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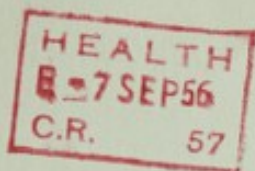
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BOROUGH OF LISKEARD

THE

ANNUAL REPORT

OF THE


MEDICAL OFFICER OF HEALTH

FOR

THE YEAR 1955



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



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BOROUGH OF LISKEARD

THE ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1955

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

-----  
Your Worship, Ladies and Gentlemen,

I have the honour to present my Annual Report for the year 1955. From the figures available to me it appears that the health of the community in South East Cornwall was up to the average of the country as a whole during the year. The population as estimated in June 1955 was 51,620 for Health Area No 7. This represents a decrease of 370 as compared with 1954. The bulk of this fall in population occurred in St. Germans Rural District where the decrease was 360. Minor reductions occurred in Liskeard Rural District, Saltash Borough and Liskeard Borough, that of Torpoint was unchanged and Looe Urban District showed a small gain of 40 inhabitants. Live births decreased by 65 with a corresponding fall in birth rate from 15.5 per 1000 in 1954 to 14.1 per 1000 in 1955. This is below the national figure of 15.0 per 1000 for live births. There was a small decrease in the number of still births and in the corresponding rate. The total number of deaths showed a small reduction of 17 over the 1954 figure, with a corresponding slight reduction in the death rate per 1000 of population from 11.4 in 1954 to 11.2 per 1000 in 1955. This latter rate is slightly below the rate of 11.7 per 1000 for England and Wales. The most prevalent cause of death was again heart disease with cancer occupying second place. Of specific types of cancer, that affecting the stomach was the most common, followed by cancer of the lung and the windpipe which showed a very small increase over the figures recorded in 1954. Whilst the incidence of cancer of the lung and windpipe was lighter in this Area than in England and Wales, that of other cancers was a little higher. It gives me great pleasure to report that for the second successive year no maternal deaths occurred. A small increase in the total number of deaths of infants under one year of age brought our rate per 100 live births slightly above that for the country as a whole. In effect for every 40 infants born alive during 1955, one died before reaching its first birthday, and of the 16 infants who died during the year no less than 14 failed to survive the first four hazardous weeks of life.

In recent years much attention has been focussed on the increasing toll of life taken by cancer affecting the lower respiratory tract i.e. the windpipe and the lungs. Suspicion has fallen on many possible causes, of which tobacco and atmospheric pollution are most often written and spoken of. The case against both of these is far from being conclusively proved, but anyone who looks calmly and dispassionately at the relationship between this form of cancer and prolonged heavy consumption of tobacco in the form of cigarettes, must admit that this form of addiction due to the drug nicotine, and other undesirable and toxic constituents of tobacco smoke is at best gravely suspect. Against the condemnatory statistical evidence, may be set the difficulty or impossibility of reproducing under experimental conditions any cancers by the use of known constituents of tobacco smoke. It is of course likely that such carcinogenic agents have to operate over a prolonged period - several years perhaps - and short-term experiments such as are now being carried out could not be expected to yield conclusive results. Another puzzling feature of this disease is the very much higher incidence in males. Thus in 1955 in England and Wales the death rate for males was just over six times that of females, although



it is thought that women are not very far behind men in their consumption of cigarettes. It is also difficult to explain why cancer of the upper respiratory tract has not increased to the same extent since the tongue, tonsils and larynx of smokers are in contact with the allegedly noxious substances in cigarette smoke. In the past year or two more attention has been given to the possible role of atmospheric pollution in the causation of these cancers. If one thinks of the ever increasing amount of exhaust fumes from petrol and diesel engines which foul the air in towns and cities, one cannot help but be suspicious that prolonged and continued exposure to such contaminants of the air we breathe may damage the human respiratory mechanism. Indeed many observers believe that the cause lies not so much in one agent as in a combination of harmful agents derived from heavy consumption of tobacco in cigarettes, and the gross pollution of air by internal combustion engines, industrial processes and domestic chimneys. Finally, it is worth remembering that whereas we may not be able to deal easily or quickly with air pollution, the decision about heavy cigarette smoking is one which every individual can take for himself or herself, and adolescents and young adults should at least be warned and encouraged to take careful thought before they become addicted to this expensive and possibly lethal habit.

