

[Report 1963] / Medical Officer of Health, Liskeard Borough.

Contributors

Liskeard (England). Borough Council.

Publication/Creation

1963

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BOROUGH OF LISKEARD



THE

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1963

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

DEPARTMENT OF HEALTH



THE

ANNUAL REPORT

OF THE

DEPARTMENT OF HEALTH

FOR THE YEAR

1903

TO THE MAYOR, ALDERMEN, AND COUNCILLORS OF THE CORPORATION OF THE
BOROUGH OF LISKEARD

Your Worship, Ladies, and Gentlemen,

The estimated population of No. 7. Health Area showed a small increase of 570, and was 50,340 on 30th June, 1963. Apart from an increase of 460 in the Torpoint Urban District the changes in the other County Districts were insignificant.

The national trend of a rising birth rate was evident in the Health Area where the corrected rate rose to 18.5, per 1,000 of population, the highest rate so far reached since I commenced to keep records in 1950. The excess of live births over deaths was 37, and amongst the 743 live births there were 40 illegitimate births which represents a percentage of 5.4% of all live births. This is a slight improvement on the 1962 figure of 5.6%, and is below the figure of 6.9% for England and Wales in 1963. The stillbirth rate of 14.6 per 1,000 total births is the lowest so far recorded in the Health Area and is below the national rate of 17.3. The infant mortality rate at 13.5, per 1,000 live births is also the lowest so far recorded and compares favourably with the national figure of 20.9. Of the 10 infants who died during 1963, no less than 6 failed to survive the first critical week of life.

During 1963, the number of deaths registered was 706 a very slight decrease of the 1962 total of 710. The corrected death rate of 12.3 per 1,000 of population was only marginally above the national rate of 12.2. The principal causes of death remained in the same order of frequency as in previous years. Heart disease was again the most prevalent cause of death, followed by cancer, strokes and respiratory disease in that order. That much publicised cause of sudden death - coronary heart disease - was responsible for 123 deaths rather more than the 110 deaths it caused in 1962. Of the defined forms of cancer that affecting the stomach caused 21 deaths, and was closely followed by cancer of the lung and bronchus which caused 20 deaths. In these 20 deaths the usual disparity between males and females continued - the mortality rate amongst males being almost six times that of females from this particular cancer. Breast cancer caused 15 deaths - a small reduction on the 1962 figure of 18 - but still quite high. If one pauses to consider that this form of cancer is for all practical purposes confined to approximately half the total population i.e. the female, the incidence in terms of people at risk is on a par with or may even exceed that of more notorious cancers such as that affecting the lung and windpipe. Indeed, the most recent report of the South Western Regional Cancer Records Bureau shows a very small difference in the incidence of lung cancer in men, and breast cancer in women. It is however worth remembering also that many breast cancers can be, and are brought under effective treatment at an early stage with very much improved prospects of cure than is the case with lung cancer. This is borne out by the fact that whereas the 5 year survival rate in breast cancer is currently about 42% that in lung cancer is no more than 4%. This means that lung cancer is a very much more virulent type of cancer, a fact which should underline, and add weight to the warnings which have been given in recent years about the strong link between excessive consumption of cigarettes and deaths from this form of cancer.

During 1963 the total number of cases of notifiable disease notified was 685. Although greater than the total of 459 for the previous year, the incidence of this form of disease can still be regarded as moderate. Measles which was prevalent in the St. Germans and Liskeard Rural Districts, and in Saltash Borough was responsible for the great bulk of the notifications received. There was a small outbreak of Sonne dysentery in the Torpoint Urban District towards the end of the year. This is a mild form of dysentery characterised by abdominal pain and diarrhoea. Because the disease is mild it is likely that many cases do not seek medical advice and treatment, and are not aware that they may be sources of infection to others in the home, at school, or at their place of work. Attention to personal hygiene with special emphasis on washing of hands after visiting the toilet would do much to limit the spread of this disease.

Of the more serious infectious diseases there was one case of meningitis and two cases of encephalitis the latter occurring as complications of influenza, and of German measles. There were no deaths from notifiable disease during 1963.

