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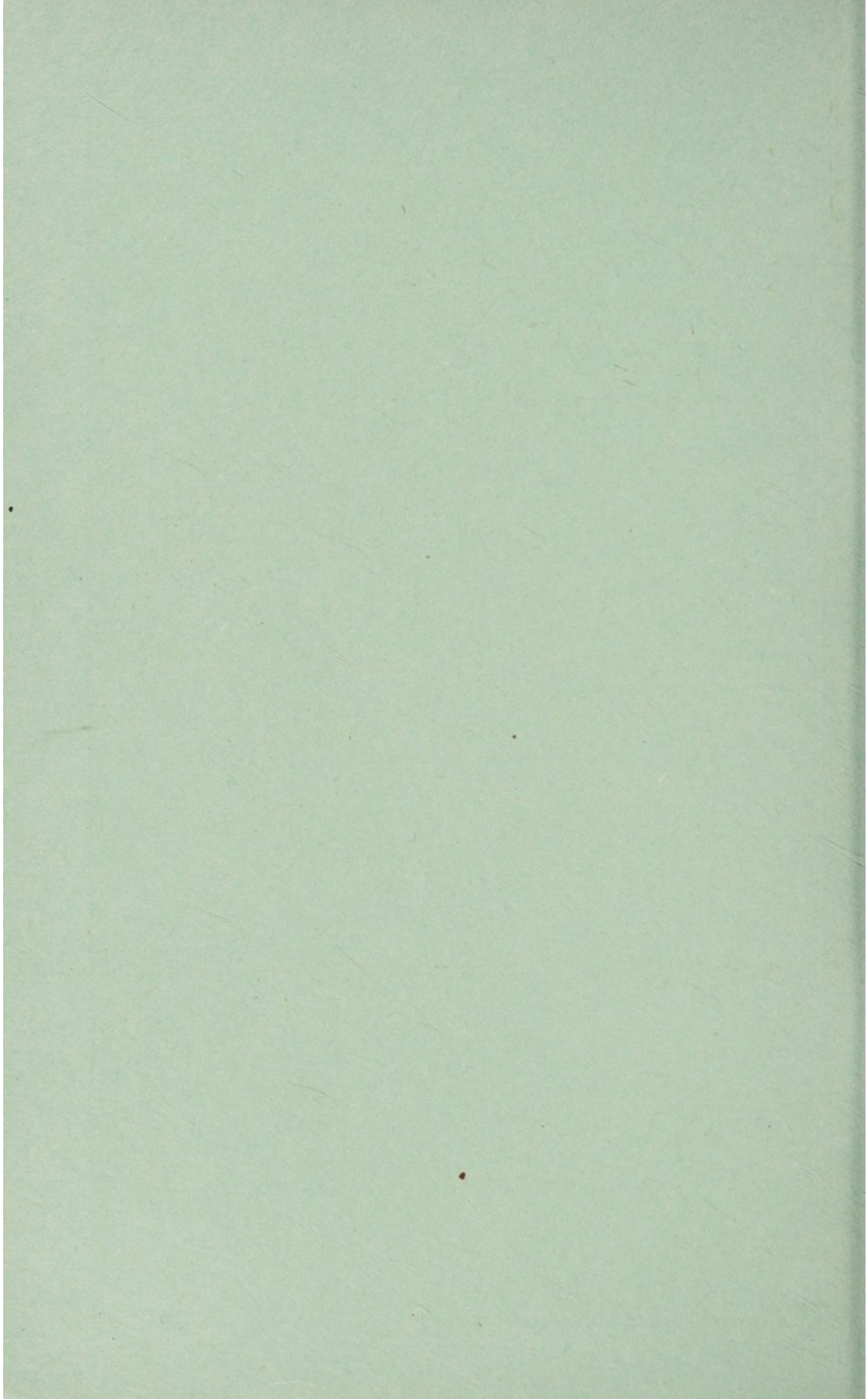
BOROUGH OF PENZANCE

THE
ANNUAL REPORT

OF THE
MEDICAL OFFICER OF HEALTH
AND
CHIEF SANITARY INSPECTOR

FOR THE YEAR

1949



**Public Health Officers of the
Authority**

Medical Officer of Health:

W. K. DUNSCOMBE.


Chief Sanitary Inspector:

A. T. HARPER.

Sanitary Inspectors:

R. E. WARBURTON.

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PUBLIC HEALTH DEPARTMENT,
MUNICIPAL BUILDINGS,
PENZANCE.

THE MAYOR, ALDERMEN AND COUNCILLORS,
BOROUGH OF PENZANCE.

MR. MAYOR, LADIES AND GENTLEMEN,

From the Public Health point of view the year was notable for the cases of poliomyelitis which occurred amongst local residents. This is a fact of considerable significance and more particularly so as in 1947 no case of the disease occurred in Penzance. The matter is discussed in more detail later in the report.

But in any case it was an eventful year and with the very long, hot dry summer, the great influx of visitors at the time of the Fleet's visit and the shortage of water, it taxed the department's resources to the utmost.

Further comments on the working of the Area Scheme of administration of the National Health Service appear later but it must be stated plainly that though in theory there is decentralisation to some extent, in practice an unnecessarily tight administrative and financial control limits action.

Furthermore, the Health Service is now like all Gaul—divided into three parts—and the lack of co-ordination and planning between the hospitals, the General Practitioner, and the Local Authorities Health Services is so evident that manifestly this amateurish attempt at administration will have to be drastically modified. It is a grave indictment of the Ministry of Health that the coming into force of a National Health Service has resulted in Preventive Medicine being pushed completely into the background. This in the country which was the pioneer of Public Health! It is ^atrite saying that prevention is better than cure but it should be pointed out that also it is cheaper.

The Public Health or Preventive Medicine Service though the subject of flatulent platitudes by party politicians (of all parties) is in fact, being run on the cheap and the rewards are correspondingly meagre. The service has always been the Cinderella but all that is left to the County Districts now seems to be Cinders, as the trend towards County and County Boroughs as THE authorities grows. The former are ponderous, slow moving bodies with little experience of many of the duties of a local sanitary authority and though the latter are undoubtedly the most efficient Local Government Units, they do not cover the whole country. It may well be that since Regional Government has been

stigmatised as the fifth wheel of the coach, it would be better to run the Public Health Service as a National one from Whitehall linking up all the whole-time or salaried services now covered under the Public Health or National Health Service Acts and the Public Health Laboratory Service. Attention could then be given to Occupational Health without multiplication of administrative units.

In such a case areas could then be set up of such size that while still retaining local interest they would be capable of managing most of their day to day affairs. In this connection if an area is considered large and important enough to send someone to Parliament, it most certainly ought to be large and important enough for local Government to be delegated to it. It would be fundamental in such a case however, to see that the financial control which would be exercised centrally would function in a sensible manner. The Dead Man's hand of the Treasury is just as effective in control as any similar electrical device on London's Underground.

