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Contributors

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Health and Welfare Services



CORNWALL
1967

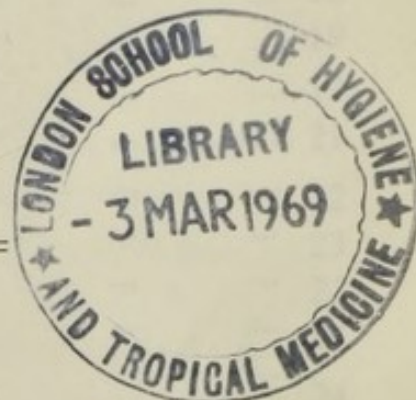
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CORNWALL COUNTY COUNCIL



ANNUAL REPORT
OF THE
COUNTY MEDICAL OFFICER
OF HEALTH
1967

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

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HEALTH COMMITTEE

(as constituted at 31st December, 1967)

Chairman:

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

Vice-Chairman:

MRS. K. DALE

Members

A. ANDREW	P.G. LOBB
H. BRAY	R.C. MATTHEWS
S.J.L. CHUBB	J.C. PENBERTHY
S. CLYMA	W.J.T. PETERS
Dr. D.G.W. CLYNE	L. RODDA
J.J. DANIEL	M.R. SCOTT
A.G.F. FARQUHAR, O.B.E.	R.F. SMITH
Mrs. L. GARSTIN	J.M. TAMBLYN
W.F. GLUYAS	Mrs. E.V. TOWNSEND
F.L. HARRIS, O.B.E.	Mrs. D.E. TREFFRY
Mrs. J.M. HART	Mrs. M.B. WILLIAMS, O.B.E.
D.B.E. HOCKING	P.M. WILLIAMS, O.B.E.
R.J. JULYAN	Mrs. D.M. WILLS

Co-opted Members:

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

Ex-Officio:

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

(Revised) 1967
HEALTH COMMITTEE
 (as constituted on 31st December, 1967)

Chairman:
 W. E. MILLER, M.B.E.

Vice-Chairman:
 MRS. K. DALL

Members:
 R. C. MATTHEWS
 J. C. PENBERTHY
 J. R. DODD
 J. G. W. CLYNE
 D. J. CHUBB
 H. BRAY
 A. ANDREW

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

- Ambulance Sub-Committee
- Estate Management Sub-Committee
- Finance and General Sub-Committee
- Maternity and Child Welfare Sub-Committee
- Mental Health Sub-Committee
- Welfare Sub-Committee

Co-opted Members:
 British Red Cross Society
 Ambulance Division
 Local Medical Committee

Ex-Officio:
 The Chairman of the County Council
 The Vice-Chairman of the County Council
 The Chairman of the Finance Committee

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 in 1967.

The first significant fact to which I would draw your attention is the continuing growth of the population of the County. For many years the population of Cornwall remained relatively static, but between 1962 and 1967 the population grew from 339,110 to 354,240 – an increase of 15,130. This is a welcome development but has a host of implications resulting in the need for additional premises and staff for all the health and social services. Mention is made in the report of the 3,255 houses built in the County during the year and it is an encouraging fact that this is the highest post-war total and one which may well be exceeded in 1968. More unfit houses have also been closed or demolished and this is another welcome development in ensuring that housing standards are maintained at a high level.

Dr. T.D. Lewis, the Deputy County Medical Officer, left the service in September to return to general practice. A full year elapsed before the central medical staff was again at full strength and, the person appointed to fill a resultant vacancy in the clinical medical staff will not be available for another 3 months.

For the past four years the birth rate has steadily declined, but regrettably this is not true of the proportion of illegitimate births which rose to 7.39%. This is a worrying feature of our "permissive" society and one which requires action in a variety of directions. The right approach is surely to educate young people regarding the long term hazards, and the difficulties and heartbreak which await the unmarried mother. What of those young women who prefer to ignore advice and establish temporary or long term relationships – should they be ignored or should they be offered advice as at the Brook Clinics to prevent the conception of an unwanted infant? The abortion law reform has introduced another factor into this difficult problem.

The County Health Committee have a deep interest in this problem from the social, moral and health aspects and have agreed to build a Mother and Baby Hostel for unsupported mothers which will provide a home for a period of some months before and after the birth of an infant. It is a commonplace fact that these infants have a high mortality rate in the first months of life so that they require particular supervision. It is therefore a pleasure to be able to record that the case work service is now in operation with a full staff of one Senior Social Worker with two experienced Assistants.

Once again this year infant mortality has remained at a level well below

the average for England and Wales and this is an encouraging feature since it gives an indication of the health and social conditions of the County. The death rate has fallen slightly but a serious feature remains the continuing increase in the number of deaths due to coronary disease. This is now far and away the commonest cause of death in those aged 45 to 64 years. As yet no single cause of the condition has been determined, but it is certainly associated with several preventable factors, overweight, lack of exercise and cigarette smoking. By alteration of personal habits it may be possible to check this disease which strikes down so tragically many in the prime of life. Laboratory tests can determine those people whose level of cholesterol in the blood suggests an enhanced risk — and a function of preventive medicine in the years to come may well be to carry out surveys and tests to discover those with a susceptibility to disease. Already the screening procedure for cancer of the cervix is pointing the way for further action in this direction.

The concept of routine screening examinations has long been applied to infants and the dramatic reduction in infant mortality and the early detection of the handicapped child has stemmed from this procedure. This year the programme for testing the hearing of young infants has demonstrated the value of such a technique by discovering 66 children requiring further investigation.

Deafness is a handicap which has received scant sympathy in the past, yet it is of the gravest significance to the affected children. Loss of hearing leads to difficulties of communication, education and employment and to loneliness in the elderly. To help relieve some of these needs the County Council this year assumed direct responsibility for the work previously carried out by the Cornwall Association for the Deaf. The Rev. N.C. Dyson took up the appointment of Welfare Officer for the Deaf on 1st November and has already done a great deal of useful work in bringing to notice and attending to the needs of the deaf.

The field of social work has recently been reviewed by a Government Committee which among other recommendations emphasised the need for adequate training. For some years now the Health Committee has seconded social workers to 1 or 2 year courses of professional training, and the results are now becoming evident as these workers return to the County's service with wider vision and a clearer insight into the needs of the physically and mentally handicapped. Last year the report reviewed the development of the Family Welfare Service, and an aspect which is stressed in this year's report is the holiday scheme for children from inadequate homes. Many kind people in the County have taken these often difficult young people and given them new horizons in happy, healthy living. This is a scheme which has largely been financed from voluntary sources and one which it is hoped to extend as funds and suitable foster parents become available.

A notable feature in the service for the care of the aged was the opening of Miller House, Launceston, and the extension at Cliffe House, Falmouth. These were both most valuable in helping to reduce the long waiting list for residential

accommodation, and the situation has been further eased by the opening of Mountford House, Truro, shortly after the end of 1967. Miller House has been built on a restricted sloping site which has been used to good advantage to provide a multi-storey home. Lifts have now become essential in all the multi-storey homes for the aged, for of the 803 elderly people for whom the County Council is financially responsible in residential accommodation, 264 were physically handicapped and only 197 were under 75 years of age. With so many very aged and frail residents there is increasing pressure on the staff of the homes.

One essential service for old people is chiropody. The County Council provides a service directly in Homes for the Elderly, and for the aged and handicapped who are housebound, in addition to making financial grants to voluntary organisations who provide this service. In all, therefore, over 3,300 elderly people were assisted in 1967 by 10,422 treatments, and there is a prospect of the service being extended to additional groups of handicapped persons in the next financial year.

Improved training is a recurrent theme of all the health services, and this has now been extended to the Ambulance Service with the organisation of the first in-service training course of two weeks' duration in the County for Ambulance Station Officers. This was generally considered a complete success and two courses annually for drivers are planned for the future. Two members of the ambulance staff who were expected to organise the in-service training were also seconded to 6-week out-County courses. The ambulance service has to provide a 365-day service each year in spite of training needs, holidays or sickness, as does the District Nursing/Midwifery Service. Until recent months the District Nurse/Midwives have been on duty for 5½ days each week, but there is an interesting experiment now in progress whereby the nurses have reorganised their duty rotas, working in groups of 8, so that they work a 10-day fortnight. The nurses therefore have the opportunity of a "long weekend" in alternate weeks – a most useful facility for those who may be working at some distance from friends and relatives "up country". This willingness of the Health Committee to assist the staff is one factor which explains the relative ease of maintaining a full establishment in the County Nursing Service.

Last year I mentioned the commencement of the brucellosis eradication scheme among cattle. This disease in humans is now being more readily diagnosed, with 18 cases coming to notice in 1967 – but the beginning of the end is in sight. By the end of 1967, 277 herds had been entered for the scheme and this must be accounted a satisfactory beginning.

The Green Paper on the future development of the Health Services was published shortly before the penning of this foreword. This opens a new concept in the development of the Health services and detailed comment is not appropriate at this juncture. This annual report is full of allusions to the essential links between the Health and Social Services so that no matter what scheme is finally agreed for the future, any weakening of these links would have serious consequences for the

person who matters most — the one in need of health and welfare services which are but two faces of the same coin.

Each year I include in this foreword my grateful thanks to the Chairman of the Committee (unhappily ill at the time of writing) and all the members of the Health Committee. These are no idle words for the breadth of experience and vision which they bring to the administration of the service is of great value. Once again it is a pleasure to record the great help received from voluntary bodies and other departments of the County Council.

Finally, this report would be incomplete without my sincere thanks to all the staff of the department who, by their loyalty, diligence and devotion to duty, have maintained the high standard of previous years.

I am,

Your obedient Servant,

H. BINYSH

County Medical Officer.

County Hall,
Truro.

October, 1968

CORNWALL COUNTY COUNCIL
REPORT OF THE COUNTY MEDICAL OFFICER OF HEALTH
FOR THE YEAR 1967

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. (left 30.9.67)

Health Area 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)

C.W.J. HINGSTON, 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:

MARGOT M. COOK, M.D., D.T.M. & H.

W. JACKSON, M.B., B.Ch.

E.P. JAMES, M.R.C.S., L.R.C.P., D.R.C.O.G.

MAIR L. JENKINS, B.Sc., M.B., Ch.B.

JEAN D. McMILLAN, B.M., B.Ch., D.P.H.

J.S.R.R. OLD, M.B., Ch.B.

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

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

P.R. WILSON, L.R.C.P. & S.I.

* Also Assistant County Medical Officer

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.

C.J. BOOTH, L.D.S., R.C.S., B.D.Sc.

K.J. CAWLEY, L.D.S.

R.A. CURRIE, L.D.S.

R.E. EYLES, L.D.S.

Mrs. M.E. GOODYEAR, L.D.S.

W.A. GRUNWELL, L.D.S.

J.E. KENNY, L.D.S.

M.G.V. LARKIN, B.D.S. (Comm. 3.7.67)

D.J. WHEELER, B.D.Sc.

M.F.H. WILLIS, L.D.S.

Part-time:

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

R.J. THOMAS, F.D.S.

Dental Auxiliaries:

Mrs. J.W. GLASSON, G.D.C.Prof.Cert.

Mrs. E.A. GREENAWAY, G.D.C.Prof.Cert.

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 Superintendant Health Visitor:

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

Senior Assistant 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 V.E. GRAHAM, 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.

Training Officer (Ambulance):

F. POLKINGHORNE, O.St.J. (Comm. 1.10.67)

County Welfare Officer:

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

Assistant County Welfare Officer:

W.C. ODGERS

Senior Family Welfare Worker:

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

County Mental Health Officer:

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

Assistant County Mental Health Officer:

T.W.C. STANTON, Dip.Sociology

Health Education Officer:

Miss M.A. STORAH, S.R.N., S.C.M., H.V.Cert., Dip.H.Ed.

Senior Educational Psychologist:

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

Educational Psychologists:

A.W. BOLGER, M.A.,

A.B. COCHRANE, M.A.

J.J. GROVER, B.A., Dip.Ed. (left 31.5.67)

D. LAWRENCE, B.A., A.B.Ps.S. (left 30.6.67)

H.C. MACFIE, M.A. (Comm. 6.11.67)

Mrs. E.V.S. WESTMACOTT, B.A. (Comm. 1.9.67)

Head Psychiatric Social Worker:

Mrs. C.A. AMOS, B.A., A.A.P.S.W. (comm. 3.4.67)

Child Guidance Social Workers:

Mrs. S. DAVIDSON

Miss M.J. HOSKING

M.C. STONE, H.O.L'ter of Recg. (4.12.67)

Remedial Developments Officer:

R. BROWN, M.A. (Comm. 1.10.67)

Organiser of Training of the Mentally Handicapped:

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

Welfare Officer for the Deaf:

Rev. N.C. DYSON, D.W.Cert., Ltr.Recg., C.T.S.W. (comm. 1.11.67)

County Home Help Organiser:

Miss D.J. BLIGHT, Dip.Inst. of H.H. Orgs.

Chief Clerk:

W.S. HOOPER, D.M.A.

PART-TIME OFFICERS:

Senior Assistant Medical Officer and Supervisor of Midwives:

NULECE EYLES, M.B., Ch.B., D.P.H.

Chief Inspector under the Food & Drugs Act:

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.

Chest Physicians: (provided by the Regional Hospital Board):

B.A.G. JENKINS, M.D., M.R.C.P.

R.L. RAY, M.B., B.S.

J.C. MELLOR, M.B., Ch.B.

Advisors 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	876,296 acres
Population 1967 (R.G.'s mid-year estimate)	354,240
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	£12,019,222
Sum represented by 1d. rate	£46,552

The Registrar General's mid-year estimate of the population for the Urban and Rural areas during each of the five years 1963-67 is shown in the following table:-

	1963	1964	1965	1966	1967
Urban Districts	192,390	195,130	197,250	199,230	201,030
Rural Districts	148,720	149,750	149,900	151,930	153,210
Administrative County	341,110	344,880	347,150	351,160	354,240
Increase or decrease over previous year	+2,000	+3,770	+2,270	+4,010	+3,080

Table I at the end of the Report shows the estimated population and number of births and deaths for 1967 in each of the County Districts in the County, whilst Table II gives a summary of these statistics for the County for recent years.

Live Births	Male	Female	Total
Legitimate	2,479	2,345	4,824
Illegitimate	190	193	383
Total	<u>2,669</u>	<u>2,538</u>	<u>5,207</u>

Birth rate per 1,000 of the population - 14.7

Still Births	Male	Female	Total
Legitimate	43	34	77
Illegitimate	5	3	8
Total	<u>48</u>	<u>37</u>	<u>85</u>

Still birth rate per 1,000 total births - 16.1

This compares with a provisional rate of 14.8 for England & Wales.

The Birth Rate of 14.7 compares with a rate of 15.3 in 1966. The following are the rates for recent years:-

			Cornwall	England and Wales
1958	...	...	14.4	16.4
1959	...	...	14.2	16.4
1960	...	...	14.7	17.1
1961	...	...	14.5	17.5
1962	...	...	15.3	17.9
1963	...	...	15.2	18.1
1964	...	...	15.8	18.4
1965	...	...	15.6	18.1
1966	...	...	15.3	17.7
1967	...	...	14.7	17.2 prov.

Deaths and Death Rate

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

Males	2,463
Females	2,408
Total	<u>4,871</u>

This gives a death rate of 13.8 compared with 14.3 in 1966. The following are the death rates for recent years:-

			Cornwall	England and Wales
1958	...	...	13.7	11.7
1959	...	...	13.4	11.6
1960	...	...	13.7	11.5
1961	...	...	14.3	11.9
1962	...	...	14.3	11.9
1963	...	...	15.2	12.2
1964	...	...	13.8	11.3
1965	...	...	14.3	11.5
1966	...	...	14.3	11.7
1967	...	...	13.8	11.2

Infant Mortality

There were 76 infant deaths registered during the year, giving an infant mortality rate of 14.59 per 1,000 live births. This compares with a rate of 14.30 in 1966.

Chief Causes of death at all ages

	1966	1967
Disease of Heart and Blood Vessels	2,122	2,131
Cancer	892	908
Vascular lesions of nervous system	799	724
Respiratory disease	421	357
Suicide and deaths from violence	150	137
Motor vehicle accidents	42	43
Tuberculosis	15	11

Death from Heart Disease

Age Group	Urban Districts		Rural Districts		Total
	M	F	M	F	
Under 1	-	-	-	-	-
1 - 5	-	-	-	-	-
5 - 14	-	-	-	-	-
15 - 24	1	-	-	-	1
25 - 34	2	-	1	-	3
35 - 44	9	1	7	1	18
45 - 54	34	14	21	6	75
55 - 64	126	43	76	27	272
65 - 74	177	133	139	79	528
75 and over	240	398	186	217	1,041
	<u>589</u>	<u>589</u>	<u>430</u>	<u>330</u>	<u>1,938 *</u>

*including 10 deaths in the Isles of Scilly

Number of Deaths at Different Periods of Life

Age Group	Male	Female	Total
Under 1	41	35	76
1 - 4	5	8	13
5 - 14	15	3	18
15 - 24	28	7	35
25 - 34	18	10	28
35 - 44	61	35	96
45 - 54	159	111	270
55 - 64	429	234	663
65 - 74	735	588	1,323
75 and over	981	1,386	2,367
	<u>2,472</u>	<u>2,417</u>	<u>4,889 *</u>

*including 18 deaths in the Isles of Scilly

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	18,900
		St. Ives M.B.	4,287	8,780
		St. Just U.D.	7,634	3,500
		West Penwith R.D.	59,792	17,660
			<hr/> 74,868 <hr/>	<hr/> 48,840 <hr/>
2	Rectory Road, Camborne	Helston M.B.	4,014	9,240
		Camborne-Redruth U.D.	22,062	37,600
		Kerrier R.D.	90,839	23,120
			<hr/> 116,915 <hr/>	<hr/> 69,960 <hr/>
3	The Leats, Truro	Falmouth M.B.	1,880	17,350
		Penryn M.B.	829	4,990
		Truro City	2,634	14,430
		Truro R.D.	108,316	28,440
			<hr/> 113,659 <hr/>	<hr/> 65,210 <hr/>
4	Moorland Road, St. Austell	Fowey M.B.	2,979	2,390
		Lostwithiel M.B.	3,156	1,900
		Newquay U.D.	4,599	12,100
		St. Austell U.D.	18,379	26,600
		St. Austell R.D.	82,389	22,170
			<hr/> 111,502 <hr/>	<hr/> 65,160 <hr/>
5	Brooklyn, Wadebridge	Bodmin M.B.	3,312	7,370
		Padstow U.D.	3,343	2,640
		Wadebridge R.D.	88,230	14,880
			<hr/> 94,885 <hr/>	<hr/> 24,890 <hr/>

6	Launceston	Launceston M.B.	2,180	4,600
		Bude-Stratton U.D.	4,296	5,210
		Camelford R.D.	52,544	6,950
		Launceston R.D.	85,122	7,050
		Stratton R.D.	56,220	4,730
			<hr/> 200,362 <hr/>	<hr/> 28,540 <hr/>
7	Westbourne, Liskeard	Liskeard M.B.	2,704	4,700
		Saltash M.B.	5,386	8,410
		Looe U.D.	1,691	4,050
		Torpoint U.D.	988	6,270
		St. Germans R.D.	48,533	14,640
		Liskeard R.D.	104,803	13,570
			<hr/> 164,105 <hr/>	<hr/> 51,640 <hr/>

CARE OF MOTHERS AND YOUNG CHILDREN

Section 22 of the National Health Services Act, 1946, states that "it shall be the duty of every local authority to make arrangements for the care, including in particular dental care, of expectant and nursing mothers and of children who have not attained the age of 5 years and are not attending primary schools maintained by a local education authority". The offer of dental care by the County Dental Service was once more publicised by the notification of this service to the Obstetric Out Patients' Departments in both clinical areas.

Ante-Natal Care

The care of pregnant women has been undertaken as in previous years, and during 1967, 1,309 women made 6,692 attendances at local authority clinics for relaxation purposes, these classes being run by the domiciliary midwives. Mothers' Clubs again continued to grow in numbers and these, in general, were as before based at the clinic premises. Small committees of mothers in co-operation with the local Health Visitors, arranged various Health Education programmes which appears to be very popular.

Maternity Accommodation

The proportion of hospital confinements has continued to rise during 1967 and has now reached the figure of 74% of all births. Domiciliary midwifery continues to decline and there was no shortage of hospital or nursing home beds for those who required them. It becomes increasingly doubtful whether there will be enough domiciliary cases to train midwives adequately as even more hospital beds become available in the coming years. The question of General Practitioner Maternity Units must soon receive urgent consideration and full discussion by all

those concerned, if there is not to be a wastage of personnel in the future.

Year	Total No. of births Notified	Percentage of total births occurring in:-		
		Patient's Home	Hospital and Maternity Homes	Nursing Homes.
1941	5,290	65.2	19.1	15.7
1951	4,979	58.3	34.8	6.9
1961	4,940	49.85	48.17	1.98
1962	5,333	49.68	48.63	1.69
1963	5,276	44.5	53.2	2.3
1964	5,545	40.6	58.3	1.1
1965	5,378	33.9	66.1	-
1966	5,414	30.1	69.9	-
1967	5,209	25.5	74.5	-

Infant Mortality and Stillbirths

	1 - 4					
	Stillbirths		First week deaths		week deaths	
	Pre-mature	Full Term	Pre-mature	Full Term	Pre-mature	Full Term
Difficult labour and birth injury	2	3	1	5	-	-
Gross Prematurity	5	-	14	-	1	-
Congenital Abnormalities inconsistent with life	5	1	7	3	1	-
Congenital Heart disease	-	1	1	2	1	1
Respiratory Distress Syndrome of the new born	-	-	1	1	-	-
Associated with pre-eclamptic toxæmia	11	2	-	-	-	-
Associated with Antepartum Haemorrhage	8	3	2	-	-	-
Placental and Uterine abnormalities	10	9	-	1	-	-
Occlusive pressure on cord	3	2	-	-	-	-

	1 - 4					
	Stillbirths		First week deaths		week deaths	
	Pre-mature	Full Term	Pre-mature	Full Term	Pre-mature	Full Term
Rhesus Incompatibility	1	-	-	-	-	-
Illness of mother or infant	-	1	-	-	-	-
Atelectasis and other respiratory conditions	2	8	4	4	-	1
Infection	-	-	-	1	-	1
Unknown causes	5	3	-	-	-	-
Totals	52	33	30	17	3	3
	85		47		6	

Perinatal Mortality

The numbers of stillbirths and deaths during the first week of life continue to fall in Cornwall and while the figures are still above those of the national average the gap is being narrowed though, as noted in previous years, efforts are still being made to achieve further improvement. The number confirmed by post mortem examination still remains a very small proportion and one hopes that this type of examination will be more evident in the future.

Year	† Infant Deaths			* Perinatal Mortality Rates	
	Stillbirths	First Week	Total	Cornwall	England and Wales
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	28.2
1965	99	63	162	31.7	26.9
1966	109	49	158	28.8	26.3
1967	85	47	132	25.9	24.9

*based on deaths registered during the year

†occurrences during the year

Premature Babies

The two portable incubators were used 21 times during the year, the one based at Liskeard 8 and the one based at Truro 13 times.

