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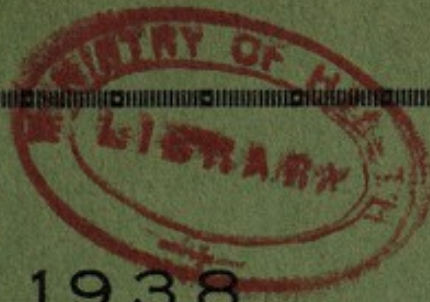
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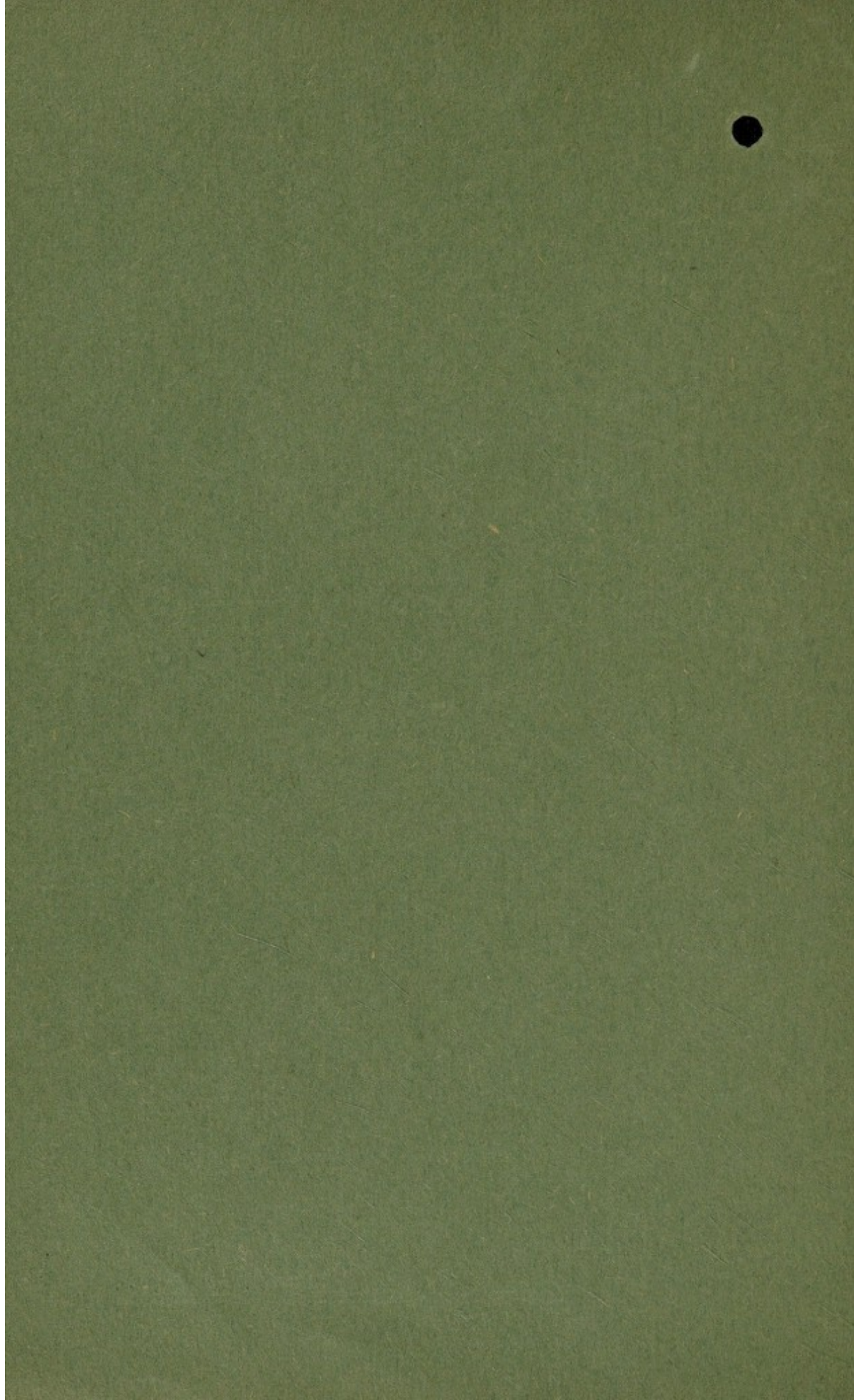
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THE RURAL DISTRICT
OF
ST. AUSTELL

Annual Report
OF
MEDICAL OFFICER OF HEALTH

H. HOCKING, PRINTER, ST. AUSTELL



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1938.

