

[Report 1954] / Medical Officer of Health, Liskeard Borough.

Contributors

Liskeard (England). Borough Council.

Publication/Creation

1954

Persistent URL

<https://wellcomecollection.org/works/a22xvp3c>

License and attribution

You have permission to make copies of this work under a Creative Commons, Attribution license.

This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

L
A2 55
CR. 40

BOROUGH OF LISKEARD

THE

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR

THE YEAR 1954



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 1954

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

Your Worship, Ladies and Gentlemen,

On the information available to me the general state of health in the six County Districts in South East Cornwall has been up to average during 1954, a small worsening in the death rate being offset by a complete absence of maternal deaths, an improvement in the infant mortality rate, a lower incidence of infectious disease, and a welcome improvement in figures for tuberculosis. In the memories of many of us the year 1954 will be recalled with little affection as one of cool wet, sunless weather. It may be of interest that on the moors to the north of Liskeard the annual rainfall for 1954 was no less than 73 inches. It has been said that one of the main topics of our conversation in these islands is the weather, and many of us would like to attribute to our ever changing, and unpredictable weather at least some of the blame for the ills to which human flesh is heir. I feel myself that for the majority of us the main influence of climate and weather is psychological rather than physical. It is true that at the extremes of life adverse or severe climatic conditions, worsened perhaps by man-made pollution of the air can have a serious or fatal outcome. For most however and especially those whose livelihood or leisure time pursuits are dependent on weather, the main effect is on mood, and outlook. What cricketer does not feel gloom and despondency at the prospect of a wet Saturday afternoon, and what farmer or gardener does not feel energetic, and enthusiastic when the sun shines, and crops can be tended or gathered in. We now believe that our mental attitude to the world about us has much to do with certain diseases, and with climate and weather having so much to do with our outlook, and being for some such an important part of their environment, it might be said that it has least an indirect effect on health. Beyond this I do not think we can go, especially in our temperate climate where physically injurious extremes of heat, and cold are not experienced.

During 1954 the total estimated population of the Area fell slightly by 1,286 to a figure of 51,990. Of the constituent districts, St. Germans Rural District, Liskeard Rural District, Saltash Borough, Torpoint Urban District and Looe Urban District all showed small reductions in estimated population, and a small increase occurred in Liskeard Borough. The live birth rate at 15.5 per 1,000 of population was fractionally below last years rate, and is slightly above the national birth rate of 15.2. The still-birth rate at 25.0 per 1,000 total births is slightly above the rate of 24.0 for England and Wales, and is greater than last years rate of 19.0 per 1,000 total births in this Area. The total number of deaths, 697, shows an increase of 31 over 1953, but the death rate of 11.4 per 1,000 of population is only fractionally above the national rate of 11.3. It is pleasant to be able to report that no deaths attributable to pregnancy, and childbirth occurred in 1954. The total number of infants under 1 year of age dying in 1954 reached the record low figure of 13, giving a rate of 18.5 per 1,000 live births as compared with the national rate of 25.5

As in previous years the most common cause of death was heart disease. It was responsible for 42% of all deaths in the Area. Cancer of all types was the next most common cause, being responsible for 19% of all deaths in the Area. Amongst heart diseases the most common type causing death was coronary disease and angina. Of the cancers the most common single cancer was that affecting the stomach. The average age at death 66 years for males, and 73 years for females approximated closely to the expectation of life in England and Wales as a whole. Of the 697 persons who died in this Area in 1954, some 318 or 45% were aged 75 years and over at the time of death.