I am glad to be able to report a fall in the prevalence of tuberculosis during the year when 11 cases in all were notified. This is a considerable reduction on the 1962 total of 28 cases, and it is in fact the lowest incidence recorded in the Health Area in the sixteen years I have been working in this part of Cornwall. Of the 11 new cases, 5 were non-respiratory infections, a rather higher proportion than one expects for this form of the disease, which also unusually affected more females than males in the ratio of 7 to 4. The trend in recent years for new tuberculous infections to be found in that section of the population aged 45 years and upwards was not so noticeable in 1963, although 5 of the 11 new infections were found in the 45-64 year age group. Whilst it is encouraging to be able to report this fall in new infections I am sure that we cannot jump to any hasty conclusion that tuberculosis is a disease which we can cease to worry about. Looking back over the incidence in the past sixteen years one is reminded of the fact that a year of low morbidity such as we experienced in 1963, can, for no apparent reason, be followed by an increase in the amount of tuberculous infection coming to light. I do feel that the incidence will in future years fall away to lower levels, but this decline will not be rapid or spectacular, and may well be interrupted from time to time by temporary upward trends in the prevalence of this disease. During the year one death only was attributed to tuberculosis. The case involved was a 77 year old man in whom I feel certain heart disease played a very large contributory part.

An increasing amount of the time and resources of welfare services and social agencies is nowadays directed to the care of elderly people. It is known that an increasing proportion of the community is composed of people aged 65 years and over, but it is only when a census is taken that the opportunity to precisely measure this figure presents itself. The detailed findings of the census taken towards the end of April 1961 are now to hand, and can be compared with corresponding figures for the 1951 census. As far as persons aged 65 years and over are concerned the number in the six County Districts in the Health Area increased from 7,339 in 1951 to 7,982 in 1961. If these totals are viewed in their relation to the total population it emerges that whereas in 1951 elderly people formed 13.9% of the population, this proportion had risen to 16.4% by 1961. This finding gives emphasis to the need to make special provision in various directions for the care and welfare of the older section of the community - whether by way of specially designed dwellings where they can continue to live happy independent lives, or by provision of more places in homes for those no longer able to care adequately for themselves, by organisation of ancillary services such as meals on wheels, chiropody, home visiting, and the formation of local committees and organisations to meet and serve the special needs of old people. All these special provisions have been and are being made in this Health Area and plans to increase and broaden their scope in the future are in hand at both District and County Council level. There are still some old people, who, living under unsatisfactory conditions, resist or reject efforts to improve their lot but these are in the minority, and most are willing, even anxious to avail themselves of help.

With very few exceptions, the population in south east Cornwall is now very well served by piped water supplies of good quality and generally adequate in quantity. Improvement in the distribution system have provided more dependable supplies in districts which heretofore suffered from curtailment of supplies when the summer influx of visitors overtaxed local distribution systems. The stage has now been reached when, with a steadily increasing demand for water, the existing supply sources are being used to the limit, and further improvements and extension of supplies will depend on the exploration of new sources.

Progress continues to be made in providing modern methods of sewerage and sewage disposal, particularly to some of the larger villages and hamlets in the St. Germans and Liskeard Rural Districts. The slow progress towards the final approval of a scheme for the Borough of Liskeard continued but I feel confident that we are at last within sight of actual work commencing on this large and important project.

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The Urban District Council at Looe is again examining various methods of dealing effectively with the pollution of the river and the foreshore by crude sewage, and I hope that, being aware of the serious and thoroughly unsatisfactory nature of the present state of affairs, the Council will decide to take appropriate measures to abate this long-standing nuisance in the not too distant future.

With higher standards of living there has been a gradual increase in the volume of household and trade refuse which has to be collected and disposed of by District Councils. It is in the latter aspect of this service - refuse disposal - that problems are looming ahead. As existing tips become filled it is becoming increasingly difficult, even in lightly populated parts of the Rural Districts, to find new sites suitable for refuse disposal. If one adds to this a more critical attitude on the part of the public to the use and control of refuse tips, the difficulty and expense of securing and transporting suitable covering material for use on the tip, and difficulties in obtaining sufficient and suitable men to work at this not very pleasant task, then something of the nature of the problem may be apprehended. My own feeling is that at present we are not spending enough on this essential service to make it as efficient and free of nuisance as sometimes happens when local resources fail to measure up to the task in hand. Indeed there may be some case for collaboration between neighbouring County Districts particularly in the utilisation and operation of refuse tipping sites. Certainly, if and when more elaborate and costly methods for disposal of refuse have to be used e.g. the composting system, the capital cost and operational costs of such methods are likely to be too high for a single District Council to bear.

