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BOROUGH OF LISKEARD

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1953.

P.J. FOX, M.B., B.Ch., B.A.O.,D.P.H.

BOROUGH OF LISKEARD

THE ANNUAL REPORT of the MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1953.

To the Mayor, Aldermen and Councillors of the Corporation of the Borough of Liskeard.

Your Worship, Ladies and Gentlemen,

Once again the time has come round to present my Annual Report, and through it to convey a picture, in a very general way, of the health of the community in that part of Cornwall which goes to make up Health Area No. 7 during the year 1953. I am again following the practice of providing a general preface which will be common to all six County District Annual Reports. In it I shall endeavour to set down my impressions as I tend to see them for the greater part of my time - as an Area Medical Officer of Health to some 53,000 people in this part of the County. Where matters peculiar to any one County District arise, comment on them will appear in the body of the Annual Report of that particular district.

My main impression of public health in 1953 is one of little change. There were no marked improvements or advances, but small gains were recorded in some directions. Thus the corrected birth rate for the Area was fractionally above the national figure at 15.6 per 1000 of population. The corrected death rate of 10.7 per 1000 of population in the Area compares favourably with the national figure of 11.4 per 1000. Although only one maternal death occurred it was sufficient to produce a rate of 1.36 per 1000 total births as against the national rate of 0.76 per 1000 total births. The still-birth and infant mortality rates were both lower than the corresponding rates for England and Wales. Something of a setback was experienced in tuberculosis where the total of cases notified was the highest for at least five years, and was in fact some 30% above the average total for the previous five years 1948-52. I shall deal with this matter in greater detail later in this preface. The estimated mid-1953 population of the Area at 53,276 showed a small decrease as compared with the figures of 53,520 for 1952. Of the individual County Districts which go to make up the Health Area, St. Germans R.D., Liskeard R.D., Saltash M.B. and Torpoint U.D. showed small reductions in population whilst Liskeard M.B. and Looe U.D. showed small increases. In no case were the figures sufficiently great to be of any significance or call for any comment. The birth rate was below the national figure of 15.5 per 1000, in St. Germans R.D., Torpoint U.D., Liskeard M.B., and Looe U.D. and above it in Liskeard R.D. and Saltash M.B. The death rate was below the national rate of 11.4 per 1000 in all County Districts with the exception of Liskeard M.B. where it was 18.6 per 1000. Looking no further than this one might conclude that the Borough of Liskeard was not a particularly healthy locality. On closer examination the real reason for this high death rate soon becomes apparent, and is seen to be directly due to the presence in the town of a hospital for aged and chronic sick persons, Lamellion Hospital. Prior to 1953 the deaths of patients in Lamellion Hospital were attributed to the district in which they previously resided. Towards the end of 1952 the Registrar-General decided that in future all persons dying in Lamellion Hospital would be regarded as having their place of residence there, and in consequence their deaths would be for statistical

purposes atrributed to the Borough of Liskeard. Whilst it might be reasonable to so attribute the deaths of those who had spent many months or years prior to death in Lamellion Hospital or in the adjacent Part III accommodation in the Institution, it appears to me to be quite wrong to do so in those cases where the death had occurred within a short time of the person having been admitted from some district outside Liskeard Borough. It appears to me that some definite period of time should be set, inside which the person dying would be regarded as a temporary resident whose death would be transferred to the previous permanent place of residence. Such a dividing line might be set at six months, nine months, or one year and it would avoid the present anomalous situation whereby the Borough of Liskeard is made statistically responsible for the death of a resident of some adjacent district who has been brought into Lamellion Hospital to breathe his last. If the public are to appreciate and trust the statistics which appear in official reports they must have some assurance that they are based on a sound and reasonable interpretation of facts. As the practice in the matter under discussion does not seem to me to measure up to these criteria, I have taken it up with the General Register Office in the hope that a better and more exact method can be arrived at.