It is pleasant to be able to report an improvement in the incidence of new tuberculosis cases during 1955. The total number of such new cases notified was 33 of which 28 were respiratory and 5 were non-respiratory infections. This is the lowest total of new notifications so far recorded, and is a reduction of 6 on the total for 1954. It is too early yet to form any reliable views on the reduction in the incidence of this disease which has occurred in the past two years in this Area. If we had undertaken some specific or spectacular counter-measures we might expect the good results already evident to continue, but I do not know of any such measures, and am therefore inclined to ascribe the good results achieved to factors and influences unknown to us and outside our control. For this reason it is possible that the improvement of the past two years may not be maintained. It is also likely that as the incidence of the disease is reduced the rate of reduction will slow down as the more resistant hard core of the problem is approached. It is of course possible and indeed probable, that some of the improvement is due to the painstaking and unremitting work of the Chest Physician, Dr. J.C. Mellor, and the Tuberculosis Health Visitor, Miss S.L. Luxton, who collaborate closely with the General Practitioners, and the Health Area Office in the diagnosis and treatment of tuberculosis, and the examination and surveillance of close contacts. The fact that the admission of cases to Chest Hospitals can now be secured without delay must also help considerably in curtailing the spread of infection and hastening the patients eventual recovery. Some time prior to writing this the Medical Research Council published their conclusions on the efficacy of B.C.G. vaccination of adolescent children of school leaving age. From this it appears that a substantial degree of protection against tuberculosis following B.C.G. vaccination of those children who would otherwise have been at risk of contracting the disease. It is also well to recall that the protection given is intended to deal with reasonable risks only, and does not give unlimited licence to take stupid and unreasonable risks. The scheme for offering B.C.G. vaccination to children of school-leaving age in this Health Area commenced in 1954, and up to the present some 1,200 children have been protected in this way.

The incidence of general infectious disease was almost the same as in the previous year. Although the total number of cases notified fell very slightly from 706 in 1954 to 703 in 1955, the rate per 1000 of population showed a very slight rise from 13.58 to 13.62 per 1000. The most prevalent notifiable disease was measles of which there were 428 cases. Notifications of pneumonia showed a fairly sharp rise from 56 cases in 1954 to 97 cases in 1955. Of the more serious infectious diseases there were seven cases of paralytic poliomyelitis, the largest number since 1950 when 10 cases occurred.



With one exception all were mild attacks, and none had a fatal outcome. One case an adult woman was of moderate severity, with paralysis of upper and lower limbs. The number of cases of food poisoning notified - 8 in all - was small, but unfortunately one infection by the most common food poisoning organism, in a woman of 72 proved fatal. All efforts to trace the precise source of this severe infection failed, although it was thought that rodents, which were reported to be prevalent, may have contaminated the food eaten by this one old person.

The rate of building of new houses by the District Councils slackened considerably during the year. This was due mainly to some reduction in the demand particularly in rural areas, and partly because of impending reductions or abolition of the subsidy on Council houses. This latter provision does not apply to houses built to replace those dealt with under slum clearance schemes. In an Area in which 60% of the population live in rural districts no great concentration of slum dwellings exist, and in many instances old, unfit houses can be most expeditiously dealt with as individual unfit dwellings under the provisions of the Housing Act 1936. Nevertheless in three Urban areas those at Saltash, Torpoint and Liskeard the procedure laid down by the Ministry of Housing and Local Government in December 1954 would be more appropriately used. A start on these lines has in fact been made in Saltash and Torpoint, and I hope that similar action will soon follow at Liskeard where a fair number of old sub-standard houses exist.

In the sphere of water supply it was encouraging to find a start being made on the intake works, and main of the Liskeard and District Water Board. When completed this will enable up to two million gallons of water to be extracted from the river Fowey at Trekieve Steps daily whence it will pass to the Boards treatment plant and storage reservoirs at St. Cleer. When this work is completed there will be an ample supply of pure, treated water available for distribution throughout the Liskeard Rural District to replace the present unsatisfactory and inadequate local supplies. I hope it will not be too long before we see the spread of distribution mains in this, the second largest Rural District in extent in Cornwall.

