[Report 1910] / Medical Officer of Health, East Kerrier R.D.C.

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Rural District Council

OF

East Kerrier.

Annual Report

OF THE

MEDICAL OFFICER OF HEALTH.

—o— **1910.** —o—

PENRYN:
Printed by F. Chegwidden, Market Street.

Annual Report for 1910.

TO THE RURAL DISTRICT COUNCIL

OF

EAST KERRIER.

GENTLEMEN,

During the past year 153 births, 74 of which were males and 79 females, were registered, giving an annual birth-rate of 18·67 per thousand inhabitants.

During the same period 114 deaths, 49 of which were males and 65 females, were registered, giving an annual death-rate of 13·91 per thousand inhabitants.

The natural increase was thirty-nine.

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. All the rates in this list are calculated on the same population, viz: that of the 1901 census. Only

once in every ten years can this be done, that is, when the list is made up of those ten years which come between the taking of one census and the taking of the next. All other lists must contain one or more rates calculated on a population differing from that on which other rates in the same list are calculated.

Birth-rates for past ten years.	Death-rates for past ten years.
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
1910—18·67	1910—13·91

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. Those in the above list are, as I have said before, worked out on the population of the 1901 census, but those in the tables are worked out for each year on a population which is estimated on a plan adopted and approved of by the Registrar-General. This "estimated" population always differs, in our case at least, for each year; and so, too, from the "census" population,

which of course remains constant for the ten years which intervene between one census and another. It follows, therefore, that all rates worked out on the "estimated" population for any one year must differ from corresponding rates worked out on the "census" population. The "estimated" population is always higher or lower than the "census" population, according as to whether the population, as taken at one census, has risen or fallen since it was taken at the census immediately previous, that is, ten years before. In this district the population at the 1891 census was 8,510: at the 1901 census the population dropped to 8,192: therefore when we estimate the population of this district to the middle of each year (as it is in the tables) we do so on a decreased population; and so for each successive year, until the next census is taken, the "estimated" population becomes smaller and smaller. For 1910 the "estimated" population works out to 7,896. In table I it will be noticed that the birth and death-rates for 1910 are higher than the corresponding rates in the list I have given above, and, therefore, than those which I have given as the official rates; and this is because the former are worked out upon the "estimated" population for 1910, viz: 7,896, whereas the latter are worked out upon the census population, viz: 8,192. I feel it 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. We have

now reached a time when a new census will be taken, and it will be interesting to compare the total population of the district, as well as that of each parish, as furnished by the census of 1911, with these same populations as "estimated" by me in tables I and II.

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 1,907, 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 numbers 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.

In comparing one year with another, I think it better to take the figures in the list for the past ten years, which I have given at the beginning of this report, rather than those in the tables at the end, because the data in the former are for each year calculated upon the same population, whereas in the tables they are calculated upon a population which each year is estimated to be smaller than that of the previous year. That the population results so obtained must be more or less hypothetical is very evident, though they may be nearer the truth than one imagines. This point will be cleared up by the fresh census soon to be taken. However, as I said last year, I am inclined to prophesy that the district will not show such a shrinkage in population as the "process of estimation" would have us believe to have occurred from the last census to the one now to be taken. Seeing, however, that there is some uncertainty, I think it is better to trust for comparison to data founded upon a fixed population. It will be seen, therefore, that the birth rate for 1910, as compared with that of 1909, has

risen slightly: but when we compare it with that for England and Wales in 1910, which was 24·8, we see that we are far below the national birth-rate. Though the 1910 rate shows a rise upon that of the previous year, it is still below the average of the past ten years, and far below that of the previous ten years, from 1891 to 1901. Then the average was nearly 25, the rate for any one year never falling below 24. Now it is the exception for the rate to be as high as 20, and not uncommon to be as low as 16, once being but little over 15. That there must be some definite cause for this must be evident to all. The "exceptional" is of course likely to occur every now and then in all things, for which no rational explanation can be advanced. But when the average of a series of years is considerably below the average of a similar number of immediately preceding years, and when the highest rate of any one year of that series does not touch the lowest rate in the previous series, then it must come home to us that, from whatever other causes any shrinkage in our population may occur, some portion of it must be attributed to the fact that this district is not the child-producing community that it once was. I know we do not stand alone in this, for it is a well-known fact that it applies to the nation as a whole; and from whatever causes from a general and national point of view this arises we, as a district, must in all probability more or less participate. In addition to this many districts have no doubt one or more causes

