" and 3" diameter pipe were laid during the year to serve new housing development. The capital cost of



outstanding grant-aided water distribution schemes in the Company's area is £18,000. These schemes will enable about 100 existing houses in the villages of Trispen and St. Erme to be connected to public mains.

#### **Newquay Water Company**

Water demand in the area supplied by the Company averaged 1 million g.p.d.; the peak being 1,806,000 gallons on 4th August and the minimum 740,000 gallons on one day in January.

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 2,600 yards of 10" diameter spun iron pipe was laid from Quintrell Downs to Lane, 1,800 yards of 8" spun iron pipe from Lane to Trenance, and 4,000 yards of 6" P.V.C. pipe from Lane to Crantock. These extensions enabled the water supply to be augmented in the Newquay and Crantock areas.

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

Water is obtained from four sources; the Fowey River Intake, mine adits, and bulk supplies from two adjoining water authorities. In addition 5,000 gallons each day are purchased from and 4,000 gallons sold to St. Austell Urban District Council. Water consumption during the year averaged 588,000 g.p.d.; of this total 377,000 gallons were fully treated, 177,000 gallons chlorinated only, and 34,000 gallons untreated.

Approximately 6,000 yards of distribution main and a small break-pressure reservoir has been installed to serve 114 properties in the hamlets of Little Polgooth, Higher and Lower Kestle, Rescassa, Polmassick, Treskilling, and Milltown.

The capital cost of grant-aided schemes to be carried out in the rural district is estimated at £57,000. These schemes will enable 328 existing properties to be connected to public mains.

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

Water consumption during 1964 averaged 1,370,000 g.p.d., an increase of 150,000 g.p.d. over the corresponding figure for the previous year. Of this total 1,060,000 gallons were obtained from the Fowey River Intake Scheme and 310,000 gallons from the Council's own source at Hallaze. Small quantities of water are also purchased from and sold to St. Austell Rural District Council.

All water from the Fowey River source is filtered, chlorinated, and pH adjusted, whilst that from Hallaze is chlorinated only.

The capital cost of outstanding grant-aided water distribution schemes is estimated at £29,000. These schemes will enable sixty-four existing properties to be connected to public mains.

#### **Fowey Borough Council**

Only fully treated water from the Fowey River Intake source is supplied throughout the Borough. Water consumption averaged 160,000 g.p.d., approximately 40,000 gallons less than in 1963. This reduction was achieved as a result of waste water detection measures implemented by the Council during the year.

#### **Lostwithiel Borough Council**

Water consumption within the Borough averaged 105,000 g.p.d. Of this quantity 40,000 g.p.d. were obtained from springs at Collibeacon and a mine adit at Church Park Wood, and the remainder from the Fowey River Intake source.

All water supplied within the Borough is fully treated before distribution.

#### **East Cornwall Water Board**

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

Water consumption in the Board's area averaged 2,500,000 g.p.d. over the year, although during the peak week the figure rose to 3,000,000 g.p.d. Five of the Board's sources of supply were abandoned during the year and water is now obtained from two spring impounding reservoirs, one surface impounding reservoir, seven boreholes, one shallow well, three springs, three river or stream intakes, two groups of mine adits, one spring supply for industrial use only, and a bulk supply from Plymouth Corporation. Water from four of these sources supplying about 10% of the total output is untreated, but the remainder is chlorinated and about 70% is also filtered and corrected for pH. Of the four untreated water sources two are to be closed, and a chlorinator installed at one other during 1965.

The Board have difficulty in meeting the water demand in parts of their area and propose to overcome this deficiency by constructing an impounding reservoir on the Siblyback Brook, a tributary of the River Fowey. This reservoir will be used to supplement the drought flow in the river and streams supplying the St. Cleer and the Bastreet treatment works, and increase to 4,500,000 g.p.d. the total quantity of water available for distribution from these sources. A Public Inquiry into this proposal was held during the year and work is scheduled to begin in 1966.

The principal water improvement schemes in progress or completed during 1964 were as follows—

- (i) Stage 2 of the Looe Water Distribution Scheme, designed to improve the water supply in Looe and eliminate waste due to defective mains, was 75% completed at the end of the year. Altogether some eight miles of 8", 6", 4" and 3" diameter main are to be installed.
- (ii) Approximately 4,000 yards of 4" spun iron main has been laid to improve the water supply in the high level areas of St. Germans village.
- (iii) Stage 1 of the Saltash reinforcement scheme has been completed. The work included laying 1,900 yards of 12" and 200 yards of 6" diameter pipe, and installing a small booster pump. This scheme provides additional water for housing development at Wearde and Burraton; it also enables the Trematon area to be supplied with between 25,000 and 30,000 gallons of water per day from the Plymouth mains.
- (iv) Approximately 900 yards of 8", 700 yards of 6" and 1,900 yards of 4" diameter pipe has been laid to supply Chapple and the western development area of Launceston Borough. These mains also reinforce the existing water distribution system in Launceston.
- (v) A 3,200 yards 4" diameter water main extension has been made from Launceston Borough to supply existing properties in the village of Lawhitton. The unsatisfactory local borehole has been abandoned.
- (vi) The installation of 1,500 yards of 6" and 500 yards of 4" diameter pipe at Rame has reinforced the existing supply to the villages of Kingsand and Cawsand; it has also enabled the unsatisfactory and inadequate springs at Rame and Forder to be abandoned.
- (vii) The scheme to provide 2,200 yards of 4" diameter pipe to replace corroded, leaking, and inadequate mains and services at Kingsand and Cawsand was 50% completed at the end of the year.
- (viii) Mains water from the Bastreet treatment works has been available to the village of Golberdon following the installation of 3,100 yards of 4" and 3" diameter distribution main. The polluted well formerly supplying this village has been abandoned.
- (ix) Work commenced in October on a scheme to augment the water supply in the high level holiday camp area of Polperro and also replace old mains in the centre of the village. The contract provides for a temporary 5,000 gallon sectional steel tank, a permanent auto-pneumatic booster, and 6,600 yards of 6" and 4" diameter pipe.

At the end of the year the scheme was 33% completed.

In addition to the foregoing contracts some 3¼ miles of 4" and 3" diameter pipe has been laid to serve new housing development, and a total of 610 connections were made to the Board's mains.

The estimated value of work to be carried out by the Board up to 1973 amounts to £2,229,700, and of this sum £294,000 is expected to qualify for grant under the Rural Water Supplies and Sewerage Acts. These schemes provided for 1,355 existing properties to be connected to public mains.

#### **North Cornwall Water Board**

The Board is responsible for water supply and distribution in Bodmin Borough, Padstow Urban District, and Camelford and Wadebridge Rural Districts. A Draft Order will be published in January, 1965, extending the Board's area to include Lostwithiel and Fowey Boroughs, St. Austell and Newquay Urban Districts, St. Austell Rural District, and part of Truro Rural District. When the Order is confirmed the new Board will be known as the North and Mid-Cornwall Water Board.

