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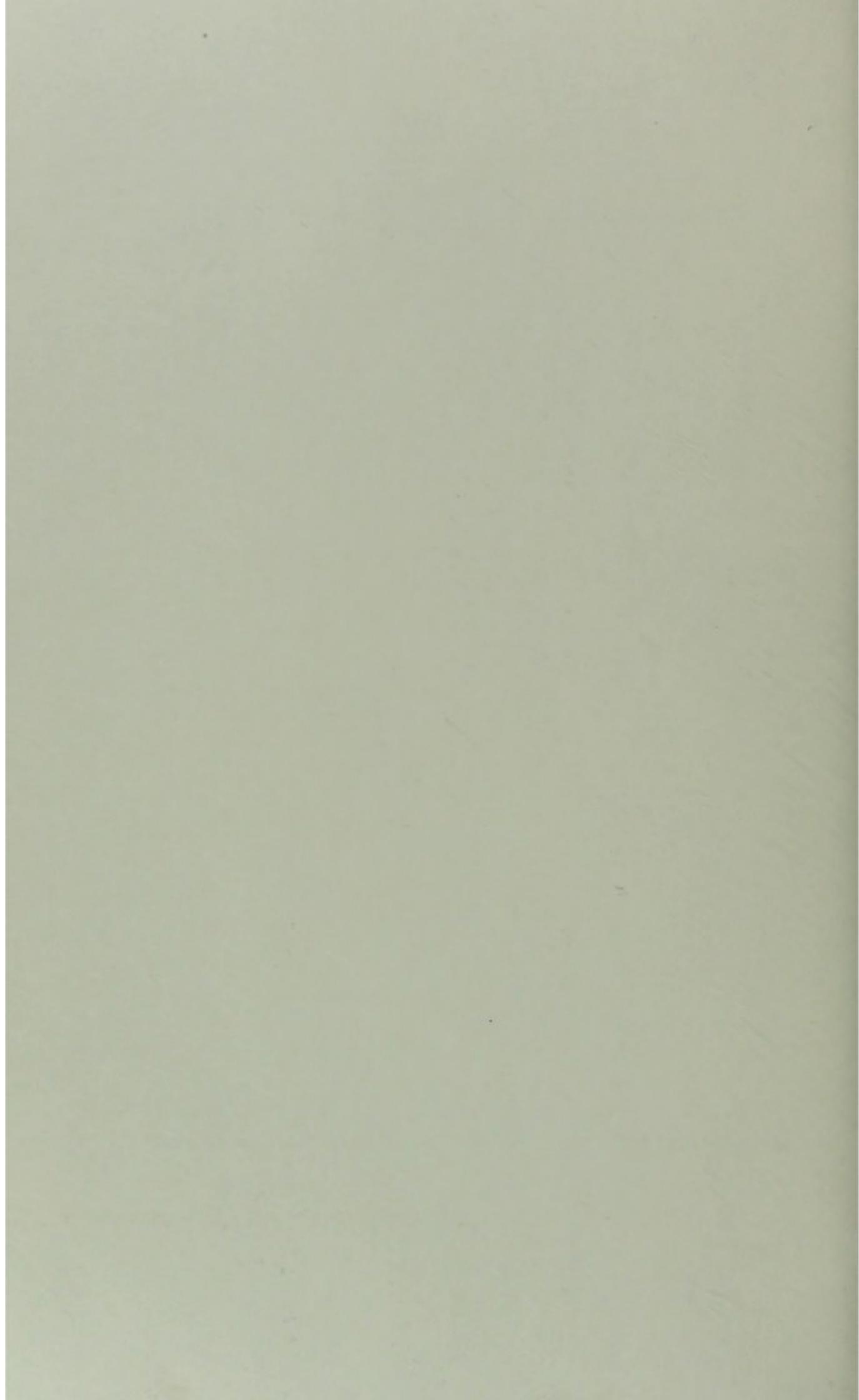
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Health Services



CORNWALL
1971



CORNWALL COUNTY COUNCIL

ANNUAL REPORT
OF THE
COUNTY MEDICAL OFFICER
OF HEALTH
1971

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

CORNWALL COUNTY COUNCIL

ANNUAL REPORT
OF THE
COUNTY MEDICAL OFFICER
OF HEALTH
1931

H. BUNYAN, M.D., B.S., D.P.H. (LOND.), COUNTY MEDICAL OFFICER

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HEALTH COMMITTEE

(as constituted at 31st December, 1971)

Chairman:

MRS. KATHLEEN DALE

Vice-Chairman:

R. F. SMITH

Members:

A. ANDREW	S.J. JEFFERY
R.C. BATH	R.J. JULYAN
H. BRAY	J.R. NICHOLAS
S.J.L. CHUBB	L. RODDA
S. CLYMA	M.R. SCOTT
Dr. D.G.W. CLYNE	J.M. TAMBLYN
J.J. DANIEL	Mrs. C.E. THOMAS
Mrs. L. GARSTIN, M.B.E.	Mrs. E.V. TOWNSEND
W.F. GLUYAS	T.C. WAKFER
F.L. HARRIS, O.B.E.	H.C. WILLIAMS
Mrs. J.M. HART	Mrs. M.F. WILLIAMS, O.B.E.
A.D.R. HENDY	Mrs. D.M. WILLS
R.R. HOBBS	Mrs. F.I. WOOD

Co-opted Members:

Dr. D. HOOKER	British Red Cross Society
Dr. W.L. STEWART	St. John Ambulance Brigade
M. HARBER	Local Dental Committee
Dr. E.B. HUGHES	Local Medical Committee
J.C. PENBERTHY	

Ex-Officio:

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

HEALTH COMMITTEE

(as constituted at 31st December, 1955)

Chairman	Mrs. KATHLEEN DALL
Vice-Chairman	Mrs. R. SMITH
Members	Mr. J. B. BRYEN
	Mr. J. W. BATH
	Mr. W. RAY
	Mr. J. L. CHURCH
	Mr. J. CLYDE
	Mr. G. W. CLYDE
	Mr. J. DAVIS
	Mr. W. G. GUYAS
	Mr. J. L. HARRIS O.B.E.
	Mr. J. M. HART
	Mr. J. HENRY
	Mr. J. HOBBS

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

Ambulance Sub-Committee

General Sub-Committee

Maternity and Child Welfare Sub-Committee

Ex-officio Members	Mr. D. HODGER
British Red Cross Society	Mr. W. L. STEWART
St. John Ambulance Brigade	Mr. HARRIS
Local District Council	Dr. E. B. WICKES
Local Medical Committee	Mr. J. PERRY

Ex-Officio

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

To: The Chairman and Members of the Cornwall County Council.

Sir,

I have the honour to present the Annual Report on the Health of the County for the year 1971. 1971 has proved to be a year of many changes but perhaps the most significant was the opening of the Health Centre at Saltash in September by the Chairman of the County Council. This is the first completed building in the County which was designed from the outset as a Health Centre and has proved in practise to be a valuable object lesson in the benefit to the health services which can result from close co-operation between the preventive and curative services.

At the time of writing there are some seventeen Health Centre projects under consideration and the future in this respect is extremely bright. A properly functioning Health Centre can not only provide improved accommodation for general practitioners and county council staff but by close liaison between these groups of workers ensure that a better and more comprehensive service is received by the patient. At the time of writing a mini-Health Centre has just been completed at Pelynt. This is the first of its kind in this County and should prove to be of great assistance to the residents of this rural area.

The vital statistics for 1971 make encouraging reading. The population of the County apparently rose by some 15,000 following the enumeration of the census. The number of births and the birth-rate of the County also rose slightly but the birth-rate remains below that of England and Wales. However, this is entirely accounted for by the demographic structure of the Cornwall population which contains a large proportion of the elderly. This same fact is reflected by the apparently high death-rate of Cornwall as compared with England and Wales but this again is solely due to the age/sex structure of the population. When this factor has been taken into account the corrected death-rate for Cornwall is below that of the national average. Two other significant statistical rates are the perinatal mortality rate and the infant mortality rate. The perinatal mortality rate which gives some indication of the quality of the maternity services has for the second time in recent years fallen below the average for England and Wales. This undoubtedly reflects the improving quality of service in the County which has resulted from the strengthening of the maternity and paediatric services. The infant mortality rate which gives an indication of the high quality of child care in the County remains below that of England and Wales. However, the figure of 16 should be no excuse for complacency since in other countries figures as low as 13 have been reached.

A very much unhappier feature of this Report is the information given about the abuse of infants. Sixty-two cases including seven deaths were investigated during the year. Certainly the upsurge of interest in this condition has substantially contributed to the larger numbers of children who are found injured as a result of parental abuse or neglect. However, it is a chilling thought that part of the increase may be due to a greater frequency of this condition. The first reaction to such stories of child abuse or "baby bashing" is invariably one of astonishment and disgust but the background histories of these parents usually reveal difficult social

circumstances and a story of neglect or ill-treatment in their own childhood. How much of this syndrome, therefore, is really due to the parents' past experiences and how much to external stress factors such as overcrowding, inadequate housing and too frequent child-bearing remains to be elucidated. Nevertheless very difficult decisions remain as how best to treat such children. Should they be left at home or should they be taken into the care of the Children's Department or foster parents? The Liaison Panel mentioned in the previous report has continued its operation and each child brought to its notice is given the most careful consideration to ensure that the best possible solution is found.

Family Planning is a topic which appears always to be in the news at the present time. The County Council has continued its policy of making grants to the Family Planning Association and the number of attendances increased by approximately one-quarter during the year. The County Council has recently agreed to investigate the possibility of providing its own family planning clinic service and providing free advice (but not free treatment) to all who seek such help. There are now eight authorities mostly in the London area who have provided a completely free family planning service for their local residents. Judging by the cost of the service in those areas it might cost Cornwall some £100,000 per annum to provide such a completely free service. However, this should be weighed against the possible reduction in demand from the maternity services and the educational services. There is considerable anxiety at the present time regarding the population explosion. If on average the present average number of children per family could be reduced from 2.4 to 2.2 this would stabilise the size of the existing population. Social surveys have revealed that a substantial proportion of infants are at present unplanned and unwanted so that more effective contraceptive services could help ease the many social problems stemming from overcrowding and pressure on housing. In particular the unwanted illegitimate child proves a heavy burden on all the social services so that the work of the young people's advisory clinic is particularly important in this respect.

While the total number of births has grown during the year, there is again a substantial drop in the number of home confinements which are now below 9% of the total. This figure has raised the question of the future of the domiciliary midwifery delivery service and, accordingly, discussions are now proceeding with a view to exploring the alternative possibilities. In some other areas arrangements have been made whereby the Hospital midwifery service undertakes any necessary domiciliary deliveries acting as agents for the County Council. This might be one possibility but in any event with the present trend in the declining number of home deliveries it seems likely that in the course of the next five years there will be very few mothers who choose to have their infants outside of a hospital or general practitioner maternity unit.

The number of infants who attended the Council's Child Health Clinics grew by a thousand during the year. This was a significant advance but even so only approximately half of the infants in the County attended such a clinic during their first year of life. This may be inevitable in so scattered a population in this rural County, but it must be borne in mind that over 97% of the infants born in

the County were visited by a Health Visitor shortly after birth. The services provided for infants in the County both by general practitioners and the County Council clinics are at a high level, for the immunisation rate of the County now compares favourably with that of England and Wales and virtually every infant is screened for defects of hearing by the Health Visitors in the first year of life.

A special report has been included this year in respect of the cervical cytology service. The work done by the County clinics has remained relatively constant so that an investigation has been carried out to ascertain the best method by which women may be encouraged to attend these clinics. It has been shown that if women receive a letter signed by their own general practitioner encouraging them to seek such an examination then a substantial proportion will respond to this request. This type of scheme is likely to be brought into more widespread use in future years. It has proved difficult for the laboratories to undertake all the examinations which are now being demanded of them due to staff shortages. Arrangements are now being made to obtain suitable additional staff and when the conditions are favourable an extended scheme will be brought into operation.

The District Nursing Service during the year once again has substantially increased the amount of work undertaken. Between 1969 and 1971 the number of home visits undertaken by the District Nurses grew by 40,000. This has come about as a direct result of the scheme for attachment of all nursing staff to local general practitioners. The closer liaison which has resulted has meant that the general practitioners have called more frequently upon the help of the District Nurses to the ultimate benefit of the patient. Another first this year has been the initiation of in-service training courses for District Nurses within the County. In the past these nurses have had to go to out-of-County courses; clearly, a local course is more convenient and also avoids loss of time away from normal duties. With the increasing demands on the hospital services and the stress now being laid on treatment of patients on a short-stay basis or as out-patients there will be increasing demands placed upon the District Nursing Services to care for patients recently discharged from hospital.

Once again a report and chart have been included showing the increased demand on the Ambulance Services resulting from accidents and emergencies. Each year these unhappily reach new records so that there is increasing pressure on the service. Accordingly a significant advance this year has been a decision to man the County Ambulance Stations on a seven-day basis. In the past the week-end service was provided on the basis of ambulance men standing-by in their own homes. Clearly, a "manned" service will assist the speedy turn out of vehicles to cases of accidents. With the particular problem of holiday traffic and emergencies at the beaches the County Council Ambulance Service deals with many more emergency cases than would normally be expected of an Ambulance Service in other areas. The efficiency of the Service has been greatly improved by regular courses of training which are now being undertaken by the Ambulance personnel and by the locally arranged in-service training courses. The vehicles and equipment are being constantly improved so that a modern service is available to residents and visitors.

Another special report which has been included this year is that on the work of the Health Education Section. In particular, some half-dozen special anti-smoking courses have been held in the County and a survey has shown that 94 persons, namely 31% of those who answered the questionnaire, have stated that they had given up smoking as a result of the course. Many others have either changed to less harmful forms of smoking than cigarettes, or reduced temporarily their smoking consumption. The figures have certainly justified the continuation of the anti-smoking courses but a major difficulty has been the shortage of suitably trained staff. However, it is hoped that the Health Education Section of the Department will be substantially strengthened in 1972. The exhibitions which have been mounted as part of the Royal Cornwall Show have shown the great interest of the public in weight control. Similar displays were arranged in 1971 and in the current year and many personal problems have come to light in the special anti-obesity clinics which are now being set up in various parts of the County.

The North and Mid-Cornwall Water Board has at the request of the County Council made a start on fluoridation of the water supplies in a limited area of the County and this has been undertaken without any particular technical problems coming to light. Interest in the relation of water supplies to long-term states of health has been stimulated by recent reports linking inversely the level of hardness in water to the incidence of coronary thrombosis (heart disease). In general, the water supplies in the County tend to be soft. Many of these supplies are already hardened to some extent to reduce the effects on pipes of the naturally acid waters. However, if initial reports are confirmed, that effects on health can be modified by artificial hardening of water, it may well be that some additional hardening of supplies may prove to be desirable.

The County Public Health Inspector and his staff have continued to supervise carefully the hygienic conditions at school swimming pools and have designed new forms of chlorination and filtration plant which are simple and cheap to manufacture and can be made locally by the industrial workshop for the handicapped. The County Chief Inspector of Weights and Measures has furnished an interesting report which stresses the desirability of date marking food and the possibility under the present arrangements of mouldy bread being sold owing to malfunction of the distribution arrangements.

A Report such as this contains many interesting features for those who have the time to dip into it, but above all it is the record of the work of the many members of the Health Department Staff who have given of their best during the year in an endeavour to improve the health of Cornwall. To all of these, medical, nursing, clerical, administrative, I give my sincere thanks and congratulations in the knowledge of a job well done.

As ever it is my pleasant duty once again to thank the Chairman and Members of the Health Committee for their eagerness to consider every suggestion which may assist in improving the health of the County and for their personal kindness towards me. The work of the Department is greatly assisted by the work of many other Departments of the County Council and by many voluntary bodies, to all

of them I send my sincere thanks.

Finally, at the time of writing it has become clear that the future of the Health Service will be in one integrated scheme bringing together preventive and curative services into a new organisation outside local government. As I mentioned in my foreword last year this concept presents a challenge with great potentialities for improvements in the health care of the population but with the danger of a loss of democratic control and of separation between health and social services. Cornwall, I believe, is fortunately placed in that all those concerned with the health services have a real and abiding desire to improve facilities for the public and will each of them give of their best so that a new and improved service will finally emerge after the expected upheavals of the years to come. The future presents a challenge – but if the new structure leads to more rational evaluation and solution of health problems, with all branches of the health and social services working as a team – then the prospect is indeed bright.

I remain, your obedient servant

H. BINYSH,

County Medical Officer.

September, 1972

County Hall,
TRURO.

CORNWALL COUNTY COUNCIL

REPORT OF THE COUNTY MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1971

PUBLIC HEALTH OFFICERS:

County Medical Officer of Health and Principal School Medical Officer:

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

Deputy County Medical Officer and Deputy Principal School Medical Officer:

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

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

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

School Medical Officers:

- MARGOT M. COOK, M.D., D.T.M. & H.
W. JACKSON, M.B., B.Ch.,
MAIR L. JENKINS, B.Sc., M.B., Ch.B.
JEAN D. McMILLAN, B.M., B.Ch., D.P.H.
M.D.H. MYHILL, 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.

*Also Health Area Medical Officers

School Medical Officers (continued):

F.H.N. SMITH, M.B., Ch.B., D.Obst.R.C.O.G.
JEAN WALDRON, M.B., Ch.B., D.C.H.
P.R. WILSON, L.R.C.P. & S.I.

Chief Dental Officer:

L. JONES, B.D.S. (comm. 1.11.71)
R.A. CURRIE, L.D.S. (Temp. 24.4.71-31.10.71)
C.A. REYNOLDS, L.D.S. (Dec'd 23.4.71)

Area Dental Officers:

R.L. DAVIES, L.D.S. (comm. 5.7.71)
C.F. MARTIN, B.Ch.D., L.D.S. (left 8.4.71)
I.W.J. CRUICKSHANK, L.D.S. (comm. 1.9.71)

Dental Officers:

Whole-time:

W.T. ARMSTRONG, L.D.S.
A.P. BROOKE, L.D.S.
Mrs. J.E. BUDDEN, B.D.S., L.D.S. (left 31.7.71)
K.J. CAWLEY, L.D.S.
R.A. CURRIE, L.D.S. (retired 18.1.72)
J.K. DONALD, L.D.S. (left 8.12.71)
Mrs. M.E. GOODYEAR, L.D.S.
J.E. KENNY, L.D.S. (left 31.3.71)
M.G.V. LARKIN, B.D.S.
D.J. MURCH, L.D.S. (comm. 27.9.71)
J.E. SMART, B.D.S.
D.J. WHEELER, B.D.S. (left 18.3.71)

Part-time

Mrs. V.A. STRINGER, B.D.S., L.D.S.

Dental Auxiliaries:

Miss F.M. HAWLEY, G.D.C.Prof.Cert. (left 17.8.71)

County Public Health Officer

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

Assistant County Public Health Officer:

A. ROWE, M.A.P.H.I.

Director of Nursing Services:

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

Divisional Nursing Officer:

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

Area 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.

Mrs. D.A.J. PERRY, S.R.N., S.C.M., H.V.Cert.

Miss E.J. BELL-CURRIE, 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):

C.D. MITCHELL

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:

Miss M.H. BROWN, M.A., M.Ed.

Miss S.J. GREGG, B.A.Hons.Psych.

Mrs. P. KEEN, B.A.Hons.Dip.Ed.Psych.

H.C. MACFIE, M.A.

Child Guidance Social Workers:

Mrs. S.E. DAVIDSON, Cert. of Social Work

Miss K. GRIFFITH, Cert.Psychiatric Social Work

Mrs. C.A. NANCHOLAS, Cert. of Social Work

M.C. STONE, H.O.Ltr. of Regg.

Remedial Developments Officer:

R. BROWN, M.Ed., B.Sc., A.R.C.S.T.

Chief Administrative Assistant:

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

PART-TIME OFFICERS:

Chief Inspector under the Food and Drugs Act:

G.J. HANNIBAL, M.I.W.M.A. (also Chief Inspector of Weights and 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. GWYNNE JENKINS, M.D., F.R.C.P.

E. HUGHES, M.D., B.S., M.R.C.P.

J.J.Y. DAWSON, M.C., M.D., B.S., F.R.C.P.

Consultant Psychiatrist Child Guidance

J.E. DESSART, M.B., B.S., D.P.M., Regional Hospital Board Staff

STATISTICS AND SOCIAL CONDITIONS

Area of the County	876,296 acres
Population 1971 (R.G.'s mid-year estimate)	377,460
Population Census 1971 Prelim. Report	377,464
Population Census 1961	340,013
Censal Increase	37,451
Percentage Increase	11.01
Number of private dwellings (1961 Census)	116,819
Rateable Value	£13,514,284
Sum represented by 1p rate	£128,654

The Registrar General's mid-year estimate of the population for the Urban and Rural areas during each of the five years 1967-71 is shown in the following table:

	1967	1968	1969	1970	1971
Urban Districts	201,030	198,780	200,660	202,300	212,900
Rural Districts	153,210	158,930	159,540	159,630	164,560
Administrative County	354,240	357,710	360,200	361,930	377,460
Increase or decrease over previous year	+ 3,080	+ 3,470	+ 2,490	+ 1,730	+15,530

Table 1 at the end of the Report shows the estimated population and number of births and deaths for 1971 in each of the County Districts in the County, whilst Table II gives a summary of these statics for recent years.

