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THE


ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

For the Year 1951.

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



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**LISKEARD RURAL DISTRICT**  

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**THE ANNUAL REPORT**  
**OF THE**  
**MEDICAL OFFICER OF HEALTH**  
For the Year 1951.

**To the Chairman and Members of the Liskeard Rural District Council.**

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present this my Annual Report for the year 1951. In doing so I shall follow the line I took last year by writing a preface in which I shall make general reference to health matters as they have impressed me during 1951, leaving particular references to matters affecting individual Districts to the body of the report on the District concerned. I think that this method of presenting information and opinions proved generally acceptable last year.

In Health Area No. 7 which embraces that part of south-east Cornwall lying between the rivers Fowey on the west and the Tamar on the east no great change in matters affecting the health of the inhabitants occurred during 1951. There was a small increase in population from 52,486 in 1950 to 54,017 in 1951. The bulk of this increase took place in the St. Germans Rural District with smaller increases in Saltash Borough, Torpoint Urban District and Liskeard Borough. There were small reductions in Liskeard Rural District and Looe Urban District. For the Health Area the standard of health as measured by vital statistics was up to the average for the country as a whole, and in none of the County Districts constituting the Area was there any serious falling away from this standard. The birth rate was slightly below the national figures and the death-rate slightly above that for England and Wales. It is particularly gratifying to record a complete absence of maternal deaths during 1951, whilst the infant mortality rate is only very slightly above the national figure. During 1951 the average age at death was 67.8 years for males and 71.6 years for females.

During 1951 the prevalence of infectious disease was greater than in the previous year and the early months of the year were marked by sharp epidemics of measles and whooping cough. There was also an increase in the amount of pneumonia due largely to the occurrence of influenza in the winter of 1950-51. Scarlet fever, fortunately of a mild type was more prevalent than for some years past. During the year whooping cough caused two deaths and measles caused one death.

Last year I wrote at some length on tuberculosis, one of the most serious, if not the most serious of the preventible infectious diseases. I am glad to report some small improvement in the incidence of this disease as represented by new cases, and in the number of deaths caused by tuberculosis. The number of new cases notified during 1951 was 47 as against 53 in 1950, and the number of deaths showed a reduction from 21 during 1950 to 13 during

1951. It would be unwise to draw from this any optimistic conclusions about tuberculosis. It is clear that whatever new weapons against this disease may be made available, the fight to eradicate tuberculosis will never be easy or quickly won. Nevertheless some drugs of great potency are becoming available and intensive research is being pursued to discover others which may in the long run put paid to the tubercule bacillus as a crippling and killing agent. There has been little improvement in the amount of sanatorium accommodation available for treatment of cases, the great difficulty being that of obtaining sufficient nurses to adequately staff such institutions. Every effort is being made to attract nurses into this branch of the profession, but without conspicuous success so far. Towards the end of the year there were two developments of importance in the treatment of domiciliary cases of tuberculosis in this area. In the first place the Chest Physician who now has charge of Chest Clinics and tuberculosis services in this Area is based on Plymouth, instead of Camborne. This has resulted in closer liaison between the Chest Physician and the Health Area Office, with much improved interchange of information, and greatly improved prospects of carrying out thoroughly the very important and necessary procedure of B.C.G. vaccination of susceptible contacts against tuberculosis. In the second place the appointment of a Health Visitor to work exclusively on tuberculosis has been of incalculable benefit to the operation of the tuberculosis service. Through this Health visitor we now receive a steady stream of accurate, and recent information about the cases of tuberculosis and their contacts in the Area. Generally speaking I would say that I am now more satisfied about the operation of the tuberculosis service in Health Area No. 7 than I have been at any time since my appointment in 1948.

Another subject which causes a certain amount of concern is the care of the aged and infirm—a responsibility which increases as the proportion of old persons in our community grows. During 1951 I have noted with some interest that of those dying in the Area during the year, no less than 50% were 75 years or over at the time of death. Moreover if we take 65 years of age, the age at which men become eligible for retirement, and old-age pensions, as the beginning of old age, no less than 75% of those dying in the Area in 1951 were 65 years of age and over. There has for many years been an increase in the expectation of life which has risen progressively from 40 years in the middle of the 19th century to 66 years in 1950. Since even as recent a date as 1931 the expectation of life for males has risen by  $7\frac{1}{2}$  years, and for females by eight years. All these facts and figures give point to the assertion that the welfare of the aged must claim an increasing part of any schemes for social service and welfare in this country. Indeed in the mind of the average citizen the notion has grown up that adequate services, and facilities for the care and welfare of old persons do exist. This in turn has created a certain lack of responsibility towards old persons on the part of their kin on whom the main responsibility should fall. If they can be looked after at home, old people normally have a much happier existence, and their care and welfare is less of a burden on the community at large. It is however, a not uncommon exper-

ience that sons and daughters are anxious to place their old parents in institutions and once they have been so placed, are unwilling to receive them back into their homes. Though this is not surprising when one considers that the whole atmosphere of the Welfare State is conducive to the abandonment of personal responsibility, it is nevertheless a deplorable tendency, which has resulted in very heavy pressure being brought to bear on those institutions which care for aged and chronically ill persons. Apart from the difficulty of providing sufficient buildings and equipment, the staffing of such institutions and hospitals presents a real problem to which I referred in my report for 1950. There has not been any substantial improvement during 1951, with the result that it has not been easy to gain admission to the only hospital for aged and chronically ill persons which exists in the Area. In stating this I wish to make it clear that I attach no blame whatsoever to the authorities administering this hospital who have always proved most co-operative within the limits imposed upon them by accommodation and staff. The problem is one which is general throughout the country, and is one which calls for careful consideration.