As in previous years heart disease is the most frequent single cause of death in this Area, with cancer again in second place. Of the various well defined heart diseases the most numerous was coronary disease where the small blood vessels supplying the heart itself become narrowed or blocked. Recent research into the association between occupation and this disease points to the fact that it appears to occur more commonly in those whose occupation is mainly sedentary. Thus in one interesting series it was found to be more common amongst the drivers of London 'buses than amongst their colleagues who worked as conductors. Other recent work points to heavy consumption of tobacco as a possible aggravating factor in this disease. The cause or causes of cancer still remain obscure. Whilst cancer of the stomach remains the most frequent type of fatal cancer in this Area there has been a noticeable increase in deaths from cancer of the bronchus and lung from 5 in 1952 to 14 deaths in 1953. As most of you are aware, there is a very strong presumption that heavy consumption of tobacco, particularly in the form of cigarettes, over a long period is a cause of bronchial and lung cancer. This belief has very recently been strengthened by preliminary results of an enquiry and investigation which has been taking place into the smoking habits of members of the medical profession in this country. Without wishing to appear an alarmist on the subject, I think it is only reasonable to again remind all who use tobacco, and especially adolescents, and young adults who will use it over a long span of years, that its consumption in large amount may be fraught with the danger of producing cancer of the bronchus or the lung, and to counsel moderation at least if abstinence cannot be achieved. One hopes that all the prominence recently given to this subject will stimulate further enquiry and research into it more especially as the powerful tobacco industry both here and in the United States has contributed a large sum of money to finance research. It is possible that such research will free tobacco of the suspicion that it can cause fatal disease, or it may suggest methods of removing the offending constituent, without destroying its widespread appeal.

Much has been written in recent years about the possibility, and even more the probability that tuberculosis will be eradicated in the forseeable future. Tuberculosis has been and still is for the majority of its victims a chronic, disabling disease whose course is measured in months and years. Not so very long ago its outcome was frequently fatal, but in the period since the end of the last war notable advances in the treatment of tuberculosis have reduced the mortality. Thus in Cornwall the death rate for tuberculosis in 1952 was about half that of the year 1946, and the same is true if the figures for England and Wales are examined. This appreciable and very welcome reduction in mortality has infused into the outlook on tuberculosis a feeling of optimism that the turning in the long and tragic lane of tuberculosis disease has been reached, and that the end for which so many generations have striven is in sight. There has been a tendency in some quarters to draw from the improvement in mortality a conclusion that the situation in tuberculosis is showing a general all round improvement. Unfortunately this is not so since the incidence of the disease, as measured by new cases notified shows no reduction. This is true of local figures for this Health Area, and for the larger numbers involved in the County, and the country as a whole. During the five year period 1948-52 the average number of new cases of tuberculosis notified in No. 7 Health Area each year was 51, and in none of these years did the total differ appreciably from the totals for other years or from the average for the five years. It is therefore true to say that whereas mortality has been falling, the number of people contracting the disease showed no reduction over the period 1948-52. It is therefore not surprising to find that in 1953 there was no reduction in the incidence of tuberculosis in this Area. On the contrary there was a moderate increase, the total of 63 new cases representing a 24% increase over the average for the previous five years, and being 9 above the previous highest total of 54 cases in 1952. It would obviously not be reasonable or wise to take an unduly pessimistic view of these figures which are for one year only. It may well be that in 1954 the situation will improve and figures will return to a more normal level. Nevertheless it appears that there is at present no justification for much of the optimism which the reduced mortality rate has engendered. Tuberculosis is still prevalent to the extent that every year out of every thousand people in this Area one or two contract the disease and are thereby disabled for a long period, and become potential sources of infection to others.

At this point it is appropriate that the possible causes for the increased incidence of tuberculosis be examined, and here we leave the certainty of facts and figures, and enter the realms where conjecture plays a large part in providing the answer to our questions. I think it is reasonable to suppose that no single cause is responsible for the increase, and to state further that the broad general reasons for the increase are twofold. In the first place there probably has been some real increase in the amount of tuberculosis infection in the community, but it is unlikely that this accounts for all the increase in the incidence of the disease. In the second place better and more efficient methods of recognising the disease have been responsible for the bringing to light of cases which were previously overlooked. Some two years ago the Chest Clinic services in East Cornwall were reorganised and based on Plymouth instead of West Cornwall. When this re-organisation took place Dr. J.C. Mellor was appointed as Chest Physician to a Clinical Area which included East Cornwall. About the same time the Cornwall County Council appointed a full-time Tuberculosis Health Visitor, Miss G.L. Luxton. By their enthusiasm and hard work Dr. Mellor and Miss Luxton have provided

