

[Report 1925] / Medical Officer of Health, St Austell U.D.C.

Contributors

St. Austell (England). Urban District Council.

Publication/Creation

1925

Persistent URL

<https://wellcomecollection.org/works/phbphsav>

License and attribution

You have permission to make copies of this work under a Creative Commons, Attribution license.

This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

INTELL. LIBRARY

1925.

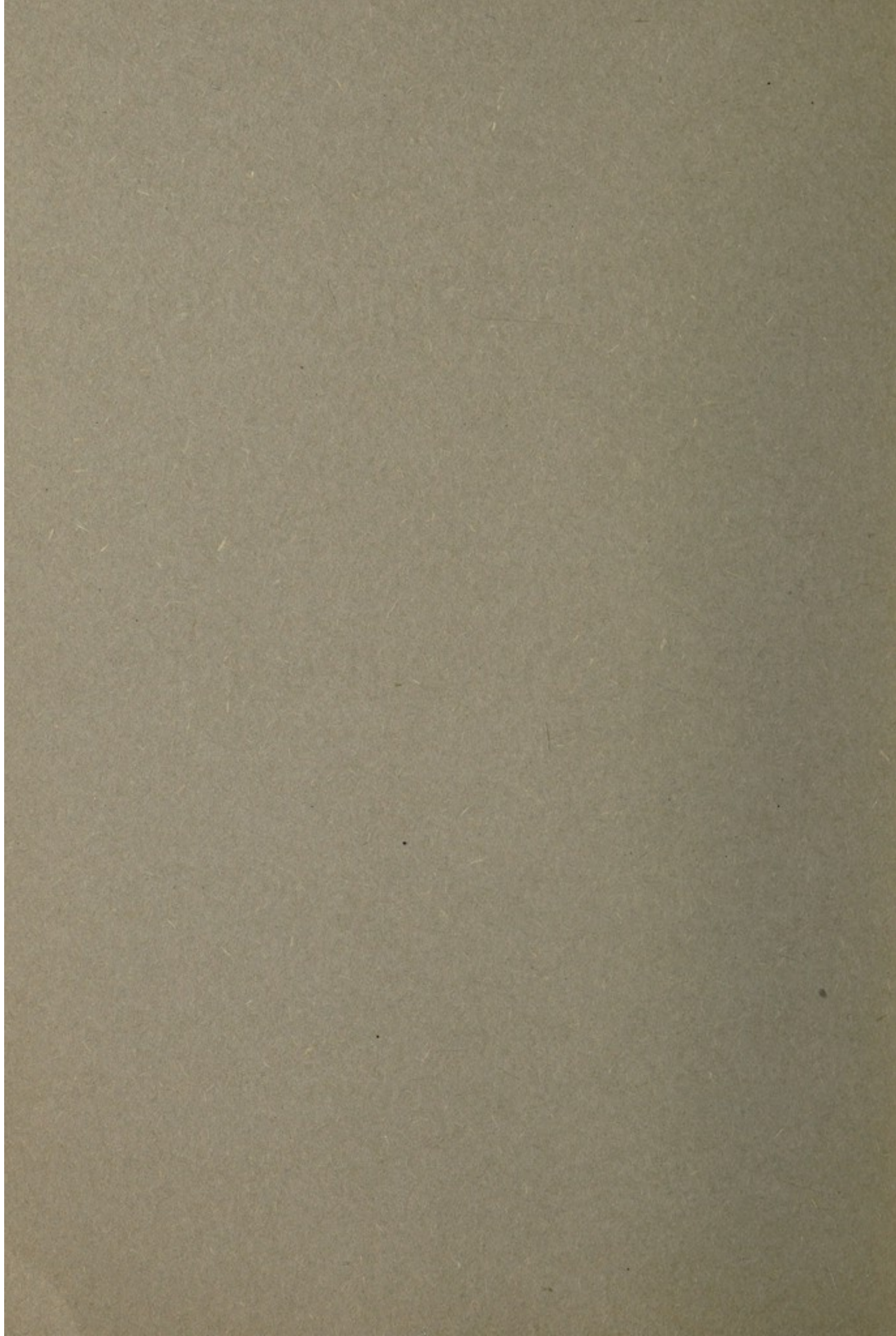
URBAN DISTRICT COUNCIL
OF
ST. AUSTELL

ANNUAL REPORT

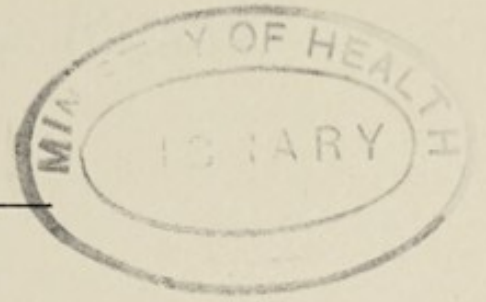
OF

Medical Officer of Health.

