

[Report 1950] / Medical Officer of Health, Penzance U.D.C. / Borough.

Contributors

Penzance (England). Urban District Council.

Publication/Creation

1950

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BOROUGH OF PENZANCE

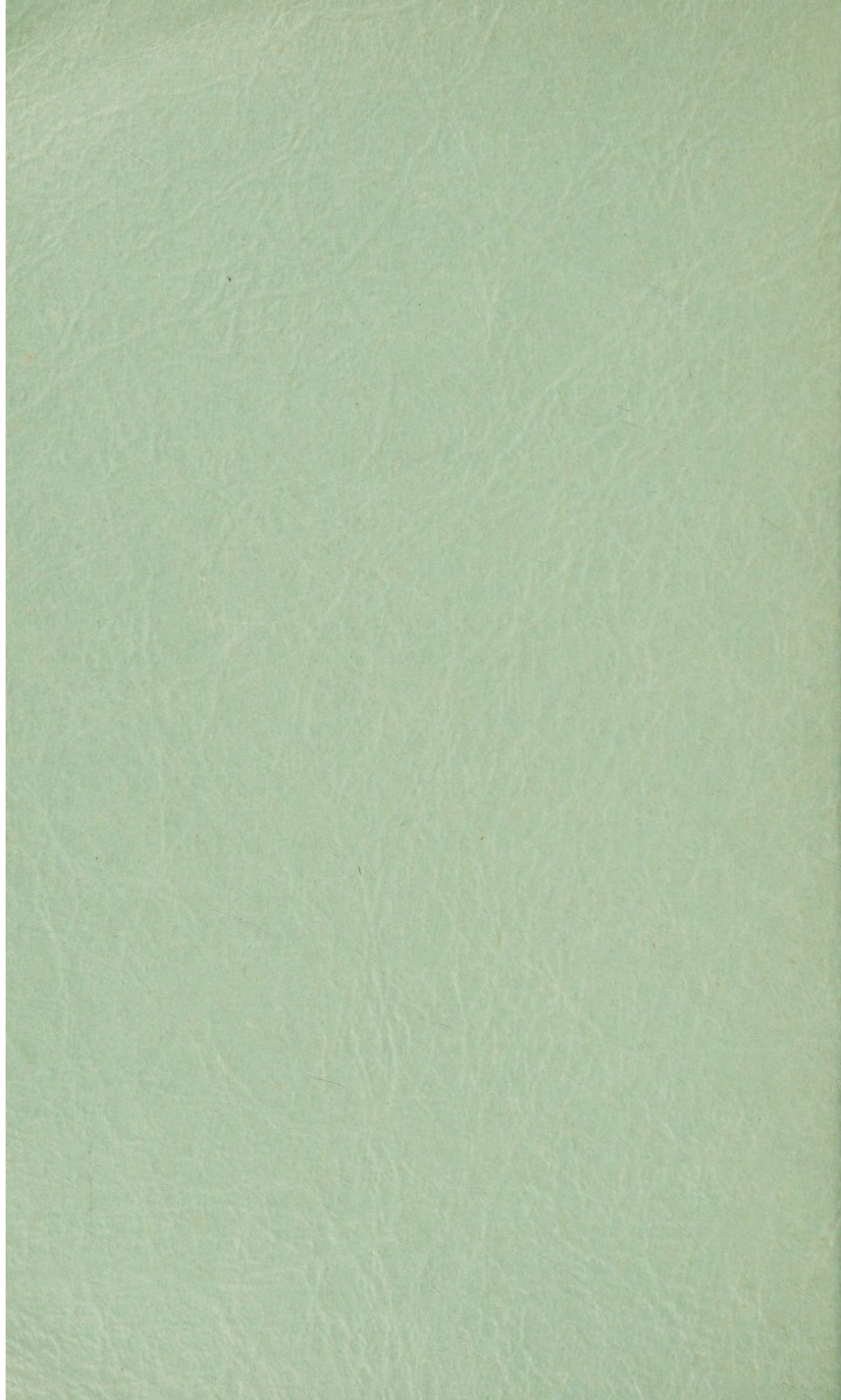


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THE
**ANNUAL
REPORT**

OF THE
MEDICAL OFFICER OF HEALTH
AND
CHIEF SANITARY INSPECTOR

FOR THE YEAR 1950



PUBLIC HEALTH OFFICERS OF THE AUTHORITY

MEDICAL OFFICER OF HEALTH :

W. K. DUNSCOMBE.

CHIEF SANITARY INSPECTOR :

A. T. HARPER.

SANITARY INSPECTORS :

R. E. WARBURTON.

W. G. STEVENSON.

PUBLIC HEALTH DEPARTMENT,
MUNICIPAL BUILDINGS,
PENZANCE.

THE MAYOR, ALDERMEN AND COUNCILLORS,
BOROUGH OF PENZANCE.

MR. MAYOR, LADIES AND GENTLEMEN,

In presenting the Annual Report for 1950, the main item for comment this year is the very high infant mortality rate which must give rise to serious anxiety as the reason is rather obscure and it is not possible to point out any one item as the main cause. It must continue to deserve the closest possible attention.

For the rest, the incidence of infectious disease has remained fairly low except for the epidemic of influenza which struck the town at Christmas, and in spite of the very wet summer, it is not possible to say that there has been any material alteration in the general physical health of the community.