Child Welfare Clinics

Attendances at these clinics continued to increase and during the year 2,539 attended for the first time while a total of 7,650 attended all clinics during the year. The ritual weighing of babies regarded so highly by generations of mothers in the past is gradually giving way to the more accurate assessment of growth and development indicated by the measurement of length, as suggested by the Institute of Child Health. In larger clinics, fully trained nursing personnel have taken over the giving of routine immunisation and vaccination procedures under the personal direction of County Council Medical Officers who can thus spare valuable time for discussion with anxious mothers the growth and development of their babies and allowing adequate time for a full clinical examination. This will enable the doctors concerned to assess the possibility of developmental defects which are often to be found at a very early age.

Care of the Unsupported Mother and her Child

This department has been fully staffed since October, 1967, when Mrs. W.M. Graves returned from a Course at Josephine Butler College, Liverpool, to take up her duties as Senior Caseworker, with Mrs. E. Hewitt who serves the east of the County and Mrs. P.V. Rutter the west.

Records which are available from 1st April, 1967 show that a total of 186 cases were referred to the department up to the 31st December, 1967. During this period arrangements were made for 63 cases to go to Mother and Baby Homes, 38 of these received residential care at Morwenna, Penzance, where this work is undertaken by the Penwith Association for Girls' Welfare. The remaining 25 went to homes at Plymouth, Exeter, Devizes and Kent. The use of out of County Homes continues to remain a necessity in view of the fact that due to financial restrictions the proposed Mother and Baby Home at St. Austell will not be completed until early 1969. 7 girls were placed in private foster homes.

Work undertaken by the department covers a wide range, the majority of cases continue to be those who are referred to the department when pregnancy is diagnosed and ask for help in making arrangements to keep their child or in placing it for adoption. In the case of the latter, when the mother wishes, co-operation of the Adoptions Officer of the Children's Department is sought. A cause for concern is the number of girls who do not come to the notice of any organisation until confinement is imminent, in some cases until the child is born, in these cases not having received ante-natal care.

Girls and young women who have kept their babies and afterwards encountered difficulties, with finance and accommodation are referred and where possible help with employment and accommodation is given.

The caseworkers act as administrators for the Buttle Trust, who during this year gave generous financial help to 30 cases in the County.

Some preventative work was undertaken with girls who were thought to be in moral danger and it is hoped to extend this work to give a counselling service to girls and boys in the forthcoming year.

The Ascertainment of Handicapped Young Children

As the validity and value of an At Risk Register is now being brought into question by various experts in this field of medicine, it seems that as stated previously the selection of cases will probably have to be made through mass screening of young infants by Domiciliary Nursing/Health Visiting staff with subsequent referral of doubtful cases to County Council Medical Officers or General Practitioners. Further investigation would then be carried out by a team of experts headed by a Consultant Paediatrician. Early assessment of handicapping conditions is now regarded as a vital factor in the life of the very young child and the various methods of achieving this are receiving prolonged and detailed discussion by the various expert members of the County Council staff. By the end of this current year almost all of these will have attended several courses so as to provide them with a specialist knowledge which is required to carry out these exacting duties. The number of cases of seriously handicapped young children which will presumably be discovered in the County is expected to approach the figure quoted last year, namely .5% of total births or about 26 new cases annually. Each and every one of these cases will require a large amount of time spent on them by varying members of the County Council staff. The field of developmental paediatrics is now widely recognised as being one of the most important aspects in the life of any young child and in Cornwall we are giving this important study an ever increasing emphasis. It must always be remembered that it is a right of the very young child, whether handicapped or not, to receive the best possible service of these experts available so that proper placement during the formative years in the best interests of the child is always achieved.

Assessment of Hearing in Infants and Young Children

This important work was carried out on the same scale as in the preceding year but it is hoped that in the not too distant future an increased number of clinics, spread throughout the County and staffed by a special team including an experienced Health Visitor, a teacher of the deaf, and a medical officer will be established on a monthly basis.

	Screened	Referred
Area 1	563	6
Area 2	1,131	16
Area 3	779	4
Area 4	1,105	13
Area 5	344	3
Area 6	395	8
Area 7	797	16
	<hr/>	<hr/>
	5,114	66
	<hr/>	<hr/>

A special hearing assessment team consisting of Mr. Sheridan; the Consultant Ear, Nose and Throat Surgeon, Mr. Portwood; the Senior Educational Psychologist and Mr. Thomas; the Teacher of the Deaf conducted their referral clinics as in the previous year.

Family Planning

The Family Planning Association has continued to receive financial aid on a per capita basis for special cases, and the free use of clinic premises from the County Council. Clinics were held in Bude, Camborne, Falmouth, Launceston, Penzance, Redruth, St. Austell, Truro and Wadebridge. Patients were referred by the Hospital Service, General Practitioners, Health Visitors, District Nurses, County Council Social Workers and the Marriage Guidance Council. The number of cases so dealt with during the year is shown in the following table:

	Number of Patients Attended	Number of New Cases
Bude	242	44
Camborne	331	129
Falmouth	826	121
Launceston	658	163
Penzance	870	100
Redruth	1,228	168
St. Austell	1,004	125
Truro	987	130
Wadebridge	478	88
	<hr/>	<hr/>
	6,624	1,068
	<hr/>	<hr/>

Congenital Malformations

A record has been kept of babies showing congenital abnormalities at birth and the table given as follows shows the various types of abnormalities noted.

Defects Observed	Areas							Total
	I	II	III	IV	V	VI	VII	
Central Nervous System	1	-	1	-	1	-	4	7
Eye, Ear	2	-	-	-	-	-	-	2
Alimentary System	2	3	-	-	-	-	2	7
Heart and Great Vessels	-	1	1	-	-	-	1	3
Respiratory System	-	1	-	-	-	-	-	1
Uro-genital System	2	1	-	-	-	-	5	8
Limbs	7	6	2	1	1	1	9	27
Other Skeletal	1	-	-	-	-	-	-	1
Other Systems	-	-	-	-	-	-	1	1
Other Malformations	-	-	-	-	-	-	1	1
TOTAL Malformations	15	12	4	1	2	1	23	58
Number of Children	13	10	4	1	2	1	22	53

Cervical Cytology

Screening facilities at various clinics for the detection of cancer in women were again expanded throughout the County as the increased amount of time from the specialist technician service became available.

Clinics were held at:

Penzance, Hayle, St. Ives, Helston, Redruth, Camborne, Truro, Falmouth, Newquay, St. Austell, Wadebridge, Bodmin, Launceston and Saltash.

and by the end of the year 3,962 women had been screened and a number of cases were referred to general practitioners for further examination and/or treatment.

A routine urine test is included as part of the examination in view of the number of cases of diabetes found in the community, and during the year 17 cases of diabetes mellitus were discovered and other conditions requiring referral to general practitioners were also found. Although comparatively little publicity has, up to the present time, been given to this service it is hoped that with increasing expert personnel becoming available it will be possible to widen the scope of the publicity through the various agencies.

Accidents to Young Children

Reports were received on 196 young children admitted to hospital as the result of accidents.

Head Injuries	38
Limb Injuries, fractures and severed tendons	81
Burns and scalds	16
Swallowing of poisons or foreign bodies	38
Soft Tissue Injuries (including embedding of foreign bodies in soft tissues)	23
	<hr/> 196 <hr/>

The overall total represents an improvement on the previous year's figure of 218, but again there is a substantial increase in head injuries. This is a matter for serious concern because of the potential consequences of even minor injuries to the central nervous system.

Child Care Co-ordinating Meetings

These continued throughout the year both at County Council member level and at officer level. It is envisaged that greatly increased importance will emerge in this field during the coming years and more frequent meetings of representatives from the Health, Education, Children's, Probation and Welfare Departments will be required. It is expected that discussions will be carried out in much greater detail at all levels in the near future.

Nurseries and Child Minders

A comparison of the numbers of registered groups in the past 6 years in the following table indicates the outstanding growth in numbers of such groups.

Year	Day Nurseries		Child Minders	
	Number Registered	Number of Places	Number Registered	Number of Places
1962	4	65	12	106
1963	11	256	12	100
1964	12	227	18	143
1965	13	280	21	166
1966	20	449	16	139
1967	33	675	21	172

Close liaison is mentioned with the Cornwall Branch of the Pre-School Playgroups Association organised by Mrs. Graham-Brown.

Welfare Foods

The issues over the past six years are as follows:-

	National Dried Milk (Tins)	Cod Liver Oil (Bottles)	Vitamin Tablets (Packets)	Orange Juice (Bottles)
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
1965	85,988	6,383	5,633	77,783
1966	69,560	5,614	5,117	87,037
1967	65,499	5,209	4,210	88,033

Once again, tribute must be paid to the Women's Voluntary Service and shopkeepers at the 138 centres in Cornwall, without whom it would be impossible to maintain the service.

THE NURSING SERVICE

Report of the County Nursing Officer

The staffing position has been favourable during this year, and the pilot schemes of Liaison and Attachment of nursing staff to General Practitioners, have been consolidated. In the more populated areas this closer liaison has brought in more work making it necessary to appoint additional staff. The nurses concerned appear very happy with this state of affairs and would not like to return to working in geographical areas. Attachment for all staff has been considered and planned roughly on paper but a lot of discussions will have to take place before it can be accomplished and it could take some years to implement. The biggest stumbling block in a County like Cornwall will be the extra travelling.

Personality factors between medical and nursing staff have also to be taken into account in some areas.

Extra off duty has been worked out for the nursing staff to give them a 10 day fortnight on a trial basis for a year. Thanks are due to the Maternity and Child Welfare Committee and the County Medical Officer for their support in this matter.

Miss Storah, formerly a Health Visitor in the County, has returned as Health Education Officer after her year of training at the London University. We are finding her support and guidance most useful in the health education undertaken by the Health Visitors, Midwives and Nurses.

The permanent whole time field staff at the 31st December, 1967, was as follows:-

Administrative Staff

County Nursing Officer	...	...	...	1
Senior Assistant 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 ...	17
(3 doing Tuberculosis and general Health Visiting)	
State Registered Nurses, S.C.M., H.V.Cert. ...	27
(6 doing Tuberculosis and general Health Visiting)	
Field Work Instructor	1
	<hr/>
	45
	<hr/>

District Nurse-Midwife/Health Visitors

"Queen's" Nursing Sisters, S.R.N., S.C.M., H.V.Cert	41
State Registered Nurses, S.C.M., H.V.Cert. ...	8
State Registered Nurse, H.V.Cert. ...	1
"Queen's" Nursing Sisters, S.R.N., S.C.M. ...	5
State Certified Midwives, S.E.N. ...	2

District Nurse-Midwives

"Queen's" Nursing Sisters, S.R.N., S.C.M. ...	20
State Registered Nurses, S.C.M. ...	25
State Certified Midwives, S.E.N. ...	6

District Nurses

"Queen's" Male Nurse	...	...	...	1
State Registered Nurses	...	...	...	6
State Enrolled Nurse	...	...	...	1

District Midwife

State Certified Midwife	...	...	...	1
				<hr/>
				117
				<hr/>

Part-time Staff

Health Visitor, S.R.N.	...	...	...	1
"Queen's" Nursing Sisters, S.R.N.	...	...	...	2
"Queen's" Nursing Sisters, S.R.N., S.C.M.	...	...	...	2
"Queen's" Nursing Sisters, S.C.M., H.V.Cert	...	...	...	1
State Registered Nurses	...	...	...	23
State Registered Nurses, S.C.M.	...	...	...	2
State Enrolled Nurses	...	...	...	2
Nursing Auxiliary	...	...	...	1
				<hr/>
				34
				<hr/>

Sickness

The staff has been dogged by sickness again, 2,744 days being lost during the year, which is the equivalent of about 7 whole time staff. In fact 8 nurses suffered long term illness, one of whom had to retire on grounds of ill health, but if these long term cases are excluded the average days sickness for the remaining staff is less than 10 per annum.

Transport

It makes monotonous reading to record once again the cheerful willing help we get from the Transport Officer and his staff! It is very much appreciated by us all.

Housing

No new houses have been bought but there has been welcome support from the St. Austell Urban District Housing Committee. It is the policy to rent rather than buy where it is possible. Ten houses were furnished by the Cornwall County Council at the end of the year.

Midwifery

Again there has been a drop of about 300 domiciliary births but pupil midwives are still able to get their "district" experience in St. Ives, Falmouth and Truro. If the Central Midwives Board agree to the pupils having six instead of ten domiciliary cases it is hoped to be able to increase the number of pupil midwives if the Maternity Department at Treliske is approved as a Part II Training School for pupil midwives.

Refresher Courses

The nursing staff appreciate and enjoy the Refresher Courses they attend.

Besides gaining new knowledge they often come back reassured that Cornwall is keeping up with modern trends well by comparison with some other authorities. This is good for the morale of staff.

During the year 21 Midwives attended Midwifery Refresher Courses under Rule G.2 of the Central Midwives Board. One Non-Medical Supervisor of Midwives attended a Post Graduate Course for Supervision of Midwives, and 13 Health Visitors went to Health Visiting Refresher Courses. Two members of staff attended a National Childbirth Trust Seminar.

Supervision

The Assistant County Nursing Officers pay selective visits to the nursing staff in a supportive friendly capacity. Most of the nurses look forward to these visits as they live somewhat isolated lives professionally in this rural County. 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	303
Other visits, including follow-up visits after statutory notifications	288

Midwifery

During the year 175 Midwives notified their intention to practise in the County.

Domiciliary, Cornwall County Council	117
Domiciliary in private practice	2
Institutional	56

Deliveries attended by Domiciliary Midwives

	Doctor not booked	Doctor booked	Total
Cornwall C.C. Midwives	35	1,300	1,335

The Midwives attended 1,102 mothers who were discharged from hospital before the 10th day. They also accompanied 357 patients to hospital by ambulance or car.

Visits paid by County Council Midwives

Ante-natal visits to domiciliary cases	17,900
Ante-natal visits to hospital booked cases	4,945
Midwifery visits	20,899
Visits to hospital booked cases discharged before the 10th day	4,700

Medical Aid forms sent in respect of:

Mothers during ante-natal period	117
Mothers during labour	379
Mothers during puerperium	49
Infants	73

Other Statutory Notifications were received as follows:

Stillbirths	86
Death of Mother	2
Deaths of Infants	70
Liability to be a Source of Infection	15

Attendance at Clinics by Midwives

General Practitioner Ante-Natal Clinics	1,720
Midwives Ante-natal & Relaxation Classes	220
Special Clinics for Health Education & Relaxation	604

Health Visiting

Health visiting is exacting work with little immediate reward. Although selective visiting is undertaken it still means many routine visits are paid which bear fruit slowly but surely we trust. Again emphasis has been on routine testing for hearing of all infants of 7 to 9 months, and preparation has been made for a new developmental card to be filled in with respect to each child from the 1st January, 1968.

The following figures show the work of the Health Visitors:

First visits to children under 1 year	5,185
Total visits to children under 5 years	112,984
Total number of children under 5 visited	25,091
Visits to persons over 65 years (social)	13,826
Social visits to others	10,151
Mental Health Visits	525
Infectious disease visits	569

Attendances at Clinics, etc:-

Child Welfare Centres	1,879
Mothercraft and Relaxation Classes	572
Mothers Clubs	151
Immunisation Sessions	1,558
Lectures and talks given	1,556
Demonstrations	1,072
Attendances at School Medical Sessions	1,380

Attendances at School Hygiene Sessions	1,098
Reinspections	226
Follow-up Visits	1,715

Students

Many students and pupil midwives come from their Training Schools in Cornwall for a precious day to see something of community nursing.

Perhaps one day district training will be included in the State Registration and State Enrolled Certificates!

Home Nursing

Some areas in Cornwall throw up more general nursing than others. It is hoped that all general practitioners know they have these trained nurses at their disposal and give them the work that needs to be done.

Work done by District Nurses

	New Patients
Surgical Cases	1,554
Medical Cases	5,527
Miscarriages	149
Tuberculosis	60
	<hr/>
	7,290
	<hr/>
General Visits Paid	216,312

DENTAL SERVICE

Report of the Chief Dental Officer

The appointment to a new full-time dental officer post centred on St. Ives with duties also at Penzance, where the dental Officer to child ratio was disproportionately low, was the only change in staff during the year. This, by bringing the staff numerically up to the permitted establishment restricted as it is by the financial situation, will lead eventually to the termination of the employment of part-time officers. Later, approval was given to the appointment of an additional dental officer to be centred at Helston on completion of the Health Centre there.

At the end of the year the staff, including the Chief Dental Officer and two part-time dental officers, was equivalent to 13.4 whole-time dental officers compared with 12.6 at the end of 1966. The dental auxiliary staff of two remained the same.

The proportion of time spent on the care of mothers and of children under school age is less than that recommended by the Ministry, i.e. one session in ten, but has nevertheless been steadily increasing from year to year. The number of sessions is necessarily an estimation based on the amount of treatment carried out because these patients are interspersed with school-children whose treatment constitutes the main body of the work of the local authority dental service. As the Ministry specifically ask to be recorded only the number of sessions devoted to "Treatment" and to "Dental Health Education" no allowance is made for the time taken up inspecting and charting, which is appreciable particularly with "under-fives" — approximately 40 sessions; neither are inspection or re-inspection visits recorded unless some treatment is given.

Expectant and Nursing Mothers

The number of expectant and nursing mothers treated at clinics has continued to decline of recent years: 154 mothers were referred for inspection during the year, 152 of whom required treatment. The apparent statistical contradiction that 188 mothers were actually treated, a figure in excess of those requiring treatment, is understood when it is explained that the figure given for "1st Visits" includes mothers whose treatments were not completed at the end of 1966. As in 1966 the number of teeth filled shows a slight decrease and there was also a considerable decrease in the number of teeth extracted, 238 extractions compared with 370 in 1966.

Pre-School Children

Once again I am able to report an increase in the number of pre-school children treated at the clinics. There were 1,481 visits for treatment during the year compared with 1,110 in 1966. The number of fillings, 1,088 shows an increase of more than 10% over the previous year. The two dental auxiliaries continue to prove their usefulness in the treatment of the pre-school child, being responsible for 480 of the fillings carried out.

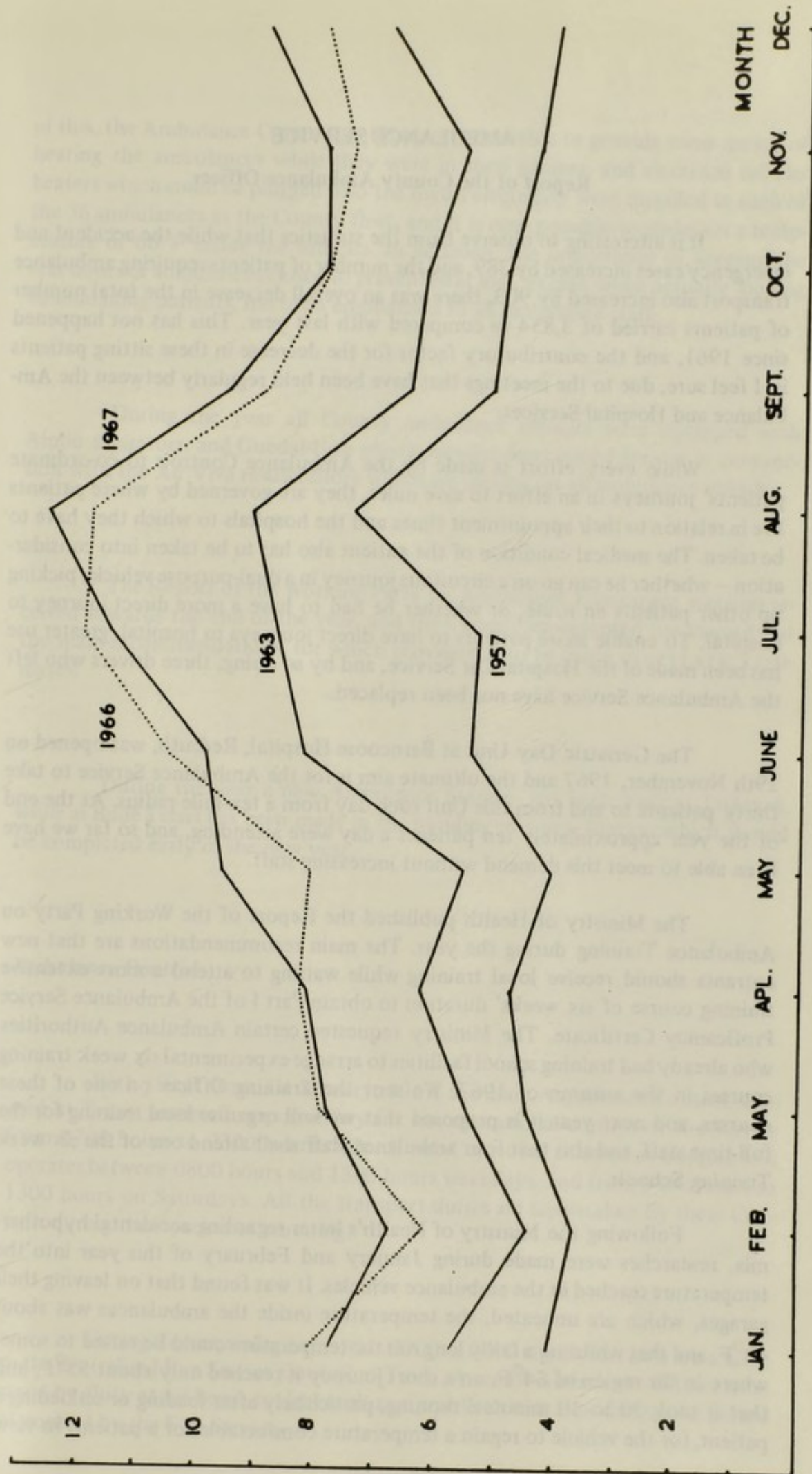
Dental Services for Expectant and Nursing Mothers and Children under 5 years

A. Attendances and Treatment

	Children 0-4 (inc.)	Expectant & Nursing Mothers
No. of visits for treatment during year		
First Visit	552	188
Subsequent Visits	929	475
	<hr/> 1,481 <hr/>	<hr/> 663 <hr/>

	Children 0-4 (inc.)	Expectant & Nursing Mothers
No. of Additional Courses of Treatment other than the First Course commenced during year	101	22
Treatment provided during year -		
No. of Fillings	1,088	332
Teeth Filled	987	312
Teeth Extracted	427	238
General Anaesthetics given	170	16
Emergency visits by Patients	69	8
Patients X-Rayed	3	28
Patients treated by Scaling and/or removal of stains from the teeth (Prophylaxis)	173	114
Teeth Root Filled		2
Teeth otherwise conserved	178	
Inlays		1
Crowns		4
Number of courses of treatment completed during the year	<u>440</u>	<u>114</u>
B. Prosthetics		
Patients supplied with full upper or lower (first time)		18
Patients supplied with other dentures		16
Number of Dentures supplied		<u>66</u>
C. Anaesthetics		
General Anaesthetics administered by dental officers		<u>57</u>
D. Inspections		
No. of patients given first inspections during year	A.823	D.154
No. of patients in A and D above who required treatment	B.579	E.152
No. of patients in B and E above who were offered treatment	<u>548</u>	<u>152</u>
E. Sessions		
No. of Dental Officer Sessions (i.e. Equivalent Complete Half Days) Devoted to Maternity and Child Welfare Patients:		
For Treatment	339	
For Health Education	<u>12</u>	

CASES
(HUNDREDS)



AMBULANCE SERVICE

Report of the County Ambulance Officer

It is interesting to observe from the statistics that while the accident and emergency cases increased by 389, and the number of patients requiring ambulance transport also increased by 903, there was an overall decrease in the total number of patients carried of 3,854 as compared with last year. This has not happened since 1961, and the contributory factor for the decrease in these sitting patients is, I feel sure, due to the meetings that have been held regularly between the Ambulance and Hospital Services.