ST. AUSTELL :
PRINTED BY H. E. WARNE, LTD.



1925.




URBAN DISTRICT COUNCIL
OF
ST. AUSTELL

ANNUAL REPORT

OF

Medical Officer of Health.

ST. AUSTELL :
PRINTED BY H. E. WARNE, LTD.



Digitized by the Internet Archive
in 2018 with funding from
Wellcome Library

<https://archive.org/details/b30125558>

Medical Officer's Annual Report.

ARDMORE,

ST. AUSTELL,

4th September, 1926.

To the Chairman and Members of the
St. Austell Urban District Council.

GENTLEMEN,

I have again to submit you an Annual Report on the Public Health of your district. This report is for the year 1925, and is to be what is termed by the Ministry of Health "A Survey Report." It is meant to be a fuller report than that for the last four preceding years, and if it deals with some matters that are very familiar to you it does so that you may make a comparison of things now with what they were four years back.

The most momentous thing to record for 1925, was that on the 1st April of that year, the area of the district was very materially enlarged. Several attempts had been made to enlarge during the last 20 years, but had ended in failure. The

failures were due to disagreement between the Urban and Rural Districts, and appeal about details. When the principle was conceded, details were objected to and the Local Government Board or the Ministry of Health, on appeal, refused to adopt the scheme as fixed by the County Council. The last scheme passed because it was a scheme agreed on between the two local authorities concerned. Wisdom may be learned from this success, and when the question arises again, which it will assuredly do, in view of the progress of the town outside the present area, the same procedure may effect an amicable extension again.

While I will deal with the Public Health of the District further under different headings, it may briefly be said here, that the character of the district has not materially changed, as far as the industrial nature of it is concerned. The population is largely dependent on the success of the China Clay Trade. It is also becoming more of a commercial centre and important market town. A big cattle market is held fortnightly. The area also includes a considerable strip of sea board. The port of Charlestown is now part of the Urban district. A fair amount of china clay is exported from there ; while the import of coal and timber, particularly staves, is largely carried on.

The taking over of an increased area has meant, of course, taking over of an increased roadway. A lot of money has been spent and will require to be spent to bring these roads up to normal state of repair. The new Council are also spending money for recreation purposes, four open playing fields will be in use in the near future, with benefit, we hope, to the present, and certainly to the rising generation. In dealing with this I cannot help referring to what I have referred to on other occasions; the great desirability of the provision of Public Swimming and other baths.

The matter of an Isolation Hospital does not proceed very fast. We have been fortunate for a few years in having little infectious disease; but the necessity of being able to deal with it, should it arise, is still urgent.

In my report for 1923, I wrote :

“ I should like this Council to consider also
 “ whether the time has not arrived when hospital
 “ provision should be arranged for difficult
 “ maternity cases. A difficult birth in some of
 “ the smaller cottages is a terrible ordeal for the
 “ patient, nurse, and doctor.”

I should like to repeat this and in view of the
 (Notification of Puerperal Fever and Puerperal
 Pyrexia) Regulations, 1926, dated 31st July,

1926, and coming into operation on 1st October, 1926, this demands consideration and some kind of action.

There has been a sufficient water supply during the year, but the sewerage of the district though in a good working condition, should be brought up to modern requirements, and there are quite a number of small houses where poor privies should be altered to water closets. This matter has been much before the Sanitary Staff, but progress is slow and in some cases difficult to carry out, because of scarcity and expense of labour, with the poor quality of the houses and the difficulty of getting houses for the occupants if a closing order is made.

The Housing Scheme now on hand should relieve the scarcity of houses somewhat but it will not solve the difficulty of dealing with old and bad property.

All these matters have been under consideration of the new Council at different times and are receiving careful and sympathetic consideration.