Medical Officer's Annual Report.

To the Chairman and Members of the
St. Austell Rural District Council.

Mr. Chairman, Ladies and Gentlemen,

The Report for 1938 is the twentieth which I have had the pleasure of submitting to you.

I am glad to note that whilst there have been a certain number of Scarlet Fever cases in the district, the epidemic of 1937 has died down very considerably and the general health of the area has continued good. There is a prospect that A.R.P. will entail increased work for all officials in the future and problems connected with evacuation, especially those concerned with the danger of infection, will need the consideration of the Council.

It has been impossible to carry out fully the provisions of the Housing Act of 1936, which dealt with Demolition, Clearance Area and Overcrowding, in the manner intended, partly owing to the departure of Mr. Dunsmore, who was appointed to supervise this work and partly because the Inspectors have had so many duties to execute, outside their ordinary routine.

I am,

Your obedient servant,

E. G. ANDREW.

RURAL DISTRICT COUNCIL REPORT.

Natural and Social Conditions of the Area.

Area (in acres), 82,389.

Population (Census 1931), 20,464.

Population (estimated mid-1938), 19,270.

Number of inhabited houses (1938), 6,777.

Rateable Value, £74,920.

Sum represented by a penny rate, £315.

The present Rural District of St. Austell includes the Parishes of St. Mawgan in Pydar, Colan, St. Wenn, St. Columb Major, St. Enoder, Roche, St. Michael Caerhayes, Gorran, Luxulyan, Lanlivery, Creed, St. Ewe, St. Dennis, St. Mewan, Grampound, St. Sampsons, and St. Stephens, and so stretches from the North to the South Coast of Cornwall.

The slight successive decrease in the population of the District continues and according to the Registrar General's figures, there are 90 fewer persons than in 1938.

The principal industries are clay-mining and agriculture. In the former, the general outlook is improving and there is a decrease in the number of unemployed men.

VITAL STATISTICS.

Live Births.

	M.	F.	Total.	} Birth Rate per 1,000 of population 14.9. England & Wales 15.1. London 13.4.
Legitimate	133	143	276	
Illegitimate	7	5	12	
			— 288	

Still Births.

	M.	F.	Total.	} Rate per 1,000 of total births (live and still) 36.7.
Legitimate	3	4	7	
Illegitimate	3	1	4	
			— 11	

Deaths.

M.	F.	Total.	} Death Rate per 1,000 of population. Crude Rate 13.2. England & Wales 11.6. London 11.4. A.C.F. Rate 11.6.
128	123	251	

Death from Puerperal Sepsis Nil.

Death from Puerperal Causes 1.

INFANT MORTALITY RATE (under one year).

	M.	F.	Total	} Rate per 1,000 live births, 55.5. England & Wales 53. London, 57.
Legitimate	11	4	15	
Illegitimate	1	—	1	
			— 16	

Death Rate of Legitimate Infants per 1,000 legitimate live births, 54.3.

Death Rate of Illegitimate Infants per 1,000 illegitimate live births, 83.

Deaths from Measles (all ages), Nil.

Deaths from Whooping Cough, Nil.

Deaths from Diarrhoea, under two years, Nil.

THE CHIEF CAUSES OF DEATH.

	1938
1. Heart Disease	75
2. Cancer	35
3. Cerebral Haemorrhage	16
4. Tuberculosis (all forms)	14
5. Bronchitis	13
6. Pneumonia (all forms)	5
7. Suicide	2
8. Death from Violence	10
(4 deaths from Motor and Cycle accidents).	

