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BOROUGH OF SALTASH

Annual Report

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1950

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

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BOROUGH OF SALTASH.

Report of the Medical Officer of Health

for the year 1950.

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

Your Worship, Ladies and Gentlemen,

I have the honour to present my Annual Report for the year 1950. As you are aware I hold a dual appointment, so that in addition to being Medical Officer of Health to six District Councils in South-East Cornwall I am also an Assistant County Medical Officer. In the latter capacity I represent the County Medical Officer, and am responsible for the day to day administration of certain sections of the National Health Service Act, 1946. Although District Councils have no statutory responsibility in the provision of health services under these sections of the Act, the fact that through the County precept on their rates, they contribute to the cost of these services, will make them interested in the nature of the service provided. I shall therefore refer to some of these services, which in my view merit comment, and which I believe are not fully understood by members and officials of District Councils.

Dealing with health matters in all six County Districts in Health Area No. VII of the County I not un-naturally view these matters more frequently against the background of conditions in the Health Area as a whole rather than against that of the individual County District. Since social, economic, climatic and other conditions bearing on the health of the community do not vary substantially from one County District to another in Health Area No. VII, it is not surprising to find that conclusions drawn from the Area as a whole are valid for individual County Districts in that Area For this reason, and because my work as an Assistant County Medical Officer is carried out on an Area basis, I propose to make the preface to each of my six Annual Reports a general preface, and to deal in the body of the Report with local variations from the state of affairs which obtains in the Health Area as a whole.

Health Area No. VII of Cornwall County embraces the Municipal Boroughs of Liskeard and Saltash, the Urban Districts of Looe and Torpoint, and the Rural Districts of Liskeard and St. Germans. Its total area is 164,000 acres and the total population is just over 50,000. Some 60 per cent. of the total population lives in the two Rural Districts, the remaining 40 per cent. being in the four small urban areas which make up the Health Area. There is no appreciable heavy industry in the Area, the emphasis being on agriculture. During the summer months there is a heavy influx of holiday makers to the coast which bounds the Area on the south, the chief centre of this activity being Looe. Though in theory such an influx may carry with it the risk of importing infectious disease into the Area, in practice this does not often happen. During 1950 there was some concern lest poliomyelitis, which was prevalent in many parts of the country, particularly the Midlands, might be brought to Cornwall by visitors. In fact, three visitors from the Birmingham district developed the disease soon after arrival in Cornwall, but in spite of the fact that the resort at which they were staying was extremely crowded, there was no extension of the disease to other visitors or the local population.

In referring to the state of health of the community in Area VII in general terms it is I think correct to say that on the whole it is up to the average of the country as a whole. Cornwall is a favourite place of retirement for those whose working days are over, and in consequence the population here contains a higher proportion of older people than the country as a whole. Knowing this, it is reasonable to expect that the death rate in Cornwall would be higher than the country as a whole, and this is what our statistics reveal. The fact that the average age at death is above that of the country as a whole shows that the higher death rate is in this case no indictment of the state of health of the community. The birth rate is below the national average for similar reasons beyond our control. The absence of industry, with the attendant lack of employment for young people, means that numbers of people in the younger age groups leave Cornwall to work and live, and raise their families elsewhere.

Of the preventible diseases the most serious without a doubt is tuberculosis. Apart from the loss of life which it causes, the chronic invalidism which accompanies it represents a serious economic loss to the Community. The period of inability to work and earn a living is measured in tuberculosis, not in days or weeks but more often in months and years. It most frequently affects persons in early adult life, thereby invaliding them at what is normally their most active and productive phase of life. Moreover because of its communicable nature its victims inevitably suffer some social ostracism, though the position here has improved somewhat, and tuberculosis no longer carries with it the social stigma it did some years ago. It would not be unreasonable to expect that heroic measures would be called for, and would be justified in dealing with such a disease. Admittedly such measures would be expensive to put into operation, at least at the outset,