The Corporation have made steady progress in housing but the Council must now face the problems involved in the housing of old people and in slum clearance. The ageing of the community is a fact which cannot be ignored, and the problem involved in the housing of the older part of the population will become progressively more intense so that deferring the matter will merely make it worse. This applies also to slum clearance.

Throughout the year the interest of the Council in the Health Department has been maintained and it is a pleasure to record the cordial co-operation we have received from the Chief Officers of other Departments and their staffs.

I must gratefully acknowledge also the very willing help given to me by my own staff.

I am,

Mr. Mayor, Ladies and Gentlemen,

Your Obedient Servant,

W. K. DUNSCOMBE,

Medical Officer of Health.

SECTION A.

Statistics and Social Conditions of the Borough
Area—3,578 acres.

Population—20,080. (Registrar-General's estimate, mid-year 1949).

Rateable Value—£125,322. Product of Penny rate—£500.

No. of inhabited houses—5,949.

<i>No. of Livebirths:</i>		<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	... ..	148	129	277
Illegitimate	... ..	12	17	29

Rate per 1,000 population—15.2.

<i>No. of Still births:</i>		<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	... ..	2	2	4
Illegitimate	... ..	—	—	—

Rate per 1,000 total births—12.9.

<i>No. of Deaths:</i>		<i>Male</i>	<i>Female</i>	<i>Total</i>
		140	149	289

Rate per 1,000 population—14.4.

<i>No. of Infant Deaths:</i>		<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	... ..	10	4	14
Illegitimate	... ..	—	—	—

Rate per 1,000 livebirths—45.75.

Maternal Deaths: Nil.

COMMENT

(a)—*Infant Mortality.* The Infant Mortality figures which are accepted as a very sensitive index of the general standards of the population must fluctuate considerably in this town because of the small numbers, but it is very unfortunate that they show so considerable an increase even over those for last year, and there is no doubt that they are far too high. Prematurity accounts for 6 deaths out of the total of 14 so that still greater care is required in dealing with premature babies and also further investigation into the causes of prematurity. One of these is the condition known as toxæmia of pregnancy which seems to be rela-

tively prevalent in this county. The causes of this condition are not properly known and a careful examination of all seemingly relevant causes over a long period is required.

(b)—*General Mortality*. From the table (Appendix C) given at the end of the report (which it is proposed to continue each year), covering so far the years 1947, 1948, and 1949, it will be seen that three principal causes of death are heart disease, cancer, and intracranial vascular lesions, but that in 1949, 'other circulatory diseases' show a considerable rise. Deaths from pneumonia and respiratory tuberculosis tended to fall though it must be quite clearly understood that based on such small figures no useful conclusions can be drawn, unless the same tendency is shown over a period of several years.

SECTION B.

Deaths from all causes

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Tuberculosis of Respiratory System ...	5	—	5
Tuberculosis—Other forms ...	1	—	1
Influenza ...	2	3	5
Acute Poliomyelitis and Polioencephalitis	1	—	1
Cancer of Buc. Cavity	—	2	2
Cancer of Stomach and Duodenum ...	9	10	19
Cancer of Breast ...	—	5	5
Cancer of all other Sites ...	11	16	27
Diabetes ...	1	3	4
Intracranial Vascular Lesions ...	12	23	35
Heart Diseases ...	41	45	86
Other Diseases of Circulatory system ...	10	13	23
Bronchitis ...	6	2	8
Pneumonia ...	4	4	8
Other Respiratory Diseases ...	2	1	3
Ulcer of Stomach or Duodenum ...	1	—	1
Other Digestive Diseases ...	4	3	7
Nephritis ...	3	3	6
Premature Births ...	6	—	6
Congenital malformations, Birth Injuries, etc.	3	4	7
Suicide ...	2	1	3
Road traffic accidents ...	1	—	1
Other Violent causes ...	3	6	9
All other causes ...	12	5	17
	<u>140</u>	<u>149</u>	<u>289</u>

PRINCIPAL CAUSES OF DEATH

	<i>Male</i>	<i>Female</i>	<i>Total</i>
1. Heart Disease ...	41	45	86
2. Cancer ...	20	33	53
3. Intracranial Vascular Lesions	12	23	35
4. Other Diseases of circulatory System ...	10	13	23
5. Bronchitis ...	6	2	8
6. Pneumonia ...	4	4	8

SECTION C.

Climate, 1949

I am indebted to the Borough Meteorological Officer, Mr. J. H. I. Cable, A.L.A., for the following information on climatic conditions in the Borough.

The details with mean maxima and minima are as follows:

	<i>Mean Averages</i>				<i>Rainfall Sunshine</i>	
	<i>Dry</i>	<i>Wet</i>	<i>Max.</i>	<i>Min.</i>	<i>Inches</i>	<i>Hours</i>
January ...	47.6	45.8	51	43	1.97	71.4
February ...	47.9	45.9	53	41	1.38	113.3
March ...	48.1	45.8	52	41	1.81	130.1
April ...	52.2	49.4	57	46	1.85	164.8
May ...	55.2	52.4	60	46	2.75	273.3
June ...	61.8	59.7	63	53	.75	275.3
July ...	65.9	63.0	71	57	1.51	267.2
August ...	64.5	61.5	70	54	1.68	239.4
September ...	64.0	61.5	68	57	2.20	164.8
October ...	57.1	55.8	62	51	8.84	112.8
November ...	50.5	50.0	54	44	4.98	92.9
December ...	48.5	45.6	52	43	4.06	54.2

Total hours of Sunshine—1959.5

Total Rainfall in Inches—33.78

The year was the sunniest in Penzance since 1899 when 1968.9 hours of sunshine were experienced.

Rainfall was somewhat below the average. There were seven months with less than 2 inches recorded, but the heavy fall of 8.84 inches in October; 4.98 inches in November and 4.0 inches in December resulted in the total rainfall for the year being only 6 inches less than the average.

A period of absolute drought was experienced from June 9th to July 17th during which time rain fell in only unmeasurable quantity.

SECTION D.

Sanitary Circumstances of the Area.

(1) WATER SUPPLY.

The following is an estimate of houses (a) without a water supply in the borough, (b) those with a stand pipe supply, and (c) with mains supply.