Most of the Health Area is very badly served in respect of arrangements for sewage disposal, and I regret to say that during 1955 very little progress was made in this matter. The principal reason for this lack of progress is the reluctance of the Central Government to permit capital expenditure on work of this sort, and there appears to be little that can be done at present to modify or change this policy. When in the 19th century the first efforts to provide an effective means of sewage disposal were made, the necessity was based almost wholly on the need to prevent or reduce the appallingly high number of deaths, many of which were caused by primitive arrangements. Now it is less easy to invoke such reasons since outbreaks of serious disease and fatalities are uncommonly associated with inadequate treatment and disposal of sewage. On the other hand the general sense of disgust and loss of amenity and decency which the indiscriminate disposal of human waste gives rise to is still with us, and indeed this aspect of the problem has been thrown into sharper relief, by the general increase in living standards and values, and by the inevitable contrasts/exist<sup>which</sup> between districts in which proper arrangements have been made and those in which they are primitive and unsatisfactory. In my view the necessity for proper means of sewage disposal should be assessed largely on the question of public decency and amenity, and less on its potential threat to health. Crude, untreated sewage polluting lands and watercourses may not always menace health, but it is always a disgusting and unpleasant anachronism.

The welfare of old persons and particularly of those living in rural areas caused a certain amount of concern during the year. Fortunately it was possible in all cases with one exception to make satisfactory arrangements for the old person to be cared for. In one case, involving an old lady of 87 years who was suffering from grave chronic disease, and was living alone, it was necessary to take emergency action under the National Assistance (Amendment) Act 1951.



Some four weeks after her removal to hospital the old person died. Pressure on accommodation in hospitals for chronic sick continues at a high level, and it is generally not at all easy to find a bed for old persons. In previous years I have observed on the reluctance of close relatives to assume any responsibility for the care of elderly people. Whilst much of this reluctance springs from a general loosening of family ties which accompanies modern civilisation, together with a lessening of responsibility which our Welfare State seems to engender, the older generation must accept some of the blame for the deplorable position in which they find themselves. For many of them old age unfortunately does not bring a serene and balanced attitude to life. They are unable or unwilling to adjust themselves to the changing circumstances and pattern of life about them, and they continue to regard their grown-up sons and daughters as irresponsible children. Little wonder then that many otherwise decent and responsible younger members of our society find it difficult or impossible to have old relatives living with them. Whilst I deplore the modern tendency to relegate ones old folk to the state owned or aided home or institution, it is well to recognise that in some cases that it is for all parties concerned the best and happiest solution.

In concluding this general preface to my reports I should once again like to express to the Members and Officers of the six District Councils I serve my sincere gratitude for the help and co-operation they have given me during the year.

I have the honour to be,

Your Worship, Ladies and Gentlemen,

Your Obedient Servant

P.J. FOX,

Medical Officer of Health.

## BOROUGH OF LISKEARD

### Health Committee

Councillor S. W. E. Salter .. .. Chairman  
Councillor H. Toms .. .. 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 P. S. Tank .. .. 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 which are relating to Housing.

### Health Officers of the Authority

P. J. Fox, M.B., B.Ch., B.A.O., D.P.H.  
Medical Officer of Health.  
E. J. Hoar, A.R.S.H.  
Chief Sanitary Inspector and Surveyor.  
R. C. Sanderson, M.S.I.A., A.M., Inst. P.C.  
Additional Sanitary Inspector and Acting Surveyor.  
D. W. Sillifant, M.S.I.A., A.R.S.H.  
Additional Sanitary Inspector ( from 21st December, 1955)



# BOROUGH OF LISKEARD

K1100

Area of Borough	...	2704 acres.
Population ( Registrar Generals Estimate)		4350
Number of Inhabited Houses		1414
Rateable Value of Borough		59,667
Sum represented by Penny Rate.		£ 138.