However, the frustration, shortages, and general hopelessness associated with the early stages of an extensive rearmament programme are having, in my opinion, a serious effect and the attitude of "couldn't care less" is far too prevalent.

I think it must be accepted that we have obtained social security without social maturity, and the fact that in the so-called welfare state there is a definite and essential obligation of the individual toward the state as well as vice versa is carefully forgotten. Indeed, it is not apparently quite the right thing to mention it, while at the same time the old-fashioned virtues of self-reliance and thrift are almost laughed at.

The town must be interested in preventive medicine, that is the little that at present is left of it, so that the fundamental administrative changes at the former Ministry of Health should not be overlooked. Unfortunately, by a feat of mental legerdemain which would have won applause from any magician's circle, the former Ministry's functions have been split up and the part dealing with environmental medicine has been separated from the other part concerned with so-called curative or "pure" medicine. It must, therefore, be stated again and again, that for good health, the fundamentals of good food, good housing, a good and plentiful water supply, and proper sewage are just as essential to the individual as ever they were and this splitting of the Ministry's functions can only be deplored.

Housing is still the major problem and though the Council's progress is reasonable, far too much consideration is given to building 3-bedroomed houses when the greater need is for smaller houses, flats, or bungalows, the latter especially for old people. This is, unfortunately, stimulated by the peculiar mathematics of the Ministry to which I refer below.

National Health Service. It is still too early to attempt an appraisal of the present position but one cannot overlook the fact that the so-called priority dentistry has in fact evaporated, while there is still serious discontent among the general practitioners. The local administration, which is also not satisfactory, is referred to later.

In conclusion, I must thank the members of the Council for their continued interest and the other Chief Officials for their co-operation. I am particularly grateful to the staff of the Health Department both technical and clerical as I continue to receive their loyal help.

I am, Mr. Mayor,

Your obedient servant,

W. K. DUNSCOMBE,

Medical Officer of Health.

SECTION A

Statistics and Social Conditions of the Borough.

Area—3,578 acres.

Population—20,210. (Registrar-General's estimate, mid-year 1950.)

Rateable Value—£128,639. Product of Penny Rate—£510. 8s. 2d.

No. of Inhabited houses—6,582.

<i>No. of Livebirths :</i>	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
Legitimate	131	133	264
Illegitimate	10	11	21
<i>Rate per 1,000 population :</i>	14.1		

<i>No. of Stillbirths :</i>	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
Legitimate	—	4	4
Illegitimate	—	1	1
<i>Rate per 1,000 total births :</i>	17.0.		

<i>No. of Deaths :</i>	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
	154	181	335
<i>Rate per 1,000 population :</i>	16.57.		

<i>No. of Infant Deaths :</i>	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
Legitimate	8	10	18
Illegitimate	2	—	2
<i>Rate per 1,000 live births :</i>	70.0.		

Maternal Deaths : 1.

COMMENT.

(1) It will be noted that as in past reports, heart disease and cancer are by far the main causes of death and with the general ageing of the population it can reasonably be anticipated that the cancer death rate will increase. It will be possible to report further on this next year.

(2) *Infant Mortality.* As stated in the introduction the rate is far too high and though because the numbers are small there must be considerable fluctuation from year to year, the fact is that for some years the rate has been much higher than it should be.

In several instances the deaths took place within the first month and were due to prematurity or congenital malformations but too many took place from broncho-pneumonia or enteritis, i.e., diseases which should have been preventable. In some cases these occurred in houses which would in the normal way have been dealt with by slum clearance, but as this is by no means all the story the whole question will be carefully studied again.

SECTION B

CAUSES OF DEATH.

	<i>M.</i>	<i>F.</i>	<i>Total.</i>
Tuberculosis of respiratory system	9	2	11
Syphilitic disease	1	—	1
Other infective and parasitic diseases	—	2	2
Cancer of stomach	6	13	19
Cancer of lung, bronchus	4	—	4
Cancer of breast	—	2	2
Cancer of uterus	—	2	2
Cancer of other sites	16	13	29
Leukaemia, aleukaemia	1	—	1
Diabetes	1	—	1
Vascular lesions of nervous system	10	29	39
Coronary disease, angina	19	14	33
Hypertension with heart disease	6	6	12
Other heart disease	28	38	66
Other circulatory disease	8	13	21
Influenza	1	1	2
Pneumonia	11	7	18
Bronchitis	1	3	4
Other disease of respiratory system	1	1	2
Ulcer of stomach and duodenum	3	—	3
Gastritis, enteritis and diarrhoea	1	3	4
Nephritis and nephrosis	2	8	10
Hyperplasia of prostate	6	—	6
Pregnancy, childbirth abortion	—	1	1
Congenital malformations	1	3	4
Other defined and ill-defined diseases	13	15	28
Accident (Motor)	1	—	1
Other Accidents	3	3	6
Suicide	1	2	3
All causes	154	181	335

PRINCIPAL CAUSES OF DEATH.

	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
1. Heart Disease	61	71	132
2. Cancer	26	30	56
3. Vascular lesions of nervous system	10	29	39
4. Pneumonia	11	7	18
5. Tuberculosis of Respiratory System	9	2	11

A comparison with previous years appears in Appendix C.

SECTION C

CLIMATE 1950.