Cancer again occupies a high place in the mortality list, being second in order among the causes of death, claiming 13.9% of the total number. I should like again to emphasize the necessity of early diagnosis and treatment and to remind the public of the Radium Centres at Plymouth and Bristol.

It is very satisfactory that once more no death from Puerperal Sepsis has occurred.

INFANTILE MORTALITY.

After the unusually low Infantile Mortality Rate (42.8) of last year, we must record a rise to 55.5 per 1,000 live births. Whilst this is lower than the London rate, it is a little higher than that for the whole of England and Wales. Threequarters of the deaths were due to premature birth and congenital causes, and bronchitis claimed three.

The Infant Welfare Centre and Orthopædic Clinic at St. Austell will soon be re-housed in a new and up-to-date building, towards the payment of which, great voluntary efforts have been successfully made during the past months. With the completion of this, it is hoped that their spheres of usefulness will be widened and their efficiency greatly increased.

There is also an Infant Welfare Centre at St. Blazey, where good work is being carried on.

CAUSES OF SICKNESS.

Scarlet Fever again figured somewhat prominently among the causes of sickness in the St. Columb area, where 26 cases occurred out of the 29 in the whole Rural District. This compares favourably with last Year's number when there were 73 in that parish.

Measles were somewhat prevalent at Roche in the winter and at St. Enoder during the summer.

There were again many cases of Chicken Pox and Mumps at St. Stephens and chicken pox at Nanpean, but on the whole the year has not been marked by any serious epidemic.

NOTIFICATIONS.

Scarlet Fever.

There were 29 cases in all usually of a mild type but two deaths took place, in the case of two delicate children. Eight of the cases occurred in one house and a special nurse was engaged to attend this family. Nine cases were admitted to the Isolation Hospital and all made satisfactory recoveries.

Diphtheria.

Three notifications were received, and for one case a special nurse was engaged. There were no deaths. Since this district has for many years been comparatively free from diphtheria, the majority of people here are not naturally immune; therefore if a large number of refugees were received at any time the possibility of an outbreak must be considered and it would be necessary to undertake a wide-spread scheme of general inoculation.

Pneumonia.

Eleven notifications were received and 5 deaths from all forms of pneumonia were recorded.

Puerperal Pyrexia.

Two cases were notified, but there were no deaths.

Erysipelas.

Two notifications were received and no death took place.

Ophthalmia Neonatorum.

Only one case was notified and a satisfactory recovery was made.

Anterior Poliomyelitis.

One case occurred at St. Dennis, which is still under the supervision of the Orthopædic Clinic.

Tuberculosis.

Eleven cases were notified during the year, 5 of these were pulmonary (3 male and 2 female), and 6 non-pulmonary (4 males and 2 females). This is an

increase of 2 in comparison with last year. Fourteen deaths occurred, ten pulmonary and four non-pulmonary, making a rate of 5.5 per cent. of the total number of deaths, compared with 1.8 per cent. last year. Of these 14 deaths, five were notified, giving 64% of notified deaths. When a death return is received where there has been no previous notification, a letter is written to the medical attendant asking for an explanation.

The usual visits by the Medical Officer and the Sanitary Inspector have been paid during the year and serious cases are seen, when requested, by the County Tuberculosis Officer.

Leaflets, containing careful instructions on the best way to prevent the spread of infection, and the wisest method of life for the patient, are issued to all cases. Large numbers of doubtful cases are sent to Tehidy Sanatorium for X-ray examination, which is often the only method of obtaining a correct diagnosis.

The St. Austell Tuberculosis Dispensary is available for patients from both Rural and Urban Districts.

LABORATORY.

The usual examinations of swabs and sputa have been made and reports issued as speedily as possible.

The following are the details of the examination:—

	Positive	Negative	Total
Swabs for B. Diphtheria	3	7	10
Swabs for B. Tuberculosis	—	2	2
			—
			12

PUBLIC HEALTH (PREVENTION OF TUBERCULOSIS) REGULATIONS, 1925.

