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CHEADLE

RURAL DISTRICT COUNCIL.

Annual Report

of the
Medical Officer of Health.

1919.

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TO THE CHEADLE RURAL DISTRICT COUNCIL.

Gentlemen,

I beg to submit my Annual Report for the year 1919.

As a record of the work of the Public Health department the report of necessity covers a wide field—wider than in any previous year, and though it contains a certain amount of repetition of matters dealt with in former Reports, it deals also with many matters not hitherto included in the report of the M.O.H.

The passing of the Ministry of Health Act centralised the powers and duties of other departments and has established an integral relationship between the Public Health Service and the other elements of the National Scheme, which has for its object the improvement of the health and well-being of the people as a whole. For this purpose it is necessary that any supervision of the individual and his environment should begin early and should be comprehensive. Exclusive insistence on one factor only, whether better housing and sanitation, improved nutrition, physical training, teaching of hygiene, or open-air life, can only end in failure. All are necessary if there is to be any solving of the complex and far-reaching problems involved in the building up of a healthy race.

Natural and Social conditions of the District.

The area of the district (including land and inland water) is 54,172 acres, the greater part consisting of agricultural land and woodland. Much of the latter has been laid bare owing to the felling of trees during the last few years. In the northern part of the district—Ipstones, Cauldon, etc.—the ordnance map levels vary from 750—1,000 feet above O.D. Western area (N to S) 750—850—700—650—600ft. Southern area (W to E) 500—700ft. North-Eastern area 800—1,100ft. South-Eastern area 600ft.

Near Foxt Reservoir the highest level reaches 1,244 feet above O.D., the lowest level being about 414 feet on the Uttoxeter Road. From the above figures it will be seen that the district is comprised chiefly of hills and valleys—there being also numerous small streams and brooks, and one small river, "The Churnet."

	Estimated 1919	1911 Census	1901 Census
Population	26,662	26,706	24,657
No. of Inhabited houses	5,609	5,505	5,015
Average No. of Persons per House	4.7	4.8	4.9

The "Birth-rate Population," 26,662, is estimated by the Registrar-General, and consists of the civilian population—based on rationing returns—plus all non-civilians enlisted, whether serving in this Country or abroad.

The inhabitants of the District are practically entirely "working class," there being only a very few residential houses throughout the whole area. The principal industry is coal mining which is carried on at Cheadle, Dilhorne and Adderley Green. Tape and silk mills situated at Cheadle and Tean give employment to a large number of women, while at Oakamoor and Froghall Copper and Brassworks employ upwards of 1,500 men.

Stone quarrying is an important industry at Cauldon Lowe, and to a lesser extent at Hollington, and at Cheddleton an increasing number of the inhabitants are finding employment in the Paper Mills.

Agriculture is a growing industry in which a considerable number of the inhabitants are employed, while Brick Making, Bone Crushing, etc., also give employment to a small number. Amongst the miners a few cases of nystagmus and other eye ailments arise, and in the stone quarrying district of Hollington, phthisis pulmonalis is comparatively prevalent.

There is a large Mental Hospital at Cheddleton, and an Industrial School at Werrington, both under the control of the County Council.

BIRTHS.

The number of Births registered during the year was 571. This is the corrected number of births and differs slightly from the uncorrected figures 569, compiled locally, owing to the former figures being corrected for inward and outward transfers.

Of the total Births registered, 304 were males and 267 females. These figures include 10 illegitimate males and 7 illegitimate females. The total birth-rate is therefore 21.4, and the illegitimate birth-rate 0.67 per 1,000 of the population, both of which figures compare unfavourably with those of 1918, when the total birth-rate was 22.3, and the illegitimate birth-rate 0.5 per 1,000 of the population.

Ten years ago the birth-rate in this district was 28.5, and with the exception of the year 1912, when the Birth-rate was only 20.2, there has been a steady decrease. Undoubtedly urgent measures are necessary in order to promote the health of Mothers and to prevent antenatal mortality. In this connection it may be mentioned that the District Council has approved and adopted a scheme whereby necessitous Mothers and young Children in the District are enabled to obtain an adequate supply of milk at cost price, less than cost price, or free, according to the circumstances of the case.