	<i>Dry.</i>	<i>Wet.</i>	<i>Max.</i>	<i>Min.</i>	<i>Rain.</i>	<i>Sunshine.</i>
JANUARY ...	46.3	43.6	49	41	2.28	51.6
FEBRUARY ...	47.3	45.7	51	43	7.31	70.5
MARCH ...	50.0	48.0	54	45	2.59	125.9
APRIL ...	50.0	46.8	55	45	2.39	205.9
MAY ...	56.4	52.9	62	49	2.35	228.9
JUNE ...	62.7	62.4	70	54	1.36	209.6
JULY ...	65.8	60.0	67	56	3.88	188.8
AUGUST ...	62.6	60.6	66	55	6.71	203.6
SEPTEMBER ...	58.0	58.0	62	54	6.08	119.4
OCTOBER ...	54.4	52.4	55	49	2.40	97.2
NOVEMBER ...	51.0	48.5	53	46	8.40	89.7
DECEMBER ...	39.8	38.2	46	36	5.82	48.8

Rainfall for the year at 51.57 inches was the highest experienced since 1912, but sunshine fell short of average by only 40 hours during the year.

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 standpipe supply, and (c) with mains supply.

<i>(a) No Public Supply.</i>	<i>(b) From standpipe.</i>	<i>(c) Mains supply.</i>
28	85	5928

The number of samples taken for analysis was as follows :—

<i>Samples.</i>	<i>Supplies.</i>				<i>Private Domestic.</i>	
	<i>Drift Domestic Works</i>		<i>Boscathnoe Domestic Works</i>			
Raw... ..	—	—	—	5	2	1
Treated ...	11	1	30	49	9	1
Chemical ...	—	1	—	2	—	—
Plumbo-Solvency	—	4	—	1	—	—

(a) *General.* Owing to the amount of rain from June to the end of the year supplies were adequate in all parts.

(b) *Boscathnoe.* The examination of samples taken at the principal sampling point shortly after the water leaves the service reservoir showed contamination which was occurring often. In previous reports intermittent contamination has been mentioned, as inevitably it must make any Medical Officer uneasy, but the fact that it is now frequent cannot help but cause anxiety.

It is known that the bank between the two reservoirs shows cracks in places thus allowing untreated water to get into the service reservoir, and this needs repair urgently. In addition, the pipe in which the water is treated (by the chloramine process) is continued to nearly the centre of the storage tank but the draw off is close to the bank where untreated water is seeping through. It is obvious, therefore, that while this state of affairs continues entirely satisfactory results cannot be expected, though fortunately, samples taken in the town have been good. This is desirable from the general point of view but it has tended to give rise to complacency in certain quarters with the result that the fundamental point is in danger of being forgotten. This is, of course, that the water should be satisfactory before it enters the delivery main.

Unfortunately, progress in the preparation of the scheme for the provision of a proper chlorinated supply from this reservoir has been slow. I have previously remarked upon the illogicality of providing at Drift the finest and most modern filtration and chlorination plant, certainly in Cornwall, while at the same time relying on unsatisfactory chloramine treatment at Boscathnoe, where the draw off is so heavy that for the requisite contact time for proper sterilisation, we have to more or less rely on this occurring actually in the main.

(c) *Drift Scheme.* At the beginning of the year a conference was held between representatives of the Borough, West Penwith R.D., and St. Just U.D.C.'s together with certain members and officials of the County Council. Since that time various attempts to get agreement between the three District Councils were made without success and the idea was in grave danger of being allowed to go by default, through sheer inertia and just plain cussedness. However, at the time of writing, things are now a great deal brighter and it has actually now been possible to come to agreement and form a joint committee, which has had its first meeting.

(d) *Gulval.* There is still, unfortunately, a supply to Gulval which is sometimes from Drift and at other times from springs in the Gulval area. The result being that at one time the residents receive treated water and at others untreated. The logic of this is not very apparent and it is obvious that the water should be treated. In any case the small reservoir is supposed to be covered but the corrugated

iron covering has rusted through in some places, and a proper covered service reservoir is also necessary.

(2) **Sewerage.**

It is now possible to report that this year tenders have been accepted and work started on the last main sewerage scheme of size in the Borough. I have mentioned before that the village of Gulval needed and deserved an adequate sewerage system and I hope it will be possible to report next year that this is now in being. Unfortunately, the contractors have been held up in their work by bad weather but nevertheless substantial progress had been made by the end of the year.

It will be possible then for the town to consider carefully how to reduce the many outfalls discharging crude sewage into the bay. The position at Newlyn and Mousehole is especially needing attention, since in both places a number of outfalls discharge into a small harbour. This is not exactly the sort of thing that commends itself to the visitors we wish to attract.

(3) **Refuse Disposal.**

Although details are given in the report of the Chief Sanitary Inspector, reference must be made here to the Eastern Green project. By the end of the year controlled tipping had been going on for 2½ years, and the work done has proved effective, surprisingly few complaints being received either from residents or visitors. The Council have spent a considerable amount of money there and have materially improved the land.

It is perhaps permitted to suggest, therefore, that as a compliment to the town in Festival Year the owner of the land, who is well-known for his interest in all matters appertaining to the area, might consider making it a gift to the town for some suitable purpose, for example, a 9-hole golf course, or even a helicopter airfield for the Scillies service. Either would prove a boon to the town and would be a permanent reminder of the donor's generosity.

(4) **Infectious Disease.**

There is not a great deal to be reported in this part, fortunately, and the details will be found in the Appendix. One point which may prove of epidemiological interest is the finding of certain cases of a special type of jaundice in patients at the hospital. Almost all come from the areas outside but immediately adjacent to the Borough, and it may be that there will be found to be a relationship between the high incidence of nephritis in the area and the type of jaundice mentioned.