No. Public Supply	From Standpipe	Mains Supply
30	91	5828

The number of samples taken for analysis was as follows:

SAMPLES	SUPPLIES					
	Drift Domestic Works		Boscathnoe Domestic Works		Others Domestic	Private Domestic
Raw	—	—	—	15	6	4
Treated	4	3	25	86	9	2
Chemical	—	—	—	2	1	—
Plumbo-Solvency	1	3	—	—	—	—

(a)—*General.* Supplies were everywhere affected by the tremendous drought which coupled with the high temperatures and long continued sunshine reduced the flow in the Newlyn River to the lowest level ever recorded, the flow on the 22nd August, 1949 being no more than 530,000 gallons per day and had it not been that for a certain reason the level in the Boscathnoe Reservoir was high, an acute shortage would have resulted with extensive restrictions. The need for another adequately large reservoir for the town was thus emphatically underlined, and we were fortunate indeed that worse did not befall us.

(b)—*Boscathnoe*. For several months difficulty was experienced due to intermittent contamination. At times this reached a fairly high degree and consequently notice was given to the public that the water should be boiled, as owing to the drought it was impossible to do without it, and even with chlorine being added at 0.9p.p.m. the contamination at the sampling point at entry to the delivery main was not overcome. There were, however, only two occasions on which samples taken from the taps at the cemetery showed the presence of *B.coli* so that it could be said that the water used by the consumer was reasonably safe, but none the less it was felt necessary to advise boiling, for a period of about 16 weeks.

A number of persons from outside were called in to try and help us trace the source of contamination, as the results, both chemical and bacteriological, were very puzzling indeed. Now, however, an important source of contamination has already been traced, but the summer time will show whether this is the only source as the service reservoir is an open one, and there has been a considerable leakage of water through the bank of the storage reservoir direct into the service reservoir.

However, during all this time plans were steadily going forward for a complete filtration and chlorination plant with a closed service reservoir, and at its meeting in January, 1950, the Council accepted a tender for £15,000 for the whole work. It only remains now for the Ministry to move a little more speedily than usual so that the work can be started.

(2) SEWERAGE.

The laying of the main sewer to the village of Sheffield was completed in December, 1949, at a cost of approximately £2,630 and the work of connecting the various houses to it was half completed by the end of the year. Thus at last the inhabitants of this village are rid of a very troublesome problem.

Unfortunately, although the plans were well advanced it was not possible to proceed to tender for the sewerage of Gulval. This must be done in any case if any new Council houses are to be built there and it is hoped to accept tenders and start work in 1950 while the good weather permits of reasonable progress. It should not always be winter time before approval to start is given by the Ministry.

(3) HOUSING.

(a)—*General*. The building of houses (especially on the Alverton Estate) proceeded steadily throughout the year as the following table shows:

No. of houses built by Council	No. of houses built by Private Enterprise
70	6

However a great deal remains to be done as slum clearance has piled up to such an extent that considerable areas will have to be cleared. One of the worst of these is the St. Clare Terrace/Pendarves Row area which has now been bought by the Regional Hospital Board for extension to the West Cornwall Hospital. There are 50 houses to be dealt with but these form only a portion of the houses which will require clearance.

(b)—*Newlyn*. Considerable discussion took place about the redevelopment of this part of the Borough, and eventually the Council decided to seek sanction to a loan for about £8,000 to clear the sites already dealt with in past Clearance and Compulsory Purchase Orders. It is unfortunately the case, however, that a further large number of houses in this part of the town cannot comply with the standards laid down in the Housing Act of 1936.

(c)—*Housing for Old People*. I have repeatedly brought this matter to the attention of the Housing Committee in view of the large numbers of persons of 65 and over for whom it may eventually be necessary to provide housing accommodation. A start was made by the Committee in the building of the "plus granny" flats but this is by no means enough and it has to be borne in mind that grannies tend to live longer than grandads, and that the latter are in general less able to fend for themselves, especially as far as shopping, etc. is concerned. In view, therefore, of the length of time it takes before one block or brick is laid in any building scheme put forward by a local authority, it is essential that plans for further provision for housing old people should be prepared now, as judging by the Ministry's past record, at the very minimum, three years will have elapsed before such accommodation will be ready for occupation. Those interested will be able to see for themselves the approximate population for whom provision may have to be made. (Appendix)

(d)—*Slum Clearance*. Official representations under Section 11 of the Housing Act.1936, were made on 2 houses. The results were as follows:

Demolition orders made — 2.

No representations were made for any Clearance Area.

(4)—*Infectious Diseases*. The year on the whole was reasonably free from notifiable diseases except for the epidemic of polio which affected all the Lands End peninsula except for St. Just. 3 cases of food poisoning occurred in the Borough which were part of an epidemic in the West Penwith area which affected six patients there. The illness was caused through eating tongue which had been infected, though it was not definitely established how this occurred. An interesting point was that the tongue had been boiled and skinned at home. The appropriate details were furnished to the Ministry as required.

Poliomyelitis. We know little about the disease except the fact that it is caused by an extremely minute organism, but the manner in which it invades, how long the disease takes to develop after invasion, and why some people develop only transient upsets while in others the disease is fatal, are still mysteries.

Obviously, therefore, any facts that might add to the study of the natural history of the disease or its epidemiology, to use the technical term, should be recorded. In this connection, the disease as it affected South West Cornwall showed some peculiar facets. In general, in this country it is most prevalent during times when the temperature is high and there is little rainfall, and in 1949 we had both these in a manner seldom experienced by the inhabitants of Britain.

But in this area, it must be said that however carefully this disease was plotted it gave little indication of how it was spread, though it is remarkable that the St. Just Urban District escaped, as there the drought made conditions very primitive so that if defective hygiene is the principal reason for extension it did not apply there.

A further point is that from the 30th June to the 4th July there occurred the greatest concentration of warships seen in Mounts Bay for 40 years. Of the 50 ships with a total complement of 23,000 many were ships of allied navies, some of which only just before had been visiting ports outside continental Europe. The weather did credit to the gathering and was very hot and dry with continuous sunshine every day.

The consequence of this vast and most impressive concourse and the attendant magnificent weather was naturally an immense influx of visitors from far and wide, in addition to the number of visitors which were already staying in Cornwall. Thus, if crowds, propinquity, and high temperatures are determining factors, the stage was set for a very large epidemic. In actual fact this did not happen and the sequence of notified cases is shown in the table.

POLIOMYELITIS

	JULY		AUG.		SEPT.		OCT.		NOV.		DEC.	
	Age	Sex	Age	Sex	Age	Sex	Age	Sex.	Age	Sex	Age	Sex
Penzance	6	M	4	F	4	M	—	—	—	—	—	—
	4	M	14	F	—	—	—	—	—	—	—	—
	---	---	2	F	—	—	—	—	—	—	—	—
	---	---	3	M	—	—	—	—	—	—	—	—
	---	---	23	F	—	—	—	—	—	—	—	—
St. Ives	...	...	27	M	3	F	—	—	—	—	—	—
	---	---	3	M	—	—	—	—	—	—	—	—
West Penwith	14	M	8	M	2	F	—	—	—	—	7	M

As far as Penzance was concerned, six cases occurred in Newlyn and there was a history of sore throats, odd intestinal upsets, etc., in the Newlyn Infants' School immediately prior to and while the first cases were diagnosed. In addition, one occurred on a housing estate entirely away from Newlyn and a second in the village of Gulval at the completely opposite end of the Borough and in neither of these cases could any contact be traced with the others.