but properly applied they would soon have shown returns, not only in reducing human suffering, but also in lessening the size of the economic burden that tuberculosis places on the community. In fact, tuberculosis has been, and is still regarded with too much complacency, and with an outlook that breathes too much of despair. The prompt removal of the tuberculous patient, and his retention in a place of isolation—the sanatorium—is still in too many cases a counsel of perfection, and so the patient remains at home, and often spreads the infection to another member of the household. We are all aware of the long waiting lists for admission to sanatoria, since from time to time articles and correspondence in the Press give the matter some prominence. I do not wish to minimise the difficulties which beset those who wish and who endeavour to improve the facilities for the treatment of tuberculosis. The prime difficulty is that of providing sufficient nurses to adequately staff even the number of beds at present available, and the difficulty is correspondingly greater if regard is given to the number of beds which would be required to fully satisfy the needs of tuberculosis. I do not believe that the inadequacy of sanatorium accommodation is any worse in Cornwall than in the country as a whole, but there is no doubt of its existence. Of the 53 cases of pulmonary tuberculosis notified during 1950 in Health Area VII only seven gained admission to Tehidy Sanatorium during that year, *i.e.*, one person in every seven suffering from tuberculosis can hope to be admitted to a sanatorium in the early stages of the disease. In spite of the difficulties associated with the provision and staffing of sanatoria, and chest clinics, I feel that a bigger proportion of the expenditure on the National Health Service should be devoted to the prevention and treatment of this chronic, crippling disease. I feel that if some of the money which has been spent on the over-lavish provision of other less essential items in the National Health Service had been diverted to the prevention and treatment of really serious disease we should be on the right road to eradicating such scourges as tuberculosis from our midst. Viewed statistically, there has been little or no change in the incidence of or mortality from tuberculosis in Health Area No. VII over the past three years, and the figures are on a par with those for the county as a whole. These statistics are given as an appendix to this report. Towards the end of 1950 a start was made on the B.C.G. vaccination scheme. This vaccine, which has been extensively used on the Continent, especially in Scandinavia, has been found to stimulate in the body some resistance to tuberculous infection. At present its use is confined to those persons who are exposed to a definite risk of contracting the disease, e.g., close contacts of a case, nurses, and who have not developed any resistance to the disease. The necessity for removing suitable candidates for B.C.G. vaccination from any risk of infection for six weeks before vaccination, and six weeks after vaccination is a serious obstacle, and one which makes even more necessary the early removal to a sanatorium of cases, particularly where there are susceptible young adults and children in the household. I cannot leave the subject of tuberculosis without a reference to the importance of adequate housing in relation to this disease. One of the most important services a District Council can render to a family in which there is tuberculosis, is the provision of satisfactory housing, with adequate space, so that if at all possible the sufferer should have a separate bedroom. This measure of prevention is within the control of the District Council, when they are powerless to influence the provision of hospital accommodation, and I would therefore commend to all District Councils the claim of the tuberculosis patient on housing.

Another matter which has caused concern during the year is the inadequate provision for the care of chronic sickness and illness occurring amongst aged and infirm persons. At the only hospital in this Area dealing with this type of case, there is invariably a long waiting list for admission. I do not wish to be critical of this state of affairs, but I feel bound to express my concern. Again much of the difficulty arises from shortage of staff—both nursing and domestic. It must be admitted that the care of aged, chronically ill people is not a very attractive career. It does not call so much for technical skill, as for a sense of devotion to the service of those unfortunate fellow-creatures, who through the burden of years, and infirmity are unable to care for themselves. Endeavours have been made to meet the need, by providing a shorter and less technical course of training for Assistant Nurses who would form the bulk of the nursing staff in hospitals for aged and chronic sick. As far as I can gather the response from suitable young women and men has not so far been very encouraging and it would appear that this difficulty is one which will not easily be overcome. Again I feel that the care of chronic and aged sick might have received more, and better consideration in the National Health Service, particularly as the proportion of older people in the community is on the increase, and there appears to be a tendency for relatives to leave their old folks to the Welfare State to be taken care of. There is some provision in the National Assistance Act whereby old and infirm persons who are adjudged by a court of summary jurisdiction as being incapable of caring for themselves can be removed to an institution or hospital on the order of the court. This piece of legislation, which is a direct interference with the liberty of the subject, is one which I personally have not been called upon to certify as necessary in any case, though in at least two cases it has been given serious consideration. The fact that seven days' notice of the making of this application must be given to the court and to the person managing the premises to which it is intended that the aged or infirm person should be removed, makes this, the use of this section unsuitable for dealing with urgent cases.