No action was taken under this Act during the year.

PUBLIC HEALTH ACT, 1925. SECTION 62.

No action was taken under this Section.

PREVENTION OF BLINDNESS

Both Medical Men and Midwives pay great attention at birth to the child's eyes. The Eye Department of the Royal Cornwall Infirmary at Truro, and the South Devon Hospital, Plymouth, are available for cases needing special attention, whether in infants or adults. There is an opportunity for panel patients to consult the Ophthalmic Specialist on the staff of the Royal Cornwall Infirmary, at the town of St. Austell once a week at reduced fees.

SANITARY CIRCUMSTANCES.

Gorran Haven.

It is most important that an adequate Water Supply should be obtained for this village. It is necessary both for drinking purposes in this growing place and also for the new Sewerage works. The Sewer has been extended for 200 yards.

Gorran Churchtown.

I am glad to be able to report that the cess-pit at Gorran Schools has at last been rectified but the attention of the County Authority has been drawn to the defective Water Supply of the Schools, and it is to be hoped that this necessary improvement will be made during the year.

St. Stephens and St. Dennis.

The augmentation of the Water Supply for these parishes was approved by the Ministry of Health and work was begun in June. It is hoped that it will be completed during the winter.

St. Mewan.

Drainage and sewerage are so unsatisfactory, that it is essential for a modern system to be installed in the village of Trewoon. Probably an Inquiry by the Ministry of Health will take place in 1939.

St. Sampson's.

In Golant, an adit has been driven to improve the Water Supply and a successful flow of water was obtained. The Council have decided to augment the supply and take over full control.

St. Columb.

There has been again regrettable delay in proceeding with the three Parishes Water Supply Scheme, which should cover St. Columb Major, St. Enoder and St. Mawgan-in-Pydar.

The pumping station at Ruthers and a new shaft at Quoit improve the summer supply.

Negotiations are still going on, in which Wadebridge and Newquay are also concerned for the utilization of the De Lank Water. It is hoped by this scheme that it will be possible to provide the three Parishes, above Mentioned, with a satisfactory supply.

Luxulyan.

Samples of water have been taken from the village pump and the well at Bridges. Both were found satisfactory. The possibility of supplying Luxulyan Churchtown and Bridges with a proper piped supply of water is under consideration and some preliminary work has been done, in the shape of guagings of springs at Greadow.

Grampond and Whitemoor.

These are both still needing Drainage schemes, especially the latter.

WATER ANALYSES.

The following samples of water have been sent for analysis.

Northern District.

	Satisfactory
Luxulyan. Well at Bridges	Yes
Village Pump, Luxulyan	Yes
Well at Rosemelling	No
Streams at Greadow	Yes

St. Columb. Spring at Bridge	Doubtful
Ruther's reservoir	Yes
Tap in town	Yes
Tolskiddy Well	No
Well Lane Spring	No

Rosemelling.

This was a private well and the water was receiving some pollution. Notices were affixed by the R.D.C. advising users to boil the water before use and the owners were advised of the position. Negotiations are in progress with a view to remedying this defect.

The Spring at Bridge (St. Columb).

There appeared to be a small amount of surface water gaining access to this spring and work is in progress to improve this condition.

Tolskiddy Well.

The first sample taken was unsatisfactory and the spring was cleaned out, a cover fitted and a new pump installed and the water is now up to standard.

Well Lane Spring.

This is a supplementary source, which furnishes a secondary supply to the Mental Institution. A number of samples taken during the work of tracing the source and cleaning, were unsatisfactory. The source has now been located and the water is up to standard. The work of piping this supply to the point where drawn off, is now complete.

Southern District.

Place	Satisfactory
St. Mewan (Trewoon Works)	Yes
St. Stephens	Yes
St. Dennis	Yes
Roche	Yes
Gorran (Well)	Yes
Grampound	Yes

RIVERS AND STREAMS.

There are no rivers of any size in the district, and the fact that China Clay is carried in suspension in many of the streams, makes them useless for general purposes.