peculiar to themselves, which help to some extent to account for their individual shrinkages. One of such in this district is that we probably possess a greater migratory population than do some others, married men such as granite workers, miners, &c., leaving their homes to go abroad for work which they cannot find at home.

With regard to the death-rate for 1910 it will be seen that it is practically on a par with the lowest rates of the past ten years, and therefore below the average, 15·46, for those years. It is also but slightly above the death-rate for England and Wales in 1910, which was 13·4 It is satisfactory that, whilst we can show a rise in the birth-rate, we can also show a fall in the death-rate, as compared with the previous year.

On reference to Table I and IV it will be seen that, excluding the deaths of five people who died in the Work-house who were non-residents, there were sixty-three deaths of people who had reached the age of 65 and upwards. Eighteen of these were over 80, and three were over 90. In this matter we have always stood high, and especially so in latter years, and I think this district will bear comparison with most in this item.

On turning to the other extreme of life, it will be seen that, among infants under one year of age, there were eleven deaths, and the infantile mortality

per ~~for~~ 1,000 births was 73·52. The same rate for England was 106. In this item we are more often than not below the national rate. While, therefore, beside being satisfactory from a health point of view, it is also so in showing that some compensation is obtained against the low birth-rate towards holding our own in population. Of late years this rate has year after year steadily kept low. This may be partly explained by the very few deaths from zymotic diseases which have occurred among children during those years; for though we cannot say that we have escaped visitations from such diseases, yet the type of the diseases has been of a mild nature, and consequently fatal results have been few and far between. I hope, and believe too, that it can also be accounted for by the better appreciation by the public generally, and by mothers in particular, of the fundamental rules relating to the rearing of infants. I am certain that many bad old ideas on the feeding of babies are things of the past. I regret to say that the tendency to rear children by hand, and not by the breast, is increasing; but the supply of a better class of substitutes has increased, and these have become more accessible to the general public, with the result that babies so reared are less crudely fed than in years gone by, and with less evil results.

On reference to Table III it will be seen that there were in all nineteen cases of zymotic diseases notified in 1910:—two of Diphtheria, one of

Erysipelas, twelve of Scarlet Fever, and four of Enteric Fever. Of the nineteen cases, one was in Budock, four in Mylor, two in Perran-ar-worthal, eleven in Constantine, and one in St. Gluvias. Mabe and Mawnan escaped having a single case. There were no cases notified as having been transferred to the Port Sanitary Hospital, situate in the parish of Budock, from ships arriving at Falmouth. The case of Erysipelas was of the usual facial type. I cannot see the use of notifying such cases year after year in such a district as this. In crowded communities, with large hospitals as centres for operative work, it is of importance that there should be no risk of this complaint entering such an institution, though that danger in these days of aseptic surgery is not of the importance that it once was. But to pay notification fees for trivial cases of facial erysipelas, developed more by a cold east wind than by anything else, is wasting money which might be much better applied towards notifying cases of such a disease as phthisis, a complaint which annually accounts for a number of deaths, and with which we could deal on lines more or less similar to those we take for other communicable diseases. The two cases of Diphtheria were both in the parish of Perran-ar-worthal, and in the same house. A boy was the first to develop it, and then his mother contracted it from him. There was absolutely nothing in or around the premises to give a clue to the appearance of this disease: but I found out that from Friday to