While every effort is made by the Ambulance Controls to co-ordinate patients' journeys in an effort to save miles, they are governed by where patients live in relation to their appointment times and the hospitals to which they have to be taken. The medical condition of the patient also has to be taken into consideration — whether he can go on a circuitous journey in a dual-purpose vehicle, picking up other patients en route, or whether he had to have a more direct journey to hospital. To enable more patients to have direct journeys to hospital, greater use has been made of the Hospital Car Service, and by so doing, three drivers who left the Ambulance Service have not been replaced.

The Geriatric Day Unit at Barncoose Hospital, Redruth, was opened on 29th November, 1967 and the ultimate aim is for the Ambulance Service to take thirty patients to and from this Unit each day from a ten-mile radius. At the end of the year approximately ten patients a day were attending, and so far we have been able to meet this demand without increasing staff.

The Ministry of Health published the Report of the Working Party on Ambulance Training during the year. The main recommendations are that new entrants should receive local training while waiting to attend a more extensive training course of six weeks' duration to obtain Part I of the Ambulance Service Proficiency Certificate. The Ministry requested certain Ambulance Authorities who already had training school facilities to arrange experimental six week training courses in the autumn of 1967. We sent the Training Officer on one of these courses, and next year it is proposed that we will organise local training for the full-time staff, and also that four ambulance staff shall attend one of the six week Training Schools.

Following the Ministry of Health's letter regarding accidental hypothermia, researches were made during January and February of this year into the temperature reached in the ambulance vehicles. It was found that on leaving their garages, which are unheated, the temperature inside the ambulances was about 40°F, and that whilst on a fairly long run the temperature could be raised to somewhere in the region of 64°F, on a short journey it reached only about 55°F, and that it took 20 to 30 minutes' running, particularly after loading or unloading a patient, for the vehicle to regain a temperature comfortable for a patient. In view

of this, the Ambulance Committee thought it desirable to provide some means of heating the ambulances while they were in their garages, and electrical tubular heaters which could be plugged into the mains electricity were installed in each of the 36 ambulances in the County fleet, and it is now possible to maintain a temperature of 60°F inside the vehicles. In addition, the importance of keeping the rear doors of ambulances closed to prevent heat loss, except when actually loading or unloading patients, has been emphasised to all ambulance staff.

During the year all County ambulance vehicles were equipped with Ambu aspirators, and Guedal-type plastic airways were issued for use in conjunction with the Air Viva resuscitators which are carried on all ambulance vehicles.

The Report of the Working Party on Ambulance Equipment was also received towards the end of the year, and the Committee accepted the majority of the main recommendations, for which provision is to be made in next year's estimates.

During the year a new Ambulance Station has been built at Liskeard, while at Bude a start has been made in the building of a new Station which should be completed early in the new year.

Ambulance Controls

With effect from 1st January, 1967, the main Ambulance Control, situated at Truro, assumed responsibility for the operational control of the Service from 0700 hours to 2300 hours daily. A sub-Control is situated at Bodmin and operates between 0800 hours and 1800 hours weekdays, and from 0800 hours to 1300 hours on Saturdays. All the transport duties are undertaken by these Controls during their period of manning.

During the remaining hours, (i.e. 2300 to 0700 nightly) all calls are routed to the centralised Fire Service Control at Truro. A senior Ambulance Officer is on stand-by duty at his home to deal with any problems that arise during the period of control by the Fire Service.

Ambulance Stations

(Ambulance Stations operated by the County Council)

Station	Station Officer	Head Driver	Ambulance Driver/ Attendants	Vehicles	
				Ambulances	Dual-Purpose
Penzance	1	-	7	4	2
Redruth	-	1	10	4	4
Falmouth	-	1	6	2	3
Truro	1	-	10	7	4
Newquay	-	1	3	1	2
St.Austell	-	1	7	3	2
Bodmin	-	1	6	3	2
Launceston	-	1	6	2	3
Camelford	-	-	2	1	-
Bude	-	-	2	1	1
Liskeard	-	1	5	3	3
Looe	-	-	2	1	-
Torpoint	-	1	3	1	1
Saltash	-	1	3	1	1
				<hr/>	<hr/>
				2	9
				72	34
					28

2 County Ambulances which are on loan to Voluntary Associations at Hayle and St. Dennis

2

36

Voluntary Associations

Assistance is given at nights and weekends by the Voluntary Associations, who man ambulances at some of the above-mentioned stations. In addition, there are 9 ambulances owned by the Voluntary Associations who participate in transport duties, particularly at nights and weekends. This is one ambulance less than last year, as Pendeen St. John Ambulance Brigade have withdrawn from the Scheme because of difficulties in manning the vehicle.

These crews, by being on voluntary stand-by for many hours each week, are providing additional ambulance cover for the County for which we are extremely grateful.

Hospital Car Service

The work of the Hospital Car Service over the past ten years has more than doubled, and in 1967 they carried 50,705 patients, which is approximately half the total number of sitting patients on ambulance transport. We are extremely

grateful to these voluntary drivers for undertaking this work.

The total number of Hospital Car Service drivers is 220, which is a reduction of 30 on last year, and while there is a normal wastage of drivers, I feel greater effort will be needed to recruit suitable drivers to meet the increasing demand being made upon them.

Service Statistics

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

	1952	1958	1966	1967
<u>Ambulances</u>				
Patients Carried	35,993	35,952	52,378	53,281
Miles Travelled	501,264	498,070	634,060	673,231
Average Miles per Patient	13.92	13.85	12.10	12.63
<u>Dual-Purpose Ambulances</u>				
Patients Carried	71,540	93,590	72,947	65,158
Miles Travelled	628,932	686,993	368,842	339,742
Average Miles per Patient	8.79	7.34	5.06	5.21
<u>Hospital Car Service</u>				
Patients Carried	15,604	20,876	47,673	50,705
Miles Travelled	227,303	280,877	667,782	727,593
Average Miles per Patient	14.56	13.45	14.00	14.34
<u>Total - All Services</u>				
Patients Carried	123,137	150,418	172,998	169,144
Miles Travelled	1,357,499	1,465,940	1,670,684	1,740,566
Average Miles per Patient	11.02	9.75	9.65	10.29

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

Out-of-County Transport

	1966	1967
Number of Patients transported by road	20	34
Number of Patients carried by air	5	4
Number of Patients carried by rail	1,036	586

The reduction in the number of patients who travelled by train is due to the fact that amputee patients who used to travel to and from Plymouth by train for treatment are now going by road, as it is more convenient for them to travel in this way.

The escorts for the majority of the patients going out of the County are supplied by the British Red Cross Society or the St. John Ambulance Brigade, and we are extremely grateful for their valuable and skilled assistance.

I am also grateful to my colleagues in other Authorities for all their assistance in arranging to meet patients travelling by rail, and taking them to their final destinations.

County of Devon				County of Cornwall			
1955				1956			
1957				1958			
1959				1960			
1961				1962			
1963				1964			
1965				1966			
1967				1968			
1969				1970			
1971				1972			
1973				1974			
1975				1976			
1977				1978			
1979				1980			
1981				1982			
1983				1984			
1985				1986			
1987				1988			
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2001				2002			
2003				2004			
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2011				2012			
2013				2014			
2015				2016			
2017				2018			
2019				2020			
2021				2022			
2023				2024			
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2031				2032			
2033				2034			
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2089				2090			
2091				2092			
2093				2094			
2095				2096			
2097				2098			
2099				2100			
2101				2102			
2103				2104			
2105				2106			
2107				2108			
2109				2110			
2111				2112			
2113				2114			
2115				2116			

Analysis of the Work Carried out during 1967

	SECTION 27 CASES			OTHER PERSONS			TOTAL	
	Accident and Emergency Patients	Miles	Normal Patients	Miles	Patients	Miles	Patients	Miles
<u>Ambulances</u> (1966)	9,716	260,739	40,792	393,744	2,773	5,482	53,281	673,231
	9,503	245,969	40,347	369,736	2,528	5,889	52,378	634,060
Difference	+ 213	+ 14,770	+ 445	+ 24,008	+ 245	- 407	+ 903	+ 39,171
<u>Dual-Purpose Vehicles</u> (1966)	345	7,468	57,358	303,099	7,455	23,311	65,158	339,742
	297	5,673	63,067	328,933	9,547	27,925	72,947	368,842
Difference	+ 48	+ 1,795	- 5,709	- 25,834	- 2,092	- 4,614	- 7,789	- 29,100
<u>Hospital Car Service</u> (1966)	777	24,259	44,522	654,523	5,406	44,899	50,705	727,593
	649	20,262	41,056	605,771	5,968	38,183	47,673	667,782
	+ 128	+ 3,997	+ 3,466	+ 48,752	- 562	+6,716	+ 3,032	+ 59,811
<u>ALL SERVICES</u> (1966)	10,838	292,466	142,672	1,351,366	15,634	73,692	169,144	1,740,566
	10,449	271,904	144,470	1,304,440	18,043	71,997	172,998	1,670,684
	+ 389	+ 20,562	- 1,798	+ 46,926	- 2,409	+1,695	- 3,854	+ 69,882

EPIDEMIOLOGY AND PREVENTIVE MEDICINE

Notifications of Infectious Diseases

Table IV shows the notifications of infectious diseases during the year, and it will be seen that the hitherto worrying and often fatal diseases diphtheria and poliomyelitis have been kept completely at bay for five years. This state of affairs speaks well for the diligence of those responsible in working to keep acceptance of vaccination at a "safe" level.

Measles, for which a vaccine was not then available on a wide scale, showed its regular pattern of increase in alternate years and 4,270 cases were reported compared with 2,256 in 1966. The number of cases of whooping cough was almost halved but scarlet fever increased from 27 cases in 1966 to 39 cases in 1967, still a very small proportion of susceptible age groups.

All in all, the epidemiological state of Cornwall gives rise to a degree of satisfaction but the stage has not yet been reached where we can sit back and cease to persuade parents to accept the protection which is now available for all the major infectious conditions. Below is given a table showing the percentage acceptance in Cornwall compared with England & Wales and, although these Cornish figures are close to those for the country as a whole, the drop of 2% in the acceptance of whooping cough vaccination has alerted us to the need for constant education of parents in the value of this protection in preventing recurrence of any of these diseases on a wide scale.

	Children born in 1966 Percentage acceptance of protection:-			•Smallpox (Children under 2)
	Whooping Cough	Diphtheria	Poliomyelitis	
England & Wales	73	75	71	39
Cornwall	73	74	77	33

Shown below are the numbers of children protected during the year, together with the age groups involved.

	Year of Birth						Total
	1967	1966	1965	1964	1960-63	Others under 16	
Poliomyelitis	2,089	2,216	308	108	322	127	5,170
Diphtheria	2,069	2,178	299	90	125	35	4,796
Whooping Cough	2,091	2,217	400	110	370	214	5,402
Tetanus	1,512	3,030	534	166	528	264	6,034

Vaccination against Smallpox

1958-1967

Year	Live Births	Vaccinated		Total Primary Vaccinations under 16
		Under 1	1 - 4	
1958	4,876	1,429	816	2,521
1959	4,795	1,398	853	2,574
1960	4,938	1,531	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	2,217
1965	5,415	210	2,253	2,668
1966	5,384	266	2,676	3,152
1967	5,207	284	2,132	2,703

Tuberculosis

New notifications of tuberculosis fell again during the year and this fall was consistent throughout the age groups but is particularly marked in the 15-24 age range. This is very gratifying as at one time this age group was particularly susceptible, containing as it does the student population.

Tuberculin testing and B.C.G. Vaccination continued as in previous years among secondary schoolchildren and students. 3,589 children were found to be tuberculin negative and requiring protection with B.C.G. Vaccine. Of these, 3,554 were successfully vaccinated.

New Notifications of Tuberculosis

	Respiratory			Non-Respiratory			All Forms		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
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	74	48	122
1964	68	32	100	12	8	20	80	40	120
1965	49	28	77	4	8	12	53	36	89
1966	46	22	68	3	9	12	49	31	80
1967	33	16	49	3	11	14	36	27	63

Analysis of Notifications of Tuberculosis

Age Group	Year									
	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967
0-14	22	13	20	9	13	10	8	8	7	8
15-24	30	26	9	17	12	18	11	9	8	4
25-64	150	131	122	97	82	81	84	52	45	43
65+	17	38	27	17	22	12	17	20	20	8
Totals	219	208	178	140	129	122	120	89	80	63

Notification Rates (per 100,000 Population)

(based on 1961 census population)

Age Group	Year									
	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967
0-14	30.6	18.9	27.8	12.5	18.9	13.9	11.1	12.5	10.0	10.2
15-24	75.0	65.0	22.5	42.5	30.0	45.0	27.5	27.5	20.0	9.9
25-64	85.7	74.9	70.0	55.4	46.8	46.3	46.3	30.3	22.8	25.0
65+	30.0	71.7	51.0	32.0	41.0	24.5	28.3	32.0	37.7	15.0
All ages	64.7	61.2	52.3	41.2	37.9	38.8	33.8	26.4	22.0	18.5

Mortality from Tuberculosis

	Deaths			Death Rates					
	CORNWALL			CORNWALL			ENGLAND & WALES		
	Respiratory	Other forms	All Forms	Respiratory	Other forms	All Forms	Respiratory	Other forms	All Forms
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	0.055	0.01	0.08
1964	18	1	19	0.05	0.003	0.05	0.05	0.01	0.06
1965	16	2	18	0.05	0.006	0.05	0.042	0.006	0.05
1966	12	3	15	0.034	0.009	0.043	0.043	0.005	0.04
1967	6	5	11	0.016	0.014	0.031			

Dr. B.A. Gwynne-Jenkins who is in charge of the Department of Chest Diseases in the West Cornwall Clinical Area reports that "There is still a small number of new cases of tuberculous infection in the clinical area. In twenty-nine

patients involvement of the respiratory organs and in seven other organ involvement was diagnosed. Thirty-three patients required admission to Tehidy Hospital for treatment, the remainder receiving out-patient care. The duration of anti-tuberculous drug therapy is of the order of two years in each case and requires frequent out-patient examinations involving clinical, radiological, bacteriological and haematological supervision. This makes an appreciable contribution to the work load of the Chest Department but the number of cases is diminishing being ninety-seven, sixty-two and thirty-six in the years 1965, 1966 and 1967 respectively. Seventeen contacts were examined for each new case of tuberculosis discovered."

Dr. J. Dawson, Consultant Physician, Plymouth & District Hospital Management Committee who looks after the eastern end of the County reports that 19 new cases were notified during the year and that of the 14 new respiratory cases 8 were bacteriologically positive. At the end of the year there were 46 respiratory and 46 non-respiratory cases on the "live" Chest Clinic Register which was in the process of being checked.

Mass Radiography Service

Report on X-Ray Examinations of Cornish Residents during 1967.

	Male	Female	Total
Number of persons examined	8,554	5,444	13,998

Incidence of Disease

Cases of Pulmonary Tuberculosis:

(a) Requiring treatment	16
(b) Requiring observation	9
(c) Inactive cases	376

Other Non-Tuberculous Conditions:

Bronchial Carcinoma	1
Other Malignant Neoplasms	3
Benign Tumours	10
Sarcoidosis	4
Congenital Cardiac Lesion	2
Acquired Cardiac Lesion	73
Pneumoconiosis	61
Bronchiectasis	7
Bacterial and Virus Infections of the Lungs	27
Pleural Effusion and Empyema	1
Bronchitis and Emphysema	93
Abnormality of the Diaphragm	24

Other Abnormalities

Abnormality of the Bony Thorax	108
Depressed Sternum	17
Pericardial Cyst	1
Pleural Thickening (Industrial)	1
Pleural Thickening (Others)	81
Pulmonary Fibrosis	40

Chiropody

The County Council offers two services, the first by means of grants to certain Old People's Welfare Committees (to enable them to engage chiropodists to treat their members' feet at a reasonable cost to the patient), the second by means of visits to housebound, handicapped patients for whom family doctors have requested this treatment. During the year, this last service was enlarged to include handicapped persons of all ages (it was confined to those over 65 years of age) who were housebound. The following table shows the work carried out during the year in these two categories:

Number of persons treated during the year

	By local authority	By voluntary organisations	Total
Persons aged 65 and over	1,707	1,470	3,177
Others	44	102	146
Total	1,751	1,572	3,323

Number of treatments given during year

	By local authority	By voluntary organisations	Total
In clinics	-	461	461
In patients' homes	3,278	551	3,829
In old peoples homes	2,768	701	3,469
In chiropodists' surgeries	-	2,663	2,663
Total	6,046	4,376	10,422

DOMESTIC HELP SERVICE

The Women's Royal Voluntary Service continues the day-to-day organisation and supervision of the Service, and thanks are again due to Lady Carew Pole, and W.R.V.S. for the time and energy they have devoted to the Service. During

the year another paid Organiser has been appointed, making a total of three in the field, in Health Areas 1, 2 and 4, in addition to the County Home Help Organiser and headquarters' staff.

The Good Neighbour Scheme is continuing under the supervision of the W.R.V.S. and Ministry of Social Security. The Neighbourly Help Service has expanded and 29 households received this Service during the year. It is planned to start a Night Sitter Service from 1st April, 1968 to give the relatives of very ill or dying patients, who cannot be left alone at night, the opportunity of having a night's sleep.

It was found that recruitment in some of the holiday resorts was helped by the Selective Employment Tax, and the general falling off in the tourist trade, but still continues to be difficult in other parts of the County, particularly where the reduction of public transport limits the area which can be served by the home helps.

Meetings in Areas 2 and 4 are continuing and the Home Helps have enjoyed some interesting talks given by a variety of speakers on their particular interests.

The Annual School arranged by the Institute of Home Help Organisers was attended by the County Home Help Organiser; this, as usual, covered a wide range of aspects of the Home Help Service and was most helpful.

Demand for the Service shows an increase and it appears that the need for Home Help is likely to go on rising.

Free Home Help has continued to assist Problem Families and women suffering from toxæmia of pregnancy and other conditions requiring complete bed-rest prior to confinement, the latter including four women expecting twins who all had live births. As an experiment a resident home help has been with a Problem Family since June in an effort to train the mother who is divorced. There are ten children. Apart from short spells when the Home Help has had to be transferred to urgent cases, this arrangement has continued and appears likely to be required for a long period.

Home Helps Employed:**Persons Helped:****Under 65****Over 65**

	Whole time	Part time	Spare time	Chronic sick & Tuber- culosis	Mentally Dis- ordered	Matern- ity	Others	
Area 1	1	3	69	25	4	5	6	243
Area 2	-	17	44	25	-	22	40	253
Area 3	7	5	51	2	-	22	9	289
Area 4	-	5	40	22	3	11	27	149
Area 5	-	1	25	10	-	2	5	73
Area 6	-	1	47	11	1	11	5	97
Area 7	-	-	70	15	1	14	-	130
Resident	2	-	1	1	1	11	10	1
	10	32	347	111	10	98	102	1,235
	389				1,556			

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

Year	Under 65				Over 65		Total
	Equivalent No. of whole-time H.Hs.	Chronic sick & Tuber- culosis	Mentally Dis- ordered	Matern- ity	Others		
1963	135.3	125	3	194	170	876	1,368
1964	140.3	121	4	218	155	976	1,474
1965	147.6	108	5	150	109	1,099	1,471
1966	146.0	101	5	140	123	1,107	1,476
1967	156.6	111	10	98	102	1,235	1,556

MENTAL HEALTH**1. Administration****(a) Committee**

A Mental Health Sub-Committee of the Health Committee is responsible for the administration of the Mental Health Service and meets at quarterly intervals. Two members have been co-opted by the Committee to represent the two Societies for the Mentally Handicapped in Cornwall.

(b) (i) Staff

The Staff of the Mental Health Service on the 31st December, 1967, was

as follows:

County Mental Health Officer	1
Assistant County Mental Health Officer	1
Organiser of Training Services	1
Mental Welfare Officers/Social Workers	18
Instructors of Mentally Disordered Adults	12
Teachers of Mentally Handicapped Children	12
Wardens and Assistant Wardens of Hostels	14

The lay administration and supervision of the Mental Health Service is the responsibility of the County Mental Health Officer. The Medical Superintendents at the Psychiatric Hospitals for the mentally ill and the mentally sub-normal provide advice on medical and clinical problems and the School Medical Officers and Dental Officers provide a full range of services for children in the community who are excluded from the education system.

(ii) Training of Staff

The secondment of staff for professional training has continued. One senior officer began the one year course, leading to the Certificate in Social Work, in August, and the second Trainee Teacher commenced the Diploma Course for Teachers of the Mentally Handicapped Children in September. The fourth member of the field work staff to successfully complete the Certificate in Social Work Course returned to duty in July and has subsequently been promoted. The first Trainee Teacher to complete the diploma course for Teachers of Mentally Handicapped Children also returned in July and has been re-graded an Assistant Teacher.

There have been continuing opportunities for members of field work and Training Centre staff to attend refresher courses, and linked weekend seminars, organised in conjunction with the Children's Department under the auspices of the University of the South West, have been undertaken during the year. The staff attending these have expressed keen interest and, as they are drawn from various social work agencies within the County, it has been possible to promote an increased awareness of the broader applications of social work.

During the year, case work supervision of students, undergoing Social Work Training has been undertaken by qualified Field Officers and, whilst this entails some extra work for the Officers concerned, contribution is being made to the national needs of Local Authority social work services.

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

Liaison between Local Authority and Hospital Services continues to work extremely well, at all levels, and joint meetings are held whenever necessary. The opening of the Charles Andrew Clinic at Barncoose Hospital, Redruth, has pro-

vided further opportunity for collaboration between Hospital and Local Authority Services. This unit provides short term assessment and treatment for the elderly mentally confused and works in conjunction with the County Council Mental Health and Welfare Services. A Day Centre is also provided and day patients come in for two or three days a week from a ten mile radius. Where necessary, compulsory care procedures under the Mental Health Act can be used at Barncoose and the Mental Health and Welfare Officers deal with these aspects as well as the necessary social work in the community.

Field work is organised on the basis of Mental Welfare Officers and Social Workers forming clinical teams with the consultant Psychiatrists of St. Lawrence's Hospital and the six female members of these teams work part-time in the Hospital. Regular case conferences are held by each team in addition to six general conferences each year between the Medical Staff and Social Workers of the Hospital and Local Authority and these provide a basis for discussion on common policy in the development of hospital and community care.