One of the greatest triumphs of preventive medicine has been the virtual eradication of diphtheria from the community as a result of the successful immunisation campaign which has been in progress throughout the country over the past ten years. The success of this campaign can be measured by the reduction in the number of cases notified. Thus in 1940, in the County of Cornwall 392 cases of diphtheria were notified, while in 1949 the figure had fallen to three—a truly wonderful result During the years 1948—1950 inclusive, in the whole of Health Area No. VII one case only of this disease has been notified to me. It would be a thousand pities if the valuable gains of the last decade in this sphere of public health were to be lost through apathy or groundless fears of the alleged ill-effects of immunisation on that other scourge of childhood—poliomyelitis. The absence of a disease from the community tends to breed in that community a sense of apathy towards the potential dangers and consequences of that disease. It is understandable that most young parents whose memories of the disease as it existed in their childhood have grown dim, and who know nothing of it in relation to their own or their neighbours' children, should sometimes fail to realise the seriousness of the position which will arise if large numbers of the rising generation of children are not protected by immunisation. Unfortunately, certain conjectures on the possible effect of recent diphtheria immunisation on the incidence, and severity of paralytic poliomyelitis found their way into the popular Press during 1950, and created in the minds of parents a certain amount of opposition to diphtheria immunisation.

There has been no clear proof that such adverse effect does in fact follow diphtheria immunisation, and in at least one recent report no such association could be found. Diphtheria has not wholly vanished from the country, and given suitable soil—a child population with an increasing number of non-immunes—it will soon re-establish itself, and will again become one of the grim reapers of young lives.

Another disease which effects children and adolescents is poliomyelitis. This disease is perhaps better known as infantile paralysis, though in fact it can attack adults, and it does not always cause paralysis. The virus which causes it has become much more widespread in recent years in the British Isles, and outbreaks of this disease have appeared without fail each summer and autumn in sufficient numbers to attract attention since 1947. The mode of infection and subsequent spread of the disease is difficult to trace, and it is common to meet isolated cases where there is no obvious source of infection and the disease does not spread any further. Infection is probably spread by droplets from the nose, mouth and throat, and probably also from the bowel. Because of its morbid "news value" the disease has received a good deal of publicity in national and local newspapers, and the general public, especially the parents of young children, have become very "polio" conscious. Unfortunately, this gives rise to a good deal of unreasonable anxiety, amounting in some cases to panic, and the occurrence of a case of poliomyelitis is almost always accompanied by rumour and speculation which bear little relation to the true state of affairs. There is great need to take a balanced and reasonable view of this disease, so that parents may be spared undue distress and worry. Although the disease is notorious for the paralysis it can and does cause, about 25%—30% of the cases notified in 1950 throughout the country did not suffer from paralysis. Again during 1947 when poliomyelitis was present in this country in epidemic form, there were 688 deaths from this disease, whereas tuberculosis caused 23,075 deaths and 4,071 persons were killed in traffic accidents. Thus whilst poliomyelitis is a serious disease, it is important that we keep it in its proper perspective in relation to other hazards to life, and limb. As far as Health Area No. VII was concerned the incidence of poliomyelitis during 1950 was considerably above that for the two previous years. In all 14 cases were notified of which 10 were accompanied by paralysis, while in four there was no paralysis. There were no deaths from this disease. The case rate per 1,000 of the population was 0.27 as against a rate of 0.18 for England and Wales as a whole.

Of the other infectious diseases notified during 1950, whooping cough and pneumonia were most numerous. With pneumonia, erysipelas and meningitis the local case rates were above the national figure, whilst with measles, whooping cough, scarlet fever and puerperal pyrexia the local case rates were better than those for England and Wales.