Water consumption during the year averaged 1,935,000 g.p.d.; of this quantity 1,212,000 gallons were filtered, pH adjusted and chlorinated, 603,000 gallons chlorinated only, and 120,000 gallons untreated. Water is obtained principally from upland surface areas, and the total quantity available is 2,370,000 g.p.d.

The principal improvement schemes completed during the year were—

- (i) A 4,378 yard 4" and 3" diameter water main extension from an existing borehole at Tresparrett to serve forty-seven properties in the village of Otterham. The scheme included a new submersible pump, a 22,000 gallon storage reservoir, and chlorinating equipment.
- (ii) An existing borehole and pump has been acquired from the Camelford Rural District Council. Water from this source is pumped to a new 6,000 gallon service reservoir from which about 1,000 yards of 4" diameter distribution main has been laid to supply nineteen dwellings and a school in the hamlet of Tremail.
- (iii) Approximately 1,360 yards of 3" diameter pipe has been laid from Retire to the hamlet of Tremore in the parish of Withiel in order that five farms and eight private dwellings might be supplied with mains water.
- (iv) A temporary chlorinator has been installed at the Boscastle borehole, and an additional chlorinator fitted at the service reservoir supplying the high level areas of Bodmin Borough.

The capital cost of the remaining water distribution schemes to be undertaken in the Board's area is £50,000. When this work is completed 200 existing properties will be able to connect to public mains.

#### **Bude-Stratton Urban District Council**

The Council is the water authority for the urban area and two parishes in Stratton Rural District. Water is obtained from an impounding reservoir

with a net yield of some 570,000 gallons sited on the upper reaches of the River Tamar. All water from this source is filtered and chlorinated before distribution. Water consumption throughout the year averaged 410,000 g.p.d., an increase of 50,000 gallons over the corresponding figure for 1963.

Mains in Widemouth Bay were overhauled during the year to restore capacity and improve water supplies in the area. A water distribution improvement scheme for Poughill has been prepared and will be carried out in 1965; about 550 yards of 6" diameter main will be installed and a new 30,000 gallon service reservoir constructed.

### Stratton Rural District Council

The North Devon Water Board are responsible for water supply and distribution in eight out of the ten parishes in the Rural District. Water is obtained from river intakes at Prewley and Belstone in Devon and from boreholes at Grimscott, Jacobstow, and St. Gennys in Cornwall. The yield of the St. Gennys and Jacobstow boreholes is inadequate to meet peak demands in the areas they supply, and during dry periods the Board was compelled to cart water from other sources. Water consumption averaged 106,000 g.p.d., of which 83,000 gallons were supplied from Devon and 23,000 from Cornwall.

Work commenced on the 8,200 yard 6" diameter Jacobstow to Caudworthy section of the comprehensive water scheme. Although this section forms the southern loop of the future perimeter trunk ring main for the Rural District its immediate use will be to replace the inadequate water source in Jacobstow village and supply isolated farms and cottages in the outlying areas. At Sweets and Higher Crackington the Board has replaced a badly corroded 1" galvanised iron service pipe with 413 yards of 3" diameter main.

### Future Proposals

Schemes of water supply submitted under the Rural Water Supplies and Sewerage Acts, 1944-1961, during 1964 were as follows —

Water Authority	Scheme	Estimated Cost £	Action Taken by County Council
North Devon Water Board	Stratton Rural District— water main extension from Brownsplit Cross to Gooseham.	4,000	Approved
do.	Stratton Rural District— water main extension from Woodford Cross to Morwenstow.	4,500	Approved

Water Authority	Scheme	Estimated Cost £	Action Taken by County Council
North Devon Water Board	Stratton and Launceston Rural Districts—water main extension from Willsworthy Cross to Maxworthy.	14,400	Approved
do.	Stratton Rural District—water main extension from Alfardisworthy to Thurdon.	3,530	Approved
do.	Stratton Rural District—water main extension from Tamarstone Bridge to Red Post and Hersham.	32,233	Approved
do.	Launceston Rural District — Boyton Water Scheme.	23,400	Approved
do.	Stratton Rural District—water main extension from Week St. Mary to Higher Exe.	7,850	Approved
do.	Stratton Rural District—water main extension to Hornacott Barton and Ogbeare Hall.	11,400	Approved
do.	Stratton Rural District—water main extension to Penstowe Road, Kilkhampton.	690	Approved subject to conditions.
North Cornwall Water Board	Bodmin Borough and Wadebridge Rural District—water main extension to Kirland and Tregullan.	3,555	Approved
do.	Camelford Rural District—water main extension to Hallworthy.	5,725	Approved subject to conditions.
East Cornwall Water Board	St. Germans Rural District—water main extension to The Kiln, St. John.	1,075	Approved
do.	Liskeard Rural District—water main extension to Golberdon.	13,000	Approved
West Cornwall Water Board	St. Just Urban District—water main extension from Bosavern to Nanquidno.	3,360	Approved

West Cornwall Water Board	West Penwith Rural District—water main extensions to Brane, Sellan, and Rose Valley.	7,253	Approved
do.	West Penwith Rural District — Halamanning Water Scheme.	3,665	Approved
do.	West Penwith Rural District — Halankene Water Scheme.	2,214	Approved
do.	West Penwith Rural District — water main extension from St. Erth to Chenalls.	2,500	Approved
do.	West Penwith Rural District — St. Erth Praze Water Scheme.	4,500	Approved
do.	West Penwith Rural District — Hayle Water Scheme: Contract No. 12 (Pump-house and surge control equipment).	2,725	Approved
Camborne-Redruth Urban District Council	Water main extension to Little Reskadinnick.	1,590	Approved
Kerrier Rural District Council	Water main extension to Tresowas, Great Work, Boscreage and Herland Croft.	9,238	Approved
do.	Water main extension to Millpool, Trescowe, and Trescowe Common.	7,238	Approved
do.	Water main extension to Trenwheal.	2,539	Approved
do.	Water main extension from Crowntown to Carne View.	535	Approved
do.	Stithians Water Distribution Scheme: duplication of pumping main from College to Mabe Burnthouse.	5,500	Approved
Truro Rural District	Water main extension from Ponsanooth to Vale View.	1,980	Approved
do.	Mitchell Water Supply.	8,731	Approved
do.	Shortlanesend Water Supply.	10,240	Approved

Water Authority	Scheme	Estimated Cost £	Action Taken by County Council
Truro Rural District	Stithians Impounding Scheme: Water distribution (amended proposal) Stage I	57,464	Approved subject to conditions.
	Stage II	90,700	
do.	Water main extension from Higher Lanner to Cowlands.	1,190	Approved
St. Austell Rural District	Water main extension to Chapel Hill, Sticker.	822	Approved
do.	Water main extension to Criggan.	1,980	Approved

#### SEWERAGE AND SEWAGE DISPOSAL

The twenty years that have elapsed since the Rural Water Supplies and Sewerage Act, 1944, became law have wrought a minor revolution in rural sanitation in Cornwall. In most large villages public sewers and modern sewage treatment works have now replaced the privy, bucket and cesspool systems that previously formed one of the less desirable features of rural life.