MATERNITY AND CHILD WELFARE.

The statistical table given below has been compiled by me from figures supplied by the various health visitors, of whom there are eight in the District.

It is to be noted that out of a total number of 569 births registered only 380 appear to have been notified. Probably however this latter figure is incorrect, as in one part of the District, where the number of births notified is given as 94, out of that number 86 were notified between August 1st, 1919, and December 31st, 1919, while the actual number registered during the year was 163. The number of 1st visits paid in this district was 621, revisits 125, making a total of 187. No visits were paid to expectant mothers. In another part of the District, where 137 births were registered, 128 were notified, 100 first visits were paid to babies and 816 revisits, making a total of 916 visits, while to expectant mothers in the same district 88 first visits and 188 revisits were paid, making a total of 274 visits. An analysis of the work done in the other districts shows similar variations both in amount and character, and though this is no doubt in some part due to the numerous changes that take place, many of the health visitors seeking new spheres of activity and so necessitating the appointment of others—it is in far greater part due to the method at present adopted of employing part-time District Nurses to do the health visiting work. These nurses have to do District work, they have to act as School nurse, as Midwife, as Health Visitor, in fact there seems to be no end to what is expected of them, and always some part of their varied duties has to take a back seat. Surely a much better plan would be the employment of whole-time officers for the work of health visiting, baby and school clinics, officers specially trained for the purpose, and who could give the time to it that this most important work requires and deserves. It is to be hoped that the Council will see its way to urge on and encourage this important branch of preventive medicine, as it is only by beginning at the beginning that the best results can be obtained.

Mention may be made here of the Cheadle Infant Welfare Centre. Fortnightly meetings are held in Charles Street at the old Wesleyan schoolrooms, and here much good work is being done by the ladies of the district who have organised the centre. Unfortunately the rooms are not at present very well suited for clinical work, but it is to be hoped that at no very distant date some steps will be taken to render them so. The formation of a baby clinic should tend to make the meetings still more popular as the attendance must necessarily depend on the amount of practical work that is done, and the good results that can be shown. At present all the practical work is done by the voluntary helpers.

				Babies
During the year 1919, there were on the roll	...	...	...	63
Total attendances	...	...	...	317
Average attendance	...	...	...	14

The average attendance has been considerably lowered by the fact that some who have been on the register have not attended more than once or twice.

MATERNNITY & INFANT WELFARE.

Particulars relating to the work during the year ending 31st Dec. 1919.

DISTRICT—CHEADLE RURAL.

Infants born in 1919.											
Births					First Visits			Revisits		Total Visits	
Registered	Notified			Stillborn	Expectant Mothers	Children	Expectant Mothers	Children	Expectant Mothers	Children	
	Alive	Premature									
	1	2	3	4	5	6	7	8	9		
569	380	5	16	140	332	239	2503	379	2835		

Children on Visiting List at end of 1919		Deaths of Children on Visiting List during 1919							Welfare Centre				No. of cases of insanitary conditions reported to Medical Officer of Health
Under One Year	One year and under five	Under ten days		Over 10 days and under one year		One year and under five		No. on Books			Total No. of Attendances		
		Deaths	Remv's	Deaths	Remv's	Deaths	Remv's	Expectant Mothers	Children	Expectant Mothers	Children		
10	11	12	13	14	15	16	17	18	19	20	21	22	
320	669	12		16	10	17	28		63		317	38	

TABLE XV.

Birth-rate, Death-rate and Analysis of Mortality during the Year 1919.

(Provisional figures, population estimated to the middle of 1919 have been used for the purposes of this table.)