(5) **Tuberculosis.**

In this area as a whole the pattern of the disease now becoming evident is very similar to that for the whole country. It is, briefly,

that while the ages at which the greatest number of deaths in women occur have not changed from before the war, there has been a considerable difference as far as men are concerned. Now, the ages of greatest incidence and death are in the 35-49 age group, and though the reasons for this are not yet clear, their bearing on the working capacity of persons affected must be of considerable consequence as it may mean that males are ill longer with a consequently longer drawn out effect on their earning power and of greater expense to the community as a whole. It may be possible to report more fully on this next year.

However, as far as administration goes, the muddle gets worse every day, and at the present time the mix-up that is going on is an effective criticism of the division effected by the National Health Service Act into the preventive and curative sides of this illness, particularly as far as the pulmonary form is concerned. At present the left hand doesn't know what the right is doing, and at times even the fingers of one hand act independently.

As an example of this, it was decided by someone that the Mass Radiography Unit for Devon and Cornwall (which, of course, is under the control of the Regional Hospital Board) should function in this area. The Medical Officer of Health was not consulted until the project was in an advanced stage and the District Councils concerned, i.e., this Borough and the Urban District of St. Just were not informed. This is the sort of cock-eyed happening which can now occur, but to cap it the West Cornwall Hospital, which is also in the Board's area, was not informed either. The District Councils had to receive their information through the Medical Officer of Health when he got to know, and it seems quite impossible to bang into the heads of certain so-called administrators that if anything is to function in a particular area, it is a good thing to tell the appropriate Local Government authority about it. If this simple fact could be learned by all Government Departments, Boards, and County Councils, a cause of a great deal of grumbling would be eliminated.

Even so, the principal defect of the divorcing of treatment from prevention will continue until it is realised that this particular illness must be treated as a whole, which means the various bodies must function together, especially not forgetting the district councils as far as the housing of Tuberculous persons is concerned.

(6) National Assistance Act. Section 47.

Since I criticised the working of this section at some length last year there is little need for further comment. Suffice it to say, therefore, that in one case in the Borough by the time of writing no less than 5 renewals, each for a 3-month period, have had to be applied for. This is the sort of reiteration that brings any law into

disrepute, especially as in this case the person not only has an infirmity which will involve treatment, probably for years, but is also homeless.

It most certainly should not be necessary in such cases to have to apply for a renewal of the Magistrates' Order so frequently.

(7) **Housing.**

(a) *General.* Instead of Bleak, this can be called Heartbreak House. The figures of houses occupied and of applicants can be seen in the Appendix but the elementary fact is that the waiting list is increasing faster than the houses are being built. In addition, slum clearance has practically stopped and there is almost no provision for aged persons.

It must be said straightaway that the fault lies centrally. I have every sympathy with all attempts to give persons high standard houses but the consequence of the obstinate insistence on houses too large for many to furnish, at too few to the acre, is that the correspondingly high cost per house is reflected in the large rent which too few can pay. The new points scheme, which only came into force on November 15th, is already being broken through because those at the top of the list cannot afford the rent in many cases. This is through the insistence on too high standards and the answer is to lower the standards somewhat and build smaller houses.

It should be obvious that it is not reasonable to take people from say a slum clearance house in the centre of the town, where they pay about 3s. 6d. per week rent, and expect them to pay 30s. 0d. at Alverton. What they need is a modern type house with reasonable amenities at a reasonable rental. The smaller type house would enable more to be built per acre and thus further reduce the cost. As money gets tighter the difficulty found by many in paying rents up to £78 per year will get worse while if there is any slump the Council will have an almost impossible burden hung around its neck and this, of course, will apply all over the country. No amount of self-satisfaction at the layout of any housing estate will then be able to make up for the fact that the persons for whom the houses were really built are not able to occupy them.

(b) *Points Scheme.* In view of the issue of the booklet "The Selection of Tenants," under the aegis of the Ministry of Health, a full and complete revision of the existing points scheme was undertaken. Although many other officers helped, this threw a good deal of work on the Housing Manager and his staff before the draft scheme was approved.

The details are given in the Appendix but there must be doubts about the advisability of instituting a bedroom standard when we are not in a position to eliminate the Housing Act standard of overcrowding. The booklet, in my opinion, should have adopted a much more realistic attitude as we are all agreed that a bedroom

standard is desirable. Aiming at a target isn't much good if you can't hit it.

(c) *Housing of Old People.* I emphasised the need for this last year and as nothing has been done in the meantime, the necessity for some action has correspondingly increased. In my view the census will show that if anything, our problems by 1960 will be worse than we imagined. There is much too much a tendency to pass the buck to the County Council to provide Part III accommodation under the National Assistance Act but the local authorities should realise that they have some responsibilities to the old persons in their areas.

Part of the difficulty of providing for old persons and for married couples with no children lies in the peculiar mental processes of the Ministry, which is reflected in the allocation policy. To them a house is a house regardless of whether there is any difference in the number of persons to be housed with the results that in their extraordinary mathematics a flat equals a house. No increase in the number of flats as compared with houses is permitted and this stupid straight jacket is reflected in the Council's building programme with the result that too many 3-bedroomed houses are being built and the less commodious accommodation which is essential for any balanced policy is not being pressed.