The out patient clinics provided by the Medical Superintendent of Royal Western Counties Hospital continue to deal specifically with the problems of the Mentally Handicapped and their families and these are organised and staffed by the County Mental Health Service.

(d) Duties delegated to Voluntary Associations

Although no statutory functions have been delegated to voluntary associations in Cornwall, these bodies have continued to give help under the guidance of the Local Authority. They have assisted with the running of the three Psychiatric Social Clubs and with services to patients in Hospital. The two Societies for the Mentally Handicapped provide an excellent means for parents to meet and discuss problems in common, and funds are raised by them to supply additional amenities for the mentally handicapped in the community. Co-operation between the Societies and the staff of the Mental Health Service is very good and help is given to hostels and training centres in a variety of ways.

An opportunity to use a new form of voluntary assistance occurred when the Mental Health Sub-Committee agreed to accept the offer of Community Service Volunteers. In September a female volunteer was accepted at the Doubletrees Hostel for Mentally Handicapped Children at St. Blazey, and a male volunteer at Blantyre Hostel for Mentally Handicapped men at St. Austell. These volunteers are young men and women whose services are offered by a central organisation in London, and each undertakes voluntary work, for a limited period, in return for accommodation and payment of pocket money. It is hoped that these arrangements can be continued as the experience proved of benefit not only to the Service but also to the volunteers in helping them understand the problems of mental handicap in the community.

2. Account of Work undertaken in the Community

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

The number of Cornish patients admitted to Psychiatric Hospitals for the mentally ill has fallen from 1,482 in 1966 to 1,466 in 1967 and this makes a slight decrease for the second year in succession. While it is still too soon to draw conclusions this check to the rise in the admission rate may well be significant.

The help which is given to the mentally disordered patient is balanced between hospital and community care. The total number of visits throughout the year by the Mental Welfare Officers and Social Workers in Mental Health increased from 14,818 in 1965 to 17,474 in 1966 and in 1967 to 18,556, so that an inverse correlation between hospital admission rate and community visiting may be evident.

In considering the prevention of mental ill health, the additional contribution that will be made by the Charles Andrews Clinic should be borne in mind. Apart from easing the strain which can be thrown onto those caring for aged relatives, attendance at a Day Centre can help to delay physical and mental deterioration for the geriatric patient. The basis for senile psychosis is not always considered to be entirely organic, and emotional disability must be considered sometimes as a contributory cause. Experience has shown that attendance at a Day Centre can offset this in some measure and help to prevent or delay the need for residential care.

The three Psychiatric Social Clubs at Falmouth, Redruth and Penzance have continued to play a valuable part in overcoming the problems of loneliness and isolation that may confront patients in the community. A particularly successful event this year, was the New Year Social Evening held at the Curnow Training Centre, Redruth, at which the St. Lawrence's Hospital Dance Band was present. Each of the three clubs was represented and there was no doubt that those who attended enjoyed themselves thoroughly. The voluntary workers who help in running these clubs are giving a real service to the Community and the Mental Health Staff, who are also involved, are undertaking an increased amount of work beyond the normal hours of duty, in addition to the evening visits and the emergency service required by the nature of their work.

(b) Initial Proceedings by Mental Welfare Officers

In 1967 the Mental Welfare Officers admitted to hospital a total of 1,186 patients, 829 of whom entered hospital on an informal basis. Apart from his statutory duties under the Mental Health Act, in respect of compulsory admission procedures, the Mental Welfare Officer undertakes a great deal of work in providing a service for patients in the community and he is involved with all aspects of mental health. Co-operation with general practitioners, hospital medical officers and with the various statutory and voluntary agencies within the community enables the Mental Welfare Officer to enlist many kinds of help for the mentally

disordered patient and he also provides a personal service of supportive social work. A rota system of duty, to deal with emergencies arising outside normal working hours, provides a 24 hour service each day and exemplifies the arduous nature of this Officer's work. The recent tragic death, whilst on duty, of an officer of another authority, is a further indication of the hazards which can occur and which call for skills and personal qualities of a high order in undertaking case work of this kind.

(c) The subnormal and severely subnormal

(1) Ascertainment and Community Care

During the year, 24 children were reported as unsuitable for education at school and 14 retarded school leavers were referred for supervision and guidance. The number of patients notified from other sources, such as the Children's Department, the Youth Employment Service and by general practitioners was 52. At the end of the year 815 subnormal and severely subnormal children and adults were under supervision by the mental health social work staff.

A pilot scheme, started last year, provided a counselling service for the parents of very young handicapped children and has proved most successful. The Organiser of Training on the mental health staff, had visited 42 families by the end of the year and 9 children subsequently entered Junior Training Centres and 4 have gone into residential care. There is no doubt that this provision answers a genuine need and that parents are welcoming the opportunity to discuss their problems with someone who understands the special difficulties and anxieties which confront them. Up to date information on the facilities of the Junior Training Centres and Hostels and advice on hospital services for the subnormal are given to the parents and a fairly accurate estimate of future demands upon these services can be made.

(2) Training

The number of children and adults receiving training, at 31st December, 1967, in the Junior and Adult Training Centres of the County, was 243. The pressure for places at the Adult Training Centres is likely to be eased when a number of suitable trainees can be transferred to the Industrial Unit at Redruth, towards the end of 1968. The building of the new Adult Training Centre at Redruth, now scheduled to commence in 1968, will also enable the whole of the Curnow Training Centre to be devoted to Junior Training and plans have been made for the suitable adaptation of this building as soon as this is possible.

During the year, a number of useful work contracts were again obtained by the Adult Centres and opportunities have been provided to simulate industrial conditions for trainees. At Blantyre Centre a manufacturer has installed a number of electric plastic welding machines for use in sub-contract work and a rise in the annual income of the centre is anticipated. The domestic work units at both Centres are making an increasingly important contribution to the training pro-

grammes, and, as a possible preparation for employment, this is particularly relevant in a county with a thriving hotel industry.

(3) Hostels

Throughout the year the three hostels which support Junior and Adult Training Centres have continued to prove their worth. These hostels are essential to enable training to be offered to areas beyond the reach of the organised system of daily transport, but they also offer additional advantages. Experience, in other parts of the country as well as in Cornwall, has shown that hostel residents often tend to improve socially more rapidly than those who attend the centres on a daily basis and there are obvious opportunities to carry over activities enjoyed during the working day. Hostel staff make considerable efforts to provide a routine of leisure activity and they are supported in a number of ways by voluntary organisations. Visits to the cinema and the theatre and recreational activities both outdoors and in the Hostel call for enthusiasm and ingenuity by the residential staff and their efforts in this are particularly commendable.

Mental Health Week

During Mental Health Week, from the 5th to 10th June, all Training Centres and Hostels were opened to the public and considerable interest was shown by visitors in the programmes of Junior and Adult Training and in the residential facilities provided by the County Council.

A public meeting was held at the Curnow Training Centre, organised by the West Cornwall Society for the Mentally Handicapped. The meeting was addressed by Dr. D. Prentice, Medical Superintendent of Royal Western Counties Hospital, Starcross and the parents and relatives of mentally handicapped patients were able to question him on general problems. Staff of the Training Centre and of the Mental Health Department were present and there was opportunity for informal discussion before the meeting closed.

The week ended with a Garden Fete held at Doubletrees Hostel and Junior Training Centre, St. Blazey, which was organised by the East Cornwall Society for the Mentally Handicapped. Staff of the Hostel and Training Centre and the Mental Welfare Officers of the area joined with members of the Society in making this a most successful occasion and a similar event is envisaged at Blantyre Training Centre and Hostel, St. Austell, next year.

Mental Health Statistics at 31st December, 1967

(The figures in brackets indicate the numbers at 31.12.1966)

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	284 (314)	482 (514)	28 (24)	62 (49)	93 (93)	170 (176)	3 (6)	6 (9)	1 -	-	409 (437)	720 (748)
Moorhaven Hospital, Devon	-	(1)	-	-	-	-	-	-	-	-	-	1 (1)
	284 (314)	482 (515)	28 (24)	62 (49)	93 (93)	171 (176)	3 (6)	6 (9)	1 -	-	409 (437)	721 (749)

Total admissions during 1967 by Mental Welfare Officers: 1,130 (1,186)

(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	379 (399)	696 (716)	28 (24)	62 (49)	93 (93)	171 (176)	3 (6)	7 (9)	2 -	- -	505 (522)	936 (950)
Moorhaven Hospital Devon	2 (3)	2 (5)	- -	- -	- (2)	1 -	- -	- -	- -	- -	2 (5)	3 (5)
	381 (402)	698 (721)	28 (24)	62 (49)	93 (95)	172 (176)	3 (6)	7 (9)	2 -	- -	507 (527)	939 (955)

Total admissions during 1967 of Cornish patients 1,446 (1,482)

(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 M	Section 25		Section 29		Section 26		Court Cases		Total	
	F	M	F	M	F	M	M	F	M	F
96	186	11	21	15	45	1	-	-	123	252
(86)	(197)	(7)	(17)	(23)	(34)	-	(4)	-	(116)	(252)

(iv) Number of Cornish Patients in Hospitals on 31st December, 1967

Name of Hospital	M		F		Total
	M	F	M	F	
St. Lawrence's Hospital, Bodmin	456	698	(466)	(691)	1,154
Moorhaven Hospital, Devon	4	17	(5)	(18)	21
					(23)
	460	715	(471)	(709)	1,175
					(1,180)

(b) Subnormality and severe subnormality

(i) Admissions during the year

Name of Hospital	Informal		Sections 25 and 29		Section 26		Court Orders		Total	
	M	F	M	F	M	F	M	F	M	F
Royal Western Counties Hospital Group	12	12	-	2	2	-	8	-	22	14
	(16)	(21)	-	(1)	(2)	-	(6)	(2)	(24)	(24)
Other Hospitals and Approved Homes	4	1	1	-	-	-	-	-	5	1
	(7)	(1)	-	-	-	-	-	-	(7)	(1)
<hr/>										
Total admissions during 1967: 42 (56)	16	13	1	2	2	-	8	-	27	15
	(23)	(22)	-	(1)	(2)	-	(6)	(2)	(31)	(25)

Total admissions during 1967: 42 (56)

(In addition to these figures 9 males and 7 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 (220)	185 (183)	398 (403)
Other Hospitals	101 (94)	39 (40)	140 (134)
	314 (314)	224 (223)	538 (537)

(iii) Patients awaiting admission to Hospitals

Classification	M	F	Total
(1) Over the age of 16 years			
(a) Cot and Chair cases	-	-	-
(b) Ambulant Low Grade cases	- (2)	1 (3)	1 (5)
(c) Medium Grade cases	3 (3)	3 (2)	6 (5)
(d) High Grade cases	1 (3)	-	1 (3)
(2) Under the age of 16 years			
(a) Cot and Chair cases	11 (8)	6 (6)	17 (14)
(b) Ambulant Low Grade cases	1	- (1)	1 (1)
(c) Medium Grade cases	1 (4)	3	4 (4)
(d) High Grade cases	-	-	-
	17 (20)	13 (12)	30 (32)

(These figures include 8 males and 5 females of cot and chair grade under the age of 16 years at present in an Approved Home. Five of these patients are over age for transfer).

B. Community Care

(a) Mental Illness

	M	F	Total
Receiving after care visitation	247 (290)	543 (518)	790 (808)

(b) Subnormality and severe subnormality

(i) Number of new cases reported during year

How reported	M	F	Total
(1) Notified by the Education Committee: Education Act, 1944			
(a) Children unsuitable for education at school	10 (13)	14 (17)	24 (30)
(b) School leavers reported informally	7 (11)	7 (12)	14 (23)
(2) Reported from other sources	36 (23)	16 (24)	52 (47)
	53 (47)	37 (53)	90 (100)

(ii) Number of patients under care on 31.12.67

	M	F	Total
(1) Under informal care	433 (427)	382 (383)	815 (810)
(2) Under Guardianship			
(3) On leave from Hospitals	(1)	(1)	(2)
	433 (428)	382 (384)	815 (812)

(iii) Number of patients receiving training at 31.12.67

	M	F	Total
Curnow Training Centre, Redruth:			
(a) Junior Department	31 (34)	25 (27)	56 (61)
(b) Adult Department	30 (30)	33 (32)	63 (62)
Blantyre Training Centre, St. Austell:			
(a) Day Trainees	15 (15)	11 (12)	26 (27)
(b) Hostel Residents	19 (20)	14 (14)	33 (34)
Doubletrees Training Centre, Penarwyn, St. Blazey:			
(a) Day Trainees	14 (9)	20 (12)	34 (21)
(b) Hostel Residents	15 (17)	15 (13)	30 (30)
Home Teaching cases	- (1)	1 (1)	1 (2)
Training centres run by other Local Authorities	-	-	-
	124 (126)	119 (111)	243 (237)

WELFARE SERVICES

The Aged and the Infirm

1. Accommodation for the elderly

It is a pleasure to report that, following a considerable delay due to difficulties in the completion of the contract, a new Home for the Elderly was opened at Launceston in April 1967. Named Miller House, after the Chairman of the Health Committee and having 48 beds, it has provided much needed accommodation for the more frail resident in the extreme east of the County.

At the end of November 1967, the extension scheme at Cliffe House, Falmouth was completed. This has provided 14 additional beds in an area where the waiting list was particularly heavy and has greatly improved the standard of accommodation in this home.

The new home in Truro which will also accommodate 48 persons is nearing completion and will shortly be able to receive its first residents.

Plans for the building of new homes at Callington and Liskeard to replace the Part III Accommodation at Lamellion Hospital, Liskeard, has been delayed, but Government approval has been given for the building of these Homes to commence in July 1968, which means that they should be ready for occupation in mid-winter 1969/70.

As foreshadowed in the last Annual Report a change in management has occurred at The Epiphany Convalescent & Rest Home, St. Agnes. The Community of the Epiphany, which operated this home so successfully for many years felt unable to continue to accept responsibility for its staffing and management. The Community was prepared, however, to lease the premises to the County Council at a nominal rent on condition that the Home would continue to cater for the elderly. The Community were most helpful and co-operative in the matter and the smooth transfer of the functions was arranged on the 1st April, 1967 without any distress being caused to the existing residents. Several alterations have already been carried out by the County Council, which have improved both the safety and amenities in the Home. Now known as the Epiphany Home it no longer accepts convalescent cases but every effort is made to accommodate elderly people, with the necessary residential qualifications, for short holiday periods.

The residential homes provided by voluntary associations at Bude, Liskeard, St. Austell, Perranporth and The Epiphany Home at Truro, continue to be well-run and are proving a most useful complement to the Homes provided by the County Council.

The following is a return of Persons in Welfare Accommodation on 31st December, 1967.

Establishment	Men	Women	Total
Lamellion Hospital, Liskeard	28	34	62

County Council Homes

St. Michael's, Penzance	12	26	38
Carew House, Hayle	20	16	36
Headlands, Carbis Bay	9	25	34
Cliffe House, Falmouth	17	23	40
Blackwood House, Camborne	16	42	58
The Green, Redruth	6	39	45
Endsleigh, Newquay	26	-	26
Penberthy House, Newquay	10	31	41
Woodland House, St. Austell	18	30	48
Athelstan House, Bodmin	14	32	46
St. Breock, Wadebridge	20	28	48
Polvellan, Looe	8	23	31
St. Anne's, Saltash	11	26	37
St. Hilary, Bude	21	14	35
Miller House, Launceston	15	33	48
Epiphany Home, St. Agnes	21	22	43
	244	410	654

Voluntary Homes

Bude Eventide Home	2	6	8
Caprera, St. Austell	7	21	28
Liskeard Eventide Home	-	12	12
Perran Bay Hotel, Perranporth	6	25	31
Rosewin Home, Truro	-	16	16
Belvedere Home, Kent	2	-	2
Terrill House, Clifton, Bristol	-	1	1
Singholm Home, Walton-on-Naze	-	1	1
Southall-Norwood Eventide Home	-	1	1
Salvation Army Home, Dunmore	1	-	1
Ex-Officers' Home, Bishopsteignton	1	-	1
St. Mary's, Bovey Tracey	-	1	1
Laverstock House, Tunbridge Wells	-	1	1
Primley House, Paignton	-	1	1
Moor House, Staines	-	1	1
	19	87	106

Establishment	Men	Women	Total
<u>Blind Homes</u>			
Malabar, Truro	3	22	25
Torr, Plymouth	1	6	7
Royal School for the Blind, Leatherhead	1	-	1
<u>Epileptic Colonies</u>			
Chalfont, Bucks	2	2	4
David Lewis, Cheshire	-	1	1
Maghull Homes, Liverpool	1	-	1
<u>Special Homes for the Handicapped</u>			
Ponds Home, Beaconsfield	-	2	2
St. Teresa's, Penzance	5	13	18
Cann House, Tamerton Foliot	1	2	3
Astor Hall, Plymouth	-	2	2
Rockleaze, Yelverton	-	1	1
Prested Hall, Feering, Colchester	-	1	1
Elphick House, Bristol	1	-	1
Court Grange, Newton Abbot	1	-	1
British Legion, Maidstone	1	-	1
Horder Centres for Arthritics	-	1	1
Gladys Holman House, Camborne	2	-	2
Clivedon, Plymouth	-	1	1
<u>Homes Provided by other Authorities</u>			
Devon C.C.	2	1	3
Plymouth C.B.C.	3	-	3
Warwickshire C.C.	-	1	1
Northumberland C.C.	-	1	1
Bedfordshire C.C.	-	1	1
Ealing L.B.C.	-	1	1
Surrey C.C.	-	1	1
	24	60	84

Establishment	Men	Women	Children	Total
<u>Temporary Accommodation</u>				
25 Queen Street, Penzance	1	1	7	9
8 Quay Hill, Falmouth	1	2	5	8
Police Station, Camborne	1	4	15	20
11, Treslothan Road, Troon	1	1	7	9

Establishment	Men	Women	Children	Total
<u>Temporary Accommodation cont.</u>				
Shirley House, Carharrack	1	1	9	11
Willerby Caravan, Pool	1	1	5	7
17 North Street, St. Austell	1	1	1	3
Sedgemoor Priory, St. Austell	2	2	6	10
45 Slades Road, St. Austell	1	1	6	8
10 & 12 Church Street, Tywardreath	2	2	10	14
Caravan at Penwithick (Gillmon's)	1	1	3	5
3 St. Saviour's Terrace, Polruan	1	1	6	8
Hurstocks Cottage, Cardinham	1	1	-	2
21 & 23 High St., Camelford	2	2	8	12
12 Quay Hill, Falmouth	-	3	4	7
23 Queen Street, Penzance	-	1	3	4
9 Queen Street, Penzance	1	1	-	2
Ivy Cottage, Truro	-	1	10	11
Millbrook Old Police Station	2	2	8	12
	20	29	113	162
GRAND TOTAL	335	620	113	1,068
LESS Chargeable to other Authorities	4	13	-	17
TOTAL	331	607	113	1,051

Age Groups of persons in Residential Accommodation on 31st December, 1967.

Age Group	Males	Females	Total
UNDER 30	5	3	8
30-49	4	12	16
50-64	32	47	79
TOTAL UNDER 65	41	62	103
65-74	97	100	197
75-84	109	233	343
85 and over	68	196	264
TOTAL OVER 65	274	529	803
TOTAL ALL AGES	315	591	906

Major Disabilities of Persons in Residential Accommodation on 31st December, 1967.

1. Persons under 65 years of age

Major Disability	Total
Blind	8
Deaf	6
Epileptic	10
Physically handicapped	46
Mentally sub-normal	21
Mentally ill	2
Others	10
	<hr/> 103 <hr/>

2. Persons aged 65 years and over

Blind	77
Deaf	37
Epileptic	15
Mentally Handicapped	135
Others	539
	<hr/> 803 <hr/>

2. Private and Voluntary Homes registered with the County Council under Section 37 of the National Assistance Act, 1948, as at 31st December, 1967.

	Voluntary	Private	Total
No. of Homes	8	32	40
No. of Residents	207	246	453

3. Special Housing for Old People

The scheme introduced by the Council in 1958 has continued to expand and the number of units has still further increased to 1,253 at the end of the year (1,069 at the end of 1966).

In June, the Health Committee increased the grants payable to District Councils in respect of the schemes as follows:

Existing Schemes: £10 & £13 increased to £16
£20 grants increased to £22

Future Schemes: (i) Existing dwellings to which basic Welfare Facilities have been added:-
£16
(ii) New dwellings: basic facilities £30:

Additional for (a) Central heating £2: (b) Communal facilities £1: (c) Television

in Communal area £1: (d) guest bedrooms £1; (e) Garden Care, Shopping service, window cleaning and any similar service £1: The maximum grant is £36 per unit per annum.

The following list of District Councils shows the total number of units of accommodation approved by the County Council under the scheme.

Housing Authority	No. of Units
West Penwith R.D.C.	192
Penzance Borough	24
St. Ives Borough	33
West Cornwall Housing Association	17
St. Ives Matthews Trust	10
Camborne-Redruth U.D.C.	26
Kerrier R.D.C.	44
Abbeyfield (Redruth) Society	6
Truro City	184
Truro R.D.C.	122
Falmouth Borough	18
Penryn Borough	11
Abbeyfield (Falmouth) Society	11
St. Austell Borough with Fowey	116
St. Austell R.D.C.	29
Lostwithiel Borough	12
Newquay Urban D.C.	53
Wadebridge R.D.C.	62
Launceston Borough	43
Camelford R.D.C.	19
Launceston R.D.C.	23
Liskeard Borough	108
Saltash Borough	72
Torpoint Urban D.C.	18
Total No. of Housing Units	<u>1,253</u>

4. Meals on Wheels

The 19 Meals on Wheels and the one Luncheon Club continue to be operated by the Womens Royal Voluntary Service and Old People's Welfare Committee.

During the year 35,342 meals were served in recipients houses, and 1,428 at the Luncheon Club.

5. Chiropody

1. In residential Homes provided by the County Council, Chiropody continues to be provided on the basis of one or two sessions a month as required.

2. Grants continue to be made to those Old People's Welfare Committees who provide the services of a Qualified Chiropodist on a sessional basis.

6. Old People's Clubs

At 31st December, 1967, the following Old People's Clubs existed in the County:

W.V.S. Clubs	45
Red Cross Clubs	6
Others	6
TOTALS	<u>57</u>

HANDICAPPED PERSONS

I give below details of the register of the physically handicapped as at the 31st December, 1967. Throughout the year help has been given as required, by way of adaptations to homes and aids on loan. Apart from Blackwood House, a home for elderly physically handicapped persons, Cornwall has no specific Home for the younger physically handicapped, but the County Council maintains two beds at the St. Teresa's Cheshire Home, Marazion, for temporary holiday cases. We are also grateful to Astor Hall, Plymouth, for an occasional holiday bed. Permanent beds, however, in these and other establishments are few and far between, and it is often difficult to obtain accommodation at short notice.

The Spastics Society opened a Home at Gladys Holman House, Camborne in September, 1967 with accommodation for 24 Residents of either sex. The Home is not yet fully occupied and up to the present only two of the residents have residential qualifications in Cornwall and are the financial responsibility of the Cornwall County Council.