In recent years the increased number of deaths due to cancer of the lung and bronchus has provoked much discussion of, and speculation upon possible causes of the increased incidence of these cancers. In particular much attention has been given to the possible role of tobacco in causing or being associated with these cancers, but no really indisputable or finally convincing evidence incriminating tobacco has been produced so far. Nevertheless, the indirect evidence, largely statistical in nature, and increasing in volume as years go by throws grave suspicion on tobacco, especially if taken in the form of cigarettes in moderate or heavy quantity over a protracted period. It will probably be many years before sufficient evidence can be accumulated to fix the cause or causes of these cancers, but in view of their increasing toll of life it is hoped that before long some means of reducing, if not preventing their incidence will be found. I thought you would be interested in having figures showing the effect of this form of cancer in South East Cornwall, and for that reason I have gone through the records of deaths from this disease over the five year period 1950-54. The results of my investigations appear in the form of two additional appendices to this Report. The first shows deaths in actual numbers and sexes in the six County Districts, and in the whole Health Area. From this it appears that deaths from this cause have been more numerous in 1953 and 1954 than in the previous three years. Except for the year 1950 the preponderance of male over female deaths, almost 3 to 1, was less than the ratio of 5 to 6 male to 1 female death which obtains in the Country as a whole. The second appendix shows comparative death rates per 1000 of the population in this Health Area, Cornwall County, and England and Wales. From this it would appear that although the death rate has been increasing in all three cases, the relative number of deaths from cancer of the lung, and bronchus is less in this part of Cornwall, and in Cornwall County than in England and Wales generally.

In my Annual Report last year I expressed some concern about the relatively high incidence of new cases of tuberculosis in this Area. I am glad to be able to tell you of a considerable improvement in the position during 1954, when the total number of new cases fell to 39, a reduction of 24 on the figure for 1953. As far as individual districts were concerned, St. Germans Rural District, and Saltash Borough showed marked reductions, Torpoint Urban District had a moderate reduction, and Looe Urban District a small reduction. In Liskeard Rural District and Liskeard Borough there was a moderate increase in the incidence of the disease, the number of deaths from tuberculosis - 4 in all - is the lowest so far recorded in this Area, and represents a striking improvement on the average of 18 to 20 deaths from tuberculosis which occurred as recently as five years ago. My views on the possibility of the early eradication of tuberculosis remain substantially as stated in my last Annual Report, and I cannot yet share the views of those who believe that tuberculosis will very soon become as rare, and unusual as diphtheria now is. Much as we all welcome the reduction in the number of deaths from tuberculosis, I feel that this fact is sometimes over-publicised in an endeavour to show that the tuberculosis situation is improving generally. Laudable as our success in checking tuberculosis mortality may be, the real victory will not be won until wholesale eradication of the disease removes the possibility of infection.

As a step towards controlling and preventing tuberculosis, the scheme for the B.C.G. vaccination against tuberculosis of children in the schools leaving age group i.e. those attaining the age of 14 years during 1954, got under way during the early summer. Of 507 school leavers eligible for vaccination some 395 received B.C.G. vaccine, and have thereby been stimulated to produce some resistance to the disease. The percentage of parents who refused to have their children vaccinated was 3% - a commendably low figure, whilst absentees did not exceed 6%. We were interested to find a low percentage - 13% of positive reactors to the pre-vaccination Mantoux test. This latter finding suggests that school children in Cornwall are not exposed to a great deal of human or animal tuberculosis infection. It also suggests that if these negative reactor children - about 80% of the school leaving population - who are devoid of any natural resistance to tuberculosis, had gone unprotected by vaccination into crowded city or urban communities where the level of tuberculosis infection is usually higher, they might well have fallen victim to the disease. The relatively low degree of natural immunity disclosed by the scheme underlines the importance of present efforts to stimulate to production in these children of some artificial immunity or resistance to the disease through B.C.G. vaccination.

The incidence of infectious disease (other than tuberculosis) was light during 1954, the total of 706 cases representing a large reduction of the figure of 1917 cases in 1953. The most prevalent diseases were whooping cough with 496 cases, measles with 59 cases, pneumonia with 56 cases, and some dysentery with 54 cases. There were 4 cases of poliomyelitis, of which two were non-paralytic. One case only of food poisoning was notified. There were two deaths from whooping cough, both in infancy under one year of age.