In my report for 1949 I referred to the supremely important part played by housing in the national economy. The demand for new houses continues unabated, and everywhere the claims of eager applicants outnumber the new dwellings which can be made available. The only factor which puts any curb on the apparently insatiable demand for new houses, is the relatively high rent which now attaches to new houses. This is the inevitable result of increased costs of wages and materials operating in the building industry. As far as housing is concerned it is interesting to observe that the fulfilment of the manual workers' demand for higher remuneration, and increased leisure, has reflected back so adversely on themselves, and their families when they require to be rehoused. Many relatively well-paid manual workers are now finding it difficult to meet the high rents which are due in part to the higher wages paid to their colleagues, in the building industry. As far as social welfare, and public health are concerned, it is most unfortunate that these factors should operate agains the rehousing of those who require it, but it is not a matter which can be easily remedied. National and local financial resources are strained to well nigh breaking point, and the provision of further subsidies for housing, food or indeed any other public service is almost out of the question. Nothing short of increased productivity, and the best possible use of scarce and expensive materials holds out any hope for rehousing those who most require it at a cost they can afford to pay. It is hardly necessary to remind you that the provision of good housing is dependant on the availability of ancillary services, with water supply in the forefront. The progress of housing schemes is made much more difficult by the absence of these services, a fact which many of the less progressive rural areas throughout the country are now discovering in the very hard, and very expensive post-war school of experience. Considering all the difficulties which surround the problem of providing an adequate number of new houses together with the requisite ancillary services, I consider that District Councils in this Area have all made very good efforts in this direction.

Water supplies in the Area are variable, ranging from piped supplies of pure water to indifferent and dangerously polluted supplies from shallow wells and springs. In all cases there is anxiety during the dry summer months concerning the quantity of water available, and with piped supplies restrictions on consumption are usually necessary. In the case of the smaller schemes in villages and hamlets there is sometimes complete failure of the supply and expensive and inadequate substitutes have to be provided. The Liskeard Rural District Council and the Liskeard Borough Council have embarked upon a joint scheme of considerable magnitude, which has as its object the provision of a pure supply of piped water to the whole of the Liskeard Rural District, at present badly served in this respect. As with all undertakings of this description the progress of the work is frustrated and impeded by shortage of materials, and the ever present bogey of rising costs. It is also worth remembering that the demands of the defence programme and such measures as the National Health Service or the national income are so heavy and pressing, that Government grants to aid local schemes and projects of water supply, and sewerage may be much less generous than had been anticipated. This will lay a correspondingly heavier burden on local finances, and it may well be found that comprehensive schemes of water supply and sewerage though necessary, and long overdue cannot be undertaken through lack of ability to meet the high cost of such schemes.

The standard of sewerage and sewage disposal is generally unsatisfactory throughout this Area. In only one of the larger urban communities is any attempt made to treat sewage before discharging it to a waterway, and even here the plant used is obsolescent and unsatisfactory. In villages and hamlets in the rural parts of the Area arrangements for sewerage and sewage disposal are generally primitive, inadequate and unsatisfactory. It is true that where new houses are constructed efforts are made to improve the state of affairs, and provided such small sewage disposal plants are carefully and regularly maintained they are tolerably efficient. As with water supply schemes the planning and provision of larger sewerage schemes is delayed and discouraged by

a multitude of difficulties, the greatest of which is the high cost of such schemes. No one is prepared to argue against the necessity for the provision of water and sewage disposal—indeed the modern citizen and ratepayer regards these services less and less as amenities and more and more as the bare and basic necessities of life, especially if he has come from districts where they have been provided. Whilst as an official primarily concerned with the prevention of disease and the promotion of health I must advise and even urge the provision of these services, nevertheless, I must temper my enthusiasm with a sense of reality. Unfortunately, the harsh and easily perceptible reality of the matter is our physical and financial inability to provide these services. In thinly populated rural areas the over-riding difficulty is one of finance, though shortage of labour, and materials and transport difficulties all contribute to the slow progress in solving these problems. During and since the war many city and town dwellers have come to rural areas to live. They have in most cases been appalled by the primitive conditions existing in many rural areas and some have been vociferous in their demands for these things which are the normal concomitants of life in a large community. Whilst we must never abate our efforts to improve living conditions in rural areas, we must recognise the formidable financial and physical obstacles which confront our endeavours in this direction, and we must never lose sight of the magnitude of these problems.