The steady fall in the birthrate, the migration of retired persons from North to South generally, and particularly to Cornwall, together with the ageing of the population make a realisation of the need for such smaller houses or flats fundamental.

(d) *Town and Country Planning Act. Preservation Order.* In July the Minister made an order under the Act dealing with the preservation of a number of houses in the town. Some of these may have some architectural or historic interest, but the order included a terrace of houses devoid of either which should have been dealt with by slum clearance but were bought by the Regional Hospital Board for the express purpose of extending the West Cornwall Hospital two years before the Order was made. Presumably, the order will now have the effect of preventing an absolutely necessary extension of the hospital. It is these stratospheric heights of futility that bring planning into disrepute.

(8) National Health Service Act.

In two successive reports I have criticised the local administration of Part III of the Act—the section for which the County Council is responsible—on the grounds of excessive centralisation, too detailed control of the areas and general inability and unwillingness to decentralise.

This is even yet the position and there is still no proper realisation by those responsible that some of this excessive centralisation

must be reduced. An elaborate and not inexpensive organisation has been set up in the 7 areas into which the County is divided for the purposes of the Act but this is not being used to its full capacity simply through inadequate decentralisation. I must also repeat that in any case the original scheme was wrong and the only possible and the proper way of dealing with the problems set up by the Act and the Education Act, 1944, is to decentralise to the limit with suitable committees, set up for suitably sized areas. The Medical Officers of Health of such areas should then be responsible for the medical administration of all the County Council's medical services and also so-called social welfare which is really social medicine.

Unfortunately, while the various District Councils continue to carry on amongst themselves the inter-tribal warfare which seems to be almost chronic, it is impossible to get the cohesion necessary to make certain that such decentralisation is in fact effected.

(9) **Food Hygiene.**

(a) *General.* This has been receiving such continual attention in the National Press that we are in danger of over-reaching ourselves. We must realise, of course, that any outbreak of food poisoning is News and that we must, therefore, expect the Press to be interested, but now the Public have been regaled by so many reports both medical and lay, of the most bloodcurdling nature that we are coming close to scaring everyone out of their wits.

To look at the matter in its proper perspective we must realise that as the result of the war there was an immense increase in the number of persons eating away from their own homes. The Food and Drugs Act, 1938, only came into force in October, 1939, i.e., after the war started and since 1945, shortages have impeded many improvements in equipment and premises which might have been intended (or forced) as the result of Sections 13 and 14 of the Act. When all these are added up, together with the fact that during the war and since, numbers of persons have travelled abroad or had numerous opportunities for becoming carriers of certain organisms which may cause food poisoning—the resultant of all these forces is inevitably therefore, an increase in outbreaks.

There has, however, been very little, if any, improvement in the care with which food is handled and very little appreciation, even by those who should know better, that re-heated cooked meats, for example, are especially liable to cause infection. The blame must be shared partly at least by the medical profession, but especially by the Ministry of Health who seem to have been completely without any ideas.

(b) *Clean Food Campaign.* In many cases the proprietors of the various establishments concerned could also do more. Glass

covered cabinets, deep-freezers, and a much greater use of refrigeration generally, would be of assistance, but the customers have some obligation too.

Cigarettes dropping ash on other people's food are not always a mark of superiority, while the filthy ration books deposited on the counter give some guide to the mentality of the persons concerned. Many would be very indignant if asked if their dogs could be left outside Greengrocers' shops especially, which, with various vegetables stacked close to the floor, seem to be nearly a dog's paradise with which only lamp posts can compete.

The fact of the matter is that we are complacent about the whole problem which has obligations on the consumer as well as the supplier and both sides don't seem to care in many instances. It must be borne in mind, however, that negligence or lack of supervision can do more damage from the supplier's side than from the consumer's.

As far as educating the food handlers is concerned, several meetings and discussions were held with the Hotel and Caterers' Section of the Chamber of Commerce and their very helpful co-operation secured.

Abattoir. Further plans were drawn at intervals by the Borough Surveyor and his staff as the result of modifications suggested by the Ministry of Food and we have now reached the stage when no less than 10 different sets of plans have now been prepared and all the while the Government has not disclosed its long term policy. It is obvious that there must be a limit to the work the Borough Surveyor can be expected to undertake in the matter and one might well think this has now been reached.

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 inspection during the year will be found in the Appendix.

It is regretted that after the lapse of five years since hostilities ceased, it is not possible to report that the work of the Sanitary Department returned to normal during the year under review. For many reasons housing activities still remain seriously curtailed with a result that by far too many defects are classified, and dealt with as nuisances, when housing action is called for. This merely postpones the evil day and as poor properties become worse, the feeling of frustration grows. Yet with the national situation as it is, there appears to be no alternative to the present policy of patching and turning a blind eye to the deeper needs.

Work in connection with the supervision of food supplies has however, been more encouraging, and much good work has been carried out by the Department as the various tables will show. In addition, to the exercise of a rigid system of meat inspection, a considerable time has been devoted to the inspection of food preparing premises and the preparation of food, and in the sampling of milk and ice-cream for bacteriological examination. The maintenance of a clean and wholesome food supply is regarded as being of equal importance as duties in connection with environmental hygiene.

The drive to secure improvements in licensed premises in the Borough continued during the year and by the end of 1950 all premises had been provided with facilities for the proper washing of glasses and plans were well in hand for the improvement of sanitary accommodation in those houses where existing facilities were inadequate. The aim has been the provision of a good sink with hot running water in each bar and a separate W.C. for male and female customers.