At the time of writing this Report, the news of a new and apparently successful vaccine against poliomyelitis is still fresh in our minds. This Salk vaccine has been prepared, perfected, and tried out on a large number of children in America, and preliminary reports suggest that it affords some protection against this disease. It is obviously much too early to form any reliable judgement of the efficiency of this newest weapon in the battle against poliomyelitis, and indeed within a very short time of the first announcement concerning the vaccine, reports of vaccinated children developing paralytic poliomyelitis have emphasised the need for caution in our approach to this subject. It would be too much to expect that the use of such a new, and relatively untried remedy would be free of pitfalls, and disappointments. In spite of, and perhaps because of such setbacks and advances in knowledge, and technique will follow, and I feel the future in this field of disease prevention holds much promise. Up to now effective control of poliomyelitis involving as it did early recognition of cases, and close surveillance of, and control over contacts, was difficult if not impossible to establish. It must therefore be the earnest wish of all of us, that the efforts now being made to control, and prevent poliomyelitis by a suitable vaccine will be crowned with ever increasing success - such success as we have witnessed in the past 14 years in the wonderfully effective campaign against diphtheria.

I have written just now of the success of the immunisation campaign against diphtheria. The effect of this has been to almost completely banish this disease from our midst, and many of our younger parents will have little or no recollection of the period prior to 1941 when diphtheria affected tens of thousands of children, and caused hundreds of deaths. They may be tempted to think that diphtheria has disappeared for all time, and that immunisation is no longer necessary. At the risk of being considered tedious and repetitive, I must again warn parents of young children that if immunisation is neglected it may not be very long before diphtheria is again prevalent, and causing suffering, and deaths amongst children. It is most important that all infants be immunised against diphtheria by the time they are six months of age, and I hope parents of young babies will make every effort to see that this is done. The amount of pain and suffering associated with the three injections required is so trivial that no parent can reasonably put this forward as an excuse for delaying or neglecting to have this simple, but all important procedure carried out. Moreover some protection against whooping cough can now be ensured through the same series of injections, thus helping the young child to form its own defences against two diseases which previously took a heavy toll of infant life.

The welfare of old people, particularly those living alone, continued to cause anxiety during 1954. In most cases it was possible to persuade old persons who could no longer adequately care for themselves to enter a home or institution where they would be cared for. In one instance where an old lady of 75 years was found living in a large house under the most appalling filthy, and verminous conditions, and all effort at persuasion had failed, it was necessary to make an application under the National Assistance Act, 1948, Section 47 to a Court of Summary Jurisdiction for an Order to compulsorily remove her to Lamellion House, Liskeard. After considering evidence put before them the Magistrates made the necessary Order, and the old person was removed to Lamellion House. She remained there for some months apparently content, but following an attack of senile dementia had to be removed to St. Lawrence Hospital, Bodmin, where she has remained.

Reasonably good progress in the provision of new houses continued in all parts of the Area during 1954. In spite of the large number of new houses built since the war, there is still an appreciable demand for houses particularly in urban parts of the Area. The position is easier in the two rural districts, where most demands for rehousing can now be met without great delay. Now that the main demand for rehousing has eased, ones attention

/ ones attention

is being increasingly focused on old, sub-standard houses either singly, or in groups, whose condition and state of dilapidation is such that the only means of dealing with them is by closing on demolition. Many of the people who occupy these houses have up to now been overlooked in the anxiety to provide new houses for families living under even worse conditions, and the occupants themselves, many of whom are unable or unwilling to pay the higher rent of a new house, have not been very active in drawing attention to their unsatisfactory living conditions. Early in 1954 the Ministry of Housing and Local Government directed that local authorities should now take up as a matter of urgency, and after a lapse of some 15 years the question of slum clearance. All local authorities are now required to place before the Minister by August 1955 their proposals for dealing with slum areas, and we all hope that this will mark the beginning of a campaign to eliminate worn-out, unsound, and unhealthy dwellings, especially where in urban areas these are crowded together in small courtyards, and alleys. Naturally accommodation will have to be found for those displaced from slum houses and this inevitably means the provision of more new Council houses to meet this specific need, in addition to whatever programme of new construction needed to meet normal demand. Whilst we all recognise, and are anxious over the additional financial burden that slum clearance schemes will impose on national, and local finances, we cannot in justice provide up-to-date, and healthy housing for a part of the community, and allow dilapidated and unhealthy houses, without convenience or amenity to continue as dwelling places. This area being mainly rural in character the concentration of slum dwellings is nowhere very great, and it should be possible to find a slower, and more gradual solution of the problem than is possible in large towns, and cities.

