

[Report 1940] / Medical Officer of Health, Truro R.D.C.

Contributors

Truro (England). Rural District Council.

Publication/Creation

1940

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Truro Rural District Council.



PUBLIC HEALTH REPORT

FOR 1940

A. R. FULLER, M.R.C.S., L.R.C.P., D.P.H.,
Medical Officer of Health.



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Truro Rural District Council.

PUBLIC HEALTH REPORT YEAR 1940.

Public Health Officers. Medical Officer (part time), holds diploma of Public Health, is also District Medical Officer, Perranzabuloe District and Public Vaccinator for Perranzabuloe and St. Allen Parishes.

Sanitary Inspector. Mr. E. R. C. Harvey, Associate Royal Sanitary Institute, whole time. Appointed Meat Inspector under the 1934 Public Health Meat Regulations. Inspector under the Milk and Dairies Order, 1926. Inspector under County of Cornwall Act, 1929. (Ice Cream).

The salaries of these officers are contributed to by the Ministry, under the Public Health Acts, or by Exchequer grants.

To the Chairman and Members of the

Rural District Council of Truro.

LADIES AND GENTLEMEN,

I beg to present my report on the Health and Sanitary conditions of your district for 1940.

NATURAL AND SOCIAL CONDITIONS OF THE DISTRICT

Area 106,504 acres.

Population :—

The estimated mid population for 1940 was 25,880. This shows an increase from 24,155—the figure for 1939.

In mid June the Government Evacuation Scheme began in your area, some 2,300 unaccompanied children being received and distributed throughout the area. Children detrained at Truro and after tea and inspection were taken by buses to districts in which they were to be billeted. In spite of minor difficulties the whole scheme must be considered to have been successfully carried out thanks to the help of everyone. A special word of praise is due to the Evacuation Officer for his most able management of a new and difficult undertaking, he was quick to see where improvements could be made in the routine.

The children themselves were marvellous in spite of a long and trying journey and the recent separation from their parents. They were, with few exceptions, bright and cheerful.

In October, late at night, part of a train-load of mothers and children under five years arrived at Perranporth station and had to be put in hotels which had been taken for the purpose. This presented considerable difficulties as these people in many cases had been bombed out and living in shelters and were therefore weary and lacking in clothing. Hostels for boys and girls had at once to be opened, there being a number of cases of enuresis, impetigo and dirty heads. For a time a large number of voluntary helpers worked, most near by, to help the staff at these hostels which were established at Perranporth, with a temporary overflow one at St. Agnes.

The numbers of children remained high and permanent staff was gradually engaged to get continuity of work and people used to dealing with the type of children. At a later date a small sick bay was opened to deal with the more serious cases of sickness and this in December took in complications of measles—particularly pneumonia and middle ear cases, occurring in the very young children of the women, who were housed in the hotels in Perranporth.

It is impossible in a brief report to do adequate justice to the wonderful way in which the local people took in and looked after these 3,000 children, many of them difficult and not easily able to adapt themselves to their new life. To them in great part belongs the success of the scheme; however, the great tact and untiring energy of the Evacuation Officer and all his staff cannot pass unmentioned.

Apart from the official government evacuees thousands of people left the towns to bring children and old people to the comparative peace and quiet of the district. Hence there became a very great increase of population throughout the year, the increase being chiefly at the extremes of life. The estimated mid population is so far below the probable figure for the latter half of the year that it is of no value to give an adjusted death rate—the crude one being far above the actual.

The only real shortage was that of coal which produced a slight degree of hardship at the end of the year.

The conditions call for only a brief report and in general Health Services remain as before except where specially mentioned.

VITAL STATISTICS.

Live Births:	TOTAL	MALE	FEMALE
Legitimate	350	180	170
Illegitimate	25	11	14
	—	—	—
Totals	375	191	184

Live Birth Rate—14'9 per 1,000 of the population.

A welcome return to the 1938 level with an almost equal number of the sexes.

There is a large excess of deaths over births to some extent accentuated by the presence of elderly people who have evacuated

Illegitimate Live Birth Rate 40 per 1,000 live births, as against 49 for 1939.

The presence of Rosemundy Home in the area has to be considered when reviewing these figures.

STILL BIRTHS :—	MALE	FEMALE	TOTAL
Legitimate	9	6	15
Illegitimate	1	1	2
Totals	10	7	17

Still Birth Rate :—65 per 1,000 of the population.

Deaths :	MALE	FEMALE	TOTAL
	186	223	409

Crude Death Rate :—15'8 per 1,000 of the population.

The rise in the crude death rate is to be noted and the excess of female deaths is again increased.