Another achievement deserving of special mention was the excellent progress made towards securing the provision of a bottled milk supply throughout the borough. By the end of the year it was certain that the beginning of the new year would see the passing of the "Can and Dipper" era in Penzance. This very considerable advance in the hygienic distribution of milk was in large measure due to the very willing co-operation of the milk retailers themselves and the ready assistance of Mr. Tyacke, of the Primrose Dairy, St. Erth. This satisfactory result is but another example of the value of consultations with members of the trade. As in this case, improvements in advance of legal requirements can be agreed if the confidence of traders is gained.

Ice-Cream (Heat Treatment) Regulations, 1947. During the season, 89 samples of ice-cream were submitted to the laboratory at Truro for Methylene Blue test with the following results :—

No. returned in Grade I...	...	28 or 31.4%
No. returned in Grade II	...	25 or 28.1%
No. returned in Grade III	...	25 or 28.1%
No. returned in Grade IV	...	11 or 12.4%

In the report for 1949, it was possible to point to a steady improvement in gradings since the Regulations came into force. It is regretted that the progress was not maintained during 1950, although the percentage of samples in Grade IV remained the same.

Of the 89 samples taken, 35 were also tested for fat content with very varied results ; 14 were below 5%, 14 between 5% and 10%, and 7 over 10%. The lowest was 1.4% and the highest 15.9%. With such variation it was apparent that whilst some manufacturers were producing an article of good food value others were turning out rubbish. The need for a legal standard was amply emphasised, and it was gratifying to learn that such a standard would be enforceable before another " Season " commenced.

At the end of the year there were 10 premises registered for the manufacture of ice-cream and 39 premises for sale only. This latter figure shows an increase of 11 during the 12 months.

Milk and Dairies Regulations, 1949. Special attention has again been paid to milk produced and retailed in the Borough, the object being to ensure that some control could be exercised over producers whose milk was not subjected to the factory platform tests. The services of the staff of the Pathological Department of the Royal Cornwall Infirmary were utilised and 158 milk samples were submitted for bacteriological examination. Of 33 samples from designated sources, 2 (6%) failed the Methylene Blue test and of the 125 from non-designated sources, 35 or 28% failed this test. Although these results show a little improvement on those for 1949, the number of failures is still disturbingly high.

In addition to the visits made for purposes of sampling, 107 inspections of dairy premises were made during the year.

The following table summarises the results obtained during the year :—

<i>Samples for</i>	<i>Total No. of Samples</i>	<i>Failed M.B. test</i>	<i>Percentage Failures</i>
Bact. Exam. Des. ...	33	2	6
Non-Des. ...	125	35	28

Refuse Collection and Disposal. The scavenging service is regarded as an integral part of public health work, and a regular collection of refuse as an indispensable necessity. The aim is a weekly collection from all domestic premises, with more frequent collections from business premises, the number of collections varying according to the season and the nature of the business. For this purpose five Karrier Bantam refuse collectors with two loaders each, are employed.

During the year under review this minimum service was maintained with very few complaints and only minor upsets, but it must be admitted that during the holiday season and with a growing housing estate making increasing demands on the department, the service was often taxed to the utmost.

All refuse collected in the Borough was disposed of by controlled tipping at the Eastern Green site, and it is estimated that over 7,000 tons of refuse were dealt with by the 3 workmen employed at the tip. Approximately 15 tons of black residue from the Electricity Works at Hayle were used daily as covering material for the sides and faces of the tipping area, and soil was brought from the Alverton building site for use as final cover.

The provision of covering material and the hire of plant for levelling same, together with extensive drainage works on the site, make the tipping operations an expensive item in the Public Health Department's finances.

No salvage of waste materials was undertaken during the year.

The estimated annual cost of refuse collection including administration expenses was £6,200 and of refuse disposal, £4,300.

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 of 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 1950 :—

<i>Com-plaints</i>	<i>In-spections</i>	<i>Premises treated by Poison</i>	<i>Sewer treatments by Poison</i>	<i>Man-holes baited</i>	<i>Pre-baits laid</i>	<i>Poison baits laid</i>	<i>Premises trapped</i>
135	252	290	2	60	15956	1681	80

APPENDIX A
INFECTIOUS DISEASES, 1950
 (Corrected Notifications)

<i>Disease</i>	<i>Penzance</i>	<i>West Penwith</i>	<i>St. Ives</i>	<i>St. Just</i>
Measles	4	11	212	—
Scarlet Fever	7	13	7	4
Food Poisoning	—	—	1	7
Whooping Cough	44	77	—	30
Acute Poliomyelitis	2	3	1	—
Diphtheria	3	—	9	—
Meningococcal Infection	—	—	1	—
Dysentery	—	—	3	—
Puerperal Pyrexia	—	1	1	—
Pneumonia	—	10	—	—
Erysipelas	—	3	—	—
Rheumatic Chorea	—	1	—	—

DIPHTHERIA IMMUNISATION, 1950

<i>Area</i>	<i>Number of Children who Completed a full Course of Immunisation in 1950</i>			<i>Number of Children Receiving Refresher Doses</i>
	<i>Under 5</i>	<i>5-14</i>	<i>Total</i>	
Penzance	170	38	208	487
St. Ives	98	63	161	569
West Penwith	166	39	205	397
St. Just	32	19	51	194