Births and Birth Rate

Live Births	Male	Female	Total
Legitimate	2,632	2,470	5,102
Illegitimate	225	217	442
Total	2,857	2,687	5,544

Birth rate per 1,000 of the population 14.7

This compares with a rate of 16.0 for England and Wales.

Still Births

Legitimate	35	28	63
Illegitimate	4	—	4
	39	28	67

Still birth rate per 1,000 total births 12.0

This compares with a rate of 12.0 for England and Wales.

The Birth Rate of 14.7 compares with a rate of 14.6 in 1970. The following are the rates for recent years:

				Cornwall	England & Wales
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	...	...	...	14.6	17.2
1968	...	...	...	14.4	16.9
1969	...	...	...	14.8	16.3
1970	...	...	...	14.6	16.0
1971	...	...	...	14.7	16.0

Deaths and Death Rate

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

Males	...	2,785
Females	...	2,606
Total		<u>5,391</u>

This gives a death rate of 14.3 compared with 14.4 in 1970. The following are the death rates for recent years

				Cornwall	England & Wales
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
1968	...	...	...	14.8	11.9
1969	...	...	...	14.1	11.9
1970	...	...	...	14.4	11.7
1971	...	...	...	14.3	11.6

Infant Mortality

There were 88 infant deaths registered during the year, giving an infant mortality rate of 16 per 1,000 live births. This compares with a rate of 17 in 1970 and a 1971 rate of 18 for England and Wales.

Perinatal Mortality

The combined stillbirths (67) and deaths of infants in the first week of life (45) expressed as a rate per thousand total births, gives a perinatal mortality rate of 20. This compares with a rate of 22 for England and Wales.

NATIONAL HEALTH SERVICE ACTS

ADMINISTRATION

There were no changes in the administrative arrangements described in earlier Reports. The County continues to be divided into seven Health Areas which are constituted as follows:

Area No.	Area Office Address	County Districts	Area in Acres	Estimated Population
1	Bellair, Alverton, Penzance	Penzance M.B.	3,155	19,060
		St. Ives M.B.	4,287	9,310
		St. Just U.D.	7,634	3,520
		West Penwith R.D.	59,792	18,120
		<u>74,868</u>	<u>50,010</u>	
2	Rectory Rd., Camborne	Helston M.B.	4,014	10,340
		Camborne-Redruth U.D.	22,062	41,930
		Kerrier R.D.	90,839	23,590
		<u>116,915</u>	<u>75,860</u>	
3	The Leats Truro	Falmouth M.B.	1,880	17,960
		Penryn M.B.	829	5,330
		Truro City	2,634	15,100
		Truro R.D.	108,316	31,010
		<u>113,659</u>	<u>69,400</u>	
4	Moorland Road St. Austell	Newquay U.D.	4,599	13,220
		St. Austell with Fowey M.B.	21,358	32,000
		St. Austell R.D.	85,545	26,140
		<u>111,502</u>	<u>71,360</u>	
5	Brooklyn Wadebridge	Bodmin M.B.	3,312	9,260
		Wadebridge with Padstow R.D.	91,573	17,320
		<u>94,885</u>	<u>26,580</u>	
6	Launceston	Launceston M.B.	2,180	4,780
		Bude Stratton U.D.	4,296	5,540
		Camelford R.D.	52,544	7,200
		Launceston R.D.	85,122	6,990
		Stratton R.D.	56,220	4,550
		<u>200,362</u>	<u>29,060</u>	

Area No.	Area Office Address	County Districts	Area in Acres	Estimated Population
7	Westbourne Liskeard	Liskeard M.B.	2,704	5,250
		Saltash M.B.	5,386	9,940
		Looe U.D.	1,691	4,040
		Torpoint U.D.	988	6,320
		St. Germans R.D.	48,533	15,120
		Liskeard R.D.	104,803	14,520
			<u>164,105</u>	<u>55,190</u>

CARE OF MOTHERS AND YOUNG CHILDREN

Section 22 of the National Health Service Act, 1946 places a duty upon the Local Health 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 five years and are not attending primary schools maintained by a Local Education Authority.

Ante Natal Care

The care of pregnant women has been undertaken as in previous years and during 1971, 1,304 women made 7,721 attendance at the Local Authority clinics for relaxation purposes, these classes being run by the Domiciliary Midwives. Mothers' Clubs continue to attract good attendances and these, in general, were as before based on clinic premises. Health Education programmes are arranged by small committees of mothers in collaboration with the Health Visitors and these courses remain very popular.

Maternity Accommodation

The following table shows the number of births in the County (including those which occurred in Plymouth) together with the percentages of births occurring at the patient's home and in hospitals, maternity units and nursing homes.

Year	Number of Births Registered	Percentage of Births occurring in:		
		Patient's Home	Hospital and Maternity Homes	Nursing Homes
1962	5,206	49.7	48.6	1.7
1963	5,137	44.5	53.2	2.3
1964	5,451	40.6	58.3	1.1
1965	5,401	33.9	66.1	—
1966	5,362	30.1	69.9	—
1967	5,179	25.5	74.5	—
1968	5,132	20.0	80.0	—
1969	5,396	18.0	82.0	—
1970	5,345	12.0	88.0	—
1971	5,611	8.5	91.5	—

Maternal Deaths

Two maternal deaths occurred in the County in 1971 giving a mortality rate of 0.36.

The following table gives statistics over the past 10 years:

Year	Number of Deaths	Rate per 1,000 Total Births	
		Cornwall	England and Wales
1962	1	0.19	0.35
1963	1	0.19	0.28
1964	2	0.36	0.25
1965	3	0.54	0.25
1966	1	0.18	0.26
1967	1	0.19	0.29
1968	4	0.77	0.24
1969	1	0.19	0.19
1970	1	0.19	0.19
1971	2	0.36	

Peri-Natal Mortality

The peri-natal rate in Cornwall was 20 as compared with 22 for England and Wales. The figures for the past ten years are shown in the following table:

Year	Stillbirths	Perinatal Deaths		Perinatal Mortality Rates	
		First Week	Total	Cornwall	England & Wales
1962	124	65	189	35	31
1963	116	54	170	32	29
1964	112	73	185	32	28
1965	99	66	165	30	27
1966	108	48	156	29	26
1967	85	47	132	25	25
1968	93	53	146	28	25
1969	66	50	116	22	23
1970	75	51	126	23	23
1971	67	45	112	20	22

Special Care Baby Unit

Dr. M.A. Voyce, Consultant Paediatrician has supplied the following details relating to the Special Care Baby Unit at the Royal Cornwall Hospital (Treliske), Truro:

Weight in Kg.	Admissions	Deaths	Mortality
under 1,000	7	6	85.7%
1,001-1,500	25	12	48.0%
1,501-2,000	59	3	5.08%
2,001-2,500	115	7	6.08%
over 2,501	586	7	1.19%

“Once again the major cause of death has been respiratory distress syndrome. This has been most marked in the 1,001 to 1,500 Kg. group where the mortality rate remains about 50%. The encouraging feature however has been the continuing decline in the next group where mortality has reached an all time low of 5%. During 1972 new techniques of respiratory physiology are being introduced to treat respiratory distress syndrome and we look forward to improving results.”

Premature Babies

Four portable incubators, two provided by the County Council and two by the West Cornwall Hospital Management Committee, are in use in the County. These were used 29 times during the year. Seven times at St. Austell, seven times each at Liskeard and Penzance and eight times at Truro.

Child Health Clinics

During the year 8,387 children attended the Clinics, 2,900 of these for the first time. Forty-two clinics are held in the County, 11 of these in County Council premises the remainder in rented premises in rural areas.

There is a regular review of attendance at the clinics and if the numbers fall below twelve a session over a period the clinic is closed. Three clinics at Bude, Newlyn and Torpoint were closed but a new clinic was opened at Goonhavern where attendances have been satisfactory. The Saltash Clinic was transferred to the new Health Centre in the town which opened in September.

Assessment of the Handicapped Child

It is now acknowledged that the problems of children affected with multiple handicaps in early life should receive more careful study and scientific analysis. Treatment and training must be started early and continued if complications are to be avoided and the children are to reach their full potential.

The counselling and assessment unit is being established at the R.C.H. (City) to promote this type of care by creating a clinical service for the assessment of handicapped children. It will act as a bridge between the Regional Hospital Board Paediatric Services on the one hand and the community services on the other co-

ordinating and integrating detailed investigation into a comprehensive programme of continuing care which can be followed in the community. The centre will also provide practical experience for training professional personnel and will pursue a long term programme of research into some of the many aspects of this work which requires further elucidation.

The nucleus of the assessment team will consist of the Regional Hospital Board's Consultant Paediatrician, a specially trained Physiotherapist, together with a local authority's Senior Medical Officer (Child Health) the Senior Educational Psychologist and the Head Teacher, other personnel would be involved and co-opted such as teachers for the deaf, speech therapists and School Medical Officers. Consultant opinion in all branches of medicine will be sought when required.

Other special clinics are also envisaged, these will be in the nature of follow-up clinics for the children who have been assessed and still find continually evolving problems. The creation of a Spina Bifida clinic is also anticipated.

The counselling and assessment clinic will be a means whereby the available skills and amenities within the community may be concentrated for the benefit of the child with the aim to assist him to obtain his maximal potential abilities, health and happiness and to achieve a quality of life which previously was outside his reach.

Assessment of Hearing in Infants and Children

Screening tests for hearing loss in infants at about nine months old have continued throughout the year. Health Visitors have referred considerable numbers of doubtful cases to the peripheral clinics held monthly by an experienced medical officer and the Teacher of the Deaf for further examination and if necessary referral to the Consultant Audiologist. Each case is considered by members of the assessment team who then make a diagnosis and arrange for the appropriate treatment and provision of hearing aids etc., if necessary.

Areas	Number Screened	Number Referred
1	556	3
2	1,244	18
3	867	5
4	900	18
5	380	7
6	339	13
7	638	18
	<hr/> 4,924 <hr/>	<hr/> 82 <hr/>

The system of routine audiological testing of all schoolchildren at the age of six years has continued and although rather more children have been tested during the year it is pleasing to note that referrals have been slightly fewer. This procedure is a most valuable service for the benefit of all schoolchildren and many families appreciate the benefits which have accrued since its inception.

Battered Baby Syndrome

During the year 62 cases were investigated under this heading. There were seven deaths, one murder, one manslaughter, two 'accidental' and three 'natural causes'.

Past reports have been broken down into categories such as "doubtful" and "accidental", but as experience of this syndrome increases there are less doubts about the generic diagnosis. However the complexities and complications, the subtle involvement of parents, children and advisers in the drama of human relationships become more apparent. Investigation in depth gives rise to more questions than answers and tends to undermine the confidence of the investigator until he questions his own (and his colleagues') ability or 'right' to make value judgements. The team approach is therefore essential, but the team must be well-balanced and compact. It must always return to first principles. If the child's life is in danger it must be removed from that danger, or the danger removed from him. The desirable alternative is prevention of the basic cause, but this lies within the aggressor's genetic make-up, his past environmental experiences and present circumstances, and only the latter are capable of modification. The recognition and identification of the inciting stresses and strains and their subsequent alleviation is the aim of preventive work. A limitless task.

With all the protestations; baby bashing is a blood sport which every parent has the potential to enjoy. It is a matter of degree. Where does righteous authority end and cruelty commence? When does accident end and wilful injury or neglect begin? When is an individual, alone, responsible for his actions, and what weight must be given to previous upbringing and background?

There are no quick or easy answers, there are no 'correct' decisions. We shall continue to strive to do our best for these children and their families.

Welfare Foods

During the year changes took place in the kinds of foods supplied under the scheme as the result of recommendations on Child Nutrition by the Committee on the Medical Aspects of Food Policy.

Cod Liver Oil ceased to be supplied after 1st April and Orange Juice was withdrawn on 31st December. These foods were replaced by Children's Vitamin Drops containing Vitamins A, D & C. The Vitamin A & D tablets issued to expectant mothers were to have Vitamin C added and would become available early in 1972. Three foods only, National Dried Milk, Vitamin Drops for children and Vitamin Tablets, will then be on issue.

The Welfare Foods Order, 1971 withdrew the cheap milk facility and replaced this with free milk for a greater number of families, entitlement being dependent upon family circumstances.

Because of these changes the comparative sales table shown in past Reports has little value. Set out below are details of foods sold during the year:

National Dried Milk	30,681 cartons
Cod Liver Oil	3,001 bottles
Vitamin Drops	5,446 bottles
Vitamin Tablets	3,457 packets
Orange Juice	107,097 bottles

Foods were distributed from 18 local authority clinics and by 96 shopkeepers. The number of shopkeepers has dropped by 21 compared with the previous year due in the main to the disappearance of the small village store and the lack of demand for these foods.

Thanks must again be expressed in what has been a year of change to the Women's Royal Voluntary Service and the shopkeepers without whose help the foods could not be distributed.

Family Planning

The Family Planning Association continued to receive financial aid for those referred on medical need, and in other special cases, together with the free use of Health Centre or Clinic premises.

Patients are referred by the Hospital Services, General Practitioners, Health Visitors District Nurses, Social Workers and the Marriage Guidance Council. Statistics for the year are as follows:

Clinic	Total Number of Attendances to see Doctor	Number of New Cases
Bodmin	363	70
Bude	658	102
Camborne	1,147	241
Falmouth	712	96
Helston	637	291
Launceston	887	423
Liskeard	215	94
Newquay	248	120
Penzance	967	162
Redruth	1,103	175
Saltash	476	70
St. Austell	1,033	149
Truro – The Leats	1,098	129
Truro – Treliske	54	20
Wadebridge	439	78
	<u>10,037</u>	<u>2,220</u>

It is encouraging to find an increase of 914 in the number of new cases and 2,048 in total attendances as compared with the figure of 1970. The Young Persons Clinic at Camborne has been proved to meet a continuing need and approaches have been made to the Family Planning Association to seek its help in setting up

clinics in other areas with a similar need.

Following an approach from the Department of Health and Social Security, the County Council considered the setting up of a comprehensive 'Family Planning Service' but in view of the cost involved it was agreed to provide such a service as soon as financial conditions allow.

The County Council considered the report from the Department of Health and Social Security on the success in rural parts of the country of domiciliary family planning visits and agreed to an approach being made to the Family Planning Association to see if they would undertake domiciliary visits if requested by a doctor, health visitor or social worker.

Cervical Cytology

Screening continues to be carried out at twelve centres throughout the County but the number of women undergoing examination still remains disappointingly low. In each case a total gynaecological survey, breast examination and urinalysis is carried out.

Clinics were held at Penzance, Helston, Redruth, Camborne, Truro, Falmouth, Newquay, St. Austell, Wadebridge, Launceston, Liskeard and Saltash. A total of 2,809 women were screened and 1,101 were the subject of observation. Where necessary these were referred to their general practitioners.

The following report on a Survey in his Area has been contributed by Dr. C.W.J. Hingston, H.A.M.O. No. 3 Health Area —

A survey was undertaken with the co-operation of two practices in the Truro Health Area to ascertain various factors concerned with the Cervical Smear Test, and its acceptance by married women patients registered with the practices.

Method of selection of cases:

By using the County Computer records of children under 15 years of age registered with these practices, it was possible to find the names and addresses of mothers of families consisting of two or more children.

By referring to the County Cervical Smear Clinic records, and the Family Doctor records, it was possible to find out if these married women have already used this service or not.

The summary chart shows the procedure. Reading from top to bottom it shows how cases were dealt with at each stage of the procedure, and how the final number of cases was reached, i.e. 63 in Falmouth and 59 in Truro. These were interviewed by the Health Visitor attached to the practice. A questionnaire was filled up at this stage, which gave certain information regarding the test, and which might prove useful to the Health Education Department in future. The general principle adopted was to send a reply paid invitation card with an explanatory letter to each mother who had not had a smear taken, as far as any records showed.

The method of selection of cases in both areas was free of any social bias, as the survey was concerned with all multipara. It must be noted that this method excluded mothers whose youngest child was over 15 years of age, and thus these mothers corresponded to the younger and middle age groups only. This factor occurred because of the lack of computer records of children over 15 years of age.

Background to method used:

The Family Doctors concerned were approached before the survey was started and the scheme outlined to them. In Falmouth it was felt by the G.P.'s that the Health Visitors attached to the scheme would not derive much benefit by having access to the patients card system and this was denied them, but the Family Doctors concerned had no objection to a smear test being carried out on their patients at their home if necessary.

In Truro the feeling was that the Health Visitors attached to this practice could refer to the patients notes for the necessary information, but that no domiciliary service should be offered to their patients. The Family Doctors in Falmouth referred all their cases for the smear test to the County Clinic and a few to the Family Planning Association, whereas the practice in Truro did carry out smear tests on some of their own patients.

Objective in Survey:

1. By using computer records it was hoped to approach those women who had not used this service and so increase the acceptance rate amongst this group in the survey.
2. By use of the questionnaire it was hoped to find:
 - (a) The reason for previous non-attendance for this test.
 - (b) The distribution of family size.
 - (c) What proportion had already had a smear test done at the onset of this survey.
 - (d) How long the mothers had known about the test.
 - (e) From what source of information had they obtained this knowledge.
 - (f) Was there a need for a special domiciliary service.

I reproduce in table form a summary of the findings in these two practices for information of the Family Doctors concerned.

Procedural Summary Chart

	Falmouth	Truro
1. Original computer list of families with two or more children	285	456
2. Number of mothers who had previous smears according to Clinic records in case of Falmouth	125	—

	Falmouth	Truro
3. Number of mothers who had previous smears according to Family Doctors' records in case of Truro	—	235
4. Number left to be written to with postal consent form	160	221
5. Number replied accepting test by postal reply	40 (25% of those written to)	72 (32% of those written to)
6. Further cases eliminated from list due to other reasons (A)	20(6)	12(9)
7. Number left to be interviewed by H.V.	100	137
8. Further cases eliminated after interview by H.V. (B)	37(23)	78(47)
9. Number left filling up questionnaire at interview	63	59

(A) Included those mothers who replied they had had a test previously — or were going to the Family Planning Clinic. Some had left the district, some had changed doctors and had a smear done by another practice. The numbers of those who were found to have had a smear previously are given in brackets. Nearly all of these cases were examined by the F.P.A. or by other doctors and the results are not known.

(B) These included others who had had a smear done either by the Family Planning Clinics or by other practices. Some refused to have any interview. Some were pregnant and did not want interviews for this reason, and some had left the area as no contact with the persons concerned was made in spite of repeated visits. The numbers of those who were found to have had a smear done previously are marked in brackets.

Results of Questionnaires Comparison of Towns

		No. of children in family					Total
		2	3	4	5	6+	
Mothers under 35 years of age							
Truro:							
(Number of families excluding two adoption cases not disclosed on computer records)	7	9	3	1	1	21	
Falmouth:	3	2	—	—	—	5	
<hr/>							
Mothers over 35 years of age:							
Truro:	13	10	4	5	4	36	
Falmouth:	20	17	11	4	6	58	

Source of information about Cervical Smear Test	Falmouth	Truro
Mass Media	10	19
Friend or relative	26	22
Womens Club	2	2
Family Doctor/Surgery Notice	18	9
Health Visitor, County Nurse or Midwife	6	2
Cannot remember	1	5

Response to Questionnaire	Falmouth	Truro
Refused test	13	21
Indefinite - "Will think about it"	8	18
Accepted test	42	20

Reasons why mothers did not apply previously for test	Falmouth	Truro
Too busy	17	14
Cannot leave children	2	4
Do not believe in test	6	2
Afraid of result	15	19
Illness or pregnancy	5	3
Cannot make up mind	15	11
Other	—	4
No reason given	2	2
Husband objects	1	—
	<u>63</u>	<u>59</u>

Has heard of test:	Falmouth	Truro
More than 2 years ago	29	35
Less than 2 years ago	25	19
Less than 1 year ago	6	9
Less than 6 months	2	4
Cannot remember	1	2
	<u>63</u>	<u>59</u>

Number found to have had a smear previously	Falmouth	Truro
By Family Doctors, hospitals, Family Planning Clinics, etc.	154	291
As percentage of original computer list	54%	63%

Question asked:

Would you have a smear only if the Doctor came to your home to carry out the test?

Truro: 15 replied "yes" but 8 of these applied subsequently to the Clinic or the G.P. for a routine test.

Falmouth: Only 5 replied "yes" and of these 3 subsequently applied to the Clinic or Family Planning for the test.

My comments on these findings are as follows:

1. The two practices show that, up to the time of this pilot survey, 54% of the mothers in the Falmouth practice and 63% in the Truro practice had already had a cervical smear test done. Our main problem was to encourage the remainder to attend a clinic of their choice.