	Birth-rate per 1,000 of total population	Annual Death-rate per 1,000 civilian population.								Rate per 1,000 births	Total Deaths under one year	Percentage of total deaths*			
		All causes	Enteric fever	Small-pox	Measles	Scarlet fever	Whooping cough	Diphtheria	Violence			Deaths in public institutions	Certified causes	Inquest cases	Uncertified causes of death
England and Wales ...	18.5	13.8	0.01	0.00	0.10	0.03	0.07	0.13	0.47	9.59	89	23.9	92.5	6.2	1.3
96 great towns including L'don population exceeding 50,000	19.0	13.8	0.01	0.00	0.13	0.04	0.07	0.14	0.45	12.24	93	29.2	92.3	6.9	0.8
148 smaller towns, census population 20,000-50,000 ...	18.3	12.6	0.01	0.00	0.10	0.03	0.08	0.12	0.39	8.67	90	16.6	93.6	4.9	1.5
London... ..	18.3	13.4	0.01	0.00	0.08	0.03	0.05	0.18	0.47	16.22	85	44.7	91.2	8.6	0.2
Cheadle Rural District ...	21.4	13.4	0.03	0.00	0.00	0.00	0.15	0.03	0.39	3.50	77	9.6	84.8	6.1	0.4

* Non-civilians are included in these figures for England and Wales, but not for other areas.

DEATHS.

The total number of deaths registered in the district during the year 1919 was 427, giving a gross death rate of 16.6 per 1,000 of the population. After allowing for the deaths registered of persons who died within the district but whose homes lay outside of it, and vice versa, the number of deaths during the year was 344, as compared with 355 in the year 1918. This includes 172 males and 172 females, and gives a recorded death rate of 13.4. As will be seen from the above table (XV) this figure is exactly the same as that obtaining in London, and compares favourably with that for the Cheadle Rural District in 1918, when the recorded death rate was 14.07. The death rate is calculated on the "death rate population," which excludes all non-civilian males whether serving at home or abroad, and is an estimated population based mainly upon the rationing returns.

DEATHS OF CHILDREN UNDER 12 MONTHS OF AGE.

There were 44 deaths registered of Children under 12 months of age, including 24 males and 20 females. Included in the above figures are the deaths of two illegitimate children, one of either sex.

The infant mortality rate for the year was therefore 77, which figure compares very favourably with that for the year 1918, when the infantile mortality rate was 91. The Death Rate per 1,000 legitimate children born was 75.8. The Death Rate per 1,000 illegitimate children born was 117.6. It is satisfactory to be able to record a continued decrease in the Infantile Mortality Rate, no doubt largely attributable to the special efforts being made by Health Visitors, Welfare Centres, etc., towards conserving infant life.

Mortality from various Diseases.

The following table gives in detail the number of Deaths from the Various Diseases.

Causes of Death.				Males	Females	Causes of Death.				Males	Females
ALL CAUSES				172	172	22 Nephritis and Bright's disease				3	5
1 Enteric				1	...	23 Puerperal fever ... ..				...	3
2 Smallpox ... ..				...	...	24 Congenital debility etc. ...				8	10
3 Measles... ..				...	...	25 Violence, apart from suicide				5	5
4 Scarlet fever ... ..				...	...	26 Parturition, apart from				...	2
5 Whooping cough				1	3	puerperal fever ... ..				...	...
6 Diphtheria and croup ...				1	...	27 Suicide ... ..				...	...
7 Influenza				16	31	28 Other defined diseases ...				55	45
8 Erysipelas ... ..				...	...	29 Causes ill-defined				1	...
9 Pulmonary tubercolofis ...				6	9	Special causes (included above)				...	...
10 Tuberculous meningitis ...				4	1	Cerebrospinal fever				1	1
11 Other tuberculous diseases ...				1	...	Poliomyelitis				1	...
12 Cancer				12	19	Deaths of infants under 1 year.				...	...
13 Rheumatic fever ... ..				...	2	Total				24	20
14 Meningitis				2	1	Illegitimate..				1	1
15 Organic heart disease... ..				15	18	Total Births				304	267
16 Bronchitis				19	8	Legitimate				294	260
17 Pneumonia (all forms) ...				14	6	Illegitimate				10	7
18 Other respiratory diseases ...				6	2					...	...
19 Diarrhoea &c. (under 2 years) ...				...	2					...	...
20 Appendicitis				2	...					...	...
21 Cirrhosis of Liver ... ..				...	...					...	...
21A Alcoholism ... ..				...	...					...	...

POPULATION	{	For Birth Rate ...	27.461
	{	For Death Rate ...	24,509

RESPIRATORY SYSTEM.