an excellent service for handling cases of tuberculosis and their contacts and considerable assistance and advice has been given to the family doctor in this important matter. I believe that as a result of this, the family doctor has not hesitated to refer doubtful or chronic cases of chest ailments to the Chest Clinic and in that way some new cases of pulmonary tuberculosis have been discovered. Whilst the immediate impact of such discoveries tends to depress our hopes of eliminating this disease, the long-term outlook is improved by the discovery and recognition of such cases. Our main hope of controlling and eliminating tuberculosis lies in the early recognition and control of the affected individual and the careful checking and surveillance of the close contacts at least. Ideally all known regular contacts of any new case of tuberculosis should be examined and checked in an endeavour to find a possible source of infection and to discover any other individuals who had been infected either by our newly discovered case of by the original infecting source. Unfortunately this procedure is so difficult to put into effect as to be almost impossible, and at present our control and surveillance of contacts is confined to close family associates of the case, usually those living in the same house. We do recognise, and this is especially true of tuberculosis in young, and previously active adolescents and adults, that there may be a wide circle of contacts beyond the family which is not checked or investigated. The main reason for not checking contacts in this wider circle is one of manpower, since to carry it out thoroughly and conscientiously would require a large staff of health visitors, and Chest Clinics would necessarily be involved in attending to the large number of contacts. An additional reason is the undesirability of disseminating widely the fact that any individual is suffering from tuberculosis. In the circumstances contact tracing is confined to the relatively restricted circle of relatives with whom the patient has been in close contact, and in which the chances of discovering the source of infection, and/or secondary cases of the disease would seem to be greatest. Nevertheless this does allow some sources of infection and/or secondary cases (themselves further potential sources of infection) to escape recognition and thereby to act as reservoirs, and disseminators of infection. For this reason we must accept the probability that eradication of tuberculosis will be a slow and sometimes a discouraging business. On the other hand new methods of prevention and treatment of this disease, together with a more enlightened and intelligent outlook on the part of the general public, will as time goes by exert an increasingly favourable influence on the situation.

Whilst on the subject of specific preventive measures against tuberculosis I can report two encouraging developments. Early in 1954 all children in the school-leaving group i.e. all those who attain the age of 14 years during 1954, will be examined by mass-radiography, and if after this, and one further simple skin test, they are found suitable, they will be offered (subject to parental consent) B.C.G. vaccination against tuberculosis. This group has been selected because it is felt that adolescents when they leave school and commence work are exposed to a greater risk of tuberculous infection, without in many cases the opportunity to develop the adults power of resistance to the disease. Vaccination with B.C.G. enables them to safely and quickly acquire a reasonable degree of resistance to tuberculosis, and thereby reduce the tragic toll which this disease has always exacted amongst adolescents, and young adults. In considering B.C.G. vaccination we ought in fairness to this measure of prevention, try to understand the type of protection it affords, and the limitations which attach to it.

Whilst it gives a good measure of protection against the amount of tuberculosis infection encountered in normal everyday life, it does not guarantee protection against the less common occasions on which heavy infection is met with. As a corollary to this it can be said that B.C.G. vaccination should not be called upon to protect the individual from the consequences of a careless and irresponsible mode of living, which in adolescents, and young adults is best described as "burning the candle at both ends". Properly regarded as a help in the prevention of tuberculosis, I feel sure that B.C.G. vaccination represents a valuable new weapon in our fight against this disease.

I have written at some length about tuberculosis because in my view it represents one of the very few serious communicable diseases which remain a challenge to public health and modern preventive medicine. In concluding this part of my report I should like to urge the need for taking, and holding a calm and balanced view on tuberculosis - neither being carried away by over optimism, nor allowing gloom and pessimism to darken the picture. I believe that we can and will eradicate this wretched disease from out midst, but I feel sure the process will not be either rapid or easy.

Turning now to communicable diseases other than tuberculosis, the principle impression is that of epidemic measles in the first half of the year. In all 1565 cases were notified and this epidemic affected all districts in the Area with the exception of Torpoint Urban District. Pneumonia, whooping cough and scarlet fiver were all more prevalent than in 1952. There were three cases of diphtheria, of which two were in adults who had never been immunised. Two cases only of non-paralytic poliomylitis were notified during 1953. In spite of the large influx of visitors into Cornwall during the summer holiday season three cases only of food poisoning were notified in this Area during the year.

During recent years outbreaks of food poisoning in various parts of the country have brought home to the general public and especially to those who participate in or are associated with communal feeding in canteens and restaurants of one sort or another, the need for high standards of hygiene in the handling of food. This public interest has now progressed to the stage where, after fairly thorough investigations of the position, the Government has announced its intention to introduce new legislation which should ensure higher standards of hygiene in establishments where food is handled, and prepared for human consumption. At present legislation in this important sphere is ill-defined and generally unsatisfactory. Under the new legislation the most important provision will be that which will require the registration of all premises dealing with food for human consumption. This will give District Councils the right to satisfy themselves that premises and particularly catering establishments, are of adequate size, and are reasonably equipped to handle food in a hygienic manner. At present it is difficult to insist on such reasonable standards and I have seen small catering establishments in which the amount of space devoted to the storage, preparation and cooking of food, and the cleansing, and storage of cooking utensils, and crockery, made it difficult if not impossible to maintain a reasonable standard of hygiene. Establishments of this type are in the minority, the majority of premises in which food is handled being reasonable in size and equipment.