Although concern has been expressed at the falling off in the number of children receiving immunisation against diphtheria. I am glad to report that during 1951 this tendency was not manifest in Health Area No. 7. Here the number of children receiving primary immunisations during 1951, totalled 725 as against 668 during 1950. I trust that this happy state of affairs will continue, as it would be a tragedy if diphtheria became once again a threat to the lives of children.

Another infectious disease which has been very much in the public mind of recent years is poliomyelitis. I am glad to report that in 1951 there were fewer cases of this disease in this Area than during 1950, and none of the cases were fatal. Details of this and other infectious diseases appear in the body of the report.

During 1951 the building of new houses continued at much the same rate as in previous years. Whilst there has been some reduction in the numbers of applicants on the waiting list, there is still in most districts a keen demand for new houses. In most cases where the demand has fallen off, it has most probably done so in face of economic pressure, or more plainly the unwillingness or the inability of the family to pay the relatively high rent and rates attaching to new houses. Many families continue to live in old sub-standard dwellings, but frankly I see little prospect of, or little point in attempting to rehouse them until the cost of letting new houses can be reduced, a prospect which at present seems remote. I would add my voice to the many which have already been raised in deploring the rigidity and apparent unreasonableness of legislation restricting the rent which may be charged for a great number of houses which are let for occupation. The ridiculously low rents which are enforced mean that landlords have been more or less compelled to neglect the regular repair and maintenance of these houses, and in consequence the majority of these dwellings have reached such a state of dilapidation as to

place them beyond hope of repair at reasonable cost. With the cost of materials and labour for repairs so high, it does not seem reasonable that some proportionate increase in the rent to allow for this should not have been allowed. Even with such an increase the rents charged would have been very much more attractive than those of new houses which must sooner or later be provided to replace them. I have written previously on the importance of good housing in the treatment of tuberculosis and I am glad to say that members of District Councils have shown themselves sympathetic to the claims of applicants suffering from tuberculosis.

There is little new to report upon in respect of water supply in the Area Apart from Liskeard Rural District, supplies were generally adequate and of good quality. In the Liskeard Rural District work on the first instalment of a comprehensive scheme of supply continued, and moderate progress in the laying of a trunk main from the St. Cleer reservoir to Polruan was achieved. The rate of progress was considerably slowed by delay in providing pipes and fittings, and by difficulties in obtaining suitable workmen in sufficient numbers. It is hoped that this section of the scheme will be complete and in operation by the late summer of 1952, putting an end to the annual water shortage crisis which has afflicted Polruan each summer. It now seems likely that progress of this scheme in other directions in the Liskeard Rural District will be greatly slowed down by national limitations on capital expenditure of this type and by shortage of steel and other material essential to the execution of work of this type. Nevertheless it is encouraging to know that a venture of this description has in spite of many difficulties been started, and to hope that at some time the benefits of a piped supply of pure water will be available throughout the Liskeard Rural District.

As far as provision of proper methods of sewage disposal is concerned the picture is by no means as bright as that for water supply. In urban areas, with the exception of Saltash, crude untreated sewage is discharged to adjacent waterways. In rural areas the problem is perhaps less acute since no very large volume of sewage has to be dealt with at any one place, and in the case of new housing some form of treatment and disposal is provided. In the two Rural Districts moreover efforts are being made to provide sewage disposal schemes for the towns and larger villages. Thus in the Liskeard Rural District schemes were in course of construction at St. Cleer and at Seaton (in conjunction with St. Germans Rural District) and in the St. Germans Rural District schemes were in preparation for Callington, Landrake and Hessenford during 1951. The difficulties and the cost of providing sewage disposal arrangements continue to increase to such an extent as to seriously prejudice the prospect of future developments in this field.

In the preface to this Annual Report for 1951 I have not written at such great length as in the preface to last year's Report. Great advances have taken place in the health of the community in the century that has elapsed since Public Health services and Preventive Medicine made their appearance on

the national scene. In recent years with the virtual elimination of those diseases which used to be a perpetual scourge, such advances as are being made are perhaps less spectacular and are concerned more with detail. It is for this reason more difficult to write of them at any length without entering into technicalities, and thereby becoming tedious to the average reader. Having done much to prevent and control the diseases which caused serious physical disability, it would now appear that the Public Health Services should turn their attention to other fields. We know that for instance accidents in the home cause much injury and suffering particularly amongst young children. We also know that great sums of money are spent on treating and curing conditions and diseases which are in many cases the result of ignorance of or indifference towards those habits and practices in life which are necessary for good health. If we could interest people in the positive approach to health, whereby they would actively seek to foster and preserve health we should be going a long way to reducing the present heavy demand which ill-health is making on the national resources. At first sight it might seem easy to accomplish this, but this is not so. Good health when we possess it is an attribute of which we are not conscious. To a healthy person a sense of well-being is normal—something to be taken for granted, something which is there, without any conscious effort of mind or body to obtain, and retain it. It is therefore difficult to convince healthy people of the necessity for a positive seeking after good health, and yet this quest for health is most necessary if lasting good health is to be gained. There is too much interest in disease—too little in health. Perhaps by educating the rising generation in a more positive approach to health we can help future generations to lighten at least some of the burden which disease, and ill health now places on the individual and the nation. It is not going to be an easy task, for human nature being what it is, the average individual is going to display the most interest in health, when through disease he has lost it.