With the gradual growth of proper methods of sewage disposal the disposal of sludge from sewage treatment works is showing up as something of a problem and is one which is bound to increase as new schemes are completed, and the amount of sludge to be disposed of increases. This material although of considerable value as a type of organic fertiliser to landowners, is not pleasant to handle and does carry with it some risk of introducing disease into land. In consequence farmers and others who might make use of it are not very keen to collect and use it. This is an additional reason for considering the composting system which, by using certain elements of household refuse together with sewage sludge, can produce a compost which is of value to and is readily accepted by those in agriculture and horticulture.

In concluding this general preface I should like to express to Members and Officers of all the District Councils in No. 7 Health Area my gratitude for the help and understanding I have received from them during the year.

I have the honour to be,

Your Worship, Ladies and Gentlemen,

Your obedient Servant,

P.J. FOX

Medical Officer of Health.

LISKEARD BOROUGH COUNCIL

HEALTH COMMITTEE (1962/63)

Councillor Mrs. E.W.M. Ellam
Councillor J. Haworth

Chairman
Vice-Chairman

HEALTH COMMITTEE (1963/64)

Councillor Mrs. E.W.M. Ellam
Councillor T. Lyon

Chairman
Vice-Chairman

Health Officers of the Authority

Medical Officer of Health

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

Health Area Office,
West Street,
Liskeard,
Cornwall.

Telephone - Liskeard 3373

Chief Public Health Inspector

R. C. Decent. M.A.P.H.I.

Additional Public Health Inspectors

J. Stirling, M.A.P.H.I., R.S.A.(Scot.)
D.H. Westwell M.A.P.H.I., A.R.S.H.
J. Andrews M.A.P.H.I.

Resigned May, 1963
Resigned July, 1963
Commenced August, 1963

Office Staff

Miss P.M. Cowling

Council Offices,
West Street,
LISKEARD,
Cornwall.

Telephone - Liskeard 3177

BOROUGH OF LISKEARD

Area of Borough	2,70½ acres
Population (Registrar Generals Estimate)	4,560
Number of Inhabited Houses	1,581
Rateable Value	£142,079
Product of Penny Rate	£276

Vital Statistics for 1963

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Live Births	29	46	75
	<u>Liskeard M.B.</u>	<u>Health Area No. 7</u>	<u>England & Wales</u>
Birth rate per 1,000 of population	19.7	18.5	18.2.
	<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 1,000 total births	13.2.	14.6	17.3
	<u>Male</u>	<u>Female</u>	<u>Total</u>
Deaths	44	58	102
	<u>Liskeard M.B.</u>	<u>Health Area No. 7</u>	<u>England & Wales</u>
Death rate per 1,000 of population	10.7	12.3	12.2
	<u>Male</u>	<u>Female</u>	<u>Total</u>
Deaths of infants under one year of age	-	1	1
	<u>Liskeard M.B.</u>	<u>Health Area No. 7</u>	<u>England & Wales</u>
Infant mortality rate per 1,000 live births	13.3	13.5	20.9
Maternal deaths	None registered		

Principal Causes of Death at All Ages

Heart disease	44
Stroke	21
Cancer (all sites)	17
Respiratory disease	6
Circulatory disease	4

Infectious Disease The incidence of notifiable disease (other than tuberculosis) was again exceptionally light during 1963. In all 10 cases only were notified and none of the more serious infectious disease were included in this total.

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

<u>Disease</u>	<u>Cases</u>	<u>Case rate per 1,000 of population</u>	
		<u>Liskeard M.B.</u>	<u>Health Area No. 7</u>
Measles	7	1.53	11.58
Pneumonia	2	0.44	0.79
		<u>Case rate per 1,000 total births</u>	
Puerperal pyrexia	1	13.16	3.98

BOROUGH OF LISKEARD

Tuberculosis Although there was a substantial fall in the number of new cases notified in 1963, the new case rate was again the highest of the six County Districts in Health Area No. 7. In all 4 new cases were notified of which 2 cases were respiratory infections and 2 were non-respiratory infections. Of the 4 new cases 3 were in persons below the age of 45 years.