The cost of providing this essential service has been immense, and unfortunately much remains to be done. Since 1945 sewerage the rural areas of Cornwall has cost approximately £1,500,000, and district councils estimate that more than 100 schemes costing £4,106,315 are required for some 11,000 houses in those villages and hamlets that have yet to be sewerage. It must be stressed that this expenditure is required for new schemes in the unsewered rural areas; it does not include the cost of replacing or improving existing systems.

During the year eight of the ten rural districts in the county either completed or were carrying out sewerage and sewage disposal contracts estimated at £461,838. In addition twelve schemes totalling some £337,340 and set out in detail in Table II on page 127 were prepared by local authorities and approved by the County Council. Most of these schemes should be completed within the next three years unless for any reason the Ministry of Housing and Local Government delay or defer the starting dates.



TABLE I

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

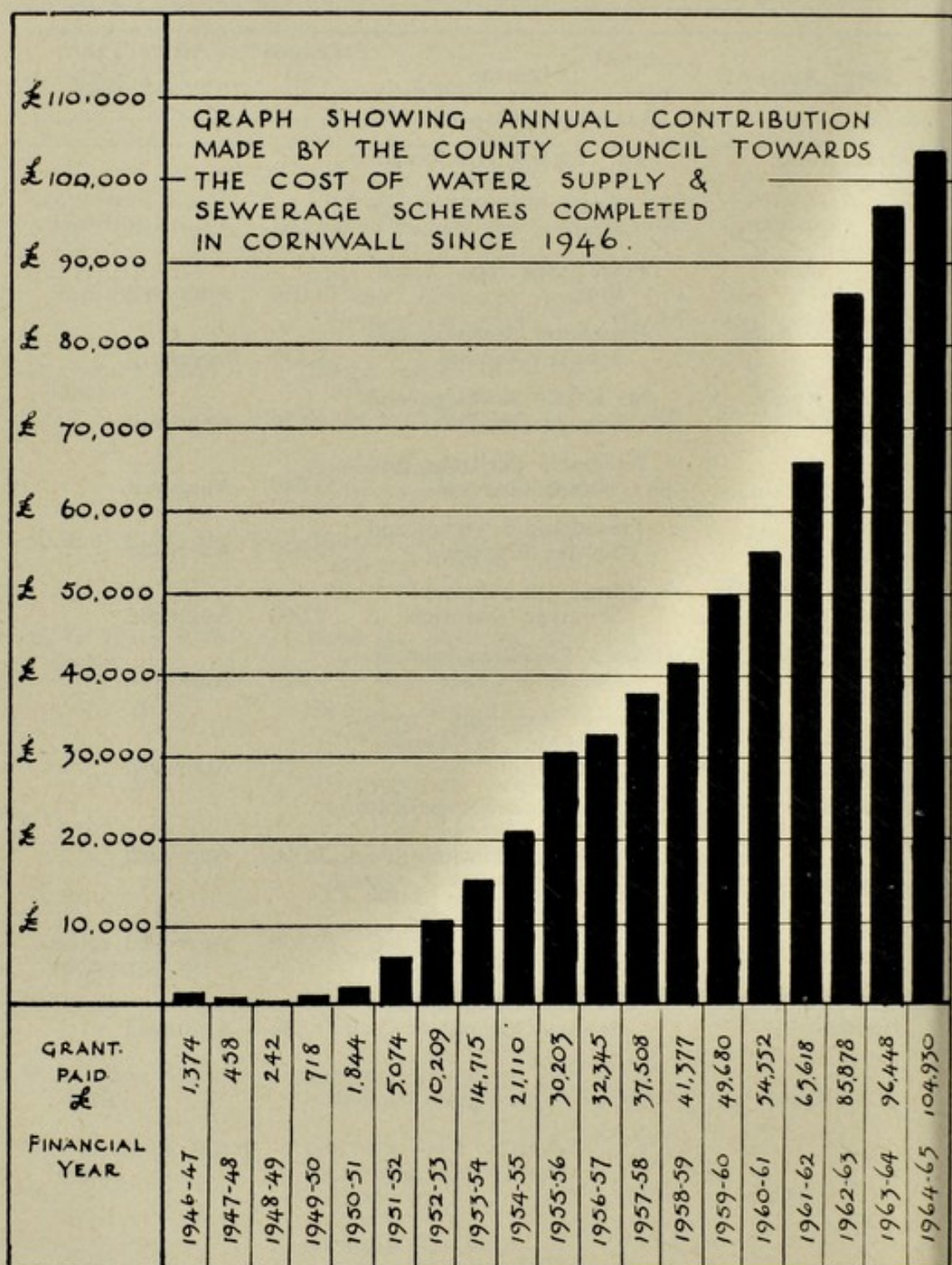
Local Authority	Scheme	Estimated Cost £	Remarks
Launceston Rural District	Trewint Sewerage and Sewage Treatment.	1,800	Completed
Liskeard Rural District	Rilla Mill and Upton Cross Sewerage and Sewage Treatment.	42,000	25% completed
St. Austell Rural District	Roche sewage works reconstruction and sewerage improvement.	17,500	Completed
do.	Gonnamarris and St. Dennis sewer extension	4,800	Completed
Stratton Rural District	Widemouth Bay Sewerage and Sewage Treatment.	47,500	50% completed
St. Germans Rural District	Landrake Sewerage and Sewage Treatment.	18,607	Completed
do.	Sheviock Sewerage and Sewage Treatment.	6,324	50% completed
do.	Harrowbarrow Sewerage and Sewage Treatment.	26,770	25% completed
do.	Metherell Sewerage and Sewage Treatment.	20,300	50% completed
do.	Latchley Sewerage and Sewage Treatment.	8,635	50% completed
Truro Rural District	Devoran Sewerage and Treatment works.	65,672	95% completed
Wadebridge Rural District	Lanivet Sewerage and Sewage Treatment.	34,750	Completed
West Penwith Rural District	Ludgvan and Crowlas Sewerage and Sewage Treatment.	51,000	Completed
do.	Gwinear—Gwithian Sewerage and Treatment works.	115,330	Completed
do.	Perranuthnoe sewer extension.	850	Completed