PUBLIC CONVENIENCES.

Public Conveniences should be placed in Indian Queens and Mawgan Village. It is unfortunate that in the latter case, the absence of a Water Supply and Sewerage arrangements makes it very difficult to provide these amenities.

GENERAL HOUSING CONDITIONS.

No houses have been built by the R.D.C. during this year but 83 have been erected by private enterprise, an increase of 53 on last year. This is a satisfactory advance as there is even yet a shortage of houses in many parts of the district, especially in St. Dennis, St. Stephens, St. Mewan, St. Enoder and St. Columb Major.

In the whole of the district, there are about 100 houses requiring demoltion, 80 houses in which there is overcrowding and no less than 343 border-line cases. The Council propose to build 30 houses at St. Dennis and elsewhere in the ensuing year, which will facilitate the carrying out of demolition orders.

In July, an Enquiry by the Inspector from the Ministry of Health was held at St. Dennis on Clearance in Areas 1 & 2 (Fore Street & Hendra Road), which later was confirmed on December 10th.

HOUSING (RURAL WORKERS) ACTS, 1926-1931.

7 houses have been reconditioned under the above Acts. During the year the following houses have been erected:—

	1936	1937	1938
New Dwellings	75	60	83
Buildings converted into dwellings	4	2	2
Additions and Alterations ...	27	22	10
Housing (Rural Workers) Acts, 1926-31	5	8	7
Buildings other than dwellings ...	17	25	19
	<hr/>	<hr/>	<hr/>
	128	117	121

CLOSET ACCOMMODATION.

During the year 20 earth closets have been converted to water closets and 97 new closets have been provided.

SCAVENGING.

The new motor refuse freighter has proved such a great success that it has been decided to provide a second in order that further parts of the district may be served in this way. There are still no Incinerators in the district.

TENTS, VANS AND SHEDS. (P.H. Act, 1936).

There were several scattered encampments of tents and van dwellers in the District. Holiday camps, which are becoming increasingly popular, are controlled by the Council and subject to strict supervision. Twelve sites were licensed in 1938 and were kept satisfactorily.

MEAT INSPECTION AND SLAUGHTER HOUSES.

There are many Slaughter Houses in the District and the proper systematic inspection of meat is quite impossible until the ideal method of central abattoirs is adopted. There are 11 slaughter houses of which all are licensed; on the whole the standard of meat is very good, and it has only been necessary to condemn numerous heads and livers.

ADULTERATION OF FOOD.

The Council is not a Food and Drug Authority. This work is done by the County Council.

DAIRY, COWSHEDS AND MILK-SHOPS.

The number of registered dairymen in the District is 383. The majority are now cow-keepers in a small way, with two or three cows and in most cases the cow-sheds and dairies are kept fairly well.

Regulations with regard to accredited milk now come under the supervision of the County Council.

BAKEHOUSES.

There are 15 bakehouses in the area, none of them underground, and 16 inspections have been made. These are well kept.

FACTORIES AND WORKSHOPS.

There are practically no factories of importance in the District, but there are many workshops, and inspections have been made during the year and where defects exist they have been remedied. There are no workshops in which rag flock is made or used.

HEALTH EDUCATION.

No special effort in this direction has been made since the year 1929.

SCHOOLS.

Although the defective sewage conditions at Gorran Schools have been remedied, it is still necessary to improve the Water Supply, which is far from satisfactory in quality. The Education Authorities have been notified of this urgent matter. I must also draw attention once more to the fact that Trethosa School has not been connected with the Council's sewer.

REGIONAL PLANNING.

The Council is one of the constituent Authorities of the South East Cornwall Joint Planning Committee, and active steps are being taken to obtain the powers conferred by an Interim Development Order.

I feel that in an area such as this, much useful work can be accomplished under the Town and Country Planning Act which will be to the ultimate benefit of the whole District.

GENERAL PROVISION OF HEALTH SERVICES IN THE HOSPITALS PROVIDED OR SUBSIDISED BY THE LOCAL AUTHORITY OR THE COUNCIL.