Generally speaking, unemployment has not been acute, general health has been good ; food has been abundant though the cost of living is still very high in comparison to the wages paid to working people, and municipally the most pressing

demand is for suitable houses for the working classes at a reasonable rent. I will deal with the subject in greater detail under its respective headings in the following appendix.

I am, Gentlemen,

Your obedient servant,

ARCHIBALD SHAW,

M.D., C.M., M.O.H.

APPENDIX.

Natural and Social Conditions of the Area.

The area is 1339 acres.

The population is estimated at 8,500. The estimate of the Registrar General is 7929. This is adjusted for Birth and Death rate for old and new parts at 6826.

The district for voting purposes is divided into three wards.

They are designated the Western which comprises most of the old area, the Central comprising part of the old area, and the Eastern comprising none of the old area.

The old town of St. Austell was built on the slope of a valley formed by the River Vinnick. The valley extends due south to the Port of Pentewan $4\frac{1}{2}$ miles distant. The greater part of the old town and the church were built on the eastern side of the river, and while the town has extended in every direction the main growth has been eastward. At Charlestown it extends to the sea, part of St. Austell Bay being our Eastern boundary. The main exits from the old town are at right angles to the river and every road East and West are stiff inclines, only the roads parallel to the river are level. About half a mile East of

the river there is about a square mile of comparatively level ground comprising the districts of Mount Charles and Slades ; farther East the land again slopes to the sea. The whole of this level ground is added area and is purely Urban.

The number of inhabited houses for 1925 is 2064. There are very few cases of more than one family in a house. I cannot remember any at the moment.

The rateable value is £31,130, a penny rate produces £130.

The chief industry is China Clay production, the works are carried on outside the area ; over and above the men directly employed in the clay works, there are large numbers of others indirectly employed through this industry. Wagoners, motor lorry drivers, coopers, and those in offices engaged in the buying and selling of this product. There are, of course, also the shopkeeping class ; the artisans, and all others, lay and professional, who form part of a civilised community. There is no trade or calling which is in itself injurious to health. The climate is generally mild, if somewhat humid ; but there is a good deal of sunshine.

VITAL STATISTICS.—There have been 83 deaths (see Table I), a rate of 12.2 per thousand

per annum. Same rate as England and Wales. Against this were 108 births, a rate of 15.8 per thousand per annum. The rate for England and Wales being 18.3.

AMOUNT OF POOR LAW RELIEF.—The number of persons receiving poor law relief outdoor is 145.

There is a Cottage Hospital in the area with 30 beds available. This is made use of by the Rural District as well as the Urban District of St. Austell.

There was no noteworthy cause of sickness during the year, and none of the occupations followed by the people are specially unhealthy or dangerous. Accidents occur in the clay works commonly, which are reported to the Inspector of Mines, but they are not numerous as compared, for instance, with coal mining.

GENERAL PROVISION OF HEALTH SERVICE IN THE AREA.—There is no Isolation Hospital yet in being, though a District Hospital Board has been formed. There are no Maternity, Children's, Fever, or Small-pox Hospitals. The only hospital, apart from the St. Austell Cottage Hospital, is the Poor Law Infirmary. An Isolation Hospital should be proceeded with, and some provision should be arranged for maternity cases, or where

cases notified under the Puerperal Pyrexia order could be dealt with.

There is no provision for unmarried mothers, illegitimate infants, and homeless children, excepting the Poor Law Institution and its homes.

A very capable Ambulance Brigade and Voluntary Aid Detachment is maintained in the area for accidents and non-infectious cases. This is maintained voluntarily.

There is a Maternity and Child Welfare Centre in operation, combined with Infant Visiting. This is done under the supervision of the County Nursing Association.

The Tuberculosis Dispensary has a nurse who visits tubercular patients in the area and outside of it, and the Tuberculosis Officer for the County attends at the Tuberculosis Dispensary once a week and gives advice and treatment.

PUBLIC HEALTH OFFICERS.—These for St Austell Urban Area consist of a whole-time Sanitary Inspector and Surveyor and an Assistant who is whole-time. The M.O.H. is part-time. The salary of the Sanitary Inspector and M.O.H. are contributed to by an Exchequer grant. No Meat Inspector has yet been appointed, this so far as it has been done, has been done by the M.O.H. As slaughtering is done at all hours,

sometimes 5 a.m. till all hours p.m., and at times on Sunday, it is quite impossible for even a whole-time inspector to do this work perfectly, without causing needless trouble to the butchers. It seems to me the only real solution is the use of a Public Slaughter-house and restrict killing to that.