Death of Infants under 1 year of age :—

	MALE	FEMALE	TOTAL
Legitimate	15	6	21
Illegitimate	—	1	1

Infantile Mortality Rate 56'8 per 1,000 live births

This rates compares with 55 for the country as a whole and shows a decrease from the year previous, which was 62.

The following death rates for certain diseases are worthy of comparison with those of the Country as a whole; being the rate per 1,000 of the population.

Measles	'03	England and Wales	'02
Scarlet Fever	--	"	'02
Whooping Cough	—	"	—
Diphtheria	—	"	'06
Influenza	'35	"	'32
Diarrhœa, Infants	2'6	"	4'6
under 2 years		per 1,000 live births	

The absence of deaths from three of the common infectious diseases as recorded above is very welcome.

Heart disease accounts for about one quarter of the total deaths and cancer for just under one eighth; Tuberculosis with more deaths in a larger total contributes a similar proportion to the previous year—about 4 per cent.

	Deaths	Rate per 1,000 live and still births
Puerperal Sepsis	—	—
Other Puerperal causes	—	—
Total	—	—
This Nil Return compares with	2'16

for the country as a whole.

Detailed Analysis of Causes of Deaths.

CAUSES OF DEATH		MALES	FEMALES
ALL CAUSES		186	223
1	Typhoid and Paratyphoid Fevers ..	—	—
2	Cerebrospinal Fever ...	3	1
3	Scarlet Fever ...	—	—
4	Whooping Cough ...	—	—
5	Diphtheria ...	—	—
6	Tuberculosis of Respiratory System ...	5	8
7	Other Forms of Tuberculosis ...	2	1
8	Syphilitic Diseases ...	2	1
9	Influenza ...	5	4
10	Measles ...	—	1
11	Acute Poliomyelitis and Polioencephalitis ...	—	—
12	Acute Inf. Encephalitis ...	—	—
13	Cancer of Mouth and Throat (male) and Uterus (female) ...	6	3
14	Cancer of Stomach and Duodenum ...	6	6
15	Cancer of Breast ..	—	9
16	Cancer of all other sites ...	6	16
17	Diabetes ...	—	4
18	Intracranial Vascular Lesions ...	13	23
19	Heart Disease ...	41	60
20	Other Disease of Circulation ...	7	1
21	Bronchitis ...	12	8
22	Pneumonia ...	8	3
23	Other Respiratory Diseases ...	7	3
24	Ulcer of Stomach and Duodenum ...	7	1
25	Diarrhoea, under 2 years ...	1	—
26	Appendicitis ...	—	1
27	Other Digestive Diseases ...	5	10
28	Nephritis ...	8	8
29	Puerperal and Post Abortion Sepsis ...	—	—
30	Other Maternal Causes ...	—	—
31	Premature Birth ..	7	2
32	Congenital Malformation, Birth Injuries, etc. ...	2	4
33	Suicide ...	5	0
34	Road Traffic Accidents ...	1	1
35	Other Violent Causes ...	7	1
36	All other Causes ...	20	43

These remain as previously except for the two following additions.

Hospital Accommodation. The opening of the new blocks at the Royal Cornwall Infirmary is a most notable event, particularly as regards the orthopædic wards and the provision of medical beds.

First Aid Points were established in several of the large villages in the area.

SANITARY CIRCUMSTANCES OF THE AREA :—

Water Supplies. Continuous supplies were maintained in three larger piped supplies i.e. St. Agnes, St. Mawes and Perranzabuloe during the year, despite the fact that the summer yields of sources had not reached the levels of some 5 or 6 years ago.

In each of the three places the emergency supplies were brought into operation and at St. Mawes and Perranzabuloe the period in which the same were in operation was longer than in the previous year.

At Flushing the supply had to be curtailed as in other years. From July until November the water was "cut off" from mid-day till 7 o'clock next morning..

Even with this curtailment residents on the higher level were without water for nearly three months.

Elsewhere, where the inhabitants are dependant on wells for their domestic supply some inconvenience was caused by the springs giving out.

In January and December very severe frost were encountered and this led to a number of pumps being put out of action with split barrels.

Periodical samples are taken from both the piped supplies and public wells and submitted for analysis. Generally the Reports show the water to be fit for drinking purposes. Where an adverse report is received of any public well being below the requisite standard steps are immediately taken to remove the cause of the trouble and to warn the users to boil the water before drinking.

Successful exploratory work was carried out to augment the supply to St. Agnes and this was brought into use in July, thereby saving the officials concerned the anxiety of facing an acute shortage.

At Kea—Playing Place where an estate had been developed by private enterprise a shortage occurred in the summer months. The Council had to come to the assistance of the householders—between 50 and 60—to supply them with water.

Arrangements were made with the Truro Water Co. whereby the Council were permitted to take water from their mains and transport it by a tank on a lorry to the place, a distance of over two miles.

