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Contributors

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BOROUGH OF LISKEARD

THE

ANNUAL REPORT

OF THE


MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1959



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



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B O R O U G H O F L I S K E A R D

THE ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1959.

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

Your Worship, Ladies & Gentlemen,

The estimated population of No. 7 Health Area fell by 500 in 1959 to a total of 50,730. Of individual County Districts St. Germans Rural District, Torpoint Urban District and Liskeard Municipal Borough all showed decreases; there was no change in Liskeard Rural District and Saltash Municipal Borough and Looe Urban District had small increases. The corrected birth rate of 14.0 per 1000 of population was below the 1958 rate and was also below the national rate of 16.5 live births per 1000 of the population. The number of still-births fell by 7 to a total of 13 as compared with 1958 and brought the still-birth rate slightly below that for England and Wales.

The corrected death rate of 12.4 per 1000 of population was slightly above the national figure of 11.6 and the excess of deaths over live births was 61 suggesting a higher than usual proportion of elderly persons in the population of South East Cornwall. There were no deaths attributable to pregnancy and childbirth and infant deaths fell by 6 to a total of 9, bringing the infant mortality rate well below that for the country as a whole.

The prevalence of diseases causing death was substantially unchanged with heart disease, cancer and "strokes" in that order at the head of the list. Of the specifically defined forms of cancer that affecting the stomach was the most frequent cause of death with cancer of the lung and bronchus following very closely behind it.

The incidence of infectious disease (not including tuberculosis) was not particularly heavy during 1959 when 615 cases in all were notified. Cases of measles, of which 444 were notified, made up two-thirds of the total. Of the more serious forms of notifiable disease one case of non-paralytic poliomyelitis and one case of meningitis only were notified. If previous impressions are any guide I would have expected some increased prevalence of poliomyelitis in association with the hot dry summer weather of 1959. The fact that one mild case only occurred leads one to hope and believe that the poliomyelitis vaccination campaign has produced this wholly desirable result. It is yet too early to express any firm or useful opinion on the duration of the immunity which the vaccine provides but there are suggestions that a further (fourth) injection will be necessary to provide really satisfactory immunity of reasonable duration. Whilst the response to this prophylactic measure was quite good in those up to 15 years of age, in the 15 to 25 year age group the interest shown was very poor, and the majority in this age group have not bothered to avail themselves of this measure of protection against poliomyelitis. This scheme has now been extended to include persons up to the age of 40 years, but here again preliminary impressions are of very limited interest by those in the 25 to 40 year age group.

In recent years reports have been received of a mild epidemic type of gastro-enteritis and during the summer of 1959 it was fairly prevalent amongst visitors and local residents in this Area. The disease, the main features of which are vomiting and/or diarrhoea is normally of short duration and clears up in 24 to 48 hours without any specific treatment. Although bearing a superficial resemblance to food poisoning it differs from it in that no food poisoning germs can be found in the stools, and spread of the disease resembling as it does the passage of the common cold suggests that the infecting organism is probably air-borne from the upper respiratory tract of the sufferer. The cause is unknown but is thought to be a virus as yet unrecognised and unclassified.

At the present time the only communicable disease which gives cause for concern, and remains as a reminder of less happy days is tuberculosis. Whilst it is true that we no longer see the tragic deaths of young adults and talented and useful members of the community in the prime of life there is still an appreciable amount of tuberculous infection about. At one time some ten years ago high hopes

BOURGH OF LICKERS

THE ANNUAL REPORT OF THE MEDICAL OFFICER ON HEALTH

FOR THE YEAR 1932.

By The Mayor, Aldermen and Councillors of the Corporation of the Borough of Lickers.

Our Worship, Ladies & Gentlemen,

The estimated population of No. 7 Health Area fell by 200 in 1932 to a total of 20,750. Of this total 10,000 were in the Lickers Rural District, 10,750 in the Lickers Urban District and 1,000 in the Lickers Municipal Borough. There was no change in the Lickers Rural District and Lickers Municipal Borough and the Lickers Urban District had a small increase. The corrected birth rate of 14.0 per 1,000 of population was below the 1928 rate and was also below the national rate of 16.5. The number of still-births fell by 7 to a total of 115 as compared with 122 in 1931 and the still-birth rate slightly below that for England and Wales.

The corrected death rate of 11.4 per 1,000 of population was slightly above the national figure of 11.6 and the excess of deaths over live births was 61 suggesting a higher than usual proportion of elderly persons in the population of the Lickers Urban District. There were no deaths attributable to pregnancy and childbirth and infant deaths fell by 5 to a total of 7, bringing the infant mortality rate well below that for the country as a whole.

The prevalence of disease causing death was substantially unchanged with heart disease, cancer and "stroke" in that order at the head of the list. Of the specifically defined forms of cancer that affected the stomach was the most frequent cause of death with cancer of the lung and prostate following very closely behind it.

The incidence of infectious diseases (not including tuberculosis) was not particularly heavy during 1932 when 615 cases in all were notified. Cases of measles, of which 444 were notified, made up two-thirds of the total. Of the five serious forms of infectious disease one case of non-purulent meningitis and one case of meningitis only were notified. If previous experience are any guide I would have expected some increased prevalence of poliomyelitis in association with the hot dry summer weather of 1932. The fact that one mild case only occurred leads me to hope and believe that the poliomyelitis vaccination campaign has produced the really desirable result. It is yet too early to express my firm personal opinion on the question of the quantity which the vaccine provides but there are suggestions that a further (fourth) injection will be necessary to provide really satisfactory immunity of reasonable duration. Whilst the response to this prophylactic vaccine was quite good in those up to 15 years of age, in the 15 to 25 year age group the interest shown was very poor, and the majority in this age group have not bothered to avail themselves of this vaccine of protection against poliomyelitis. This vaccine has now been extended to include women up to the age of 40 years, but here again preliminary experience has not of very limited interest by those in the 25 to 40 year age group.