Owing however to the great influx of visitors into the County during the summer season, there is a distinct tendency for small, badly equipped establishments of this unsatisfactory type to spring hastily into existence at the beginning of the season with the intention of functioning for the summer season only. In such circumstances the proprietors are understandably not inclined or anxious to spend much on premises, and equipment, although in the course of four or five months a surprisingly large amount of food may be prepared and eaten in these places. Another difficulty which faces the catering industry springs from the seasonal fluctuation in trade. I refer to the necessity for engaging additional staff to meet the heavy summer demand on catering facilities, and here the difficulty of obtaining good, experienced employees for seasonal work is evident. This is unavoidable, but none the less unfortunate, since the commonest source of food poisoning is the inexperienced or careless food handler. Premises, and equipment may be above reproach, but if the food handlers are inexperienced or careless the danger of an outbreak of food poisoning is always present. Apart from the obvious necessity of sparing the public the distressing and exhausting illness which results from contaminated food, the occurrence of outbreaks of food poisoning in a tourist and holiday area, such as Cornwall is, can have serious financial repercussions on the tourist industry. It is only fair to add that in the last five years the number of cases of food poisoning in this Area has been extremely small, and in no case has any catering establishment been involved - a tribute to the good standards of cleanliness which exist in the catering industry. I trust these standards will be maintained in future years.

The welfare of old persons continued to give some anxiety during 1953. In several cases old men and women were reported as living alone in squalid insanitary circumstances, with, in addition, an appreciable risk of fire existed as a result of careless handling of oil lamps, candles, and paraffin oil. In almost all cases it was difficult or impossible to get relatives to undertake the care of or responsibility for these old persons. For much the same reasons which precluded relatives from helping - the senile, eccentric, and unreasonable attitude of most of these old people - it was not possible to find a home help who would face up to the task of cleaning up the home, and trying to get the old person to co-operate in keeping it reasonably clean. In the majority of cases, where it was felt that the old person could not continue to live at home, it was possible to persuade them to enter an institution or a hospital. In one case however an old man of 85 refused to see reason, and because of the filthy and insanitary conditions under which he was living application was made to a Court of Summary Jurisdiction under Section 47 of the National Assistance Act 1948. The Magistrates made an order for his removal and detention in Lamellion Hospital, Liskeard, where he subsequently remained of his own free will, without the necessity for having the order renewed.

I have written before of the importance of good housing in promoting and maintaining health and it is heartening to be able to report good progress on this front during 1953. In the rural districts it would appear that the numbers of new houses becoming available for letting are adequate to satisfy almost all the demands in those districts. In the urban parts of the Area the demand still exceeds the supply, but even here the clamour for rehousing is not so loud or insistent as in previous years. It is true of course that the higher rents and rates attaching to most Council houses deter many families who need rehousing from applying, and in that

respect, the most easily available criterion of the need for rehousing - the list of applicants - is not completely reliable. Up to now the necessity for providing new houses to make up for the acute shortage caused by the war has been paramount and in this Area practically nothing has been done to clear districts where most of the dwellings are old and in such a state of dilapidation and disrepair that they cannot be reconditioned. Whilst such slum districts are neither numerous nor large in extent they do exist in the urban parts of this Area, and now that the demand for new houses has eased consideration will have to be given to clearing these blocks of property and rehousing the inhabitants, and it seems likely that in the near future the Government will press District Councils to produce schemes to deal with slum clearance.

During 1953 no scheme of major importance for water supply or sewage disposal was actually in hand although much work or planning and preliminary investigation of such schemes was undertaken in Liskeard, and St. Germans Rural Districts. In the former district further work on the comprehensive scheme to supply water throughout the Rural District from the river Fowey was more or less at a standstill pending the formation of a Joint Water Board. Although the need for proper systems of water supply, and sewage disposal is generally recognised, the very high cost of such schemes is one of the most difficult obstacles to their immediate and widespread implementation and here as in many other fields, projects have had to be graded in an agreed order of priority.

In this preface I have tried to put forward in as broad a manner as possible those aspects of public health practice and administration which have seemed to me important during the year 1953. The views and opinions expressed are not original, though they are necessarily coloured, or perhaps distorted, by my personal outlook. I have as far as possible tried to avoid dealing in matters of a controversial nature since I am conscious of my inability to take a truly impartial and unbiased view of such matters. I cannot conclude without expressing my thanks to members, and officers of the six County District Councils I serve, for the kindness, understanding, and co-operation they have extended to me during the past year.

I have the honour to be,

Your obedient Servant,

P.J. FOX

Medical Officer of Health.

BOROUGH OF LISKEARD

Area of Borough	2704 acres
Population (Registrar General's Estimate) ..	4321
Number of Inhabited Houses	1340
Rateable Value of Borough	£34,575
Sum represented by Penny Rate	£135

VITAL STATISTICS FOR 1952.