The total number of Deaths registered as due to Diseases of the Respiratory System was 71, including Pulmonary Tuberculosis 15 (6 males, 9 females); Bronchitis 27 (19 males, 8 females); Pneumonia 20 (14 males, 6 females); other respiratory diseases 8. This gives a Death Rate of 2.3 per 1,000 of the population.

In addition to the 15 deaths from Pulmonary Tuberculosis, 6 deaths due to tuberculous disease of organs other than the lungs occurred, viz., Tuberculous Meningitis 5, other tuberculous disease 1, giving a total Death Rate from tuberculous disease of 0.8. The Death Rate from Pulmonary Tuberculosis being 0.5, and from tuberculous disease other than pulmonary 0.2, the percentage mortality from all tuberculous disease was 6.1.

HEART DISEASE.

The total number of Deaths from Heart Disease was 33, giving a Death Rate of 1.2, compared to a Death Rate of 1.1 the preceeding year, the percentage mortality being 9.5.

INFLUENZA.

Influenza has again been the cause of a large number of deaths. An epidemic occurred during the spring and early summer months

and accounted for 47 deaths, including 16 males and 31 females. The death rate was 1.8, exactly the same as that for the year 1918, and the percentage mortality 13.6. Hand-bills were distributed throughout the schools and factories, giving instructions as to the prevention and treatment of this disease.

CEREBRO-SPINAL FEVER.

Two deaths occurred from Cerebro-spinal Meningitis during the year, one at Cheadle and one in Caverswall parish. In both instances the persons affected were adults, and although the source of infection was not determined there was no spread of the disease, no further cases being notified throughout the district.

POLIOMYELITIS.

One death was registered due to this disease, in a child aged about 10 months, resident at Oakamoor. Every precaution was taken by way of isolation and disinfection, and it is satisfactory to be able to state that no further case was notified.

CANCER, MALIGNANT DISEASE.

Cancer and Malignant Disease were the cause of 31 deaths, compared with 30 in the preceeding year. The Death Rate was 1.2, and the percentage mortality 9.0.

CONGENITAL DEBILITY.

The number of deaths from Congenital Debility was 18, compared with 20 the previous year, the percentage mortality from this condition being 5.3 and the Death Rate 0.77.

Although the above figure is somewhat less than that of the preceeding year, it is still to be considered high, and much requires to be done in order to improve the antenatal condition of the child. Towards this end there have been set up in many parts of the country, particularly in the larger towns, antenatal clinics where expectant mothers can come for advice and, where necessary, treatment likely to promote a healthier state of both mother and unborn babe. It is to be hoped that steps will be taken in this district at no distant date to form Clinics for both expectant mothers and young children, and so secure as far as possible the health of mothers and children, and diminish antenatal and postnatal mortality.

ZYMOTIC DISEASES.

The term "zymotic" is usually applied to those communicable or infectious diseases that occur in epidemics, the seven principal ones being Smallpox, Measles, Scarlet Fever, Diphtheria, Whooping Cough, Fever (Enteric, Continuous, etc.), and Diarrhoea.

The number of Deaths from these diseases was 8, giving a Death Rate of 0.3, and a percentage mortality of 2.3.

These figures are chiefly of interest in so far as they are the best test of the sanitary condition of the district and the success or

otherwise of the sanitary authority in controlling the spread of infectious disease. As will be seen from table XV, they compare favourably with those of other parts of the country.

ISOLATION HOSPITAL.

The Isolation Hospital stands in its own grounds—two acres—and is situated at Moss Lane, about one mile from the town of Cheadle.

The buildings comprise:—Scarlet Fever wards for both sexes, a Diphtheria ward, a Typhoid ward, and a small “convalescent” ward. There are also the usual administrative block and out-buildings, including Discharging Rooms, Laundry, Disinfecting Chambers, Mortuary, Ambulance Shed, etc.

Separate bathrooms are being added to the Diphtheria and Typhoid wards, and should prove to be a very useful addition to the Block.

Water for drinking and hospital purposes is laid on by the Rural District Council and is supplied by the Cheadle Water Company.

Sewage is dealt with by means of septic tank and filter bed.

The resident staff consists of Matron, two Nurses, two Probationers, Ward Maid, House Maid and Cook, and Laundry Maid.