There were no deaths attributed to tuberculosis during the year.

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

<u>Age Group</u>	<u>New Cases</u>		<u>Rate per 1,000 of population</u>	
	<u>M.</u>	<u>F.</u>	<u>Liskeard M.B.</u>	<u>Health Area No.7</u>
0 - 4	-	-	0.88	0.22
5 - 14	-	-	6.78	4.25
15 - 24	1	1	-	0.02
25 - 44	1	-		
45 - 64	-	1		
65 and over	-	-		
	<u>2</u>	<u>2</u>		
New cases			0.88	0.22
All known cases			6.78	4.25
Deaths			-	0.02

At the end of 1963 there were 27 known cases of respiratory tuberculosis and 4 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 1963.

Water Supply An adequate supply of wholesome water was available in almost all parts of the Borough throughout the year.

Sewerage and Sewage Disposal Further progress, albeit slow was made in finalising the comprehensive proposals for satisfactory sewerage and sewage disposal and there is now a reasonable hope that a start on this large scheme will be made during 1964.

Food Duties connected with meat inspection at the large slaughterhouse at Addington have absorbed a great deal of the time and energies of the Chief Public Health Inspector, and his staff, and have left correspondingly less time for routine food sampling and inspections of premises in which food is handled. In spite of this reasonable standards of hygiene have been maintained in food shops, and catering establishments, and no cases of food poisoning were notified during the year.

Factories Act 1961 No difficulties in the operation of this Act were encountered during 1963.

Report of Chief Public Health Inspector. This report by Mr. R. C. Decent follows. I should like to express to Mr. Decent and his colleagues my gratitude for the help he has given me during the year.

ANNUAL REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR

FOR THE YEAR ENDED 31st DECEMBER, 1963

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

Your Worship, Ladies and Gentlemen,

From the public health inspector's viewpoint the year will be remembered for staff changes and more and more meat inspection.

A few years ago rationing and government control was not conducive to the production of enough high quality animals bred for the meat trade. At the same time the Ministry of Agriculture's policy of eradicating tuberculosis (by segregation of herds and, subsequently by compulsory slaughter) was in its preliminary stages. In those days the introduction of the Meat Inspection Regulations, 1963 would have been highly relevant. With slaughterhouses under Government control, and killing in the main for local consumption I am sure results would have been beneficial without too many administrative problems.

In Liskeard the new Regulations were made soon after two public health inspectors (Mr. Stirling and Mr. Westwell) had left and the establishment of the Surveyors and Health Inspection Department have been altered. The problems created are mentioned in the Meat Inspection section of the report.

During the year further preliminary work and investigations were carried out in respect of the sewage scheme. It seemed that every answer sent to the Ministry, in reply to a question on some aspect of the scheme would trigger off two more queries.

Housing was not a great problem. The provision of Council houses was sufficient to enable applicants in unsatisfactory circumstances to be rehoused without undue delay during 1963. The number of applications for improvement grants was again low and disappointing.

I am,
Your obedient servant,

R. C. DECENT

Chief Public Health Inspector

1. WATER SUPPLIES

The town's supply is obtained from East Cornwall Water Board and during this year no major problem arose.

The Council, however, did discuss at great lengths the question of fluoridation of water supplies. As was to be expected members of the Council had mixed feelings and so the question in hand, became an argument between those who supported the views of the National Pure Water Association and those in favour of mass medication. The Council finally decided that they were not in favour of having fluoride added to the water supplies.

This year, the Water Board made application to Ministry of Housing and Local Government for confirmation of Byelaws made by them under Section 17 of Water Act, 1945 for preventing waste, undue consumption, misuse or contamination of water supplied by them.

Private Water Supplies

A few outlying farms and dwellings have private supplies. Bacteriological results obtained from samples taken from these supplies were found to be satisfactory.

2. SEWERAGE AND SEWAGE DISPOSAL

The main sewerage and sewage disposal scheme still awaited final Ministry approval at the end of the year.