In recent years reports have been received of a mild epidemic type of gastro-enteritis and during the winter of 1932 it was fairly prevalent amongst visitors and local residents in this Area. The disease, the main features of which are vomiting and/or diarrhoea is normally of short duration and clears up in 24 to 48 hours without any special treatment. Although bearing a superficial resemblance to food poisoning it differs from it in that no food poisoning germs can be found in the stools, and speed of the disease recurring as it does the passage of the organism suggests that the infecting organism is probably derived from the upper respiratory tract of the sufferer. The cause is unknown but is thought to be a virus as yet unrecognised and unidentified.

At the present time the only communicable disease which gives cause for concern, and remains as a reminder of last year's days in tuberculosis. Whilst it is true that we no longer see the tragic deaths of young adults and children and local members of the community in the form of life there is still an appreciable amount of tuberculosis infection about. At one time some ten years ago might

were entertained that with more effective remedies and methods of treatment coupled with improved techniques for discovering cases and a more enlightened attitude to the disease the days of tuberculosis as a major communicable disease were numbered. These hopes have proved to be over-optimistic, and we now know that the problem although it will be eventually reduced to insignificant proportions cannot be expected to resolve and disappear rapidly. More efficient methods of treatment are in some cases a two-edged sword. In the majority of cases quick and effective cures are achieved, but in a certain minority of cases the drugs do no more than keep alive as potential or possible sources of infection persons who would otherwise have died of the disease, and thereby ceased to menace others. The more enlightened attitude to this disease which has been more and more in evidence since the war has not unfortunately been effective in the older section of the community who are very unwilling to accept any suggestion that they might be sources of infection. It is a common finding that elderly contacts of cases are unco-operative or frankly unwilling to attend contact investigations designed to find the source of infection, and they seem very reluctant to attend mass radiography sessions when these are held in a locality. As far as the No. 7 Health Area is concerned there has been a moderate increase in the number of new cases of tuberculosis discovered over the past two years. After a progressive steady fall from 1953 to 1957 the incidence of new tuberculous infection discovered in 1959 was back to the level of 1954. Whereas up to 15 or 20 years ago the main impact of this disease was on the young adult there has in recent years been a shift in the incidence to those in the middle-aged and elderly section of the population and in 1959 the percentage of cases aged 45 years and above at the time of notification was as high as 38%. If any lesson is to be learned from this it is surely that people, who because of their age might have regarded themselves as being safe from the risk of tuberculous infection, should not hesitate to seek advice and should submit to necessary investigation when any chest condition shows a tendency to become chronic or even slow to clear. This is particularly important if as grandparents they have contact with and possibly charge of small children.

Last year I wrote at some length about noise and the role it probably plays in helping to bring about mental strain and fatigue. I was gratified to see that not long after I had committed my sentiments to paper a lively attack on the problem and menace of loud and uncontrolled noise got under way in the correspondence columns of at least one national daily newspaper. This resulted in the formation of a Noise Abatement League or Society, and subsequently a Private Members Bill on the subject was brought before Parliament, and received general support. I sincerely hope that this and any future legislation which might be found necessary will deal firmly and effectively with the increasing volume of unnecessary and unpleasant noise which is such an unwelcome feature of our modern life.

I have on many previous occasions referred to the important, almost indispensable part which members of the general public can and indeed must play if a really satisfactory standard of food hygiene is to be achieved in this country. Those of us who are charged with advising on clean methods of food handling, and on suitable equipment to help achieve this, can do no more than exercise a general supervision of personnel and premises concerned in the handling of food. My own impression is that the greatest danger to clean food stems not from inadequate premises and equipment, but from unhygienic practices by those handling the food. These exist and continue partly because those concerned see no need for high standards in handling food, partly because owners, managers and employees in premises handling food know little of the simple rules for avoiding the transmission of infection through food, but most of all because the great mass of the British public are not really interested in the way in which their food is handled. We have known for some time that our neighbours from Europe, and especially from the Scandinavian countries do not think highly of our attitude to food hygiene. I was interested to read recently an account by a very experienced senior Public Health Officer of a visit to America during which he found amongst the general body of United States residents a much keener appreciation of the need for cleanliness in food handling, and a much less tolerant and laissez-faire attitude toward those who fail in their duty to the customer in this respect. Whilst it is probable that some of this attitude arises from the knowledge that in America illness presents a serious financial problem to the individual or family, it also shows a more critical and more enlightened view of the problem. I do not believe that even the most apathetic of consumers likes the idea of eating dirty and perhaps dangerous food, but until customers take a stronger line with employees and managements, real progress to the goal of really clean food will be slow and discouraging. I think the final word on this subject might rest with our transatlantic cousins whose slogan "Protect yourself yourself" is to the point and makes good sense.

For some considerable time the Cornwall Branch of the Association of Public Health Inspectors has been engaged in the formulation of standard conditions which

owners and operators of caravan and camping sites would be required to comply with before a licence under the Public Health Act 1936, Section 269 would be granted by a County District Council. These new standard conditions are so designed as to achieve clean, hygienic and healthy conditions for caravan dwellers and campers and any new sites should therefore be satisfactory from the public health point of view. These new standard conditions have been generally adopted throughout the County, and their operation will I feel sure in the course of time enhance the good name of Cornwall as a place for a caravan or camping holiday.