As will be seen the St. Ives and West Penwith cases did not seem to have any relationship with each other from the point of view of dates of onset, but the interesting thing in these cases is that in 1947 Penzance was not attacked and the West Penwith cases were in visitors; in 1949 Penzance had by far the most cases all in local residents, though of the West Penwith and St. Ives cases, 4 were in local residents and 3 in visitors.

This seems to be an important fact as if any deductions are to be drawn from it at all, it means that the disease is now estab-

lished locally with a resulting percentage of healthy carriers able to produce the necessary carrier concentration requisite for an epidemic, when the other "trigger" factor whatever it may be comes about.

Fortunately, none of the cases was fatal but a number has been left with residual paralysis of varying degrees. This residual paralysis is important and deserves consideration from all aspects as it cannot help but have an important influence on the hospital provision that must be made throughout the country since some of the cases may need hospital provision for as long as three years or even more, and subsequently various types of rehabilitation.

To sum up, it must be said that we are still ignorant of how the disease is spread or of any cure. It seems to be mainly located in countries with a high degree of civilisation and usually at times when the atmospheric temperature is higher than the average, though as recently has been so dramatically demonstrated, it can occur in the depths of the Canadian Arctic Winter. It seems, however, that we must learn to live with polio as we have with influenza, remembering that of 100 persons attacked, roughly 10 will die and another 30 have residual paralysees of varying degrees of severity. In addition, many persons in good health may be carriers in their stools and even orally. The need for hygienic measures and methods of food production, preparation, and distribution should therefore again be emphasised.

5—*Tuberculosis*. This is the great social disease of our time and presents a challenge which so far has not been met. There are many factors concerned but the complacency with which we as a nation accept a disease which kills more than 400 persons per week is well nigh unbelievable, and for this the Ministry of Health are largely to blame.

There has been too great a tendency to bemoan the fact that because there are far too few beds in Sanatoria there is very little to be done—though in actual fact sanatorium accommodation is only one—though a most difficult—side of the problem, which really involves *treating the family as a whole and as a unit in the community*. This cannot be done by any one authority but affects a number of bodies and therefore requires consultation at all stages by the appropriate authorities and their officers so that measures for a concerted attack can be organised.

As far as the *Bovine* form is concerned which is very largely milk-borne, some improvement should take place in 1950 when the campaign for "eradication" areas will begin, but it should have been possible to take much more positive steps to prevent the sale of raw undesignated milk than those proposed by the

new Regulations. The results of bacteriological examination of these undesignated raw milks have been notoriously bad all over the country but it will still be allowed to be sold for a further five years or until any particular area is "specified." The sale of undesignated raw milk should have been prohibited at once.

The problem of the pulmonary variety is far wider. The disease kills mostly between the ages of 15 and 35, so that the country is deprived of the health and prosperity that the labour of such persons would create, consequently, from the point of view of elementary economics it is good business to prevent it, but in actual fact what do we find? :—

(a) *B.C.G. Vaccine.* During the year the Ministry of Health announced with a fanfare of trumpets that B.C.G. Vaccine was to be used for certain persons at special risk. The methods of manufacture are well known but apparently we still have to import all the vaccine required from the Continent, with the result that the use of this vaccine, which is of help in increasing resistance to infection, is not yet in general operation. It has been in use on the Continent for more than 20 years.

(b) *Mass Radiography.* A unit has been set up for Devon and Cornwall but no idea of how or where it is proposed to use it has been sent to District Councils or their Medical Officers of Health though their help in publicity is vital; some show of co-operation by the Regional Hospital Board which controls the unit would be appreciated; unfortunately, also, even if early cases are found, the sanatoria are full up.

(c)—*The Chronic Infective Case.* This is the hardest nut of all to crack, and as an elementary preventive measure requires the most consideration. Naturally, Medical Superintendents of Sanatoria do not wish to keep in their beds persons who cannot be cured at the expense of early cases who can. In most instances the discharge of such patients from sanatoria must be to their own homes, where it may well be that there are children, who may easily develop the disease as a result, thus starting the circle all over again. Here B.C.G. vaccination for the children of infective cases should be carried out and they (or the infected case) removed at least temporarily from the infected atmosphere. This can be done by providing preventoria to which children after B.C.G. vaccine could go, or by boarding them out on the Grancher system as used in France. The alternative is to move the infective case out of the house though it must be admitted that here the difficulties are very real. Little has been done so far to tackle this problem.

(d) *Housing.* This is where the family as a unit comes in. Obviously, it is of little use sending patients out from a sana-

torium if they are returning to damp, overcrowded, insanitary houses and to give this Council their due, pulmonary tuberculosis, especially if combined with bad housing conditions or overcrowding, gets a very high points figure. However, the cases now are relatively numerous in the Council's estates and the Housing Committee must obviously have some regard to the needs of others also. It is here that the Ministry of Health should help by means of special allocations. If, say, one house per 1,000 population extra to the usual yearly allocation could be granted for families where there is a case of pulmonary tuberculosis and the patient would continue to reside with the family, this would help to lessen the difficulty of housing such persons. Control over the letting of rooms to lodgers would of course have to be strict.

(e)—*Economics*. The disease is also an economic problem as to anyone in their working years, to contract the pulmonary disease is an economic disaster, and especially so at the present time when there are not enough beds to ensure that cases detected at a very early stage can be given appropriate treatment at once. From the point of view of prevention therefore the country should see that no one should be penalised financially if they have to give up their work. At present the inevitable tendency is for the stricken individual to carry on his work as long as possible as the allowances obtainable are not sufficient and are not comparable with his wages when working.

Following on the above general remarks and dealing with the problem locally we find that in the area as a whole there is a relatively high figure and that in the West Penwith Rural District as distinct from the other 3 areas the cases of non-pulmonary Tuberculosis are more numerous than all these added together. It is probable that mass Radiography will add considerably to the figures of pulmonary Tuberculosis which are given in the appendix which show the numbers on the register at 31.12.49. One point which should be mentioned is that cases of non-pulmonary Tuberculosis once on the register have a tendency to stay there for a considerable time. This in the past may have been due to lack of follow-up and should therefore tend to diminish somewhat.