TABLE II

Schemes of sewerage and sewage disposal submitted to the County Council during 1964:—

Local Authority	Scheme	Estimated Cost £	Action Taken by County Council
Kerrier Rural District	The Lizard, Landewednack, Cadgwith and Ruan Minor Sewerage extended sea outfall.	196,000	Approved
do.	Praze Sewerage extension.	1,050	Approved
Launceston Rural District	Egloskerry Sewerage and Sewage Disposal.	18,450	Approved
Liskeard Rural District	St. Keyne Sewerage and Sewage Disposal.	8,950	Approved
do.	Widegates Sewerage and Sewage Disposal.	13,080	Approved
do.	Trewidland Sewerage and Sewage Disposal.	10,990	Approved
St. Austell Rural District	Gorran Churchtown Sewerage extension.	2,000	Approved
do.	Sewer Extension from St. Dennis to Castle View.	3,220	Approved
do.	Sewer Extension from Nanpean to Gonnarris.	1,500	Approved
St. Germans Rural District	Metherell Sewerage and Sewage Disposal (amended scheme).	20,300	Approved
Wadebridge Rural District	St. Issey and Little Petherick Sewerage and Sewage Disposal (amended scheme).	56,650	Approved subject to conditions
West Penwith Rural District	Newbridge Sewerage and Sewage Disposal.	5,150	Approved

RURAL WATER SUPPLIES AND SEWERAGE ACTS,  
1944—1961



**MINISTRY OF HOUSING AND LOCAL GOVERNMENT  
INQUIRIES**

The following proposed schemes of water supply and sewerage were investigated by Engineering Inspectors of the Ministry of Housing and Local Government; the County Public Health Officer attended these Inquiries and gave evidence on behalf of the County Council.

**Sewerage and Sewage Disposal**

Helston Borough:	Helston Sewage Works: Reconstruction and Modernisation
St. Austell Rural District:	Fraddon
Wadebridge Rural District:	St. Issey and Little Petherick St. Merryn

**Water Supply**

East Cornwall Water Board:	East Cornwall Water Board (Draft) Order for increasing the water supply by the construction of an impounding reservoir on the Siblyback Stream and a weir and intake on the Withey Brook.
Helston and Porthleven Water Company:	Investigation into the Water Company's application for permission to abstract water from the Loe Pool. The County Council formally objected to this application, and at the Inquiry evidence was given by the County Medical Officer, J. H. T. Ivory, Consulting Engineer, and Dr. C. V. Reynolds, Analytical Chemist.

## REFUSE DISPOSAL

The thirty district councils in Cornwall all tip domestic and trade refuse on to land or into disused quarries. One Council also carries out some incineration before dumping the residue.

Controlled tipping, carried out in accordance with recommendations laid down by the Ministry of Housing and Local Government, is an excellent and nuisance-free method of combining refuse disposal with reclamation of derelict land. In Cornwall recreation parks, tennis courts, and the new Heliport at Penzance have all been constructed on waste land reclaimed in this way. Unfortunately the tipping is not always "controlled" and all too frequently it is the burning dumps of crude refuse that bring the method into disrepute.

It is the policy of the County Planning Committee to attach public health conditions recommended by the County Medical Officer to planning consents for new refuse disposal sites. Recommendations were made in respect of one application approved during the year. This positive action by the Planning Authority should ensure that future tips will be operated without causing offence or giving rise to public nuisance.

The number of tips and methods of disposal employed by the district councils are summarised below.

	12 Boroughs	8 Urban Districts	10 Rural Districts	Total All Districts
Number of Tips				
Controlled Tipping according to Ministry recommendations ...	7	6	10	23
Partially Controlled Tipping ...	—	1	5	6
Uncontrolled tipping ...	4	3	12	19
Incineration combined with Uncontrolled Tipping ...	—	1	—	1

## MEAT INSPECTION

District Councils are responsible for inspecting carcasses of animals slaughtered for human consumption, and the following statistical information on the number of animals killed and examined in Cornwall during 1964 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 1964 was 758,613, and of these 733,803 were subjected to post mortem examination by Public Health Inspectors of the nineteen district councils in Cornwall who have slaughterhouses within their areas. Inspection of slaughtered animals is one of the most essential public health duties undertaken by local authority officers, and the importance of this service is demonstrated by the fact that during the year more than 240 tons of meat was condemned as unfit for human consumption. This figure is incomplete as only sixteen of the nineteen authorities concerned record the weight of diseased meat.

The number of animals killed continues to increase year by year, and 1964 proved no exception. A review of figures for the past four years shows that in 1961 the total number of animals slaughtered was 582,342; in 1962, 667,158; in 1963, 705,129; and in 1964, 758,613. Compared with 1963 there was a reduction of 10,385 in the number of cattle, cows, and calves killed, and an increase of 63,869 in the number of sheep, lambs, and pigs.

	Cattle (excl. Cows)	Cows	Calves	Sheep and Lambs	Pigs
Number killed ...	32,658	17,482	30,054	276,197	402,222
Number inspected ...	32,375	17,345	25,698	257,235	401,150
All diseases except cysticercosis and tuberculosis:					
(a) Whole carcase condemned ...	98	191	212	1,381	979
(b) Carcase of which some part or organ was condemned ...	3,700	4,950	144	16,269	20,276
Tuberculosis only:					
(a) Whole carcase condemned ...	6	8	1	—	20
(b) Carcase of which some part or organ was condemned ...	133	155	2	4	6,123
Cysticercosis only:					
(a) Whole carcase condemned ...	5	5	—	—	—
(b) Carcase of which some part or organ was condemned ...	156	67	—	—	—
*Gross weight of meat condemned ...	242 tons, 1 cwt., 1 qr				

\*This figure is incomplete, as three of the nineteen district councils who undertake inspection of meat at slaughterhouses did not record the weight of meat condemned, and two district councils gave approximate totals.

## HOUSING

The number of new houses and flats completed during the year was 2,419; of these 505 were built by local authorities and 1,914 by private enterprise. This is 432 more than the 1963 figure and is a record total for any single year since 1945.

The ratio of council houses to private development has altered considerably in recent years. From 1945 until the mid-1950's the majority of houses were built by local authorities, but thereafter private enterprise went ahead and this year accounted for four out of every five houses built. Altogether 25,882 permanent houses have been completed since 1945, and of these 13,542 were constructed by local authorities and 12,340 by private enterprise.

Apart from providing council houses local authorities also have a duty to secure demolition or closure of houses unfit for human habitation, and a survey carried out in 1955 disclosed 7,189 dwellings in this condition. Information published by the Ministry of Housing and Local Government shows that 3,411 unfit houses in Cornwall have been demolished or closed since that date; 299 of these being dealt with during 1964.