	Male	Female	Total
Live Births	27	29	56

	Liskeard M.B.	Health Area No. 7	England and Wales
Birth rate per 1000 of population	13.6	15.6	15.5

	Male	Female	Total
Stillbirths	1	1	2

	Liskeard M.B.	Health Area No. 7	England and Wales
Stillbirth rate per 1000 of population	0.46	0.26	0.35

	Male	Female	Total
Deaths	52	66	118

	Liskeard M.B.	Health Area No. 7	England and Wales
Death rate per 1000 of population	18.6	10.7	11.4

Deaths of Infants Under One Year of Age.

No deaths registered.

Deaths Attributed to Pregnancy, Childbirth and the Puerperal State.

No deaths registered.

Principal Causes of Death at All Ages.

Heart disease	67
Vascular lesions of the nervous system ("stroke") ...	15
Cancer (all sites)	10
Respiratory disease	4
Circulatory disease	3
Genito Urinary disease	2
Accidents	2
Suicide	2

Average Age at Death

Males	Females
74	78

The most striking figure in the foregoing statistics is the death rate. At 18.6 per 1000 of population it appears to a casual observer that Liskeard Borough is not a particularly healthy place. When however it is realised that with effect from the 1st January 1953, all deaths occurring in Lamellion Hospital, irrespective of the duration of their stay in the hospital or the adjacent part III accommodation are regarded by the General Register Office as though the deceased persons were permanent residents of the Borough, the false, and unreliable nature of the rate so derived will be understood. I have already referred to this matter in the general preface, and I do not wish to labour the point further at this stage. I can however add the reassuring observation that the true death rate for the Borough is not unduly high. If the deaths of the 56 persons who died in Lamellion Hospital are disregarded the death rate for the Borough in respect of true residents is 9.8 per 1000 of population. This corresponds closely with the rate of 9.7 in 1952, and is somewhat below the corresponding rates for the Health Area and England and Wales. The birth rate is again below the Area rate and the national rate, although not to the same extent as in 1952. For the first time since I became your Medical Officer of Health in 1948, I can report that no infants under one year of age died during the year. It is also encouraging to note that in 1953, there were, for the sixth successive year no maternal deaths. In reading the figures relating to principal causes of death, and average age at death it should be noted that deaths of persons occurring in Lamellion Hospital have been included in arriving at these figures. This undoubtedly explains the marked increase in the average at death by some 10 years in males, and 13 years in females as compared with 1952 figures.

Infectious Disease

There was a very considerable increase in the amount of infectious disease notified during 1953, the total being 269 cases as compared with 7 cases in 1952. This is the highest annual total so far recorded since I started to keep records in 1948, and was due in large part to a sharp outbreak of measles in February, March and April when 220 cases of this disease were notified. Whooping cough and scarlet fever showed a small increase in prevalence but no serious infectious disease occurred, and there were no deaths from infectious disease during the year.

The following are details of actual numbers, and case rates of infectious disease notified during 1953 :-

Rates per 1000 of Population

Disease	Cases	Liskeard M.B.	Health Area No. 7	England & Wales
Measles	221	51.14	29.74	12.36
Whooping Cough	30	6.94	3.55	3.58
Scarlet fever	12	2.78	1.20	1.39
Pneumonia	5	0.96	1.41	0.84
Erysipelas	1	0.23	0.25	0.14

Tuberculosis

During the year 4 cases of respiratory tuberculosis and 1 case on non-respiratory tuberculosis were notified in the Borough. This represents a reduction of 1 case as compared with 1952. Three of the cases were in young persons below the age of 25 years and two in older people above the age of 68 years. There was one death from respiratory tuberculosis. At the end of the year there were 33 cases of respiratory tuberculosis and 7 cases of non-respiratory known to be resident in the Borough.

The following are details of new cases, deaths, case rates, and mortality rates in respect of tuberculosis :-

	New Cases		Deaths	
Age Group	M.	F.	M.	F.
0 - 1	-	-	-	-
1 - 5	-	-	-	-
5 - 15	-	1	-	-
15 - 45	1	1	-	-
45 - 65	-	-	-	-
65 and over	2	-	1	-

Rate per 1000 of population

	Liskeard M.B.	Health Area No. 7	England & Wales
New cases	1.16	1.18	Not stated
All cases	9.26	6.29	Not stated
Deaths	0.23	0.15	0.20

National Assistance Act 1948.

No action under Section 47 of the Act was called for during 1953.

Water Supply

A generally adequate supply of filtered and treated water was available during the year.