(6)—*National Health Service Act*. The local administration of the Act which I criticised last year has continued on the same lines with too great a tendency to centralisation. When the County Council's scheme was put forward it was understood that there was to be as much decentralisation as possible but this is not the case. The Area Committees have practically no power, and no authority to spend even a half-penny, while the ridiculous posi-

tion in which the Area Medical Officer is placed, having three offices in Penzance alone, continues. One feels that some efforts should be made by the authorities concerned to arrange things more effectively than this.

The consequences of this unfortunate policy are easy to see and each year the argument for compulsory delegation to areas of suitable size becomes stronger. At the present time it is unanswerable.

(7)—*National Assistance Act. Section 47.* This is the section of the Act which permits a County District Council to apply to the Justices for an Order for compulsory removal after the Medical Officer of Health has given a certificate that a person who is aged or infirm is living in insanitary conditions and cannot get or give him or herself proper care and attention.

When first the clause was seen, all thought that at last here was the chance of dealing with people who are old and infirm, all too often living in squalor, a nuisance to themselves, and to their neighbours. There are many persons like this all over the country and in the past they have been a first-class problem especially for health departments, as, of course, there were no powers of compulsory removal, and all that could be done was the issue of statutory notices to cleanse the premises.

This Section of the Act has now changed the position, but the procedure to be carried out is long-winded and does not provide an immediate remedy for the really urgent cases where the occupant refuses to have anything to do with anybody although obviously quite unable to look after himself. The Home Help service is not the answer as these people really need a whole-time one to themselves and in any case must be left at night, and weekends. In addition, the law as it stands enables either the Regional Hospital Board or the authority responsible for providing Part III accommodation to pass the buck to each other. In order to avoid ambiguity therefore, it is suggested that as these persons to whom the Section is intended to apply are nearly always partly infirm, the onus should be placed on the Regional Hospital Board through the appropriate Hospital Management Committee to provide accommodation. If, subsequently, after receiving treatment, the person is sufficiently improved to be discharged from the hospital, he should go to Part III accommodation.

This serves to demonstrate a further difficulty in that the order is only valid for 3 months and if no extension is applied for or is out of time, the person presumably must be discharged to the very conditions from which he was removed, which is absurd.

In this connection, it is quite evident that the fact was completely overlooked that those sort of people once removed will have to be detained for their own good in all probability for the rest of their lives. The result is that as the law now stands once an Order is made by the Magistrates, the application will have to be made regularly once every three months it may be for years. Manifestly, an amendment is required, and it is suggested that where persons are obviously infirm and have no relatives who are prepared to look after them, at the first application for *renewal*, an order be granted for six months, and thereafter at yearly intervals, until the person's condition is altered by improvement or the natural course of events.

A final point is that there should be some provision for an emergency removal—on a certificate from the Medical Officer of Health—an application to the Court to follow in the usual way. This would dispose of the very urgent difficult case of the senile semi-demented refuser of help, infirm, or even disabled, and living unattended in dreadful squalor.

In Penzance one case was pending at the end of the year and the Magistrates granted an order on January 9th, 1950.

(8)—*Hygiene of Food Preparing Premises*. I mentioned last year that this subject was now beginning to get the attention it merits. It is important to remember here that unspectacular steady progress is better than the more showy long jump.

In the first place many such premises are covered by the provisions of several Acts, Food and Drugs, Shops, and even the Factories Acts, and in the multiplicity of clauses there is *not* wisdom.

The time has now arrived when some amendment to the Food and Drugs Act is required especially to Sections 13 and 14 which are the main weapons in our armoury. The present procedure is pedantic and cumbrous and once registered, premises can continue as such for ever unless things are extremely bad.

The obvious way to remedy matters is to allow Local Authorities to issue *licences* for all premises where the preparation, processing, manufacture or sale—whether wholesale or retail—of food is carried on. In respect of these licences which would be renewable annually, the Local Authority could lay down conditions. The licences to be subject to suspension or revocation. In the case of suspension this could be for a period of say a week by the Local Authority, any further period to be subject to an order of the Magistrate's court. Revocation would also be subject to an appeal to a court of summary jurisdiction. Pre-

mises would of course include all catering establishments and the granting of a catering licence by the Food Office would be subject to the prior issue of a licence by the Local Authority.

As far as Penzance and other seaside resorts are concerned such premises are naturally subject to seasonal traffic through their visitors and therefore have to depend to a considerable extent on temporary labour. It is evident therefore that even though continuous educative measures are and will be effective in dealing with a permanent staff, it is much more difficult to apply and induct codes of practice in food hygiene to temporary staff.

There have been several instances in this country of the setting up of Clean Food Traders Guilds and the like. These can be quite useful but if management and staff stick strictly to the conditions laid down in Section 13, these Guilds may not be so necessary. In any case the various Ministries should 'co-ordinate their influence and if necessary act the part of Father O'Flynn—"helping the lazy ones on with a stick."

(9)—*Milk and Dairies Regulations*. These came into force on the 1st October along with regulations designed to cover certain special designations of milk.

It must be said at once that they are very long and extremely complicated and the basic provisions for the special designations do not always agree with those for the main regulations.

Furthermore, as already mentioned they do nothing to eliminate the menace of the sale of raw undesignated milk which cried aloud to be dealt with if the Ministry (of Food) in this case had had the drive. In addition, nothing is apparently to prevent T.T. milk, which of course has attracted the requisite bonus, being sent to a creamery where it is bulked with the rest which may well contain tubercule bacilli. The consequence is that the country is paying a bonus per gallon to obtain this special high quality milk and then like the imbeciles we are, we proceed to throw away the advantages gained. It should be illegal to allow T.T. milk to be mixed with any other milk.

A further point is that a wholesaler can sell pasteurised milk in churns but the retailer to whom such milk is sold is not obliged to apply for a licence to use a designation, and can, and in fact often does sell it as ordinary milk. Again this should not be permitted and once milk has been treated in such a manner as to require a special designation it should be sold as such and in no other manner.

A lot of poppycock has been talked about lack of apparatus but this did not apply to the vendors of ice cream after 1st May who have now to provide themselves with the requisite paraphernalia. The same should apply to milk and this would then do away with the open can and dipper. A welcome sign in this connection is the attempt to revive the distribution of milk in waxed cartons. As these are expendable no question of the return of empties is involved, thus doing away to a great extent with the problem of washing bottles, which may have been used for all sorts of purposes. If there is any initiative in the Ministry it could well be used in pushing this most desirable development forward. The principal difficulty is that, so far, it does not apply to the 1/3 (one-third) pint size used for school milk, and one hopes the Ministry of Education can be interested.