There is no provision for nursing infectious cases in the homes ; general nursing and midwifery work is carried on by District Nurses, who live at a Nursing Home, but there is no provision for home nursing. This general nursing is carried out by the St. Austell Nursing Association, affiliated to the County Association. The local Authority subscribe an annual sum to their funds. There has never been any co-ordination between the Nursing Association and the Local Authority. So far the need has not arisen, but in the near future it probably will. The same remark applies to the midwives in the district, who are superintended by the M.O.H. for the County and the County Nursing Association.

LEGISLATION IN FORCE.—The following Acts are in operation : Public Health Act 1875 ; Public Health Act 1890 adopted ; Public Health Act, 1907 adopted ; Public Health Act 1925 adopted.

SANITARY CIRCUMSTANCES OF THE AREA.—

Water : There has been an adequate supply during the year. At the moment part of the supply is from the Reservoir of the Rural District Council. Generally the quality has been all right. It has no plumbo solvent action, I believe. Some of the small houses in the added area are supplied by stand pipes.

RIVER AND STREAMS.—The only river in the area is the one formerly referred to. It has carried the refuse waters from Tin Mines and Clay Works from time immemorial. There has been some sewage pollution of this stream at different points ; but the Council are having the subject under consideration, I know, and may, I hope, be able to formulate a scheme on a large scale in the near future.

DRAINAGE AND SEWERAGE.—The new Council who have taken over an added area, about 1140 acres and about 1300 houses, will have important work in combining the drainage of the old and the new areas. I think I may say the main lines on which this will be done is agreed on.

CLOSET ACCOMMODATION.—There are still a few old cottages on the conservancy system. The percentage is about 10%. Pressure is being brought to bear on the owners to put all these

on the waterborne system. This year 28 have been converted to the latter.

SCAVENGING.—The refuse from all houses is collected by Council carts and deposited by them in two depots suitable for its reception. The cleaning of earth closets and privies, etc., when required is done by the owners. Ashbins only are used now for reception of refuse.

SANITARY INSPECTION OF THE AREA.—Many of these inspections have been done by the M.O.H. personally with the Sanitary Inspector. 357 inspections of premises have been made for the year; 144 Informal Notices have been served; 66 cases of work done has resulted from these notices and inspections. There have been no cases of smoke abatement, nor action in any premises or occupations controlled by Bye-laws or Regulations. There are no offensive trades in the area.

Bakehouses and Workshops under the Factory Act have been systematically visited.

SCHOOLS.—All the Elementary Schools have been visited several times in the course of the year. The water closets instead of having individual flushes, consist of pans opening into a dry earthenware trough. These are kept clean by occasional flushes which flush the whole system at one time during the 24 hours; each pan being flushed

whether it has been used or not, while a pan may be used by several children between the times of flushing. This is at times a waste of water and insufficient from a Sanitary point of view, fecal contents adhere to the walls of the pan and the bottom of the trough unless they are scraped. I hope the Council will again approach the Local Education Authority on the matter.

HOUSING.

1. General housing conditions. There are many houses in the area back to back ; deficiently lighted, with low ceilings and without proper ventilation and generally in need of radical repairing.

These repairs often cannot be carried out while the house is occupied. With such a shortage of houses there is a natural reluctance to make closing orders, and the result is that the tenant suffers in health; the seeds of disease sown, though the harvest may be later; while the owner is allowed to go on deriving rent from premises that are unfit for decent habitation, I do not think this reluctance to close should be carried too far, and the power of closing is a strong weapon. The remedy, of course, is to build more houses where they are needed. Not in too big blocks, in one part, but scattered over the district, as they

thus serve the needs of the whole district better, and the amenities of the whole district are increased by new and better-looking houses being scattered over it. I think this the best policy, even though it might be a trifle more expensive, if any. It is estimated there may be a shortage of at least 200 houses. A scheme is in preparation to meet the needs to the extent of 160.

The popular opinion is that the population would increase, and is certainly now increasing in the added area, if there was increased housing accommodation.

There have been no proved cases of legal overcrowding discovered, though several cases have been investigated.

Several Houses have been closed under Public Health Acts.