1. Tuberculosis.

The County Sanatorium is at Tehidy, near Camborne, and is provided by the County Council.

2. Maternity and Children's Hospitals

None are specially provided, but a few beds at Redruth, Truro and Plymouth Hospitals have been allocated for serious maternity cases. This arrangement has been made by the County Council, and any cases from the County can be sent there. The Public Assistance Institution, situated in the Urban District with the three scattered homes, are the only Institutional provision for unmarried mothers, illegitimate infants and homeless children.

3. Fever Hospitals

A site was procured and plans drawn several years ago. It was to be a joint hospital for the Rural and Urban Districts. An up-to-date Hospital is greatly needed in the District.

There is only one disinfecter in the area, that possessed by the St. Austell Poor Law Institution. By the courtesy of the Public Assistance Committee this may be utilized and frequently is, both by the St. Austell

Urban and Rural Districts. Two men are employed for the work of house disinfection, which is always carried out in all cases of infectious diseases notified to the authorities, and is supervised by the Sanitary Inspectors.

The Isolation Hospital at St. Columb is now in the Rural District of St. Austell. Eleven Cases have been admitted during the year.

4. Smallpox Hospital.

No dwelling has been set aside for this fever, but a site has been acquired at Hensbarrow, near Roche, and huts will be provided in case of emergency.

5. General Hospitals.

There is a District Hospital at St. Austell containing 30 beds and an X-ray apparatus. A large number of patients are admitted to the Royal Cornwall Infirmary, Truro, some 14 miles away, and a lesser number are treated at the South Devon and East Cornwall Hospital, Plymouth.

Ambulance Facilities.

There is a satisfactory Ambulance Service in the Urban District and largely used by the Rural District, by which 179 Patients (of which 27 were the result of Road Accidents) were conveyed 4,876 miles.

The services rendered by the staff, which is voluntary, are greatly appreciated. It is rarely that the Ambulance is required for infectious cases, but if this is necessary it can be used on payment of a small fee for disinfecting the car.

Four infectious cases were conveyed during the year.

Clinics and Treatment Centres

There is an Infant Welfare Centre in the town of St. Austell and also one at St. Blazey where advice is given by Medical Practitioners and the District Nurses are in attendance in addition to voluntary workers.

An Orthopædic Clinic is also doing good work and will soon be housed in a new up-to-date building in conjunction with the St. Austell Infant Welfare Centre. This marked advance is the result of much Voluntary effort and interest. The Orthopædic surgeon under the County Council, has an assistant surgeon and two Orthopædic Sisters, assisted by several voluntary workers.

A mental Clinic for the County is held at Truro.

Day Nurseries.

There are none in the District.

School Clinics.

These Clinics are provided by the County Council and are in charge of the School Medical Officers for the County.

Tuberculosis Dispensaries.

There is one Dispensary situated in the Town of St. Austell. This is under the County Council Authority, and the County Tuberculosis Officer attends once a week and visits any cases in the District if required.

Venereal Diseases Centres.

There is one Treatment Centre in Cornwall at Tuckingmill, near Redruth; this is under the authority of the County Council. Cases can also be treated at the Plymouth Centre.

Public Health Officers of the Local Authority.

The Medical Officer of Health (Part Time) is also Medical Officer of the St. Austell Public Assistance Institution and Public Vaccinator to the No. 2 District, St. Austell.

The Sanitary Inspectors are Mr. W. Thompson and Mr. H. V. Jones. Both hold the Royal Sanitary Institute Certificate and Mr. Jones holds the Certificate of the Royal Sanitary Institute for meat and food inspection, and is also a Member of the Royal Sanitary Institute.

The salaries of the above are paid partly by the local authority and partly by the Ministry of Health.

Mr. L. Williams, an articled pupil, under Mr. Jones, passed the examination of the Royal Sanitary Institute during the year.

Miss Housman is the Health Visitor. She works in conjunction with the County Tuberculosis Officer at the St. Austell Dispensary.

Professional Nursing in the Area.