(10)—*Visit of Combined Western Union Fleets.* Although not primarily a Public Health matter no account of the year's work of the Health Department would be complete without some mention of this. I have already briefly referred to it, so that it remains to put on record that it was felt necessary to provide three First Aid Posts, one each at Marazion, and Newlyn, and the main one at the Clinic in Morrab Road. Trained nurses were on duty at the main post all the time it was open and members of S. John Ambulance Brigade Nursing Divisions, and British Red Cross Society Detachments from Marazion, Penzance and St. Ives manned the posts. A doctor was also on duty on each shift at the main posts.

More than 60 casualties, some of which were major, were dealt with, and I must express my most grateful thanks to all who gave so generously of their time to help us in manning the posts.

REPORT OF THE CHIEF SANITARY INSPECTOR

The summary of visits and inspections carried out by the Sanitary Department and also particulars of meat and food condemned during the year will be found in the Appendix.

1. MILK AND DAIRIES REGULATIONS, 1949.

As in the past special attention has been paid to milk sampling, particularly from milk producers whose milk is sold retail in the borough, and during the year 131 samples were sent to the Pathological Department of the Royal Cornwall Infirmary for bacteriological examination and 30 for the presence of tubercle bacilli. The number of samples which failed to pass the Methylene Blue test was disappointingly high being almost 37% of the whole. Almost the whole of the failures occurred during the spring, summer and early autumn when the farmers are busy about other agricultural pursuits and insufficient attention is devoted to milk production. This coupled with the lack of water during a dry season which prevented adequate cooling of milk probably accounts for the high number of failures, but in no way minimises the unsatisfactory nature of the report.

The samples submitted for T.B. test were all negative.

The accompanying table summarises the results obtained during the year under review.

Samples for	Total No. of Samples	Failed M.B. Test	Percentage Failures	Number cont. B. coli	Percentage	+ Ve T.B.
BACT. Des.	26	1	4	4	15	—
Non-des.	105	47	45	22	21	—
T.B. Non-des.	30	—	—	—	—	—

In addition to the visits made for the purpose of sampling, 75 inspections were made of dairies, and 18 cowsheds were inspected prior to the transfer of responsibility to the Ministry of Agriculture and Fisheries.

In September the Public Health Laboratory Service appointed Dr. D. R. Christie to carry out the bacteriological work on behalf of local authorities.

(2)—ICE CREAM (HEAT TREATMENT) REGULATIONS, 1947.

The following table shows the results of samples submitted during 1949, together with the results obtained in 1947 and 1948.

	1949	1948	1947
Grade 1	79 or 52%	46 or 36%	10 or 10%
Grade 2	35 or 23%	26 or 20%	24 or 22%
Grade 3	19 or 13%	20 or 16%	32 or 31%
Grade 4	18 or 12%	37 or 28%	39 or 37%

This table shows that very substantial progress has been made since the Regulations came into force and the results reflect credit on the traders who have continued to co-operate with the department throughout the year.

114 samples were also tested for fat content and the variation in the results was very remarkable particularly at the commencement of the season. As the summer progressed the number of samples which showed a fat content of less than 2.5% decreased very considerably. In May, 23 samples failed to achieve this minimum, whereas in August and September the numbers had dropped to 2 and nil respectively.

It will be gathered from these figures that the consumers are getting an article which is not only hygienically satisfactory but one which is also acquiring a food value which the public can rightly expect.

(3)—REFUSE COLLECTION AND DISPOSAL.

No major change in the scavenging service took place during the year, but the amount of refuse handled increased considerably as a result of the cessation of salvage activities. Particularly was this so, in so far as trade refuse was concerned. The weekly collection of domestic refuse was maintained and more frequent visits were made to trade premises, as the season and class of business required.

Four Karrier Bantam refuse collectors each with a loader-driver and two loaders were fully employed on this work and the fifth lorry which was formerly engaged part-time on refuse collection only, was almost wholly used on this work during the second half of the year as a result of the increase in refuse referred to above.

June saw the completion of the first year's tipping operations at the new site at Eastern Green and with the overcoming of the "teething" troubles tipping proceeded in an orderly manner. By the end of the year the public were able to see the shape of things to come. It is true to say that many complimentary comments were received, often from unexpected quarters, and the criticisms which were anticipated did not materialise.

It cannot be claimed that the disposal of refuse by controlled tipping on this site is by any means inexpensive, but it is being done hygienically and waste land is being reclaimed in the process.

The estimated annual cost of refuse collection was £5,400 and of refusal disposal £3,400.

(4)—SALVAGE OF WASTE MATERIALS.

Class of Material	Weight			Approx. Value £
	T	C	Q	
Waste Paper (all grades)	113	1	2	750*
Rags and string	14	0	2	180
Bones	10	8	0	42
Iron	21	1	3	31
Non-Ferrous Metals	1	17	0	22
Bottles and jars	1	0	3	12

*A bonus of approximately £60 was received from the Ministry of Supply in respect of waste paper collections.

The increased collections of 1948 were more than maintained during the first six months of 1949 and the indications were that the year would be a record one. It was therefore a great disappointment when the brakes were applied so unexpectedly ~~to~~ towards the end of June. The Council had been asked to co-operate in a Salvage Drive less than 6 months before and the reaction of the Public Health Committee to the new situation was no more than could be expected. The decision to abandon waste paper collections immediately was the only alternative to accumulating large stocks for which a market might not be found.

During the month of June over 20 tons of paper were collected, baled and despatched to the mills, the income to the Council being nearly £130. In subsequent months a similar quantity will have been taken to the refuse dump and destroyed. We are still a wasteful nation.

(5)—RODENT CONTROL.

One full-time Rodent Operative was employed during the year. Methods of treatment were strictly in accordance with Ministry of Agriculture and Fisheries recommendations and included poisoning and trapping.

No charges are made for the treatment of dwelling-houses.

In addition to treatment for surface infestation, two treatments of the sewers in the Borough were carried out and also a 10% "Bait" of the whole system.

The following table gives particulars of the work carried out during the year 1949:

Complaints	Inspections	Premises treated by Poison	Sewer treatments by Poison	Man-holes baited	Pre-baits laid	Poison baits laid	Premises trapped
122	230	237	2	60	13924	1581	83

APPENDIX A.

INFECTIOUS DISEASES
(Corrected Notifications)
1949

Disease	Penzance	West Penwith	St. Ives	St. Just
Diphtheria	1	1	1	—
Scarlet Fever	5	—	3	1
Measles	24	205	60	34
Whooping Cough	3	26	12	—
Cerebro-spinal fever	—	—	1	—
Acute Poliomyelitis	8	3	2	—
Acute Polio- Encephalitis	1	1	1	—
Pneumonia	—	7	1	6
Erysipelas	—	3	4	—
Food Poisoning	3	6	1	—
Puerperal Pyrexia	—	1	—	—

DIPHTHERIA IMMUNISATION
1949

Area	Number of Children who Completed a full Course of Immunisation in 1949			Number of Children Receiving Refresher Doses
	Under 5	5—14	Total	
Penzance	215	48	263	337
St. Ives	40	6	46	9
West Penwith	166	19	185	66
St. Just	54	10	64	14

APPENDIX B.
TUBERCULOSIS NOTIFICATIONS AND DEATHS FOR 1949.

