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OF

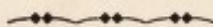
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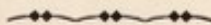
Annual Report

OF THE

MEDICAL OFFICER OF HEALTH.




—o— 1909. —o—



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# **Annual Report for 1909.**

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TO THE RURAL DISTRICT COUNCIL  
OF  
EAST KERRIER.

GENTLEMEN,

During the past year 137 births, 71 of which were males and 66 females, were registered, giving an annual birth-rate of 16·72 per thousand inhabitants.

During the same period 126 deaths, 66 of which were males and 60 females, were registered, giving an annual death-rate of 15·38 per thousand inhabitants.

The natural increase was eleven.

I append, as usual, a list of birth and death-rates for the past ten years, worked out for each year on the census population for that year. This population in 1900, and up to the time of taking the census in 1901, was 8,510; but from the 1901 census onwards it was 8,192.



Birth-rates for past ten years.	Death-rates for past ten years.
1900—23·2	1900—16·5
1901—21·4	1901—16·6
1902—22·8	1902—18·6
1903—21·6	1903—16·6
1904—23·9	1904—15·1
1905—15·8	1905—17·08
1906—20·01	1906—14·5
1907—16·6	1907—13·54
1908—20·01	1908—13·3
1909—16·72	1909—15·38

The above birth and death-rates differ from those in Table I of the group of Statistical Tables which I enclose, and copies of which will also be found at the end of this Report. The former are worked out on the “census” populations, whilst the latter are worked out on the “estimated” populations for their respective years. This “estimated” population always differs from the “census” population, and, therefore, of course all rates worked out on one must differ from similar rates worked out on the other. The “estimated” population is higher or lower than the “census” population, according as to whether the population rose or fell from the 1891 census to the 1901 census. In this district the population fell from 8,510 in 1891, to 8,192 in 1901, and therefore the population of the district, estimated to the middle of 1909 (as it is in the Tables), would be less than the census population, as taken in 1901: in fact it



works out to 7,928. The birth and death-rates for 1909 in Table I, being worked out on a population of 7,928, are therefore both higher than the same rates in the list I have given above, because these are worked out on a population of 8,912. I feel it is necessary to enter into this explanation in order to explain the discrepancy between these rates, as given, firstly, in my report and, secondly, in the tables.

With regard to these tables, they are of considerable interest, and furnish valuable information on the sanitary history of this district during the past year. At the same time interesting comparisons with former years can be made. Table I furnishes statistics which cover the past ten years. These include the population estimated to the middle of each year of the past ten years, the actual number of births, deaths, &c. for each year: and the birth and death-rates, as well as the infantile death-rate per thousand births, all of which, as I have already said, are calculated upon the "estimated" population of the year to which they relate. This table also shows that the area of the district is 24,319 acres, that the number of inhabited houses at the 1901 census was 1907, and that the average number of persons per house was 4.3. Table II gives practically the same information as Table I, but for each parish separately instead of for the whole district, minus the rates. Table III gives the total number of cases of



Infectious Diseases notified in the district throughout the year, as well as the number notified in each particular parish. Table IV gives the causes of death and ages at death, both for the district as a whole, as well as for each parish separately. Table V shows the mortality among infants under one year of age, the causes of death, and the ages in weeks and months at death. The number of legitimate and illegitimate births and deaths is also shown.

For the purpose of practically comparing one year with another, I would direct your attention rather to the List I have given at the beginning of this report, than to the Tables at the end, because the data in the former are calculated on a population which is constant for each year from 1901 onwards, whereas the latter are calculated on populations growing less year by year. It is certainly possible that these tables are nearer the truth than the former, but I am inclined to think that when the census is taken in 1911 the actual population of this district will be found to be higher than the "estimated" population would make it, and that we shall not be found to be 300 less than in 1901. That being so, it will be seen that the birth-rate for 1909 is practically on a level with that of 1907, which was next to the lowest of the past ten years. The general birth-rate for England and Wales in 1909 was 25·6. We are therefore far below the national birth-rate. It seems astonishing