In recent years we have seen in Devon and Cornwall a less desirable type of itinerant holiday maker. I refer to those people who either elect or are forced to spend their nights sleeping in cars on roadside verges and lay-bys. That this way of spending a holiday is uncomfortable and fatiguing is largely a matter for those who do it, although I can believe that the participants in a "holiday" of this sort cannot be much of an asset to the organisation which employs them when they return to work. That they should cause the countryside adjacent to their halting places to become untidy, foul and insanitary from their litter and dejecta is something we are all entitled to complain about. My own view of these people is that they are for the most part feckless and irresponsible by nature having either failed to make proper arrangements in advance for their holiday accommodation, or in choosing this way of living without care or consideration for those who have to suffer the trail of filth which they leave in their wake. The fact that the practice has been seen to continue when there is accommodation on camping sites or in hotels, guest houses and farmhouses in the vicinity suggests that however such accommodation is made available some of these people will continue to spend their holidays in this cheap and nasty way. It will however be interesting to see if the provision of more camping sites to which these itinerants could gain admission and on which sanitary arrangements would be provided will do anything to reduce the size of the problem, and the degree of nuisance to landowners and the general public which it brings about each summer.

The report of the Medical Research Council with the title "Sewage Contamination of Bathing Beaches in England and Wales" which was published in December 1959 has occasioned much comment and not a little hostile criticism. This latter critical attitude stemmed from the fear that the negative findings of the Research Committee in their investigation into an association between bathing in water polluted by sewage and disease might lull local authorities into a false sense of security and complacency about their sewage disposal arrangements. In my view this criticism though well-motivated by anxiety to see the problem of sewage contamination of coastal waters and inland waterways tackled, was hasty, ill-conceived and hardly just to the Research Committee. We are all aware of the potential danger which sewage constitutes when present in water and on beaches frequented by bathers. It was in an effort to define and measure more precisely the extent and nature of the hazard to health that the Committee undertook a long and searching enquiry into the matter. At the end of this enquiry they had no alternative but to report that they could discover no evidence that bathing in sewage contaminated water caused disease. I was not surprised at this finding since I have never encountered any case of disease which I could honestly attribute to bathing in sewage contaminated water nor have my colleagues in general practice in this part of Cornwall ever drawn my attention to any such instance. It does not at all follow that because bathing in contaminated water does not appear to be dangerous to health that we can with impunity continue to discharge crude sewage into coastal waters or indeed any waterway. In my Annual Report for 1955 I urged that the necessity for proper means of sewage disposal be assessed largely on questions of public decency and amenity, and less on any potential threat to health. The negative findings of the Research Committee support the view I then took and make it more necessary than ever that this problem be approached from the aesthetic angle. Our claim to be a civilized nation with a high standard of living rings very hollow if we are not prepared to deal energetically with our present disgusting habit of fouling coastal waters, inland watercourses, and land with our dejecta.

Whilst on the subject of sewage disposal I want to refer to a difficulty which is beginning to be felt in the operation of sewage disposal plants. The end result of present methods of treating sewage is the production of a solid residue known as sludge. This material has to be removed regularly from the disposal plant, and it is here that the difficulty arises. Sludge although containing nitrogenous material which renders it suitable as a type of manure, is unpleasant to handle,

and may spread organisms of human, animal, and plant disease to animals and crops. For these reasons it is far from easy and sometimes impossible to get farmers to remove sludge for use on land. As each year more sewage disposal plants are constructed and brought into operation the problem will become more acute. The most promising solution lies in a system which combining specially treated sewage sludge with selected parts of household refuse can produce an acceptable odourless and safe form of compost for use on agricultural land and in market and private gardens. This has the merit of helping to deal with two otherwise troublesome end-products of human existence - sewage sludge, and household and trade refuse - and the conservation and return to the land of nitrogenous materials and humus which might otherwise be lost. The major drawback is the high capital cost of such a plant making it necessary in the case of smaller authorities for several to combine together to provide one on a joint user basis, and this in turn would involve expense in transporting household refuse and sludge from those parts of the district served which are remote from the plant. In spite of this the increasing difficulty of disposing of sludge and of finding sites for properly controlled disposal of household refuse may compel Councils to adopt this or some other system to solve their problems.

With some easing in the demand for houses it has been possible for Councils to devote more attention to housing specifically designed for elderly people. As the drive to clear away old, unhealthy, sub-standard houses and cottages continues many instances of old persons living under very unsatisfactory housing conditions are coming to light. These old people are relieved of much worry if they feel that when the dwelling they live in has to be closed or demolished they can be rehoused in an old persons flat or bungalow instead of having to go to a home or an institution.

In concluding this preface I should like to again express my thanks to all those who in any way have assisted and encouraged me in my work during the year 1959.

I have the honour to be,

Your Worship, Ladies and Gentlemen,
Your obedient Servant,

P.J. FOX

Medical Officer of Health.

B O R O U G H O F L I S K E A R D

Health Committee (1959/60)

Alderman S.W.E. Salter Chairman
Councillor T. Phipps.. ... Vice-Chairman

Housing Committee (1959/60)

Alderman P.S. Tank Chairman
Alderman A.G. Westlake ... Vice-Chairman

Health Officers of the Authority

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

Medical Officer of Health
Health Area Office, West Street, Liskeard, Cornwall.
Telephone - Liskeard 3373.

R.C. Sanderson, M.A.P.H.I., M.Inst.P.C., M.Inst.B.E.
Chief Public Health Inspector and
Surveyor.
(Resigned - October, 1959).

J. Stirling, M.A.P.H.I.
Additional Public Health Inspector.

H.R. Bradley
Clerk and Market Supervisor.

Council Offices, West Street, Liskeard, Cornwall.
Telephone - Liskeard 3177.