Care of the Handicapped

Number of patients on register on 31.12.67.

Classification	Males			Females		
	16-29	30-49	Over 50	16-29	30-49	Over 50
A/E (1) Amputation	3	3	38	2	3	17
F (2) Arthritis and rheumatism	1	11	82	4	14	216
G (3) Congenital malformations and deformities	13	6	12	7	8	7
H/L (4) Diseases of the digestive and genito-urinary systems; of the heart or circulatory system; of the respiratory system; (other than T.B.); and of the skin	29	24	127	23	12	38
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	13	24	68	5	16	46
V (6) Organic nervous diseases - epilepsy, disseminated sclerosis, poliomyelitis, hemiplegia, sciatica, etc.	43	59	152	33	58	134
U/W (7) Neuroses, psychoses and other nervous and mental disorders not included in V(6)	9	10	11	1	3	6
X (8) Tuberculosis	2	11	18	1	4	-
Y (9) Tuberculosis (non-respiratory)	4	4	6	3	4	4
Z (10) Diseases and injuries not specified above	10	2	11	10	3	9
Total	127	154	525	89	125	477
	806			691		

BLIND AND PARTIALLY-SIGHTED PERSONS

Blind

The total number of blind persons on the Register at 31st December,

1967, was 961.

New admissions during the year	111
Transfers of registered blind people from other areas	20
Deaths	89
Transfers of registered blind people to other areas	9
Decertifications due to improved visual acuity	4

There were 8 Home Workers in Cornwall at 31st December, 1967.

Home Teaching Service

The Staff consisted at 31st December of five qualified Home Teachers. There is one vacancy.

Register of Blind Persons

Age Period	Age Groups of Blind Persons			Age at onset of Blindness		
	Males	Females	Total	Males	Females	Totals
0	0	0	0	24	33	57
1	0	0	0	0	0	0
2	0	0	0	1	0	1
3	0	0	0	2	1	3
4	0	1	1	2	1	3
5-10	2	3	5	8	7	15
11-15	4	2	6	7	5	12
16-20	3	3	6	9	5	14
21-29	12	2	14	15	13	28
30-39	11	11	22	26	18	44
40-49	23	23	46	29	44	73
50-59	35	50	85	50	59	109
60-64	35	24	59	29	43	72
65-69	30	50	80	20	72	92
70-79	94	158	252	82	154	236
80-84	53	114	167	30	84	114
85-89	38	106	144	12	41	53
90 & over	14	60	74	4	20	24
Unknown	0	0	0	4	7	11
	354	607	961	354	607	961

New Cases Registered during the Year

Age Period	Age Groups			Age at Onset		
	Males	Females	Total	Male	Females	Total
0-4	0	0	0	0	0	0
5-10	0	0	0	0	0	0
11-15	0	0	0	0	0	0
16-20	0	0	0	0	0	0
21-29	0	0	0	0	0	0
30-39	0	0	0	0	0	0
40-49	1	1	2	1	1	2
50-59	5	3	8	5	3	8
60-64	2	3	5	2	3	5
65-69	5	8	13	5	8	13
70-79	14	22	36	14	22	36
80-84	5	14	19	5	14	19
85-89	8	11	19	8	11	19
90 & over	2	7	9	2	7	9
Unknown	0	0	0	0	0	0
	42	69	111	42	69	111

Blind Children under 16 years

	Males	Females	Total
1. Age under 2	0	0	0
2. Age 2-4			
Suitable for education at school	0	1	1
Unsuitable for education at school	0	0	0
	0	1	1
3. Age 5-15			
Suitable for education at school			
Attending special schools for the blind:			
(i) Blind with NO other defects	1	2	3
(ii) Blind WITH other defects	2	0	2
Not at school:			
(i) Blind with NO other defects	0	1	1
(ii) Blind WITH other defects	0	0	0
	3	3	6
4. Age 5-15			
Unsuitable for education at school			
(i) in hospital for the Mentally Sub-Normal	3	0	3
(ii) at home or elsewhere			
Blind	0	1	1
Blind with multiple defects	0	1	1
	3	2	5
Total Children	6	6	12

	Males	Females	Totals
Education, Training and Employment			
(Age periods 16 years and upwards)			
1. At school			
Age group 16-20	0	1	1
2. Undergoing training			
(i) for sheltered employment	0	0	0
(ii) for open employment	2	0	2
	2	1	3
3. Employed			
Employment under Sheltered Conditions			
(i) in Workshops for the Blind	3	0	3
(ii) in Home Workers' Schemes	8	0	8
Employment under Ordinary Conditions	17	3	20
	28	3	31
4. Not Employed			
Capable of and available for work			
Already trained			
(i) for sheltered employment	0	0	0
(ii) for open employment	1	0	1
Subject to being trained			
(i) for sheltered employment	0	0	0
(ii) for open employment	0	0	0
Without training			
(i) for sheltered employment	1	0	1
(ii) for open employment	7	1	8
Not available for work			
Age group 16-59	17	53	70
Age group 60-64	13	15	28
Not capable for work			
Age group 16-59	35	32	67
Age group 60-64	16	8	24
Not working			
Age 65 and over	228	488	716
Grand Total	354	607	961

Occupations of Employed Blind Persons

	Employment Under		
	<u>Sheltered Conditions</u> In Special Workshops	<u>In Home</u> Workers' Schemes	<u>Ordinary</u> <u>Conditions</u>
GROUP I			
Professional, Technical, Administrative & Executive Workers, Managerial Workers:			
Masseurs & Physiotherapists	0	0	3
Musicians and Music Teachers	0	1	1
Managers & Executive Workers	0	0	1
Other Workers in Group I	0	0	1
GROUP II			
Clerical & Related Workers			
Typists	0	0	1
Braille Copyists	0	1	0
Telephone Operators	0	0	3
GROUP III			
Sales Workers			
Working Proprietors, Shop Managers	0	1	1
Shop Assistants, Salesmen	0	0	1
GROUP IV			
Agricultural & Horticultural Workers			
Farmers	0	0	3
Poultry Keepers	0	0	1
GROUP V			
Craftsmen, Production Process Workers, Labourers:			
Machine Tool Operators	1	0	2
Viewers, Inspectors, Testers	0	0	1
Basket Makers	1	2	0
Piano Tuners	0	3	0
Craftsmen & Production Process Workers	1	0	0
GROUP VI			
Service and Miscellaneous Workers:			
Miscellaneous workers	0	0	1
	<hr/> 3	<hr/> 8	<hr/> 20

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

	Males	Females	Total
(a) Mentally Ill	4	16	20
(b) Mentally Sub-Normal	14	9	23
(c) Physically Defective	29	58	87
(d) Deaf without Speech	0	2	2
(e) Deaf with Speech	4	4	8
(f) Hard of Hearing	40	68	108
(g) Mentally Ill and Physically Defective	0	1	1
(h) Mentally Ill and Deaf without Speech	0	0	0
(i) Mentally Ill and Deaf with Speech	0	2	2
(j) Mentally Ill and Hard of Hearing	3	2	5
(k) Mentally Sub-normal and Physically Defective	1	3	4
(l) Mentally Sub-normal and Deaf without Speech	0	0	0
(m) Mentally Sub-normal and Deaf with Speech	0	0	0
(n) Mentally Sub-normal and Hard of Hearing	0	0	0
(o) Physically Defective and Deaf without Speech	0	0	0
(p) Physically Defective and Deaf with Speech	1	0	1
(q) Physically Defective and Hard of Hearing	2	6	8
(r) Mentally Ill, Physically Defective and Deaf without Speech	0	0	0
(s) Mentally Ill, Physically Defective and Deaf with Speech	0	0	0
(t) Mentally Ill, Physically Defective and Hard of Hearing	0	0	0
(u) Mentally Sub-normal, Physically Defective and Deaf without Speech	0	0	0
(v) Mentally Sub-normal, Physically Defective and Deaf with Speech	0	0	0
(w) Mentally Sub-normal, Physically Defective and Hard of Hearing	0	0	0
	98	171	269

Blind Persons Age 16 and Upwards Resident in:

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

(a) Homes for the Blind	5	33	38
(b) In Other Homes	11	31	42
Other Residential Homes	1	12	13
Hospitals for the Mentally Ill	7	21	28
Hospitals for the Mentally Sub-normal	7	1	8
Other Hospitals	13	23	36
	44	121	165

Miscellaneous Information

	Total
Social Centres	5
Handicraft Classes	8
Persons discharged from open industry during the year	1
St. Dunstaners	5

Partially Sighted

The total number of partially-sighted persons on the register at 31st December, 1967, was 238.

New admissions during the year	40
Transfers into the county	4
Deaths	12
Transfers out of the county	1
Transfers to the Blind Register and Decertifications due to improved visual acuity	16

Details of the register for 1967 are as follows:

Age Groups of Partially Sighted Persons

	Males	Females	Total
0-4	0	1	1
5-15	5	8	13
16-20	4	2	6
21-49	13	19	32
50-64	15	14	29
65 and over	48	109	157
	85	153	238

Cases Newly Registered During the Year

Age at date of registration			
0-4	0	1	1
5-15	0	1	1
16-20	0	1	1
21-49	0	2	2
50-64	1	3	4
65 and over	13	18	31
	14	26	40

	Males	Females	Total
CLASS A			
Persons Near and Prospectively Blind (age 16 & over)			
Employed	7	5	12
Undergoing training	1	0	1
Unemployed:			
Available for and capable of training or work	2	0	2
Not available for or not capable of work	44	86	130
	54	91	145

CLASS B			
Persons mainly Industrially Handicapped			
Employed	4	2	6
Undergoing training	0	0	0
Unemployed:			
Available for and capable of training or work	1	1	2
Not available for or not capable of work	0	1	1
	5	4	9

CLASS C			
Persons requiring observation only	21	49	70

CLASS D			
Children 5-16			
Suitable for education at School:			
At Special Schools	3	5	8
At Other Schools	2	2	4
Not at School	0	0	0
Unsuitable for Education at School	0	1	1
	5	8	13
Children age 16 and over still at School	0	0	0

Welfare of the Deaf

Because of Staff shortage, little was done for the Deaf and Dumb, Severely deaf and Hard of Hearing during 1967.

A qualified Welfare Officer for the deaf took up duties on November 1st, 1967, and the content of this report is therefore limited and covers two months of the year.

The initial need was to complete an up-to-date register of handicapped deaf persons but this could only be started in a small way and added to as new cases came to notice. The records available were sparse, out of date and incomplete. A circular letter was sent to persons on the available register and those replying to this letter have been the first to be visited.

Services for the deaf and hard of hearing are not widely known in Cornwall and it is hoped to build up liaison between Welfare Officers, Health Visitors, Hospitals, Police Departments and the Religious Denominations.

It is hoped the Welfare Officer for the Deaf will be invited by Associations, Societies, Churches etc. to speak on the welfare of the deaf. In this way it might be possible for small communities in many areas of the County to be made aware that assistance is available for all deafened persons.

It is not possible so early to give the numbers of deaf who may be in need of welfare assistance, and some time must elapse before an up-to-date register can be established.

The Profoundly Deaf

Those who have been deaf from birth or early childhood have a very limited vocabulary attainment, and unintelligible speech. This puts the deaf under considerable strain in a hearing world.

To relieve this strain, the deaf appreciate meeting together in groups, where they can easily communicate with one another.

Meetings take place at Falmouth and Camborne once a month on Saturdays. Usually meetings begin with a short service (at the request of the deaf), tea is provided, and the evening spent in discussion and games.

Another meeting place in a more central position would be of much benefit and reduce travelling expenses for the deaf, and in this way encourage them to attend.

Truro has been suggested as a convenient place, for an experiment.

The majority of Hard of Hearing found to be needing assistance are over the age of 65 years. Some find it difficult to adjust to using a hearing aid and need encouragement. Some discard their aid because it needs a minor adjustment, and they do not take steps to have it attended to.

The Welfare Officer has made arrangements with the hospital, and now carries serviceable hearing aids, cords and batteries, with which he can now replace aids which are not working properly.

The Deaf Welfare Officer has been called upon to interpret

A funeral service.

At a medical examination.

At the Employment Exchange.

In the tax office.

In places of employment.

Because the deaf of the County are thinly spread over a large area, it would appear that the important service will be regular visitation, especially to the aged and infirm, living isolated and lonely lives.

THE FAMILY WELFARE SERVICE

Staff

Transfer	6.8.67	Mrs. V.W. Rogers,	From Health Area II to Mental Health Department
Appointments	4.3.67	Mrs. J. Rule,	Co-Warden, Temporary Accommodation, The Old Police Station, Camborne
	23.10.67	Mrs. G.M. Brown	To replace Mrs. Rogers
	23.10.67	Mrs. E. Dowling	To Health Area II and Part Health Area III with particular concern for families re-housed from the old W.A.A.F. site, Caravan sites and from the Gypsy Encampment.

A total of 13 Family Welfare Workers and 1 Co-Warden are at present employed throughout the County.

In-Service Training

Regular lectures and casework discussions continue to be given and the more experienced Family Welfare Workers attend monthly discussions whilst the less experienced attend three times per month. Once a month all Family Welfare Workers meet together with general discussion and an observation visit or a talk given by a Senior Member of another Branch of Social Work.

Two members of staff attended a linked weekend course of lectures organised by the Extra-Mural Department, Exeter University, at Falmouth.

Gifts from Local Charitable Sources

The B.R.C.S. and the W.R.V.S. have supported the work of the Family Welfare Workers with gifts of clothing, cot blankets, and other items. Practically every family under supervision has benefited from this help. Thanks are also ex-

pressed to an ever increasing number of people who pass on outgrown young children's and teenage clothing. Discarded curtains, bedding etc. and an appreciable amount of unwanted furniture have all proved to be extremely useful.

Families

Number of Families under Supervision 31.12.67 148 (130)

Number of Children under School Leaving Age 31.12.67 576 (515)

Total Families accepted for Supervision:

New Families	39)	
)	46 (69)

Reaccepted	7)	
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Total Families discharged from Supervision: 28 (51)

Satisfactory, returned to Health Visitor)	
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Mental Health Officer, etc.)	14 (38)
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Unco-operative)	6 (6)
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Left County)	5 (7)
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From Temp. to Private Accommodation)	
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(now without supervision))	3
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Investigations Only

Information and advice was given to another 3 families who proved not to need supervision.

Summer Holidays for Children from 8 Years to School Leaving Age

Thanks to the generosity of most of the Rotary Clubs in the County, the Wadebridge Mothers' Club and three private individuals, £112.10s.0d. was donated for the above scheme. From this money £2.10s.0d. per child was offered to holiday foster parents as an acknowledgment for all they did for the children.

The County's Health Visitors supplied names of parents who would accept a child or children for one week's holiday during the school summer holidays and the Senior Family Welfare Worker visited and completed the arrangements. A total of 59 children spent at least one week in the homes of happy families. 14 holidays were given without any financial acknowledgment and 5 children were given a second week's holiday.

All the children thoroughly enjoyed themselves, they were absorbed into the life of the various families and saw a new way of living. The benefits of such holidays cannot be over stressed; they are far more than physical, and in several cases it is hoped that the foundations of firm friendships may have been laid.

The Family Welfare Workers took the children to and from their holiday homes. Many of these youngsters have been invited to return for a similar holiday in 1968, and it is hoped that even greater financial support will be given to the scheme next year.

Unfortunately the parents of over 15 of the most needy children refused to allow their youngsters to go on holiday. It is hoped that they may be prevailed upon in due course to change their minds.

Christmas Holidays

Thanks to the generosity of the Rotary Club of Helston two boys spent 10 days in the Weston-Super-Mare Rotary Holiday Home, (Boys). The Summer Holiday foster parents of two little girls invited them for a 10 day holiday at Christmas and practically every child who went on holiday in the summer received a Christmas card from their new friends and many also received a present.

Christmas Presents and Treats

The staff and pupils of Kea County Primary School again wrapped and labelled well over 200 gifts for 'our' children. Similarly gifts were received from the staff and pupils of Sunday Schools in Penryn and Saltash.

For the third year in succession the Officers and Ratings of H.M.N.A.S., Culdrose, invited 30 children between 6 and 12 years to a Christmas party. It was a gay and happy occasion which every child very thoroughly enjoyed.

The W.R.N.S. personnel Unit gave the sum of £15.0s.0d. to be spent on the children of families under the supervision of the Family Welfare Workers. Each Worker was given £1.0s.0d. to spend as she thought best and the 3 with the most inadequate families each received an additional £1.0s.0d. The gifts varied between warm clothing, lined boots and slippers, Christmas cakes and a few much coveted toys. All were greatly appreciated.

Play-Group Experience for Children from the Carn Brea Encampment and the Municipal Caravan Site

Exploratory investigations concerning the possibility of making play group experience available for approximately 20 children is in hand.

Student Visitors

In October the Department was pleased to welcome 4 students from the City of Plymouth College of Technology. They are taking a two year course in Social Studies and came to the County for a total of six days to observe the work of the Family Welfare Service, with particular emphasis on homeless families.

Conclusion

The efforts of the Family Welfare Workers are a most worthwhile contribution to the community. Whilst satisfaction and frustration often go hand in hand, the overall picture is of progress and satisfaction that this service is providing much needed assistance to many distressed families in the County.

REPORT OF THE CORNWALL ASSOCIATION FOR THE CARE OF THE DISABLED

This report deals with the Association's main functions.

The Occupational Therapy Service

The pattern of 1967 was very much a repetition of 1966. Because of the continued inability to recruit a Head, the Occupational Therapists worked directly to the Medical Panel. The number of patients rose marginally from 196 to 204 while recorded visits fell slightly from 3,035 to 3,018.

The arrangements for the supply of domestic aids worked satisfactorily.

Social Clubs

This side of the Association's work continues to expand. One new club was opened in 1967 and the possibility of opening others was continually under review. The existing clubs report regular and enthusiastic attendance and in some cases new members have had to be limited because of space and the shortage of voluntary transport. The importance of the help given by car owners in getting members to and from the clubs cannot be over emphasised and the Association is deeply grateful to all these and other voluntary helpers.

Holidays

In addition to the holidays at Falmouth and Westward Ho! which have become a regular feature, the experiment was tried of sending 8 disabled people to Wraxhall House, Minehead a holiday house run by the Somerset Branch of the British Red Cross Society. The difficulty of transportation rather outweighed the benefits derived from the holiday.

Altogether owing to an increased allocation of places at Westward Ho! and the Wraxhall House experiment a total of 56 patients and 6 escorts were able to enjoy a holiday in surroundings suitable to their condition. The majority of these people could not, because of their disabilities, enjoy a holiday at an ordinary hotel even if they had the means to pay for it.

As in other years the co-operation of the County Welfare Officer, Red Cross Society, St. John Ambulance Brigade, Rotary Clubs and very many voluntary

workers have been invaluable and to everyone who contributed by personal service and financial contributions we extend our grateful thanks.

Workshop for the Disabled

A year ago there were hopes that progress in the erection of a new building to provide employment for an additional 15 seriously disabled persons would by now have reached an advanced stage. The Regional Hospital Board has approved the plans and the Department of Employment and Productivity (formerly the Ministry of Labour) has included provision for a Capital Grant in Departmental Estimates. The difficulty is, however, that up to the present, there has been no firm indication of the date when the money will be made available. It follows from this that further progress in planning and building cannot be made until it is clear to the Association that the financial aspect of the project presents no problem. Strong representations have been made to the Department of Employment and Productivity drawing attention to the urgency of the need to get building started. In this period of continually rising costs delay can be very expensive. The Departmental Officers concerned are most sympathetic and it can only be assumed that ultimate financial control lies in other quarters.

Meanwhile all that can be done is to make the best of the facilities already available in the existing building for the employment of the seriously disabled.

In order to avoid the presentation of a misleading picture of the current situation it has been necessary to refer to events which have occurred since the close of the year under review.

FOOD AND DRUGS ACT

Report of Chief Inspector under the Food and Drugs Act, 1955

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

The Act is designed to safe-guard the purchaser in relation to the purity, composition, labelling and advertising of food and drugs.

Composition and Quality

During the year 3,509 articles of food and drugs were sampled, 531 were submitted to the Public Analyst whilst 2,978 were tested in the Department's Laboratories. 50 samples were found to be adulterated or unsatisfactory in other respects.

The detailed list below indicates the wide range of articles analysed:

Milk and Milk Products	2,576
Meat and Fish Products	456
Flour Confectionery	36
Sugar Confectionery	52
Fruit and Vegetable Products	59
Spirits	36
Soft Drinks	45
Edible Fats	150
Preserves	20
Miscellaneous	79
	<hr/>
	3,509

Labelling and Advertising

The changing pattern of the food trade from the traditional grocers' shop where goods were packed on the premises, to that of the supermarket where many of the goods sold, are packed and distributed on a national basis has brought with it a change in emphasis of marketing methods. The success or failure of a product will depend as much on an "eye-catching" label as the contents in the packet.

The Inspector, therefore, is not only concerned as to the composition of food but in addition he must examine labels and advertisements to ensure that claims made in respect of the nature, quality or health giving properties are justified. This part of the work is carried out during routine inspections and emphasises the advantage which exists in this County of appointing one type of Officer to administer both functions relating to quantity and quality of goods. During the course of the year the attention of several manufacturers was drawn to unjustified or misleading claims in relation to their products. In one typical instance a pack labelled to indicate that the contents contained the ingredients to make a fruit pie failed to disclose that not all the essential ingredients were contained in the packet and certain other ingredients were necessary to complete the article indicated on the packet. Representations were made to the manufacturer who readily agreed to amend the wording on the packet to indicate that these other ingredients were not included.

List of Prosecutions under the Food and Drugs Act, 1955

No.	Trade	Nature of Offence	Section	Result
1	Multiple Grocers	Selling a pork pie containing mould	Section 2	Fined £5 . 0s. 0d.)Cost £5. 5s.0d.
2	Food Manufacturer	Applying a misleading label to an article of food	Section 6 Section 113	Case dismissed
3	Food Manufacturer	Selling sausages that contained excess preservative. Non disclosure of preservative by notice or label.	F.& D. Act, 1955 & Regs.	Fined £30.0s.0d)Costs)£3. 3s.0d.
4	Bakers	Selling a loaf of bread containing a needle	Section 2 Section 113(3)	Fined £10.0s.0d)Costs £7. 7s.0d.
5	Publican	Selling Gin containing added water	Section 2	Fined £25.0s.0d)Costs £2. 2s.0d.
6	Milk Producer	Selling Milk containing added water	Section 2	Fined £10.0s.0d
<u>Consumer Protection Act</u>				
1.	Market Stallholders	Selling a child's nightdress not conforming to the Regulations regarding flame resistance	Section 2(1)	Fined £5. 5s.0d)Costs)£10.10s.0d
<u>Merchandise Marks Act</u>				
1	General Stores	Selling bottles of household bleach to which a false trade description was applied (2 charges)	Section 2	Fined £20.0s.0d) Costs)£5. 5s.0d.

SANITARY CIRCUMSTANCES

Report of the County Public Health Officer

Milk and Dairies Administration

For several years the number of producer-retailers and registered dairy herds in the County has been declining, and this trend continued during 1967. Conversely, during the same period the total number of attested cattle and the annual milk yield has increased.