It is not perhaps generally understood that the social services, of which the public health services is one, are in effect purchasable commodities, and have to be paid for out of a fixed and limited national income. However much a private individual may wish to spend on the promotion and preservation of his health, the size of his income inevitably places some limit to the amount he may devote to this purpose. This is equally true in the national life, and limits the size and scope of any service, to that which the community can pay for. Many people seem to regard the scope and benefits of the National Health Service as limitless, and do in fact use the Service as though that were the case. That such is not the case, successive Chancellors of the Exchequer have made abundantly clear, and they have in fact endeavoured to fix a "ceiling" beyond which the cost of the National Health Service may not rise. This necessary restriction on the size of the national bill for health services, means that within the National Health Service the various interests which provide health schemes and services have to compete with one another for a share of the limited total available. In such competition there is danger that the popular clamour for one type of service may ensure for it a larger share of the available funds than its real merit may give it title to, whereas the claims of less obviously beneficial parts of the service may suffer. Personally, I should need a lot of convincing that the satisfying of the gargantuan thirst of the British public for liquid medicine is more important than the eradication of tuberculosis, or that the wholesale provision of dentures is more valuable than the care of those to whom age or chronic illness has brought infirmity. Most thinking people will agree that the logical way to approach the question of health in the nation is to adopt the positive approach—to teach people to acquire and promote good health in themselves and their families, and to keep disease at bay by preventing it. Yet in the present National Health Service the main emphasis is on curing disease, with preventive services a very poor second, being allocated only 8% of the 450 million pounds which the National Health Service claims from the national income. However wrong this outlook may be it will be very hard to alter it, and I see little prospect of a more logical approach to this question of health being adopted for many years ahead. Nevertheless, it is something for which we must all strive, in our endeavour to make the best possible use of our limited national resources.

In the foregoing preface which will be common to the six Annual Reports I am called upon to write, I have touched upon those aspects of public health, and social medicine which seems to me to be important and to merit comment. Most of what I have had to say is not original, and has been much more convincingly and skilfully put by my colleagues in other parts of the country. The opinions and judgments I have formed are therefore not altogether my own, though their application to the area in which I work and live is my responsibility. Some who read this Report will not agree with the conclusions I have reached and the opinions I have formed. I can only hope that in stimulating them to disagree with me, I may also stimulate them to seek after the best means of attaining our common goal—the good health and happiness of the community. We must all contribute in greater or lesser measure to the modifying and moulding of our social services so that they yield the best results. The National Health Service is one of the most recent arrivals on the scene, and it is without doubt one of the greatest experiments in social welfare so far undertaken in the world. To really succeed it will require all the support, encouragement and guidance that thinking people everywhere can give.

I cannot conclude without thanking all who have assisted and encouraged me during the year 1950 in my endeavours to improve the health of the public in this part of Cornwall. May I hope that this co-operation will be extended to me as long as I continue to serve in this Area.

I have the honour to be,

Your Worship, Ladies and Gentlemen,

Your obedient Servant,

P. J. FOX,
Medical Officer of Health

BOROUGH OF SALTASH

Area of Borough	6,257 acres
Population (Registrar-General's Estimate)	7,570
Number of Inhabited Houses	2,235
Rateable Value of Borough	£52,423
Sum Represented by Penny Rate	£211.50

Vital Statistics for 1950

	Male	Female	Total
Live Births	56	73	129
	Saltash M.B.	Health Area No. 7	England & Wales
Birth rate per 1,000 of population	17.4	15.1	15.8
	Male	Female	Total
Still Births	2	—	2
	Saltash M.B.	Health Area No. 7	England & Wales
Still Birth rate per 1,000 of population	0.26	0.32	0.37
	Male	Female	Total
Deaths	44	50	94
	Saltash M.B.	Health Area No. 7	England & Wales
Death rate per 1,000 of population	9.5	13.7	11.6

Deaths Attributed to Pregnancy, Childbirth and the Puerperal State

No deaths registered under these heads.

Deaths of Infants under One Year of Age

	Male	Female	Total
All Causes	1	2	3
	Saltash M.B.	Health Area No. 7	England & Wales
Infant Mortality rate per 1,000 live births	23.3	18.9	29.8

Principal Causes of Death at All Ages

Heart Disease	34
Cancer (all sites)	14
Intra-cranial Vascular Lesions ("Stroke")	11
Respiratory Disease	7
Tuberculosis	5
Genito-urinary Disease	3
Accidents	3
Diabetes	2

* *Average Age at Death*

Males	Females
64.66	68.33

There is nothing in these satistics that calls for special comment other than to say that the health of the Borough as measured by them was slightly better than in Area No. 7 and in England and Wales as a whole, and showed some improvement over 1949.