(a) Most of the Nursing in the District is done by the District Nurses. The four Nurses who reside in the Urban District also have a large Rural Area allocated to them, and there are also District Nurses in the following places:—Roche, Grampond, St. Dennis, St. Ewe, Gorran, Nanpean, St. Stephens, St. Columb, Colan, Luxulyan, Mawgan, Fraddon and Indian Queens.

Infectious Diseases.

(b) In certain cases where treatment and nursing cannot be undertaken satisfactorily, arrangements can be made with the County Council to provide Nurses. Advantage has been taken of this twice during the year. There are no specialized nurses in the District.

Midwives.

There are no Midwives employed or subsidised by the local Authority. A large portion of the Midwifery is carried out by the District Nurses.

Disposal of Dead.

There is a Mortuary at the St. Austell Public Assistance Institution and the St. Columb Mental Deficiency Institution. There is no Crematorium in the County.

LEGISLATION IN FORCE IN THE COUNTY.

The Council has adopted the following Acts:—

Public Health Act, 1890, in part.
 Public Health (Amendment) Act, 1907, in part.
 Public Health Act, 1925, in part.
 Infectious Diseases (Prevention) Act, 1890.
 Slaughter of Animals Act, 1933.
 Restriction of Ribbon Development Act, 1935.

Housing Act, 1936.

The Public Health Act, 1936, which became operative on the 1st October, 1937, repeals to a large extent the earlier Statutes affecting Public Health and Codifies the existing law.

Byelaws in respect to:—

New Buildings, 1925.
 Slaughterhouses, 1924.
 Nuisances, 1903.
 Tents, Vans and Sheds, 1921.
 Offensive Trades, 1875–1907.
 (The byelaws relating to New Buildings are in course of revision).

Building and Improvement Lines have been laid down on certain roads.

SUMMARY OF SANITARY WORK CARRIED OUT IN THE DISTRICT FOR THE YEAR ENDING 31st DECEMBER, 1938.

Water Certificates	...	...	83
Sewers cleaned and repaired	...	...	7
Petroleum Stores inspected	...	...	105
Informal Notices issued	...	...	41
Statutory Notices issued	...	...	—
Dirty Houses abated	...	...	3
Overcrowding abated	...	...	5
Slaughter Houses inspections	...	...	950
Tents and Vans Inspected	...	...	44

Factory and Workshops inspected	11
Bakehouses inspected	26
Dairies and Cowsheds inspected ...	65
New drains laid	71
Drains cleansed and repaired ...	16
Closet accommodation provided ...	73
Closets repaired and converted ...	5
Nuisance from keeping animals ...	2
Nuisance from accumulations ...	1
Wells repaired, cleansed, etc. ...	5
Cesspools cleansed	10
Houses disinfected	33
Samples of Milk taken	—
Samples of water taken for analysis	17

Meat inspection :—Numerous heads and livers condemned.

HOUSING.

(a) Total number of houses erected by private owners	83
(b) As part of Council's Scheme	Nil

1. Dwelling Houses Inspections.

(1) Total number of dwelling houses inspected for housing defects under the Public Health and Housing Acts	235
(2) Number of dwelling houses which were inspected under the Housing (Inspection of District) Regulations	147
(3) Number of dwelling houses found in any respect unfit for human habitation ...	147

2. Remedy of defects without Service of Formal Notice.

Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their Officers ...	131
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3. Action under Statutory Powers.

A—Proceedings under the Housing Act, 1925–30.

(1) Houses rendered fit by Owners	...	...	Nil
(2) Houses rendered fit by Local Authority in fault of Owners	...	...	Nil

B—Proceedings under Public Health Acts.

(1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied	...	...	Nil
(2) Number of dwelling houses in respect of which defects were remedied by Owners	...	...	Nil

C—Action taken under the Housing Act, 1930, and the corresponding Provisions in the Housing Act, 1936.