In the field of water supply the principal event of 1954 was the constitution of the Liskeard and District Water Board. The primary task of this authority will be the supply of water in bulk to the Liskeard Rural District and the Borough of Liskeard. The latter authority has of course had an excellent supply for many years, and indeed the first part of the new Boards scheme is based on the expansion of reservoirs and treatment plant on St. Cleer Downs previously owned, and operated by the Borough of Liskeard. Water from the River Fowey will be collected at a point near Trokieve Stops, and will be fed by a large diameter intake main to the enlarged reservoir and treatment works at St. Cleer. From there it will be available for distribution over a wide area of the Liskeard Rural District, and perhaps in later years to adjoining districts if required. The scheme should prove a great benefit to the Liskeard Rural District where at present the inhabitants are dependent on small local supplies of doubtful or frankly poor quality, liable to fail in dry weather. As with rural electrification it should do much to increase efficiency in, and remove some of the drudgery from the farming industry, and it might in some small way help to stem the drift of population away from rural areas to towns and cities. In other parts of the Area there were no outstanding developments in this field but progress was made extending, and improving existing supplies.

As far as sewage disposal was concerned, although many schemes were prepared and sent forward for approval very little was done in the actual construction of sewage disposal plants on any scale. The great need for sewage disposal is widespread and although the Ministry concerned agrees in principle with the need for such schemes, it is not possible in the national interest to allow unrestricted work to take place on all schemes put forward not only in this Area but throughout the whole country. Thus whilst members, and officials of District Councils may be anxious to see rapid progress in the provision of proper sewage disposal arrangements, we must necessarily accept the restraints imposed by the Central Government.

I would not wish to close this preface without expressing my sincere thanks to the members, and officers of District Councils from whom I have at all times received assistance, and encouragement in carrying out my duties during the year 1954. I trust that I may count on their continued co-operation for as long as it is my privilege to serve the interests of Public Health in this Area.

I have the honour to be

Your Worship, Ladies and Gentlemen,

Your obedient Servant,

P. J. FOX.
4. Medical Officer of Health.

BOROUGH OF LISKEARD

Area of Borough	2704 acres
Population (Registrar-Generals Estimate)	4360
Number of Inhabitated Houses	1400
Rateable Value of Borough	£35,328
Sum represented by Penny Rate.	£138

Vital Statistics for 1954

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Live Births	18	34	52

	<u>Liskeard M.B.</u>	<u>Health Area No.7</u>	<u>England & Wales.</u>
Birth rate per 1000 of population	13.2	15.5	15.2

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Still Births	-	1	1

	<u>Liskeard M.B.</u>	<u>Health Area No.7.</u>	<u>England & Wales</u>
Still birth rate per 1000 total births.	18.9	25.0	24.0

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Deaths	54	61	115

	<u>Liskeard M.B.</u>	<u>Health Area No.7</u>	<u>England & Wales</u>
Death rate per 1000 of population	16.4	11.4	11.3

Deaths of infants under one year of age. None registered

Maternal deaths None registered

Principal Causes of Death at all Ages.

Heart disease	66
Vascular lesions of the nervous system (" stroke")	19
Cancer (all sites)	12
Circulatory disease	4
Respiratory disease	3
Accidents	2

Average Age at Death

<u>Males</u>	<u>Females</u>
76	79

With the exception of the death rate, the figures appearing above do not call for much in the way of special comment. The birth rate is lower than the figure for the Area as a whole and England and Wales.

BOROUGH OF LISKEARD

HEALTH COMMITTEE

Councillor S.W.E.Salter - Chairman

Councillor A.Snell - Vice-Chairman ,together with
six other Members of the Council. This Committee deals with the
great bulk of matters affecting Public Health.

HOUSING COMMITTEE

Alderman E. Cross - Chairman

Councillor A.G.Westlake - Vice- Chairman,together with
all the other Members of the Council. This Committee deals with
those aspects of Public Health having a bearing on Housing.

HEALTH OFFICERS OF THE AUTHORITY

P.J. Fox, MB., Ch., D.P.H.

Medical Officer of Health.

E. J. Hoar, A.R.S.I.,

Chief Sanitary Inspector and Surveyor.

R.C. Sanderson, S.I.C., M, & O.F.C.,

Additional Sanitary Inspector.