## Vital Statistics for 1955

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Live Births	25	20	45
<u>Liskeard M.B.</u>	<u>Health Area No 7.</u>	<u>England &amp; Wales</u>	
Birth Rate per 1000 of population.	11. 4	14. 1	15. 0
	<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 &amp; Wales.</u>	
Still Birth rate per 1000 total births.	21. 7	21. 5	23. 1
	<u>Male</u>	<u>Female</u>	<u>Total</u>
Deaths.	61	51	112
<u>Liskeard M.B.</u>	<u>Health Area No 7.</u>	<u>England &amp; Wales.</u>	
Death Rate per 1000 of population.	15. 9	11. 2	11. 7
	<u>Male</u>	<u>Female</u>	<u>Total</u>
Death of Infants under one year of age.	1	-	1
<u>Liskeard M.B.</u>	<u>Health Area No 7.</u>	<u>England &amp; Wales</u>	
Infant mortality rate per 1000 live births.	22. 2	25. 2	24. 9
Maternal deaths.	None registered.		

### Principal causes of Death at all Ages.

Heart Disease	63
Cancer ( all sites)	18
Vascular lesions of the nervous system , ("stroke")	17
Accidents	3
Respiratory Disease	2
Circulatory Disease	2
Genito-urinary disease	2

### Average Age at Death

56120	<u>Males</u>	<u>Females</u>
	73	77
	6.	

The Birth Rate shows a fall of 1.8 per 1000 of population on the already low figure of 1954, and is noticeably lower than the national rate of 15. The probable reason for this is the drift of younger adults away from small country towns to parts of the country where industrialisation, and higher wages are an attraction. The still birth rate and the infant mortality rate compare favourably with those for England and Wales. For the eighth successive year there were no maternal deaths. The general death rate is high for reasons I have commented upon in previous reports and I no longer regard this particular rate as having any real relevance to the state of health in the Borough. The principal causes of death conform more or less to the general pattern although heart disease is more prevalent in the Borough, and deaths from cancer more numerous than one would expect. These trends are undoubtedly influenced by the presence of an appreciable number of old people in the welfare and chronic sick accommodation at Lamellion Hospital, which also explains the relatively high average age at death.

Infectious Disease The year was notable for a very low incidence of notifiable disease, of which there were only 17 cases. Unfortunately at the end of the year two cases of paralytic poliomyelitis occurred. One of these a boy of 9 was very mild, but the other in an adult woman was of moderate severity. There were no deaths from infectious disease in 1955.

The following are details of actual numbers and cases rates of notifiable disease during the year:-

Rate per 1000 of population.

<u>Disease</u>	<u>Cases</u>	<u>Liskeard M.B.</u>	<u>Health Area No 7.</u>
Measles	11	2.53	8. 29
Pneumonia	3	0.69	1. 88
Paralytic poliomyelitis	2	0.46	0. 14

Rate per 1000 total births

Puerperal pyrexia.	1	21.74	4. 62
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Tuberculosis One case only of this disease was notified in 1955. This is far and away the best record for this disease since I commenced writing your Annual Reports in 1948. There were no deaths from tuberculosis during the year.

The following are details of this new case, together with case rates and mortality rates:-

<u>Age Group.</u>	<u>New Cases.</u>		<u>Deaths.</u>	
	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>
0 - 1	-	-	-	-
1 - 5	-	-	-	-
5 - 15	-	-	-	-
15- 45	-	-	-	-
45- 65	1	-	-	-
65 and over	-	-	-	-

Rate per 1000 per population

	<u>Liskeard M.B.</u>	<u>Health Area No 7</u>
New cases.	0. 23	0. 64
All known cases	8. 97	6. 82
Deaths	-	0. 08

At the end of the year there were 34 known cases of respiratory tuberculosis and 5 known cases of non-respiratory tuberculosis resident in the Borough.



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

Water Supply The supply of water for domestic purposes was adequate throughout the year in spite of prolonged dry weather during the summer months. The quality of the filtered and chlorinated water was at all times very good.

Sewerage and Sewage Disposal Although necessary planning and negotiations with landowners went ahead I regret to report progress during 1955 towards the provision of proper sewage disposal arrangements was very slow. If the present curb on capital expenditure continues, as seems likely, one cannot look forward with any optimism to this very expensive scheme being readily approved by the Government. It is perhaps superfluous to report that no improvement in the deplorable state of affairs at the main outfalls has taken place. On the contrary the expansion in the amount of work at the slaughterhouse at Addington has made matters worse in the outfall below Gut Lane.