Monday of each week the boy stopped with his grand-parents in another part of the district. On going there I found a most insanitary state of things, in and around an adjoining house where the boy spent a good deal of his time, a state of things quite sufficient to account for his illness, especially when I found that more than one in the house in question had only just previously been suffering from "sore throats." I have very little doubt that these throats were mildly diphtheritic; but as no doctor had attended, and as the people had thought them to be only sore throats, I cannot speak positively. In the immediate neighbourhood of the house, and to a certain extent built up against it, were two donkey stables, a large fowl run, and a most offensive and overflowing cess-pit. This state of things at any time would be bad, but just at that time the country was deluged with an exceptional and long-continued rainfall. This swamped the pit and floated out its contents, to mingle with the drainage from stables, fowl run, &c. All this poisonous material collected around the house, which happened to be on a lower level, and soaked into its foundations and through its walls. I think it will be evident that this state of things was quite sufficient to cause sore throats to those living in the house, and to account for the first of the Perran cases of Diphtheria.

Of the twelve cases of Scarlet Fever, one was in the parish of Budock, and the remaining eleven

in the parish of Constantine. The Budock case had practically finished peeling when I first saw her: no doctor had attended her, as her mother did not recognise the nature of the complaint. The child was freely mixing with others, in fact she was sent back from school because of the peeling. I believe two cases followed at school as the result of this one. This case occurred in July, but the first of the Constantine cases only began in October, the subsequent cases cropping up at intervals during the remainder of the year. Not another parish had a case. The first two cases were notified on almost the same day. They were far distant from each other, at extreme ends of the parish, one being in a particularly remote and isolated part. Several of the others which followed were in similarly isolated localities. None of the cases had any relation whatever with each other either at home, school or elsewhere, except where more than one case occurred in the same family. Constantine for the past few years has suffered from this complaint more than any other parish: and that it should in 1910 be practically the only parish to again furnish cases shows that specific germs still lurked within its confines. That this was so was not from any neglect of disinfection and fumigation of houses in which cases had been. But, as I have said before, such measures are not in themselves sufficient to destroy the specific poison in such articles as bedding, clothing, mattresses, &c. Nothing

but a disinfecting apparatus will do this, and I again advocate the provision of one. This matter was considered by the Sanitary Committee last year, but nothing more has come of it. It is possible that some neighbouring council would join hands with us if they were asked, and if they are not already provided.

With regard to the four cases of Enteric Fever, they were all at Flushing. One of these unfortunately terminated fatally. Not another case was notified in all the rest of the district. Such a statement is in itself sufficiently startling, when we take into consideration that the population of Flushing is only a little over 800, whilst that of the district is over 8,000: but when it can be shown that almost a similar disparity in the numbers of such cases between Flushing and the rest of the district has existed for practically year after year for many years past, and that for the past ten years alone Flushing claims 20 of the 36 cases, which, during that period, have occurred in our district, then it is impossible to ignore the fact that a condition of things, predisposing to the generation of this fever, must exist in this village to a much greater extent than in other parts of the district. The first case was notified at the end of August: in the middle of October a second case in the same house occurred, and just at the same time another case appeared, but at the other end of the village. The fourth,

last, and fatal one, was notified towards the end of December.

I attributed the first case to the presence in a small back yard of a large and deep cesspit. Owing to the capacity of this pit, and to the natural desire of the tenants not to be exposed, more often than could be helped, to the disagreeable process of emptying the same, large quantities of excrement and other matters were stored for a long period in a cramped area, and under the very noses of the tenants. This alone must have been bad enough, but still worse when all this material was stirred up afresh when the time came for emptying the pit, which actually happened about a fortnight before the appearance of this case. When, with this, one considers the extent of soakage that must go on year after year into the surrounding soil from such pits as these, loosely built and uncemented, and the consequent saturation of the soil by sewage, I think it will be conceded that we need not go farther in search of a cause for this case, or for other cases of this fever arising under conditions similar to those just described.

The second case in the same house resulted, either from the same causes which gave rise to the first case, or was a direct consequence, especially as the means for disposal of the excreta from the first case were very inadequate; for, although they were treated with slaked lime, the patch of earth in which they were buried was very small, and in a small and cramped back-yard.