Infectious Disease. The incidence of infectious disease in the Borough during 1950 was relatively light, there being 75 cases in all. This compares with 376 cases in 1949 and 178 cases in 1948. Whooping Cough with 36 cases was the most prevalent infectious disease, Pneumonia with 17 cases being next in order of incidence. Of the more serious infectious diseases there was one case of paralytic poliomyelitis. The following are details of actual cases, and case rates for the various infectious diseases notified during 1950 :

Disease	Cases Notified	Case Rate per 1,000 of Population: Saltash M.B.	Health Area No. 7	England & Wales
Whooping Cough	36	4.76	3.13	3.60
Pneumonia	17	2.25	1.26	0.70
Erysipelas	8	1.06	0.36	0.17
Scarlet Fever	6	0.79	0.84	1.50
Measles	6	0.79	0.44	8.39
Paralytic Poliomyelitis	1	0.13	0.19	0.13
Non-Paralytic Poliomyelitis	1	0.13	0.05	0.05

Tuberculosis. During the year seven new cases of Tuberculosis were notified. Of these six were pulmonary cases and one was a non-pulmonary infection. This is a small reduction over the totals of eight new cases in 1949 and ten new cases in 1948. Tuberculosis was responsible for five deaths during 1950. The following are details of new cases, deaths, case rates and mortality rates :

Age Group	New Cases M.	New Cases F.	Deaths M.	Deaths F.
0— 1	—	—	—	—
1— 5	—	—	—	—
5—15	—	—	—	—
15—45	4	2	2	1
45—65	1	—	1	—
65 and over	—	—	1	—

Rates per 1,000 of population

	Saltash M.B.	Health Area No. 7	England & Wales
New cases	0.92	1.01	Not known
All cases	5.68	5.12	Not known
Deaths	0.66	0.40	0.36

These tables show a typically tuberculosis pattern of attack, in that persons in earlier adult life, i.e., between the ages of 15 and 45 years bore the brunt of the infection, and suffered the heaviest mortality. The case and mortality rates do not differ greatly from those of the surrounding area, though the tuberculosis mortality rate for the Borough is almost double that of the country as a whole.

At the end of 1950 there were 36 known cases of pulmonary tuberculosis and seven known cases of non-pulmonary tuberculosis resident in Saltash Borough.

National Assistance Act, 1948. No action under Section 47 of this Act was necessary during 1950.

Water Supply. The bulk of the water used in the Borough is supplied by the Plymouth Corporation, with a small amount from the South-East Cornwall Water Board. Throughout the year the quality of all water supplied was excellent, and quantity was at all times adequate.

Sewerage and Sewage Disposal. Sewers in the town and the sewage disposal works at Salt Mill are old, and far from satisfactory, and were it not for the fact that the effluent finds its way into the tidal waters of the Tamar means of improving the present position would call for urgent consideration. Up to the end of the year the scheme prepared by the Council's engineering advisers had not come forward for consideration.

Food. Routine inspections of premises dealing with and serving food were undertaken during 1950 and where necessary assistance and advice was given to proprietors and employees.

Food Poisoning. No cases of food poisoning occurred in the Borough during 1950.

Clean Food Campaigns. Although no such campaigns were undertaken during 1950, by the end of the year preparations were in hand for the carrying out of a Clean Food Campaign in early 1951.

Housing. The Council continued to make good progress during 1950 in the provision of new houses on Cowdray, Liskeard Road, and Warraton housing estates.

Factories' Act, 1937. The number of installations coming within the provisions of this Act is not large, and no difficulties were experienced.

REPORT OF THE SANITARY INSPECTOR.

The report of the Sanitary Inspector Mr. R. B. Hall, C.R.S.I., follows. The previous holder of this appointment, Mr. E. N. Smythe, resigned in May, 1950, and was succeeded in August, 1950, by Mr. Hall He has proved himself a very able and energetic officer of the Council and I should like to express my thanks to him for the assistance and co-operation he has at all times extended to me.