B O R O U G H O F L I S K E A R D

Area of Borough	2,704 acres
Population (Registrar General's Estimate)	4,270
Number of Inhabited Houses	1,560
Rateable Value	£59,838
Product of Penny Rate	£241

Vital Statistics for 1959

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Live Births	29	26	55

Liskeard M.B. Health Area No.7 England & Wales

Birth rate per 1,000 of population	14.2	14.0	16.5
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	<u>Male</u>	<u>Female</u>	<u>Total</u>
Still Births	1	-	1

Liskeard M.B. Health Area No.7 England & Wales

Still birth rate per 1,000 total births	17.9	20.3	20.7
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	<u>Male</u>	<u>Female</u>	<u>Total</u>
Deaths	52	53	105

Liskeard M.B. Health Area No.7 England & Wales

Death rate per 1,000 of population	11.6	12.4	11.6
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No maternal deaths or deaths of infants under one year of age were registered during 1959.

Principal Causes of Death at All Ages.

Heart disease	53
Vascular lesions of the nervous system ("stroke")	16
Cancer (all sites)	15
Circulatory disease	4
Respiratory disease	2

Average Age at Death

<u>Males</u>	<u>Females</u>
75	76

As might be expected in a town containing an old persons' home, institutional accommodation largely occupied by old people and a hospital for chronic sick again largely occupied by old people, there is a marked excess of deaths over births. This situation is also reflected in the high average age at the time of death, and in the fact that at the time of dying 57% of those who died had attained or exceeded 75 years of age.

Infectious Disease

The prevalence of notifiable disease during 1959 although not down to the very low level of the previous year was again very light - the total of cases notified being 21. Of this total only two suffered from more serious forms of disease. One a 15 year-old

female had a mild attack of non-paralytic poliomyelitis, and a three month-old female infant had an attack of cerebro-spinal meningitis. Both patients made a full recovery.

The following are details of actual numbers and case rates of infectious disease during the year:-

<u>Disease</u>	<u>Cases</u>	<u>Rate per 1,000 of population</u>	
		<u>Liskeard M.B.</u>	<u>Health Area No.7</u>
Pneumonia	5	1.17	0.95
Whooping cough	5	1.17	1.24
Scarlet fever	4	0.94	0.77
Measles	3	0.70	8.75
Erysipelas	1	0.23	0.18
Meningitis	1	0.23	0.04
Non-paralytic poliomyelitis	1	0.23	0.02
		<u>Rate per 1,000 total births</u>	
Puerperal pyrexia	1	17.86	4.68

Tuberculosis

There was a fairly sharp increase in the number of new cases of tuberculosis which came to light during 1959. In all seven new cases were notified of which four were respiratory infections, and three were non-respiratory infections. This compares with a total of four new cases all of respiratory infection in 1958. There was one death of an elderly female attributed to tuberculosis.

The following are details of cases, deaths, case rates and mortality rates for tuberculosis in the Borough:-

<u>Age Group</u>	<u>New Cases</u>		<u>Deaths</u>	
	<u>M.</u>	<u>F.</u>	<u>M.</u>	<u>F.</u>
0 - 5	1	-	-	-
5 - 15	1	-	-	-
15 - 25	-	1	-	-
25 - 45	2	-	-	-
45 - 65	1	-	-	-
65 and over	1	-	-	1
	<u>6</u>	<u>1</u>	<u>-</u>	<u>1</u>
			<u>Rate per 1,000 of population</u>	
			<u>Liskeard M.B.</u>	<u>Health Area No.7</u>
New cases		1.64		0.77
All known cases		7.96		6.23
Deaths		0.23		0.06

At the end of 1959 there were 28 known cases of respiratory tuberculosis, and 6 known cases of non-respiratory tuberculosis residing in the Borough.

National Assistance Act, 1948

No action under Section 47 of this Act was required during 1959.

Water Supply

An adequate supply of wholesome water was available throughout the year.

Sewerage and Sewage Disposal

During 1959 a further step forward in the scheme for sewage disposal was taken when an Engineering Inspector of the Ministry of Housing and Local Government held an inquiry into the proposals put forward by the Council. I have no doubt that the Inspector saw the need for some proper means of treating the town sewage, but unfortunately because of his concern at the large amount of ground water which finds its way into the existing sewers further engineering investigations aimed at the eventual exclusion of this water from the sewers have to be undertaken before consent to go ahead with the scheme can be expected.

Food

Because of staffing difficulties and the heavy and increasing demands from the busy slaughterhouse at Addington on the time of the Public Health Inspectors it was again not possible to undertake much supervision of premises in which food is handled, nor was any sampling of food or water possible during the year.

Food Poisoning

No cases of food poisoning were notified during the year.

Factories Acts 1937 to 1959

No difficulties in the administration of these Acts were experienced during the year.

Report of the Chief Public Health Inspector

This report by Mr. R.C. Decent follows. As Mr. Decent's predecessor left before the end of the year, and Mr. Decent did not take up his appointment until 1960 he has had a difficult task to prepare a report covering a period when he was not on the staff of the Borough Council. In spite of these difficulties, and with assistance from Mr. J. Stirling, the Additional Public Health Inspector, a readable and informative report has been produced. The difficulties already referred to are responsible for the late appearance of this report.

Rate per 1,000 of population

Health Area No. 7

1.64	7.98	0.23
0.77	6.23	0.08

ALL known cases

Deaths

At the end of 1959 there were 23 known cases of respiratory tuberculosis, and 6 known cases of non-respiratory tuberculosis, residing in the Borough.

National Assistance Act, 1948

No action under Section 47 of this Act was required during 1959.

Water Supply

For an adequate supply of wholesome water was available throughout the year.

ANNUAL REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR

FOR THE YEAR ENDED 31ST DECEMBER, 1959

TO: The Mayor, Aldermen and Councillors of the Corporation
of the Borough of Liskeard.