After allowing for new houses completed and old unfit properties demolished or closed the total number of permanent houses or flats in the county at the end of the year was 121,429, a net gain of 2,120.

Statistical information on the number of new houses built and old houses demolished or closed in each local authority area is given in the tables on pages 134 to 136.

**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 1964 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**

BOROUGH	BODMIN	FALMOUTH	FOWEY	HELSTON	LAUNCESTON	LISKARD	LOSTWITHIEL	PENRYN	PENZANCE	ST. IVES	SALTASH	TRURO CITY	12 Boroughs Total
	...	...	...	...	...	...	...	...	...	...	...	...	...
1. Estimated population	6,630	17,320	2,290	7,840	4,550	4,530	1,900	4,830	18,950	8,680	7,720	14,240	99,480
2. Total number of houses completed since 1945—													
(a) by local authority	412	680	105	487	243	379	50	314	846	371	364	911	5,162
(b) by private enterprise	408	694	54	403	138	139	20	197	474	408	503	522	3,960
3. New houses completed during 1964—													
(a) by local authority	33	18	—	61	12	39	—	—	—	16	10	27	216
(b) by private enterprise	102	139	8	61	11	20	2	37	55	55	130	85	705
4. Number of houses under construction at 31.12.64—													
(a) by local authority	4	44	—	18	—	38	—	—	20	8	—	60	192
(b) by private enterprise	48	82	5	47	23	20	2	17	52	29	93	154	572
5. Number of unfit houses demolished or closed during 1964	10	4	1	6	6	23	6	2	11	6	—	14	89

HOUSING ACTS, 1957-1959

URBAN DISTRICTS	...	...	BUD- STRATTON	CAMBORNE- REDRUTH	LOOE	NEWQUAY	PADSTOW	ST. AUSTELL	ST. JUST	TORPOINT	8	
											Urban Districts	Total
1. Estimated population	...	...	5,110	36,700	3,940	11,530	2,590	25,500	3,570	6,710	95,650	
2. Total number of houses completed since 1945—												
(a) by local authority	...	...	166	1,246	132	437	108	1,269	76	356	3,790	
(b) by private enterprise	...	...	197	1,006	375	890	76	1,143	18	180	3,885	
3. New houses completed during 1964—												
(a) by local authority	...	...	—	52	—	26	15	16	—	20	129	
(b) by private enterprise	...	...	24	193	55	85	10	161	3	27	558	
4. Number of houses under construction at 31.12.64—												
(a) by local authority	...	...	—	4	—	55	—	113	—	2	174	
(b) by private enterprise	...	...	10	281	18	87	24	160	3	20	603	
5. Number of unfit houses demolished or closed during 1964—	...	...	—	35	—	2	3	26	—	—	66	

HOUSING ACTS, 1957-1959

RURAL DISTRICTS	CAMELFORD	KERRIER	LAUNCESTON	LISKARD	ST. AUSTELL	ST. GERMANS	STRATTON	TRURO	WADEBRIDGE	WEST PENWITH	10
											Rural Districts Total
1. Estimated population	6,960	22,520	5,960	13,430	21,870	14,490	4,790	27,880	14,600	17,250	149,750
2. Total number of houses completed since 1945—											
(a) by local authority	191	590	107	430	590	507	175	882	467	651	4,590
(b) by private enterprise	139	790	98	259	504	397	138	1,223	477	470	4,495
3. New houses completed during 1964—											
(a) by local authority	2	31	17	14	16	7	—	37	27	9	160
(b) by private enterprise	18	96	14	67	48	56	25	211	42	74	651
4. Number of houses under construction at 31.12.64—											
(a) by local authority	37	48	—	23	37	16	2	10	48	3	224
(b) by private enterprise	12	90	14	56	84	41	16	205	55	97	670
5. Number of unfit houses demolished or closed during 1964—											
(a) by local authority	—	36	9	7	3	8	10	30	5	36	144

TABLE I

Estimated Population and Total Number of Births, and Deaths in each County District for the year 1964

AREA IN ACRES.	COUNTY DISTRICT	ESTI- MATED HOME POPU- LATION 1964	LIVE BIRTHS.								Stillbirths.	DEATHS.										
			Legiti- mate				Illegiti- mate					Total.	Rate.	District Comparability Factor	Under 1 Year.				At all Ages.			
			Males	Females	Males	Females	Total.	Rate.	District Comparability Factor	Males					Females	Total.	Rate per 1,000 live births	Males	Females	Total	Rate.	District Compara- bility Factor
3,312	URBAN. Bodmin	6,630	49	38	1	5	93	14.03	1.14	4	2	2	4	43.01	80	104	184	27.75	0.35			
4,296	Bude-Stratton Camborne—	5,110	26	28	..	2	56	10.96	1.25	2	1	..	1	17.86	36	36	72	14.09	0.66			
22,062	Redruth	36,700	319	296	17	19	651	17.74	1.06	18	9	6	15	23.04	251	278	529	14.41	0.94			
1,880	Falmouth	17,320	124	125	12	10	271	15.65	1.15	5	2	1	3	11.07	117	104	221	12.76	0.87			
2,979	Fowey	2,290	17	9	..	3	29	12.66	1.28	..	..	..	..	..	15	19	34	14.85	0.73			
4,014	Helston	7,840	110	103	3	2	218	27.91	0.85	6	2	2	4	18.35	64	51	115	14.67	0.81			
2,180	Launceston	4,550	37	26	2	2	67	14.72	1.09	1	..	1	1	14.93	42	28	70	15.38	0.60			
2,704	Liskeard	4,530	37	26	1	3	67	14.79	1.20	1	..	1	1	14.93	29	50	79	17.44	0.48			
1,691	Looe	3,940	23	20	5	2	50	12.69	1.26	1	..	..	..	..	33	20	53	13.45	0.68			
3,156	Lostwithiel	1,900	6	11	..	..	17	8.95	1.18	..	..	..	..	..	13	17	30	15.79	0.74			
4,599	Newquay	11,530	73	84	9	4	170	14.74	1.13	9	5	1	6	35.29	71	96	167	14.48	0.76			
3,343	Padstow	2,590	17	21	1	1	40	15.44	1.09	..	..	..	..	..	22	18	40	15.44	0.85			
829	Penryn	4,830	48	34	1	3	86	17.81	1.02	3	4	2	6	69.77	25	18	43	8.90	1.14			
3,155	Penzance	18,950	132	129	9	10	270	14.25	1.14	5	2	6	8	29.63	151	160	311	16.41	0.82			
18,379	St. Austell	25,500	196	182	11	11	400	15.69	1.12	7	4	1	5	12.50	194	201	395	15.49	0.80			
4,287	St. Ives	8,680	53	48	1	4	106	12.21	1.20	2	2	3	5	47.17	67	93	160	18.43	0.70			
7,634	St. Just	3,570	29	19	1	2	51	14.29	1.11	1	..	2	2	39.22	24	34	58	16.25	0.84			
5,386	Saltash	7,720	61	55	3	8	127	16.45	1.10	2	1	4	5	39.37	61	47	108	13.99	0.90			
988	Torpoint	6,710	38	40	..	3	81	12.07	1.59	..	1	..	1	12.35	39	24	63	9.39	1.43			
2,634	Truro City	14,240	100	88	4	7	199	13.97	1.03	4	2	1	3	15.08	87	61	148	10.39	0.90			
99,508	TOTALS	195,130	1495	1372	81	101	3,049	15.63	1.11	71	38	33	71	23.29	1,421	1,459	2,880	14.76	0.80			
52,544	RURAL. Camelford	6,960	45	47	1	1	94	13.51	1.24	1	..	..	..	..	47	42	89	12.79	0.78			
90,839	Kerrier	22,520	161	165	6	4	336	14.92	1.09	4	5	4	9	26.79	145	115	260	11.55	0.94			
73,042	Launceston	5,960	55	40	1	1	97	16.28	1.11	1	..	1	1	10.31	46	37	83	13.93	0.90			
104,803	Liskeard	13,430	109	83	5	10	207	15.41	1.20	2	6	2	8	38.65	108	78	186	13.85	0.86			
82,389	St. Austell	21,870	175	174	9	15	373	17.06	1.07	8	3	1	4	10.72	106	116	222	10.15	1.00			
48,533	St. Germans	14,490	104	106	12	10	232	16.01	1.25	5	..	..	..	..	102	83	185	12.77	0.83			
56,220	Stratton	4,790	29	31	4	5	64	13.36	1.25	2	1	..	1	15.63	33	25	58	12.11	0.90			
108,316	Truro	27,880	209	199	16	16	440	15.78	1.18	10	3	2	5	11.36	185	191	376	13.49	0.82			
88,230	Wadebridge	14,600	132	103	5	6	246	16.85	1.11	3	5	1	6	24.39	90	90	180	12.33	0.93			
59,792	West Penwith	17,250	136	106	6	5	253	14.66	1.15	4	4	2	6	23.72	106	125	231	13.39	0.88			
764,708	TOTALS	149,750	1155	1049	65	73	2,342	15.64	1.14	40	27	13	40	17.08	968	902	1,870	12.49	0.88			
864,216	Whole County	344,880	2650	2421	146	174	5,391	15.63	1.13	111	65	46	111	20.59	2,389	2,361	4,750	13.77	0.84			
4,041	Isles of Scilly	1,890	12	14	..	1	27	14.29	0.92	1	1	..	1	37.04	9	6	15	7.94	1.10			