In conclusion I have to express my sincere thanks to all those members and officials of District Councils who have during the year 1951 given me assistance and encouragement in carrying out my duties as Medical Officer of Health.

I have the honour to be,

Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

P. J. FOX,

*Medical Officer of Health*



**Liskeard Rural District.**

Area of Rural District ... ..	104,803 acres
Population (Registrar-General's Estimate) ...	14,100
Number of Inhabited Houses ... ..	4,865
Rateable Value of Rural District ... ..	£65,100
Sum represented by Penny Rate ... ..	£263

**Vital Statistics for 1951**

	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
LIVE BIRTHS ... ..	101	118	219
	<b>L.R.D.</b>	<b>Health Area</b>	<b>England</b>
		<b>No. 7</b>	<b>and Wales</b>
Birth rate per 1000 of population ...	18.01	13.70	15.50
	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
Still Births ... ..	2	—	2
	<b>L.R.D.</b>	<b>Health Area</b>	<b>England</b>
		<b>No. 7</b>	<b>and Wales</b>
Stillbirth rate per 1000 of population	0.14	0.33	0.36
	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
Deaths ... ..	104	70	174
	<b>L.R.D.</b>	<b>Health Area</b>	<b>England</b>
		<b>No. 7</b>	<b>and Wales</b>
Death rate per 1000 of population	8.50	13.44	12.50

**Deaths attributed to Pregnancy, Childbirth  
and the Puerperal State**

No deaths were registered under these heads.

**Deaths of Infants under One Year of Age**

	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
	3	1	4
	<b>L.R.D.</b>	<b>Health Area</b>	<b>England</b>
		<b>No. 7</b>	<b>and Wales</b>
Infant Mortality Rate per 1000 live births	18.3	31.1	29.6

**Principal Causes of Death at all Ages**

Heart disease ... ..	92
Cancer (all sites) ... ..	18
Cerebral Vascular lesions ("Stroke") ... ..	15
Respiratory disease ... ..	11
Genito-Urinary disease ... ..	6

Accidents	...	...	...	...	...	5
Influenza	...	...	...	...	...	3
Tuberculosis	...	...	...	...	...	3
Digestive disease	...	...	...	...	...	3
Circulatory disease	...	...	...	...	...	2
Suicide	...	...	...	...	...	2
					<i>Males.</i>	<i>Females.</i>
AVERAGE AGE AT DEATH	...	...	...	66.28	70.74	

These statistics show that generally speaking the health of the community in the Rural District was satisfactory during 1951. The birth rate was the highest and the death rate the lowest obtaining in the six County Districts which constitute Health Area No. 7. I am glad to be able to report that no maternal deaths occurred, and that the infant mortality rate was one of the lowest in the Area. In the principal causes of death heart disease was far and away the most prevalent accounting for 53% of all deaths.

**Infectious Disease.** There was marked increase in the number of cases of infectious disease notified during 1951 as compared with 1950. The totals were 310 cases in 1951 as against 41 in 1950. The increase was largely due to the existence of measles in epidemic form early in the year, and to increased prevalence of whooping cough, pneumonia, and scarlet fever. There was one death from measles during the year.

The following are details of actual cases, and case rates of infectious diseases during 1951.

Disease	Case Rates per 1000 of Population.			
	Cases	L.R.D.	Health Area No. 7	England & Wales
Measles	203	14.40	16.57	14.07
Whooping Cough	66	4.68	8.63	3.87
Pneumonia	24	1.70	2.17	0.99
Scarlet Fever	12	0.85	1.02	1.11
Paralytic				
poliomyelitis	1	0.07	0.11	0.03
Non-paralytic				
poliomyelitis	1	0.07	0.02	0.02
Dysentery	1	0.07	0.11	not stated

Rates per 1000 Total Births.				
Puerperal Pyrexia	2	9.05	10.55	10.66

**Tuberculosis.** The incidence of new cases of tuberculosis notified during 1951—8 in all—showed a slight increase over the previous year when 7 new cases were notified. The mortality fell from the figure of 6 deaths in 1950 to 3 deaths in 1951—all from respiratory tuberculosis.

The following are details of new cases, case rates, and mortality from tuberculosis during 1951 :—

<i>Age Group.</i>	<i>New Cases.</i>		<i>Deaths.</i>	
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
0 — 1	—	—	—	—
1 — 5	—	—	—	—
5 — 15	2	1	—	—
15 — 45	1	1	1	—
45 — 65	1	1	2	—
65 and over	—	1	—	—

Rates per 1000 of population.