By writing and asking the remainder to apply after reminding them of the benefit of this service, and providing a prepaid return application form, a further 40 from Falmouth and 72 from Truro accepted. Expressed as a percentage of those written to, this works out at 25% and 32% respectively. A further 42 from Falmouth and 20 from Truro accepted the test following a personal interview with the Health Visitors attached to the practice. From the questionnaire it appears that more mothers under 35 years of age were questioned in Truro compared with Falmouth, whereas in Falmouth more mothers in the survey were 35 years and over.

2. Twice as many mothers in Falmouth stated they had first heard of this test in the Family Doctor's surgery, either through direct consultation, or through posters in the waiting room, compared with the Truro practice. In both practices a friend or relative appears to have been the primary source of information, although the mass media, e.g. newspapers, T.V., magazines and radio, played a relatively more important part in Truro than Falmouth as a source of information.

With the numbers interviewed being 63 in Falmouth and 59 in Truro, twice as many accepted the invitation after personal interview in Falmouth as compared with Truro, but the acceptance after first receiving a written invitation to apply was higher in Truro than in Falmouth.

By use of the written application form and follow-up of all non replies by personal interview, a total of 82 mothers in Falmouth and 92 in Truro applied for the test, and up to August 1971, all applicants in the survey have had a smear test done. If smears taken by the Family Doctor, County Clinics, and F.P.A. and hospitals, are taken into consideration, it means that 83% of mothers in this survey in Truro and 84% in Falmouth have by now had a smear taken, and the campaign itself could account for 34% in Falmouth and 24% in Truro of all these smears taken.

3. The reasons for elimination of cases from the final interview list did not differ much in each practice (a summary of these reasons is given under (A) and (B)). The primary reason for delay in accepting the test was the fear of the result, i.e. the fear of knowing if one had cancer. Close to this was the number of cases described as "too busy" to apply.
4. The majority in both practices has known of the test for more than one year; nearly 50% of cases for over 2 years.
5. Due to the fact that such a small number considered a domiciliary visit

essential, I do not consider such a service is required in either area, especially as over half of these mothers subsequently applied for a test either at the clinic or from their Family Doctor.

Incidence Rate:

With regard to the Incidence Rate of Carcinoma of the Cervix from this small sample population, it must be noted that in Falmouth of the 125 mothers who had had a smear previously, most had had the smear test at the County Clinic and the results could be checked against the Falmouth clinic records.

In Truro, of the 235 cases reported to have had a smear prior to this survey, neither the number nor the results of smears taken by the family doctor or the F.P.A., are known to the Health Area Office. Only one case known to have had the test at the Truro County Clinic and on the original survey list was positive.

In Falmouth, of the 207 cases examined at the County Clinic and for which the results are known, there were three positives which gives a rate of 14.4 per 1,000. I must emphasise again that these samples are too small to be of much significance as regards Incidence Rates.

I WISH TO THANK the Doctors in both practices for helping in the design of this survey. I wish also to thank those Health Visitors who spent quite an appreciable time in looking up records and in conducting personal interviews with mothers. I should also like to thank the Clerk at The Leats Office in charge of Cervical Smear record work who has also put in considerable time on this work.

DENTAL SERVICE

Report of the Chief Dental Officer

Staffing

During April of 1971, Mr. C.A. Reynolds, the chief dental officer died as a result of a motoring accident. Throughout his period in office, Mr. Reynolds always attached great importance to the dental treatment of pre-school children and expectant and nursing mothers.

Mr. Reynolds post was filled temporarily by Mr. R.A. Currie who retired at the end of the year after a very long and valuable service with the Authority.

During the year, six resignations were received and four appointments made, including two to the newly created posts of Area Dental Officer.

Only one auxiliary was in employment in 1971, and as these workers tend to concentrate on the younger age groups their absence has resulted in a reduction in the amount of work done.

At the end of the year there were signs that the staffing situation was likely to improve dramatically.

Expectant and Nursing Mothers

The total number of courses of treatment completed was 75 as compared with 83 in the previous year. The nature of the treatment in each case was very similar to that provided in 1970. Nearly 30% of the patients were provided with dentures and this is a reflection of the condition of their teeth when they presented themselves for treatment. Expectant and nursing mothers are eligible for treatment for a maximum of twenty-one months on each occasion on an average of 2.4 occasions during their lives and most patients will have availed themselves of treatment under the National Health Service before this time. The best that we can hope is that having had a course of treatment, the habit is established and patients will attend a private practitioner when their eligibility for treatment by the priority dental services has ended.

A far more important aspect of the treatment of this category is that advice can be given which will help to ensure that the new baby is given the best possible start on the road to good dental health even before he or she is born.

Pre-School Children

There was a reduction in the number of courses of treatment completed by almost a quarter, largely due to the absence of dental auxiliaries.

When there are staffing difficulties, this vital group tends to be first to suffer because their attendance has to be actively sought. This is all the more sad because these early years are the most vital in the establishment of good dental health. With the improved staffing situation which seems likely it is hoped that inspections and treatments of the very young will increase considerably.

Even when there are optimum staffing levels, the treatment of children under the age of five is often extremely difficult, and many of the fears of dentistry probably originate at this time.

Fortunately, when it decided to offer to finance the adjustment of the fluoride content of the County's water supplies to one part per million, the County Council had the foresight to implement the one truly effective preventative measure available at this time.

Within five years, the pre-school children in the area supplied by the Restormal waterworks should have only half as many decayed teeth as children in the rest of the County.

It is hoped that the North and Mid-Cornwall Water Board will soon be able to extend fluoridation and that other Water Boards will reconsider the County Council's offer.

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

	Children 0-4 (inc.)	Expectant and Nursing Mothers
A. Attendances and Treatment		
No. of visits for treatment during year		
First visit	407	79
Subsequent visits	<u>405</u>	<u>211</u>
	<u>812</u>	<u>290</u>
No. of Additional Courses of Treatment other than the First Course commenced during year		
	59	15
Treatment provided during year –		
No. of Fillings	798	187
Teeth Filled	632	176
Teeth Extracted	250	80
General Anaesthetics given	118	4
Emergency Visits by Patients	44	14
Patients X-Rayed	4	26
Patients treated by Scaling and/or removal of stains from the teeth (Prophylaxis)	35	46
Teeth Otherwise conserved	96	–
Teeth Root Filled	–	–
Inlays	–	–
Crowns	–	–
Number of courses of treatment completed during the year	<u>327</u>	<u>75</u>
B. Prosthetics		
Patients supplied with full upper or lower (first time)		1
Patients supplied with other dentures		11
Number of Dentures supplied		<u>24</u>
C. Anaesthetics		
General Anaesthetics administered by dental officers		<u>45</u>
D. Inspections		
No. of patients given first insp. during year	A. 634	D. 95
No. of patients in A. & D. above who required treatment	B. 435	E. 82
No. of patients in B & E above who were offered treatment	C. <u>416</u>	F. <u>79</u>
E. Sessions		
No. of Dental Officer Sessions (i.e. Equivalent Complete Half Days) Devoted to Maternity and Child Welfare Patients:		
For Treatment – <u>140</u>	For Health Education – <u>Nil</u>	

THE NURSING SERVICE

Report of the Director of Nursing Services

The proposed structure of the Administrative Nursing Staff, following the Mayston Committee's Report, was accepted in 1971 by the Department of Health and Social Security, but because of the time required to obtain approval of the various committees and the County Council no Nursing Officer was appointed by the end of December. However, plans are well in hand to start our pilot schemes as money is available. No change was needed at other levels as the existing administrative staff fitted into the new structure.

In September 1971 our first District Nurse Training Course started with twelve State Registered Nurses released for a day a week for four months. Part-time temporary help was employed to cover their work on those days. Thanks to the enthusiasm of Miss Williams, the Divisional Nursing Officer, and the Area Nursing Officers who supported her, the Course was enjoyed by all. It now remains to be seen what the examination results will be. Another Course will start in September 1972.

The Asa Briggs Committee sitting on the training and proper use of trained nurses, visited Cornwall at the end of June. The Members of the Committee first discussed matters with the administrative staff, and then saw about 20 of the field staff; these represented Health Visitors, District Nurse/Midwife/Health Visitors; District Nurse/Midwives; District Midwives; State Enrolled Nurses, and Auxiliary workers. The Committee professed themselves very interested in all they had heard.

Agreement was reached in the spring for cross-border visiting with Devon County Council. This means that on both sides of the border, 'attached' Nurses follow their General Practitioners to nurse their patients as necessary. No difficulties have arisen from this arrangement so far. The staff from both Counties concerned have an occasional meeting to discuss matters.

The permanent staff at the 31st December, 1971 was as follows:

Administrative Staff:

Director of Nursing Services	...	...	...	1
Divisional Nursing Officer	...	...	...	1
Area Nursing Officers	...	...	...	4
				<u>6</u>

Whole-time Health Visitors

"Queen's" Nursing Sisters, S.C.M., H.V.Cert.	...	...	19
(4 doing Tuberculosis and general Health Visiting)			
State Registered Nurses, S.C.M. H.V.Cert	...	...	25
(5 doing Tuberculosis and general Health Visiting)			
Field Work Instructor	...	...	1
			<u>45</u>

District Nurse/Midwife/Health Visitors:

"Queen's" Nursing Sisters, S.R.N., S.C.M., H.V.Cert	...	...	32
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.	...	...	3
State Certified Midwives, S.E.N.	...	...	2

District Nurse/Midwives

"Queen's" Nursing Sisters, S.R.N., S.C.M.	...	...	15
State Registered Nurses, S.C.M.	...	...	29
State Certified Midwives, S.E.N.	...	...	4

District Nurses

"Queen's" Male Nurse	...	...	1
"Queen's" Nursing Sisters, S.R.N.	...	...	2
State Registered Nurses	...	...	13
State Enrolled Nurses	...	...	3

District Midwife

State Certified Midwife	...	...	1
			<u>114</u>

Part-time Staff (Temporary)

Health Visitor	...	...	2
"Queen's" Nursing Sisters, S.R.N.	...	...	2
"Queen's" Nursing Sister, S.R.N., S.C.M.	...	...	1
State Registered Nurses	...	...	22
State Registered Nurses, S.C.M.	...	...	8
State Enrolled Nurses	...	...	11
Nursing Auxiliaries	...	...	8
			<u>54</u>

Sickness

There has been some sickness amongst the staff. The permanent nurses sickness absence dropped to 1,340 days, which was equal to 3.67 full time nurses. We are fortunate in having part-time staff to call in at such times.

Transport

The Transport Officer and his staff provide an excellent service. The Community Nursing Staff may use their own cars with the relevant allowance, or have a C.C. car which can be used for private mileage within the County at an agreed payment.

Housing

A new house was purchased for a District Nurse/Midwife in the west of the County, bringing the number of houses provided by the County Council to 27. Ten of these properties are rented from the local District Councils, and 7 are furnished.

Midwifery

There was yet another drop in the number of domiciliary confinements; 475 as against 634 last year. This represents 8.5% of the births in the County during 1971.

The 'District' part of the training of Part 2 Pupil Midwives is difficult with so few home deliveries available, in spite of their programme which includes the work of the Health Visitors and Social Welfare Workers. All the teaching Midwives are also District Nurses with increasing home nursing responsibilities arising from the attachment of staff to General Practices.

During the year 235 Midwives notified their intention to practise in the County, as follows:

Domiciliary, Cornwall County Council	...	...	120
Domiciliary in private practice	...	...	1
Institutional	...	...	114
			<u>235</u>

Deliveries attended by Domiciliary Midwives:

	Doctor not booked	Doctor booked	Total
Cornwall C.C. Midwives	30	445	475

They accompanied 184 patients to hospital by ambulance or car.

Visits paid by County Council Midwives:

Ante-natal visits to domiciliary cases	...	...	5,712
Ante-natal visits to hospital booked cases	...	...	10,052
Midwifery visits	...	...	7,304
Visits to hospital booked cases discharged before the 10th day	...	...	13,140

Medical Aid forms in respect of:

Mothers during ante-natal periods	...	...	24
Mothers during labour	...	...	325
Mothers during puerperium	...	...	50
Infants	...	...	29

Other Statutory Notifications from all sources were received as follows:

Stillbirths	...	...	...	...	64
Infant Deaths	...	...	...	...	81
Death of Mother	...	...	...	...	2
Liability to be a Source of Infection	...	...	...	...	20
Puerperal pyrexia	...	...	...	...	20

Attendances at Clinics by Midwives

General Practitioner Ante-natal Clinics	...	...	...	3,480
Ante-natal and Relaxation Classes at G.P. Clinics	...	...	...	158
Special Clinics for Health Education and Relaxation	...	...	...	452

Health Visiting

At a meeting in Bristol representatives of the Department of Health & Social Security informed the representatives from the Local Health Authorities present, that no Authority had the ratio of Health Visitors to population advised in 1956 by the Jameson Report.

When money is available there is a need in Cornwall to appoint more Health Visitors so that their work can be expanded as it should be. There was an increase in the number of personal contacts with the General Practitioners in their surgeries in 1971 – 4,917 from 4,346 in 1970, with a slight increase in Well Baby Sessions – 559 from 413 in 1970; and Immunisation Sessions – 837 from 634 in 1970.

Students

Nineteen Health Visitor students came to Cornwall for their rural experience – an increased number. Every effort is made to provide them with a comprehensive programme. They can all have experience of General Practice “attachment”.

The Divisional Nursing Officer gives 4 lectures to each set of student Nurses, and they all have a day shared between a District Nurse/Midwife and a Health Visitor.

Cornwall Technical College has started a Course for First-line Managers for hospital and community nursing staff. Either the Director of Nursing Services or the Divisional Nursing Officer gives a lecture on the Community Nursing Service, and takes part in a Panel to answer questions.

Work done by District Nurses

Surgical cases	...	...	...	2,606
Medical cases	...	...	...	7,417
Miscarriages	...	...	...	198
Tuberculosis	...	...	...	52
				<u>10,273</u>
General visits paid	...	...	...	281,625
Number of children nursed under 5	...	...	...	217
Number of persons nursed over 65	...	...	...	5,840

The following figures show the work of the Health Visitors:

First visits to children under 1 year ...	...	5,390
Total visits to children under 5 years	...	104,577
Total number of children under 5 visited	...	24,301
Visits to persons over 65 years	..	14,645
Social visits to others ...	...	10,790
Mental Health visits ...	...	558
Infectious disease visits ...	...	192
Hearing tests ...	...	4,924

Attendances at Clinics, etc.

Child Health Clinics ...	....	...	1,982
Mothercraft and Relaxation Classes ...	...	...	810
Mothers Clubs ...	...	...	108
Immunisation Sessions ...	...	...	829
Lectures and Talks given, with demonstrations ...	...	...	1,523
Attendances at School Medical Sessions	...	...	1,679
Attendances at School Hygiene Sessions	...	...	1,057
Reinspection ...	...	...	249
Follow-up visits ...	...	...	1,679

Home Nursing

In 1970, 17,000 extra general nursing visits were paid. In 1971 a further additional 22,847 visits were made, with a rise of 5,742 in the cases treated at doctors' surgeries. With "attachment" of Community Nursing Staff to General Practices developing in depth, the District Nurse/Midwives paid 22,649 visits to their surgeries – 6,959 more than in the first year of 100% attachment. The upward trend of nearly all branches of the work undertaken by the District Nurses is evident.

Refresher Courses

The Divisional Nursing Officer went to York University in April 1971 for a Top Line Management Post-graduate Course. This Course included staff from the Hospital as well as from the Community Nursing services.

One Area Nursing Officer attended a Middle Management Post-graduate Course at the William Rathbone College in Liverpool; and 21 Midwives; 11 Health Visitors and 5 General Nurses attended appropriate Refresher Courses during the year.

The Health Education Officer organised a Study Day on "Mental Health", and the staff visited the Plymouth Rehabilitation Centre.

It will soon be 1st April 1974 when the National Health Service is to be integrated. We are preparing for this by planning working parties with the hospital nursing staff.

We are all very aware of the need for the co-operation which will help everybody in the difficult task ahead.

AMBULANCE SERVICE

Report of the County Ambulance Officer

During the year the Ambulance Service conveyed 198,358 patients and the vehicles travelled 2,219,517 miles. This is an increase of 7,608 patients and 53,765 miles over the previous year.

The earlier discharge of patients from hospitals with follow-up treatment in Out Patients Departments, the establishment of Day Units, Centres for the Handicapped etc., automatically leads to increased demands on the Ambulance Service. It is interesting to note from the following table how the demands have gone up over the past five years:

	Patients	Miles
1967	169,144	1,740,566
1968	180,446	1,933,204
1969	189,218	2,066,806
1970	190,750	2,165,752
1971	198,358	2,219,517

The total increase in patients over this period is 29,214 (17.3%) and the mileage has risen by 478,951 (27.5%).

Ambulances responded to 16,727 accident and emergency calls, an average of 46 incidents a day. It will be seen from the graph that these emergency calls follow a similar pattern to last year with August being the peak month. They are summarised in the following table, from which it will be noted that they have increased by 1,475. There were 56 more demands for attendance at road accidents, 155 more for accidents in the homes, and 163 more calls to deal with other accidents including industrial, beach and cliff incidents. Emergency calls increased by 1,101.

	1970	1971
Road Accidents	1,623	1,679
Home Accidents	469	624
Other Accidents	1,369	1,532
Emergencies	11,791	12,892
	<u>15,252</u>	<u>16,727</u>

Out of County Transport

The number of patients transferred out of the County for specialist or further treatment was as follows:

	1970	1971
No. of seriously ill patients requiring an ambulance for the whole journey	30	26
No. of seriously ill patients requiring air transport	8	1
No. of patients transported by British Railways	615	1,021

The journey by air was by Service Helicopter from Truro to Plymouth with a child too ill to be conveyed by ambulance.

A member of either the British Red Cross Society or the St. John Ambulance Brigade accompanied the majority of the patients travelling by rail. These journeys are often arranged at very short notice and I am extremely grateful for the excellent co-operation received from these voluntary organisations. The number of these escorts is limited so that in many instances a request for an escort entails a volunteer who has recently returned home from escorting one patient setting out again with another, and this is undertaken without hesitation.

Hospital Car Service

It will be noted from the table at the end of the report that the Hospital Car Service conveyed 14,543 fewer patients than the previous year. This is accounted for by the appointment of seven additional ambulancemen in order to reduce the hours the staff were on stand-by duty at nights and weekends. These men are available for normal duties by day and therefore more journeys for sitting patients were undertaken by the dual purpose ambulances.

The Hospital Car Service was, however, kept busy and full use was made of their available drivers. The liaison between the staff in the Ambulance Control and the Transport Officers of this Voluntary Organisation is excellent and I would again express my gratitude for all their assistance particularly in accepting requests at short notice.

Training

The Department of Health and Social Security have recommended that ambulancemen should have two weeks refresher training every third year. This will involve approximately 40 men per year.

The extension to the main building at the County Ambulance Headquarters, Gloweth, to provide training facilities was completed in September. Training has now become a very important part of an ambulanceman's career, and this new Training Centre is proving invaluable in this respect. Twenty-five ambulancemen have attended refresher courses of two weeks' duration, and nine new entrants to the Service attended six-week courses at the Southern Ambulance Training School, in Hampshire. One of the Control Officers has attended an Officers' Course at the Southern Training School, and one member of the staff has qualified as an instructor in ambulance aid at Wrenbury Hall, in Cheshire.

The Ambulance Committee has also agreed that members of the Voluntary Associations assisting in transport duties should also receive training in Ambulance Aid, and this will commence next year.

Radio Telephone Equipment

The Department of Health and Social Security has recommended that ambulance frequencies be rationalised in order to make the use of radio telephones more efficient, particularly between neighbouring authorities. This will mean replacing the existing low amplitude band modulation equipment with high frequency band modulation.

The majority of the radio telephone sets in this County do not conform with the new Post Office regulations which become effective from 1st January, 1974. Therefore, to conform with the requirements of both the Department and the Post Office, a survey of the County has been undertaken and plans drawn up for the replacement of the radio equipment with the minimum inconvenience to the Service.

Ambulance Competitions

Four teams entered for the Annual County Competition. This was divided into three parts consisting of a team test, an individual ambulance aid test, and a driving test which included questions on the Highway Code. A team from Bodmin Ambulance Station won each of the sections and represented Cornwall in the Regional Competition that was held at Dorchester in May. Teams from ten Ambulance Services competed, and Cornwall was placed sixth in the Team Test, fourth in the Ambulance Aid Test, and third in the Driver's Test.

Maintenance and Servicing

The Ambulance fleet consists of 37 ambulances which are capable of carrying two stretcher cases, and 28 dual purpose vehicles which are primarily designed for sitting patients but have been adapted to take one stretcher patient. The maintenance and servicing of these vehicles is undertaken by the Transport Section of the Health Department. This is carried out in the central workshop or by travelling mechanics who undertake routine servicing at the Ambulance Stations.