Three points raised by the Ministry, which had not been settled at the end of the year were:-

- (1) Acceptance of River Board's proposed conditions of consent by the Borough Council - The Cornwall River Board's conditions received late in the year, were referred to the Council's engineering consultants.
- (2) Any marked change in effluent (with special reference to trade waste), compared with figures previously given to the Ministry.

The big problem was the Wool Factory which had become increasingly busy. Here again the Council were awaiting further advice (from the engineer and consultant chemists) before a reply could be sent to Whitehall.

- (3) Action proposed regarding consents and charges for reception of trade wastes per the Public Health Act, 1961.

The answer to this depended on the decision on method of disposal of the Wool Factory effluent.

3. HOUSING

Action under Housing Act, 1957

(a) Clearance Areas

Houses demolished 20.

Confirmation of Pre-1963 Clearance Orders

The Ministry of Housing and Local Government confirmed the following order:-

Cannon Terrace 13 dwellings

New Clearance Orders

Nil.

(b) Individual Unfit Houses

No Closing Orders were made.

Improvement Grants

(a) Discretionary

Applications approved	10
Amounts of Grants approved	£3,842 12s. 10d.

(b) Standard

Applications Approved	5
Amounts of Grants approved	£580.

New Houses Completed

(a) Local Authority Housing

Number of houses completed at Lake Lane Estate:

Stage II Contract

4	3	bedroomed dwellings
12	2	"
1	1	"

Stage IIa Contract - Old People's Dwellings

7	1	bedroomed dwellings
17	2	"

(b) Private Housing

No. completed	26
No. started	27

Rent Act, 1957 - Certificate of Disrepair

No applications were received during the year.

4. BUILDING BYELAWS

112 applications for approval of plans were received. Although number of applications dropped, more time was spent on building inspections and scrutiny of plans. This has had the effect of improving the workmanship going into the construction of new buildings and also the department has been able to offer more assistance to builders and architects seeking advice.

5. PUBLIC CLEANSING

The Council has continued to operate a weekly collection service despite an increase in the number of new dwellings erected.

An improvement in the standard of controlled tipping has taken place during this year with the result that the number of fire outbreaks at the tip has been reduced and also that complaints regarding alleged smells and fly nuisance are negligible.

6. RODENT CONTROL

The amount of rodent infestation in the borough remains slight. Two members of the manual staff are employed on rodent duties part time.

The following treatments were carried out:

Private Dwellings	12
Council dwellings	6
Business premises	9
Refuse Tips	2
Sewerage System	2
Sewer Outfalls	2

7. INSPECTION AND SUPERVISION OF FOOD AND FOOD PREMISES

The following inspections and reinspections were carried out during the year:

Catering Premises	24
Licensed Clubs	3
Shops and other food premises.	33

In two cases, legal proceedings were instituted:

(a) Contaminated Milk

A complaint was received from the headmaster of a local school that a bottle of school milk was unfit for consumption. After investigation and analysis of the remaining contents it was found the milk was contaminated by a cleansing agent. The bottle had not been rinsed following its progress through the dairy's sterilization plant, and had been missed by the 'spotter' staff employed by the firm concerned.

The Council prosecuted the firm under the Food & Drugs Act, 1955. After pleading guilty the firm were fined £10 with £5 costs.

The dairy was outside the Borough of Liskeard and the investigation at the dairy was carried out by the County Public Health Officer, who subsequently advised the firm on modifications to the plant to avoid further mishaps.

2. Contaminated Beer

In this case a bottle of beer contained insects and other foreign matter. The complainant, a Liskeard resident, had purchased the bottle from premises outside the town, but the beer had actually been bottled in Liskeard only a few days before the bottling plant was closed down by the operating company.

It was decided to ask the County Council to act and following an investigation by the Weights and Measures Officer, the County Council prosecuted. The firm pleaded guilty and were fined £10 with £11 10s.0d. costs.

SAMPLING:

Eight samples of ice cream were taken. Eight were classified in Grade I.

One sample of liquid egg was taken and found to be satisfactory.

Since the introduction of The Liquid Egg (Pasteurisation) Regulations 1963, the local Egg Marketing Company has arranged for all liquid egg arising from breakages, to be forwarded to Egg Marketing Board where it is understood to be dried for use in animals feeding stuffs.