**Liskeard R.D. Health Area No. 7 England and Wales**

New cases	0.57	0.87	not stated
All cases	3.48	5.00	not stated
Deaths	0.21	0.24	0.31

At the end of 1951 there were 41 cases of respiratory tuberculosis, and 8 cases of non-respiratory tuberculosis known to be resident in the Rural District.

**National Assistance Act. 1948.** No action under Section 47 of this Act was required during 1951, though several cases coming within its scope were visited, and investigated.

**Water Supply.** Progress on the trunk main from the St. Cleer reservoir to Polruan continued, and by the end of the year the greater part of the main had been laid and tested. It now appears that sometime in the late summer of 1952, a supply of pure treated water will become available in Polruan to replace the existing supply which is deficient in quantity and is of poor quality. This will mark the end of the first stage of the scheme, which depends for its further progress on the construction of new intake works on the upper reaches of the River Fowey, the laying of a new intake main to the St. Cleer reservoir, and the enlargement of treatment and storage facilities at that reservoir to deal with the much larger quantity of water which it will then be called upon to handle. Unfortunately because of the restriction on capital expenditure, and the mounting cost of such work, the prospect of an early start being made on the next part of the scheme is very uncertain, and may be considerably delayed. Consequently those parts of the Rural District which want water badly may have to content themselves with a much longer period of waiting than seemed likely when the scheme was first mooted.

Throughout the Rural District generally I can report no material improvement in water supplies which are unsatisfactory. The only bright aspect of the generally gloomy outlook on water is the success which has followed the sinking of deep boreholes to provide water for some of the new housing schemes. Such boreholes, penetrating as they do to the deeper geological strata, have usually provided an ample, and unfailing supply of good quality water.

**Sewerage and Sewage Disposal.** During 1951 the Council's part of the scheme at Seaton (undertaken jointly with St. Germans Rural District Council) was completed and should come into operation during 1952. A start was made on the St. Cleer scheme, and by the end of the year the work was well in hand though delays arising from shortage of materials and labour caused some anxiety. Preliminary consideration was given to the sewerage of other parts of the Rural District where at present primitive and unsatisfactory methods of sewage disposal constitute a danger to health.

**Food.** Routine inspections of premises in which food is handled, served and sold were undertaken during the year. Sampling of ice cream continued with generally satisfactory results.

**Food Poisoning.** No cases were notified during 1951.

**Clean Food Campaign.** No such campaigns were formally undertaken during 1951.

**Factories Act, 1937.** No difficulties were experienced in administering this Act during 1951.

**Housing.** As the report of the Sanitary Inspector shows 1951 was the Council's most successful year to date as far as the building of new houses was concerned. During the year 58 new houses were in course of construction, and of these some 32 were completed by the end of the year, with the prospect that a further 18 would be ready for occupation early in 1952. The success of deep borehole water supplies has done much to assist in the planning and completion of new housing schemes.

**Report of the Sanitary Inspector.** The Report of the Sanitary Inspector, Mr. G. Rogers, M.R.S.I., M.S.I.A., which follows shows the wide field which he has covered during 1951. I have to acknowledge with gratitude the assistance given to me by Mr. Rogers and Mr. Cowling during the year.

## REPORT OF THE SANITARY INSPECTOR

**Water Supply.** During the Summer of 1951 there were no severe water shortages in the Rural District, and even at Polruan it was possible to provide a fairly good supply. To do this it was necessary to maintain almost continuous pumping from the Veverly bore-hole and at the same time to transport water from Polperro in

loads of 1,000 gallons. Early in the summer a bad leak in an old branch main at a low level was responsible for a loss of water which could not be replaced. The leak was dealt with immediately it was discovered, and this had the effect of checking the drop of the water level in the reservoir.

Between June 4th and November 10th 814,000 gallons were brought to Polruan by road and this enabled a fair, though far from adequate supply to be maintained.

During 1951 in spite of difficulties of obtaining labour and materials, good progress was made in the laying of the trunk main from the Borough Council Reservoir at St. Cleer to Polruan. By December 31st only about 8 miles remained to be laid, and this was expected to be completed by the middle of 1952. The first sections completed were from the Parish of Duloe to Polruan, via Lanreath and this will be followed by a section from St. Cleer to Dobwalls.

When complete, the main will pass through the Villages of Dobwalls, Trevelmond, St. Pinnock, Herodsfoot and Lanreath before reaching Polruan and it is hoped to be able to afford a supply to as many as possible within the daily amount agreed by the Liskeard Borough Council. A decision on this cannot of course be made until the maximum requirements at Polruan are met.

A 2" cement asbestos water main was laid from the Borough of Liskeard to Island Shop, a distance of 574 yards. This provided a water supply for six houses and a number of cattle troughs. The Borough main was found to be badly encrusted but in spite of this, the pressure and volume of water at the various premises were satisfactory.

At St. Cleer Village the rising main and delivery main were known to be badly encrusted and becoming rapidly worse. During 1952 it will be necessary to renew these pipes or scrape them in order to maintain an adequate supply both from pumphouse to reservoir and from reservoir to the houses.