that during the past five years our birth-rate should have touched depths which were never dreamed of before. Of course it is well known that the national birth-rate has for years been steadily declining ; but our district birth-rate has declined out of all proportion to the decline in the national rate. I find that for the ten years, 1891 to 1900, the birth-rate of the district averaged nearly 25, never sinking below about 24 ; but from 1901 to 1909 the average is below 19, sinking to as low as 15·8 in 1905, 16·6 in 1907, and 16·7 in 1909. In previous reports, and especially in that for 1905, I have advanced reasons to, in part, account for this serious falling-off in the birth-rate of this district. That some influence upon the rate must be exercised by prosperity or the reverse in our local industries is self-evident, and it is unnecessary for me, after all we have heard of late on political platforms and elsewhere, to tell you that these have been the reverse of prosperous ; thereby creating a state of trade which is but little calculated to keep men in our midst. I based another reason for this fall in the birth-rate upon the conclusions arrived at by a Commission, which was appointed to enquire into the gradual, but steady, decline in the national birth-rate ; their conclusions whilst applying to the nation as a whole must also apply, in some instances more and in others less, to individual communities which, when combined, go to make up the nation. In my 1905 Report I gave these conclusions in more or less detail : and



I am of opinion that they hold good now, and that they represent a state of things existing in our midst which militates against our birth-rate.

With regard to the death-rate for 1909 it will be seen that, whilst it is higher than those of the three previous years, it is yet an average one for the past ten years, though higher than the death-rate for England and Wales in 1909, which was 14.5.

On reference to Table IV it will be seen that, exclusive of deaths in the Workhouse, there were 57 who reached the age of 65 years and upwards, whilst of the 20 deaths in the Workhouse 16 were of aged people: so that of a total of 126 deaths in the district 73 were of aged people, that is, considerably more than one half. Some of these attained to very great ages. This is a much higher proportion of such deaths than for years past, and is of course a good feature. For though people must die some time or other, if we can show a high proportion of deaths among aged people year after year it furnishes some evidence of the sanitary well-being of our district.

On looking at the number of deaths among those just starting in life, among infants, we find that in 1909 there were thirteen deaths under one year of age, giving an infantile death-rate per thousand births of 94.89. The same rate for England and Wales was 109. It is satisfactory



to find that we are again under the national death-rate in this respect, as we generally are. Of course in comparing 1909 with former years we must remember we were particularly fortunate in that year in having only one death from the ordinary zymotic diseases. We had a prolonged epidemic of Measles, but there was not a single death; the one death was from Scarlet Fever and that not of an infant. In other years we have been less fortunate, the type of the epidemic disease having probably been more severe. So that, because the infantile death-rate from one year is lower than that for another, it may be only accidental and a piece of good fortune, without it bring any indication that by a better knowledge on the rearing of infants the infantile mortality has been lowered. I however, as I have before said in one or two recent reports, do think that mothers generally have improved ideas of the manner in which infants should be fed and generally looked after, and that some of the old views, fatal as they have been in the course of time to many thousands of infants, have been relegated to the past. Better education, lectures and literature on this subject, correspondence in the Press, knowledge disseminated of late years by district nurses, &c., have no doubt had a great influence for good. In this district, in past years, useful work has been done by the distribution of cards of instruction on the rearing of infants, &c.; in fact I think we may consider ourselves to have been among the



pioneers in this work. I am certain that those cards, issued through the kind help of the several registrars, did great good in killing old ideas by inculcating more scientific ones. But I am afraid the distribution of these cards has fallen off of late; I would urge the Council to revive the practice. It is possible that the old cards might now be improved upon, and I shall be very pleased to do what I can to draw up a satisfactory and up-to-date set of instructions.

On referring to Table III it will be seen that there were in all twenty-three cases of zymotic diseases notified in 1909:—one of Small-pox, two of Erysipelas, seventeen of Scarlet Fever, and three of Enteric Fever. Of the twenty-three cases, three were in Mylor, one in Perran-ar-worthal, five in Constantine, seven in Mawnan, three in St. Gluvias, and four in Budock. Mabe escaped altogether. The four Budock cases were landed from ships arriving at Falmouth and were removed to the Port Sanitary Isolation Hospital, which is situated in the parish of Budock. Budock cannot be blamed for having these cases in its midst, but only pitied, for personally I think it a great hardship, and a possible danger, that sailors, suffering as one was from Small-pox, should be introduced into an innocent community. I think the Port Sanitary Authority should either have provided a floating hospital, or have found a spot on the St. Anthony side of the harbour where,



owing to the sparseness of the population, isolation would have been more complete, rather than on this side, where before reaching the hospital these cases, possibly of cholera, plague, &c., have to be conveyed through a thickly populated district.