This is a feature which I have noted almost every year in the Borough, and one for which I cannot advance any really satisfactory reason. It suggests that there is a deficiency of young adults and/or a preponderance of older people in the population of the town. The stillbirth rate is below the national figure, and for the second successive year there were no infant deaths. For the seventh year in succession there were no maternal deaths.

In last years Report I dealt at some length with the reasons for the apparently high death rate in the Borough. In 1954 the same conditions which I then described have combined to maintain this figure at an artificially high level. During 1954 some 59 persons whose normal place of residence was outside the Borough died at Lamellion Hospital. Of these only 30% had been at Lamellion Hospital for more than 12 months, whilst 42% of those who died had been there for four weeks or less. In face of these facts I feel there is no further comment I can usefully make on the death rate arrived at under these abnormal circumstances.

Infectious Disease. The total of 29 cases of infectious disease notified during 1954 represents a large reduction on the figure of 269 cases in 1953. The only infectious disease at all prevalent was whooping cough of which 24 cases were notified. No serious infectious disease occurred during the year. There were two deaths from pneumonia, both in old persons.

The following are details of actual numbers, and case rates of infectious disease notified during 1954:-

<u>Disease</u>	<u>Actual Cases</u>	<u>Rates per 1000 of population</u>	
		<u>Liskeard M.B.</u>	<u>Health Area No.7.</u>
Whooping cough	24	5.50	9.54
Pneumonia	4	0.92	1.08
Acute rheumatism	1	0.23	0.06

Tuberculosis The incidence of tuberculosis, of which 6 new cases were notified, showed a small increase over the previous year when the total was 5 cases. All six new cases were respiratory infections. The heaviest incidence of the disease fell on persons in the older adult age group - the 45 to 65 year group - from which four of the six cases came. There was one death from respiratory tuberculosis involving an old man of 77 years who had been an inmate of Lamellion Hospital for just over two years, and who originally came from outside the Borough probably with the disease.

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

<u>Age Group</u>	<u>New Cases</u>		<u>Deaths</u>	
	<u>M.</u>	<u>F.</u>	<u>M.</u>	<u>F.</u>
- 1	-	-	-	-
1 - 5	-	-	-	-
5 -15	1	-	-	-
15 -45	-	1	-	-
45-65	2	2	-	-
65 and over	-	-	1	-

	<u>Rate per 1000 of population</u>	
	<u>Liskeard M.B.</u>	<u>Health Area No 7.</u>
New cases	1.38	0.75
All cases	10.09	6.73
Deaths	0.23	0.08

At the end of the year there were 37 known cases of respiratory tuberculosis and 7 known cases of non-respiratory tuberculosis residing in the Borough.

National Assistance Act, 1948 . No action under Section 47 of the Act was called for during 1954.

Water Supply There was an adequate supply of water throughout the year. As might be expected in a supply which is filtered and treated by chlorination in a modern plant the quality and purity of the water was at all times beyond reproach.

Sewerage and Sewage Disposal. There is little to add to my observations on this matter in my report for 1953. The year 1954 was largely occupied in collecting the mass of information which is required before the public enquiry - a necessary prelude to any such scheme - can be held. In the meantime with the addition of new houses to existing sewers, and the considerable expansion of activity at the Addington slaughter house, the nuisance at the sewer outfalls becomes worse. I fail to see how any further appreciable expansion of the Borough can take place until some solution of this wretched state of affairs can be found.

Meat, Milk and Other Foods. Control of cleanliness in connection with foods has been exercised mainly through regular inspections of premises in which food is stored, handled, sold and prepared for consumption. In the case of milk, and ice cream samples have been collected and submitted to bacteriological and other tests to determine their standard of cleanliness and keeping qualities.