#### Meat, Milk and Other Foods

In my last report I referred to the heavy burden which the slaughterhouse located at Addington imposes on the relatively small staff in the Sanitary Inspector's department. During 1955 this increased further with expansion of activity at the slaughterhouse. As an example of this 22,192 animals were slaughtered, and the carcasses inspected - an increase of 9,888 animals on the 1954 total. The amount of meat condemned rose from 23 tons 12 cwt in 1954 to 30 tons 18 cwt in 1955. This clearly demonstrates the necessity for inspection of meat, but I must repeat my view that it is most inequitable that a small authority, such as the Borough of Liskeard is, should have to bear the financial, and administrative burden of having to carry out this inspection, when the great bulk of the meat so inspected is consumed outside the Borough.

As far as milk and other foods were concerned, inspections of premises and personnel handling food and sampling of milk and ice cream were undertaken at regular intervals in an endeavour to set and maintain a reasonably high standard in this sphere of public health, and it appears that this end was generally achieved.

Food Poisoning No cases were notified during 1955.

Clean Food Campaigns No such campaigns were undertaken during 1955.

Factories Acts 1937 and 1948 No difficulties in the administration of these Acts were experienced during 1955.

Report of Sanitary Inspector This Report which follows is the last to be made by Mr. E.J. Hoar, A.R.S.H. who will commence a well-earned period of retirement in July 1956. In expressing to Mr Hoar my sincere thanks for the help, ready co-operation and good advice I have received from him during the seven years I have been Medical Officer of Health, I should like to add my good wishes for a long and happy life in retirement. I should also like to express my gratitude to the Acting Surveyor and Sanitary Inspector Mr. R. C. Sanderson for the assistance he has given me.

# SANITARY INSPECTOR'S REPORT

1955

## Water Supply

During the past very dry summer it was only just possible to keep the Borough and part of the Rural District fully supplied with water and to enable this to be done the following minor works were carried out:-

1. Reconstruction of the weir on the Sibleyback stream.
2. Alteration in the method of supply to Bullen Down Farm.

resulting in a greater amount of water being available at the St. Cleer reservoir.

## Sewerage and Sewage Disposal

These matters have been under consideration for a number of years and although a firm of consulting engineers has been engaged to submit a scheme, no concrete plans have been put forward for the Council's approval.

## Meat Inspection

This matter is still a serious problem - the one abattoir operating and catering for a considerable area and requires the services of a meat inspector almost full-time. The number of animals dealt with and inspected amounted to :-

1955.	<u>Animals slaughtered and inspected.</u>	<u>Meat condemned</u>			
		<u>tons.</u>	<u>cwts.</u>	<u>qrs.</u>	<u>lbs.</u>
January	1299	1	17	1	3
February	1162	1	15	1	9
March	1389	2	16	-	23
April	1310	2	-	-	1
May	1649	2	14	2	10
June	2312	2	4	-	17
July	1741	1	13	1	13
August	1998	2	2	1	27
September	2238	2	15	3	8
October	2406	5	12	3	14
November	2356	3	2	1	-
December	2322	3	4	1	20
<b>TOTAL:</b>	<b>22,182</b>	<b>31</b>	<b>18</b>	<b>3</b>	<b>5</b>

## Clean Food Regulations

### Premises used for sale of food

Grocers	11
Licensed Premises	10
Cafe with Bakehouse	1
Cafe's	6
Bakehouses	2
Milk Shop	1
Fried Fish & Chips	2
Butchers	11
General Stores	5

## Food Condemned

Tins	Sausages	Meat Pies	Ham & Bacon	Canned Meat.	Flour.	Dried Fruit.
196	163½ lbs.	20	200½ lbs.	3½ lbs.	3lbs.	11 Pkts.



Carcases and Offal inspected and condemned in whole or in part.