There is good liaison between the Sections, and the County Transport Officer ensures that the ambulances are maintained to operational standards.

In accordance with the Renewals Programme, 6 ambulances and 4 dual purpose vehicles were replaced during the year.

Ambulance Stations

(Ambulance Stations operated by the County Council)

Station	Station Officer	Head Driver	Leading Ambulanceman	Ambulance-men	Ambulances	Dual-Purpose Vehicles
Penzance	1	—	1	7	4	2
Redruth	—	1	1	9	4	4
Falmouth	—	1	1	8	4	3
Truro	—	1	1	10	6	4
Newquay	—	1	1	3	1	2
St.Austell	—	1	1	7	3	2
Bodmin	—	1	1	7	4	3
Launceston	—	1	1	5	2	2
Camelford	—	—	—	3	1	1
Bude	—	1	1	3	2	1
Liskeard	—	1	1	4	2	2
Looe	—	—	—	3	1	—
Torpoint	—	1	1	2	1	1
Saltash	—	1	1	3	2	1
	<u>1</u>	<u>11</u>	<u>12</u>	<u>74</u>	<u>37</u>	<u>28</u>

(Ambulance Stations operated by the Voluntary Associations)

The St. John Ambulance Brigade and British Red Cross Society continued to operate ambulances at nights and week-ends from the following centres:

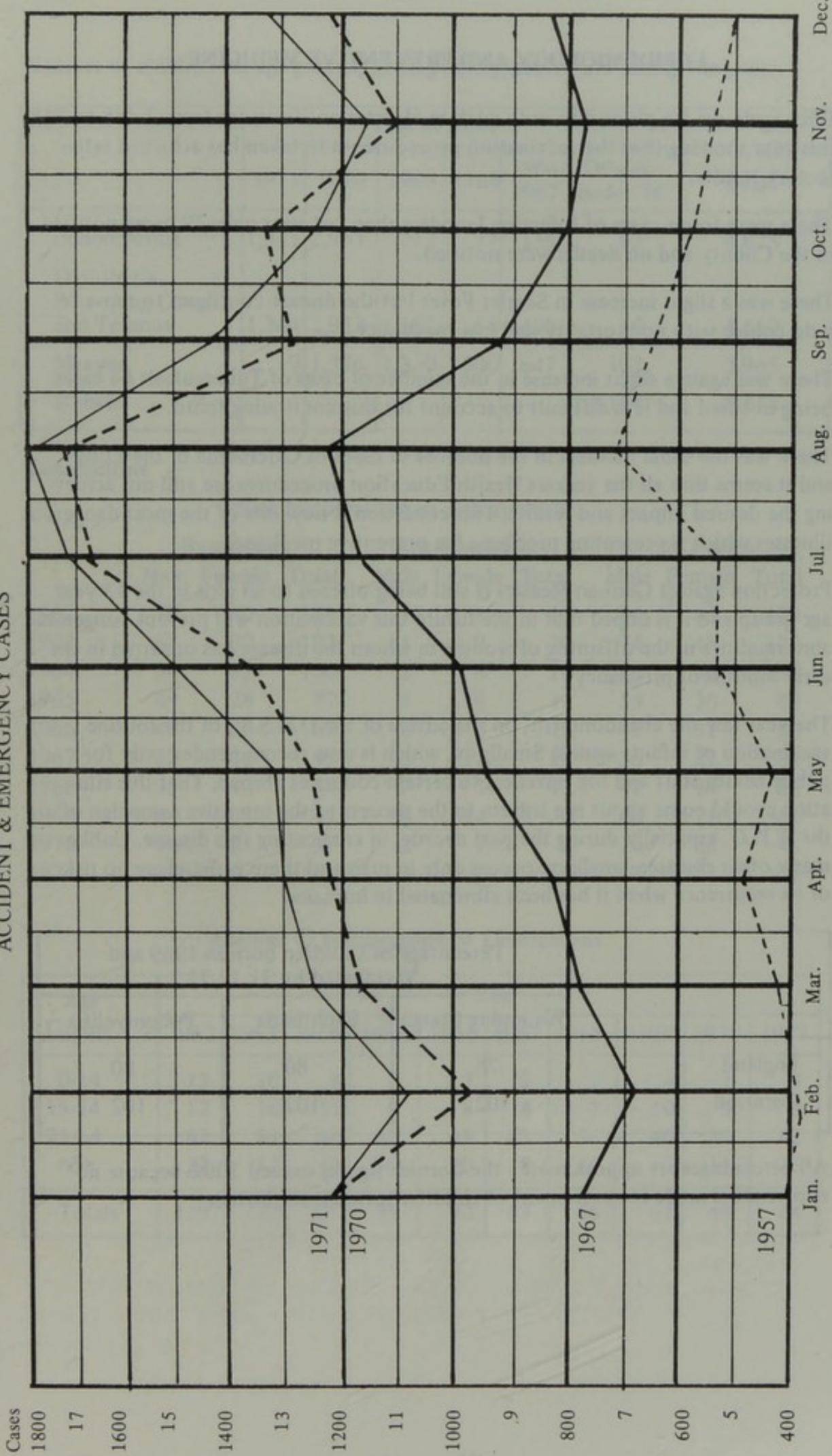
St. Ives	Hayle	Illogan
Helston	Indian Queens	St. Dennis
St. Blazey	Fowey	Padstow
Wadebridge		Launceston

and to assist the County Staff with the night and weekend manning of the County Council's vehicles at Camelford.

Ambulance Service Statistics — for year ending December 1971

	SECTION 27 CASES				OTHER CASES				TOTAL			
	Accident and Emergency		Normal		(Cost Recoverable)		Mileage without Patients	Patients	Miles	Patients	Miles	
	Patients	Miles	Patients	Miles	Patients	Miles						
1971 Ambulances	15,273	394,559	48,799	453,105	1,159	2,446	14,762	65,231	864,872			13.26 m.p.p.
1970	14,100	373,940	40,291	405,997	829	1,447	14,976	55,220	796,360			14.42 m.p.p.
Difference	+1,173	+20,619	+8,508	+47,108	+330	+999	-214	+10,011	+68,512			
Dual-purpose vehs.	904	22,013	62,151	361,184	7,230	22,524	16,957	70,285	422,678			6.01 m.p.p.
1970	861	22,378	52,819	293,795	4,465	11,103	19,469	58,145	346,745			5.96 m.p.p.
Difference	+43	-365	+9,332	+67,389	+2,765	+11,421	-2,512	+12,140	+75,933			
Hospital Car Service	222	5,821	54,405	841,838	8,215	78,426	5,882	62,842	931,967			14.83 m.p.p.
1970	321	7,620	66,703	934,431	10,361	75,073	5,523	77,385	1,022,647			13.22 m.p.p.
Difference	-99	-1,799	-12,298	-92,593	-2,146	+3,353	+359	-14,543	-90,680			
All Services	16,399	422,393	165,355	1,656,127	16,604	103,396	37,601	198,358	2,219,517			11.19 m.p.p.
1970	15,282	403,938	159,813	1,634,223	15,655	87,623	39,968	190,750	2,165,752			11.35 m.p.p.
Difference	+1,117	+18,455	+5,542	+21,904	+949	+15,773	-2,367	+7,608	+53,765			

ACCIDENT & EMERGENCY CASES



EDPIDEMIOLOGY AND PREVENTIVE MEDICINE

Once again we are pleased to note a fall in Measles notifications from 2,488 to 348 this year showing that the vaccination procedure undertaken has achieved satisfactory results.

There were fewer cases of Infective Jaundice than last year only 29 being notified in the County and no deaths were notified.

There was a slight increase in Scarlet Fever but the disease continues to run a mild course with no mortality and low morbidity.

There was again a slight increase in the number of cases of Tuberculosis 64 cases being notified and it is difficult to account for this continuing trend.

There was the usual increase in the number of cases of Carcinoma of the Lung and it seems that all the various Health Education procedures are still not achieving the desired impact and results. This condition is now one of the most dangerous illnesses which is presenting problems for preventive medicine.

Protection against German Measles is still being offered to all girls in the 13 year age group and it is hoped that in the future this vaccination will prevent congenital abnormalities in the offspring of women in whom the disease has occurred in the early months of pregnancy.

The year saw the abandonment, on the advice of the D.H.S.S., of the routine vaccination of infants against Smallpox, which is now recommended only for public health staff and for travellers to certain countries abroad. That this situation should come about is a tribute to the success of the intensive campaign of the W.H.O. especially during the past decade, in eradicating this disease. Unlike many other diseases, smallpox occurs only in man and there is therefore no risk of its recurrence when it has been eliminated in humans.

	Percentage of Children born in 1969 and Vaccinated by 31.12.71		
	Whooping Cough	Diphtheria	Poliomyelitis
England	78	80	80
Cornwall	102	102	102

All percentages are approximate - the Cornish figures exceed 100% because no allowance is made for movement of children between authorities.

Number of children (in age groups) given primary protection during the year:

	Year of birth						Total
	1971	1970	1969	1968	1964-1967	Others under 16	
Poliomyelitis	1,341	2,963	212	77	139	93	4,825
Diphtheria, Whooping Cough and Tetanus	1,344	2,953	182	54	108	19	4,660
Measles	9	1,376	1,330	500	647	103	3,965
Rubella	—	—	—	—	—	2,154	2,154

Tuberculosis

New Notifications of Tuberculosis

	Respiratory			Non-Respiratory			All Forms		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
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
1968	35	19	54	7	5	12	42	24	66
1969	34	7	41	6	14	20	40	21	61
1970	16	21	37	2	7	9	18	28	46
1971	34	22	56	3	5	8	37	27	64

Analysis of Notifications of Tuberculosis

Age Group	Year									
	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971
0-14	13	10	8	8	7	8	7	4	1	8
15-24	12	18	11	9	8	4	7	10	5	8
25-64	82	81	84	52	45	43	36	40	29	42
65+	22	12	17	20	20	8	16	7	11	6
Totals	129	122	120	89	80	63	66	61	46	64

Mortality from Tuberculosis

	Deaths			Death Rates					
	CORNWALL			CORNWALL			ENGLAND AND WALES		
	Respi- ratory	Other Forms	All Forms	Respi- ratory	Other Forms	All Forms	Respi- ratory	Other Forms	All Forms
1962	16	4	20	0.05	0.01	0.06	0.05	0.02	0.07
1963	25	2	27	0.07	0.005	0.075	0.05	0.01	0.06
1964	18	1	19	0.05	0.003	0.05	0.04	0.01	0.05
1965	16	2	18	0.05	0.006	0.05	0.03	0.02	0.05
1966	12	3	15	0.03	0.009	0.043	0.04	0.01	0.05
1967	6	5	11	0.02	0.014	0.031	0.03	0.01	0.04
1968	15	4	19	0.04	0.011	0.053	0.03	0.01	0.04
1969	5	9	14	0.01	0.025	0.036	0.02	0.02	0.04
1970	7	6	13	0.02	0.02	0.036	0.02	0.01	0.03
1971	12	4	16	0.03	0.01	0.04			

Tuberculin Testing and B.C.G. Vaccination

As in previous years Heaf Testing and B.C.G. vaccination were offered to all children who had attained the age of 11 years, and also to students at the Cornwall Technical College not previously tested. During the year of 5,531 tested, 4,591 were found to be tuberculin negative, of whom 4,503 were B.C.G. vaccinated.

In addition, 286 contacts were found to be negative reactors and of these 172 were vaccinated.

Mass Radiography Service

Report on X-Ray Examinations of Cornish residents during 1971:

	Male	Female	Total
Number of persons examined	5,921	4,042	9,963

Incidence of Disease

Cases of Pulmonary Tuberculosis:

(a) Requiring treatment	6
(b) Requiring observation	—
(c) Inactive cases	50

Other Non-Tuberculous Conditions:

Bronchial Carcinoma	8
Other Malignant Neoplasms	1
Benign Tumours	3
Lymphadenopathies	1
Sarcoidosis	4
Congenital Cardiac Lesion	1
Acquired Cardiac Lesion	71

Other Non-Tuberculous Conditions - continued:

Pneumoconiosis	20
Pneumoconiosis and Pulmonary Massive Fibrosis	2
Bronchiectasis	7
Bacterial and Virus Infections of the Lungs	22
Pleural Effusion and Empyema	2
Bronchitis and Emphysema	34
Abnormality of the Diaphragm	3

Other Abnormalities:

Asthma	1
Dorsal Scoliosis	12
Farmer's Lung	2
Pericardial Cyst	1
Pleural Thickening	15
Pulmonary Fibrosis	7
Spontaneous Pneumothorax	1

Chiropody

At the end of 1971 the following numbers of patients were registered:

Class A & B	Persons over the age of 65 years and confined to the house by reason of foot disabilities which are amenable to treatment, or physically handicapped persons (of any age) who are housebound.	4,973*
Class C	Persons liable to ulceration of the feet by reason of systemic disorder (such as diabetes or circulatory or neurological disorder)	405*

Number of persons treated during the year:

	By Local Authority	By Voluntary Organisations	Total
Persons over 65 years of age	3,996	977	4,973
Others	355	50	405
Total	4,351	1,027	5,378

*Figures include patients treated in Social Service Department Homes and assisted Homes for which arrangements and payments are made by the Social Services Department.

Number of treatments given during the year.

	By Local Authority	By Voluntary Organisations	Total
In Clinics	105	1,885	1,990
In patients' homes	11,942	178	12,120
In Old People's homes	4,037	508	4,545
In Chiropodists' Surgeries	3,676	1,321	4,997
Total *	19,760	3,892	23,652

There has been a continued increase in the number of requests for treatment. It is hoped to appoint full-time chiropodists in the coming year.

*Figures include patients treated in Social Service Department Homes and assisted Homes for which arrangements and payments are made by the Social Services Department.

Venereal Disease Service – West Cornwall Area 1971

Special Clinics are held weekly at the following Hospitals:

Penzance - St. Ives (April to September only)
Redruth, Falmouth, Truro, Newquay and St. Austell.
Patients East of Lostwithiel go to Plymouth.

The total number of new patients attending the Clinics annually over the past 10 years, is shown in Table 1. The figure for 1971 is more than 5 times that of 1962.

The prevalence of the commonest form of infection is shown in Table 2. Syphilis has ceased to be a problem, but the incidence of Gonococcal infection and urethritis continues to rise.

Several children under 16 years of age attended for checks but none were found to be infected.

TABLE 1

Cornwall - New Patients - Total Attendances in brackets

Year	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971
St. Austell	24	18 (48)	36 (109)	67 (136)	43 (122)	52 (168)	68 (244)	84 (256)	101	117
Truro	55	89 (190)	130 (301)	92 (259)	85 (242)	120 (365)	106 (312)	127 (367)	117	186
Newquay					69 (215)	100 (332)	99 (375)	107 (363)	135	221
Falmouth	46	42 (80)	66 (214)	73 (197)	72 (232)	83 (245)	81 (304)	109 (378)	122	123
Redruth	30	43 (116)	34 (117)	52 (130)	37 (114)	53 (153)	57 (195)	59 (171)	65	109
Penzance	31	37 (105)	36 (90)	66 (159)	76 (215)	90 (234)	90 (327)	102 (323)	136	159
St. Ives								42 (131)	34	34
TOTALS	186	229 (539)	302 (837)	350 (881)	382 (1140)	498 (1497)	501 (1757)	630 (2009)	710	949

TABLE 2

Year	Syphilis	Gonorrhoea	Non-Gc Urethritis	Total New Patients
1945	137	129	—	497
1950	69	81	50	448
1955	30	22	42	313
1960	19	19	39	268
1965	6	36	63	350
1970	16	139	179	710
1971	4	181	273	949

HEALTH EDUCATION

Report of the Health Education Officer

Throughout the year the Health Education Section continued to supply teaching material on a wide variety of topics. Additional audio-visual equipment has been purchased together with new films, slides and tapes. This has greatly assisted the area nursing staff and full use has been made of all the available equipment.

The Section has also supplied teaching material to hospital tutors, general practitioners, staff of the Social Services Department, probation officers, college lecturers and teaching staff.

Regular distribution has continued of posters and leaflets to health centres and clinics.

Staff

The Section comprises one full-time Health Education Officer and one clerical assistant. It is hoped to appoint an Assistant Health Education Officer in the coming year.

It is with deep regret that the death has to be reported of Mrs. Norah Willis in September. A member of the Health Education staff for the past 3 years, Mrs. Willis was previously Secretary to the Deputy County Medical Officer and responsible for organising the Chiropody Service. She had been ill for several months prior to her death.

School Health Education

In response to requests from teachers, a number of teaching kits are being compiled. Each kit deals with a specific health topic and a number of related topics. The number of items in each kit varies and consist of anatomical models, X-rays and charts, 16mm films and 35mm filmstrips and slides, audio tapes, books, culture plates, leaflets and posters, exhibition and display materials, references for further reading and teachers' notes.

The material is loaned to a school for a number of weeks and the staff use all or part in whatever way they wish. In this way greater numbers of children are involved, often with three or four teachers taking part. Subjects include:

Smoking and Health,
Human Biology,
Food Hygiene
Venereal Disease
Drug Abuse
Personal Relations

The teaching material has so far been used by the Comprehensive, Grammar and Secondary Schools and Cornwall and Mid-Cornwall Technical Colleges.

Communication

The Health Education Officer continued to give lectures and talks to professional staff and community organisations. "The Role of the District Nurse as a Health Educator" was the theme of two lectures to the first County District Nurse Training Course held in Truro.

A three day course at the Residential Teachers Centre on Personal Relationships was organised for teachers of Secondary education and visiting speakers included:

Mrs. Dorothy Dallas, Kings College of Education, London.

Dr. M.A. Voyce, Consultant Paediatrician

Mrs. F. Graves, Senior Social Worker

Mrs. P. Baigent, Health Visitor, Saltash.

Summary of Teaching Sessions carried out by the Health Education Officer:

Professional Staff - Pupil Midwives, Ambulance Personnel, County Nursing Staff	...	...	27
Teachers	...	...	13
Parents	...	...	7
Schoolchildren (ages 13-18)	...	...	14
County and Voluntary Youth Leaders, Guide and Scout Leaders	...	...	5
Youth Club Members	...	...	9
Women's Groups	...	...	9
		Total	<u>84</u>

Subject Covered:

Health Education - Method and Content	...	16
Drug Abuse	...	32
Weight Control	...	5
Group Dynamics	...	2
Smoking and Health	...	8
Cancer	...	1
Poisoning Accidents	...	3
Personal Relationships	...	12
Menstruation	...	2
Health of the Schoolchild and its effect on learning	...	1
Family Planning	...	2
	Total	<u>84</u>

In addition, many outside organisations have received talks from Health Area Medical Officers, School Medical Officers and Health Visitors. As usual, the Health Education Section has provided audio-visual equipment and teaching materials.

It is to be expected that this trend of increasing demand for information will continue. There is evidence to suggest that there is a growing awareness among members of the community of the importance of preventing illness and maintaining good health. This is evident in the growing number of weight control clinics being run by the Health Visitors under the auspices of the general practitioners to whom they are attached. To date some 2,000 Calorie charts and menu suggestion cards have been distributed.

Drug Abuse

The increase in the number of requests for talks, reflects the growing concern and need for information among many groups in the community. At the request of the co-ordinators of the Local Teachers' Centres four meetings were arranged at Penzance, Truro, Camelford and Liskeard for Secondary teachers. The speakers were, Dr. E.P. James, Senior Medical Officer, Child Health; Det. Sgt. M. Carne, Drugs Squad, Devon and Cornwall Constabulary and Miss M.A. Storah, Health Education Officer.

The Health Education Officer continued to attend the bi-monthly meetings of the Cornwall Informal Drugs Study Group. An attempt is being made to keep an up-to-date collection of reading matter and references on Drug Abuse in the Health Education Office.

Smoking and Health

Between 1968 and 1971 six Anti-Smoking Courses have been held. A course consists of three consecutive evening meetings for groups of up to 100 people. The programme includes talks by both a Consultant Chest Surgeon and Physician and also a General Practitioner. Films and discussions, including a panel of people who have attended a previous course, make up the rest of the programme. Initially an 8 minute film on hypnosis was used in the final part of each evening in an effort to reinforce the stop smoking decision, but this has now been discontinued.

In an attempt to measure the success of the Courses a questionnaire was sent to the 572 people who had attended Courses held between September 1968 and March 1971. Of these a total of 295 (51.57%) were returned completed and a further 30 were returned by the Post Office as having left the address. The completed questionnaires showed that 94 people (31.86%) had given up smoking as a direct result of the courses and were in fact, some of them up to 3 years later, still non-smokers. Of the 201 who were still smoking, 30 (14.87%) had changed from cigarettes to either a pipe or cigars. 95 (47.26%) although still smoking, had cut down on the number of cigarettes since the course. 119 (59.20%) of the 201 still smoking had, in fact, stopped smoking temporarily after the course and started again.