In Circular 648, 10 December, 1925, page 6, under Housing, Section III., Sub-section 3, a query is made as to "Difficulties formed in remedying unfitness, etc." In connection with this matter I think if the Ministry of Health would define more clearly by example the expression, "in all respects reasonably fit for human habitation," it would help Local Authorities and their officers.

Many of these poorer houses have deficient

closet accommodation, in some cases two or more families using the same closet. Stricter regulations should be enforced regarding this. There is always the quarrel as to the share in keeping the closet clean. In this district it is doubtful if there are many or any unhealthy areas as defined under Part I, Housing of the Working Classes Act, 1890 ; but the matter should be kept in view.

There are no common lodging-houses in the area at present, but there are Bye-laws relating to them.

HOUSING STATISTICS FOR THE YEAR 1925.

Number of new houses erected during the year :

a.	Total	46
b.	With state assistance under the Housing Acts.	
1	By the Local Authority	Nil
2	By other bodies or persons	46

1. *Unfit Dwellinghouses.*

Inspection—(1) Total number of dwelling houses inspected for housing defects under Public Health and Housing Acts

111

(2) Number of dwellinghouses which were inspected under the Housing (Inspection of District) Regulations, 1910, or the Housing Consolidated Regulations, 1925

254

(3) Number of dwellinghouses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	25
(4) Number of dwellinghouses (exclusive of those referred to with the preceding subsection) found not to be in all respects reasonably fit for human habitation	170
2. <i>Remedy of defects without Service of formal Notice.</i>	
Number of defective dwellinghouses rendered fit in consequence of informal notice by the Local Authority or their officers.	
3. <i>Action under Statutory Powers.</i>	
A.—Proceedings under section 3 of the Housing Act, 1925	
(1) Number of dwellinghouses in respect of which notices were served requiring repairs	41
(2) Number of dwellinghouses which were rendered fit after service of formal notices	
(a) By owners	20
(b) By Local Authority in default of owners	Nil

- (3) Number of dwellinghouses in respect of which Closing Orders became operative in pursuance of declaration by owners of intention to close Nil

B.—Proceedings under Public Health Act.

- (1) Number of dwellinghouses in respect of which notices were served requiring defects to be remedied 27
- (2) Number of dwellinghouses in which defects were remedied after service of formal notice.
- (a) By owners 19
- (b) By Local Authority in default of Owners Nil

C.—Proceedings under 11, 14, and 15 of the Housing Act, 1925

- (1) Number of representations made with a view to the making of Closing Orders. 5
- (2) Number of dwellinghouses in respect of which Closing Orders were made 5
- (3) Number of dwellinghouses in respect of which Closing Orders were determined, the dwellinghouses having been rendered fit Nil
- (4) Number of dwellinghouses in respect of which Demolition Orders were made Nil

- (5) Number of dwellinghouses demolished
in pursuance of D.O. Nil

INSPECTION AND SUPERVISION OF FOOD.

a. MILK SUPPLY.—The supply of milk has been adequate. A good deal of it is produced inside the area and some is imported. We have not come across a case of bad milk. No milk dealer has asked for a license for graded or pasteurised milk, nor has anything been done by propaganda to educate the public to appreciate the benefit of a pure milk supply. One dealer outside the area sends in a supply of grade A milk daily and I understand there is a good market for it.

No action has been taken as to tubercular cattle or milk. I think it is very desirable that the County Council should speedily appoint a veterinary Surgeon with a view to regular examination of cattle for Tubercle. The dairies and cowsheds have been all visited by the M.O.H. and Sanitary Inspector regularly under Dairies, Cowsheds, and Milkshops Order. We have constantly felt that the desirability of clean, well-lighted, and well-ventilated Cowsheds has not been appreciated by some of the Cowkeepers as it ought to be.

MEAT.—The inspection of meats (Public Health Meat Regulations, 1924) has been carried out as far as this could be done without having a special inspector for the purpose. The quality

of meat has generally been very good. The animals killed were generally young and healthy. It must, however, be obvious that with so many private slaughter houses in the area, unhealthy animals might be slaughtered and the food sold, without it being discovered to be unhealthy. I think the Butchers are desirous of carrying out the regulations as far as wholesome meat is concerned. The only case of Tuberculous meat I came across I was notified of it by the butcher concerned, though it meant a big monetary loss to himself.