It is to be borne in mind that at no very distant date it may be necessary to increase the Staff at the hospital, and consequently there would need to be additional accommodation provided in the administrative block, if over-crowding is to be avoided. The Scarlet Fever block could be greatly improved by the addition of a verandah. This would be very beneficial to the patients as it would enable them to have “fresh air” treatment and so hasten their convalescence, and it would also provide accommodation for several more patients should the necessity arise.

Since the hospital was opened in May 1904, a total of 1,265 cases have been treated there. During the year 1919 there have been admitted to hospital 80 cases of infectious disease, including 34 suffering from Scarlet Fever, and 46 suffering from Diphtheria. No cases of Enteric Fever were treated in hospital during the year.

Age-incidence of patients treated in Hospital.

Age	Suffering from Diphtheria	Suffering from Scarlet Fever
5 years and under 5 years ... 11	50% } 80%	4
Over 5 years and 10 years ... 12		18
Over 10 and under 15 years ... 14		7
15 years and over 15 years ... 9		5
		61% } 80%

**Total number of cases of infectious disease admitted,
discharged and died during 1919.**

Number of cases in hospital January 1st, 1919, 3; admissions, 80; discharges, 64; deaths, 0; number of cases in hospital, December 31st, 1919, 19.

It is worthy of note that 79% of the cases of Scarlet Fever notified during the year were treated by the Isolation Hospital, while 71.8% of the cases of Diphtheria notified were treated in hospital.

The District Council continues to contribute towards the maintenance of the North Staffordshire Joint Smallpox Hospital at Bagnall, which would enable cases of smallpox to be sent there should the necessity arise.

It has not been found necessary for the Medical Officer of Health to perform any vaccinations or re-vaccinations under the Public Health (Smallpox Prevention) Regulations, 1917.

Notifiable Infectious Diseases.

The following is a list of the Notifiable Infectious Diseases:— Smallpox, Scarlet Fever, Diphtheria, Enteric Fever, Cholera, Pneumonia, Plague, Puerperal Fever, Cerebro-spinal Fever, Acute Poliomyelitis, Acute Polioencephalitis, Typhus Fever, Encephalitis Lethargica, Relapsing Fever, Continued Fever, Trench Fever, Dysentery, Malaria, Erysipelas, Ophthalmia Neonatorum, Tuberculosis.

The total number of cases of Infectious Diseases notified in the district during the year was 372, and includes the following:—

	Number notified	Percentage
Scarlet Fever	43	11'5
Diphtheria	64	17'2
Enteric	25	6'7
Paratyphoid	20	5'3
Puerperal Fever	3	0'8
Pneumonia	35	9'4
Ophthalmia	1	0'2
Measles... ..	48	12'9
Malaria... ..	16	4'3
Tuberculosis { Pulmonary	60	19'3
{ Non-Pulmonary	12	
Erysipelas	8	2'1
Cerebrospinal Fever	2	0'5
Polyomyelitis	1	'2
Dysentery	35	9'4

Table showing distribution of the Diseases throughout the District :—

	Scarlet Fever	Diphtheria	Enteric fever	Paratyphoid fever	Puerperal fever	Pneumonia	Ophthalmia
CHEADLE ...	14	41			1	22	1
DILHORNE...	13	21				6	
IPSTONES ...	8	1	25	20	2	5	
ALTON ...	8	1				2	
	Measles	Malaria	Tuberculosis	Erysipelas	Cerebrospin ^{al} fever	Polyomyelitis	Dysentery
CHEADLE ...	6	7	24	1	1		
DILHORNE...	36	8	21	4	1		
IPSTONES ...			24	2			35
ALTON ...	6	1	3	1		1	

From the tables given it will be seen that certain of the infectious diseases, notably Enteric Fever, Paratyphoid Fever, and Dysentery, are confined to one part of the district, viz., Ipstones. With one exception all the cases of Enteric and Paratyphoid Fevers were notified from Cheddleton Mental Hospital, where an outbreak occurred during the early spring. This outbreak was fully investigated and reported on at the time, and shortly, was due to a "carrier" case—on whose body a post-mortem examination was not allowed—having infected quite a number of the inmates before the disease was suspected. There was only one case notified from outside the hospital and on investigation it was found that the patient had suffered from an attack of enteric fever some years previously. There appeared to be no connection between this case and those that had occurred at the Mental Hospital and the conclusion come to was that this particular case was one of autoinfection.