With regard to the third case, the state of things was similar to what I have just described: if anything, worse. For though the yard space was less cramped, and the pit therefore farther away from the house, yet the pit itself was larger, thereby necessitating emptying only about once a year, so I was informed. It was also badly built, offering no resistance to soakage into the soil around: whilst an old stone drain conducted, as best it could, the liquid contents of the pit to a piped-drain, which started at the back door of the house to connect with the main drain in the street. At the point of junction of the stone drain with the pipe drain there was once a trap, but at the time I refer to there was no trap: everything was open, and just over this spot the meat safe stood.

These last two cases were notified in October, and in December the fourth and fatal case was notified. This case occurred in a house in which the sanitary conditions were good: but, if information which I received is correct, this case probably arose from eating oysters taken from the foreshore. It must be remembered in connection with this case that one of the premises, in which there had been a case of fever only shortly before, had direct communication between its cess-pit and the main-sewer.

Earlier in this report I said that, from the

past history of the occurrence of Typhoid Fever in our district, we cannot ignore the fact that Flushing has unfortunately furnished a number of cases of this complaint entirely out of proportion to its population, and that therefore causes which generate this fever must exist there to a much greater extent than in any other place in the remainder of our district. I have never had reason to suspect either the milk or the water supply: no connection between either of these and any of the cases has ever been established: beside which, if either had been at fault, there would rather have been an epidemic than just a case or two year after year, with but little intermission. I think that for at least three of the cases, which occurred in 1910, I have produced sufficient evidence to prove that in all probability they were caused by insanitary conditions, of which the cess-pits, and what results from them, are the chief. These pits are the curse of the place, and something must be done to remove the dangers which they give rise to. I do not say that Flushing is alone in possessing badly constructed pits; but owing to circumstances, many of them unavoidable, such as the low level of a great portion of the village, and the exposure of this portion to flooding by high tides, things, which in other parts of the district, and under other conditions, may not be of much danger to health, become, in a place so situated as Flushing, highly dangerous, as results have proved; and will

continue to be so as long as they remain as they are now. It must be remembered that the natural drainage of a great portion of the village is almost nil: what is in the soil remains there, to be added to more or less year after year. It may be floated up by a high tide, but it settles down again when the tide recedes.

I know that I am only reiterating what I have said in several previous reports: and that by some I am supposed to be down upon Flushing more than I am upon any other place. But when a disease appears, and is the result of a state of things which ought not to exist, and which can to a great extent be remedied, bringing with it sickness and every now and then death, I should be failing ~~to~~ my duty if I did not speak as forcibly as I can on this matter.

Before leaving this portion of my report I must refer to the adoption by this Council of a recommendation made by me, that in all doubtful cases of Diptheria the practitioner attending the same can have his doubts cleared up by submitting a throat swab for expert bacteriological examination, the cost in all cases to be defrayed by the Council; and also to the adoption of the Local Government Board Order, dated August 16, 1910, on the provision &c. of Diptheria Antitoxin.

With regard to diseases which have not been

made notifiable, and which yet come under the heading of "Zymotics," there were two deaths, both from Measles. This complaint appeared in the early part of the year and also at the end of the year, but it was never epidemic. In the early months Influenza was very prevalent.

On reference to Table IV it will be seen that of the total number of deaths which occurred in 1910, seventeen died from diseases of the Respiratory System, a rate of 2·07 per thousand inhabitants. From 1900 to 1906 the average death-rate from these diseases was 3·06; in 1907 it was 2·44; in 1908, 1·57; in 1909, 2·8. Of these seventeen deaths, ten were from Phthisis, four from Bronchitis, two from Pneumonia, and one from Pleurisy. There were double the number of deaths from Phthisis in 1910 than occurred in 1909. With regard to this complaint, it is now a recognised fact that many cases of this disease are curable, if taken in hand sufficiently early and treated on well-known lines. It is also known that unless certain precautions are taken during life, as well as after the death of a case, there is a danger of the disease being transmitted to others. I have over and over again pointed out that throughout each year cases come under notice, cases in the early stages of the disease, which in their own surroundings must become more and more pronounced until they reach a point, when if correct treatment is at last procured, it is impossible to hold out hope of a cure, only a betterment and some prolongation of life.