The following table illustrates the change that has taken place during the past five years:

	1963	1964	1965	1966	1967
1. No. of registered dairy herds in Cornwall	4,098	5,788	5,572	5,405	5,202
2. Annual milk yield (million gallons)	-	65.08	67.187	69.233	70.557
3. No. of attested cattle	87,000	96,000	97,650	97,891	98,000
4. No. of producer/retailers (also included in 1 above)	402	378	363	356	341

The County Council is the statutory authority under the Food and Drugs Act, 1955, for licensing all milk dealers, except producer-retailers. They are also responsible for preventing milk from animals suffering from tuberculosis and other specified diseases from being sold for human consumption.

The number of milk licences in operation at the end of the year totalled 1,172, of which 787 were for Pasteurised, 124 for Untreated, 252 for Sterilised, and 9 for Ultra Heat Treated milk.

Samples of milk from dealers and processing plants are tested by the Director of the Public Health Laboratory at Truro, and the results of all samples submitted on behalf of the County Council during 1967 are shown in the following table:

Grade of Milk	No. of samples	Phosphatase Test		Methylene Blue test.		Turbidity Test		Colony Count test		Percentage of failures
		S	F	S	F	S	F	S	F	
Pasteurised	961	960	1	946	15	—	—	—	—	1.64
Untreated	127	—	—	97	30	—	—	—	—	22.9
Sterilised	120	—	—	—	—	120	—	—	—	—
Ultra Heat Treated	3	—	—	—	—	—	—	3	—	—

S = Satisfactory. F = Failed.

Phosphatase and turbidity tests indicate whether the pasteurising and sterilising processes have been properly carried out. The Methylene Blue test determines keeping quality, and the colony count is prescribed for Ultra Heat Treated Milk.

The small percentage of Pasteurised milk samples failing the statutory tests (1.64%) demonstrates the excellent hygienic conditions under which this grade of milk is processed and bottled. Unfortunately the keeping quality of Untreated milk falls far short of the standard achieved by the Pasteurised grade, the percentage of unsatisfactory samples (22.9%) being slightly better than the corresponding figure for 1966 (28.9%).

Approximately 37,000 gallons of milk per day, or about 90% of all milk sold by retail, is pasteurised and bottled at the seven processing plants licensed for this purpose in Cornwall. This figure is subject to seasonal fluctuations, and increases by about 30% during the peak summer holiday period. Pasteurisation is the process of heating milk under carefully controlled conditions either to a temperature of between 145° and 150°F. for 30 minutes, or to 161°F. for 15 seconds, after which it is rapidly cooled to about 40°F. At this stage the pasteurised milk is free from all pathogenic bacteria and is of excellent keeping quality.

About 600 gallons of milk per day is sterilised at the one dairy licensed for this purpose in the County. Sterilisation is achieved by heating specially prepared bottles of milk to a temperature of 230°F. for 30 minutes.

Every stage of pasteurisation and sterilisation is carefully checked at frequent intervals by the County Public Health Officers, and samples of milk from the production lines and specimen bottles from the washing machines are subjected to detailed examination in the Public Health Laboratory at Truro.

Antibiotics

The Minister of Agriculture, Fisheries and Food and the Minister of Health have recommended a test for detecting antibiotics in milk sold by retail or manufactured into products for human consumption. Dairy farmers are warned

that, unless they are acting on veterinary advice, milk from a cow undergoing antibiotic treatment should not be sold for a period of 48 hours or four milkings after the treatment has been completed.

During 1967, 2,949 samples of Untreated milk were examined for antibiotics or other inhibitory substances, and of these only four were reported as being outside the recommended limit. Warning letters were sent to the dairy farmers concerned, and the Milk Marketing Board was notified.

Brucellosis

Brucellosis is a disease contracted by man either through contact with infected animals or from drinking raw milk from herds containing diseased cows or goats. During 1967 the department was notified of eighteen persons suffering from brucellosis, and in each case it was established that the patient was supplied with Untreated milk.

The routine procedure adopted for brucellosis detection in dairy herds in this County is for a sample of the bulked milk to be subjected to the Milk Ring screening test. When a positive result occurs a specimen of milk is taken from each cow in the suspect herd and subjected to laboratory tests designed to culture the brucella organisms on specially prepared plates (Direct Culture test). If this test shows any cow or cows to be diseased, a ban is imposed on the sale of Untreated milk until the District Medical Officer of Health is satisfied that the infected cattle have been removed from the herd and the remaining animals are free from infection. Forty-eight dairy herds were investigated by the department during the year, and twenty-four of these were found to contain infected cows. The total number of cows tested was 1,317, of which 127 were excreting live brucella organisms into the milk.

For many years veterinary and public health organisations have been advocating a brucellosis eradication scheme, and in May 1967, the Ministry of Agriculture, Fisheries and Food introduced the Brucellosis (Accredited Herds) Scheme. The scheme is the first stage of the eradication of brucellosis in cattle, although initially few farms in Cornwall are likely to benefit. It will take at least a year for a dairy herd to become accredited, and the restrictive conditions accompanying the admission of new stock into such a herd will in all probability mean that few producer-retailers will be able to take advantage of the scheme until there is an adequate reservoir of disease-free herds from which new stock can be obtained. During the next few years it is likely that farmers will sell on the open market cattle that will react to the Milk Ring Tests, and this could increase the number of infected animals in non-accredited herds. Whilst this scheme is a welcome first step in setting up a system of attested herds, there is still need for increased sampling of Untreated milk retailed in the County.

The progress of the Ministry's eradication scheme in Cornwall up to the end of the year is shown in the following table:

Cattle herds (dairy and beef) in Cornwall	approx.	8,000
Cattle in the County (dairy and beef)	approx.	350,000
Farmers in scheme at 31.12.67		277
Herds accredited at 31.12.67		1

SCHOOLS

School Canteens and Central Kitchens

By arrangement with the Secretary for Education, the County Public Health Officers visit canteens and central kitchens and examine the quality of food-stocks. With the exception of one 7 lb. tin of meat condemned as unfit, all food inspected was of excellent quality.

The standard of hygiene at all school kitchens complied with the requirements of the Food Hygiene Regulations, 1960. Maintaining premises and equipment to this standard is expensive, and during 1967 the Education Department spent about £33,000 on constructing eight new kitchens and three new serveries, improving and reorganising nine existing kitchens, and providing eight stainless steel sink units.

Milk in Schools

Pasteurised milk in 1/3rd-pint bottles is available to every pupil in the 325 maintained and thirty-one non-maintained schools in the County; the cost of milk supplied during 1966/67 was £74,176.

Samples of school milk are tested for keeping quality, and of those examined during 1967, twenty proved unsatisfactory. Most failures resulted from poor storage and distribution arrangements by a few dairymen; in no case were the school authorities responsible. Minor improvements in the dairymen's methods of milk handling were sufficient to restore supplies to the normal high standard.

Two complaints of milk being supplied in dirty bottles were investigated, and warnings issued to the dairymen concerned.

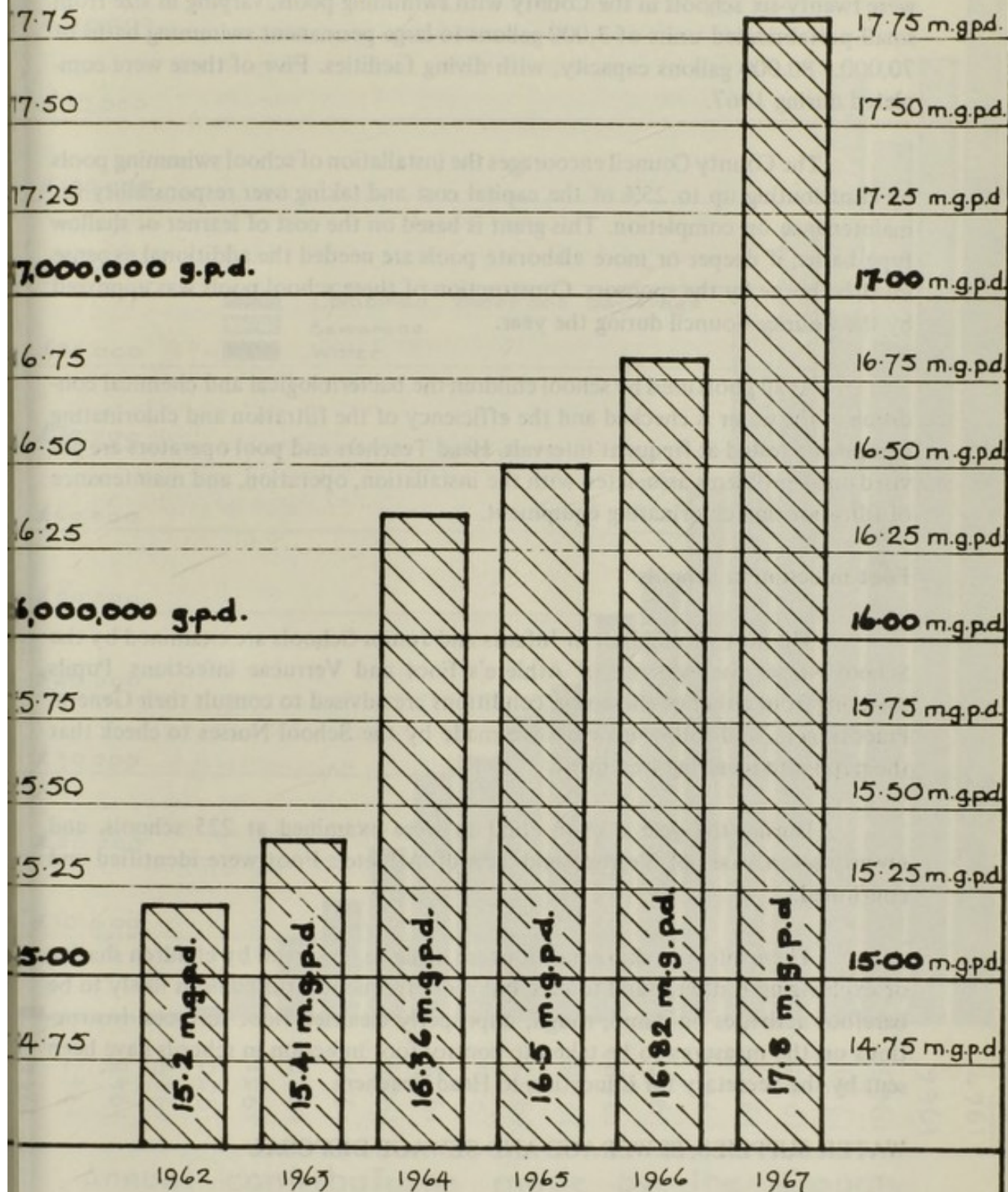
Water Supplies in Schools

Of the 325 maintained schools in the County, only six do not have a piped supply of water from public mains. One village school was provided with a piped supply during the year, and it is anticipated that mains water should be available to one of the six remaining schools in 1968.

School water supplies are tested for bacteriological quality by the Director of the Public Health Laboratory at Truro, and in his report on samples submitted during 1967 he states that only two were unsatisfactory. Of these, one was from public mains and the other from a local spring. The sources of both supplies

WATER SUPPLIED IN CORNWALL FROM PUBLIC MAINS 1962 - 1967

18,000,000 gallons per day



were investigated and the faults remedied, in the first case by the water undertakers and in the second by repairing the filtration equipment installed at the school.

Swimming Pools

Pupils at eighty-five schools receive swimming instruction at either public, private or school swimming pools, or local beaches. At the end of the year there were twenty-six schools in the County with swimming pools, varying in size from small prefabricated units of 3,000 gallons to large permanent swimming baths of 70,000 - 80,000 gallons capacity, with diving facilities. Five of these were completed during 1967.

The County Council encourages the installation of school swimming pools by contributing up to 25% of the capital cost and taking over responsibility for maintenance on completion. This grant is based on the cost of learner or shallow type baths; if deeper or more elaborate pools are needed the additional expense must be borne by the sponsors. Construction of three school pools was approved by the County Council during the year.

At all pools used by school children the bacteriological and chemical condition of the water is checked and the efficiency of the filtration and chlorinating equipment tested at frequent intervals. Head Teachers and pool operators are advised on all problems associated with the installation, operation, and maintenance of filtration and chlorinating equipment.

Foot Infection in Schools

The feet of children in Infants and Junior Schools are examined by the School Nurses for evidence of Athlete's Foot and Verrucae infections. Pupils suffering from either of these skin conditions are advised to consult their General Practitioners, and follow-up visits are made by the School Nurses to check that the pupils are receiving treatment.

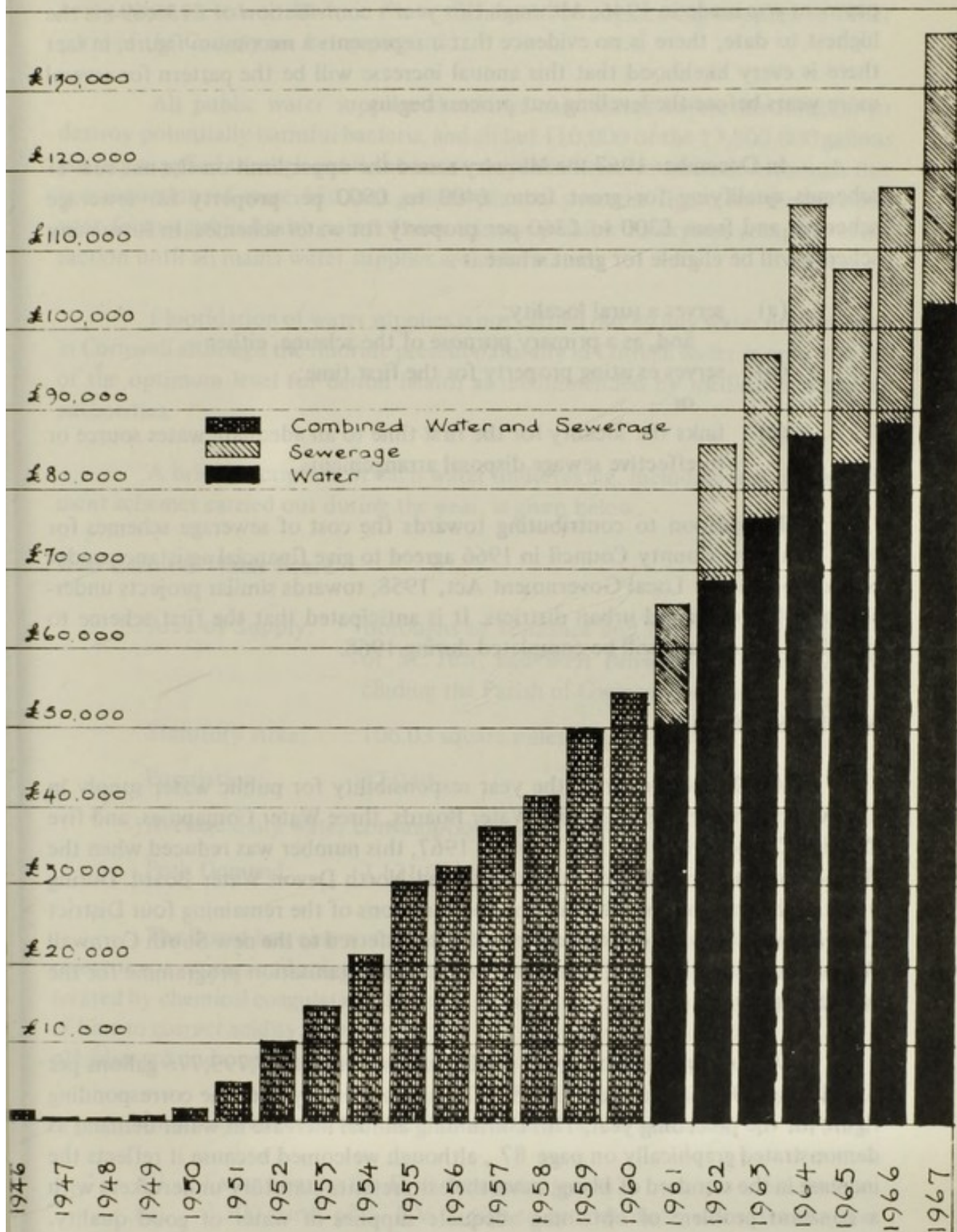
During the year 23,946 children were examined at 225 schools, and seventy-seven cases of Verruca and 113 of Athlete's Foot were identified and confirmed.

These infective skin conditions are liable to be spread by children sharing or exchanging footwear and towels, but more frequently the cause is likely to be barefoot activities on damp, rough, improperly cleansed floor surfaces. Instructions on the measures to be taken to control foot infection in schools have been sent by the Secretary for Education to Head Teachers.

WATER SUPPLIES, SEWERAGE AND SEWAGE DISPOSAL

The Rural Water Supplies and Sewerage Acts, 1944-65 provide for the County Council and the Ministry of Housing and Local Government to contribute

RURAL WATER SUPPLIES & SEWERAGE ACTS 1944-65.



Annual contributions made by the County Council towards the cost of water supply and sewerage schemes in Cornwall since 1946

towards the cost of certain schemes carried out in rural areas. The County Council's share of this expenditure is shown diagrammatically on page 89, and it will be noted that the cost has risen annually almost without interruption since the first payment was made in 1946. Although this year's contribution of £136,694 is the highest to date, there is no evidence that it represents a maximum figure; in fact there is every likelihood that this annual increase will be the pattern for several more years before the levelling out process begins.

In December 1967 the Ministry raised the upper limit on the net cost of schemes qualifying for grant from £400 to £500 per property for sewerage schemes, and from £300 to £360 per property for water schemes. In future any scheme will be eligible for grant where it —

- (a) serves a rural locality;
and, as a primary purpose of the scheme, either —
- (b) serves existing property for the first time;
or —
- (c) links the locality for the first time to an adequate water source or to effective sewage disposal arrangements.

In addition to contributing towards the cost of sewerage schemes for rural areas, the County Council in 1966 agreed to give financial assistance under Section 56 of the Local Government Act, 1958, towards similar projects undertaken in boroughs and urban districts. It is anticipated that the first scheme to qualify for this grant will be completed during 1968.

WATER SUPPLIES

At the beginning of the year responsibility for public water supply in Cornwall was shared between four Water Boards, three Water Companies, and five District Councils. On the 1st October, 1967, this number was reduced when the Bude-Stratton Urban District Council joined North Devon Water Board. During 1968 all the water supply and distribution functions of the remaining four District Councils and three Water Companies will be transferred to the new South Cornwall Water Board, and this will complete the water reorganisation programme for the whole County.

Water consumption from public mains averaged 17,799,776 gallons per day during 1967, an increase of 981,776 gallons per day over the corresponding figure for the preceding year. This continuing annual increase in water demand as demonstrated graphically on page 87, although welcomed because it reflects the increase in the standard of living, nevertheless presents statutory undertakers with a constant problem of obtaining adequate supplies of water of good quality. **Completion** of the new impounding reservoir at Stithians augmented water supplies in South Cornwall by 2,900,000 gallons per day, and has for the time being reduced seasonal water shortages in that area. On the other hand, it has now become necessary to provide additional supplies for the East and Mid Cornwall

areas, and for this purpose a new regulating reservoir, costing some £550,000, is being constructed on Bodmin Moor. Schemes for augmenting supplies in other parts of the County are being prepared.

All public water supplies should be chlorinated before distribution to destroy potentially harmful bacteria, and all but 110,000 of the 17,800,000 gallons per day supplied through public mains during 1967 were so treated. Although this is a reduction of some 180,000 gallons per day over the figure for the previous year, from a public health point of view it is not possible to express complete satisfaction until all mains water supplies are chlorinated.

Fluoridation of water supplies is not carried out by any water undertaking in Cornwall although the fluoride present naturally in Cornish water is only 1/10th of the optimum level for dental health as recommended by medical and dental authorities.

A brief description of each water undertaking, including major improvement schemes carried out during the year, is given below.

West Cornwall Water Board

Area of Supply:	Boroughs of Penzance and St. Ives; Urban District of St. Just; and West Penwith Rural District excluding the Parish of Gwinear-Gwithian.
Statutory Area:	106.03 square miles
Population:	47,040
Average daily water consumption:	2,531,000 (1966: 2,482,660)
Peak Demand:	3,131,000 gallons per day.

The Board has nine sources of water supply comprising two impounding reservoirs, a stream and mine adits. Water from the four principal sources is fully treated by chemical coagulation. Pressure filtration, chlorination and the addition of lime to correct acidity. Water from four of the minor sources is chlorinated and pH adjusted and one mine supply chlorinated only.

Improvement schemes completed or in progress included:

- (i) Extensions to the Drift treatment works;
- (ii) 2,300 yards of 3" P.V.C. pipe to provide mains water for the first time to properties at Kelynack Moor and Dowran;
- (iii) 1,950 yards of 4" and 3" pipe for new housing development, and 2,600 yards of pipe varying in size from 9" to 3" diameter to replace defective mains.

524 new connections were made to the Board's mains in 1967.

Camborne Water Company

Area of Supply: The Camborne and Illogan Wards of Camborne-Redruth Urban District, the Parish of Crowan in Kerrier Rural District, and the Parish of Gwinear-Gwithian in West Penwith Rural District.

Statutory Area: 38 square miles

Population: 25,000

Average daily consumption: 1,311,000 gallons (1966: 1,360,000)

Peak Demand: 1,500,000 (1966: 1,500,000)

The Company has three sources of supply, an impounding reservoir of 30,500,000 gallons capacity at Cargenwyn with a minimum yield of 150,000 g.p.d., a 5,000,000 gallon reservoir at Boswyn with a net reliable summer yield of 150,000 g.p.d., but maintaining 1,250,000 g.p.d. in winter, and a stream intake and mine adit overflow with a combined yield of 1,100,000 g.p.d.

All water is fully treated by filtration, pH adjustment, and chlorination.

Improvement schemes completed include:

- (i) Construction of a pumping station and installation of new pumps at Botetoe Bridge to pump raw water from the Roseworthy stream to the Boswyn treatment plant. This will augment supplies in the Company's area by about 300,000 gallons per day.
- (ii) Approximately 820 yards of 10" diameter pipe to link the principal trunk main from the new Stithians impounding reservoir with that of the Camborne Water Company.
- (iii) 2,400 yards of 3" and 2" pipe to serve existing properties at Trenwheal, Pengelly Cross and Gwedna; and
- (iv) 1,946 yards of 4" and 3" pipe to serve new housing and industrial development.

240 new connections were made to the Company's mains.

Camborne-Redruth Urban District

Area of Supply: The Parishes of Redruth, St. Day, Lanner, Portreath, and part of Illogan.

Statutory Area: 18 square miles

Population: 17,400

Average daily consumption: 700,000 gallons (1966: 700,000 gallons)

Peak Demand: 840,000 g.p.d.

At the beginning of the year the District Council had six sources of water

supply comprising three mine adits and three mine shafts. On 15th August one mine shaft supply was discontinued, and water from the new impounding reservoir at Stithians was brought into the distribution system. Approximately 70% of all water is fully treated by filtration, pH adjustment, and chlorination, and the remainder is chlorinated only.