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 &amp; Wales

Medical Department of the Army

No.	Name	Rank	Age
1	John A. Smith	Major	35
2	James B. Jones	Captain	32
3	William C. Brown	Major	38
4	Robert D. White	Captain	30
5	Thomas E. Black	Major	36
6	Charles F. Green	Captain	33
7	Henry G. Hall	Major	37
8	George H. King	Captain	31
9	Francis I. Lee	Major	34
10	John K. Miller	Captain	32
11	Richard L. Moore	Major	36
12	Samuel N. Taylor	Captain	33
13	David O. Walker	Major	37
14	Edward P. Young	Captain	31
15	Frederick Q. Adams	Major	35
16	William R. Baker	Captain	32
17	John S. Carter	Major	38
18	Robert T. Evans	Captain	30
19	Thomas U. Fisher	Major	36
20	Charles V. Grant	Captain	33
21	Henry W. Harris	Major	37
22	George X. Irving	Captain	31
23	Francis Y. Jackson	Major	34
24	John Z. Kelly	Captain	32
25	Richard A. Lamb	Major	36
26	Samuel B. Little	Captain	33
27	David C. Martin	Major	37
28	Edward D. Nelson	Captain	31
29	Frederick E. Owen	Major	35
30	William F. Parker	Captain	32
31	John G. Quinn	Major	38
32	Robert H. Reed	Captain	30
33	Thomas I. Stewart	Major	36
34	Charles J. Thomas	Captain	33
35	Henry K. Turner	Major	37
36	George L. Vance	Captain	31
37	Francis M. Warren	Major	34
38	John N. Wright	Captain	32
39	Richard O. Young	Major	36
40	Samuel P. Adams	Captain	33
41	David R. Baker	Major	37
42	Edward S. Carter	Captain	31
43	Frederick T. Evans	Major	35
44	William U. Fisher	Captain	32
45	John V. Grant	Major	38
46	Robert W. Harris	Captain	30
47	Thomas X. Irving	Major	36
48	Charles Y. Jackson	Captain	33
49	Henry Z. Kelly	Major	37
50	George A. Lamb	Captain	31
51	Francis B. Little	Major	34
52	John C. Martin	Captain	32
53	Richard D. Nelson	Major	36
54	Samuel E. Owen	Captain	33
55	David F. Parker	Major	37
56	Edward G. Quinn	Captain	31
57	Frederick H. Reed	Major	35
58	William I. Stewart	Captain	32
59	John J. Thomas	Major	38
60	Robert K. Turner	Captain	30
61	Thomas L. Vance	Major	36
62	Charles M. Warren	Captain	33
63	Henry N. Wright	Major	37
64	George O. Adams	Captain	31
65	Francis P. Baker	Major	34
66	John Q. Carter	Captain	32
67	Richard R. Evans	Major	36
68	Samuel S. Fisher	Captain	33
69	David T. Grant	Major	37
70	Edward U. Harris	Captain	31
71	Frederick V. Irving	Major	35
72	William W. Jackson	Captain	32
73	John X. Kelly	Major	38
74	Robert Y. Lamb	Captain	30
75	Thomas Z. Little	Major	36
76	Charles A. Martin	Captain	33
77	Henry B. Nelson	Major	37
78	George C. Owen	Captain	31
79	Francis D. Parker	Major	34
80	John E. Quinn	Captain	32
81	Richard F. Reed	Major	36
82	Samuel G. Stewart	Captain	33
83	David H. Thomas	Major	37
84	Edward I. Turner	Captain	31
85	Frederick J. Vance	Major	35
86	William K. Warren	Captain	32
87	John L. Wright	Major	38
88	Robert M. Adams	Captain	30
89	Thomas N. Baker	Major	36
90	Charles O. Carter	Captain	33
91	Henry P. Evans	Major	37
92	George Q. Fisher	Captain	31
93	Francis R. Grant	Major	34
94	John S. Harris	Captain	32
95	Richard T. Irving	Major	36
96	Samuel U. Jackson	Captain	33
97	David V. Kelly	Major	37
98	Edward W. Lamb	Captain	31
99	Frederick X. Little	Major	35
100	William Y. Martin	Captain	32