DYSENTERY.

All the cases of Dysentery have also been notified from the Mental Hospital at Cheddleton, and it is noteworthy that this is a common terminal cause of death with Mental Cases. No cases of Dysentery have been notified among soldiers returned to the district, nor among the civilian population.

TUBERCULOSIS.

The number of cases of Pulmonary Tuberculosis appears to be large, but here again many of the infected are inmates of Cheddleton Mental Hospital, and it is well-known even by the public that the mentally defective are particularly prone to tubercular affections.

On the whole the figures compare favourably with those of the preceeding year, and the fact that the tuberculosis dispensary is well attended, so enabling the disease to be detected in a much earlier stage than would otherwise be the case, accounts to some extent for the still comparatively large number of cases notified during the year. The medical practitioners of the district continue to make good use of the facilities afforded them by the County Council for the bacteriological examination of sputum from affected or suspected cases of Pulmonary Tuberculosis.

DIPHTHERIA.

The great increase in the number of cases of Diphtheria notified during the year was due to two epidemics that occurred, one in the early spring and one during the winter months. The latter, which occurred in Cheadle and was the more severe of the two, was probably predisposed to by two factors which were reported on at the time of the outbreak, namely, the impure gas supply and the congregation of children in the local "Picture Palace." It is now recognised that the specific organism that causes Diphtheria may be present in the throats of apparently healthy persons. Exposure to defective sanitary conditions or the inhalation of impurities such as sulphur compounds, which have an injurious effect on the throat, may restore virulence to the organism either by offering a suitable soil for its growth, or by exciting the activity of other organisms and so favouring the renewed virulence of the Diphtheria bacillus.

It is satisfactory to note that only one death occurred from Diphtheria during the year, giving a case mortality of 1.5%.

Many of the cases notified were of a mild type, being simply "Positive Swabs," that is, persons apparently fairly healthy but having active Diphtheria bacilli in their throats. These cases were detected by the medical practitioners of the district making free use of the facilities given them by having a bacteriological diagnosis made at the Birmingham University. All the apparatus for the transmission of throat swabs to the University can be had from the M.O.H., and this arrangement has proved of particular service in doubtful cases, the early recognition of which is of great importance both as regards treatment and isolation.

An arrangement has been made by the District Council whereby a supply of antitoxin may be obtained free of charge from the M.O.H., so as to bring the antitoxine treatment within reach of the poor at the earliest possible moment.

No special comment is necessary on the other infectious diseases that have been notified as the figures compare favourably

with those of former years. The total number of infectious cases notified is large but this is in great part accounted for by the numerous additions lately made to the compulsory notifiable diseases, notably Dysentery, Pneumonia and Measles.

SCHOOLS.

There are 32 Elementary Schools in the District, and practically all of them are in need of repainting and decorating, while many require repairs and improvements in varying degree. The ventilation of most of the schools is satisfactory, but some improvements might be made in the heating arrangements, particularly of those in the most rural parts of the district, where, owing to rooms being heated by means of one fire only, there is often very considerable variation in temperature in different parts of the same room.

The supply of drinking water is, in many schools, totally inadequate, the water being obtained from shallow wells and springs often at a considerable distance from the school, and on some occasions causes considerable hardship to the scholars. The sanitary conveniences in many of the schools are of a very primitive type, and as soon as an adequate supply of water is available ought to be improved upon. In practically all the schools visited one was struck by the absence of any provision of sanitary paper for the children, this is a serious matter and some plan ought to be adopted whereby the scholars could obtain this very necessary convenience when required.

At a later date it is hoped to make a special detailed report on the schools in the district meantime the Council's attention is drawn to the general sanitation of many of them which is anything but satisfactory.

A few of the schools were closed for short periods during the year on account of epidemics of whooping cough and measles, and in the spring of the year nearly all the schools were closed in order to check the epidemic of Influenza that was then prevalent in the district. The results of school closure in a rural district like this are fairly satisfactory, particularly if the school is closed before the disease is widespread amongst the scholars.