APPENDIX I

Incidence of and Mortality from Tuberculosis in Health Area No. 7—1950.

Age Groups	New Cases Male	New Cases Female	Deaths Male	Deaths Female
0— 1	—	—	—	—
1— 5	2	—	—	—
5—15	5	2	—	—
15—45	13	18	7	4
45—65	6	2	4	2
65 and over	3	2	3	1
Totals	29	24	14	7

	Male	Female
Case rate per 1,000 of population	0.55	0.46
Mortality rate per 1,000 of population	0.27	0.13

Case Rates and Mortality Rates per 1,000 of Population by Saniatry District in Health Area No. 7—1950

	New Cases	Total Cases as at 31.12.50.	Deaths
Liskeard M.B.	2.30	5.99	0.46
Liskeard R.D.	0.49	3.52	0.42
Looe U.D.	1.08	5.92	—
St. Germans R.D.	1.07	6.50	0.44
Saltash M.B.	0.92	5.68	0.66
Torpoint U.D.	1.15	3.45	0.14
Health Area No. 7 Cornwall	1.01	5.12	0.40
England and Wales	Not Known	Not Known	0.36

ANNUAL REPORT OF THE SANITARY INSPECTOR FOR THE YEAR ENDING, 1950

Water Supply. Plymouth Corporation supply water at approximately 270,000 gallons daily and 5,000 gallons per day are taken from the South-East Cornwall Water Board.

Little change has been made as regards increase in pressure which is only just sufficient for the present requirements, although the quality and quantity have been satisfactory.

The South-East Cornwall Water Board have confirmed that they can supply additional water and the Borough Surveyor is preparing a scheme for the extension of the water mains to the Trematon and Trehan Areas.

With the exception of these areas there is a piped supply and two bacteriological examinations and one chemical analysis were taken and were satisfactory in all cases.

There has been no contamination of the water supply from any source.

The number of dwelling-houses supplied from public water mains are 2,080 and the number supplied by stand pipes are approximately 140.

Sewage Disposal and Sewerage. Messrs. George Ivory and Partners, the Council's consulting Civil Engineers are still negotiating with the Ministry of Health, the Admiralty and other interested bodies for acceptance of their prepared scheme for the improved disposal works at Salt Mill. These are overloaded and therefore the effluent discharged is undoubtedly sub-standard, although this effluent is discharged into the River Tamar well below Mean Sea Level.

Refuse Collection. The collection of refuse is carried out by direct labour and is the responsibility of the Borough Surveyor.

Weekly collections are made except in the outlying areas where it is fortnightly.

Controlled tipping has now been attained and the tip is sealed by soil and builders' refuse.

One three-ton motor vehicle is employed on refuse collection.

Public Cleansing. The Borough Surveyor is responsible for the administration of public cleansing.

St. Austell Rural District Council's exhauster is hired for the cleansing of cesspools

Rivers and Streams. Samples are taken as necessary in order to trace any pollution of rivers and streams.

Closet Accommodation. Water closets which have no automatic flushing cisterns are gradually being provided with these. Those remaining are mainly in the Trematon and Trehan Areas.

Two conversions to the water carriage system have been made.

Sanitary Inspections of the Area.

Shops	28
Food Premises	71
Licensed Premises	14
Registered Premises	22
Drains, W.C.'s, etc.	75
Factories	15
Rodent Control	49
Infectious Disease	6
Disinfestation	8
Visits in connection with Housing Applications	130

Shops. Twenty-eight visits have been made to shops. In most cases breaches of the Act were found, these were mainly technical, such as keeping of records and the display of certain forms, in all instances verbal notice was sufficient to remedy any contravention.

Nine notices were served for structural defects and alterations, etc.

Factories. Fifteen factories have been visited and in all cases verbal notice has been sufficient to remedy any defects.

Smoke Abatement. Smoke nuisance occurred from a dairy on the water front, the siting of the dairy contributed largely to the nuisance. Experiments with other types of fuel were carried out and satisfactory results were obtained after a fairly long period.

Camping Sites. One camping site is licensed by the Local Authority and conditions seen during inspections were not quite satisfactory. Overcrowding has occurred in some of the huts. Difficulty in relieving this is due to these persons coming in from outside the district.