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	Males	Females	Total	Rate
1900	320,420	3957	3842	7799	24.3	9	†	10	11	12	13	14	15	16	17
1910	320,613	3434	3288	6722	21.0	†	†	*	*	575	126.3	2498	2773	5271	16.5
1920	(a) 317,970 (b) 318,713	3403	3240	6991	22.0	†	†	249	167	416	59.5	1978	2308	4606	14.4
1930	(a) 318,028 (b) 312,807	2280	2096	4622	14.8	225	225	137	100	237	51.3	1965	2284	4269	13.2
1940	329,138	2127	1945	4268	13.0	163	163	116	90	206	48.3	2357	2567	4924	15.0
1942	344,944	(a) 2215 2402	2125 2200	4633 4906	12.5 14.2	183 180	183 180	159	108	267	52.5	2465	2721	5186	14.0
1943	327,163	2386	2243	4972	15.2	164	164	135	93	228	46.5	2127	2301	4428	12.8
1944	322,513	2621	2591	5766	17.9	180	180	106	72	178	35.8	2201	2388	4589	14.0
1945	313,559	2233	2182	5009	16.0	178	178	132	99	231	40.1	2197	2359	4556	14.0
1946	318,139	2738	2569	5729	18.0	156	156	136	87	223	39.0	2168	2387	4555	14.3
1947	324,185	2899	2746	6014	18.6	177	177	136	77	213	34.9	2286	2449	4795	14.6
1948	329,828	2601	2465	5375	16.3	136	136	117	69	186	34.6	2095	2169	4264	12.9
1949	(d) 330,247 (e) 339,077	2434	2374	5097	15.4	130	130	99	65	164	32.2	2242	2416	4658	14.1
1950	(e) 339,999	2333	2236	4819	14.2	125	125	79	66	145	29.2	2254	2418	4672	13.8
1951	(e) 339,800	2306	2321	4865	14.3	114	114	98	65	163	33.0	2370	2493	4863	14.3
1952	(e) 341,861	2379	2282	4877	14.3	115	115	84	65	149	30.6	2105	2271	4376	12.8
1953	(e) 341,463	2306	2218	4752	14.0	118	118	77	51	128	27.0	2193	2322	4515	13.2
1954	(e) 341,350	2420	2198	4819	14.1	158	158	67	33	100	20.8	2308	2209	4517	13.2
1955	(e) 339,760	2108	2108	4418	13.0	129	129	76	42	118	26.7	2304	2370	4674	13.8
1956	(e) 338,760	2298	2231	4751	14.0	132	132	55	55	110	23.2	2292	2337	4629	13.7
1957	(e) 338,770	2350	2225	4769	14.1	149	149	66	52	118	24.7	2217	2287	4504	13.3
1958	(e) 337,380	2469	2205	4870	14.4	129	129	62	32	94	19.3	2312	2318	4630	13.7
1959	(e) 337,580	2400	2155	4734	14.0	126	126	49	32	81	16.9	2196	2332	4528	13.4
1960	(e) 337,110	2440	2303	4949	14.7	99	99	55	32	87	17.6	2306	2300	4606	13.7
1961	(e) 333,700	2404	2239	4902	14.6	123	123	70	37	107	21.8	2337	2432	4769	14.2
1962	(e) 339,110	2506	2400	5206	15.4	123	123	62	43	105	20.1	2393	2459	4852	14.3
1963	(e) 341,110	2534	2330	5137	15.1	116	116	56	42	98	19.1	2615	2558	5173	15.2
1964	(e) 344,880	2650	2421	5391	15.6	111	111	65	46	111	20.6	2389	2361	4750	13.8

\* not distinguished

† not available

(a) for birth rate

(b) for death rate

(c) total population

(c) for infant and maternal mortality rates

(d) civilian population for birth and death rates

(d) civilian population for birth and death rates

TABLE III

Infectious Diseases notified in each District during the year 1964

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 ...	-	-	-	7	-	-	-	-	4	-	-	-	-	-
Bude-Stratton ...	-	1	-	108	-	1	-	-	-	-	-	-	-	-
Camborne-Redruth ...	8	4	-	356	54	1	-	1	1	21	-	-	5	-
Falmouth ...	-	3	-	18	2	-	-	-	7	-	-	5	-	1
Fowey ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Helston ...	-	-	-	89	-	-	-	-	-	-	-	-	-	-
Launceston ...	-	1	-	70	-	-	-	-	-	-	-	-	-	-
Liskeard ...	-	-	-	5	1	1	-	-	1	1	-	-	-	-
Looe ...	-	-	-	1	4	-	-	-	1	-	-	-	-	-
Lostwithiel ...	1	-	-	-	4	-	-	-	-	-	-	-	-	-
Newquay ...	-	14	-	115	-	-	-	-	-	-	1	-	-	-
Padstow ...	1	-	-	6	-	-	-	-	-	-	-	-	-	-
Penryn ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Penzance ...	-	1	-	18	-	-	-	-	9	7	-	1	-	-
St. Austell ...	-	10	-	29	1	-	-	-	-	-	-	-	-	-
St. Ives ...	2	5	-	6	-	-	-	-	25	-	-	-	-	-
St. Just ...	-	-	-	4	-	-	-	-	-	-	-	-	-	-
Saltash ...	2	5	-	11	3	-	-	-	-	-	-	-	5	-
Torpoint ...	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Truro City ...	1	-	-	9	-	-	-	-	-	-	-	-	-	-
TOTALS ...	15	44	-	852	69	3	-	1	48	29	1	6	10	2
RURAL														
Camelford ...	-	2	-	86	-	-	-	-	-	-	-	-	-	-
Kerrier ...	3	1	-	133	2	-	-	-	13	1	-	-	-	-
Launceston ...	-	1	-	16	-	-	-	-	-	3	-	-	-	-
Liskeard ...	1	-	-	25	7	2	-	-	-	2	-	-	1	1
St. Austell ...	4	1	-	9	-	-	-	-	-	1	-	-	-	-
St. Germans ...	1	3	-	42	8	-	-	-	-	1	-	1	-	-
Stratton ...	-	3	-	62	-	1	-	-	5	-	-	-	-	-
Truro ...	-	16	-	128	3	-	-	1	1	-	-	2	-	-
Wadebridge ...	-	25	-	25	-	-	-	-	-	1	-	-	-	-
West Penwith ...	3	-	-	110	3	-	-	-	6	-	-	-	1	-
TOTALS ...	12	52	-	637	23	3	-	1	25	9	-	3	2	1
Whole County ...	27	96	-	1489	92	6	-	2	73	38	1	9	12	3

Ophthalmia Neonatorum ... 2 (Bude Stratton U.D.)  
(Liskeard R.D.)