Sewerage and Sewage Disposal

The firm of Consulting Engineers employed by the Council continued to investigate ways and means of dealing with this problem. Although it is prudent and necessary to thoroughly investigate this difficult matter, it does not appear that much can be done to devise any suitable alternative to the scheme which would provide for the siting of treatment and disposal works to the south-west of Lodge Hill adjacent to the East Looe River. The topography of the Borough is such that the treatment works must lie in that direction if maximum economy in the construction and maintenance of the scheme is to be achieved. Whatever scheme the Consulting Engineers advise will unfortunately be costly to construct - a figure of £90,000 is I think a reasonable estimate of the final cost. If grants could be obtained from the Exchequer and the County Council, the burden on local rates would be reduced. Unfortunately there is no certainty that such assistance by way of grants would be forthcoming, since up to

now they have only been available to strictly rural areas. There does however seem to be a good case of giving sympathetic consideration to the provision of some form of grant to small urban authorities when faced with a very heavy expenditure on schemes of water supply and sewage disposal. What I have written will demonstrate that I am well aware of the Council's main reason for not coming to terms with this problem - that of expense. On the other hand no responsible authority, and above all no authority upon whom is laid the clear statutory duty to require the abatement of nuisances, can continue to plead that it should be excused from committing and perpetrating a large scale nuisance because the remedy is a dear one. The pollution of streams and the small East Looe River has been going on for so many years, that many people have come to believe that the passage of time has given some sanction or "right" to the practice of pouring large quantities of crude sewage into them. This is not so as far as I can discover. There are others who contend that no real nuisance is caused by the present practice, and they go on to point out that because no outbreak or instances of serious disease have occurred the practice is not harmful to the health of the community. It is easier to understand the latter opinion, although it is a dangerous line of thought to pursue. Untreated sewage is and always has been recognised as a potential danger to health. That it has not caused disease in Liskeard or the adjacent rural area is a matter of good luck rather than good management. It is very difficult to fathom the reasoning behind the views that no nuisance is caused by the present practice. Aside althogether from the proof which chemical analysis can provide, I should have thought the very fact that something in the region of 200,000 gallons of crude untreated sewage were being discharged daily into small water courses, to be evidence which anyone of common sense would accept without question. In my view there is no possibility of denying or ignoring the existence of this large scale nuisance, nor can the solution of it - the provision of a proper system of sewage disposal - be further deferred.

Food

In the Sanitary Inspector's Report there appears details of work carried out in an endeavour to ensure the provision of sound, clean and wholesome food. No cases of food poisoning were notified during the year. No formal clean food campaigns were undertaken during the year.

Factories Act 1937.

No difficulty in the administration of this act was experienced during 1953.

Housing

During 1953 the Council erected 16 new houses and a further 11 new houses were built under private enterprise arrangements. There is still a keen demand for new houses and if the necessary clearance of very old and substandard houses is undertaken in the near future it will be necessary to provide further housing to accommodate families displaced by demolition and clearance of such properties.

Report of the Sanitary Inspector

The Report of the Sanitary Inspector, Mr. E.J. Hoar, A.R.S.I. follows. I should like to place on record my gratitude to Mr. Hoar, and the Additional Sanitary Inspector, Mr. Sanderson, for the assistance they have given during the year.

Sanitary Inspector's Report, 1953.

Water Supply. Filtration.

The provision of an additional filter at the Borough's Filtration Works on St. Cleer Downs has enabled the plant to provide water for a portion of the Liskeard Rural District.

The condition of the old supply line to the reservoir and the additional draw off by the Rural District has created serious difficulties in supplying the amount required. The raw water available is approximately 400,000 gallons per day and the total draw off at times has reached the amount of 450,000 gallons per day.

Samples of filtered water have been sent to the Public Health Laboratory Service for examination and all have been found to be satisfactory, also weekly tests are made as to the amount of residual chlorine in the water after sterilisation.

Water Supply. Distribution.

Complaints have been received of water shortages in the town, the cause being choked or defective service pipes.

There are however old branch mains in urgent need of replacement, their present condition is such that the bore of the pipe is restricted by incrustation thus reducing the amount of water in the main, in the event of water being required for fighting fires, it is very doubtful if enough could be available for that purpose.

Domestic Services

These are mainly of lead and with the exception of fairly modern houses, are the cause of considerable amount of waste of water from defective pipes.

Sewerage System

The area served by the existing sewers is so restricted that the sites available for the erection of houses cannot be connected to the public sewer, with the result, that the houses erected on the outskirts of the town are drained into septic tanks, this is most unsatisfactory in an Urban area.

Sewage Disposal

This has for a considerable number of years been a serious problem, the untreated sewage from the town is discharged either direct into streams or on to the surface of land adjoining streams.