In the number of cases notified, 1909 shows a great decrease upon the three or four previous years. Had it not been for the cases of scarlet fever, which were the tail end of the epidemic in the latter part of 1908, we should have had an abnormally low zymotic record.

The case of Small-pox was, as I have already indicated, in the parish of Budock, in the Port Sanitary Isolation Hospital there.

With regard to the three cases of Enteric Fever, only one was that of a resident of our district, the remaining two being sailors, landed at Falmouth and removed to the Port Sanitary Hospital. Even the case of the person who actually belongs to this district, his home being in Flushing, was almost to a certainty not contracted in that place : for there was absolutely nothing in his house or its surroundings to cause this complaint, whereas from enquiries made, I have good reasons for thinking that the disease was contracted at his place of employment, which is beyond the limits of this district. It will therefore be seen that, though I have to record three cases of Enteric



Fever during 1909, not one of these can be laid at our doors.

Of the seventeen cases of Scarlet Fever, one was at the Port Sanitary Hospital, a sailor landed from his ship in Falmouth harbour, one in Mylor, five in Constantine, seven in Mawnan, and three in St. Gluvias. There had been a severe epidemic of this complaint in 1908, and these cases were a continuation of the same into 1909. There was one death, the case being one of Puerperal Scarlet Fever, in a woman who had been recently confined. All these cases occurred in the first half of the year at intervals, two or three cropping up afresh just when one was congratulating one's self that the last of the trouble was over. The last six or seven cases were in Mawnan ; only two of these were notified, the others, though genuine cases, being so mild that their true nature only began to be suspected when peeling showed itself. It was from one of these, which was going to school, that the others arose. I advised the closing of the schools, but I did so more from the paucity of the attendance than from any effect such a step has, in my opinion, upon the spread of the complaint. I have expressed my views on this point in former reports. I think if the first cases could be efficiently and immediately isolated, the schools might then be closed for a time and the course of events watched. This would probably prevent an epidemic in most instances ; but to keep two or three cases



in a village, and under conditions where strict isolation is impossible, it would be quite as necessary to stop all public worship, Sunday schools, tea meetings, &c., as to close the day schools.

I will not force my views upon the Isolation Hospital question upon this Council again, as it has been a constant theme in my Annual Reports for many years past. But I feel it my duty to say that every district should possess some place to which a case of infectious disease might be removed, should people so wish. At present, I know that many would object to avail themselves of such a chance, but there are others who would be only too glad to. There was some talk in the past year of this Council conferring with the Penryn Council with a view to the two authorities combining in this matter, but of late nothing more has been heard of it. I do hope it will not be allowed to lapse. In this district we already possess a good site, and we have gone to the expense of providing a good supply of water. We have now only to provide the building, and then it will be for ever ready if wanted. I see that in some districts which possess an Isolation Hospital it has not been found necessary to open it for years, and under such circumstances the current expenses would be practically nil; but I have no doubt the fact of having such a place in their midst, ready for use, affords considerable satisfaction in many ways.



Another requisite to deal effectively with infection is a disinfecting apparatus or chamber. It is certain that such a thing ought to be within our reach, and accessible to us when required, for it is impossible to deal with such articles as infected mattresses, &c., in any other way than by a disinfecting chamber of some kind. The ordinary fumigation of rooms, as practiced after infectious diseases, is not sufficient. I see that in the local press attention has been recently drawn to this question. I do not know if anything practical will come of it, but I hope this Council will give its support, for I know of nothing we need more.

On reference to Table IV it will be seen that of the total number of deaths which occurred in 1909, twenty-three died from diseases of the Respiratory System, a rate of 2·8 per thousand inhabitants. From 1900 to 1906, the average death-rate from these diseases was 3·06: in 1907 it was 2·44, and in 1908, 1·57. Of these twenty-three deaths five were from Phthisis, six from Bronchitis, eleven from Pneumonia, and one from Pleurisy. Although Phthisis is not made notifiable by this Authority, though it ought to be as much as Specific Fevers are, whenever a death occurs from this disease the premises are thoroughly fumigated. Here again, however, one sees the necessity for a disinfecting apparatus, for it is impossible to destroy, by mere fumigation, the germs of this disease, which must impregnate



mattresses and other things which the patient may have used for probably a long time before death.