Even if such cases are accepted for treatment in a Sanatorium, though they may be in the end sent out much improved, yet on a return to their old surroundings they generally fall back again, in spite of carrying out more or less the Sanatorium ideas of treatment at home, which they have learnt whilst in the Sanatorium. For dealing with cases in the early stages we have had no means up to the present year, beyond appealing to the charitable for tickets for admission to a Sanatorium. This process of obtaining tickets entails considerable labour, and involves a tremendous loss of valuable time, the demand for these being so great that in some cases it is impossible to get the number required; whilst the delay entailed by waiting for admission, caused by the demand for beds being so much in excess of the supply, is often so great that, during this period of waiting, a case may advance from a condition in which there is good hope of a cure to one in which such a result is hopeless. I have for a long time urged that this District should take steps to render us to some little extent independent of all this trouble and delay, by subscribing to a special bed or beds in a Sanatorium, for suitable cases arising within our district. I am glad to say that this idea has taken shape, and that the Board of Guardians of this Union has decided to subscribe to a bed in the Didworthy Sanatorium, to which cases from this Union can go for treatment. This is a step in the right direction, and it shows that we in this part are determined not to be behind-hand in the national movement which has been started to combat the

ravages of the White Scourge. In connection with this disease I would recommend this Council to proceed upon the same lines as they have done with doubtful cases of Diptheria: to defray the cost of expert bacteriological examination of the sputum of doubtful cases of Phthisis, where the means of the patient are insufficient to pay for such an examination. It may be thought that all this will involve a tremendous cost, but I can assure you it will be a matter of surprise how seldom such an examination will be needed.

As to cases which are too advanced for special treatment, and which therefore must remain at home until the end comes, I think that all such should be notified. Being a communicable disease, Phthisis should be treated on lines more or less similar to those which we adopt towards other communicable diseases, diseases, too, which claim year by year far fewer victims than Phthisis does. To some extent precautions during life, and fumigation and disinfection of rooms, bedding, &c , after death, could then be enforced.

Table IV shows that there were fifteen deaths from Heart Disease, an increase upon last year and the four or five previous years. Also that there were eleven deaths from Cancer. This is a distinct fall upon the number of such deaths in 1909. Four of the deaths from this disease were in Mylor, two in Perran-ar-worthal, two in Constantine, one in Mawnan, and two in St. Gluvias. Budock again escapes as in 1909, whilst Mabe also recorded no death.

The same table also shows that from notifiable diseases there was only one death, and that from Enteric Fever, giving a Zymotic death-rate of ·12. Here, again, we are below the national rate, which for 1910 was ·99.

With regard to Vaccination, I have in recent years in my reports pointed out that, owing to the ease with which exemption could be obtained, the number of the unvaccinated has enormously increased: and now that by recent legislation exemption can be obtained merely by the asking, I am afraid this number will be greatly added to. If this goes on the nation as a whole will become practically unprotected against Small-pox. Should this disease make a genuine appearance it will find the barrier against its spread far weaker than in former years, when vaccination was compulsory. That there is a danger of such happening is evident to all who read the daily papers. I know, however, what will then happen, for it has happened before in my own experience: those who now are the strongest opponents to vaccination will be the first to rush and avail themselves of its protective powers. There is some good in a panic now and then.

As to house accommodation in this district, and especially in relation to the working classes, I consider that it is on the whole satisfactory. Many old houses have been replaced by more modern and suitable ones: this applies more especially to Flushing,

Mabe, and Constantine. In other parishes, such as Mawnan, considerable building operations have been carried out. Instances of overcrowding and filth do come to notice occasionally. These are dealt with to the best of our ability. Sometimes it is impossible to do at once all that ought to be done. In many of such cases it is impossible to obtain a larger and a better house: landlords shun such tenants, and they cannot be ejected on to the roadside. In some cases the state of things is not due to the house, but to the people in it. Some will turn a palace into a pig stye if only given the time, and whatever is done for such people is of no good in the end. On the whole, however, I consider, as I have said before, that with the improvements and additions which have been made of late years throughout the district, the housing of the working classes is satisfactory.