With the handing back of meat trading to private enterprise in the summer of 1954, a private company with widespread business connections took over the slaughterhouse at Addington previously operated by the Ministry of Food. There was a considerable increase in the number of animals slaughtered and the task of inspecting all carcasses occupied the greater part of the Additional Sanitary Inspector's time. The necessity for such inspection is shown by the fact that during the year almost 24 tons of meat was found unfit for human consumption. Nevertheless the presence of a large and busy slaughterhouse in a small local authority imposes an unreasonable burden on the necessarily small staff of Sanitary Inspectors which such authorities can afford to employ. In the case of the Liskeard Slaughterhouse the greater part of the meat handled, and inspected by the Borough's Additional Sanitary Inspector goes to districts outside the Borough, and in some cases a considerable distance away. It is hoped that the Government Committee which is to advise on future policy on slaughter houses will find a solution which will at least mitigate the present unjust burden which large scale slaughtering arrangements place on smaller local authorities.

Clean Food Campaigns. No such campaigns were undertaken during 1954.

Factories Act, 1937 and 1948 . No difficulties in the administration of these Acts were experienced during 1954.

Housing. During the year good progress in providing new housing accommodation in the Borough was made, no less than 45 new dwellings (including flats) being completed. In addition 6 new private enterprise dwellings were completed.

Report of Sanitary Inspector. This Report follows. I should like to express to the Chief Sanitary Inspector, Mr. E.J. Hear, A.R.S.I. and the Additional Sanitary Inspector, Mr. R.C. Sanderson my sincere gratitude for their co-operation, and for all the assistance given by them during the year.

Sanitary Inspector's Report, 1954.

Water Supply

The position relating to the supply of water to the Borough and to a portion of the Liskeard Rural District was as for the year 1953.

The Rural District has, however taken a greater amount of water than in the previous 12 months, this additional draw-off together with the increase in the amount of water used at the Liskeard Cattle Market has at times reduced the amount held in the filtered water tanks to less than 6 hours supply.

Water Supply Distribution

No serious shortage of water has been reported and any complaints have been traced to defective service pipes and fittings.

The replacement of certain water mains has been under consideration by the Council, but the matter has been postponed for a decision relating to the taking over of the Distribution System by the Joint Water Board.

Sewerage and Sewage Disposal

No further action has been taken by the Council for extension to the sewers or for the provision of Sewage Disposal Works.

Meat Inspection

The inspection of carcasses of animals slaughtered has become increasingly difficult, there being an increase of approximately 40% over those dealt with during the previous year, and of the total slaughtered 90% are for retail in districts outside the Liskeard Borough i.e. Liskeard Rural District including other areas from Exeter to Penzance with surpluses to London.

The period of slaughter is from early morning to early evening at times up to 7.p.m. and a late inspection must be made to enable the meat to be moved very early the following morning.

The number of animals dealt with and inspected amounted to :-

/ see over.

Animals dealt with and inspected

<u>Cattle</u> (excluding cows)	<u>cows</u>	<u>calves</u>	<u>sheep</u>	<u>pigs</u>	<u>Total</u>
1910	484	406	6078	4426	13,304

Number Condemned - All diseases except T.B.

<u>Cattle</u> (excluding cows)	<u>cows.</u>	<u>calves</u>	<u>sheep</u>	<u>pigs</u>
-----------------------------------	--------------	---------------	--------------	-------------

Whole carcasses

10	16	16	82	25
----	----	----	----	----

Parts of carcasses

398	117	35	350	114
-----	-----	----	-----	-----

Percentage of

21.4	27.5	12.6	7.1	3.1
------	------	------	-----	-----

Number of Condemned affected with T.B.

<u>Cattle</u> (excluding cows)	<u>cows</u>	<u>calves</u>	<u>sheep</u>	<u>pigs</u>
-----------------------------------	-------------	---------------	--------------	-------------

Whole carcasses

2	9	Nil	Nil	15
---	---	-----	-----	----

Parts of carcasses

16	38	-	-	157
----	----	---	---	-----

Percentage of

0.9	9.7	Nil	Nil	3.9
-----	-----	-----	-----	-----

TOTAL WEIGHT OF MEAT CONDEMNED 23 tons, 12 cwts, 10 lbs.

Four cows were slaughtered under the T.B. Re-actor order.

One carcass with Generalised T.B. Three carcasses with evidence of T.B. in Bronchial and Mediastinal Lymph nodes only.

The main cause of condemnation of offal in the cattle and sheep was Liver Fluke and it is suggested that farmers would be wise to make use of the Veterinary Investigation Officer's Services for the control of this disease.