	Nos. on Register at 31.12.49	1-5	5-15	15-20	20-25	25-35	35-45	45-65	Over 65	Total
PENZANCE										
Pulmonary M	76	—	—	—	3	2(2)	3(2)	1(2)	1(1)	10(7)
Pulmonary F	56	—	1	—	—	3	—	—	—	4
Non-Pul. M	11	—	1	—	1(1)	—	—	—	—	2(1)
Non.-Pul. F	17	1	—	1	—	—	1	—	—	3
WEST PENWITH										
Pulmonary M	61	—	—	1	—	1(1)	3(1)	—	—	5(2)
Pulmonary F	43	—	—	—	1(1)	—	(1)	1(1)	1(1)	3(4)
Non.-Pul. M	32	1	(1)	2	—	2	—	—	—	5(1)
Non.-Pul. F	26	—	—	1	—	1	1	1	1	5
ST. JUST										
Pulmonary M	26	—	—	—	1	(2)	(1)	(2)	—	1(5)
Pulmonary F	10	—	1(1)	—	—	—	—	(1)	—	1(2)
Non.-Pul. M	6	—	—	—	—	—	—	—	—	—
Non.-Pul. F	4	—	—	—	—	—	—	—	—	—
ST. IVES										
Pulmonary M	29	—	—	—	2(1)	1	—	2	—	5(1)
Pulmonary F	19	—	1	—	—	—	1	1	—	3
Non.-Pul. M	6	—	—	—	—	—	1	—	—	1
Non.-Pul. F	6	—	—	—	—	—	—	—	—	—

() Deaths

Total Notifications—48

Total Deaths—23.

APPENDIX C.

PENZANCE

Year	1947	1948	1949
Population	20,050	19,920	20,080
Total Deaths	293	258	289
<i>Principal Causes of Death</i>			
Heart Diseases	66	88	86
Cancer	53	38	53
Intra-cranial Vascular Lesions	41	38	35
Pneumonia	17	10	8
T.B. Resp.	13	9	5
Other Circulatory Diseases	13	11	23
Infant Mortality Rate	38.5	30.6	45.75

APPENDIX D
Factories Acts, 1937 and 1948
PART 1 OF THE ACT

1. INSPECTIONS for purposes of provisions as to health.
(including inspections made by Sanitary Inspector).

Premises	No. on Register	Inspections	Written Notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4, and 6 are to be enforced by Local Authorities	58	65	1	—
(ii) Factories not included in (i) in which Section 7 is enforced by the the Local Authority	50	150	—	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises)	23	69	2	—
Total	131	284	3	—

2. CASES IN WHICH DEFECTS WERE FOUND.

Particulars	Number of Cases in which defects were found				No of cases in which prosecutions were instituted
	Found	Remedied	Referred To H.M. Inspector	By H.M. Inspector	
Want of Cleanliness (S.1)	2	2	—	—	—
Overcrowding (S.1.)	—	—	—	—	—
Unreasonable temp. (S.3.)	—	—	—	—	—
Inadequate ventilation (S.4.)	—	—	—	—	—
Ineffective drainage of floors (S.6.)	—	—	—	—	—
Sanitary Conveniences (S.7.)					
(a) insufficient	1	1	—	—	—
(b) Unsuitable or defective	4	3	—	—	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	1	1	—	1	—
Total	8	7	—	1	—

**PART VIII OF THE ACT
OUTWORK**

(Sections 110 and 111).

Nature of work	Section 110			Section 111		
	No. of outworkers in August list required in by Section 110(1)(c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
Wearing apparel Making etc.	4	—	—	—	—	—
Furniture and Upholstery	1	—	—	—	—	—
Total	5	—	—	—	—	—

APPENDIX E

SUMMARY OF VISITS AND INSPECTIONS CARRIED OUT
BY THE SANITARY DEPARTMENT

1. COMPLAINTS WHICH RECEIVED ATTENTION 134
2. PUBLIC HEALTH ACT, 1936, ACTION UNDER

	Inspections	Re-Inspections	Tests, Treatments, etc.
Sewers and Drains	122	80	Tests 45
Sanitary Conveniences	96	15	
Water Supply	43	1	Samples 157
Refuse Collection and Disposal	291	—	
Salvage	180	—	
Nuisances	175	105	
Offensive trades	4	—	
Rivers and Streams	43	—	
Infectious Diseases	51	14	
Disinfection	1	—	Treatments 19
Disinfestations	11	2	Treatments 6
Exhumations	2	—	
Diseases of Animals	9	—	
3. FACTORIES ACT, 1937.			
Routine	37	1	
Sanitary Accommodation	18	—	
Means of Escape	2	—	
4. SHOPS ACTS, 1912 to 1934.			
Routine	54	7	
5. HOUSING ACT, 1936.			
Unfit houses	56	78	
Overcrowding	23	2	
Applications for Council houses	111	6	
6. FOOD AND DRUGS ACT, 1938.			
Food Preparing Premises	112	3	
Food stores and Shops	440	2	
Markets	357	—	
Fish Markets, stalls, and stores	109	—	
Fried fish shops	16	—	
Restaurants and restaurant kitchen	44	1	
Bakehouses	21	4	
Licensed Premises	38	21	
Ice Cream shops and premises	124	2	Samples 150
Food Poisoning	6	15	

7. MILK AND DAIRIES REGULATIONS, 1949.

	Inspections	Re-inspections	Tests, Treatments etc
Dairies	74	1	<i>Samples:</i>
Cowsheds	18	—	Designated 20
			Non-Designated 111

8. RATS AND MICE (DESTRUCTION) ACT, 1919.

Dwelling-houses	49	16
Business premises	77	48
Miscellaneous	7	5

9. NOTICES

	Served	Complied with
Informal	45	26
Statutory	7	11

10. MISCELLANEOUS VISITS — 295.

APPENDIX F.