During the Christmas vacation most of the schools in the district were disinfected at the request of the sanitary authority.

Water Supply.

Cheadle town and its immediate surroundings are supplied with good and wholesome water by the Cheadle Waterworks Company. The water, being filtered by the red sandstone formation, is pumped from a deep well to a Reservoir and distributed in iron mains.

Some of the villages—Adderley Green, Meir, Caverswall, Blythe Bridge, etc.—are supplied with water by the Staffordshire Potteries Waterworks Co.

Dilhorne and Godley Brook districts are supplied through two miles of cast iron mains from springs near Stansmoor. Oakamoor is supplied through mains from springs in the surrounding woods.

Kingsley, Froghall, etc., by mains from ^{Ipstones} springs at Shirley Hollow—between the villages of Foxt and ~~Whiston~~—the two last villages being supplied from springs at Ipstones park.

Cauldon and Waterhouses are supplied by mains from the North Staffordshire Railway Company's reservoir.

All the above supplies are good and wholesome and are constant.

The villages of Wetley Rocks, Cellarhead, Werrington, Cheddleton, etc., are still supplied chiefly from shallow wells, but a scheme is in hand whereby they will derive a supply by mains from excellent springs at "Wall Myers."

Tean and district has a very poor water supply, but here also a scheme is in hand to provide an adequate wholesome water from springs near to.

Alton village is supplied partly by mains from the Earl of Shrewsbury's private water, and partly by shallow wells. This arrangement has proved most unsatisfactory and a scheme is in hand whereby it is hoped to supply the village and surroundings with an excellent water from springs at Ramsor.

The village of Whiston has a most unsatisfactory water supply. This being chiefly derived from a shallow well at one end of the village, and as many of the inhabitants have almost half a mile to walk, and as the well is liable to serious pollution, it has been considered necessary by the Council to put a new scheme in hand whereby an adequate and wholesome water supply will be laid on by mains from springs and reservoir in the neighbourhood.

In the Hollington district the water supply is most unsatisfactory, and is undoubtedly quite inadequate. The inhabitants of many of the houses have long distances to go for drinking water, which is derived mainly from shallow wells, and these being liable to pollution—particularly in a district so badly scavenged—are bound to have a serious effect on the health of the people. It is to be hoped that one or other of the "water schemes" already in hand will be capable of extension so that the people of Hollington and district may have a good and wholesome water supply within reasonable distance.

FOOD.

Owing to the district being to some extent an agricultural one, the supply of milk has been efficient throughout the year, and no complaints have been received as to its quality. The Dairies, Cowsheds and Milkshops have been inspected at intervals, and in no instance has any ground for serious complaint been found, though more stringent adherence to the requirements of the Ministry of

Health should be enforced. There is no public abbatoir in the district, which has for the most part throughout the year been supplied with meat issued from the neighbouring county borough. This system has been found to be fairly satisfactory, though a considerable amount of foreign beef and mutton has had to be condemned on account of its unsound condition. All the private slaughterhouses in the district have been inspected and have been found to be in fair order, but in a rural district where these are many and widespread it is quite impossible, with a staff as at present constituted, to inspect meat at the time of slaughter, and consequently no guarantee as to soundness and quality can be given. No carcasses, or parts of carcasses, have been condemned for tuberculosis.

It is intended to give considerably more time to the inspection of Dairies, Cowsheds, Milkshops, Slaughterhouses, etc., than has hitherto been possible.

HOUSING.

The estimated number of houses in the district is 5607, of which 4822 are of the working class type. No new working class houses were erected during the year, and it is estimated that no fewer than 324 new houses will be required during the next three years. To meet this the Council have a housing scheme in hand to build 300 houses throughout the district, and intend to acquire sites in the following localities:—Alton 4 acres, Cauldon Lowe $2\frac{1}{2}$ acres, Caverswall 10 acres, Cheadle $6\frac{1}{2}$ acres, Checkley 4 acres, Cheddleton 5 acres, Dilhorne 2 acres, Draycott 1 acre, Forsbrook 5 acres, and Kingsley 8 acres.