	Cattle Excluding Cows.	Cows.	Calves.	Sheep and Lambs.	Pigs.	Horses.
Number killed ( if known)	2244	501	156	9323	9959	Nil
Number inspected.	2244	501	156	9323	9959	Nil
<u>All diseases except Tuberculosis and Cysticerci</u>						
Whole carcasses condemned.	6	13	7	55	16	Nil
Carcases of which some part or organ was condemned.	499	188	Nil	1209	383	Nil
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci.	22.5	40	4.5	13.5	4	Nil
<u>Tuberculosis only:</u>						
Whole carcasses condemned.	Nil	18	Nil	Nil	6	Nil
Carcases of which some part or organ was condemned.	57	75	Nil	Nil	617	Nil
Percentage of the number inspected affected with tuberculosis.	2.5	18	Nil	Nil	6	Nil
<u>Cysticercosis</u>						
Carcases of which some part or organ was condemned.	15	3	Nil	Nil	Nil	Nil
Carcases submitted to treatment by refrigeration.	15	3	Nil	Nil	Nil	Nil
Generalised and totally condemned.	Nil	Nil	Nil	Nil	Nil	Nil

### Milk Sampling

4 Retailers supplying milk from T.T. Herds.  
1 Retailer supplying Pasteurised Milk.  
1 Retailer supplying Ungraded Milk.  
Samples collected 14 ; Satisfactory 6 ; Unsatisfactory 7; Void 1.

### Ice Cream

Number of retailers registered 19  
Number of Manufacturer/retailer 1  
Number of samples collected 12  
Number of samples Grade I 9  
Number of samples Grade II. 3  
Number of samples below Grade II. Nil.

### Factories Act

Premises registered 72  
Premises inspected 8  
Notice served to cleanse & work completed. 1

### Collection & Disposal of House Refuse.

Collection of House Refuse is by direct labour once a week from every house and shop, exceptions being farms and isolated cottages only, from which a monthly collection is made.

Disposal is by dumping over low-lying ground on the outskirts of the Borough but much difficulty is experienced in obtaining satisfactory covering materials of clean earth. Complaints of nuisances from the burning refuse have been made from time to time.

### Rodent Control

It is now safe to state that there has been a large decrease in the number of rats, this is borne out by the reduction in the number of complaints from householders. The largest infestations being at the Refuse Dump but frequent treatment by the Rodent Operator has prevented any increase in the numbers breeding in the adjoining area.

The sewers have been a source of rodent infestation but today the numbers have decreased considerably.

### Public Health Act 1936

Number of preliminary notices issued. 11  
Number of defects remedied without further notice. 7  
Number of formal notices served. 4  
Number of defects remedied after formal notice. 4

### Housing Act 1936

Number of Demolition Orders issued and consideration and Closing Orders - Nil.  
Deferred Closing and Demolition Orders: 5 vacant houses, Church St. North.  
3 vacant houses, Andrews Court.  
Premises on which Consideration Orders still not enforced: 16 & 18, Higher Lux Street.  
Premises on which Demolition Orders have been served but not enforced. The whole of Godfrey's Court which has been vacant for many years.

Premises on which a Closing Order has been made -  
Kilmar Cottage. Higher Lux Street at present empty.  
E. J. HOAR, A.R.S.H.,  
Chief Sanitary Inspector & Surveyor.  
Liskeard. August, 1956.



Section 1

A detailed description of the work done during the year 1911, and a list of the names of the persons who have been employed during the year.

Section 2

The work done during the year 1911, and a list of the names of the persons who have been employed during the year.

Section 3

The work done during the year 1911, and a list of the names of the persons who have been employed during the year.

Section 4

The work done during the year 1911, and a list of the names of the persons who have been employed during the year.

Section 5

The work done during the year 1911, and a list of the names of the persons who have been employed during the year.

Section 6

The work done during the year 1911, and a list of the names of the persons who have been employed during the year.

Section 7

The work done during the year 1911, and a list of the names of the persons who have been employed during the year.