The main outfalls being at the following points :-

Gut Lane	Field O.S.	No.		960
Station Road	"	"	"	1056
" "	"	"	"	1043
Lanchard Lane	"	"	"	1062
" "	"	"	"	619

Other smaller outfalls from groups of houses at :-

Trevecca	24 houses	Field O.S. No. 659
Moorswater	17 "	into leat by engine sheds Moorswater
Lodge Hill	23 "	Field O.S. No. 1170
New Road	24 "	" " " 1064

Food Inspection

Meat

The number of animals dealt with at the Liskeard Abattoir amounted to :

	Cattle excluding Cows	Cows	Calves	Sheep	Pigs	Total
No. slaughtered	1312	362	605	4376	1473	8128
No. inspected	1312	362	605	4376	1473	8128

No. Condemned All diseases except T.B.

	Cattle excluding Cows	Cows	Calves	Sheep	Pigs
Whole carcases	7	15	20	113	22
Parts of carcases	590	159	26	260	180
Percentage	45.5	48	7.6	8.5	13.7

No. Condemned being effected with T.B.

	Cattle excluding cows	Cows	Calves	Sheep	Pigs
Whole carcases	14	4	1	-	5
Parts of Carcases	47	37	-	-	77
Percentage	4.6	11.3	0.16	-	4.2

Clean Food Regulations

Premises used for sale of food. M. of H. Circular 1/54

Paragraph 7 (1)

Grocers	11
Licensed premises	9
Cafes	6
Bakehouses	2
Cafe with Bakehouse	1
Milk Shop	1
Fried Fish & Chip Shop	1
Fresh Fish Shop	1

Paragraph 7 (2)

Grocers	11
Fresh Fish Shop	1
Fried Fish Shop	1
Milk Shop	1

Paragraph 7 (3)

No. of inspections 22

The premises used for the sale of food were on the whole satisfactory as far as could be expected, in view of the limited amount of space available.

Paragraph 7 (4)

Nil

Food Condemned at Retail Premises

Tinned and prepacked good	503 items
Loose goods	18½ lbs
Sausages	62½ lbs
Meat	232½ lbs

Paragraph 7 (5)

Condemned meat and offal disposed of to registered firms for treatment. Other condemned foods by deep burial at the Council's controlled tip.

Milk

No. of Retailers of T.T. milk	2
" " " " Pasteurised milk	2
" " " " Ungraded milk.	3
" " samples collected	74
" " satisfactory	63
" " unsatisfactory	11

Ice Cream

No. of Retailers	14
" manfacturing for sale on own premises ...	1
" of samples collected	63
" " " Grade 1	59
" " " " 2	4
" " " below Grade	Nil

Factories Act

No. of premises on the register	72
" " inspections	38
" " minor defects remedied	18

Disposal of House Refuse

The collection of House Refuse is carried out by direct labour, the refuse being collected from the built up area once a week and from the rural area once a month.

The method of disposal is by controlled tipping as far as it is possible to do so with the covering material available.

In view of the shortage of clean covering material it would be in the interest of health that a Refuse Destructor be provided so as to dispose of all waste matter, also prevent the dump being used as a breeding place for rats.

Rodent Control

The Survey of all areas in the town having been carried out by the Rodent Operator during the previous year, it has only been necessary to maintain a routine treatment of sewers and the Council's Refuse Dump.

The infestation of the sewers is very slight but the Refuse dump has needed several treatments to reduce the number of rats in that area.

House Inspections. Public Health Act, 1936.

No. of preliminary notices issued in 1953	13
" " defects remedied without further notice ...	11
" " " " after statutory notice ...	2

Overcrowding

No. of serious cases of overcrowding and families rehoused by the Council	2

Housing Act, 1936.

No. of Demolition Orders issued	2
" " houses vacated but not yet demolished	1
" " houses to be vacated 25.3.54	1
" " houses reported as being unfit but no action taken by Council	2

New Houses erected in 1953.

By Local Authority	16
" Private Enterprise	11

The allocation of new houses by the Council has not provided (except in two instances) for those being in unfit or substandard houses.

A survey made in 1947 gave a total of 175 houses as being sub-standard, of which 91 were considered in urgent need of major repairs or demolition, many of those small houses were erected between 80 and 100 years ago and are not worth the cost of repairing.

The gradual decay of houses was hastened by neglect during the war, also by the inability of owners to face the cost of any work that may be required.

E.J. HOAR

Sanitary Inspector

Liskeard Borough, 31.3.54.

APPENDIX 1.

PRINCIPAL CAUSES OF DEATH - ALL AGES - 1953.