A weekly smokers' clinic was also tried but the interval between meetings was found by the participants to be too long and the initial impetus was lost. There was a marked fall off in attendance after the first week. It was also found that such a clinic brought to light many other problems among the participants. Some

16 were referred by the Health Visitor for expert help to the family doctor, family planning clinic and marriage guidance council. 10 others had symptoms of tension and anxiety and smoking for them they felt was essential. The group was taken through a relaxation course similar to the methods used in ante natal education. They reported it as being very helpful and requested the classes to be continued.

Observations on the Anti Smoking Courses

The group approach was favoured by the participants. Although some dropped out, there were usually 60-65 remaining by the third evening.

Improved results could probably be gained by 'booster' meetings at short intervals following the initial course. This is not a practicable proposition at the present time owing to limited staff availability.

To obtain accurate follow-up results a team of interviewers would be needed. Anxieties about putting on weight after giving up smoking were expressed by over half the participants, especially the men. They mentioned fears of Coronary Thrombosis. Future courses will combine advice on weight control with help on how to stop smoking. Mention must be made of the support given to this particular Health Education exercise by the Health Area Medical Officers and the Area Nursing Staff.

Displays and Exhibitions

"Dial your Ideal Weight" and "Smoking and You" were the themes of the 1971 Health Education exhibit at the Royal Cornwall Show. Some 8,000 people visited this display and kept the Health Visitors on duty working non-stop.

As a practical Health Education exercise it was highly successful, although it remains to be seen whether visitors to the Stand will be impelled to take some action as a result of their involvement in this exercise.

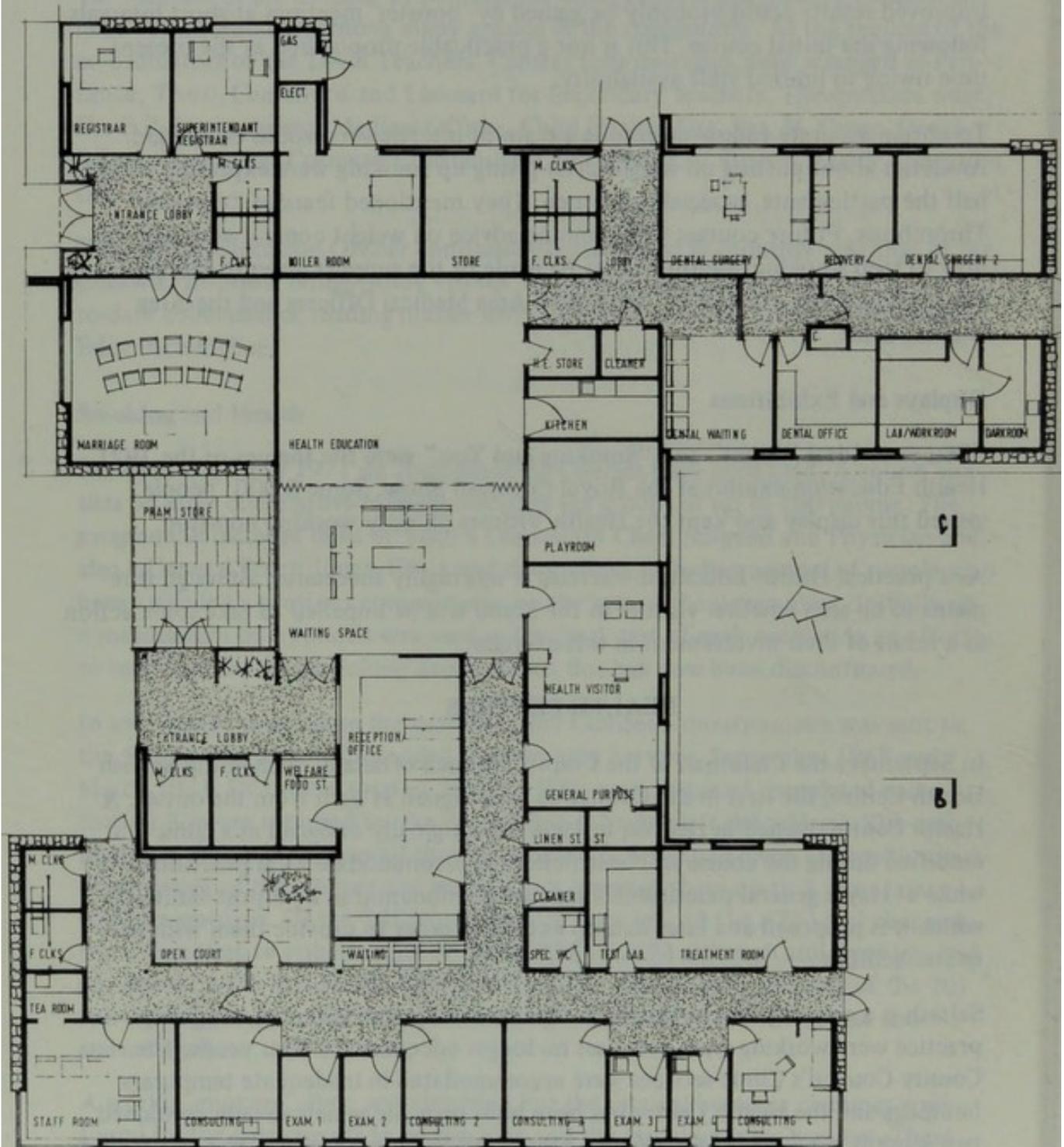
HEALTH CENTRES

In September the Chairman of the County Council officially opened the Saltash Health Centre, the first in the County to be designed as such from the outset. A Health Centre opened in Helston in 1968 was originally designed as a clinic and modified during the course of construction to accommodate local practitioners, while at Hayle general practitioners rent accommodation in a purpose-built clinic which it is proposed at a later date to extend in order to provide them with adequate facilities.

Saltash is a growing area in which the five medical practitioners in one group practice were working from premises no longer adequate for their needs. The County Council's Clinic services were accommodated in inadequate temporary buildings and the Health Centre has been built on a site which already contained two schools, a branch of the County Library and a Police Station. The opportunity was taken to include modern accommodation for the Registrar of Births, Marriages

and Deaths, and to arrange for regular use of certain rooms by staff of the Social Services Department and for sessions run by the Family Planning Association. From the outset all concerned have worked in the closest harmony as a team concerned to provide the best possible service to the community.

The total floor area of the building, which was designed by the County Architect's Department, is 7,136 sq. ft. and the cost, including services amounted to £48,550. The layout is shown in the following plan.



The Centre has attracted a great many visitors and there is no doubt that its success in operation is to a large degree the reason for the fact that by the end of the year requests for Health Centre facilities had been received from a number of other medical practices in the County.

THE FOOD AND DRUGS ACT, 1955

Labelling of Food Regulations

Food Standard Regulations and Codes of Practice

The County Council as the Food and Drugs Authority provides protection to the public in respect of the purity, quality, composition, labelling and advertising of food and drugs offered for sale to the public. The total expenditure on food in this County for the year is estimated at more than 40 million pounds and thereby represents a substantial part of every household budget, hence the need for protection from misleading labelling, food adulteration or the contamination of food by harmful ingredients. In practice this is achieved by:

- (a) The selective sampling of articles of food and medicines offered for sale on retail premises and food ingredients which are used in the manufacture of food.
- (b) The examination of labels to ensure that goods are labelled in accordance with the detailed statutory requirements.
- (c) The examination of labels and advertisements to detect false claims as to the properties of particular foods or medicines.

This work is carried out in conjunction with other consumer protection work and it is often necessary to consider the descriptions of a product having regard to the wider control of the Trade Descriptions Act.

Sampling and Analysis

529 samples of food and drugs were analysed by the Public Analyst (Mr. E. Voelcker) of which 28 samples were reported as being unsatisfactory. 29 other items of food, which were the subject of consumer complaint were also examined by the Public Analyst.

In addition, informal tests were carried out within the department on 2,365 items of food consisting mainly of milk, butter, cream, margarine and meat products. Of these 38 required further investigation.

The list below indicates the numbers and groups of articles analysed by the Public Analyst and Inspectors during the year.

	Satisfactory	Adversely Reported
Milk	1,595	6
Milk Products	287	6
Meat and Fish Products	32	11
Flour Confectionery	29	2
Sugar Confectionery	96	15
Fruit and Vegetable Products	125	12
Edible Fats	195	6
Intoxicating Liquor	48	2
Soft Drinks	26	1
Drugs	39	3
Ice Cream	97	2
Miscellaneous	50	—

Sugar Confectionery

It will be seen that 15 samples of sugar confectionery were found to be unsatisfactory consisting mainly of cream fudge, butter fudge and clotted cream fudge which contained a minimum of milk-fat and a high proportion of vegetable fat. The Analyst expressed the opinion that all the fat should be milk-fat notwithstanding that the new labelling requirements due to come into force in January 1973 will permit such descriptions providing there is present at least 4.0 per cent of milk fat. Subsequently the County Council requested the County Councils Association to obtain an amendment to the Regulations but it would now appear that an amendment in this respect is unlikely.

Meat Products

Although complaints continue to be received about low quality meat products, particularly Cornish pasties, there is no real evidence that the Regulations are not observed and except for three samples of small meat pies all samples were correct.

Milk (quality control)

It is pleasing to note that no instance of adulterated milk was reported during the year. 6 samples were slightly deficient in milk solids due to natural causes. An increasing number of bulk-tanks are being installed at farms particularly in the western part of the county and it would appear that in the near future the vast majority of milk will be collected by road tanker as opposed to the use of a large number of individual churns.

Milk (bacteriological control)

Samples of milk were taken at retail premises under Milk (Special Designation) Regulations for bacteriological tests usually on the same occasion as the check for quality control and at farms under the Brucellosis Eradication Scheme. These results are reported elsewhere.

Preservatives in Food Regulations

Preservatives were found in 43 samples consisting of meat products, soft drinks and other articles but the quantities were within permitted limits. In one instance only was the presence of preservative not declared as required by the Regulations.

Residues in Food

The routine screening of food for metallic or chemical residue now forms an essential part of the sampling programme. The results are generally satisfactory but the continued checks for this purpose are considered to be justified in view of current trends in food production and manufacture.

Raw Liver

6 samples of raw liver were analysed to determine the presence of copper, lead and arsenic of which two samples contained a high proportion of copper (59.0 and 72.0 parts per million respectively). The Public Analyst regards these amounts as undesirable but not harmful and may have been due to the animal feed containing excessive added Copper.

Fish

33 samples of locally caught fish were tested for the presence of mercury and cadmium. The maximum amount of mercury being 0.28 ppm in a sample of pouting and the maximum amount of cadmium being 3.30 ppm in a sample of megrim.

Pesticide Residues

23 samples of food were tested for pesticide residues but all were reported free from any significant trace of contamination.

Individual Complaints and Enquiries

Investigations into complaints from the public regarding either the quality of food or food alleged to contain a foreign body occupied a significant proportion of the department's time during the year. The incidence of mould in general foods declined possibly as a result of more manufacturers date-marking their products or using a code marking system known to the retailer thereby enabling him to withdraw perishable food from sale within the estimated shelf-life.

Unfortunately this code system did not extend to the bakery trade where a need for it would appear to be most urgent. It is accepted that bakers generally ensure that only fresh bread leaves the bakery but in view of the numerous complaints of mouldy or stale bread which reached the department during the year it is apparent that the distribution system through the deliveryman and/or the retailer fails to ensure that only fresh bread is ultimately sold to the consumer. A code or date marking system would enable the retailer to check and rotate his stock and to refuse to accept bread which was outside the shelf-life.

In two cases bread was found to be more than a fortnight old at the time of sale by the retailer and the evidence indicated that the bread had been taken back from one retailer by the deliveryman and subsequently delivered to another retailer who unwittingly sold it in a mouldy condition.

SANITARY CIRCUMSTANCES

Report of the County Public Health Officer

MILK AND DAIRIES ADMINISTRATION

General

Each year since 1963 comment has been made on the fall in the number of dairy farms in Cornwall. This trend continued during 1971, when the total fell by a further 307 to 4,227. However, the reduction in the number of farms has not adversely affected the annual milk yield, in fact the contrary has proved to be the case, as the 1971 total of 85.0 million gallons is 27% more than the corresponding figure for 1963 when there were 6,098 herds in the County. This trend is demonstrated graphically on page 78.

The number of producer-retailers selling Untreated milk also fell during the year by 20 to 210; this is almost half the 1963 figure.

A recent major change in the pattern of dairy farming has been in the method of milk collection. About two years ago a system of bulk milk collection using special tankers was introduced to replace the traditional churns and by the end of 1971 more than a third of all milk produced at Cornish farms was transported by this method. From the hygiene point of view this new system has much to commend it. Milk at the farm is stored in refrigerated tanks and kept at a temperature of 40°F until transferred to insulated mobile tankers for transmission to the milk processing and distribution dairies. The effect has been a considerable improvement in the bacteriological quality of the milk delivered to the dairies and the rejection of milk because of poor keeping quality has virtually been eliminated.

Under the Milk (Special Designation) Regulations, 1963-65, the only grades of milk that may be sold by retail are Untreated, Pasteurised, Sterilised and Ultra Heat Treated. The County Council is the statutory authority for licensing all milk dealers other than producer-retailers, and the number of licences operative at the end of the year totalled 1,703, of which 1,008 were for Pasteurised, 69 Untreated, 446 Sterilised, and 180 Ultra Heat Treated.

Samples of milk purchased from dairymen or taken from processing plants are submitted for examination by the Director of the Public Health Laboratory at Truro, and the following table is a summary of the laboratory reports on all samples examined on behalf of the County Council during 1971.

Summary of Routine Sampling from 1.1.71 to 31.12.71

Grade of Milk	No. of samples	Phosphatase Test			Methylene Blue Test			Turbidity Test		Colony Count Test		Percentage of failures
		P	F	V	P	F	V	P	F	P	F	
Pasteurised	352	352	—	—	317	14	21	—	—	—	—	4%
Sterilised	51	—	—	—	—	—	—	51	—	—	—	NIL
Untreated	46	—	—	—	38	6	2	—	—	—	—	13%
Ultra Heat Treated	9	—	—	—	—	—	—	—	—	9	—	NIL
	458											

P = Passed

F = Failed

V = Void

- Phosphatase Test — indicates whether milk has been properly pasteurised
 Methylene Blue — indicates keeping quality
 Turbidity Test — indicates whether milk has been properly sterilised
 Colony Count — the number of bacteria in milk : used for U.H.T. milk only.

An average of 28,000 gallons per day, or approximately 90% of all milk retailed in the County, is pasteurised and the County Council as licensing authority is responsible for the inspection and supervision of the milk factories where this treatment is carried out. One of the seven dairies in Cornwall licensed to pasteurise milk closed during the year. All the dairies meet the structural and hygienic standards required by the Milk and Dairies Regulations, most of the larger processing plants being incorporated in modern factories where the milk passes automatically and under sterile conditions through every stage of treatment from the incoming churn or tanker to the final filled bottles stacked in the cold store. However, one matter of concern to managements and Public Health Officers alike is the difficulty in detecting the occasional imperfectly cleansed bottle during the operation of high speed bottle washing machines. The machines installed in this County operate at speeds of up to 200 bottles per minute, and although they normally produce clean and commercially sterile bottles there is always a one in a million chance of an exceptionally dirty one passing through the plant without being thoroughly cleansed. In some dairies in Cornwall where between 30-40 million bottles are washed every year this one in a million risk can occur every 10 days or so. All dairies employ a human "spotter" to detect these unsatisfactory bottles, but it is hoped that the fallible human element will be replaced or assisted by the installation of electronic detecting equipment in the near future.

Brucellosis

Another of the County Council's statutory responsibilities is to make sure that raw milk from animals suffering from certain diseases is not sold for human consumption. Probably the most widespread of these diseases in this country at the moment is brucellosis, which can be transmitted to man either by direct contact with or by consumption of milk from infected cows or goats. Fortunately pasteur-

isation destroys the brucella organism and therefore the risk of acquiring the disease from the milk supply can only arise through drinking the raw "Untreated" grade. In an effort to eradicate the disease in animals the Ministry of Agriculture, Fisheries and Food in 1967 introduced the Brucellosis (Accredited Herds) Scheme, and by the end of 1971 approximately 600 dairy herds in Cornwall had been registered. From a public health point of view it is encouraging to note that amongst the herds on the register were 79 belonging to producer-retailers whose milk is sold as Untreated.

Milk samples from the dairy herds of the unregistered producer-retailers in Cornwall are taken by the County Council's Sampling Officers at least once in every six weeks, and these specimens are examined by the Director of the Public Health laboratory. When the milk from any cow or cows is found to contain the brucella organism a ban is imposed on the sale of Untreated Milk from the whole herd until the District Medical Officer is satisfied that the infected animals have been removed and the remaining cattle are free from infection. During 1971, 154 dairy herds were investigated in this way and of these eight were found to contain a total of 24 infected cows.

Because brucellosis in man is not a notifiable disease there is no way of knowing the precise number of people who contract this painful and often prolonged illness, but there can be little doubt that the number of actual human cases occurring in Cornwall in 1971 was more than the 15 notified to the County Council by the hospital authorities.

Antibiotics

The presence of any antibiotic in milk is considered to be undesirable because of possible ill-effects on persons who are sensitive to these products. To obviate this risk, dairy farmers are recommended not to sell for human consumption any milk taken from a cow that has undergone antibiotic treatment until at least 48 hours after such treatment has been concluded. During 1971, 2,445 samples of milk were examined for antibiotics and of these three were reported as exceeding the limit recommended by the Ministry of Agriculture, Fisheries and Food. In each case a warning letter was sent to the dairy farmer concerned.

SCHOOLS

School Canteens and Central Kitchens

The County Public Health Officer reports that the standard of hygiene at the school canteens and kitchens in Cornwall is well above the statutory requirements of the Food Hygiene Regulations. He also found all foodstocks examined to be of excellent quality.

At a time when the public have expressed concern at the standard of hygiene in many catering establishments in this country it is encouraging to find such excellent conditions in a service that supplies over 36,000 children with cooked meals each school day. Such a standard is essential if the risk of food poisoning outbreaks is to

be avoided.

The cost of maintaining school kitchens in first class condition during 1971 was £121,079. Of this sum £50,280 was spent on eight new kitchens, £47,299 on improving six existing kitchens, and £23,500 on maintenance and general upkeep.

Milk and Water Supplies in Schools

Prior to the 1st September, 1968, every pupil in primary, junior and secondary schools was entitled to one-third pint of milk per day. After that date the supply was limited to primary and junior school children, and a further change of Government policy on the 1st September, 1971, restricted it to infants under 7 years of age. The financial effect of these changes in Cornwall has been to reduce the cost of school milk from £85,000 in 1967 to £54,000 in 1971.

All school milk is pasteurised and supplied in one-third pint bottles. Samples submitted periodically to the Public Health Laboratory in Truro are tested for keeping quality, and it is an indication of the high quality of milk delivered to the schools in this County that every sample examined during 1971 was reported as satisfactory.

Of the 318 school departments in the County, 316 are connected to public water mains and two rely on local private supplies. One of these two schools will be provided with a mains supply during 1972 as a result of extension schemes at present being carried out by the North and Mid Cornwall Water Board.

The bacteriological quality of water supplied to schools is checked by the Director of the Public Health Laboratory: all samples examined during 1971 were reported satisfactory.

Swimming Pools

The completion of four new swimming pools during 1971 brought the total number of school pools in the County to 42. Children in 95 other schools received swimming instruction either by sharing these facilities or using private or public baths and local bathing beaches.

The County Public Health Department operate a pool maintenance and advisory service during the swimming season, overhaul all equipment during the winter, and recommission each pool in the spring.

In 1968, the Public Health Section decided to undertake a research programme with a view to producing low cost water treatment and filtration equipment, although it was accepted that its scope would be considerably restricted because of the limited amount of time and money available. By the end of that year, a chlorinator unit had been developed which could be made at the Blantyre Training Centre at a cost of £1.25 compared to the then cheapest commercial product costing approximately £30.00. This unit has been most successful and is now standard equipment at school pools. The Department has recently designed a water filtration plant which is suitable for assembly at the County Council's

Adult Training Centre, Redruth. The cost of this equipment should be approximately half that of any equivalent commercial product at present on the market, and it is anticipated that it will be installed in at least six school pools in this County before the 1972 season commences.

Foot Inspection

School nurses examined the feet of 19,216 children in 163 schools and identified 82 cases of verruca and 37 of athlete's foot (the corresponding totals for 1970 were 55 and 39 respectively). These infective and often painful skin conditions can, under certain circumstances, spread rapidly from person to person. For this reason affected children are advised to obtain treatment from their family doctor and are excluded from barefoot activities at the school until certified free from infection. Hygiene control at schools includes special floor cleansing techniques particularly of changing rooms and swimming pool surrounds, and also prohibition of interchange of footwear and towels.