**(1a) Quality.** Thirty-one samples of water were taken from public and private supplies in the Rural District during 1951. Twenty-five of these were in respect of public or semi-public supplies.

**Pensilva.** School supply Well. Bacteriologically satisfactory. 2nd January, 1951.

**Lerryn.** Land Springs. Proposed supply for Council Houses. Reasonably safe for drinking purposes. 2nd January, 1951.

**Sharplands.** Land Springs. Proposed supply for cottages. Chemically satisfactory. Bacteriologically not safe. 24th January, 1951. Water improved. Quality satisfactory. 28th February, 1951.

**Dobwalls.** Lower Spring. Water suspicious. 15th May, 1951. Higher Spring. Bacteriologically satisfactory. 22nd May, 1951. Lower Spring. Water unsafe for drinking purposes. 22nd May, 1951. Notices erected warning householders to boil the water.

**Rilla Mill.** Village supply. Bacteriologically satisfactory. 21st May, 1951.

**Cheesewring and Minions.** Public Supply—privately owned. Satisfactory quality for drinking purposes. 3rd July, 1951.

**Pelynt.** Public Shoot. Bacteriologically satisfactory. 4th July, 1951.

**Cardwen, Pelynt.** Land Springs. Supply used for Council Houses. Bacteriologically Satisfactory. 17th August, 1951.

**Bodinnick.** Springs, privately owned supply—used by public. Unsafe for drinking purposes. 27th September, 1951. Same supply. Sample taken from stand pipe—water unsafe. Warning notices erected.

**Pelynt.** Village supply. Quality deteriorated. Not safe for drinking purposes. Permanent warning notice displayed 30th October, 1951.

**Vevery.** Bore-hole. Water not safe for drinking purposes. 30th October, 1951.

**Polruan.** Warning notices erected in the township.

**Polruan.** Sample taken from tank conveying water from Polperro to Polruan, by lorry. Reasonably satisfactory. 30th October, 1951.

**Treburgie Water.** Land Springs. Water used at Council Houses. Satisfactory. 5th December, 1951.

**Golberdon.** Shallow Well. Village supply. Satisfactory. 12th Decembr, 1951.

**(b) Quantity.** Shortages only at Polruan, Trewidland, Merry-meet and Trethevy. Supplies reasonably adequate in remainder of the area.

**(c) Bacteriological Examination.** A number of samples have been taken for bacteriological examination and details are given in paragraph 1 (a) of this report. No water used as a public supply in this Rural District is treated in any way.

**(d) Plumbo-Solvency.** Where water is found to be plumbo-solvent, lead service pipes are avoided. No special action was necessary in 1951.

(e) **Contamination of Supplies.** A great number of supplies in this Rural District are liable to contamination as can be seen from the details in paragraph (1a) of this report. It is also obvious that some supplies are subject to intermittent pollution so that a single sample on a particular day may be quite satisfactory, whilst a few days later under different climatic conditions, the water may be quite unfit for drinking purposes. It is almost impossible to give adequate protection to many of the sources and the only safe action in those cases is to advise consumers to boil the water before using it for drinking purposes.

(f) **Parishes with one or more Villages having a piped water supply :—**

<i>Parish</i>	<i>Population of Parish</i>	<i>Population supplied to houses</i>	<i>Population supplied from standpipes</i>
Broadoak	209	40	Nil
St. Cleer	1,485	850	37
Duloe	503	200	Nil
St. Ive	1,184	50	Nil
Lansallos	1,424	1,237	Nil
Lanteglos	1,320	1,000	150
Linkinhorne	1,139	120	120
Liskeard	922	Nil	300
St. Martins	283	140	Nil
Menheniot	1,089	244	20
Morval	530	34	Nil
St. Neot	918	140	100
Pelynt	452	50	Nil
St. Veep	362	25	Nil

**Sewerage.** During 1951 the sewerage scheme at Seaton was completed including the outfall works, the latter a joint effort by the St. Germans and Liskeard Rural District Council. Some difficulties were experienced in working in the narrow Keyval Lane, and again when the pipes were laid in a deep excavation leading from Seaton Bridge to the Beach but before the end of December all sewers within the Liskeard Rural District part of Seaton had been completed, including the sea outfall. Private house connections were being made in 1951, and many others will be made during the following year.

The section of 9" sewer at Bodinnick which was found to be defective was renewed in cast iron pipes during the early part of the year and being shallow was protected with concrete. Additional manholes were provided to facilitate cleansing operations.

The St. Cleer Sewerage Scheme estimated to cost £19,339 was commenced during the year and by December most of the sewers and branches were laid, tested and covered, but the treatment works were not commenced. Delays were experienced in obtaining fittings and also in securing masons for the work and although it was originally considered that the contract would be completed in 1951, it now seems that it will not reach the final stages until the last quarter of 1952. The section to serve Darite and Crowsnest was excluded from the Scheme by the Ministry and will have to be dealt with at a later date. A short length of 6" sewer was constructed in Quay Hill, Polruan which catered for six premises not previously drained into the main sewer. This adequately dealt with a serious nuisance by the discharge of sewage on to a beach near the Quay and provided drainage facilities not previously enjoyed.