DISEASE	St. Germans R.D.	Lisk-eard R.D.	Saltash M.B.	Tor-point U.D.	Lisk-eard M.B.	Looe U.D.	Health Area No. 7.
Heart disease	65	72	33	12	67	17	266
Cancer (all sites)	37	23	11	10	10	14	105
Vascular lesions of the nervous system ('stroke')	10	19	19	6	15	3	72
Respiratory disease	19	11	5	4	4	3	46
Circulatory disease	9	3	5	3	3	2	25
Genito-urinary disease	3	5	5	-	2	1	16
Accidents	2	6	4	-	2	1	15
Digestive disease	4	4	3	2	-	-	13
Diabetes	4	1	3	-	1	-	9
Tuberculosis	2	2	3	-	1	-	8
Suicide	3	2	-	-	2	-	7

APPENDIX 2.

TYPES OF HEART DISEASE AND CANCER CAUSING DEATH - 1953.

Type of Disease.	St. Germans R.D.	Lisk-eard R.D.	Salt-ash M.B.	Tor-point U.D.	Lisk-eard M.B.	Looe U.D.	Health Area No. 7
Coronary disease angina	28	23	10	3	7	4	75
Hypertension with heart disease	5	5	4	-	4	3	21
Other heart diseases	32	44	19	9	56	10	170
Cancer of stomach	9	4	1	1	3	3	21
Cancer of bronchus and lung	9	3	-	1	-	1	14
Cancer of breast	2	-	-	-	1	2	5
Cancer of womb	2	1	2	-	-	1	6
Other cancers	15	15	8	8	6	7	59

APPENDIX 3.

DEATHS BY AGE GROUPS - 1953.

DISTRICT	0 - 5 Years	5 - 15 Years	15 - 45 Years	45-65 Years	65-75 Years	75yrs & upwards	All Ages
ST.GERMANS R.D.	8	2	5	43	53	74	185
LISKEARD R.D.	8	-	6	35	42	78	169
SALTASH M.B.	6	-	7	23	26	46	108
TORPOINT U.D.	2	-	3	11	13	13	42
LISKEARD M.B.	-	-	2	18	26	72	118
LOOE U.D.	1	-	4	4	14	21	44
HEALTH AREA NO. 7.	25	2	27	134	174	304	666

APPENDIX 4. AVERAGE AGE AT DEATH - 1953

DISTRICT	MALES	FEMALES
St. Germans R.D.	69	66
Liskeard R.D.	65	72
Saltash M.B.	65	65
Torpoint U.D.	66	61
Liskeard M.B.	74	78
Looe U.D.	68	70
Health Area No. 7	68	69

APPENDIX 5.

TUBERCULOSIS

INCIDENCE OF, AND MORTALITY FROM TUBERCULOSIS IN HEALTH AREA NO. 7 - 1953.

AGE GROUP.	NEW CASES.		DEATHS.	
	M	F	M	F
0 - 1 Year	-	-	-	-
1 - 5 Years	3	1	1	-
5 - 15 Years	5	7	-	-
15 - 45 Years	15	15	1	1
45 - 65 Years	9	3	2	1
65 Years and Upward	5	-	2	-
	37	26	6	2
		Males		Females
CASE RATE PER 1000 OF POPULATION (NEW CASES)		0.69		0.49
MORTALITY RATE PER 1000 OF POPULATION		0.11		0.04

CASE RATES AND MORTALITY RATES PER 1000 OF POP'LATION BY COUNTY DISTRICTS IN HEALTH AREA NO.7 - 1953.

DISTRICT	NEW CASES	TOTAL CASES AS at 31.12.53	DEATHS
ST. GERMANS	1.44	6.31	0.12
LISKEARD R.D.	0.71	5.33	0.14
SALTASH M.B.	1.38	6.54	0.25
TORPOINT U.D.	1.34	6.26	-
LISKEARD M.B.	1.16	9.26	0.23
LOOE U.D.	1.11	5.85	-
HEALTH AREA NO.7	1.18	6.29	0.15

APPENDIX 6.

B.C.G. VACCINATIONS AGAINST TUBERCULOSIS - 1953

DISTRICT	UNDER 1 YEAR	1 - 5 YEARS	5 - 10 YEARS	10 - 15 YEARS	15 YEARS AND OVER
ST. GERMANS R.D.	8	9	7	6	1
LISKEARD R.D.	2	2	2	1	-
SALTASH M.B.	4	2	1	1	2
TORPOINT U.D.	3	10	10	3	-
LISKEARD M.B.	2	3	1	1	*11
LOOE U.D.	1	3	3	1	1
HEALTH AREA NO. 7	20	29	24	13	15

* Student Nurses at Wadham House Training Establishment.