WATER SUPPLIES, SEWERAGE AND SEWAGE DISPOSAL

The County Council has a statutory duty to make observations on and contribute towards the cost of water supply and sewerage schemes carried out in rural areas. In addition they have agreed to use powers available to them under Section 56 of the Local Government Act 1958 to pay grants towards the cost of sewerage schemes carried out by any district council whose net sewerage rate exceeds 7½p in the £. Most grants are made in the form of annual payments spread over a period of 30 years, and consequently there is little likelihood of any reduction in this annual payment during the present century; in fact as more and more schemes are implemented this financial commitment may well be substantially increased. The total sum paid to district councils in 1971 amounted to £247,465, an increase of £65,000 over the 1970 figure. The graph on page 79 shows how these annual payments have escalated since the first grants were made in 1946.

The total estimated capital cost of schemes of water supply and sewerage approved by the County Council in 1971 was £2,750,000.

WATER SUPPLIES

The areas of supply of the five water boards operating in Cornwall are shown on the map on page 80. Between them the Boards supplied on average 20.715 million gallons of water per day during 1971, an increase of approximately 262,000 gallons per day over the previous year. The increasing demand for mains water in this County over the past decade is demonstrated graphically on page 81.

In order to meet the increasing daily demand in their areas the North and Mid Cornwall Water Board are constructing a new reservoir at Crowdy Marsh on Bodmin Moor to yield an additional one million gallons per day, and also raising the capacity of their existing water intake at Restormel on the River Fowey from 3 to 6 million gallons per day. North Devon Water Board are designing a new

reservoir and treatment works on the River Tamar, calculated to yield 2 million gallons per day with the capability of being extended at a later date to increase to 4 million gallons per day. South Cornwall Water Board are preparing a scheme for augmenting their Stithians water source by pumping up to 2 million gallons per day into the reservoir from the River Kennall. Other proposals designed to meet the longer term needs of the County are at present being promulgated by the Cornwall River Authority.

A brief description of each water undertaking in the County together with a list of major improvements carried out during 1971 is given below.

WEST CORNWALL WATER BOARD

Area of supply	106.03 sq. miles
Population:	48,161 (1970 - 47,357)
Estimated numbers of population supplied:	In houses: 41,227 By standpipe: 1,274
Water consumption:	Maximum: 3,433,000 gallons per day (1970 3,466,000) Average: 2,690,000 gallons per day (1970 2,684,000) Minimum: 2,329,000 gallons per day (1970 2,124,000)
Number of new connections to mains:	519

The Board's principal sources of supply are Drift Reservoir, Bussow Reservoir, Nanpusker Shaft and Adit, Trenwith Borehole, Hendra Stream and Polteggan Well, which together with various minor sources provide a total reliable yield of approximately 4.22 m.g.d. (million gallons per day). 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 minor supply chlorinated only.

The Board installed approximately one mile of 4" P.V.C. pipe as renewal of existing mains and a new extension to serve industrial premises.

SOUTH CORNWALL WATER BOARD

Area of supply:	390 sq. miles
Population:	145,700 (1970 - 138,000)
Estimated number of population supplied:	In houses: 136,500 By standpipe: None
Water consumption:	Maximum: 9,513,000 gallons per day (1970 9,246,000) Average: 7,800,000 gallons per day (1970 7,700,000) Minimum: 6,903,000 gallons per day (1970 6,340,000)
Number of new connections to mains:	1,775

The Board's principal sources of supply are Argal Reservoir, Stithians Reservoir, direct intakes on the River Cober (Releath Stream), Roseworthy Stream, Tresillian River, Trevella Stream and River Allen plus various smaller sources, including springs, adits and shafts. The combined reliable yield of all sources is 9.04 m.g.d. Of the total quantity of water supplied, 90.3% is fully treated and 9.7% chlorinated only. During the year the last remaining untreated source of supply was abandoned.

Major improvements schemes completed or in progress included:

- (a) increasing the capacity of Stithians treatment works from 2.9 million gallons per day to 6.5 million gallons per day.
- (b) Remodelling the Ladock treatment works.
- (c) Installing 2,600 yards of 18" and 15" diameter asbestos cement main from Lanner to Churchtown, Redruth.
- (d) Providing a booster station and service reservoir of 50,000 gallons capacity at Cubert.
- (e) Installing 14.2 miles of distribution main.

NORTH AND MID CORNWALL WATER BOARD

Area of supply:	419 sq. miles
Population:	106,300 (1970 - 100,870)
Water consumption:	Maximum: 8,000,000 gallons per day (1970 8,150,000)
	Average: 6,204,000 gallons per day (1970 6,270,000)
	Minimum: 5,490,000 gallons per day (1970 5,460,000)

Number of new connections to mains: 1,113

The Board's principal sources of supply are Porth Reservoir, Crowdy Marsh and direct intakes on the Rivers Fowey and Delank, which with various minor sources provide a total reliable yield of 8.0 m.g.d. Approximately 93% of the water is fully treated, 6% chlorinated only, and 1% untreated.

Major schemes in progress or completed include:

- (a) Construction of an impounding reservoir at Crowdy Marsh designed to increase the water supply available in the northern part of the Board's area by about 1,000,000 gallons per day. It is anticipated that impounding will commence in the latter half of 1972.
- (b) Experimental work undertaken at the Restormel Works on the River Fowey has resulted in a decision to increase the capacity of this source from 3 m.g.d. to 6 m.g.d. It is anticipated that the works extension programme will be completed by 1974.
- (c) A 500,000 gallon service reservoir was completed at Lower Moor. This reservoir will augment supplies in the Camelford and Delabole areas.

- (d) A 1,000,000 gallon service reservoir at Carn Grey to serve the eastern side of St. Austell was substantially completed at the end of the year.
- (e) A booster installation was completed at Chark Hill to increase the flow to the St. Austell district. A small booster was also installed to feed the village of Penwithick.
- (f) Approximately 2 miles of 24" - 18" leading main has been installed between the Coswarth Reservoir and Newquay.
- (g) Approximately 30 miles of small diameter distribution mains were laid by the Board's direct labour force. The mainlaying schemes included rural extensions to the villages and hamlets of Gummow's Shop, Treligga, Polkerris, Luney Barton, St. Wenn, Pengrugla, Trebudannon, and St. Michael Caerhayes.

EAST CORNWALL WATER BOARD

Area of supply:	367 sq. miles
Population:	65,820 (1970 63,960)
Estimated number of population supplied:	56,000 (1970 55,000)
Water consumption:	Maximum: 4,062,000 gallons per day (1970 3,614,000)
	Average: 3,301,000 gallons per day (1970 3,110,000)
	Minimum: 3,017,000 gallons per day (1970 2,732,000)
Number of new connections to mains:	1,039

The Board's principal water sources consist of one river regulating reservoir, three bore holes, two springs, two river or stream intakes, two mine adits, and bulk supplies of 442,000 gallons per day and 9,500 gallons per day from Plymouth City and North Devon Water Board respectively. Approximately 95.4% of all water supplied is fully treated and the remainder chlorinated only.

Major improvement schemes completed or in progress included:

- (a) A 1.5 million gallon service reservoir completed at Kit Hill to reinforce supplies in the eastern parishes of St. Germans Rural District;
- (b) Modifications to the mains in the Torpoint area to enable that district to be supplied from the Board's principal source at St. Cleer. The impounding reservoir and treatment works formerly supplying Torpoint has been closed.
- (c) 4,400 yards of 4" and 3" diameter pipe to provide mains water for the first time to properties in the hamlets of Luckett and Lidwell;
- (d) The Windmill Reservoir at Launceston has been roofed and lined.
- (e) Approximately 7¼ miles of 6", 4" and 3" diameter mains laid for housing estates and other small extensions and renewals.

NORTH DEVON WATER BOARD

Area of supply in Cornwall: Bude-Stratton Urban District, Stratton Rural District and the Parish of Boyton within Launceston Rural District.

Water consumption: Average: 720,000 gallons per day (1970 699,000)

Number of new connections to mains: 176

Water is obtained from river intakes at Prewley and Belstone in Devon, and from the Tamar Lake Impounding Reservoir in Cornwall; all water is fully treated.

At the present time the Board is designing a new reservoir to be constructed on the River Tamar together with new treatment works. Initially the reservoir will yield 2,000,000 gallons per day but it will be possible to double this quantity at a later date by raising the height of the dam.

Future Proposals

Schemes of water supply submitted under the Rural Water Supplies and Sewerage Acts, 1944-65 during 1971 were as follows:

Water Authority	Scheme	Estimated Cost £	Action taken by County Council
North Devon Water Board	Stratton Rural District - Water Main extension from Red Post to Jewell's Cross.	26,800	Approved
North & Mid-Cornwall Water Board	St. Austell Rural District - Roche to Bugle Water Main Extension	6,290	Approved
	St. Austell Rural District - Water Main extension to Conce Moor and Trevellion	6,587	Approved
	Wadebridge Rural District - Water main extension to Fletchers Bridge & Respryn	24,409	Approved
East Cornwall Water Board	Liskeard Rural District - Polliscourt Water main extension	1,250	Approved
	Liskeard Rural District - Tregondale Water main extension	1,000	Approved
	St. Germans Rural District - Water main extension from Menheniot to Roseland and Popes Mill.	2,230	Approved 1st Stage

Water Authority	Scheme	Estimated Cost £	Action taken by County Council
East Cornwall Water Board	St. Germans Rural District - Water main extension to Monkscross and Clitters	6,515	Approved
	Launceston Rural District - Water main extension to Pipers Pool and Laneast	24,700	Approved Subject to Conditions
	Liskeard Rural District - St. Neot & Warleggan Improvement Scheme (incl. water main extn. to Ley village & hamlets of Coldwind & Halfway House)	45,000	Approved
	St. Germans Rural District - Kit Hill to Buddles Adit Water main.	53,100	Approved
	St. Germans Rural District - Antony to Millbrook Water Reinforcement Scheme	48,000	Approved for grant
	Rural Water Mains Extension Programme	250,000	Approved in principle and subject to Conditions
West Cornwall Water Board	St. Ives Borough - Halsetown Water main Improvement scheme	5,000	Approved
South Cornwall Water Board	West Penwith Rural & Camborne/Redruth Urban Districts - Water main ex- tension Treswithian to Roseworthy.	12,169	Approved Subject to Conditions
	Camborne/Redruth Urban District - Water main ex- tension from Hr. Tretherrup to Penstruthal Mine.	2,173	Approved
	Camborne/Redruth Urban District - Treviskey to Tresavean Mine Water main extension.	4,290	Approved Subject to Conditions

Water Authority	Scheme	Estimated Cost £	Action taken by County Council
South Cornwall Water Board	Truro Rural District - Comfort Road to Carclew Water main extension	14,117	Approved
	Truro Rural District - Restronguet Reservoir to Restronguet Water main extension (Amended scheme)	8,063	Approved
	Truro Rural District - Coombe to Roundwood, Kea Water main extension	1,149	Approved
	Kerrier Rural District - Water main extension, Treluswell to Lane End	4,634	Approved
Total 21 schemes		£547,476	

FLUORIDATION

The natural fluoride present in Cornish waters varies between 0.1 and 0.25 parts per million which is far short of the optimum level of 1.0 ppm recommended by medical and dental authorities. In November 1969 the County Council agreed that fluoride should be added to the drinking water in this County and invited the five Water Boards to treat the supplies in their respective areas.

North and Mid Cornwall Water Board accepted this invitation and fluoridating equipment is at present being installed at their Restormel Intake Treatment Works on the River Fowey. It is anticipated that fluoridation of the water supplied from this source will commence during 1972 and that further schemes for treating the water in the remainder of the Board's area should be completed by the end of 1973.

The area of Cornwall that will be supplied with fluoridated water when the North and Mid Cornwall Water Board schemes are completed is shown on the map on page 80.

SEWERAGE AND SEWAGE TREATMENT

At a time when considerable concern is being expressed both nationally and internationally on pollution of coastal and inland waters by sewage and industrial waste it is fitting that reference should be made to the efforts of Cornish local authorities to protect the rivers and seas within and around the shores of this County from such pollution. In 1971 alone contracts for 32 schemes involving new sewage treatment works and costing in total some £5,000,000 were either

completed or in progress, and a further 12 schemes costing approximately £3m were submitted to the County Council for approval for grant purposes. Furthermore in July, 1971 the Department of the Environment approved in principle a comprehensive scheme estimated to cost more than £2m designed to link all the villages and towns within or in close proximity to the River Hayle catchment area into a single sewerage system terminating in a large treatment works near Hayle. Subject to final agreement between the St. Ives Borough, Kerrier Rural District and West Penwith Rural District Councils it should be possible for the contract for this project to start in 1973. By any standards these schemes represent a major contribution to reducing environmental pollution.

Brief details of the schemes in progress or completed during 1971 are described in Table 1 below; Table 2 refers to proposals submitted for County Council approval.

TABLE 1

Local Authority	Scheme	Estimated Cost £	Remarks
Launceston Borough	Sewerage & Sewage Treatment Works Improvement	138,250	Completed
Liskeard Borough	Pengover Sewerage	26,555	Completed
Saltash Borough	Sewerage & Sewage Treatment	700,000	5% Completed
Looe Urban District	Sewerage & Sewage Treatment	826,000	50% Completed
Newquay Urban District	Watergate Sewerage	34,712	Completed
	West Pentire Sewerage	13,842	Completed
Torpoint Urban District	Sewerage & Sewage Treatment	404,000	25% Completed
Camelford Rural District	Helstone Sewerage & Sewage Treatment	10,810	Completed
Kerrier Rural District	Mawnan Smith & Budock Water Sewerage & Sewage Treatment	346,710	90% Completed
	Stithians & Ponsanooth Sewerage & Sewage Treatment	265,000	Completed
Launceston Rural District	Bathpool Sewerage & Sewage Treatment	15,070	Completed

Local Authority	Scheme	Estimated Cost £	Remarks
Launceston Rural District	Tregadillett Sewerage & Sewage Treatment	20,850	Completed
	Yeolmbridge Sewerage & Sewage Treatment	30,500	Completed
Liskeard Rural District	Henwood Sewerage & Sewage Treatment	12,000	Completed
	Trevelmond Sewerage & Sewage Treatment	12,300	Completed
	Dobwalls, Treburgey Water & Doublebois Sewerage & Sewage Treatment	65,664	30% Completed
	Polperro Sewerage & Sewage Disposal Improvement	30,000	50% Completed
St. Austell Rural District	Lostwithiel Sewerage & Sewage Treatment	79,050	Completed
	Luxulyan Sewerage & Sewage Treatment	29,200	10% Completed
	St. Columb & St. Mawgan Sewerage & Sewage Treatment	691,000	30% Completed
	Sticker Sewerage & Sewage Treatment	78,700	50% Completed
	Trewollack Lane, Gorran Haven Sewer Extension	5,400	Completed
	Victoria, Roche Sewer Extension	7,300	Completed
	Pillaton Sewerage & Sewage Treatment	15,360	Completed
St. Germans Rural District	St. Dominic Sewerage & Sewage Treatment	73,920	15% Completed
	Hatt Sewerage & Sewage Treatment	47,990	50% Completed
	Frogpool Sewerage & Sewage Treatment	11,900	Completed
Truro Rural District	Perranarworthal & Perranwell Sewerage & Sewage Treatment	101,930	25% Completed

Local Authority	Scheme	Estimated Cost £	Remarks
Truro Rural District	Sewer Extensions to Bolingey, Perrancombe, Cocks & Gear Sands	94,080	80% Completed
	Porthtowan & Mount Hawke Sewerage & Sewage Treatment	158,645	85% Completed
	Portloe Sewer Extension	3,534	Completed
	Wheal Kitty, St. Agnes Sewer Extension	8,100	Completed
	St. Mawes Sewerage & Sewage Treatment	103,210	60% Completed
	Shortlanesend Sewerage & Sewage Treatment	32,983	Completed
	Sewer Extension to Gloweth	13,500	Completed
	Threemilestone Sewerage & Sewage Treatment	39,300	Completed
West Penwith Rural District	Guildford Road, Hayle, Sewer Extension	14,300	Completed
	Trelissick Road, Hayle, Sewer Extension	555	Completed
	Marazion Sewerage	10,500	Completed
	Busvine Lane, Sennen	1,860	Completed
Total: 41 schemes		£4,639,580	

TABLE 2

Schemes of sewerage and sewage disposal submitted during 1971 for grant under A. Rural Water Supplies and Sewerage Acts

Local Authority	Scheme	Estimated Cost £	Action taken by County Council
Launceston R.D.C.	Lezant Sewerage and Sewage Disposal	65,000	Approved
St. Austell R.D.C.	North Fal Regional Drainage - Feasibility Study	680,000	Approved in principle and subject to conditions

Local Authority	Scheme	Estimated Cost £	Action taken by County Council
St. Austell R.D.C.	Beacon Road, Foxhole: Sewer extension	6,000	Approved
St. Germans R.D.C.	St. Germans and Polbathic Sewerage and Sewage Dis- posal	105,000	Approved Subject to Conditions
Truro R.D.C.	Feock Area Sewerage	173,300	Approved
	St. Mawes: Freshwater Lane Sewer extension	9,210	Approved
Wadebridge & Padstow R.D.C.	Chapel Amble Sewerage & Sewage Disposal	22,000	Approved
Total: 7 schemes		£1,060,510	

B. Local Government Act, 1958, Section 56

Local Authority	Scheme	Estimated Cost £	Action taken by County Council
Bude-Stratton U.D.C.	Bude Sewerage and Sea Outfall Sewer	750,000	Not approved
Looe U.D.C.	Plaidy and East Cliff Sewer extension	79,300	Approved
Helston Borough Council	Sewage Treatment Works Modernisation and extension	799,000	Approved subject to conditions
Penzance Borough Council	Penzance Sea Outfall Sewage Disposal	890,000	Deferred for further con- sultations
Liskeard Borough Council	Pengover Sewerage	26,555	Approved
Liskeard Borough & Liskeard R.D.C.	Liskeard Central Sludge Pressing Plant	130,500	Approved
Liskeard R.D.C.	St. Cleer Sewage Treatment Works Improvement	26,500	Approved
	Menheniot Sewage Treatment Works Improvement	26,500	Approved

Local Authority	Scheme	Estimated Cost £	Action taken by County Council
Liskeard R.D.C.	Pelynt Sewage Treatment Works Improvement	49,000	Approved
Total: 9 Schemes		£2,777,355	

REFUSE DISPOSAL

In Cornwall all domestic and trade refuse is tipped on to land or into disused quarries. In total 26 sites were used for this purpose, and these vary from burning dumps of crude refuse to properly controlled tips complying fully with the Code of Practice recommended by the Department of the Environment in 1971.

During the past four years the County Health and Planning Departments have been persuading local authorities to co-operate in sharing the cost of developing new, large, properly controlled tips. This policy has had considerable success and has resulted in the closure of many of the crude dumps that formerly littered the County.

Simple economics and the need to reclaim derelict land will make it desirable to continue disposing of refuse by controlled tipping for several years to come, although there is a strong case for pulverising the material before it is tipped. Pulverisation has many advantages; it eliminates rodents, prevents paper and plastic being blown from the tipping area, and effects a substantial saving in tipping space. On this latter point the report of the Working Party set up by the Department of the Environment and published in 1971 came to the conclusion that the overall saving in tipping space would be at least one-third. Leaving aside any public health advantages that accrue from pulverisation the saving in tipping space alone would go a long way towards justifying the additional capital and running costs of the mechanical plant and buildings that would be required.

The number of refuse tips in operation within the County has been reduced by seven during the year, details of those remaining are as follows:

	Boroughs	Urban Districts	Rural Districts	Total all Districts
Controlled tipping according to Ministry recommendations	4	4	9	17
Partially controlled tipping	—	—	4	4
Uncontrolled tipping	1	1	3	5

GYPSY SITES

The County Council have agreed to provide two caravan sites for gypsies and nomads, one of these being in the centre of the County and the other in the eastern

section. The eastern area site will be of 10-12 pitches and the District Valuer has been asked to negotiate the purchase of the land.

On the 13th November, 1971, the Camborne-Redruth Urban District Council opened a new site of 20 pitches which they intend to use to accommodate families of gypsy stock living within their area. The County Council have agreed that six pitches available to them on that site shall be reserved for nomadic families resorting to the area.

TOURIST CAMPING AND CARAVANNING

Camping and caravanning has become an accepted mode of holiday for people from every strata of society, and during the peak Summer season a considerable number are attracted to Cornwall. The majority of these tourists are accommodated on properly licensed sites where satisfactory sanitary facilities are provided, but a disturbing trend that has developed during recent years has been the advent of the tourist who travels the County in his car by day, spending every night parked either on a lay-by, roadside verge or field gate entrance. The whole family sleep in the car or van, using the nearest hedge or ditch as a toilet. The source of water supply used by these people is unknown, and refuse if not deposited in a litter bin is usually dumped by the wayside. The total number of families holidaying in this manner is not known, but on sixteen occasions during August 1971, an early morning count was made of the vehicles occupying one lay-by near a popular seaside holiday resort; the maximum number recorded was fourteen, minimum three, and the average for the whole period 7.5. On this particular lay-by, public toilets were not available anywhere in the vicinity and it is little wonder that the owner of a house nearby complained of his garden and entrance gate being fouled by human excrement. From the public health point of view the growing use of lay-bys and road verges as tourist dormitory areas is deplored and there is need to consider ways and means to discourage this practice. Existing public health legislation is inadequate and police powers to move people resting or sleeping in cars in lay-bys must of necessity be limited. In an effort to solve this problem the County Council introduced a section into the Cornwall County Council Act of 1971. Under this Act, Orders may be made prohibiting the parking of any vehicle, trailer, caravan or tent on lay-bys, roadside verges and unenclosed land adjacent to specified roads in the County for periods in excess of two hours between 9.00p.m. and 9.00 a.m. No such Orders have yet been made.