Animals infected with *Cysticercus Bovis* numbered 12 and the increase in number may be accounted for by the fact that the animals are now brought in from a wider area.

A marked reduction in the number of animals in poor condition and sent to the abattoir for slaughter has been noted, possibly owing to the cost of slaughtering and the risk of carcasses being condemned.

Clean Food Regulations

Premises used for the sale of Food

Grocers	11
Licensed Premises	10
Cafes with Bakehouse	1
Cafe only	6
Bakehouse	2
Milk Shop	1
Fried Fish Shops	2
Butchers	8

Food Condemned

Tinned food and food in jars	339
Packets of food and meat pies	40
Sausages and cooked meats	105 $\frac{1}{4}$ lbs.
Cakes	14
Dried Fruit	191 lbs.

Milk Sampling

4, Retailers supplying milk from T.T. Herds.
1, Retailer supplying Pasteurised Milk.
1, " " Ungraded Milk.

Samples collected	54
" Satisfactory	50
" Unsatisfactory.....	4

Ice Cream

Number of Retailers registered..... 18
" " Manufacturer retailer 1 |

Number of samples collected ..	24
" " " Grade I ...	22
" " " Grade II ...	2
" " below Grade II	Nil

Factories Act

Number of premises on the Register 72 |

Number of Inspections made Nil |

Collection and Disposal of House Refuse.

The collection is made by direct labour, a weekly collection being made from the built up area of the Town, but in the Rural Area adjoining the Town the domestic refuse composed mainly of tins, is collected once a month.

It is found that domestic refuse has become more bulky since the installation of Gas and Electric Cookers, this additional bulk has meant an increase in the number of loads to be removed.

The refuse collected is used for filling in of some low lying ground and as far as possible controlled tipping methods employed, but at times there is insufficient covering material available, with the result that complaints are received of a nuisance caused by burning and smouldering refuse, also it provides a breeding place for rats although every effort is made to keep the area clear of rats.

Rodent Control

The Council had adopted the policy of free treatment for the destruction of rats in private dwellings and the occupiers of these premises have availed themselves of this offer, with the result that there is not the number of complaints of rat infestation today.

I am able to report that the systematic treatment of the sewers has reduced the rat population to such an extent that it will not be necessary to treat the sewers in 1955.

House Inspection

Public Health Act 1936.

Number of Preliminary notices issued in 1954	7
Number of Defects remedied without further notice.	7
Number of formal Notices issued.....	3
Number of defects remedied after formal notice.....	1

Housing Act 1936.

Number of Demolition Orders issued.....	1
" " Houses demolished as a result of order	2
Number of houses in which the Council has considered the making of a Demolition Order, but action postponed until the houses are vacated. A number of these houses being in an area to be considered as a clearance area.	39

E. J. Hoar,
Sanitary Inspector,
Liskeard

10th May, 1955.

APPENDIX I.

PRINCIPAL CAUSES OF DEATH - ALL AGES - 1954

DISEASE	ST. GERMANS R.D.	LISKEARD R.D.	SALTASH M.B.	TORPOINT U.D.	LISKEARD M.B.	LOOE U.D.	HEALTH AREA NO. 7.
Heart disease	70	76	29	16	66	25	282
Cancer (all sites)	46	26	18	10	12	13	125
Vascular lesions of the nervous system(stroke)	21	20	21	8	19	2	91
Respiratory disease.	15	18	7	2	3	2	47
Circulatory disease.	14	6	6	2	4	2	34
Genito-urinary disease.	7	1	6	3	-	3	20
Accidents	7	2	6	-	2	3	20
Digestive disease	3	3	3	1	-	-	10
Suicide	1	2	1	-	1	1	6

APPENDIX II

TYPES OF HEART DISEASE AND CANCER CAUSING DEATH - 1954

TYPE OF DISEASE	ST. GERMANS R.D.	LISKEARD R.D.	SALTASH M.B.	TORPOINT U.D.	LISKEARD M.B.	LOOE U.D.	HEALTH AREA NO. 7.
Coronary disease angina.	26	25	10	8	5	8	82
High blood pressure with heart disease.	7	3	2	3	8	-	23
Other heart disease	37	48	17	5	53	17	177
Cancer of stomach	13	6	2	2	1	4	28
Cancer of breast	3	3	4	1	2	1	14
Cancer of lung and bronchus.	4	3	2	1	2	1	13
Cancer of womb	-	2	-	-	1	-	3
Other cancers.	26	12	10	6	6	7	67