The question of providing an Isolation Hospital has been before this Council for a number of years. We have gone as far as obtaining a site, and providing a water supply,and there we stop. During the past year, however, this Council considered that the time had come to do something more: and it was decided to consult with the Penryn Urban Council with the idea of combining, and of having a joint hospital. A Committee from each Council met, and it was agreed that a hospital, common to both authorities, was necessary. Before finally deciding, it was thought necessary to obtain data as to costs, also the proportion

of the total expenditure which each Council should bear, as well as other necessary information. These have not yet been laid before the joint Committee, but I hope that during the year substantial progress will be made towards a final solution of this matter.

Drainage.

During the year no work of primary importance was carried out: but many items were attended to. Chief among these was the reconstruction of drains near the schools at Flushing. Here an old stone drain existed with an unknown termination. This has been replaced by a pipe drain, which now connects with the main sewer. Then at Prisloe, in Budock, where there is a public dairy, the drainage has been much improved. The old pipes have been taken up and replaced by new ones, which discharge at an outfall well away from the houses. The closets were connected with this drain. Similar work has been carried out at Railway Terrace, Hill Head. Old and defective drains have been replaced by new ones, properly trapped, and discharging into an adjoining field. At Budock, Penryn, a great improvement has been effected: the main sewer for that locality, which discharged direct into the river, and which gave rise to the most offensive smells, has been connected with the main running in the bed of the river. This main takes drainage from other parts as well, on both sides of the river, to an outfall much farther down, and

well away from houses. It was thought that, owing to silting up at the mouth of this outfall, it would be wise to extend the main for another 80 feet, to a point where there would be less likelihood of deposit and silting up. But this work is to be delayed until the summer months, when, owing to less water coming down, it will be more practicable. In the past a great nuisance has been caused to people living near the river by the practice by some of throwing every kind of garbage and offall over the low wall into the river; and this in spite of suitable provision having been made for the removal of refuse. To put a stop to this the wall of the bridge has been raised to a height which will make this impossible; and at the same time all access to the river by the public has been stopped, by the fixing of a padlocked gate at the end of this wall. All this has effected a great improvement in this locality, and has been carried out by this Council, in conjunction with the Penryn Urban Council. The bed of the river, too, has been thoroughly cleaned, and cleared of all obstructions to the flow of water.

One of the chief matters to engage the attention of this Council this year is the question of the closets and pits at Flushing, and how to deal with them, so that the danger to health, which they have hitherto been the cause of, may in the future be entirely abolished. It is agreed that many of these structures are far too large, that they are ill-built, and that they are open to invasion by very high tides.

Mr. Chubb and I have made a list of a number of such pits, and when the time comes for taking action we can add to that number considerably. This Council, after much consideration, has come to the decision that, where it is necessary to reconstruct entirely the closet and the pit, the alterations should be carried out on one uniform plan, the specifications for which are to be drawn up by Mr. Chubb, for consideration by this Council: that in all cases the pits should be raised to such a level that it will in the future be impossible for the highest tide to reach them: and that the pits shall be much smaller, well-built and cemented, sides and bottom, so that nothing from the pits shall get into the drains, and so on to the fore-shore. It was however thought, seeing that the County Medical Officer of Health was just appointed, that, before taking the risk of doing things which might possibly have to be altered in years to come, it would be well to take his opinion on the proposed steps.

There is another matter with regard to Flushing, which in many ways concerns non-residents more than the residents themselves. I refer to the question of the provision of a Public Convenience in some suitable and accessible position. I have reported on this before. I think there ought to be such a place: and many think with me. The difficulty up to the present has been the procuring of a site: but if the necessity for such a thing is recognised, then surely the question of a site ought not to be insuperable.

Water Supply.