Foodstuffs condemned and destroyed after voluntary surrender:

Canned meat and meat products	145 lbs. (37 tins)
Canned fruit	98 lbs. (77 tins)
Canned Vegetables	28½ lbs. (18 tins)
Miscellaneous	284 lbs. (40 items)

8. MEAT INSPECTION

The throughput at the main slaughterhouse once again increased on the previous year. The increase in cattle killed was 805 or 17.1%. The smalls also increased by 16,233 or 30%, on 1962.

The amount of meat exported from the district remains at between 90% and 95%.

July 1963 saw the introduction of the Meat Inspection Regulations 1963 which came into force a few weeks afterwards. This required all carcasses to be inspected, the inspection to be more detailed than previously advised, and stipulated stamping of carcasses after inspection. The new regulations came in at a time when the throughput at the local abattoir had increased sharply and although the Health Department continued to achieve 100% meat inspection, this was possible only at the expense of other public health work.

LIKEARD BOROUGH COUNCIL

ANIMALS INSPECTED AND CONDEMNED - MEAT INSPECTOR'S REPORT FOR THE
YEAR ENDING 31st DECEMBER, 1963

	Cattle Excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number Killed in 1962	3475	1081	554	29482	24017
Number Killed in 1963	3963	1398	507	38961	30818
Number Inspected in 1962	3475	1081	554	29482	24017
Number Inspected in 1963	3963	1398	507	38961	30818
<u>All Diseases except Tuberculosis and Cysticerci</u>					
Whole carcasses condemned	26	48	95	281	156
Carcasses of which some part or organ was condemned	1387	601	36	6696	4697
Percentage of the number inspected affected with Disease other than Tuberculosis and Cysticerci	35.7%	46.4%	25.8%	17.9%	15.7%
<u>Tuberculosis only</u>					
Whole carcasses condemned	2	4	-	-	1
Carcasses of which some part or organ was condemned	39	82	-	-	304
Percentage of the number inspected affected with Tuberculosis	1.0%	6.2%	-	-	.98%
<u>Cysticercosis</u>					
Carcasses of which some part or organ was condemned	3	11	-	-	-
Carcasses submitted to treatment by refrigeration	3	11	-	-	-
Generalised and totally condemned	-	-	-	-	-
Percentage of the number inspected affected with Cysticercosis	.07%	.78%	-	-	-

Total weight of meat condemned:- 55 Tons 7 cwt.

APPENDIX 1.PRINCIPAL CAUSES OF DEATH -ALL AGES- 1963

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	74	76	45	14	44	22	275
Cancer (all sites)	34	30	21	10	17	11	123
Vascular lesions of nervous system (stroke)	34	20	16	10	21	6	107
Respiratory disease	20	20	16	10	6	3	75
Circulatory disease	12	6	3	1	4	-	26
Accidents	6	2	2	-	2	1	13
Suicide	4	2	-	1	1	-	8
Digestive disease	3	-	1	-	-	2	6
Genito-urinary disease	1	4	1	-	-	-	6

APPENDIX 2.TYPES OF HEART DISEASE AND CANCER CAUSING DEATH - 1963

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	39	29	21	9	13	12	123
Hypertension with heart disease	5	5	2	-	3	-	15
Other heart disease	30	42	22	5	28	10	137
Cancer of stomach	3	6	3	2	6	1	21
Cancer of breast	8	2	-	3	1	1	15
Cancer of lung and bronchus	7	6	2	1	2	2	20
Cancer of uterus	-	-	3	-	1	-	4
Other cancers	16	16	13	4	7	7	63

APPENDIX 3.DEATHS BY AGE GROUPS - 1963

DISTRICT	0 - 4 Years	5 - 14 Years	15 - 44 Years	45 - 64 Years	65 - 74 Years	75 years & Over	ALL AGES
ST. GERMAN'S R.D.	4	1	5	40	52	109	211
LISKEARD R.D.	3	-	11	28	54	83	179
SALTASH M.B.	4	1	3	22	29	56	115
TORPOINT U.D.	-	-	2	9	12	28	51
LISKEARD M.B.	1	-	-	14	25	62	102
LOOE U.D.	-	-	2	9	13	24	48
HEALTH AREA NO. 7.	12	2	23	122	185	362	706