**Meat and other Foods.** There are no Licensed Slaughterhouses in the Liskeard Rural District and only a few emergency slaughterings were carried out.

Inspections were made of other foods and the following were surrendered and destroyed:—

252 tins of meats, milk, fish and fruit—blown, damaged or leaky.

Inspections were made of the many cafes, hotels, snack bars and restaurants in the Rural District and these, with few exceptions, were kept in a clean and hygienic condition at all times.

**Ice Cream — Retail Sale.** During the year there were 38 premises which had been registered under the Foods and Drugs Act, 1938 for the sale of Ice Cream and one for the Manufacture and sale of the product. All premises were regularly inspected and were generally kept in a clean and sanitary condition. Most of the Ice Cream sold in the district was pre-packed.

37 samples were taken for bacteriological examination and fat content. The latter in every case was well above the minimum agreed standard and the bacteriological condition was very satisfactory.

Of the 37 samples no less than 34 were placed in Grade 1			
	2	in	Grade 2
	1	in	Grade 3

Most of the ice cream was made outside this Rural District and in comparing these results with those of 1950 it is obvious that considerable improvement had been made in securing such a high degree of cleanliness.

**Food Poisoning.** There were no cases of Food Poisoning in the Rural District throughout the year. One sample of suspected pickles was sent for examination but no pathogenic organisms were found.



**Clean Food Campaigns.** During the inspection of cafes, hotels, snack bars, and food retail shops, every opportunity was taken to impress upon those handling food to adopt strict personal hygiene and it can be reported that the co-operation of owners and staff was readily forthcoming.

The Council agreed with the Ministry's suggestion of exhibiting notices in all food shops requesting customers not to bring dogs into such premises for hygienic reasons. Although it was a request and not an order, the response has been gratifying.

**Housing.** 1951 was the most satisfactory year in the history of the Council as regards the erection of new houses. There were 58 under construction during the year and of these 32 were completed by December 31st and without any doubt a further 18 will be occupied by the end of the financial year—March 31st, 1952. Fair progress in the erection of private houses was also made and of a total of 21 being erected, 9 were completed by December.

During 1951 there were few additional applications for Improvement Grants under the Housing Act 1949 but some progress was made in connection with those approved earlier. Five schemes were in hand during the year of which one was completed. All occupied Council Houses have been well maintained throughout the year and essential repairs carried out as they have become necessary.

## Factories Acts, 1937 and 1948.

**INSPECTIONS for purposes of provisions as to health (including inspections made by Sanitary Inspectors).**

<i>Premises</i>	<i>M/c line No.</i>	<i>Number on Register</i>	<i>Inspections</i>	<i>Written notices</i>	<i>Occupiers prosecuted</i>
(1)	(2)	(3)	(4)	(5)	(6)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities: ...	1	43	35	nil	nil
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ...	2	50	40	nil	nil
(iii) Other Premises in which Section 7 is enforced by the Local Authority: (excluding out-workers' premises)	3	34	68	nil	nil
<b>TOTAL ...</b>		<b>127</b>	<b>143</b>	<b>nil</b>	<b>nil</b>

### Cases in which defects were found

<i>Particulars</i>	<i>M/c line No.</i>	<i>Number of cases in which defects were found</i>				
		<i>Found</i>	<i>Remedied</i>	<i>Referred To H.M. Inspector</i>	<i>By H.M. Inspector</i>	<i>No. of cases in which prosecutions were instituted</i>
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Want of cleanliness (S.1)	4	10	10	—	—	—
Overcrowding (S.2)	5	—	—	—	—	—
Unreasonable temperature (S.3)	6	—	—	—	—	—
Inadequate ventilation (S.4)	7	1	1	—	—	—
Ineffective drainage of floors (S.6)	8	—	—	—	—	—
Sanitary Conveniences (S.7)						
(a) insufficient	9	4	4	—	—	—
(b) Unsuitable or defective	10	9	9	—	—	—
(c) Not separate for sexes	11	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	—	—	—	—	—	—
<b>TOTAL</b>	<b>60</b>	<b>24</b>	<b>24</b>	<b>—</b>	<b>—</b>	<b>—</b>

**OUTWORK** (Sections 110 and 111)

<i>Nature of Work</i>	<i>M/c No. of line out-workers No. in August 110 (1)</i>	<i>No. of cases of default in sending lists to the (c) Council</i>	<i>No. of prosecu- tions for failure to supply lists</i>	<i>No. of instances of work in unwhole- some premises</i>	<i>Notices served</i>	<i>Prose- cutions</i>	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Wearing apparel— Making, etc. Cleaning and washing, etc.	13	1	—	—	—	—	—
<b>TOTAL</b>	<b>70</b>	<b>1</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>

## Appendix 1.

## Principal Causes of Death at all Ages—1951.

Disease	St. Germans R.D.	Liskeard R.D.	Saltash M.B.	Torpoint U.D.	Liskeard M.B.	Looe U.D.	Health Area No. 7.
Heart Disease	83	92	46	13	32	32	298
Cerebral Vascular Lesions (Stroke)	40	15	27	5	11	—	98
Cancer (all sites)	38	18	9	7	12	8	92
Respiratory Disease (inc. Influenza but excluding Tuberculosis)	36	11	10	4	3	7	71
Influenza	8	3	7	1	1	5	25
Circulatory Disease	10	2	1	2	2	2	19
Accidents	5	5	3	2	3	1	19
Genito-Urinary Disease	4	6	6	—	—	1	16
Tuberculosis	5	3	2	2	1	—	13
Digestive Disease	1	3	4	—	—	1	9
Diabetes	5	1	—	—	—	1	7
Suicide	1	2	—	—	—	1	4