(1) Number of dwelling houses demolished as a result of informal notices preliminary to formal proceedings under Section 19	...	...	7
(2) Number of dwelling houses demolished as a result of informal notices preliminary to formal procedure under Section 19	...	...	Nil
(3) Number of dwelling houses closed but not demolished as a result of undertakings (which have not been cancelled) by owners under Section 19 not to use the houses for human habitation	...	...	3
(4) Parts of buildings closed (Section 20)	...	...	Nil
(5) Number of persons displaced as a result of action:—			
Under (1) above	...	...	21
Under (2) above	...	...	Nil
Under (3) above	...	...	13
Under (4) above	...	...	Nil

HOUSING ACT, 1936—OVERCROWDING— PRELIMINARY SURVEY.

(a)	(i)	Number of dwellings overcrowded at the end of the year	...	...	100
	(ii)	Number of families dwelling therein	...		103
	(iii)	Number of persons dwelling therein	...		510½
(b)	(i)	Number of cases of overcrowding relieved during the year	...	...	Nil
	(ii)	Number of persons concerned in such cases	...	...	Nil
(c)		Number of new cases of overcrowding reported during the year	...	...	Nil

INCIDENCE OF DEATH.

	Male	Female	Total
1 year and over	1	1	2
2 years and over	0	1	1
5 "	1	0	1
10 "	3	1	4
20 "	5	4	9
30 "	6	5	11
40 "	4	9	13
50 "	13	10	23
60 "	24	25	49
70 "	26	34	60
80 "	26	26	52
90 "	2	2	4
Total	111	118	229

1939 - INFECTIOUS DISEASES.
ANALYSIS OF CASES AND RESULTING DEATHS.

	Under 1 year	1 year	5 years	10 years	15 years	20 years	25 years	35 years	45 years	55 years	65 years & over
SCARLET FEVER											
Notifications	1	8	7	8	3	0	1	1	...	...	...
Deaths	...	1	1	...	...	...	...	...	...	...	...
DIPHTHERIA											
Notification	...	...	1	1	...	1	...	...	...	...	...
Deaths	...	...	...	...	...	...	...	...	...	...	...
PNEUMONIA											
Notifications	1	3	2	...	2	...	...	2	...	1	0
Deaths (all forms)	1	1	...	...	...	1	...	...	1	...	1
PUERPERAL PYREXIA											
Notifications	...	...	...	...	...	1	1	...	...	...	...
Deaths	...	...	...	...	...	...	...	...	...	...	...
ERYSIPPELAS											
Notifications	...	...	...	...	...	1	...	1	...	...	...
Deaths	...	...	...	...	...	...	...	...	...	...	...
OPHTHALMIC											
NEONATORUM											
Notifications	1	...	...	...	...	...	...	...	...	...	...
ANTERIOS											
POLIO MYELITIS											
Notifications	...	1	...	...	...	...	...	...	...	...	...
Deaths	...	...	...	...	...	...	...	...	...	...	...

INCIDENCE OF NOTIFIABLE DISEASES, 1938.

Disease	Total Cases	Admitted to Hospital	Total Deaths
Diphtheria	3	1	—
Scarlet Fever	29	9	2
Puerperal Pyrexia	2	—	—
Pneumonia	11	—	All forms 5
Erysipelas	2	—	—
Ophthalmia Neonatorum	1	—	—
Anterior Poliomyelitis	1	—	—
	<hr/> 49	<hr/> 10	<hr/> 7

1938—TUBERCULOSIS.

Age Period		New Cases				Deaths			
		Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
		M.	F.	M.	F.	M.	F.	M.	F.
0 Year	...	...	...	...	...	...	...	...	...
1	...	...	...	...	...	...	...	...	...
5	...	...	...	...	...	...	...	...	...
10	...	...	...	...	...	...	...	...	...
15	...	...	...	...	...	...	...	1	...
20	...	...	...	...	...	...	1	1	...
25	...	2	...	...	...	2	3	...	1
35	...	2	...	...	...	2	...	...	...
45	...	...	...	...	...	..	1	...	...
55	...	1	...	...	...	1	...	...	...
65 and upwards	...	...	...	...	...	...	...	...	1
TOTAL ..		5	—	—	—	5	5	2	2