APPENDIX 4.TUBERCULOSISNEW CASES AND DEATHS IN HEALTH AREA NO. 7. - 1963

<u>AGE GROUP</u>	<u>NEW CASES</u>		<u>DEATHS</u>	
	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>
0 - 4 YEARS	-	-	-	-
5 - 14 YEARS	-	1	-	-
15 - 24 YEARS	1	2	-	-
25 - 44 YEARS	2	-	-	-
45 - 64 YEARS	1	4	-	-
65 YEARS AND OVER	-	-	1	-
	<u>4</u>	<u>7</u>	<u>1</u>	<u>-</u>
	<u>MALES</u>		<u>FEMALES</u>	<u>TOTAL</u>
NEW CASE RATE PER 1,000 of POPULATION	0.08		0.14	0.22
MORTALITY RATE PER 1,000 of POPULATION	0.02		-	0.02

CASE RATES AND MORTALITY RATES PER 1,000 OF POPULATION IN THE SIX
COUNTY DISTRICTS IN HEALTH AREA NO. 7. - 1963.

<u>DISTRICT</u>	<u>NEW CASES</u>	<u>ALL KNOWN CASES</u> <u>AT 31.12.63</u>	<u>DEATHS</u>
ST. GERMAN'S R.D.	0.07	3.73	0.07
LISKEARD R.D.	0.15	4.05	-
SALTASH M.B.	0.41	4.55	-
TORPOINT U.D.	-	4.71	-
LISKEARD M.B.	0.88	6.78	-
LOOE U.D.	0.27	5.33	-
HEALTH AREA NO.7.	0.22	4.25	0.02
CORNWALL COUNTY	0.36	5.17	0.08

APPENDIX 5.CANCER OF THE LUNG AND BRONCHUSDEATHS BY AGE GROUPS - 1963

<u>AGE GROUP</u>	<u>MALES</u>	<u>FEMALES</u>
45 - 54 YEARS	4	-
55 - 64 YEARS	6	-
65 - 74 YEARS	7	2
75 YEARS AND OVER	-	1
	<u>17</u>	<u>3</u>

DEATH RATE PER 1,000 OF POPULATION - 1963

	<u>MALES</u>	<u>FEMALES</u>	<u>TOTAL</u>
HEALTH AREA NO. 7	0.338	0.060	0.398
CORNWALL COUNTY	0.305	0.091	0.396
ENGLAND AND WALES	0.441	0.078	0.519

FACTORIES ACTS, 1937 TO 1959ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH
IN RESPECT OF THE YEAR 1963 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 - INSPECTION FOR Purposes of provisions as to health (including inspections made by Public Health Inspectors).

Premises (1)	Number on Register (2)	Inspections (3)	Number of Written Notices (4)	Occupiers Prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	11	-	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	41	6	-	-
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises).	7	-	-	-
TOTAL	59	6	-	-

- 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 ACTOutworkers (Sections 110 and 111)

Two notifications of outworkers were received in respect of persons employed in clothing manufacture. Conditions were satisfactory.

FACTORIES ACT, 1937 TO 1939

ANNUAL REPORT TO THE MEDICAL OFFICER OF HEALTH
IN RELATION TO THE YEAR 1937 FOR THE
BOROUGH OF BIRMINGHAM IN THE COUNTY OF WARWICK

Prescribed particulars on the Administration of the Factories Act, 1937

PART I OF THE ACT

1 - INFORMATION FOR Purposes of provisions as to health (including
inspections made by Public Health Inspectors).

Number of Factories (1)	Number on Register (2)	Inspections (3)	Number of Written Notices (4)	Cases Prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 5 are to be enforced by Local Authorities	11	-	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	41	6	-	-
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers, premises).	7	-	-	-
TOTAL	59	6	-	-

2 - Cases in which DEFECTS were found.

Particulars	Number of cases in which defects were found
Want of Cleanliness (2.1)	Nil
Overcrowding (2.2)	Nil
Unreasonable temperature (2.3)	Nil
Inadequate ventilation (2.4)	Nil
Ineffective drainage of floors (2.5)	Nil
Sanitary Conveniences (2.7)	Nil
(a) Inadequate	Nil
(b) Unavailable 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

Outworkers (Sections 110 and 111)

Two notifications of outworkers were received in respect of persons
employed in elastic manufacture. Conditions were satisfactory.