CARCASSES INSPECTED AND CONDEMNED

	Cattle excluding cows	Cows	Calves	Sheep and Lambs	Pigs	Weight
						T. c. lbs.
Number killed	1438	1371	898	3240	72	
Number inspected	1438	1371	898	3240	72	
<i>All Diseases except Tuberculosis</i> Whole carcasses condemned	7	39	5	11	3	} 25-2-63
Carcasses of which some part or organ was condemned	815	790	7	313	7	
Percentage of the number inspected affected with disease other than tuberculosis	57.2	60.5	1.3	10.0	13.9	
<i>Tuberculosis only:</i> Whole carcasses condemned	29	150	—	—	1	} 53-8-99
Carcasses of which some part or organ was condemned	196	347	—	—	2	
Percentage of the number inspected affected with tuberculosis	15.6	36.3	—	—	4.2	
Total weight						78-11-50

OTHER FOOD REJECTED

						<i>Weight</i>		
						<i>T.</i>	<i>C.</i>	<i>Lbs.</i>
Fish	...	...	...	...	...		9	53
109 Poultry	...	...	...	...	...		2	79
99 Rabbits and Hares	...	...	...	...	...		2	34
Cheese	...	...	...	...	...	1	1	26
Sugar	...	...	...	...	...		1	82
Bacon	...	...	...	...	...			12
Tea	...	...	...	...	...			13
Potatoes and vegetables	...	...	...	...	...		9	79
Fruit	...	...	...	...	...			91
Dried Fruit	...	...	...	...	...		13	9
Cereals	...	...	...	...	...		2	16
Sago, Semolina, Tapioca	...	...	...	...	...			94
Cake and Pudding Mixture	...	...	...	...	...		2	33
Sausages, sausage meat, brawn, black puddings etc.	...	...	...	...	...		1	54
Locust Beans	...	...	...	...	...		2	4
269 glass-packed goods	...	...	...	...	...		1	68
1886 canned goods	...	...	...	...	...	1	1	66
Other Miscellaneous foods	...	...	...	...	...		2	6
Total Weight						...	3	16 43

APPENDIX G.

The following table gives details of houses under control of the Housing Committee as at end of December, 1949.

Parc Wartha	...	...	...	...	58
Penalverne	...	...	...	...	170
Gwavas	...	...	...	...	242
Temporary Bungalows (Treneere and Cherry Gardens)					50
Alverton	...	...	...	...	68
Treneere	...	...	...	...	397
Miscellaneous Tenancies	...	...	...	...	36
Finance Properties	...	...	...	...	24
Quarterly and Monthly Tenancies	...	...	...	...	16
Requisitioned Tenancies	...	...	...	...	61
					1122

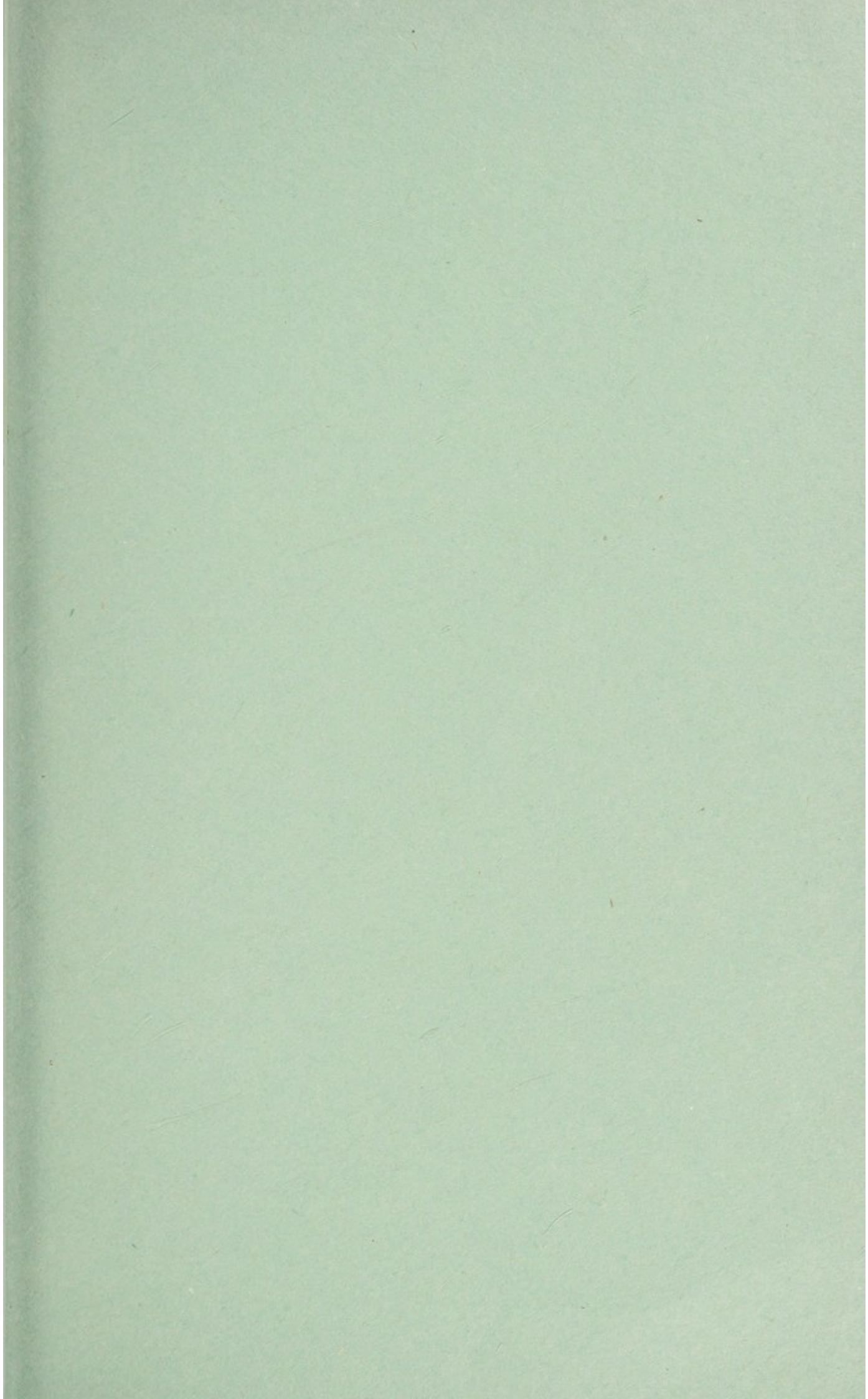
Number of Persons on the Council's waiting list as at 31st December, 1949 — 1156.

Houses under control of the Housing Committee as at 31st December, 1949 — 1122.

HOUSING FOR OLD PEOPLE
PENZANCE

ESTIMATED POPULATION

	Mid 1950			Mid 1960		
	Persons	Male	Female	Persons	Male	Female
Population	20,000	9,680	10,320	20,560	9,970	10,590
<i>Age Groups</i>						
65	829	359	470	895	378	517
70	642	272	370	706	288	418
75	416	170	246	486	184	302
80	206	78	128	266	90	176
85 and over	90	28	62	131	36	95



Penzance Printing Company, Union Street, Penzance.