## Appendix 2.

## Deaths by Age Groups—1951.

District	0—5 years	5—15 years	15—45 years	45—65 years	65—75 years	75 and upwards	All Ages
St. Germans R.D.	9	1	11	49	65	130	265
Liskeard R.D.	6	1	6	36	44	81	174
Saltash M.B.	6	—	2	19	30	59	116
Torpoint U.D.	1	—	1	4	11	25	42
Liskeard M.B.	5	—	5	7	20	35	72
Looe U.D.	2	1	1	7	10	36	57
Health Area No. 7	29	3	26	122	180	366	726

## Appendix 3.

## Average Age at Death—1951.

District	Males	Females
St. Germans R.D.	67.53	71.08
Liskeard R.D.	66.28	70.74
Saltash M.B.	70.73	71.39
Torpoint U.D.	70.58	75.10
Liskeard M.B.	63.38	71.08
Looe U.D.	71.03	74.63
Health Area No. 7	67.81	71.58

## Appendix 4.

**Incidence of, and Mortality from Tuberculosis  
in Health Area No. 7.—1951.**

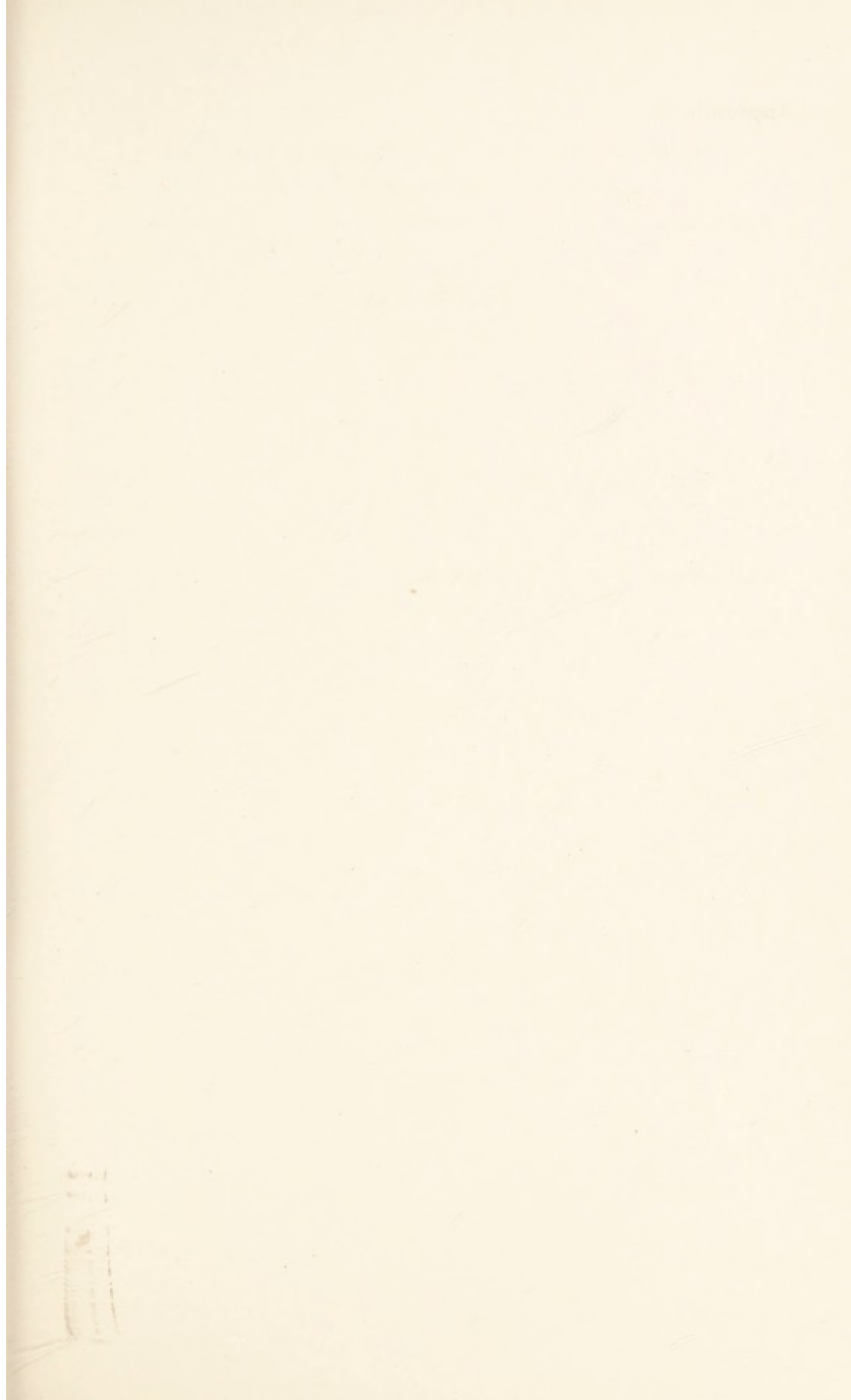
Age Group	New Cases		Deaths	
	Male	Female	Male	Female
0—1	—	—	—	—
1—5	2	2	1	2
5—15	4	2	—	—
15—45	11	13	4	1
45—65	6	4	4	—
65 and over	1	2	1	—
Totals	24	23	10	3