I wish to call the attention of this Council, not to cases of Phthisis so far advanced that there is no possible hope, but to cases in the early stage of the disease. Of course such cases crop up every now and then, only to slowly go from bad to worse. Now if such cases were sent to a sanatorium, even if they in the end are not cured, they would, however, in all probability, improve so much that their lives would be prolonged for many years. They also learn in the sanatorium what they ought to do, and are only too anxious, as far as their circumstances will permit, to continue the sanatorium life at home. The sanatorium is however beyond the reach of the cases which I have in my mind's eye, and it is often most difficult to obtain a sufficient number of subscribers' letters to get them in, whilst the delay caused in getting the letters is often so great as to be prejudicial to the prospects of the cases. I would, therefore, again urge upon this Authority to really seriously consider this matter, and to do something which will enable us to get a bed, and to get one expeditiously, for any case urgently needing treatment. I think it is a dreadful thing that in most Unions no helping hand is held out by public bodies in these cases, and that all is left to the chances of private charity.



Table IV also shows that there were fourteen deaths from Heart Disease, an increase upon the last four or five years. The number of deaths from Cancer show a distinct increase in 1909 upon the number per annum of several years past. This does not necessarily mean that there is a corresponding increase in the disease, for next year the drop may be even greater than the rise this year. Four of the deaths from Cancer were in Mylor, three in Perran-ar-worthal, four in Constantine, and one each in Mabe, Mawnan, and St. Gluvias. Budock was the only parish in which there was not a death.

Table IV also shows that from diseases which are compulsorily notifiable under the Infectious Diseases (Notification) Act, there was only one death, and that from Scarlet Fever, giving a Zymotic death-rate of  $\cdot 12$ . Here again we were below the national rate, which was  $1\cdot 12$ .

From diseases which have not been made notifiable, and which yet come under the heading of "Zymotics," there was not a single death. Of this class, with the exception of an outbreak of Chicken-pox in Ponsanooth and the neighbourhood, Measles was practically the only one requiring notice. This complaint began in Budock about October and rapidly became epidemic, spreading to other parts of the district up to the end of the year. Fortunately there was not a single death.



With regard to Vaccination, I regret to say that each year the number of exemptions increases, and as a consequence, the number of those who are unprotected against Small-pox is a rapidly growing one. Evasion by exemption is now made so perfectly easy that there is now, practically, no law in the matter at all, and I think if the Act were done away with altogether, there would be just as many vaccinated then as now. One's fears, as to what the result would be, should Small-pox really appear, are somewhat modified by the certain knowledge that a very large majority of those, who now, when danger is far away, declaim against vaccination, would be the very first to be vaccinated themselves, and to have their children vaccinated, on the first appearance of danger. I speak from past experience, and I know the same would happen again.

During the year no work of importance in Drainage or Water Supply has been carried out. In Flushing, great changes have taken place, and many old places have become new. This applies, practically entirely, to that part of the village which most needed improvement. The sanitary arrangements of the newly-built houses are satisfactory, the result being, that several old-standing nuisances have been done away with. There seems to be a tendency to deal with other old properties in a similar manner, so that in this way and in the course of time, Flushing would slowly work out its own salvation. But as there is



some uncertainty about when all this would take place, I would advise that, where necessary, all cess-pits in this area, be re-constructed and raised above high-water mark.

As to the water-supply scheme, things have not advanced since my last report, but I am glad to say there has been no lack of water in the village throughout the year. What further steps, if any, are required to finally settle this long-standing question, will be for the new Council to consider.

The main-drain at Gweek has been improved and extended. At Mawnan Smith, where the drainage of the north side of the village was practically completed in 1908, it was thought advisable this year to build two tanks at the outfall of the main drain, the first to catch solids and the second to receive the liquid overflow from the first tank. It was considered that any overflow that might take place from the second tank would, by the process of settlement in the two tanks, be rendered very inoffensive and of no danger to cattle. Several cess-pits are now connected with this sewer : these used to be abominable, but since they have been drained, and a better supervision exercised over them, matters have much improved.