Infectious Disease. Up till the government evacuation in June the population was extremely healthy. What little infectious disease there was being mild in nature. Owing to the risk of outbreak of a more serious type of sickness most cases of scarlet fever were nursed at home. Only those where there were dairies or business carried on in the house without suitable accommodation. In two instances other cases did occur in the household being removed to hospital.

After the evacuation measles soon started to make its way from east to west through the area and by the end of the year 747 cases had been notified with one death.

Pneumonia and middle ear complications became more prevalent with the cold weather in December, especially among the under 5 year old evacuee children who came down in October, after being in shelters in London for weeks.

Diphtheria Immunisation. This was made available to the public at the end of October, to be done free of charge by the family doctor at his surgery, the alum precipitated toxoid being supplied by the Council. Evacuee children were usually done by the foster parents' doctor. In cases where a doctor had many children at a school the school teachers were always most ready and helpful in assisting in its being done there. The distribution of the consent forms was carried out by the head teachers of the schools. The two-shot alum precipitated toxoid method was used from the commencement. In December the Ministry of Health arranged to supply the toxoid, but it was difficult at first to get supplies through this source. About 1,400 children were fully and 150 partially (i.e. injection given) immunised before the end of the year.

The almost complete absence of the disease, in spite of the enormous increase in the population of school age and the crowded condition of many of the schools, was most welcome and surprising. The time of year of the evacuation and the improvement in health of many of the evacuated children probably largely helped.

Whooping Cough and Measles were notifiable, there only being a small number of cases of Whooping Cough, which were of a mild type.

The need for adequate hospital accommodation for evacuee children was obvious as many foster-parents had not room or time, leaving out the necessary skill, to look after these cases. At first there was lack of accommodation, but this was later remedied.

During the year 98 visits were paid to cases of Infectious Diseases and disinfection of the rooms occupied by patients carried out.

Schools. The same remarks have again to be reported. Progress continues to be slow in providing the Schools with good lighting and drinking water. Improvement in sanitary conveniences could be well carried out in some cases.

The higher the standard set the children, the better theirs will be in later years.

TUBERCULOSIS.

New Cases and Mortality during 1940

	NEW CASES				DEATHS			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
Totals ...	9	6	2	6	5	8	2	1

Tuberculosis. Notifications are identical with the previous year even allowing for some evacuees, but it is probable all these have not been notified in their new homes.

The increase in deaths was only among female lung cases. So far, war conditions in this area can have had no real effect on the disease as there was adequate milk and necessary foods and no appreciable time had to be spent in shelters under unhealthy conditions.

INFECTIOUS DISEASES.

NOTIFIABLE DISEASES (other than Tuberculosis during 1940

DISEASE	Total cases Notified.	Cases admit- ted to Hospital	Deaths
Measles	747	20	1
Small-Pox	—	—	—
Scarlet Fever	38	3	—
Diphtheria	5	2	—
Enteric (including paratyphoid)	4	4	—
Pneumonia	26	—	11
Puerperal Pyrexia	3	—	—
Erysipelas	7	—	—
Cerebro Spinal Meningitis	6	6	4
Whooping Cough	26	—	—

Rivers and Streams. No complaints of pollution of Rivers or Streams have been received.

Scavenging. Collection of House Refuse.

This service has been fully maintained in every village in the area and in many of the hamlets.

Semi-controlled tipping on dumps at a distance from habitations is the method of disposal.

Sewerage. No extensions of the existing systems were made during the year, as building has been greatly restricted.

Conservancy. At Flushing, where many of the houses have not sufficient land to deal with night soil, the Council undertake the collection and disposal of same.

Sanitary Inspection of the Area. Over 3,000 visits have been made during the year. Many of them in connection with war-time measures.

Complaints of nuisances, etc., are generally dealt with by a visit to the person responsible and by this recourse to the service of notices is done away with.

Food. Frequent inspections are made of places where food is prepared and stored.

Farms, where milk is produced and sold, are visited and advice given to the producer as regards the condition of the premises and cleanliness.

Slaughter-houses. There are now, under war-time conditions, no private slaughter-houses.

There is a Government slaughter-house at Chacewater, within the Council's area, where the supplies for Truro City and Truro Rural, as well as other places, are obtained.

The Council have engaged a whole-time official, a qualified Sanitary Inspector, to inspect the carcasses, etc., and the following data has been supplied by him.

Number of carcasses inspected, 15,544.

Number of carcasses condemned as unfit for food:—

Bovines 98, Sheep 55, Pigs 30.

Weight of condemned offal and organs and affected portions of carcasses—84,447 lbs.

The prevalent diseases were Tuberculosis, Actinomycosis Distomata and Filarea.

A. RADBURNE FULLER.