PRINCIPAL CAUSES OF DEATH - ALL AGES - 1955

DISEASE:	ST. GERMAN'S R.D.	LISKEARD R.D.	SALTASH M.B.	TORPOINT U.D.	LISKEARD M.B.	LOOE U.D.	HEALTH AREA NO.7.
Heart disease	72	61	32	16	63	32	276
Cancer (all sites)	28	30	20	13	18	4	113
Vascular lesions of the nervous system (stroke)	32	12	15	5	17	5	86
Respiratory disease.	23	14	8	2	2	4	53
Circulatory disease.	11	7	4	4	2	3	31
Accidents	5	6	3	1	3	1	19
Genito-urinary disease.	4	5	4	1	2	1	17
Digestive disease	2	3	2	2	1	1	11

TYPES OF HEART DISEASE AND CANCER CAUSING DEATH  
1955

APPENDIX II

TYPE OF DISEASE.	ST. GERMAN'S R.D.	LISKEARD R.D.	SALTASH M.B.	TORPOINT U.D.	LISKEARD M.B.	LOOE U.D.	HEALTH AREA NO. 7.
Coronary disease, angina.	25	17	10	3	4	10	69
Hypertension with heart disease.	8	6	3	2	1	2	22
Other heart disease	39	38	19	11	58	20	185
Cancer of stomach	8	6	4	4	2	-	24
Cancer of Lung and bronchus	3	3	4	1	2	1	14
Cancer of breast	3	5	-	2	2	-	12
Cancer of Uterus	1	2	-	1	2	-	6
Other cancers	13	14	12	5	10	3	57

APPENDIX III

DEATHS BY AGE GROUPS - 1955

DISTRICT	0 - 5 YEARS.	5 - 15 YEARS.	15 - 45 YEARS.	45 - 65 YEARS.	65 - 75 YEARS.	75 YEARS & OVER.	ALL AGES.
ST GERMAN'S R.D.	5	1	7	35	57	108	213
LISKEARD R.D.	8	1	5	28	39	75	156
SALTASH M.B.	2	-	6	16	23	50	97
TORPOINT U.D.	2	-	3	10	11	22	48
LISKEARD M.B.	1	-	2	12	29	68	112
LOOE U.D.	-	-	-	11	9	34	54
HEALTH AREA NO. 7	18	2	23	112	168	357	680

APPENDIX 4

AVERAGE AGE AT DEATH - 1955

DISTRICT	MALES	FEMALES
ST. GERMAN'S R.D.	68	74
LISKEARD R.D.	64	72
SALTASH M.B.	70	72
TORPOINT U.D.	61	73
LISKEARD M.B.	73	77
LOOE U.D.	74	75
HEALTH AREA NO 7.	68	74
	12.	



APPENDIX 5.

TUBERCULOSIS

NEW CASES AND DEATHS IN HEALTH AREA NO 7. - 1955

<u>AGE GROUP</u>	<u>NEW CASES</u>		<u>DEATHS</u>	
	<u>M.</u>	<u>F.</u>	<u>M.</u>	<u>F.</u>
0 - 1 YEAR	-	-	-	-
1 - 5 YEARS	1	-	-	-
5 - 15 "	1	-	-	-
15- 45 "	8	9	1	1
45--65 "	7	5	1	1
65 YEARS & OVER.	1	1	-	-
<u>I XICHETIA</u> TOTALS.	18	15	2	2

	<u>MALES</u>	<u>FEMALES.</u>	<u>TOTAL</u>
NEW CASE RATE PER 1000 OF POPULATION	0.35	0. 29	0 . 64
MORTALITY RATE PER 1000 OF POPULATION.	0.04	0. 04	0 . 08

CASE RATES AND MORTALITY RATES PER 1000 OF POPULATION  
IN THE SIX COUNTY DISTRICTS IN HEALTH AREA NO 7 - 1955

<u>DISTRICT</u>	<u>NEW CASES</u>	<u>ALL KNOW CASES</u> <u>AS AT 3.12. 55</u>	<u>DEATHS</u>
ST GERMAN'S R.D.	0 . 69	6 . 75	0 . 06
LISKEARD R.D.	0 . 36	5 . 70	0 . 14
SALTASH M.B.	0 . 67	6 . 84	-
TORPOINT U.D.	1 . 45	8 . 21	0 . 16
<u>I XICHETIA</u> LISKEARD M.B.	0 . 23	8 . 97	-
LOOE U.D.	0 . 54	6 . 47	-
HEALTH AREA NO 7.	0 . 64	6 . 82	0 . 08