There are few districts better supplied generally with water than ours: and there are but few houses in the district which have not a good supply within a reasonable distance. I must, however, again call attention to Carlidnack, Mawnan. The present supply has certainly been greatly improved of late, by fixing a new pump, and by draining the surroundings: but this supply is not within a reasonable distance for people living at the other end of the lane, and up the road towards Mawnan Smith. I have had many complaints, and I do think the time has arrived for this Council to provide another, and a more convenient, supply for those living in this part.

At Gweek the purity of the water in the pump was endangered by a drain running from the yard of the hotel. A new sewer, laid in concrete, has been placed there, and all possibility of contamination from this source has been removed.

At Mawnan Smith the supply has been greatly interfered with by the corrosion and blocking up of the water pipes. These were not of sufficient size when first laid. It is intended to replace all the present pipes by 2-inch pipes, and the work is now in hand. Provision is at the same time being made in order that, if at any future time it may be thought advisable to extend the present supply to the eastern

side of the village, this could be easily carried out. In my opinion this extension should be carried out as soon as possible: for there are a good many houses on that side too far away from the present stand-pipes. Tenants in several of these have complained to me of the distance they have to go, and have expressed a wish for the extension to which I have referred.

During the year the Sanitary Committee met at Perranwharf to consider the question of increasing the supply opposite Tredrea Lodge. The Committee passed a resolution recommending the opening up of the well in the field, in order to ascertain the size of the spring, and whether the whole of the spring was being delivered at the chute. This supply is only piped from the chute to a point a little more than half way to the well. Waste, if any, must take place between this point and the well. It is very likely some loss does take place, and if this could be saved, by continuing the pipes right up to the well, the supply at the chute would be increased. Nothing more has come of the resolution passed by the Committee up to the present. I think myself the present supply is inadequate, and that anything that could be done to increase it ought to be done, as it would be a great convenience to people in this part, who now have to wait some time to get a pitcher filled.

The Dairies and Cowsheds throughout the district, and the Slaughter Houses, Workshops and Workplaces

have been regularly 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 fifteen 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 carcases.

(2) That when suspicious of any case, a Veterinary Surgeon is called in.

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

I have the honour, Gentlemen to remain,

Your obedient Servant,

JAMES BLAMEY,

Medical Officer of Health.

March 8th, 1911.

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 per 1,000 Births Registered.	Number	Rate.				Number.	Rate.
1	2	3	4	5	6	7	8	9	10	11	12	13
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
1909	7928	137	17·28	13	94·89	126	15·89	20	19		107	13·44
Averages for Years 1900-1909	8061	166·8	20·62	17·5	106·21	129·5	16·01	16·1			126·1	15·88
1910	7896	153	19·37	11	73·52	114	14·43	9	5	0	109	13·64

I presume there have been none as I have no returns of such deaths.

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. } At Census of 1901.
Average number of persons per house 4·3.

TABLE II.

Names of Localities.	1. BUDOCK.				2. MYLOR.				3. PERRAN-AR-WORTHAL.				4. CONSTANTINE				5. MABE.				6. MAWNAN.				7. ST. GLUVIAS.			
Year.	Population estimated to middle of each year.	Births Registered.	Deaths at all Ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births Registered.	Deaths at all Ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births Registered.	Deaths at all Ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births Registered.	Deaths at all Ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births Registered.	Deaths at all Ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births Registered.	Deaths at all Ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births Registered.	Deaths at all Ages.	Deaths under 1 year.
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	[illegible]	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	[illegible]	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
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
Averages of Years 1900 to 1909	1251	38·1	28·9	4·3	2124	41·3	30·1	3·9	883	16·8	13·8	2·1	1730	36·5	26·7	3·8	572	11·6	8·4	1·5	514	8·6	6·3	·6	993	14·9	11·9	1·3
1910 ...	1187	35	17	1	2063	8	24	0	847	16	16	1	1738	39	28	9	542	14	3	0	538	10	6	0	1003	11	15	0

TABLE III.

Cases of Infectious Disease notified during the Year 1910.