APPENDIX B
TUBERCULOSIS NOTIFICATIONS AND DEATHS, 1950

		Nos. on Register 31.12.50	1-5	5-15	15-20	20-25	25-35	35-45	45-65	Over 65	Total
PENZANCE	Pul. M.	72		1	2	3	5(2)	4(2)	5(4)	1(1)	21(9)
	Pul. F.	53		2	1(1)	4	4(1)	1			12(2)
	Non-Pul. M.	5		1							1
	Non-Pul. F.	11			1						1
WEST PENWITH	Pul. M.	57		1	1	4	2	5	1(1)	2	16(1)
	Pul. F.	42			1	2		2	2		7
	Non-Pul. M.	30	1	1					2		4
	Non-Pul. F.	22	1(1)	1							2(1)
ST. JUST	Pul. M.	30		2	1		3(1)	1(1)	2(1)		9(3)
	Pul. F.	15			5	2(1)	1(1)				8(2)
	Non-Pul. M.	6									
	Non-Pul. F.	2									
ST. IVES	Pul. M.	34					1	4(1)	1	2(2)	8(3)
	Pul. F.	20				3	1		1(1)		5(1)
	Non-Pul. M.	7		1							1
	Non-Pul. F.	5									
Total Notifications ...											
Total Deaths (In Brackets) ...											

APPENDIX C

COMPARATIVE FIGURES

<i>Year</i>	1947	1948	1949	1950
Population	20,050	19,920	20,080	20,210
Total Deaths	293	258	289	335
Principal Causes of Death				
Heart Diseases	66	88	86	132
Cancer	53	38	53	56
Intra-cranial vasc. lesions ...	41	38	35	39
Pneumonia	17	10	8	18
T.B. Resp.	13	9	5	11
Other Circulatory diseases...	13	11	23	21
Infant Mortality Rate ..	38.5	30.6	45.75	70.0

APPENDIX D

Factories Acts, 1937 and 1948

PART I OF THE ACT

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

<i>Premises</i>	<i>No. on Register</i>	<i>In-spections</i>	<i>Written Notices</i>	<i>Occupiers Prosecuted</i>
(i) Factories in which Sections 1, 2, 3, 4, and 6 are to be enforced by Local Authorities ...	60	81	11	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	90	66	6	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises)	8	7	—	—
TOTAL	158	154	17	Nil

2. CASES IN WHICH DEFECTS WERE FOUND :—

	Number of Cases in which defects were found				No. of cases in which prosecutions instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of Cleanliness (S. 1)	4	3	—	1	—
Overcrowding (S. 2)	—	—	—	—	—
Unreasonable temp. (S. 3)	—	—	—	—	—
Inadequate ventilation (S. 4)	1	1	—	—	—
Ineffective drainage of floors (S. 6)	1	1	—	—	—
Sanitary Conveniences (S. 7) :—					
(a) insufficient	4	3	—	—	—
(b) Unsuitable or defective	3	3	—	1	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	4	4	—	1	—
TOTAL	17	15	Nil	3	Nil

PART VIII OF THE ACT

Out-work

SECTIONS 110 AND 111

Nature of Work	Section 110			Section 111		
	No. of out-workers in August in list req'd. 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. ...	19	—	—	—	—	—
TOTAL	19	Nil	Nil	Nil	Nil	Nil

APPENDIX E

SUMMARY OF VISITS AND INSPECTION CARRIED OUT BY THE SANITARY DEPARTMENT

1.	Complaints which received attention	141
		<i>Inspections and</i>		<i>Re-inspections</i>	<i>Tests, treatments, etc.</i>	
2.	Public Health Act, 1936.					
	Sewers and drains	121			Tests	17
	Sanitary Conveniences	98				
	Water Supply	23			Samples	113
	Refuse Collection and Disposal	204				
	Nuisances	345				
	Offensive Trades	8				
	Rivers and Streams	40				
	Infectious Diseases	28				
	Disinfections	3			Treatments	10
	Disinfestations	18			Treatments	13
	Camping Sites	15				
3.	Factories Act, 1937.					
	Routine	42				
	Sanitary Accommodation	21				
	Means of Escape in case of Fire	4				
4.	Shops Act.					
	Routine	36				
5.	Housing Act, 1936.					
	Unfit houses	125				
	Overcrowding	26				
	Applications for Council house	99				
6.	Food and Drugs Act, 1938.					
	Food Preparing premises	129				
	Food stores and shops	570				
	Markets	379				
	Fish stalls, markets and stores	49				
	Fried fish shops...	59				
	Restaurants and restaurant kitchens	49				
	Licensed premises	33				
	Ice-cream shops and premises	90				
	Bakehouses	54				
	Ice-cream Samples—Grading				Samples	92
	Ice-cream Samples—Fat Tests				Tests	35
	Visits re-Food Poisoning	9				
7.	Milk and Dairies Regulations					
	Dairies	107				
		<i>Designated</i>			<i>Non-designated</i>	
	Samples	33			125	
8.	Prevention of Damage by Pests Act, 1949.					
	Dwelling-houses	101				
	Business premises	151				
9.	Notices.		<i>Served</i>		<i>Complied with</i>	
	Informal	56			36	
	Statutory	3			8	
10.	Miscellaneous Visits					372