MEAT INSPECTION

Slaughtering of animals for human consumption takes place at abattoirs sited in 17 out of the 27 district council areas in Cornwall. The Public Health Officers of these authorities are responsible for the examination of every carcass and its associated organs, and for the condemnation of all diseased or unsound meat.

The total number of cattle, sheep and pigs slaughtered during 1971 was 506,217 of which 2,139 were condemned as being unfit for human consumption and 77,194 required condemnation of some part or organ. The total weight of meat

condemned was over 314 tons. Compared with the previous year there was little change in the number of sheep, lambs and pigs slaughtered but the total of cows fell by approximately 26% and cattle excluding cows by 10%.

The statistical information given in the following table has been made available by courtesy of the District Medical Officers of Health and Public Health Inspectors of the local authorities in the County who have abattoirs in their areas.

Year ending 31st December, 1971	CATTLE			Sheep and Lambs	Pigs
	Cattle (excl. Cows)	Cows	Calves		
Number killed	31,137	12,071	20,218	188,011	254,780
Number inspected	31,137	12,071	20,218	188,011	254,780
All diseases except cysticercosis and tuberculosis					
(a) Whole carcase condemned	56	262	265	792	760
(b) Carcase of which some part or organ was condemned	10,096	5,047	292	20,073	37,523
Tuberculosis only					
(a) Whole carcase condemned	—	3	—	—	1
(b) Carcase of which some part or organ was condemned	34	204	10	—	3,719
Cysticercosis only					
(a) Whole carcase condemned	—	—	—	—	—
(b) Carcase of which some part or organ was condemned	132	64	—	—	—
Gross weight of meat condemned	314 tons		9 cwt.	2 qrs.	2 lbs.

HOUSING

The number of new houses built in Cornwall in each year since 1950 is demonstrated graphically on page 80. The chart illustrates clearly the decline over that period in the rate of house building by local authorities compared with the vast increase in the private enterprise sector. The total of 3,223 new homes (572 local authority and 2,651 private enterprise and other public authorities) shows an encouraging increase of 285 over the 1970 figure, and there are indications of even better results in the coming year.

The availability of improvement grants has done much to prevent the decay and extend the life of old properties and during 1971 grants were approved for 1,770

dwellings in Cornwall. Nevertheless, it was necessary for district councils to take statutory action to secure the closure or demolition of 165 worn out and unfit houses.

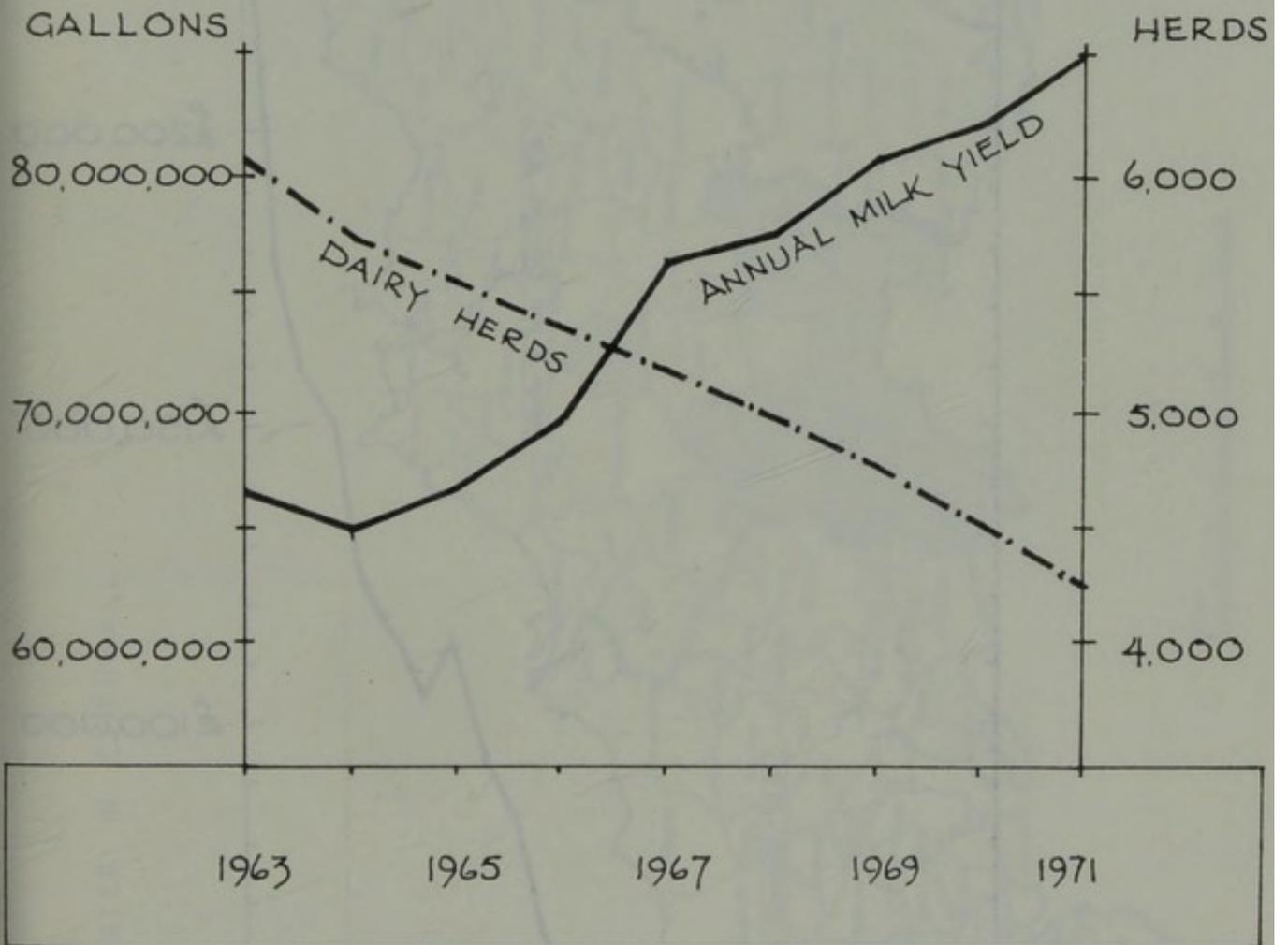
Sales of Council houses to private tenants during the year totalled 19: of these 12 were sold by Truro City, 6 by Truro Rural District and 1 by Cornwall County Council.

Housing (Financial Provisions) Act, 1958 - County Council Contributions

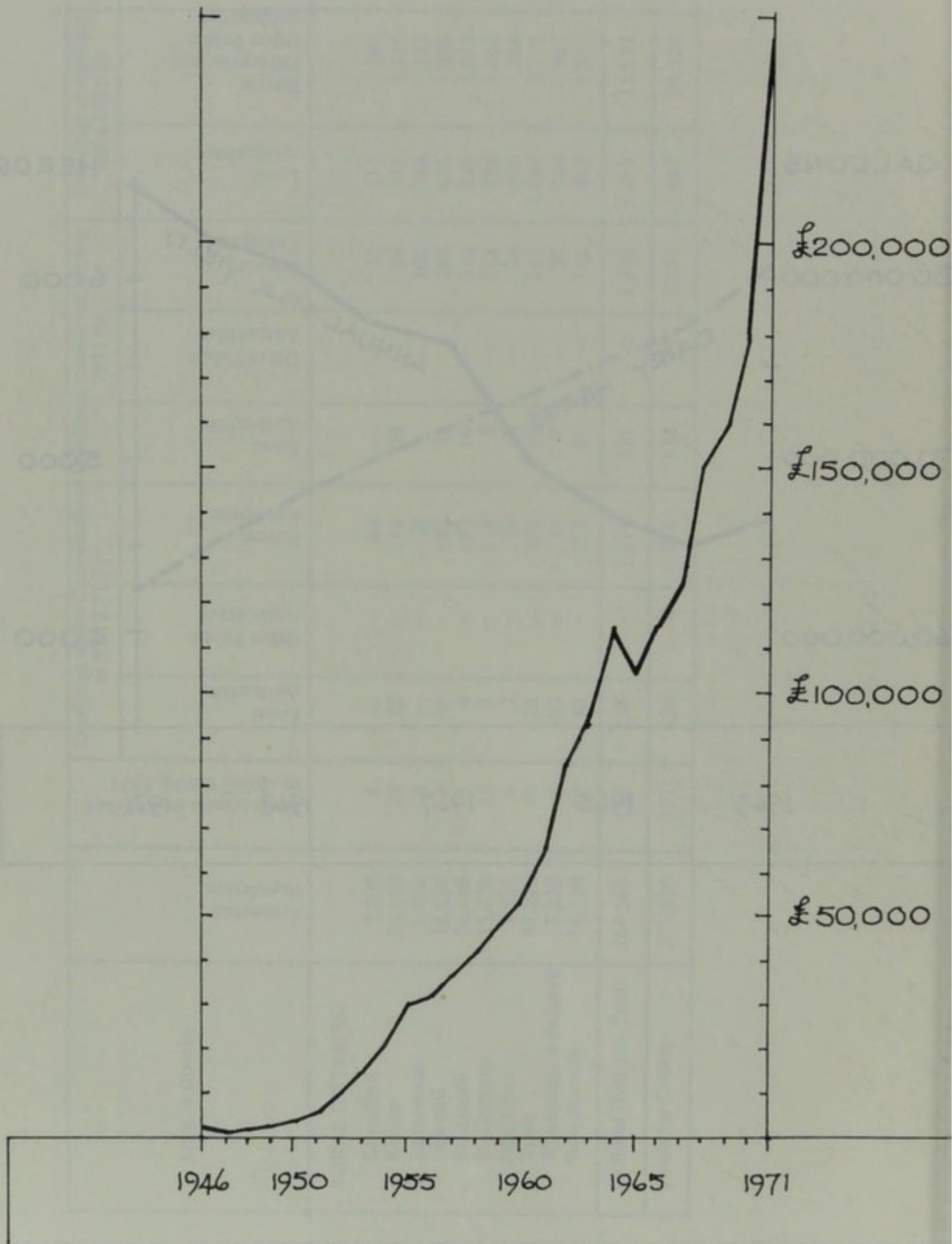
Where an exchequer contribution of the special standard amount is made by the Department of the Environment to District Councils principally in respect of houses for the agricultural population, then the County Council is also required to make a contribution. These contributions are payable for a period of 60 years at varying rates of £1; £1.50; or £2.50 per house according to the date when the schemes are approved by the Department. In 1970, the County Council paid in total £1,512 to 18 district councils.

Local Authority	Estimated Population	Unfit houses demolished or closed during 1971	Dwellings under Construction at 31.12.71. by			Dwellings completed during 1971 by			Dwellings completed since 1945 by		Improvement Grants Approved	
			Local Authorities	Other Public Authorities	Private Enterprise	Local Authorities	Other Public Authorities	Private Enterprise	Local Authorities	Private Enterprise and Other Public Authorities	Discretionary	Standard
BOROUGHS:												
Bodmin	9,260	-	92	-	78	58	-	57	809	939	4	7
Falmouth	17,960	7	-	-	92	-	35	35	965	1,062	52	1
Helston	10,340	1	-	-	208	12	4	79	577	1,158	12	6
Launceston	4,780	2	64	-	23	89	-	21	397	352	2	9
Liskeard	5,250	-	-	7	7	-	28	28	532	358	13	15
Penryn	5,330	-	56	-	27	6	7	7	361	376	3	3
Penzance	19,060	5	46	-	85	-	-	-	929	911	137	-
St. Austell with Fowey	32,000	5	14	-	122	46	2	244	1,787	3,051	114	22
St. Ives	9,310	-	-	-	74	4	-	184	421	910	33	11
Saltash	9,940	1	16	-	104	21	6	123	503	1,361	7	21
Truro City	15,100	-	32	-	166	3	33	180	1,205	1,161	28	7
11 Boroughs: Total	138,330	21	320	-	986	239	51	958	8,486	11,639	405	102
URBAN DISTRICTS:												
Bude-Stratton	5,540	-	19	-	36	21	-	44	227	509	5	10
Camborne-Redruth	41,930	25	31	4	427	60	18	430	1,563	3,445	100	174
Looe	4,040	-	-	-	30	-	-	39	144	584	14	-
Newquay	13,220	6	13	-	53	17	-	72	698	1,562	28	4
St. Just	3,520	6	29	-	5	14	-	-	140	60	5	27
Torpoint	6,320	-	-	-	11	-	-	15	441	348	10	6
6 Urban Districts: Total	74,570	37	92	4	562	112	18	600	3,213	6,508	162	221

Local Authority	Estimated Population	Unfit houses demolished or closed during 1971	Dwellings under Construction at 31.12.71 by			Dwellings completed during 1971 by			Dwellings completed since 1945 by		Improvement Grants Approved	
			Local Authorities	Other Public Authorities	Private Enterprise	Local Authorities	Other Public Authorities	Private Enterprise	Local Authorities	Private Enterprise and Other Public Authorities	Discretionary	Standard
RURAL DISTRICTS:												
Camelford	7,200	4	-	-	44	-	-	33	316	299	17	34
Kerrier	23,590	27	22	-	184	39	-	89	755	1,715	28	63
Launceston	6,990	4	-	-	68	-	-	105	148	373	17	49
Liskeard	14,520	1	35	-	182	33	4	148	636	1,086	51	33
St. Austell	26,140	5	8	-	153	16	-	116	824	1,255	129	18
St. Germans	15,120	13	9	-	109	8	-	115	596	1,162	32	25
Stratton	4,550	1	2	-	20	3	-	20	200	264	7	18
Truro	31,010	40	14	-	305	58	-	241	1,183	2,777	92	83
Wadebridge & Padstow	17,320	4	103	-	39	7	-	37	749	967	69	41
West Penwith	18,120	14	45	-	172	57	-	116	891	1,275	32	40
10 Rural Districts: Total	164,560	113	238	-	1,276	221	4	1,020	6,298	11,173	474	404
Totals for County	377,460	171	650	4	2,824	572	73	2,578	17,997	29,320	1,041	727

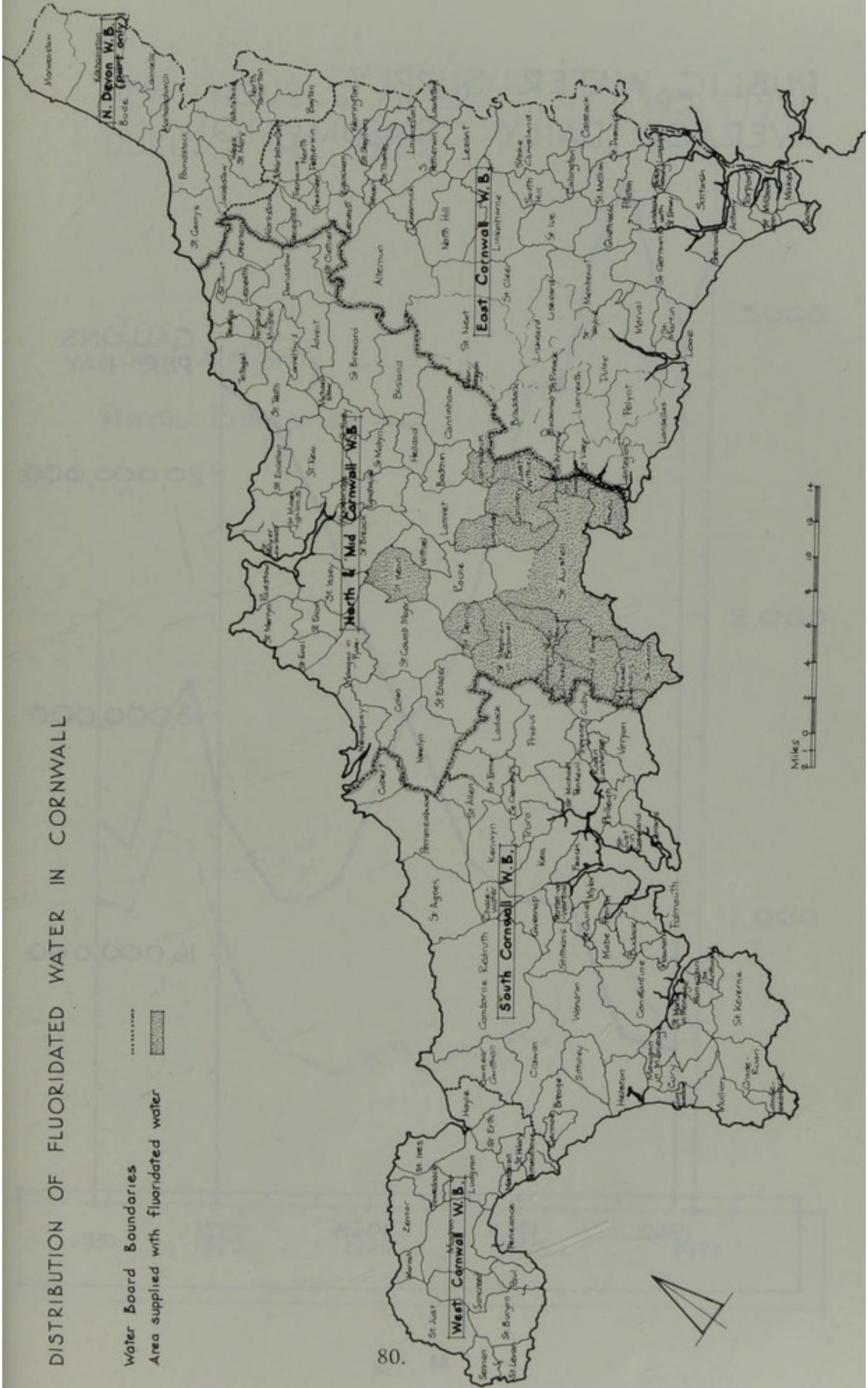


WATER SUPPLIES & SEWERAGE ANNUAL COST TO COUNTY COUNCIL.