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	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.	65 and upwards.														
Small-pox ...																					
Cholera ...																					
Diphtheria (including (Membranous Croup)...	2			1		1				2											
Erysipelas ...	1						1							1							
Scarlet Fever ...	12		3	7	1	1		1			11										
Typhus Fever ...																					
Enteric Fever ...	4				2	2			4												
Relapsing Fever ...																					
Continued Fever ...																					
Puerperal Fever ...																					
Plague ...																					
Totals ...	19		3	8	3	4	1	1	4	2	11			1							

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.

TABLE IV.

Causes of, and Ages at, Death during Year 1910.

Causes of Death.	Deaths in or Belonging to whole District at subjoined Ages.							Deaths in or Belonging to Localities (at all Ages).							Total Deaths in Public Institutions in the District.
	All Ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	1	2	3	4	5	6	7	
Small-pox ...															
Measles ...	2	1		1				1	1						
Scarlet Fever ...															
Whooping-cough ...															
Diphtheria and Membranous croup															
Croup ...															
Fever (Typhus)															
Fever (Enteric)	1					1			1						
Fever (Other continued)															
Epidemic Influenza ...															
Cholera ...															
Plague ...															
Diarrhœa ...															
Enteritis ...															
Puerperal Fever ...															
Erysipelas ...															
Other septic diseases ...															
Phthisis ...	10	2				7	1	3	1	1	4			1	1
Other Tubercular Diseases ...															
Cancer, Malignant Disease ...	11					3	8		4	2	2		1	2	
Bronchitis ...	4						4	2			1	1			
Pneumonia ...	2		1				1			1				1	
Pleurisy ...	1					1					1				
Other Diseases of Respiratory Organs ...															
Alcoholism Cirrhosis of Liver ...															
Venereal Diseases ...															
Premature Birth ...	3	3							1		2				
Diseases & Accidents of Parturition ...															
Heart Diseases ...	15					7	8	2	3	2	2	1	2	3	
Accidents ...	3		1			1	1	1		1	1				
Suicides ...															
All other causes ...	57	5	1	4		7	40	8	13	9	15	1	3	8	8
All causes ...	109	11	3	5	0	27	63	17	24	16	28	3	6	15	9

TABLE V.

Infantile Mortality during the Year 1910.

Deaths from stated Causes in Weeks & Months under One Year of Age.

Cause of Death.		Under 1 week	1—2 Weeks	2—3 Weeks	3—4 Weeks	Total under 1 Month	1—2 Months	2—3 Months	3—4 Months	4—5 Months	5—6 Months	6—7 Months	7—8 Months	8 9 Months	9—10 Months	10—11 Months	11—12 Months	Total Deaths Under 1 Year
ALL CAUSES.	Certified.	6		1		7	1				1				2			11
	Uncertified.																	
Common infectious Dise's.	Small-pox ...																	
	Chicken-pox ...																	
	Measles ...														1			1
	Scarlet Fever ...																	
	Diphtheria: Croup...																	
	Whooping Cough ...																	
Diarrhœal Diseases.	Diarrhœa, all forms																	
	Enteritis (*not Tuberculous*)																	
	Gastritis, Gastro-intestinal Catarrh																	
Wasting Diseases.	Premature Birth ...	3				3												3
	Congenital Defects...																	
	Injury at birth ...																	
	Want of Breast-milk																	
	Atrophy, Debility, Marasmus																	
Tuberculous Diseases.	Tuberculous Meningitis										1							1
	Tuberculous Peritonitis: TabesMesenterica																	
	Other Tuberculous Diseases						1											1
	Erysipelas ...																	
	Syphilis ...																	
	Rickets ...																	
	Meningitis (*not Tuberculous*																	
	Convulsions ...	1				1												1
	Bronchitis ...																	
	Laryngitis ...																	
	Pneumonia ...																	
	Suffocation, overlaying																	
	Other Causes ...	2		1		3									1			4
		6		1		7	1				1				2			11

District (or sub-division) of EAST KERRIER.

Births in the year.—legitimate, 148; illegitimate, 5.
Deaths in the year,—legitimate infants, 11; illegitimate infants, 0.
Deaths from all Causes at all Ages, 114.

Population Estimated to middle of 1910. 7896.