Improvement schemes completed as part of the Redruth Water Reorganisation Scheme, designed to distribute water from the new Stithians Reservoir and improve the supply generally throughout the urban area include:

- (i) a 2,000,000 gallon pre-stressed concrete reservoir at Lanner;
- (ii) a 250,000 gallon service reservoir at Carnmarth; and
- (iii) 5,700 yards of 6" to 3" diameter distribution main.

295 new connections were made to the Council's mains.

Helston and Porthleven Water Company

Area of Supply: The Borough of Helston and Parishes of Breage, Germoe and part of Wendron within the Kerrier Rural District.

Statutory Area: 42 square miles

Population: 16,250

Average daily consumption: 592,679 gallons (1966: 576,452 gallons)

Peak Demand: 781,000 g.p.d. (1966: 674,000)

The Company's sources of supply are:

Source	Yield
Releath Stream Intake	300,000 g.p.d.
River Cober Intake	Licensed to abstract 50,000,000 gallons per year.
Whealvor Mine Adit	300,000 g.p.d.
Trelissick Mine Adit	120,000 g.p.d.
Tregothenan Reservoir	50,000 g.p.d.

All water is filtered, pH adjusted and chlorinated before distribution, except that taken from the Tregothenan Reservoir which is chlorinated only.

Improvement schemes completed include approximately 1,200 yards of 8" diameter pipe to augment supplies in the Porthleven area, 330 yards of 6" main to improve water supply in the higher areas of Helston, and 1,200 yards of small diameter pipe to serve new estate development. New connections to the Company's main totalled 165.

Kerrier Rural District

Area of Supply: The Parishes of St. Gluvias, Mabe, Constantine, Gunwalloe, Cury, Mawgan-in-Meneage, St. Martin-in-Meneage, St. Anthony-in-Meneage, Manaccan, St. Keverne, Grade Ruan, Mullion, Landewednack, part of Wendron, and the village of Nancegollan and the Parish of Crowan.

Average daily consumption: 460,000 gallons (1966: 410,000 gallons)

Peak Demand: 550,000 g.p.d. (1966: 590,000 g.p.d.)

The new impounding reservoir (capacity 1,150 m.g.) at Stithians came into full operation during August 1967 and replaced five of the six sources formerly serving the Rural District. One mine adit is being retained to supply approximately 250,000 gallons of water per day to Nancegollan village. All water from the Stithians source is fully treated by flocculation, sedimentation, filtration, the addition of lime and carbon dioxide to raise the temporary hardness and reduce corrosive properties, and chlorination. The Nancegollan supply is chlorinated only.

Apart from the Stithians Impounding Scheme, a water main extension to serve properties at Ponsanooth and Cosawes was completed during the year.

Falmouth Borough Council

Area of Supply: The Boroughs of Falmouth and Penryn, the Parish of Mylor in Truro Rural District, and the Parishes of Mabe, Budock and Mawnan in Kerrier Rural District

Statutory Area: 18¾ square miles

Population: 25,000

Average daily consumption: 1,398,000 gallons (1966: 1,310,000 gallons)

Peak Demand: 1,893,000 g.p.d.

Water is obtained from two impounding reservoirs with a combined reliable minimum yield of 2,100,000 g.p.d. All water is filtered, pH adjusted and chlorinated before distribution.

Truro Rural District

Area of Supply: The whole of Truro Rural District except the Parishes of Newlyn East, Mylor, St. Clement and St. Erme

Statutory Area: 127 square miles

Population: 26,000

Average daily consumption: 1,074,097 gallons (1966: 1,053,000 galls).

Peak Demand: 1,350,400 g.p.d.

Of the average total quantity of water supplied each day, 87,000 gallons were obtained in bulk from Truro Water Company, and the remainder from 10 sources within the Rural District comprising, two river intakes, four springs, three mine shafts, and one mine adit. All water is chlorinated and about 85% filtered and pH adjusted before distribution.

Approximately 1,300 yards of 3" diameter pipe was installed to supply 23 properties at Ponsanooth, and 1,900 yards of similar size pipe to serve new housing development. 456 connections were made to the Council's mains.

Truro Water Company

Area of Supply: The City of Truro and Parishes of St. Erme and St. Clement within Truro Rural District.

Statutory Area: 6 square miles

Population: 14,900

Average daily consumption: 784,000 gallons (1966: 680,000 gallons)

Peak Demand: 905,000 g.p.d. (1966: 772,000 g.p.d.)

The Company's sources of supply consist of an intake on the Trevella Stream supplemented by intakes on the Rivers Allen and Tresillian. The combined reliable yield from all these sources is 1,250,000 g.p.d. All water is fully treated by coagulation with alumina ferric, super chlorination, sedimentation, pressure filtration, de-chlorination with sulphur dioxide, and pH adjustment to 7.8 - 8.0 by the addition of lime.

Approximately 1,300 yards of 6" to 3" diameter pipe was installed to serve estate development, and 134 new connections made to the Company's mains.

North and Mid Cornwall Water Board

Area of Supply: The Boroughs of Bodmin, Fowey and Lostwithiel; the Urban Districts of Newquay, Padstow, and St. Austell, Rural Districts of Camelford, St. Austell, and Wadebridge; and the Parish of Newlyn East in Truro Rural District.

Statutory Area: 419 square miles

Population: 98,200

Average daily consumption: 5,510,000 gallons (1966: 5,100,000 galls.)

Peak Demand: 6,710,000 g.p.d.

The Board's water sources consist of four river intakes, one of which is augmented by an impounding reservoir at Porth; two mine shafts; four boreholes, and 14 supplies from springs and mine adits, of which six are only used to meet

peak demands. Approximately 85% of the water is fully treated before distribution, 14% is chlorinated only, and 1% does not receive any treatment.

Major improvement schemes in progress or completed include:

- (i) Extension of De Lank Works to increase the output from 1,250,000 g.p.d. to 2,000,000 g.p.d. Completed.
- (ii) Construction of a 1,000,000 gallon service reservoir and associated mains at Bodmin. Completed.
- (iii) Extension of Restormel Treatment Works to increase the output from 2,600,000 g.p.d. to 3,000,000 g.p.d. 50% completed.
- (iv) Approximately 6,000 yards of 6" diameter pipe to enable the village of Boscastle to be supplied with fully treated water. 95% completed.
- (v) Construction of a 250,000 gallon service reservoir at Padstow. Completed.
- (vi) Waterproofing the roof of the Coswarth Reservoir at Newquay. Completed.

875 new connections were made to the Company's mains.

East Cornwall Water Board

Area of Supply: The Boroughs of Liskeard, Launceston and Saltash; Urban Districts of Looe and Torpoint, and the Rural Districts of Launceston, St. Germans, and Liskeard.

Statutory Area: 367 square miles

Population: 62,990

Average daily consumption: 2,757,000 gallons (1966: 2,600,000 gallons)

Peak Demand: 3,476,000 g.p.d. (1966: 2,932,000 g.p.d.)

The Board's water sources comprise two stream impounding reservoirs; one spring impounding reservoir; five boreholes; two springs; three river or stream intakes, and a group of mine adits. During the year one shallow well was abandoned and chlorinating equipment installed at the mine adit source of supply. Approximately 80% of all water supplied is fully treated, and a further 18% chlorinated only. The remaining 2% is untreated, but it is anticipated that chlorinating equipment will be installed on this source during 1968.

Major improvement schemes completed or in progress at the end of the year include:

- (i) The construction of a river regulating reservoir on the Siblyback Brook, designed to increase the combined reliable yield of the Board's existing sources of supply at Bastreet and Trekievesteps to 4,500,000 g.p.d. Work on this contract commenced during February 1967.

- (ii) Approximately 16,800 yards of 12" to 6" diameter trunk main from Bastreet to Launceston as part of the Board's major water re-organisation programme. When completed this will augment the supply in Launceston Borough and Launceston Rural District by some 800,000 gallons per day, and enable the existing Borough source of supply at Bray Down to be discontinued. This contract commenced in November 1967.
- (iii) Stage 1 of the Calstock and St. Anne's Chapel mains renewal and reinforcement scheme including 2,750 yards of 6" to 4" pipe and a booster station. Contract commenced December, 1967.
- (iv) Provision of an auto-pneumatic booster and 6,600 yards of 6" to 4" diameter pipe to augment the water supply in the high level areas of Polperro and replace old and defective mains in the centre of that village. Completed.
- (v) Construction of a 50,000 gallon service reservoir and the installation of approximately 12 miles of 6", 4" and 3" diameter pipes to supply mains water for the first time to 210 properties in 12 villages and hamlets in the Lezant area. Completed.
- (vi) 12,950 yards of 18" to 12" diameter trunk main from St. Cleer Head Works to Bindown reservoir. This scheme forms part of the Board's general trunk main re-organisation programme and has been designed to relieve the load on the Bastreet source at present supplying Looe Urban and St. Germans Rural Districts. Completed.
- (vii) 5,400 yards of 4" diameter pipe to supply 46 properties at Stokeclimsland and 8 houses in the hamlet of Tutwell. This is the first stage of a larger scheme for the whole area. Completed.
- (viii) 2,570 yards of 4" P.V.C. pipe to supply 29 properties in Quethiock Village. Completed.
- (ix) 2,250 yards of 3" main to replace old and defective pipes between Kelly Bray and Taylors Shop. Completed.
- (x) Modification of the Torpoint treatment works, including reconditioning of the filtration plant to improve water quality in the Torpoint area. Completed.

In addition to the foregoing contracts, approximately 8,300 yards of 6" to 3" main were laid as extensions to building estates, or minor reinforcement or renewal schemes. Altogether 713 new connections were made to the Board's mains, and there were 54 disconnections.

North Devon Water Board

Area of Supply: On the 1st October, 1967, all water supply and distribution functions of the Bude-Stratton Urban District Council were transferred to the North Devon Water Board. The Board's area of supply in Cornwall is now Stratton Rural District, Bude-Stratton Urban District, and the Parish of Boyton within Launceston Rural District.

Average daily consumption: 682,000 gallons (1966: 547,000 gallons)

Water is obtained from river intakes at Prewley and Belstone in Devon and a borehole at St. Gennys within Stratton Rural District. All water is filtered, pH adjusted, and chlorinated before distribution, whilst that from the St. Gennys borehole is also treated to remove iron.

Improvement schemes completed or in progress at the end of the year include:

- (i) Approximately 4,000 yards of 4" and 2,400 yards of 1½" pipe from North Tamerton to supply 23 properties in Hornacott and Ogbeare. 50% completed.
- (ii) 1,328 yards of 3" spun iron and 357 yards of 1" polythene pipe from James Cross to supply 8 properties at Cory, Morwenstow. Completed.
- (iii) Construction of a new 250,000 gallon service reservoir at Jacobstow. 10% completed.

Future Proposals

Schemes of water supply submitted under the Rural Water Supplies and Sewerage Acts during 1967 were as follows:-

Water Authority	Scheme	Estimated Cost £	Action taken by County Council
Camborne-Redruth Urban District	Nine Maidens to Troon Link Main	9,400	Approved subject to conditions
Truro Rural District Council	Coombe to Cowlands Creek Water Main Extension	440	Approved
do	Percuil Water Main Extension	2,552	Approved
do	Penstraze Water Main Extension	9,950	Approved subject to conditions
North and Mid- Cornwall Water Board	St. Austell Rural District - Lockengate Water Main Extension.	13,440	Approved subject to conditions
do	St. Austell Rural District - Boswinger, Tregavarras and St. Michael Caerhays Water Main Extension	15,175	Approved subject to conditions

Water Authority	Scheme	Estimated Cost £	Action taken by County Council
East Cornwall Water Board	Launceston Rural District - Bastreet to Launceston Trunk Main	122,500	Approved subject to conditions
do	St. Germans Rural District - St. Ive to Quethiock Water Main Extension	7,140	Approved subject to conditions
North Devon Water Board	Launceston Rural District - Maxworthy Cross to Cop- thorne Water Main Extension	2,230	Approved
do	Stratton Rural and Bude- Stratton Urban Districts - Kilkhampston to Stibb and Poughill Water Main Extension.	25,400	Approved
Total	10 schemes	£208,227	

SEWERAGE AND SEWAGE DISPOSAL

In November 1966, the County Council decided to make grants under Section 56 of the Local Government Act, 1958, towards the cost of sewerage and sewage disposal schemes carried out in County Districts. This grant is limited to one half of the net sewerage rate in excess of 1s.6d. in the £, after allowing for the rate deficiency grant. The first two applications, totalling £381,200 were submitted during the year by the Looe and Newquay Urban District Councils. The Looe scheme provides for the construction of a sewage treatment plant, trunk sewers and pumping station at an estimated cost of £245,200, whilst the £136,000 Newquay project is for relief sewers to alleviate flooding in the Trenance Lane area.

The capital cost of all grant-aided sewerage and sewage disposal schemes carried out in Cornwall during 1967 totalled £961,073, and details are given in Table I on page 100. A further 16 schemes at a total estimated cost of £942,431 were submitted for approval by the County Council, and these are set out in detail in Table II.

TABLE I

Local Authority	Scheme	Estimated Cost £	Remarks
Camelford Rural District	Trewarmett Sewerage (revised Scheme)	18,973	Completed
Kerrier Rural District	Lizard-Ruan Minor and Cadgwith Sewerage and Sea Outfall	195,000	60% completed
Launceston Rural District	Polyphant and Lewannick Sewerage and Sewage Treatment	29,500	60% completed
do	Langore Sewerage and Sewage Treatment	8,290	40% completed
Liskeard Rural District	St. Neot Sewerage and Sewage Treatment	32,000	Completed
do	Mount Sewerage and Sewage Treatment	6,000	Completed
St. Austell Rural District	Fraddon Sewerage and Sewage Treatment	42,700	Completed
St. Germans Rural District	Calstock Sewerage and Sewage Treatment	130,000	50% completed
Stratton Rural District	Marhamchurch Sewage Treatment Works	40,570	Completed
do	Whitstone Sewerage and Sewage Treatment	15,378	In progress
Wadebridge Rural District	St. Merryn Sewerage and Sea Outfall	204,300	Completed
do	St. Issey and Little Petherick Sewerage and Sewage Treatment	56,000	Completed
do	Blisland Sewerage and Sewage Treatment	23,360	Completed
St. Just Urban District	Carnyorth, Botallack and Truthwall Sewerage and Sea Outfall	23,800	Completed
Newquay Urban District	Trenance Relief Sewer	136,000	65% completed
Total	15 schemes	£961,073	

TABLE II

Schemes of sewerage and sewage disposal submitted during 1967 for grant under —

A. Rural Water Supplies and Sewerage Acts

Local Authority	Scheme	Estimated Cost £	Action taken by County Council
Camelford Rural District	Trebarwith Strand Sewerage	18,175	Council asked to reconsider scheme
do	Trewarmett Sewerage (revised Scheme)	18,793	Approved
Launceston Rural District	Higherland Sewerage and Sewage Disposal	5,890	Approved
Liskeard Rural District	Henwood Sewerage and Sewage Disposal	12,000	Approved subject to conditions
do	Lanteglos Highway Sewerage and Sewage Disposal	11,650	Approved
do	Trevelmond Sewerage and Sewage Disposal	12,300	Approved subject to conditions
St. Germans Rural District	Gunnislake Sewerage and Sewage Disposal	120,000	Approved subject to conditions
do	St. Dominic Sewerage and Sewage Disposal	73,920	Approved subject to conditions
Truro Rural District	Ladock Sewerage and Sewage Disposal (Outline Scheme)	—	Approved subject to conditions
do	Perranarworthal and Perranwell Sewerage and Sewage Disposal	101,930	Approved subject to conditions
do	Perranporth Sewerage Improvement (amended)	60,900	Approved subject to conditions
do	Shortlanesend Sewerage and Sewage Disposal	18,273	Approved subject to conditions
do	St. Mawes Sewerage and Sewage Disposal	94,000	Approved subject to conditions
West Penwith Rural District	Drift Sewerage and Sewage Disposal	13,400	Approved subject to conditions

Local Authority	Scheme	Estimated Cost £	Action taken by County Council
Newquay Urban District	Newquay Main Drainage Scheme – Trenance Relief Sewer	136,000	Approved subject to conditions
Looe Urban District	East and West Looe and Hannafore Sewerage and Sewage Disposal	245,200	Approved
Total	16 schemes	£942,431	

MINISTRY OF HOUSING AND LOCAL GOVERNMENT INQUIRIES

The following proposed schemes of sewerage and sewage disposal 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.

Launceston Rural District:	North Petherwin Sewerage & Sewage Disposal
Liskeard Rural District:	Lerryn Sewerage & Sewage Disposal
Stratton Rural District:	Marhamchurch Sewerage
Truro Rural District:	Perranporth Sewerage Improvement
do.	Threemilestone Sewerage & Sewage Disposal
do.	Veryan Sewerage and Sewage Disposal
Truro City:	Highertown Sewerage
	Malpas Sewerage
West Penwith Rural District:	Long Rock Sewerage & Sewage Disposal
	Whitecross and Cockwells Sewerage & Sewage Treatment Works

REFUSE DISPOSAL

It is the common practice of all 30 local authorities in Cornwall to dispose of domestic and trade refuse by tipping on to land or into disused quarries. Of the 44 sites used for this purpose, 26 are properly controlled in accordance with the recommendations of the Ministry of Housing and Local Government, whilst the remainder vary from partly controlled tips to crude dumps in most cases established before planning consent was required.

During the past few years there has been a gradual decline in the number of unsatisfactory refuse tips within the County, and this trend has been encouraged by the planning authority's policy of making all new sites subject to conditions that guarantee effective control. Three unsatisfactory tips were closed during 1967.

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	9	6	11	26
Partially controlled tipping	—	—	6	6
Uncontrolled tipping	2	2	7	11
Incineration combined with uncontrolled tipping	—	1	—	1

MEAT INSPECTION

The inspection of animals slaughtered for human consumption is the responsibility of district councils, and the statistical information given in the table on page 104 has been made available by courtesy of the District Medical Officers and Public Health Inspectors of the local authorities in Cornwall who have slaughterhouses in their areas.

The total number of cattle, sheep and pigs slaughtered for human consumption during 1967 was 640,372, and of these 2,642 were so diseased as to render the whole carcase unfit, whilst a further 68,049 required condemnation of some part or organ. Compared with 1966, there was a slight increase in the number of cattle slaughtered, but a decrease of 50,433 in the number of sheep, lambs and pigs.

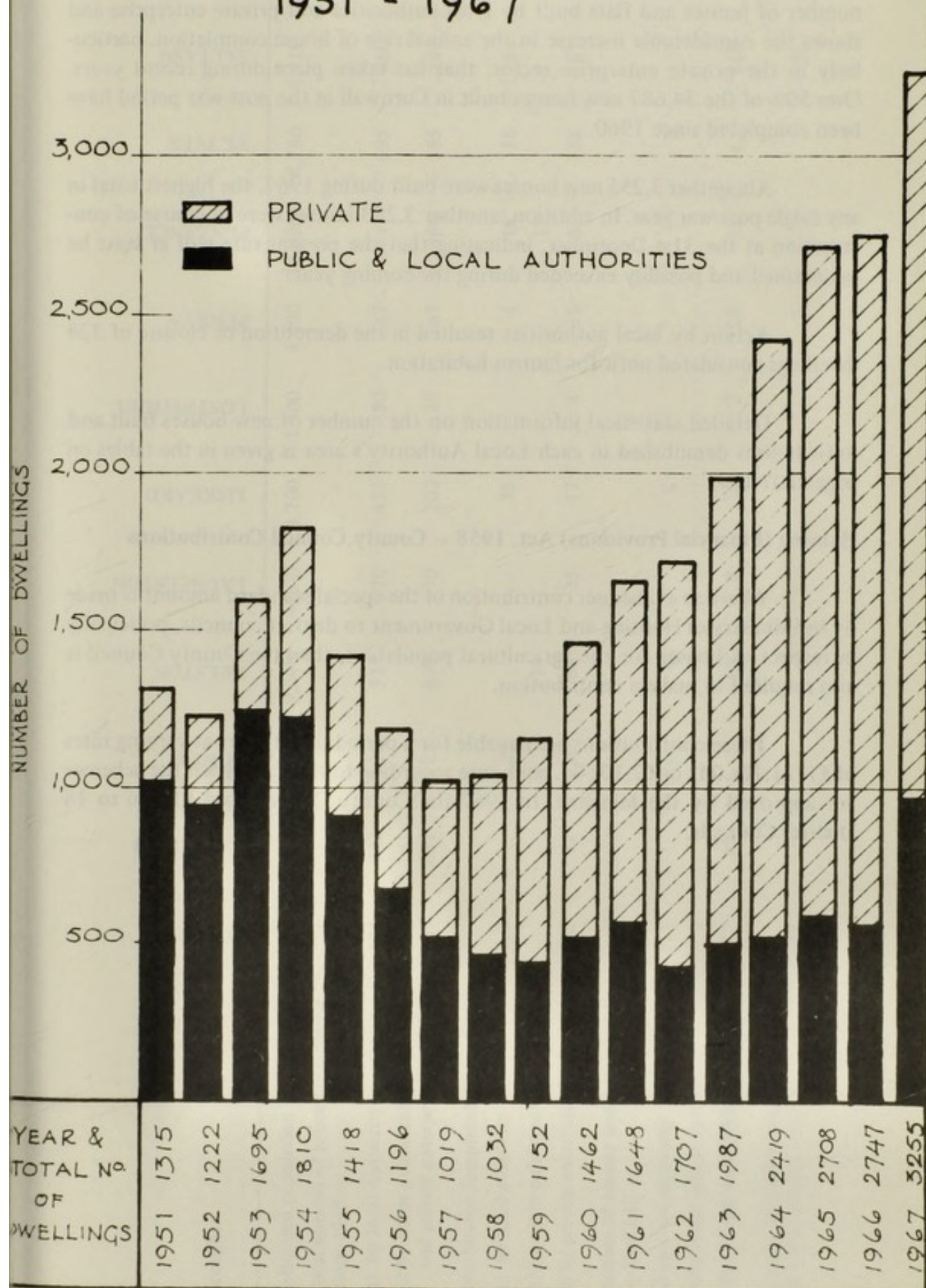
It is encouraging to report that local authority officers were able to inspect the carcase and organs of every animal slaughtered for human consumption during the year.

The following table is a summary of the statistical information for the year ended 31st December, 1967, submitted to the Ministry of Agriculture, Fisheries and Food by local authorities in Cornwall.

	CATTLE			SHEEP and LAMBS	PIGS
	Cattle (excl. Cows)	Cows	Calves		
Number killed	38,109	14,207	31,947	293,394	262,715
Number inspected	38,109	14,207	31,947	293,394	262,715
All diseases except cysticercosis and tuberculosis					
(a) Whole carcase con- demned	73	230	279	1,373	669
(b) Carcase of which some part or organ was condemned	11,702	5,988	202	25,277	21,453
Tuberculosis only					
(a) Whole carcase con- demned	6	1	1	-	10
(b) Carcase of which some part or organ was condemned	76	201	-	-	2,933
Cysticercosis only					
(a) Whole carcase con- demned	-	-	-	-	-
(b) Carcase of which some part or organ was condemned	153	64	-	-	-
* Gross weight of meat condemned	272 tons 9 cwts. 0 qrs. 22 lbs.				