Your Worship, Ladies and Gentlemen,

It is my task to present a report on the work of the Public Health Inspector's Department for a period which ended some months before I commenced my duties with the Borough Council on the 1st May, 1960.

In these circumstances my introductory remarks will be brief, and the report, as a whole, not quite so comprehensive as normally expected.

Shortage of staff during the year, and other difficulties, meant that most of the work of the department was concentrated on housing inspection and meat inspection, to the exclusion of many other duties. The Council's decision to make four Clearance Orders represented the first major step in tackling unfit housing in the Borough, since the 1954 Housing Act.

The amount of slaughtering in the Borough since the de-control of meat has increased every year. The total meat inspected in 1959 would be sufficient to supply a town with a population of about 70,000 to 80,000. Faced with the prospect of a further rise in slaughtering for export, the Council's decision to employ a second additional public health inspector was a wise one. The actual appointment was not made until 1960.

Finally, turning from local matters, I would like to make some comment on the spate of legislation and statutory instruments which Westminster and Whitehall have produced in the last few years. Since 1956 this has included three major Housing Acts, The Clean Air Act, Slaughterhouses Act, Slaughter of Animals Act, numerous Regulations and Orders made under these Acts and previous legislation, and a sharp increase in Ministerial circulars. All these require careful study, and the cumulative effect enlarges the work and responsibilities for local government generally, and the Public Health Inspector in particular. Indeed, the amount of law associated directly with the work of the environmental hygiene section of a public health department, has now become extremely complex, and extends back over a 100 years.

Nevertheless, public health inspectors in general accept new legislation as a challenge, and are happy that much of the extra work involved will bring better living and working conditions for large sections of the community. The public health inspector must also rely on receiving support and encouragement from his Council and the Medical Officer of Health to obtain the best results. My short experience with the Borough of Liskeard has led me to believe that this help and support will not be lacking.

I am,
Your obedient Servant,

R.C. DECENT.

Chief Public Health Inspector.

WATER SUPPLY

The Borough has continued to enjoy an ample supply of good quality. Few interruptions have occurred in any part of the town and such as did were of short duration. We were fortunate during the exceptionally dry summer to have an abundance of water and no restrictions as to use had to be imposed upon consumers - a tribute to the foresight of earlier Councils. Pressures were excellent in most areas - a notable exception being in the Old Road area where the main is overdue for renewal. With continued extensions and sanitary facilities at the Grammar School this problem has become more pronounced.

Another area which frequently gave rise to complaints was Gypsy Lane where a number of houses were still connected to the old low pressure main supplying Moorswater. Advantage was taken to extend the High Pressure main during the reconstruction of the Lane down to its junction with New Road, and all houses in the area are now on high pressure and no further complaints have been received. Ten new connections were also taken off for proposed private housing development in the area.

The new Council Housing Estate at Lake Lane was supplied during the year by looping from Park View main through Castle Park and reconnecting to the end of the main in Church Street North.

Probably because of the ample supply, coupled with staff shortage, water waste detection was not pursued so assiduously as in other districts. Water consumption is over 70 gallons per head per day which is an excessive rate. This has been highlighted by investigations into the proposed new sewerage scheme, following concern at the large amount of dry weather flow in the sewers - particularly in the central area. Investigation by consultants indicate that the excess flow is caused by sub-soil water and not mains water. A certain amount of wastage was detected in valves and hydrants, but the greatest loss would appear to arise from defective services and fittings, and could only be discovered by house to house inspection at nights.

Some trouble arises from the numerous cattle troughs in fields surrounding the town. There are over 130, half of which are Council owned. During the summer many were without supply, necessitating a considerable amount of repair work. The maintenance of these appears to be out of all proportion to the small charges made.

No routine bacteriological samples were taken by the Department. Two samples were sent for chemical investigation following a medical consultant's report. Two patients were suffering from a type of illness suggesting the possibility of metallic contamination of water supply. The analyst's report stated that the supply was free from metals, except a minute quantity of copper.

The formation of the East Cornwall Water Board - an all purpose Board - will relieve the Borough of the responsibility of distribution. This Board will take over in 1961.

SEWERAGE AND SEWAGE DISPOSAL

Liskeard's sewage drains, untreated, into the East Looe River.

Successive Councils have been concerned at this unsatisfactory state of affairs over many years. Consultants have been employed, but difficulties, mainly geographical or financial, have prevented various schemes coming to fruition.

In 1959, the latest scheme was the subject of a public inquiry. No objections were made, except for some residents in one small area who were concerned at the exclusion of their properties. The Inspector appeared satisfied that difficult levels made it impracticable to connect these premises.

The Engineering Inspector was concerned at the excessive dry weather flow in certain sewers, and at the large capacity of the proposed works.

The Minister appeared satisfied with the scheme in principle, but requested further investigation of the existing sewers.

In 1960 it will be necessary to locate the sources of excess dry weather flow. The work necessary to carry out further investigation will involve the sinking of a number of trial holes and construction of manholes. It is hoped that this additional research will enable the consultants to make supplementary recommendations to the Minister by early 1961; and that Ministerial approval of the scheme, as modified, will be forthcoming.

PUBLIC HEALTH ACT, 1936

No serious nuisances arose and informal action obtained the necessary improvements. Seventy-eight visits were made under this Act.

BUILDING INSPECTIONS

Ever increasing building operations demand more time for examination of plans for building byelaws, inspections of operations and testing of drains. The increase reflects some measure of the prosperity the Borough is enjoying, as in 1957 thirty plans were approved, forty-eight in 1958 and sixty-nine during 1959. It would appear that this last figure will be greatly exceeded in 1960 judging by outline development proposals.