At Carlidnick the present water supply and its surroundings have been much improved by concreting around the well and protecting it, by putting in drains to carry all surface and storm water well away from



it. But though the present supply has been improved, that does not do away with the fact that it is an inconvenient one. In this opinion the Sanitary Committee, which met at Carlidnick, agreed. The distance that some have to go for water is not a reasonable one, and when the weather is bad and the lane wet and muddy, I can quite sympathize with those who have to fetch the water, if they cut down the amount used to the lowest possible point. A supply ought to be provided at Carlidnick Cross, which would be within the reach of all.

Throughout the year numerous complaints have been attended to, and all notices which have been served have been complied with.

The Dairies and Cowsheds throughout the district are in very good order, and a great improvement all around effected.

All Slaughter Houses, Workshops, and Workplaces have been inspected and are in a satisfactory condition.

In reply to special information required by the Local Government Board I may say, (1) That there are seventeen Slaughter Houses in the district: that Mr. Chubb visits them frequently, making a special point of doing so when slaughtering is going on: that we have no Inspector with a special certificate in meat inspection: that Mr. Chubb has found no tuberculous carcasses, nor has he seen any suspicious ones for at least three years.



(2) That the Notification of Births Act, 1907, has not been adopted in the district.

(3) That Privies, where thought to be necessary, are converted into Water-closets. There must be more than a hundred water-closets, excluding isolated and detached private houses.

That the type of closet now allowed to be erected is the ordinary closet with midden, but built on modern lines, the pits not to contain more than half a cubic yard, and to be covered and ventilated. Fifteen of these were built during the past year, four earth-closets and ten private water-closets.

(4) That when suspicious of any case, a Veterinary Surgeon is called in : and occasionally a cow has been either removed or destroyed.

I have the honour, Gentlemen, to remain,

Your obedient Servant,

J A M E S    B L A M E Y ,

Medical Officer of Health.

March 10th, 1910.

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TABLE I.

Year.			Population estimated to Middle of each Year.	Births.		Total Deaths Registered in the District.				Total Deaths in Public Institutions in the District.	Deaths of Non-residents registered in Public Institutions in the District.	Deaths of Residents registered in Public Institutions beyond the District.	Nett Deaths at all Ages belonging to the District.	
						Under 1 Year of Age.		At all Ages.					Number.	Rate.
				Number.	Rate.	Number.	Rate per 1,000 Births Registered.	Number	Rate.					
1	2	3	4	5	6	7	8	9	10	11	12	13		
1899	...	...	8154	217	26.61	20	92.16	124	15.2	16	I presume there have been none as I have no returns of such deaths.	124	15.2	
1900	...	...	8110	198	24.41	24	121.21	141	17.38	16		141	17.38	
1901	...	...	8184	176	21.5	23	130.68	136	16.6	20		136	16.6	
1902	...	...	8152	187	22.93	23	122.9	153	18.76	18		153	18.76	
1903	...	...	8120	177	21.79	16	90.39	136	16.74	14		136	16.74	
1904	...	...	8089	199	24.6	13	65.32	124	15.32	11		124	15.32	
1905	...	...	8057	130	16.13	25	192.3	140	17.37	21		140	17.37	
1906	...	...	8025	164	20.43	13	79.26	119	14.82	14		119	14.82	
1907	...	...	7993	136	16.6	10	73.52	111	13.54	9		111	13.54	
1908	...	...	7961	164	20.6	15	91.46	109	13.69	18	15	94	11.8	
Averages for Years 1899-1908			8084	174.8	21.55	18.2	105.94	129.3	15.95	15.7		127.8	15.76	
1909			7928	137	17.28	13	94.89	126	15.89	20	19	0	107	13.44

Rates in Columns 4, 8, and 13 calculated per 1,000 of estimated population.

Area of District in acres (exclusive of area covered by water) 24319.

Total population at all ages 8192.

Number of inhabited houses 1907.

Average number of persons per house 4.3.

} At Census of 1901.



TABLE II.