APPENDIX F

CARCASSES INSPECTED AND CONDEMNED

	<i>Cattle excluding Cows</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep and Lambs</i>	<i>Pigs</i>	<i>Weight</i>
Number killed	1894	1288	673	1911	141	<i>T. C. lbs.</i>
Number inspected	1894	1288	673	1911	141	
All Diseases except Tuberculosis :						
Whole carcasses condemned	11	47	7	8	2	} 27 12 10
Carcasses of which some part or organ was condemned	769	777	5	186	14	
Percentage of the number inspected affected with disease other than tuberculosis	41.2	64.0	1.8	10.2	11.3	
Tuberculosis only :						
Whole carcasses condemned	52	122	3	—	2	} 52 16 61
Carcasses of which some part or organ was condemned	230	345	2	—	17	
Percentage of the number inspected affected with Tuberculosis	14.9	36.3	0.7	—	13.5	
TOTAL WEIGHT						80 8 71

Note :—

- (a) Under the heading "Cattle excluding Cows," are included Bulls, Steers, Heifers and Cow-heifers.
- (b) Under the heading "All Diseases except Tuberculosis," the figures for carcasses of which some part or organ was condemned includes all those in which a liver or part of a liver was rejected on account of cirrhosis and flukes. This no doubt accounts for the high percentage of cattle (including cows) found to be affected with disease other than tuberculosis.

No. of visits to slaughterhouses 2386

OTHER FOOD REJECTED

	T.	C.	Lbs.
Fish... ..		8	63
58 Poultry		1	57
10 Hare			45
Fruit		14	104
Potatoes and vegetables			64
Sugar			62
Cheese			57
Dried fruit			71
Gelatine		1	70
Desiccated coconut		1	58
Suet and cooking fat			12
Rice			60
Sausages and sausage meat			55
Flour		6	97
Cereals		2	8
Cake and pudding mixture		6	59
Biscuits and cake		1	59
Tripe		2	40
Dried Beans and Peas		16	3
2,469 canned goods	1	16	52
304 glass packed goods		1	29
Other Miscellaneous goods		1	35
TOTAL WEIGHT	5	6	40

APPENDIX G

HOUSING

The following table gives details of houses under control of the Council as at the end of the year 1950 :—

	Occupied	Under repair	Allocated	Awaiting Allocation	Total
Parc Wartha	58	—	—	—	58
Penalverne	170	—	—	—	170
Gwavas	241	1	—	—	242
Treneere	396	1	—	—	397
Temporary Bungalows (Treneere and Cherry Gardens)	50	—	—	—	50
Alverton	109	2	—	11	122
Mousehole... ..	9	—	—	—	9
Miscellaneous Tenancies... ..	28	1	—	—	29
Finance Properties	24	—	—	—	24
Quarterly* and Monthly Tenancies	16	—	—	—	16
Requisitioned Tenancies... ..	57	2	—	—	59
	1,158	7	—	11	1,176
<i>No. of houses built by the Council.</i>					
61	<i>No. of houses built by Private Enterprise</i>				
	18				

POINTS SCHEDULE

Basic Points

(Items 1, 2 and 3 referring to overcrowding, ill-health and insanitary houses are applicable only to applicants residing in the Borough.)

	<i>Points</i>
1. Overcrowding.	
(a) <i>Bedroom Deficiency.</i> —Based on a standard which assumes that a separate bedroom is needed for each of the following groups :—	
(i) man and wife ;	
(ii) one or two children under 10 years ;	
(iii) one or two unmarried males ;	
(iv) one or two unmarried females ;	
(v) a person whom the Medical Officer of Health considers should sleep in a room alone.	
For each bedroom by which the applicant's accommodation falls short of the standard	10
(b) <i>Statutory Overcrowding.</i>	
(i) $\frac{1}{2}$ unit	2
(ii) 1 unit	5
(iii) $1\frac{1}{2}$ units	8
(iv) 2 units	11
(v) $2\frac{1}{2}$ units	14
(vi) 3 units	18
(vii) $3\frac{1}{2}$ units	22
(viii) 4 units	26
2. Ill-health and Physical Disability.	
Subject to the existence of illness or disability in the applicant's family, and provided the Medical Officer of Health is satisfied that the illness or disability is :—	
(a) due to or aggravated by existing housing conditions and	
(b) likely to improve by the family's removal to a Council house.	
According to the severity of the illness or disability, and at the discretion of the Medical Officer of Health	up to 9
3. Insanitary Houses.	
Where the house is occupied by the applicant and :—	
(a) there is in operation an Order for the demolition or closing of the house, or its inclusion in a Clearance Order	15
(b) a Schedule under Section 9 of the Housing Act, 1936, has been served by the Town Council specifying certain works which are required to be carried out by the owner, or, in default, by the Town Council	7
(c) a notice under the Public Health Act, 1936, is sufficient to effect abatement of minor defects	3
4. Lack of Separate Home.	
Where it is necessary for the applicant to share with another family :—	
(a) the kitchen	10
(b) a living-room	5
(c) a W.C.	2

Balancing Points

5. War Service.	
For each complete 2 years of service	1
6. Employment in the Borough.	
Persons directed or appointed to employment in the Borough from outside a 10 mile limit :—	
(a) for every complete year of employment in the Borough ...	1
(b) for every complete 10 years' period of employment with the same firm, organisation or service	1
subject to a maximum of 4 points for (a) plus (b).	
7. Residence in the Borough.	
For each complete 10 years' period of residence or domicile subject to a maximum of 4 points.	1
Except where the total period of residence or domicile falls below 10 years, a period of 7 years to be calculated as a complete period.	