PUBLIC CLEANSING

In August a new Fore and Art Tipping Vehicle was delivered, and after initial teething troubles, has proved a boon. The old lorry has been renovated by direct labour and put into service for general haulage work. It will relieve the new refuse lorry of odd jobs, and is in reserve in the event of breakdown.

There were no serious complaints of collection, disposal or street cleansing.

During the year there was the problem, common in non-industrial areas, of obtaining top dressing for the tip. Advantage was taken of builders rubble and excavated material from road widening. Unfortunately much of the latter was pure earth, dumped rather indiscriminately by a contractor. The excessive rain in late autumn rendered the tip almost unusable. An approach to the contractor concerned, resulted in an immediate response. The contractor brought in his own mechanical plant to level and consolidate the tip, this work probably left the tip in a better condition than it had been for years, and involved the Council in no expense.

During the year the Council had budgeted for a new tip road costing almost £1,000. This is money well spent and will result in a great saving on wear and tear, and provide ready access for supervision and inspection.

HOUSING

Unfit Properties

Six areas were surveyed totalling 58 houses at Squires Row,

Heathlands Land, Cooks Court and Cooks Crescent (all in the Station Road area), Nicholls Court and Andrews Court (in the Higher Lux Street area) and Cannon Terrace. The Council decided to make Clearance Orders on only four areas, omitting Squires Row and Cannon Terrace for the time being. The four Clearance Areas house a total of 65 persons. Three individual houses were closed by consent of the owners without recourse to formal action.

Improvements and repairs were secured by informal action on twenty-three houses.

New Housing

There was good progress on the new housing estate at Lake Lane. The fine summer had enabled the contractors to get ahead of schedule, but deterioration of weather at the end of the year, coupled with shortage of skilled labour, tended to offset the earlier gains. By 31st December, 1959 all eighty-one houses were under construction, seventy had reached 'damp proof course' level, nine eaves level and four were roofed.

Three private houses were completed during the year and a further seven were under construction. Outline proposals for private development have been submitted for a number of areas and will provide sites for over 100 houses.

Improvement Grants

Little advantage was taken by owners of Grants available to improve their houses, only six applications for Discretionary Grants and three for Standard Grants being received in 1959.

MEAT INSPECTIONL I S K E A R D B O R O U G H C O U N C I LANIMALS INSPECTED AND CONDEMNED -MEAT INSPECTOR'S REPORT FOR THE YEAR ENDED 31.12.1959

	Cattle Excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed	2,911	766	373	22,725	13,929	-
Number inspected	2,899	765	344	21,426	13,274	-
<u>All Diseases except Tuberculosis and Cysticerci</u>						
Whole carcasses condemned	4	31	10	242	27	-
Carcasses of which some part or organ was condemned	1,376	519	2	2,004	302	-
Percentage of the number inspected affected with Disease other than Tuberculosis and Cysticerci	47.5%	71.9%	3.5%	10.5%	2.73%	-
<u>Tuberculosis only</u>						
Whole carcasses condemned	11	16	-	-	3	-
Carcasses of which some part or organ was condemned	63	128	-	-	315	-
Percentage of the number inspected affected with Tuberculosis	2.5%	18.8%	-	-	2.4%	-
<u>Cysticercosis</u>						
Carcasses of which some part or organ was condemned	-	-	-	-	-	-
Carcasses submitted to treatment by refrigeration	-	-	-	-	-	-
Generalised and totally condemned	-	-	-	-	-	-

Total weight of meat condemned:- 41 tons 13 cwt. 0 qrs. 12 lbs.

OTHER FOODSTUFFS

The Department dealt with the following unfit food:-

124 tins assorted foodstuffs - Weight 2 cwt. 32 lbs.
36 lb. Jellied Sweets.

These items were all surrendered voluntarily by shopkeepers and destroyed.

MEAT INSPECTION

LINKER'S REPORT FOR THE YEAR ENDING 31.3.1939

ANIMALS INSPECTED AND CONDAMNED -

Number Killed	Number Inspected	Cattle Excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
2,211	2,899	766	766	373	22,792	13,289	-
2,899	2,899	766	766	373	21,496	13,274	-
<p><u>All Diseases except Tuberculosis and Cysticercosis</u></p> <p>Whole carcasses condemned</p> <p>Percentage of the part or organ was condemned</p> <p>Percentage of the number inspected affected with Disease other than Tuberculosis and Cysticercosis</p> <p><u>Tuberculosis only</u></p> <p>Whole carcasses condemned</p> <p>Percentage of the part or organ was condemned</p> <p>Percentage of the number inspected affected with Tuberculosis</p> <p><u>Cysticercosis</u></p> <p>Percentage of the part or organ was condemned</p> <p>Carcasses submitted to treatment by refrigeration</p> <p>Generalized and totally condemned</p>							
10	10	31	31	10	525	27	-
1,376	1,376	519	519	2	2,004	302	-
47.3%	47.3%	71.3%	71.3%	3.3%	10.5%	2.3%	-
11	11	15	15	-	-	3	-
63	63	128	128	-	-	312	-
2.3%	2.3%	16.6%	16.6%	-	-	2.4%	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
<p>Total weight of meat condemned: - 41 tons 13 cwt. 0 lbs. 12 lbs.</p>							

OTHER FOODSTUFFS

The Department dealt with the following units of food:-

124 tons assorted foodstuffs - Weight 2 cwt. 32 lbs.

36 lbs. Jellied Sweta.

These items were all surrendered voluntarily by shopkeepers and destroyed.