In December, 1925, there were 13 private slaughter houses in this area.

No action has been taken as to other kinds of food.

PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASE.—The only control over Infectious Disease is notification to Local Authority, the visiting by the M.O.H. and Sanitary Inspector and the disinfection of homes afterwards. Diphtheritic Antitoxin has been supplied at the expense of the Council. Swabs have been examined for the presence of K.L. Bacillus and Sputum has been examined for the presence of T.B. This has all been carried out by the M.O.H. without any cost to the practitioners looking after the cases.

As your area was only formed in April, 1925, comparison with former years as to infectious disease is useless. I may say there has been no serious epidemic in the old or new area from 1920 to 1925. Pneumonia continues to be notified and an occasional case of Malaria.

In the absence of an Isolation Hospital no real isolation can be carried out in these cases now. The Schick and Dicks tests for Diphtheria and Scarlet Fever respectively have not been done. There have been no vaccinations either primary vaccinations, or re-vaccinations against small-pox during last 5 years. I append a table of infectious cases notified. Table III.

TUBERCULOSIS.

I append a table of cases notified at end of this report and the number of deaths, Table IV.

No action was taken by your Council under Public Health (Prevention of Tuberculosis) Regulations, 1925, Public Health Act, 1925.

All the cases notified were visited, inspection made of the houses and suitability of home nursing. The M.O.H. for the County has charge of Prevention work generally. In this he is assisted by two Tuberculosis Officers, who attend at the Dispensaries, or will call at patients' homes or will see cases in consultation with their own doctors.

They try to keep in touch with these cases through the visits of the Tuberculosis Nurse. There is no after-care Committee in existence in this area. This might be helpful at times.

Venereal Diseases and Infant Welfare and Maternity Centres are under the direction of the County M.O.H.

The following Tables show—

1. Causes of Death at all ages and Births.
2. Causes of Death under 1 year old
3. Notifications of all Infectious Diseases.
4. Notifications of Tuberculosis, Pulmonary and Non-pulmonary.

TABLE I.
CAUSES OF DEATH.

All Causes	M	F
Measles	2	
Whooping Cough	2	
Tuberculosis of Respiratory System	3	3
Other Tuberculosis Diseases	1	
Cancer, Malignant Disease	4	4
Diabetes	1	
Cerebral Hæmorrhage	1	5
Heart Disease	2	6
Arterio Sclerosis	3	
Bronchitis	2	3
Pneumonia, all forms	3	2
Other Respiratory Diseases	2	
Ulcer of Stomach	2	
Appendicitis		3
Acute and Chronic Nephritis		2
Other Accidents and Diseases of Pregnancy and Parturition		1
Congenital Debility and Malforma- tion. Premature Birth	2	2
Other Deaths from Violence	1	1
Other Defined Diseases	9	11
	40	43
Total 83		

Death rate 12.2 per 1000 per annum

Births 108 (7 Illegitimate) Rate 15.8 per 1,000
per annum.

TABLE II.

Deaths of Infants under 1 year old :—

1 Male	6 Months	Broncho Pneumonia
1 Male	12 Weeks	Gastritis
1 Male	4½ hours	Premature Birth
1 Female	3 days	Premature Birth
1 Female	1 Week	Congenital Debility
1 Female	5 Months	Convulsions
1 Male	6 Weeks	Whooping Cough

Infant Mortality Rate 64.8 per 1,000 Births.

TABLE III.

Notified Diseases (other than Tuberculosis) during
the year, 1925

Disease.	Total Cases Notified.	Cases Admitted to Hospital.	Total Deaths
Pneumonia	12	Nil	5
Scarlet Fever	4	„	
Diphtheria	2	„	
Erysipelas	1	„	

TABLE IV.

NEW CASES. DEATHS.

Age Periods	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
0	—	—	—	—	—	—	—	—
1	—	—	—	—	—	—	—	—
5	—	—	—	—	—	—	—	—
10	1	—	—	—	1	—	—	—
15	—	—	—	—	—	—	—	—
20	—	2	—	—	—	1	—	—
25	2	—	—	—	1	—	1	—
35	1	—	1	—	—	—	—	—
45	—	—	—	1	—	—	—	1
55	2	—	—	—	2	—	—	—
65 and upwards	1	—	—	—	—	—	—	—

All Notified.