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

NEW HOUSES & FLATS COMPLETED IN CORNWALL 1951 - 1967



HOUSING

The building industry's achievement in providing new homes in Cornwall since 1950 is demonstrated graphically on page 105 . This chart indicates the number of houses and flats built by local authorities and private enterprise and shows the considerable increase in the annual rate of house completion, particularly in the private enterprise sector, that has taken place during recent years. Over 50% of the 34,687 new homes built in Cornwall in the post-war period have been completed since 1960.

Altogether 3,255 new houses were built during 1967, the highest total in any single post-war year. In addition, another 3,283 houses were in course of construction at the 31st December, indicating that the present rate will at least be maintained and possibly exceeded during the coming year.

Action by local authorities resulted in the demolition or closure of 328 dwellings considered unfit for human habitation.

Detailed statistical information on the number of new houses built and unfit houses demolished in each Local Authority's area is given in the tables on pages 107-109.

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 60 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 1967 the County Council paid £1,496 to 18 District Councils.

Boroughs	BODMIN	FALMOUTH	FOWEY	HELSTON	LAUNCESTON	LISKEARD	LOSTWITHIEL	PENRYN	PENZANCE	ST. IVES	SALTASH	TRURO CITY	12 Boroughs Total
1. Estimated population	7,370	17,350	2,390	9,240	4,600	4,700	1,900	4,990	18,900	8,780	8,410	14,430	103,060
2. Total number of houses completed since 1945 —													
(a) by local Authority	494	732	153	535	270	452	50	347	891	395	460	1,037	5,816
(b) by other public authorities and private enterprise	609	891	122	808	270	202	30	267	684	585	742	750	5,960
3. New houses completed during 1967 —													
(a) by local authority	8	-	29	-	-	35	-	4	18	16	94	12	216
(b) by other public authorities	-	-	-	179	-	-	-	-	17	-	-	-	196
(c) by private enterprise	42	71	20	66	35	17	4	19	86	58	67	64	549
4. Number of houses under construction at 31.12.67 —													
(a) by local authority	125	-	-	6	-	6	-	-	-	2	-	162	301
(b) by other public authorities	2	-	-	-	1	-	-	-	-	-	-	-	3
(c) by private enterprise	57	88	5	143	8	28	2	29	52	62	148	197	819
5. Number of unfit houses demolished or closed during 1967 —	15	7	-	-	-	1	-	5	-	-	26	37	91

Urban Districts	BUDE-STRAITON							Urban Districts ⁸ Total		
	CAMBORNE- REDRUTH	LOOE	NEWQUAY	PADSTOW	ST. AUSTELL	ST. JUST	TORPOINT			
1. Estimated population	5,210	4,050	12,100	2,640	26,600	3,500	6,270	97,970		
2. Total number of houses completed since 1945 -										
(a) by local authority	181	144	581	108	1,426	76	402	4,238		
(b) by other public authorities and private enterprise	322	511	1,135	154	1,917	39	236	6,286		
3. New houses completed during 1967 -										
(a) by local authority	15	12	71	-	34	-	44	222		
(b) by other public authorities	6	-	-	-	-	-	-	6		
(c) by private enterprise	53	43	26	11	250	11	18	801		
4. Number of houses under construction at 31.12.67 -										
(a) by local authority	25	-	-	-	117	28	-	249		
(b) by other public authorities	-	-	-	-	-	-	-	1		
(c) by private enterprise	31	25	77	5	225	2	9	765		
5. Number of unfit houses demolished or closed during 1967	-	-	-	-	30	-	22	75		

Rural Districts	CAMELFORD	KERRIER	LAUNCESTON	LISKEARD	ST. AUSTELL	ST. GERMANS	STRATTON	TRURO	WADEBRIDGE	WEST PENWITH	¹⁰ Rural Districts Total
1. Estimated population	6,950	23,120	7,050	13,570	22,170	14,640	4,730	28,440	14,880	17,660	153,210
2. Total number of houses completed since 1945 -											
(a) by local authority	269	660	135	527	637	541	177	1,017	575	755	5,293
(b) by other public authorities and private enterprise	180	1,276	149	511	718	652	190	1,900	637	796	7,009
3. New houses completed during 1967 -											
(a) by local authority	25	16	16	36	10	8	-	79	48	68	306
(b) by other public authorities	-	-	-	-	-	-	-	4	-	-	4
(c) by private enterprise	5	145	23	59	105	107	13	295	89	114	955
4. Number of houses under construction at 31.12.67											
(a) by local authority	47	-	-	39	58	7	8	68	-	31	258
(b) by other public authorities	-	-	-	4	4	-	-	-	-	-	8
(c) by private enterprise	36	33	27	107	143	74	11	192	67	189	879
5. Number of unfit houses demolished or closed during 1967 -	9	14	10	5	27	17	2	34	11	33	162

TABLE I
Estimated Population and Total Number of Births and Deaths in each County District for the year 1967

Area in acres	County District	Est. Home Pop. 1967	Live Births						Deaths						Perinatal mort rate				
			legitimate			illegitimate			Total	Rate	Dist. C.F.	under 1 year				at all ages			
			M	F	Total	M	F	Total				Rate	M	F		Total	Rate		
3,312	Bodmin	7,370	54	70	2	132	17.9	1.15	2	5	2	7	53	87	110	197	26.7	0.43	37
4,296	Bude-Stratton	5,210	27	38	1	67	12.9	1.25	-	-	-	-	-	46	41	87	16.7	0.66	-
22,062	Camborne-Redruth	37,600	292	264	25	604	16.1	1.06	14	7	14	23	261	123	252	513	13.6	0.87	39
1,880	Falmouth	17,350	103	101	12	224	12.9	1.15	5	1	1	2	9	21	133	256	14.8	0.83	26
2,979	Fowey	2,390	14	16	-	31	13.0	1.28	-	1	-	1	32	21	12	33	13.8	0.74	32
4,014	Helston	9,240	97	100	8	211	22.8	0.81	1	2	2	4	19	52	66	118	12.8	0.87	9
2,180	Launceston	4,600	36	24	-	61	13.3	1.09	1	-	-	-	-	32	45	77	16.7	0.58	16
2,704	Liskeard	4,700	32	27	2	62	13.2	1.20	-	-	-	-	-	47	64	111	23.6	0.41	-
1,691	Looe	4,050	28	23	2	56	13.8	1.26	-	1	-	1	18	30	31	61	15.1	0.64	-
3,156	Lostwithiel	1,900	8	12	-	21	11.1	1.18	2	-	-	-	-	19	13	32	16.8	0.74	87
4,599	Newquay	12,100	107	80	7	205	16.9	1.13	8	3	-	3	15	94	73	167	13.8	0.73	42
3,343	Padstow	2,640	22	14	-	38	14.4	1.09	1	1	-	1	26	18	21	39	14.8	0.84	51
829	Penryn	4,990	32	38	3	77	15.4	1.02	-	1	-	1	13	31	15	46	9.2	1.11	-
3,155	Penzance	18,900	121	107	18	262	13.9	1.14	2	1	1	2	8	138	132	270	14.3	0.80	11
18,379	St. Austell	26,600	194	192	14	416	15.6	1.12	7	1	5	6	14	216	207	423	15.9	0.73	26
4,287	St. Ives	8,780	58	34	2	98	11.2	1.22	2	2	2	4	41	63	90	153	17.4	0.63	40
7,634	St. Just	3,500	21	13	-	34	9.7	1.11	1	-	-	-	-	19	35	54	15.4	0.78	29
5,386	Saltash	8,410	70	64	1	137	16.3	1.10	-	2	-	2	15	48	51	99	11.8	0.84	15
988	Torpoint	6,270	53	42	2	101	16.1	1.06	1	1	-	1	10	26	25	51	8.1	1.63	20
2,634	Truro City	14,430	102	100	15	220	15.2	1.03	4	1	2	3	14	78	89	167	11.6	0.88	31
99,508	Urban Totals	201,030	1,471	1,359	118	3,057	15.2	1.12	51	30	22	52	17	1,449	1,505	2,954	14.7	0.76	26
52,544	Camelford	6,950	40	35	5	85	12.2	1.24	1	-	-	-	-	49	47	96	13.8	0.70	12
90,839	Kerrier	23,120	149	143	10	313	13.5	1.09	7	-	-	-	-	149	119	268	11.6	0.94	22
85,122	Launceston	7,050	48	47	2	100	14.2	1.10	1	1	2	3	30	38	36	74	10.5	0.93	40
104,803	Liskeard	13,570	97	87	8	201	14.8	1.20	1	3	-	3	15	75	85	160	11.8	0.85	15
82,389	St. Austell	22,170	149	162	7	328	14.8	1.07	8	2	3	5	15	133	101	234	10.6	1.00	33
48,533	St. Germans	14,640	104	79	9	200	13.7	1.25	1	-	-	-	-	101	95	196	13.4	0.82	5
56,220	Stratton	4,730	29	31	1	62	13.1	1.25	2	-	-	-	-	32	24	56	11.8	0.81	31
108,316	Truro	28,440	181	179	16	394	13.9	1.18	4	3	6	9	23	184	179	363	12.8	0.88	20
88,230	Wadebridge	14,880	97	110	9	225	15.1	1.11	4	1	-	1	4	105	93	198	13.3	0.81	22
59,792	West Penwith	17,660	114	113	5	242	13.7	1.15	5	1	2	3	12	148	124	272	15.4	1.13	32
776,788	Rural Totals	153,210	1,008	986	72	2,150	14.0	1.14	34	11	13	24	11	1,014	903	1,917	12.5	0.86	23
876,296	Whole County	354,240	2,479	2,345	190	5,207	14.7	1.13	85	41	35	76	15	2,463	2,408	4,871	13.8	0.81	25
4,041	Isles of Scilly	1,960	14	17	3	34	17.3	0.93	1	-	-	-	-	9	9	18	9.2	0.90	29

Estimated Population and Total Number of Births and Deaths in Cornwall (excluding the Isles of Scilly) during Recent Years

Year	Estimated Population	LIVE BIRTHS						Stillbirths	DEATHS							
		Legitimate		Illegitimate		Total ₇	Rate ₈		Under 1 Year			At all ages				
		Males ₃	Females ₄	Males ₅	Females ₆				Males ₁₀	Females ₁₁	Total ₁₂	Rate per 1,000 live births ₁₃	Males ₁₄	Females ₁₅	Total ₁₆	Rate ₁₇
1900	320,420	3,957	3,842	*	*	7,799	24.3	+	*	*	985	126.3	2,498	2,773	5,271	16.5
1910	320,613	3,434	3,288	*	*	6,722	21.0	+	*	*	575	85.5	2,298	2,308	4,606	14.4
1920	(a) 317,970 (b) 318,713	3,403	3,240	190	158	6,991	22.0	+	249	167	416	59.5	1,978	2,215	4,193	13.2
1930	(a) 318,028 (b) 312,807	2,280	2,096	123	123	4,622	14.8	225	137	100	237	51.3	1,985	2,284	4,269	13.7
1940	329,138	2,127	1,945	100	96	4,268	13.0	163	116	90	206	48.3	2,357	2,567	4,924	15.0
1950	(c) 339,999	(a) 2,215	2,125	161	132	4,633	12.5	183	159	108	267	52.5	2,465	2,721	5,186	14.0
1951	(c) 339,800	2,333	2,236	124	126	4,819	14.2	125	79	66	145	29.2	2,254	2,418	4,672	13.8
1952	(c) 341,861	2,306	2,321	129	109	4,865	14.3	114	98	65	163	33.0	2,370	2,493	4,863	14.3
1953	(c) 341,463	2,379	2,282	116	100	4,877	14.3	115	84	65	149	30.6	2,105	2,271	4,376	12.8
1954	(c) 341,350	2,306	2,218	94	134	4,752	14.0	118	77	51	128	27.0	2,193	2,322	4,515	13.2
1955	(c) 339,760	2,420	2,198	100	101	4,819	14.1	158	67	33	100	20.8	2,308	2,209	4,517	13.2
1956	(c) 338,760	2,108	2,108	113	89	4,418	13.0	129	76	42	118	26.7	2,304	2,370	4,674	13.8
1957	(c) 338,770	2,298	2,231	115	107	4,751	14.0	132	55	55	110	23.2	2,292	2,337	4,629	13.7
1958	(c) 337,380	2,350	2,225	94	100	4,769	14.1	149	66	52	118	24.7	2,217	2,287	4,504	13.3
1959	(c) 337,580	2,469	2,205	107	89	4,870	14.4	129	62	32	94	19.3	2,312	2,318	4,630	13.7
1960	(c) 337,110	2,400	2,155	80	99	4,734	14.0	126	49	32	81	16.9	2,196	2,332	4,528	13.4
1961	(c) 333,700	2,440	2,303	116	90	4,949	14.7	99	55	32	87	17.6	2,306	2,300	4,606	13.7
1962	(c) 339,110	2,404	2,239	135	124	4,902	14.6	123	70	37	107	21.8	2,337	2,432	4,769	14.2
1963	(c) 341,110	2,506	2,400	148	152	5,206	15.4	123	62	43	105	20.1	2,393	2,459	4,852	14.3
1964	(c) 344,880	2,534	2,330	150	123	5,137	15.1	116	56	42	98	19.1	2,615	2,558	5,173	15.2
1965	(c) 347,150	2,659	2,473	147	172	5,451	15.8	111	65	46	111	20.4	2,389	2,361	4,750	13.8
1966	(c) 351,160	2,561	2,486	192	162	5,401	15.6	99	62	38	100	18.5	2,429	2,526	4,955	14.3
1967	(c) 354,240	2,524	2,489	171	178	5,362	15.3	108	47	30	77	14.4	2,547	2,475	5,022	14.3
		2,479	2,345	190	193	5,207	14.7	85	41	35	76	14.6	2,463	2,408	4,871	13.8

* not distinguished
+ not available

(a) for birth rate
(b) for death rate

(c) total population (including non-civilians stationed in County)

TABLE III

INFECTIOUS DISEASES NOTIFIED IN EACH DISTRICT DURING THE YEAR 1967

COUNTY DISTRICTS	Scarlet Fever	Whooping Cough	Diphtheria	Measles	Pneumonia	Meningococcal Infection	Acute Polymyelitis	Acute Encephalitis	Dysentery	Puerperal Pyrexia	Paratyphoid Fever	Food Poisoning	Erysipelas	Acute Rheumatism	Totals
Urban															
Bodmin	1	-	-	151	-	1	-	-	1	1	-	-	-	-	153
Bude-Stratton	1	-	-	27	-	1	-	-	-	-	-	-	-	-	29
Camborne-Redruth	3	1	-	522	7	2	-	-	1	2	-	-	1	-	539
Falmouth	3	4	-	260	5	-	-	-	1	-	-	-	1	-	274
Fowey	-	-	-	9	-	-	-	-	-	-	-	-	-	-	9
Helston	-	-	-	278	-	-	-	-	28	-	-	-	-	-	306
Launceston	-	4	-	87	-	-	-	-	2	-	-	-	-	-	93
Liskeard	-	1	-	108	4	-	-	-	-	-	-	-	-	-	113
Looe	-	1	-	116	2	-	-	-	-	-	-	-	-	-	119
Lostwithiel	-	-	-	87	-	-	-	-	-	-	-	-	-	-	87
Newquay	-	1	-	23	-	-	-	-	-	-	-	-	-	-	24
Padstow	-	1	-	2	-	-	-	-	-	-	-	-	-	-	2
Penryn	1	1	-	52	-	-	-	-	-	1	-	-	-	-	55
Penzance	2	5	-	20	1	-	-	-	-	-	-	-	-	-	28
St. Austell	1	-	-	308	4	-	-	1	4	2	-	-	-	-	320
St. Ives	1	13	-	1	-	-	-	-	-	-	-	-	1	-	16
St. Just	-	1	-	2	-	-	-	-	-	-	-	-	-	-	4
Saltash	2	17	-	279	13	-	-	-	-	2	-	-	5	-	318
Torpoint	-	-	-	98	1	-	-	-	-	-	-	-	-	-	99
Truro City	1	1	-	120	-	-	-	-	-	-	-	-	-	-	122
TOTALS	15	50	-	2,550	37	3	-	1	37	8	-	1	8	-	2,710
Rural															
Camelford	-	-	-	9	-	-	-	-	-	-	-	-	-	-	9
Kerrier	1	7	-	420	7	1	-	-	2	-	-	-	1	-	439
Launceston	-	5	-	41	-	-	-	-	-	1	-	-	-	-	47
Liskeard	-	-	-	348	5	1	-	1	-	-	-	-	-	-	355
St. Austell	-	-	-	189	-	-	-	-	-	-	-	-	-	-	189
St. Germans	3	7	-	87	12	1	-	-	-	-	-	-	2	-	112
Stratton	2	3	-	52	-	-	-	-	2	1	-	-	-	-	60
Truro	2	6	-	367	6	-	-	1	1	1	-	-	2	-	386
Wadebridge	14	-	-	167	-	-	-	-	-	-	-	-	-	-	181
West Penwith	2	-	-	40	4	-	-	-	-	-	-	-	-	-	46
TOTALS	24	28	-	1,720	34	3	-	2	5	3	-	-	5	-	1,824
Whole County	39	78	-	4,270	71	6	-	3	42	11	-	1	13	-	4,534

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

Infectious Diseases	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967
Scarlet Fever	68	190	167	98	49	50	27	36	27	39
Whooping Cough	142	92	192	369	171	120	96	293	141	78
Diphtheria	1	-	-	-	-	-	-	-	-	-
Measles	2,593	2,462	360	6,689	1,514	4,482	1,489	2,791	2,256	4,270
Pneumonia	149	127	86	121	98	118	92	84	83	71
Meningococcal Infection	1	9	3	3	9	4	6	2	-	6
Acute Poliomyelitis	14	13	7	-	3	-	-	-	-	-
Acute Encephalitis	4	2	4	5	2	4	2	1	2	3
Dysentery	37	35	35	39	32	34	73	745	74	42
Ophthalmia Neonatorum	2	1	2	-	4	1	2	3	-	-
Ectherperal Pyrexia	106	83	79	68	81	62	38	33	8	11
Paratyphoid Fevers	1	2	1	-	-	1	1	-	1	-
Typhoid Fever (excluding Paratyphoid)	2	1	-	-	-	1	-	1	-	-
Food Poisoning	40	51	36	21	27	6	9	6	1	1
Erysipelas	25	16	26	18	15	23	12	12	13	13
Malaria	1	-	-	1	1	-	-	-	-	-
Acute Rheumatism	1	4	2	1	3	1	3	4	1	-
TOTALS	3,187	3,088	1,000	7,433	2,009	4,907	1,850	4,011	2,607	4,534

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

TABLE V

CAUSES OF DEATH AT SPECIFIED AGES

All ages	0-		1-		5-		15-		25-		35-		45-		55-		65-		75-		Totals	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1. Tuberculosis, respiratory	6	-	-	-	-	-	-	-	-	-	1	1	2	-	2	-	-	-	-	-	4	2
2. Tuberculosis, other	5	-	-	-	-	-	-	-	-	-	-	-	1	-	2	-	-	-	-	-	3	2
3. Syphilitic disease	7	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	1	-	4	3
4. Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5. Whooping Cough	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6. Meningococcal Infections	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
7. Acute Poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8. Measles	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	2
9. Other infective & parasitic diseases	13	1	-	-	-	-	-	-	2	-	-	1	1	-	-	2	1	1	-	-	7	6
10. Malignant neoplasm stomach	115	-	-	-	-	-	-	-	1	-	-	4	5	-	8	2	32	19	20	24	65	50
11. do. lung, bronchus	173	-	-	-	-	-	-	-	1	-	2	1	19	-	44	2	61	18	18	6	145	28
12. do. breast	87	-	-	-	-	-	-	-	-	-	-	5	-	11	1	24	-	18	1	27	2	85
13. do. uterus	31	-	-	-	-	-	-	-	-	-	-	1	-	7	1	5	-	10	-	8	-	31
14. Other malignant and lymphatic neoplasms	502	-	-	-	-	-	1	2	2	1	9	4	22	24	52	46	76	82	89	92	251	251
15. Leukaemia, aleukaemia	23	-	-	-	-	-	-	-	-	-	-	-	3	-	2	2	2	3	7	4	14	9
16. Diabetes	60	-	-	-	-	-	-	-	-	-	1	1	2	-	6	5	2	15	13	13	24	36
17. Vascular lesions of nervous system	724	-	-	-	-	-	-	-	-	-	4	3	10	11	27	22	87	105	167	288	295	429
18. Coronary disease, Angina	955	-	-	-	-	-	-	-	-	-	11	-	39	7	163	41	225	117	179	173	617	338
19. Hypertension with heart disease	106	-	-	-	-	-	-	-	-	-	1	-	2	1	6	7	14	12	23	40	46	60
20. Other heart disease	877	-	-	-	-	-	1	-	3	-	4	2	14	12	33	22	77	83	224	402	356	521
21. Other circulatory disease	193	-	-	-	-	-	-	-	-	3	-	1	9	6	10	7	30	18	37	72	86	107
22. Influenza	2	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	2	-
23. Pneumonia	183	5	1	-	-	2	-	-	1	-	1	-	2	1	3	2	17	18	56	72	86	97
24. Bronchitis	123	-	1	-	1	-	-	-	-	-	2	1	2	-	24	1	45	5	30	10	104	19
25. Other disease of respiratory system	49	-	-	-	-	-	-	-	-	-	-	-	1	-	5	2	9	4	17	9	32	17
26. Ulcer of stomach and duodenum	27	-	-	-	-	-	-	-	-	-	-	-	4	-	2	1	5	2	5	8	16	11
27. Gastritis, enteritis and diarrhoea	15	-	-	-	-	-	1	-	-	-	2	-	-	-	1	1	1	1	2	5	7	8
28. Nephritis and nephrosis	36	-	-	-	-	-	1	-	1	-	3	-	2	1	5	1	6	5	4	7	22	14
29. Hyperplasia of prostate	23	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	21	-	23	-
30. Pregnancy, childbirth, abortion	1	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1
31. Congenital malformations	37	10	12	2	1	1	1	1	-	-	-	1	1	-	2	1	-	1	1	-	20	17
32. Other defined and ill-defined diseases	332	22	17	1	3	1	5	-	1	3	3	7	4	16	17	28	31	34	54	82	141	191
33. Motor vehicle accidents	43	-	-	-	-	-	10	2	3	-	7	-	4	-	4	-	4	2	-	3	36	7
34. All other accidents	98	2	3	1	-	-	7	-	2	-	6	1	4	3	3	6	2	9	7	38	38	60
35. Suicide	38	-	-	-	-	-	-	1	1	1	5	2	6	3	5	4	4	3	3	-	24	14
36. Homicide and operations of war	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
TOTALS	* 4889	41	35	5	8	3	28	7	18	10	61	35	159	111	429	234	735	588	981	1,386	2,472	2,417

* including 18 deaths in the Isles of Scilly