APPENDIX 1

PRINCIPAL CAUSES OF DEATH - ALL AGES - 1959

DISEASE	ST. GERMANS	LISKEARD	SALTASH	TORPOINT	LISKEARD	LOOE	HEALTH
	R.D.	R.D.	M.B.	U.D.	M.B.	U.D.	AREA NO.7
Heart disease	73	78	32	16	53	27	279
Cancer (all sites)	40	26	20	10	15	19	130
Vascular lesions of the nervous system ("stroke")	36	20	17	7	16	11	107
Respiratory disease	14	11	6	6	2	2	41
Circulatory disease	11	3	7	3	4	-	28
Accidents	7	6	1	2	1	-	17
Genito-urinary disease	4	3	1	-	1	3	12
Digestive disease	2	3	1	-	1	-	7
Suicide	2	3	1	-	1	-	7

* Includes 3 motor vehicle accidents.

APPENDIX 2.

TYPES OF HEART DISEASE AND CANCER CAUSING DEATH - 1959

TYPE OF DISEASE	ST. GERMANS	LISKEARD	SALTASH	TORPOINT	LISKEARD	LOOE	HEALTH
	R.D.	R.D.	M.B.	U.D.	M.B.	U.D.	AREA NO.7
Coronary disease, angina	32	30	20	6	8	10	106
Hypertension with heart disease	2	5	-	1	3	2	13
Other heart disease	39	43	12	9	42	15	160
Cancer of stomach	4	4	4	3	1	3	19
Cancer of lung & bronchus	6	-	4	2	4	2	18
Cancer of breast	5	3	2	-	-	2	12
Cancer of uterus	1	3	-	-	-	1	5
Leukaemia	2	-	1	-	-	1	4
Other cancers	22	16	9	5	10	10	72

APPENDIX 3.

DEATHS BY AGE GROUPS - 1959

DISTRICT	0 - 5	5-15	15-45	45-65	65-75	75 YEARS	ALL AGES
	YEARS	YEARS	YEARS	YEARS	YEARS	AND OVER	
ST. GERMANS R.D.	6	1	2	39	61	105	214
LISKEARD R.D.	4	-	9	33	41	77	164
SALTASH M.B.	-	1	2	24	31	35	93
TORPOINT U.D.	-	-	2	9	13	23	47
LISKEARD M.B.	-	1	1	15	28	60	105
LOOE U.D.	-	-	1	15	14	36	66
HEALTH AREA NO. 7	10	3	17	135	188	336	689

APPENDIX 4.

AVERAGE AGE AT DEATH - 1959

DISTRICT	MALES	FEMALES
ST. GERMANS R.D.	69	72
LISKEARD R.D.	67	71
SALTASH M.B.	68	72
TORPOINT U.D.	72	71
LISKEARD M.B.	75	76
LOOE U.D.	73	74
HEALTH AREA NO.7	71	73

PRINCIPAL CAUSES OF DEATH - ALL AGES - 1952

DISEASE	BY SEXES						TOTAL
	M.D.	F.D.	M.D.	F.D.	M.D.	F.D.	
Heart disease	75	78	36	18	32	37	113
Cancer (all sites)	50	38	20	10	18	18	130
Respiratory diseases	36	30	17	7	14	11	107
Stroke	14	11	6	3	3	2	31
Accidents	11	3	7	3	4	1	29
Other causes	7	2	1	1	1	1	17
Diabetes	4	3	1	1	1	1	12
Alcoholism	3	2	1	1	1	1	11
Other causes	2	2	1	1	1	1	11

* Includes 3 motor vehicle accidents.

APPENDIX 2

TYPE OF HEART DISEASE AND CAUSE OF DEATH - 1952

TYPE OF DISEASE	BY SEXES						TOTAL
	M.D.	F.D.	M.D.	F.D.	M.D.	F.D.	
Coronary disease, angina	32	30	20	6	8	10	102
Hypertension with heart disease	2	2	-	1	2	2	13
Other heart disease	30	42	12	9	12	15	150
Cancer of stomach	4	4	4	1	1	2	13
Cancer of lung & bronchus	4	-	4	2	4	2	18
Cancer of breast	2	2	2	-	-	2	12
Cancer of uterus	1	2	-	-	-	1	4
Leukemia	2	-	1	-	-	1	4
Other causes	22	18	0	2	10	10	72

APPENDIX 3

LEADS BY AGE GROUPS - 1952

DISEASE	AGE GROUPS						TOTAL
	0-5	6-14	15-24	25-34	35-44	45-64	
ST. GERMINE R.D.	6	1	2	3	61	16	89
ALBANY R.D.	4	-	2	12	42	17	75
WINDHAM R.D.	-	1	2	21	21	20	65
WINDHAM U.D.	-	-	2	9	13	13	37
WINDHAM R.D.	-	1	1	12	22	60	106
WINDHAM R.D.	-	-	1	12	14	26	53
TOTAL	10	2	11	72	153	126	484

APPENDIX 4

DEATHS AND CAUSE OF DEATH - 1952

DISEASE	MALES	FEMALES
ST. GERMINE R.D.	69	72
ALBANY R.D.	67	72
WINDHAM R.D.	68	72
WINDHAM U.D.	72	71
WINDHAM R.D.	73	76
WINDHAM R.D.	72	76
TOTAL	401	431

APPENDIX 5.