NAMES OF LOCALITIES.	1. BUDOCK.				2. MYLOR.				3. PERRAN-AR-WORTHAL.				4. CONSTANTINE				5. MABE.				6. MAWNAN.				7. ST. GLUVIAS.			
	Population esti- mated to middle of each year.	Births Registered.	Deaths at all Ages.	Deaths under 1 year.	Population esti- mated to middle of each year.	Births Registered.	Deaths at all Ages.	Deaths under 1 year.	Population esti- mated to middle of each year.	Births Registered.	Deaths at all Ages.	Deaths under 1 year.	Population esti- mated to middle of each year.	Births Registered.	Deaths at all Ages.	Deaths under 1 year.	Population esti- mated to middle of each year.	Births Registered.	Deaths at all Ages.	Deaths under 1 year.	Population esti- mated to middle of each year.	Births Registered.	Deaths at all Ages.	Deaths under 1 year.	Population esti- mated to middle of each year.	Births Registered.	Deaths at all Ages.	Deaths under 1 year.
YEAR.																												
1899	1336	42	30	3	2264	56	29	5	902	17	12	0	1634	57	26	5	622	16	10	1	443	8	4	1	953	21	13	5
1900	1329	33	30	3	2267	54	31	10	891	16	19	2	1618	46	36	6	619	10	6	1	439	18	3	0	948	21	16	3
1901	1288	39	40	5	2147	44	32	4	914	21	14	6	1748	45	25	6	590	9	2	1	510	7	8	0	995	21	15	1
1902	1275	47	41	8	2135	46	43	5	904	20	18	4	1746	30	29	4	583	11	8	0	514	14	3	1	996	19	11	1
1903	1264	41	33	7	2126	46	24	1	897	15	16	2	1745	40	34	3	577	10	7	1	517	7	9	1	996	18	13	1
1904	1253	49	33	2	2117	50	28	3	889	20	14	2	1744	45	24	5	572	12	6	1	520	7	5	0	997	16	14	0
1905	1242	23	33	4	2108	38	33	6	882	16	16	3	1743	27	29	4	567	12	7	1	523	5	10	3	998	9	12	3
1906	1231	46	28	5	2099	41	37	2	875	19	9	1	1742	25	24	3	562	17	10	2	526	4	6	0	999	12	5	0
1907	1220	33	18	3	2090	34	30	2	868	14	10	0	1741	31	22	2	557	8	9	1	529	5	7	0	1000	11	15	2
1908	1209	35	17	3	2081	27	17	3	861	15	5	1	1740	42	21	2	552	17	17	4	532	13	7	1	1001	15	10	1
Averages of Years 1899 to 1908	1265	38.8	30.3	4.3	2143	43.6	30.4	4.1	888	17.3	13.3	2.1	1719	38.8	27	4	580	12.2	8.2	1.3	505	8.8	6.2	.7	988	16.3	12.4	1.7
1909	1198	35	16	3	2072	33	26	3	854	12	17	0	1739	34	23	3	547	10	12	3	535	6	5	0	1002	7	8	1

**TABLE III.**  
Cases of Infectious Disease notified during the Year 1909.

NOTIFIABLE DISEASE.	CASES NOTIFIED IN WHOLE DISTRICT.					TOTAL CASES NOTIFIED IN EACH LOCALITY.							NO. OF CASES REMOVED TO HOSPITAL FROM EACH LOCALITY.						
	At all Ages.	At Ages—Years.				1 W.	2	3	4	5	6	7	1	2	3	4	5	6	7
		Under 1.	1 to 5.	5 to 15.	15 to 25.	25 to 65.													
Small-pox	1					1													
Cholera																			
Diphtheria (including (Membranous Group))																			
Erysipelas	2							1											
Scarlet Fever	17	1	4	10	2			1	5			7							
Typhus Fever																			
Enteric Fever	3				1	2		1											
Relapsing Fever																			
Continued Fever																			
Puerperal Fever																			
Plague																			
Totals	23	1	4	10	3	3		3	1	5		7							

8. Total cases removed to Hospital: Small-pox, 1; Scarlet Fever, 1; Enteric Fever, 2. Total, 4. All these cases were of sailors landed at Falmouth and removed to the Port Sanitary Isolation Hospital.