APPENDIX III

DEATHS BY AGE GROUPS - 1954

DISTRICT	0 - 5 Years.	5 - 15 years.	15 - 45 years.	45 - 65 years	65 - 75 years	75 Years and over.	All Ages.
ST GERMANS R.D.	4	3	13	43	65	87	215
LISKEARD R.D.	3	1	3	34	50	72	163
SALTASH M.B.	5	1	3	29	27	40	105
TORPOINT U.D.	-	-	4	8	16	17	45
LISKEARD M.B.	-	-	-	12	29	74	115
LOOE U.D.	2	-	1	11	12	28	54
HEALTH AREA NO. 7.	14	5	24	137	199	318	697

AVERAGE AGE AT DEATH - 1954

DISTRICT	MALES	FEMALES
ST GERMAN'S R.D.	67	69
LISKEARD R.D.	63	71
SALTASH M.B.	61	72
TORPOINT U.D.	68	70
LISKEARD M.B.	76	79
LOOE U.D.	63	74
HEALTH AREA NO.7.	66	73

APPENDIX VTUBERCULOSISNEW CASES, AND DEATHS IN HEALTH AREA NO 7 - 1954

<u>AGE GROUP</u>	<u>NEW CASES</u>		<u>DEATHS</u>	
	M	F	M	F
0 - 1 year	-	-	-	-
1 - 5 years	1	-	-	-
5 - 15 years	3	2	-	-
15 - 45 years	11	9	1	1
45 - 65 years	8	3	-	-
65 years and over	1	1	2	-
TOTALS	24	15	3	1

CASE RATE PER 1000 OF POPULATION	<u>MALES</u>	<u>FEMALES</u>
		0.46
MORTALITY RATE PER 1000 OF POPULATION	0.06	0.02

CASE RATES AND MORTALITY RATES PER 1000 OF POPULATION
IN THE SIX COUNTY DISTRICTS IN HEALTH AREA NO 7. - 1954.

<u>DISTRICT</u>	<u>NEW CASES</u>	<u>TOTAL CASES AS AT 31/12/54.</u>	<u>DEATHS</u>
ST GERMAN'S R.D.	0.31	6.41	0.06
LISKEARD R.D.	1.07	5.91	-
SALTASH M.B.	0.40	6.55	0.13
TORPOINT U.D.	0.97	7.41	-
LISKEARD M.B.	1.38	10.09	0.23
LOOE U.D.	1.09	6.54	0.27
HEALTH AREA NO.7	0.75	6.73	0.08

APPENDIX VI

DEATHS BY SEXES FROM CANCER OF LUNG
AND BRONCHUS IN THE FIVE YEAR PERIOD 1950 - 54

YEAR	ST GERMAN'S R.D.		LISKEARD R.D.		SALTASH M.B.		TORPOINT U.D.		LISKEARD M.B.		LOOE U.D.		HEALTH AREA NO 7.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
1950	1	-	2	-	1	-	Nil	-	2	-	1	-	7	-	
1951	3	-	2	-	1	-	Nil	-	-	2	-	1	6	3	
1952	Nil	-	Nil	-	1	-	-	1	-	1	-	1	2	2	
1953	7	1	2	1	Nil	-	-	1	Nil	-	1	-	10	3	
1954	3	1	1	2	2	-	1	-	1	1	1	-	9	4	
MALES: 14				7		5		1		3		4		34	
TOTALS:-															
FEMALES:		2		3		-		2		4		1		12	

APPENDIX VII

DEATH RATE PER 1000 OF POPULATION FOR CANCER
OF LUNG AND BRONCHUS - 1950 - 1954.

YEAR	HEALTH AREA NO. 7.	CORNWALL COUNTY	ENGLAND AND WALES.
1950	0.13	0.18	0.28
1951	0.17	0.22	0.30
1952	0.08	0.21	0.32
1953	0.24	0.22	0.34
1954	0.25	0.27	0.40