TUBERCULOSIS
NEW CASES AND DEATHS IN HEALTH AREA NO. 7 - 1959

<u>AGE GROUP</u>	<u>NEW CASES</u>		<u>DEATHS</u>	
	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>
0 - 5 YEARS	1	-	-	-
5 -15 YEARS	1	2	-	-
15 -25 YEARS	1	5	-	-
25 -45 YEARS	6	8	-	-
45 -65 YEARS	5	2	-	-
65 YEARS AND OVER	6	2	1	2
	<u>20</u>	<u>19</u>	<u>1</u>	<u>2</u>

	<u>MALES</u>	<u>FEMALES</u>	<u>TOTAL</u>
NEW CASE RATE PER 1000 OF POPULATION	0.39	0.37	0.77
MORTALITY RATE PER 1000 OF POPULATION	0.02	0.04	0.06

CASE RATES AND MORTALITY RATES PER 1000 OF POPULATION IN THE SIX COUNTY DISTRICTS IN HEALTH AREA NO. 7 - 1959

<u>DISTRICT</u>	<u>NEW CASES</u>	<u>ALL KNOWN CASES AT 31.12.59.</u>	<u>DEATHS</u>
ST. GERMANS R.D.	0.78	6.16	-
LISKEARD R.D.	0.65	4.83	0.07
SALTASH M.B.	0.81	6.98	0.13
TORPOINT U.D.	0.67	7.73	-
LISKEARD M.B.	1.64	7.96	0.23
LOOE U.D.	0.26	5.82	-
HEALTH AREA NO. 7	0.77	6.23	0.06
CORNWALL COUNTY	0.61	7.23	0.07

APPENDIX 6.

CANCER OF THE LUNG AND BRONCHUS
DEATHS BY AGE GROUPS AND SEXES - 1959

<u>AGE GROUP</u>	<u>MALES</u>	<u>FEMALES</u>
15 - 45 YEARS	-	-
45 - 65 YEARS	7	2
65 - 75 YEARS	6	1
75 YEARS AND OVER	2	-
<u>ALL AGES</u>	<u>15</u>	<u>3</u>

CANCER OF THE LUNG AND BRONCHUS
DEATH RATE PER 1000 OF POPULATION - 1959

	<u>MALES</u>	<u>FEMALES</u>	<u>TOTAL</u>
HEALTH AREA NO. 7.	0.296	0.059	0.355
CORNWALL COUNTY	0.280	0.041	0.321
ENGLAND AND WALES	0.401	0.063	0.464

TABLE 1
NEW CASES AND DEATHS IN HEALTH AREA NO. 7 - 1933

AGE GROUP	NEW CASES		DEATHS	
	MALES	FEMALES	MALES	FEMALES
0 - 4 YEARS	1	-	-	-
5 - 14 YEARS	1	-	-	-
15 - 24 YEARS	1	-	-	-
25 - 34 YEARS	6	-	-	-
35 - 44 YEARS	2	-	-	-
45 - 54 YEARS	2	-	-	-
55 YEARS AND OVER	2	-	-	-
TOTAL	15	0	0	0

TABLE 2
DEATH RATES AND MORTALITY RATES PER 1000 OF POPULATION IN HEALTH AREA NO. 7 - 1933

AGE GROUP	NEW CASES	ALL NEW CASES	DEATHS
0 - 4 YEARS	0.78	6.16	-
5 - 14 YEARS	0.62	4.82	0.01
15 - 24 YEARS	0.67	2.98	0.13
25 - 34 YEARS	0.67	7.73	-
35 - 44 YEARS	1.64	7.96	0.23
45 - 54 YEARS	0.26	2.82	-
55 YEARS AND OVER	0.71	6.23	0.06
TOTAL	0.61	7.23	0.17

TABLE 3
DEATHS OF THE LETHAL AND NON-LETHAL IN HEALTH AREA NO. 7 - 1933

AGE GROUP	MALES	FEMALES
15 - 24 YEARS	-	-
25 - 34 YEARS	7	2
35 - 44 YEARS	6	1
45 YEARS AND OVER	2	-
TOTAL	15	3

TABLE 4
DEATH RATES PER 1000 OF POPULATION IN HEALTH AREA NO. 7 - 1933

AGE GROUP	MALES	FEMALES	TOTAL
HEALTH AREA NO. 7	0.252	0.039	0.291
CONCORD COUNTY	0.260	0.041	0.301
WELLS AND WATTS	0.261	0.039	0.300

APPENDIX 7.

FACTORIES ACTS, 1937 TO 1959

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH
IN RESPECT OF THE YEAR 1959 FOR THE
BOROUGH OF LISKEARD IN THE COUNTY OF CORNWALL.

Prescribed Particulars on the Administration of the Factories Act, 1937.

PART I OF THE ACT

1 - INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health Inspectors)

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written Notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1,2,3,4 and 6 are to be enforced by Local Authorities	10	-	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	47	20	-	-
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	5	-	-	-
Total	62	20	-	-

2. Cases in which DEFECTS were found

Particulars	Number of cases in which defects were found
Want of cleanliness (S.1)	Nil
Overcrowding (S.2)	Nil
Unreasonable temperature (S.3)	Nil
Inadequate ventilation (S.4)	Nil
Ineffective drainage of floors (S.6)	Nil
Sanitary Conveniences (S.7)	
(a) Insufficient	Nil
(b) Unsuitable or defective	Nil
(c) Not separate for sexes	Nil
Other offences against the Act (not including offences relating to Outwork)	Nil
Total	Nil

PART VIII OF THE ACT

Outwork
(Sections 110
and 111)

Nature of Work	Section 110			Section 111		
	No. of out-workers in August list required by Sec. 110(1)(c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Wearing apparel - Making etc.	1	-	-	-	-	-

No other outworkers are employed in the Borough of Liskeard.

-	-	-	2	-	-	-
-	20	-	2	-	-	-
				Total		

2. Cases in which DEFECTS were found

Number of cases in which defects were found	Particulars
Nil	Want of cleanliness (8.1)
Nil	Overcrowding (8.2)
Nil	Unreasonable temperature (8.3)
Nil	Inadequate ventilation (8.4)
Nil	Ineffective drainage of floors (8.5)
Nil	Sanitary conveniences (8.7)
Nil	(a) Inadequate
Nil	(b) Unstable or defective
Nil	(c) Not separate for sexes
Nil	Other offences against the Act (not including offences relating to Outwork)
Nil	Total