Sea Water Swimming Pool. No longer in use.

Disinfestation. Eight premises have been disinfested, various trade preparations are used.

Schools. Complaints have been forwarded to the County Educational Authorities who have attended to these without delay. The facilities for school meals are inadequate and it is hoped that more satisfactory arrangements can be made in 1951.

Rodent Control. Forty-nine premises have been treated by the part-time Rodent Operator. In addition the tip and sewers have received treatments.

Housing. The Cowdray Estate, consisting of 24 U.T. two-type houses and two blocks of four flats, was completed in December this year.

Sixteen houses at Liskeard Road were commenced and will be ready for allocation early in 1951. Forty houses at Warraton were commenced in November, 1950.

No private enterprise licences were authorised by the Ministry of Health.

Inspection of Houses during the Year :

(*a*)	Total number of houses inspected for housing defects (under Public Health and Housing Acts)	151
(*b*)	Number of inspections made for that purpose	187
(*c*)	Number included in sub-head (*a*) which were inspected and reported under the Housing Consolidated Regulations, 1925	Nil
(*d*)	Number of inspections made for that purpose	Nil
(*e*)	Number found to be in a state so dangerous or injurious to health as to be unfit for human habitation	Nil
(*f*)	Number (excluding those referred to in preceding paragraph) found not to be in all respects reasonably fit for human habitation	Nil

Remedy of Defects during year without formal Notice

Number of defective dwelling-houses rendered fit in consequence of informal notice by Local Authority or their Officers 52

ACTION UNDER STATUTORY POWERS DURING THE YEAR

A—Proceedings under Section 9, 10 and 16, of Housing Act, 1936 :

(1)	Number in respect of which notices were served requiring defects to be remedied	6
(2)	Number rendered fit after service of formal notice :	
	(*a*) By Owners	6
	(*b*) By L.A. in default	NIL

B—Proceedings under Public Health Act :

(1)	Number in respect of which informal notices were served requiring defects to be remedied	69
(2)	Number in which defects were remedied after service of formal notice :	
	(*a*) By Owners	17
	(*b*) By L.A. in default	NIL

C—Proceedings under Section 11 and 13 of Housing Act, 1936 :

(1)	Number in respect of which demolition orders were made	2
(2)	Number demolished in respect of demolition orders	2

D—Proceedings under Section 12 of Housing Act,1936 :

(1)	Number of separate tenements or underground rooms in respect of which closing orders were made	NIL
(2)	Number of separate tenements or underground rooms in respect of which closing orders were determined the tenement or room having been rendered fit	NIL

HOUSING ACT, 1936—OVERCROWDING

Thirty-one cases of overcrowding were reported during the year and 14 cases were relieved. 130 visits were made to premises in connection with housing applications.

E—INSPECTION AND SUPERVISION OF FOOD

Seventy-one visits were made to premises where food is offered or exposed for sale.

Notices were served on the occupier in most cases, but the making of the Food Bye-laws which came into operation towards the end of the year, caused many changes to be effected. The progress can only be reported in the year, 1951.

Licensed Premises. Fourteen visits were made to licensed premises. These were quite satisfactory. Again the food bye-laws are effecting changes especially where meals are served.

Registered Premises. Twenty-two premises have been registered in accordance with the Food and Drugs' Act, 1938. Thirteen under Section 14a. Nine under Section 14b. Two premises have been registered as dairies and five distributors have been registered under the Milk and Dairies' Regulations, 1949.

Food Surrendered. The under-mentioned food was surrendered as being unfit for human consumption :

26 lbs. Pudding Mixture.	31 tins Milk.	92½ lbs. Cheese.
71½ lbs. Frozen Beef.	32 lbs. Mutton.	125½ lbs. Tinned Foods.
	109 Ducks.	

Plans for the launching of a clean and safe food campaign were made and will be put into operation early in 1951.

SUMMARY

In submitting this Report I would like to point out that for the first four months under review Mr. E. N. Smythe was responsible for the work carried out in connection with Sanitary Administration, and from May until August the Local Authority had no Sanitary Inspector.

R. B. HALL,
Sanitary Inspector.