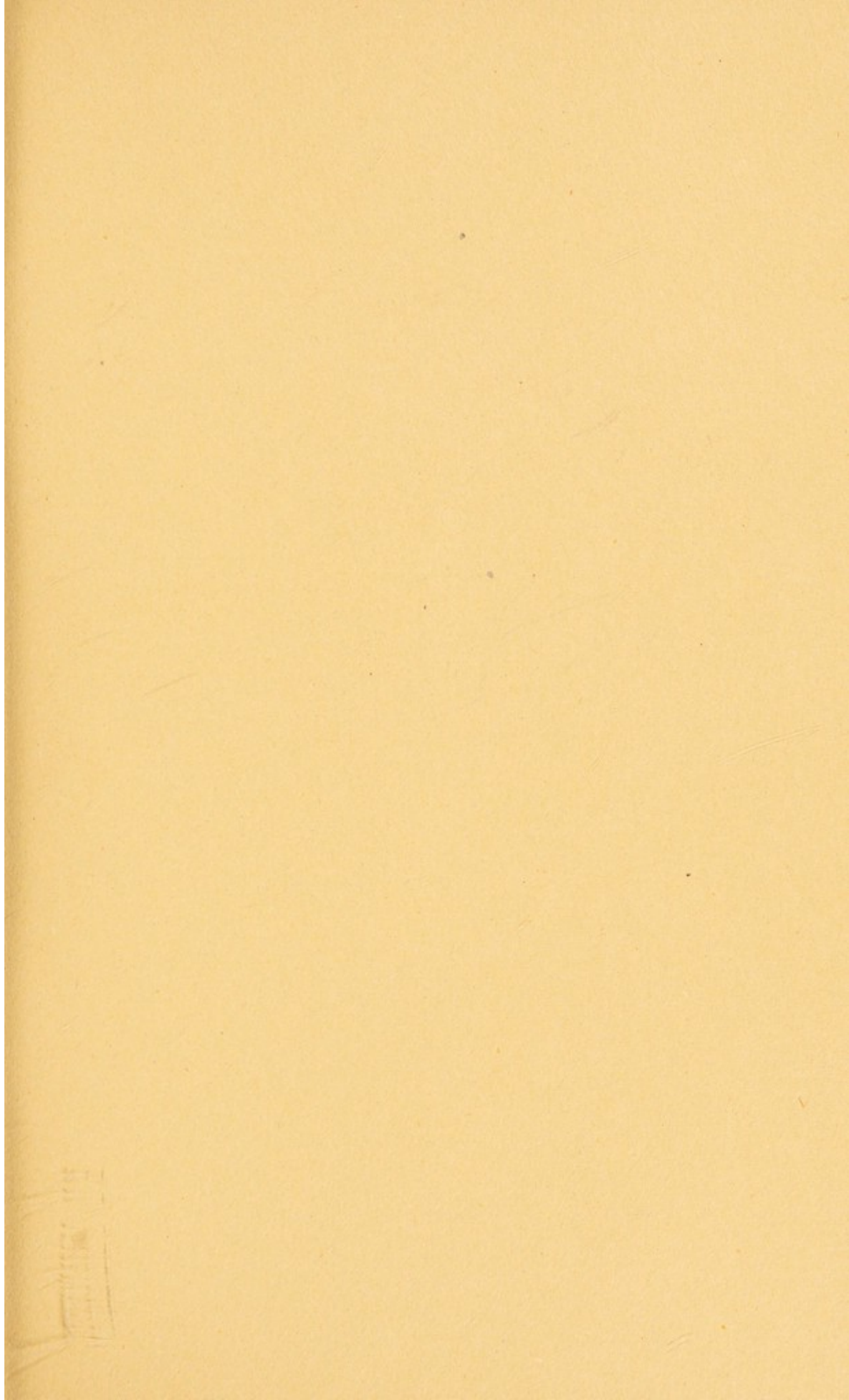
	Males	Females
Case Rate per 1000 of Population	0.44	0.43
Mortality Rate per 1000 of Population	0.19	0.06

**Case Rates and Mortality Rates per 1000 of Population  
by Sanitary Districts in Health Area No. 7—1951.**

	New Cases	Total Cases as at 31/12/51.	Deaths
St. Germans R.D.	0.84	5.44	0.30
Liskeard R.D.	0.57	3.48	0.21
Saltash M.B.	0.50	4.79	0.25
Torpoint U.D.	1.24	4.56	0.28
Liskeard M.B.	1.37	7.29	0.23
Looe U.D.	1.66	7.46	Nil
Health Area No. 7	0.87	5.00	0.24
England and Wales	not stated	not stated	0.31









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