TABLE IV

NUMBER OF CASES OF INFECTIOUS DISEASES NOTIFIED IN  
RECENT YEARS

Infectious Disease	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964
Measles	124	90	83	68	190	167	98	49	50	27
Crouping Cough	279	351	1234	142	92	192	369	171	120	96
Diphtheria	1	—	3	1	—	—	—	—	—	—
Scarlet Fever	2255	5216	2846	2593	2462	360	6689	1514	4482	1489
Pneumonia	222	175	189	149	127	86	121	98	118	92
Staphylococcal Infection	11	3	3	1	9	3	3	9	4	6
Acute Poliomyelitis	35	8	24	14	13	7	—	3	—	—
Acute Encephalitis	5	4	1	4	2	4	5	2	4	2
Bacterial Dysentery	21	6	7	37	35	35	39	32	34	73
Cholera	—	2	1	2	1	3	—	4	1	2
General Pyrexia	135	156	146	106	83	79	68	81	62	38
Paratyphoid	1	1	1	1	2	1	—	—	1	1
Typhoid Fever (including Paratyphoid)	—	—	1	2	1	—	—	—	1	—
Food Poisoning	63	63	35	40	51	36	21	27	6	9
Shigellosis	33	37	19	25	16	26	18	15	23	12
Shigellosis	—	1	—	1	—	—	1	1	—	—
Rheumatism	—	4	3	1	4	2	1	3	1	3
TOTALS	3185	6117	4596	3187	3088	1000	7433	2009	4907	1850

\* 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	F
1. Tuberculosis, respiratory	18	—	—	—	—	—	—	—	—
2. Tuberculosis, other	1	—	—	—	—	—	—	—	—
3. Syphilitic disease	4	—	—	—	—	—	—	—	—
4. Diphtheria	—	—	—	—	—	—	—	—	—
5. Whooping Cough	—	—	—	—	—	—	—	—	—
6. Meningococcal infections	1	—	—	—	1	—	—	—	—
7. Acute Poliomyelitis	—	—	—	—	—	—	—	—	—
8. Measles	—	—	—	—	—	—	—	—	—
9. Other infective and parasitic diseases	11	1	—	—	—	—	—	—	—
10. Malignant neoplasm:									
stomach	107	—	—	—	—	—	—	—	—
11. do. lung bronchus	134	—	—	—	—	—	—	—	—
12. do. breast	84	—	—	—	—	—	—	—	—
13. do. uterus	44	—	—	—	—	—	—	—	—
14. Other malignant and lymphatic neoplasms	430	—	—	—	1	3	1	1	1
15. Leukaemia, aleukaemia	26	—	—	—	1	3	1	1	—
16. Diabetes	44	—	—	—	—	—	—	—	—
17. Vascular lesions of nervous system	727	—	—	—	—	—	—	1	—
18. Coronary disease, Angina	810	—	—	—	—	—	—	—	—
19. Hypertension with heart disease	120	—	—	—	—	—	—	—	—
20. Other heart disease	954	—	—	—	—	—	—	—	—
21. Other circulatory disease	193	—	—	—	—	—	—	—	—
22. Influenza	8	—	—	—	—	—	—	—	—
23. Pneumonia	203	9	9	3	3	—	1	1	—
24. Bronchitis	129	2	—	—	—	—	—	—	—
25. Other disease of respiratory system	56	—	—	—	—	—	—	1	—
26. Ulcer of stomach and duodenum	43	—	—	—	—	—	—	—	—
27. Gastritis, enteritis and diarrhoea	24	1	1	1	2	—	—	—	—
28. Nephritis and nephrosis	43	—	—	—	—	—	—	2	—
29. Hyperplasia of prostate	29	—	—	—	—	—	—	—	—
30. Pregnancy, childbirth abortion	2	—	—	—	—	—	—	—	1
31. Congenital malformations	33	17	9	—	2	—	1	1	1
32. Other defined and ill-defined diseases	298	36	23	2	2	—	3	1	2
33. Motor vehicle accidents	41	—	—	1	2	1	1	8	2
34. All other accidents	106	—	4	3	2	—	1	9	1
35. Suicide	39	—	—	—	—	—	—	—	—
36. Homicide and operations of war	3	—	—	—	—	—	—	—	1
Totals	*4765	66	46	10	16	7	9	26	9

\* including 15 deaths in the Isles of Scilly

## SPECIFIED AGES, 1964

25—		35—		45—		55—		65—		75—		Totals	
M	F	M	F	M	F	M	F	M	F	M	F	M	F
—	2	1	1	—	1	3	—	4	1	4	1	12	6
—	—	—	—	—	1	—	—	—	—	—	—	—	1
—	—	—	—	1	—	—	—	2	—	—	1	3	1
—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	1
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—	—	—	—	1	—	3	1	—	1	3	1	8	3
—	1	2	—	6	—	14	6	19	14	22	23	63	44
—	—	2	4	10	4	37	4	50	9	10	4	109	25
—	—	—	3	—	12	—	28	—	23	—	18	—	84
—	—	—	2	—	7	—	13	—	14	—	8	—	44
2	4	7	8	15	21	42	44	78	66	74	62	222	208
1	—	—	—	1	—	4	1	5	3	4	1	19	7
—	—	1	—	—	2	8	4	9	6	7	7	25	19
1	2	—	2	11	7	35	30	94	102	153	289	295	432
—	—	8	1	33	4	130	37	195	97	165	140	531	279
—	—	—	—	2	2	6	6	17	20	25	42	50	70
1	—	8	1	12	4	57	41	89	94	230	417	397	557
1	—	—	1	7	5	10	7	23	22	35	82	76	117
—	—	—	—	1	—	1	1	2	—	2	1	6	2
—	1	2	3	1	2	10	7	18	30	43	60	87	116
—	—	2	—	6	3	15	6	31	10	40	14	96	33
—	—	—	—	2	1	12	2	13	2	14	9	42	14
—	—	1	—	4	—	6	—	10	5	9	8	30	13
—	—	—	—	1	1	2	—	1	4	5	5	11	13
—	—	1	—	4	1	4	6	6	3	8	8	25	18
—	—	—	—	—	—	1	—	9	—	19	—	29	—
—	—	—	1	—	—	—	—	—	—	—	—	—	2
—	1	—	—	—	—	1	—	—	—	—	—	19	14
4	3	6	5	6	14	19	16	28	22	39	67	141	157
4	—	1	—	2	—	1	3	3	5	5	2	26	15
6	—	3	1	5	—	5	5	8	6	18	29	57	49
1	1	—	2	3	4	7	6	4	4	2	5	17	22
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21	15	45	35	135	96	433	274	719	563	936	1304	2398	2367