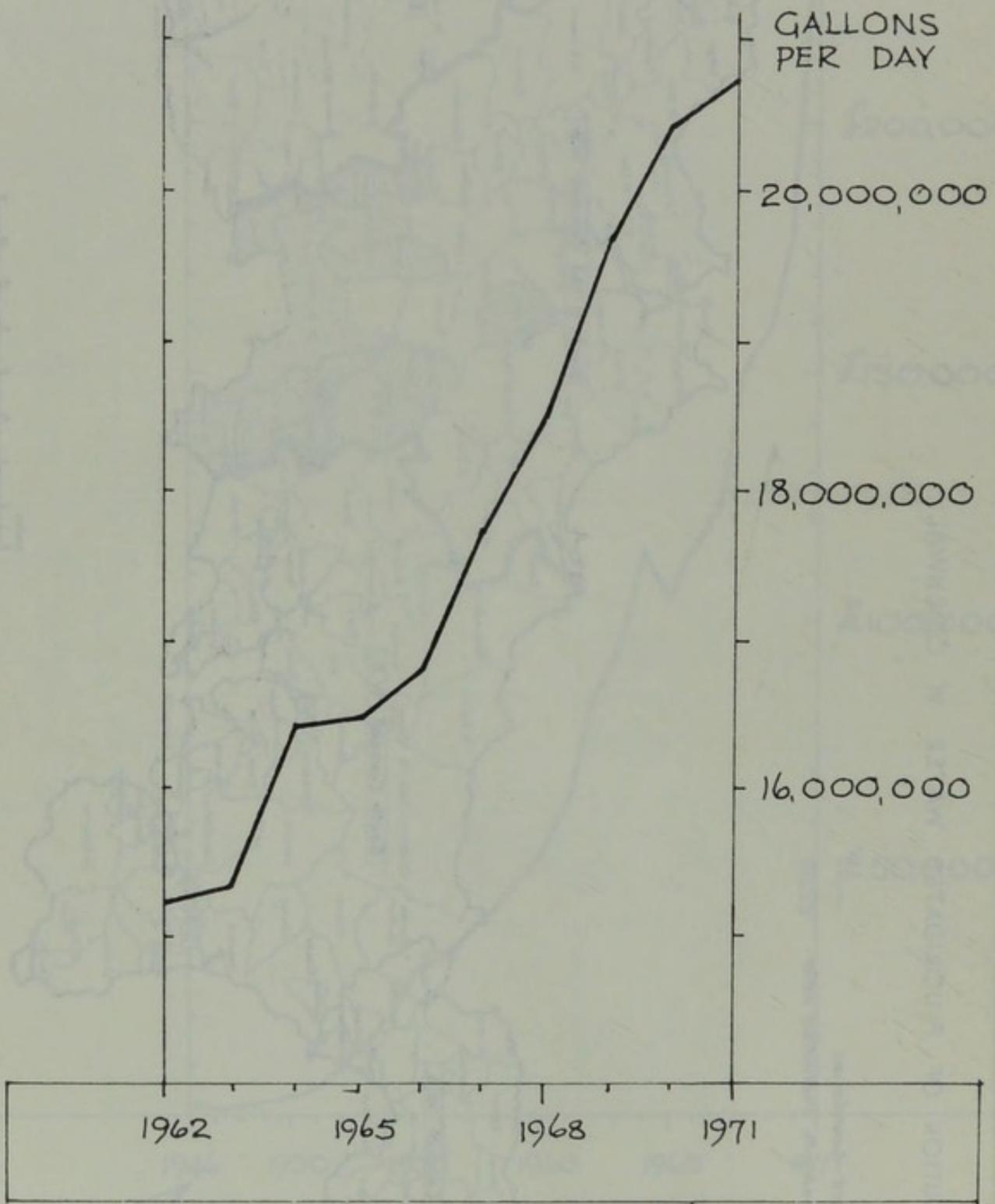


DISTRIBUTION OF FLUORIDATED WATER IN CORNWALL

Water Board Boundaries
 Area supplied with fluoridated water



PUBLIC WATER SUPPLY AVERAGE DAILY CONSUMPTION



NEW HOUSES BUILT DURING THE YEAR

1951 - 1971

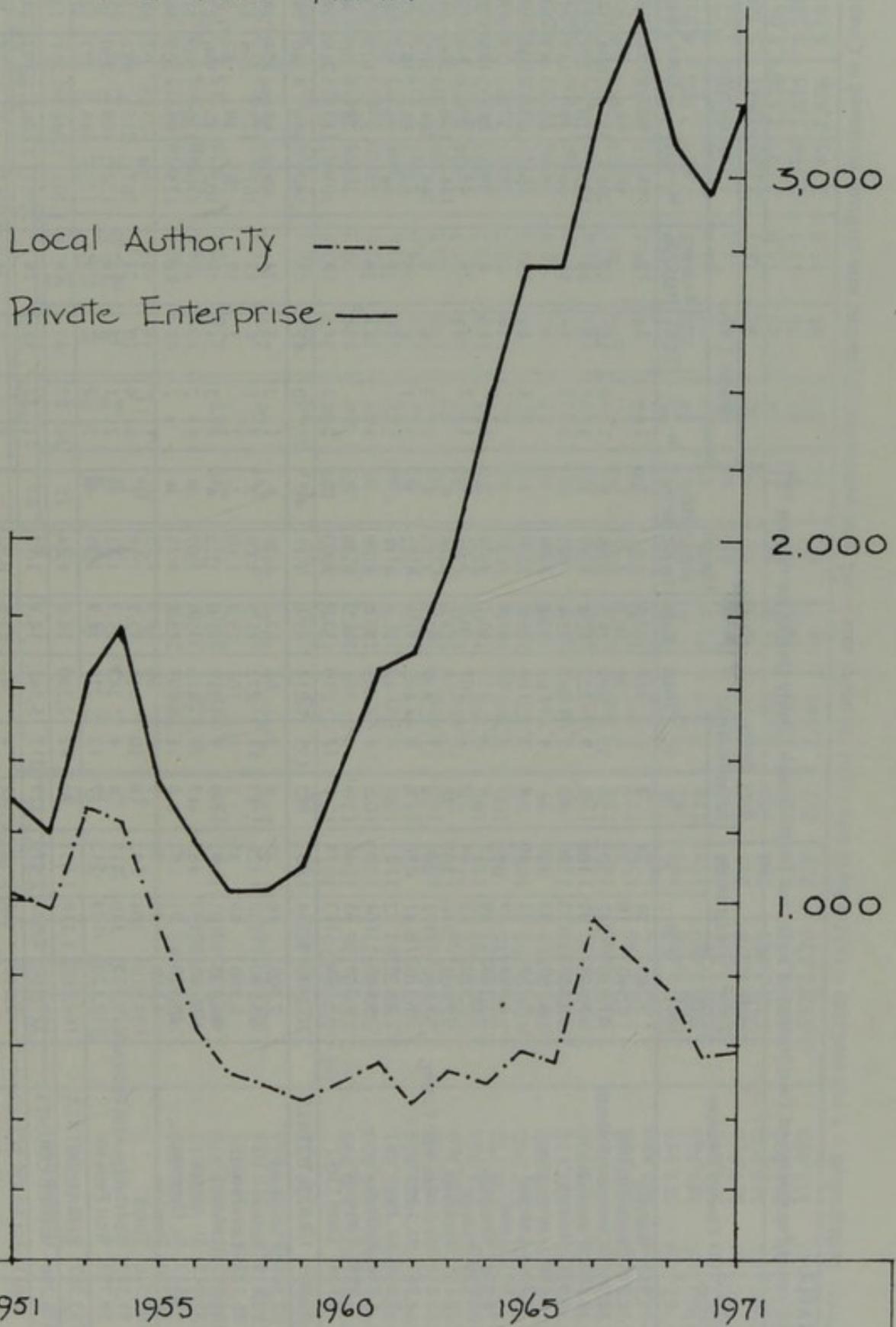


TABLE I
Estimated Population and Total Number of Births and Deaths in each County District for the year 1971

Area in Acres	County Districts	Estimated Home Pop 1971	Live Births				Under 1 Year				Deaths				Perinatal mortality Rate				
			Legitimate		Illegitimate		Total	Rate per 1000 LB	M	F	Total	Rate	M	F		Total	Comparability factor		
			M	F	M	F												M	F	M	F
			Still births	Rate	Comparability factor	Rate per 1000 LB	M	F	Total	Rate per 1000 LB	M	F	Total	Rate		Comparability factor			
3,312	Bodmin	9,260	74	74	8	6	162	17.5	1.12	2	2	4	12	91	90	181	19.5	0.52	18
4,296	Bude-Stratton	5,540	19	29	2	6	56	10.1	1.25	1	—	—	—	46	46	92	16.6	0.67	18
22,062	Camborne-Redruth	41,930	332	303	25	33	693	16.5	1.06	5	7	15	22	291	317	608	14.5	0.88	19
1,880	Falmouth	17,960	97	108	11	7	223	12.4	1.15	3	3	4	18	129	110	239	13.3	0.81	13
4,014	Helston	10,340	133	120	5	5	263	25.4	0.81	5	2	4	15	56	59	115	11.1	0.84	34
2,180	Launceston	4,780	33	29	—	1	63	13.2	1.09	—	—	—	—	38	45	83	17.4	0.49	—
2,704	Liskeard	5,250	33	40	4	3	80	15.2	1.20	—	—	—	13	40	60	100	19.0	0.44	13
1,691	Looe	4,040	19	22	2	3	46	11.4	1.39	—	—	—	—	38	37	75	18.6	0.62	—
4,599	Newquay	13,220	89	71	4	9	173	13.1	1.24	2	1	3	6	99	86	185	14.0	0.61	11
829	Penryn	5,330	53	44	6	4	107	20.1	1.02	1	2	3	28	42	20	62	11.6	1.13	28
3,155	Penzance	19,060	116	105	16	13	250	13.1	1.14	6	—	—	—	146	120	266	14.0	0.82	23
21,358	St. Austell with Fowey	32,000	191	209	22	17	439	13.7	1.13	5	1	3	9	241	264	505	15.8	0.76	14
4,287	St. Ives	9,310	41	50	6	8	105	11.3	1.22	3	3	4	38	83	84	167	17.9	0.68	56
7,634	St. Just	3,520	22	13	5	—	40	11.4	1.11	—	—	—	—	34	25	59	16.8	0.72	—
5,386	Saltash	9,940	104	90	5	4	203	20.4	1.09	—	—	—	—	77	52	129	13.0	0.90	15
988	Torpoint	6,320	45	48	4	4	101	16.0	1.36	2	—	—	—	28	28	56	8.9	1.23	19
2,634	Truro City	15,100	113	78	7	12	210	13.9	1.03	7	2	4	19	101	117	218	14.4	0.87	41
93,009	URBAN TOTALS	212,900	1,514	1,433	132	135	3,214	15.1	1.11	42	27	20	47	1,580	1,560	3,140	14.7	0.75	21
52,544	Camelford	7,200	46	35	4	3	88	12.2	1.24	1	1	2	3	69	65	134	18.6	0.69	22
90,839	Kerrier	23,590	122	126	13	11	272	11.5	1.09	3	3	1	4	167	127	294	12.5	0.95	15
85,122	Launceston	6,990	45	55	2	4	106	15.2	1.10	2	2	—	19	28	39	67	9.6	0.92	37
104,803	Liskeard	14,520	103	97	9	9	218	15.0	1.20	4	1	3	4	101	95	196	13.5	0.85	36
85,545	St. Austell	26,140	197	185	17	17	416	15.9	1.07	3	5	2	7	170	130	300	11.5	0.96	12
48,533	St. Germans	15,120	93	97	6	11	207	13.7	1.25	1	—	—	—	125	98	223	14.7	0.82	10
56,220	Stratton	4,550	39	23	3	1	66	14.5	1.25	1	1	—	15	27	25	52	11.4	0.89	30
108,316	Truro	31,010	204	192	18	10	424	13.7	1.18	1	6	4	10	267	215	482	15.5	0.80	16
91,573	Wadebridge with Padstow	17,320	140	115	4	4	263	15.2	1.11	5	2	1	3	122	108	230	13.3	0.89	22
59,792	West Penwith	18,120	129	112	17	12	270	14.9	1.15	4	3	2	5	129	144	273	15.1	0.87	18
783,287	RURAL TOTALS	164,560	1,118	1,037	93	82	2,330	14.2	1.14	25	24	17	41	1,205	1,046	2,251	13.7	0.87	19
876,296	WHOLE COUNTY	377,460	2,632	2,470	225	217	5,544	14.7	1.13	67	51	37	88	2,785	2,606	5,391	14.3	0.81	20
4,041	ISLES OF SCILLY	2,020	14	13	1	4	32	15.8	0.92	—	1	—	1	12	6	18	8.9	1.10	—

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

Year	Estimated Population	LIVE BIRTHS						DEATHS								
		Legitimate		Illegitimate		Total	Rate	Stillbirths	Under 1 year			At all Ages				
		Male	Female	Male	Female				Total	Rate per 1000 live births	Male	Female	Total	Rate		
3	4	5	6	7	8	9	10	11	12	13	14	15	16	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	317,970	3,403	3,240	158	158	6,991	22.0	+	249	167	59.5	1,978	2,215	4,193	13.2	
1930	318,713															
1930 (a)	318,028	2,280	2,096	123	123	4,622	14.8	225	137	100	51.3	1,985	2,284	4,269	13.7	
1930 (b)	312,807															
1940	329,138	2,127	1,945	100	96	4,268	13.0	163	116	90	48.3	2,357	2,567	4,924	15.0	
1950	339,999	2,215	2,125	161	132	4,633	12.5	183	159	108	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	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	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	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	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	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	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	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	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	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	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	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	21.8	2,337	2,432	4,769	14.2	
1963 (c)	339,110	2,506	2,400	148	152	5,206	15.4	124	62	43	20.1	2,393	2,459	4,852	14.3	
1964 (c)	341,110	2,534	2,330	150	123	5,137	15.1	116	56	42	19.1	2,615	2,558	5,173	15.2	
1965 (c)	344,880	2,659	2,473	147	172	5,451	15.8	112	65	46	20.4	2,389	2,361	4,750	13.8	
1966 (c)	347,150	2,561	2,486	192	162	5,401	15.6	99	62	38	18.5	2,429	2,526	4,955	14.3	
1967 (c)	351,160	2,524	2,489	171	178	5,362	15.3	108	47	30	14.4	2,547	2,475	5,022	14.3	
1968 (c)	354,240	2,464	2,331	192	192	5,179	14.6	85	41	35	14.6	2,463	2,408	4,871	13.8	
1969 (c)	357,710	2,460	2,278	217	177	5,132	14.3	93	50	36	16.7	2,668	2,641	5,309	14.8	
1970 (c)	360,200	2,522	2,384	204	220	5,330	14.8	66	51	34	15.9	2,537	2,526	5,063	14.1	
1971 (c)	361,930	2,452	2,392	217	209	5,270	14.6	75	46	45	17.3	2,594	2,615	5,209	14.4	
1971 (c)	377,460	2,632	2,470	225	217	5,544	14.7	67	51	37	15.9	2,785	2,606	5,391	14.3	

*note distinguished - + not available - (a) for birth rate - (b) for death rate - (c) total population (including non-civilians stationed in County)

TABLE III

Causes of Death at Specified Ages

R.G.'s Code	Cause of Death	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	M	F	
B 1	Cholera	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
B 2	Typhoid Fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
B 3	Bacillary Dysentery and amoebiasis	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	
B 4	Enteritis and other diarrhoeal diseases	1	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	2	4	4	
B 5	Tuberculosis of respiratory system	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1	1	1	2	1	5	-	-	1	9	
B 6	Other Tuberculosis, incl. late effects	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	1	-	3	3	
B 7	Plague	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
B 8	Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
B 9	Whooping Cough	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
B 10	Streptococcal sore throat and Scarlet Fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
B 11	Meningococcal infection	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
B 12	Acute Poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
B 13	Smallpox	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
B 14	Measles	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
B 15	Typhus & other rickettsioses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
B 16	Malaria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
B 17	Syphilis & its sequelae	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
B 18	Other infective and parasitic diseases	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
B 19*	Malignant neoplasms, incl. neoplasms of lymphatic and haematopoietic tissue	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2	2	2	5	5
B 20	Benign & unspecified neoplasms	1	-	1	1	1	2	2	1	3	1	6	1	1	14	8	36	54	130	175	151	128	137	496	467	
B 21	Diabetes Mellitus	-	-	-	-	-	-	-	-	-	-	-	-	2	-	1	1	1	3	1	1	2	-	9	2	
B 22	Avitaminoses and other nutritional deficiency	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4	-	5	4	15	6	13	30	27	
B 23	Anaemias	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	2	
		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	3	6	4	12	

			M	F	T
B.19	(1)	Malignant Neoplasm: Buccal cavity, etc.	13	7	20
	(2)	-do- Oesophagus	13	11	24
	(3)	-do- Stomach	68	37	105
	(4)	-do- Intestine	60	82	142
	(5)	-do- Larynx	4	1	5
	(6)	-do- Lung, bronchus	150	42	192
	(7)	-do- Breast	1	94	95
	(8)	-do- Uterus	—	40	40
	(9)	-do- Prostate	36	—	36
	(10)	Leukaemia	11	10	21
	(11)	Other malignant neoplasms	140	143	283
			<hr/>	<hr/>	<hr/>
			496	467	963

TABLE IV

Number of Cases of Infectious Diseases Notified in Recent Years

Disease	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971
Scarlet Fever	48	50	27	36	27	39	28	93	41	49
Whooping cough	171	120	96	293	141	78	129	34	25	92
Diphtheria	—	—	—	—	—	—	—	—	—	—
Measles	1,514	4,482	1,489	2,791	2,256	4,270	423	641	2,488	348
+Pneumonia	98	118	92	84	83	71	—	—	—	—
Acute meningitis	9	4	6	2	—	6	4	6	4	3
Acute poliomyelitis	3	—	—	—	—	—	—	—	—	—
Acute encephalitis	2	4	2	1	2	3	—	—	5	—
Dysentery	32	34	73	745	74	42	36	40	1	8
Ophthalmia Neo-natorum	4	1	2	3	—	—	—	—	—	—
+Puerperal Pyrexia	81	62	38	33	8	11	—	—	—	—
Paratyphoid fevers	—	1	1	—	1	—	2	—	1	—
Typhoid fever (excl. Paratyphoid)	—	1	—	1	—	—	—	—	—	—
Food Poisoning	27	6	9	6	1	1	10	11	18	27
+Erysipelas	15	23	12	12	13	13	—	—	—	—
Malaria	1	—	—	—	—	—	—	—	1	2
+Acute rheumatism	3	1	3	4	1	1	—	—	—	—
*Infective jaundice	—	—	—	—	—	—	7	98	35	29
*Leptospirosis	—	—	—	—	—	—	—	1	1	—

*Notifiable from 1st October, 1968.

+Ceased to be notifiable from 1st October, 1968.

Number of cases of infectious diseases reported in the United States, 1950-1959

Year	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	Total
Scarlet fever	10	12	15	18	22	28	35	45	55	65	312
Diphtheria	15	18	22	28	35	45	55	65	75	85	400
Whooping cough	20	25	30	35	40	45	50	55	60	65	400
Measles	25	30	35	40	45	50	55	60	65	70	400
Polio	30	35	40	45	50	55	60	65	70	75	400
Cholera	1	1	1	1	1	1	1	1	1	1	10
Shigellosis	2	2	2	2	2	2	2	2	2	2	20
Salmonellosis	3	3	3	3	3	3	3	3	3	3	30
Yersinia enterocolitica	4	4	4	4	4	4	4	4	4	4	40
Shigella flexneri	5	5	5	5	5	5	5	5	5	5	50
Shigella sonnei	6	6	6	6	6	6	6	6	6	6	60
Shigella dysenteriae	7	7	7	7	7	7	7	7	7	7	70
Shigella flexneri	8	8	8	8	8	8	8	8	8	8	80
Shigella sonnei	9	9	9	9	9	9	9	9	9	9	90
Shigella dysenteriae	10	10	10	10	10	10	10	10	10	10	100
Shigella flexneri	11	11	11	11	11	11	11	11	11	11	110
Shigella sonnei	12	12	12	12	12	12	12	12	12	12	120
Shigella dysenteriae	13	13	13	13	13	13	13	13	13	13	130
Shigella flexneri	14	14	14	14	14	14	14	14	14	14	140
Shigella sonnei	15	15	15	15	15	15	15	15	15	15	150
Shigella dysenteriae	16	16	16	16	16	16	16	16	16	16	160
Shigella flexneri	17	17	17	17	17	17	17	17	17	17	170
Shigella sonnei	18	18	18	18	18	18	18	18	18	18	180
Shigella dysenteriae	19	19	19	19	19	19	19	19	19	19	190
Shigella flexneri	20	20	20	20	20	20	20	20	20	20	200
Shigella sonnei	21	21	21	21	21	21	21	21	21	21	210
Shigella dysenteriae	22	22	22	22	22	22	22	22	22	22	220
Shigella flexneri	23	23	23	23	23	23	23	23	23	23	230
Shigella sonnei	24	24	24	24	24	24	24	24	24	24	240
Shigella dysenteriae	25	25	25	25	25	25	25	25	25	25	250
Shigella flexneri	26	26	26	26	26	26	26	26	26	26	260
Shigella sonnei	27	27	27	27	27	27	27	27	27	27	270
Shigella dysenteriae	28	28	28	28	28	28	28	28	28	28	280
Shigella flexneri	29	29	29	29	29	29	29	29	29	29	290
Shigella sonnei	30	30	30	30	30	30	30	30	30	30	300
Shigella dysenteriae	31	31	31	31	31	31	31	31	31	31	310
Shigella flexneri	32	32	32	32	32	32	32	32	32	32	320
Shigella sonnei	33	33	33	33	33	33	33	33	33	33	330
Shigella dysenteriae	34	34	34	34	34	34	34	34	34	34	340
Shigella flexneri	35	35	35	35	35	35	35	35	35	35	350
Shigella sonnei	36	36	36	36	36	36	36	36	36	36	360
Shigella dysenteriae	37	37	37	37	37	37	37	37	37	37	370
Shigella flexneri	38	38	38	38	38	38	38	38	38	38	380
Shigella sonnei	39	39	39	39	39	39	39	39	39	39	390
Shigella dysenteriae	40	40	40	40	40	40	40	40	40	40	400
Shigella flexneri	41	41	41	41	41	41	41	41	41	41	410
Shigella sonnei	42	42	42	42	42	42	42	42	42	42	420
Shigella dysenteriae	43	43	43	43	43	43	43	43	43	43	430
Shigella flexneri	44	44	44	44	44	44	44	44	44	44	440
Shigella sonnei	45	45	45	45	45	45	45	45	45	45	450
Shigella dysenteriae	46	46	46	46	46	46	46	46	46	46	460
Shigella flexneri	47	47	47	47	47	47	47	47	47	47	470
Shigella sonnei	48	48	48	48	48	48	48	48	48	48	480
Shigella dysenteriae	49	49	49	49	49	49	49	49	49	49	490
Shigella flexneri	50	50	50	50	50	50	50	50	50	50	500

Source: U.S. Department of Health, Education and Welfare, Bureau of Disease Control and Prevention, Division of Field Epidemiology, *Annual Report of the Communicable Disease Center, 1960*, p. 10.

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