The population of the district as estimated by the Registrar-general is 26, 662, and it is not anticipated that there will be any abnormal increase or decrease during the following year. There is a considerable amount of overcrowding in various parts of the district, but owing to shortage of staff it has been impossible to determine accurately the extent to which this exists. The approximate number of houses in which there is overcrowding, or in which there are two or more families residing in houses intended for one family only, is 156, and there are over 100 inhabited houses that cannot be made fit for human habitation. This state of affairs is of course due to lack of other accommodation, and is being remedied as expeditiously as possible.

The general standard of the houses throughout the district is poor, though there are no actual slum areas, and the chief defects are dampness, lack of ventilation and sanitary conveniences, and general disrepair.

So far it has not been considered expedient to make any closing orders owing to lack of other accommodation, but in all instances where the houses are seriously defective the owners are being required to carry out such works and alterations as will render the houses fit for human habitation. Meantime the Council's hous-

ing scheme is being pushed forward as quickly as possible and it is hoped that the building of new houses will have commenced by the early spring of 1920.

Sewage and Sewage Disposal.

The town of Cheadle and the villages of Meir, Adderley Green, Dividy Lane, Blythe Bridge, Oakamoor and parts of other villages are sewered, and several schemes are under consideration for the sewerage and sewage disposal of additional villages.

In Cheadle town there are approximately 420 W.C's, 350 pail closets and 210 cesspit privies.

Caverswall parish—1226 houses—has 503 W.C's, 65 pail privies, and 558 cesspit privies. The other villages average about 10 per cent W.C's, 40 per cent pail closets, and 40 per cent cesspit privies.

SCAVENGING.

In a few villages there are no proper scavenging arrangements made, the villagers themselves having to dispose of there nightsoil and household refuse. This state of affairs cannot but have a deleterious effect on the health of the people, and although there is no evidence to show that the incidence of infectious disease is greater in these villages than in those more efficiently scavenged, it is undoubtedly the case that when infectious disease does occur the outbreak is more widespread in the parts of the district least efficiently scavenged.

The scavenging of Cheadle Town is carried out by the Council's own teams and workmen and has proved most satisfactory. In the villages of Meir, Adderley Green, Dividy Lane, Werrington, Caverswall, Forsbrook, Blythe Bridge, Dilhorne, Tean, Hollington, Checkley, Kingsley, Whiston and Oakamoor, the scavenging is contracted for and is in most of these places under the direct control of the Parish Council.

Approximately 50 loads of nightsoil and 130 loads of ashes are removed per week, equal to 2,700 loads of nightsoil and 7,000 loads of ashes per annum. Many of the contractors are farmers, and they make use of the nightsoil as manure, applying it to the fields. The household refuse is for the most part "tipped" in old gravel and clay pits outside the villages. Some of these "tips" will be filled within measurable distance and it will soon be necessary for the Council to consider the installation of one or more refuse destructors, and although the initial expense may be considerable, the method is much more sanitary and will no doubt pay in the end, as quite a reasonable amount of profit can be made by utilising the bye-products, etc.

The following table gives a summary of the inspections and work done by the sanitary inspector and his assistant (the latter has only been in office for 9 months) during the year.

Inspections and work Carried Out.

Number of premises inspected—2866.

Blocked Drains 60	Defective privies 161	Privies repaired and new 42	Cesspit privies converted to pail privies 56
Cesspit privies converted to W.C's. 90	Notices sent re emptying of privies 1084	Notices sent re removal of ashes 1062	Number of ash pits repaired 21
No. of ashpits re- placed by bins, 2nd $\frac{1}{2}$ -year 1919 203	No. of W.C's repaired 42	No. of cesspits abolished 146	Repairs to Paving 62
Repairs to roofs 16	Notices re open- ing of windows 53	No. premises disinfected 100	No. of schools disinfected 3
No. of informal notices sent 1703	No. of official notices sent 418	No. of slaughter houses inspected 10	
No. of canal boats inspected 10	No. inhabts. in the 10 boats, 22 (15 men, 5 women, 2 children)	One canal boat was found to be in slight disrepair, and was remedied by the owners.	

Owing to the N.S. Railway Company's having discontinued to send down limestone from the Quarries at Cauldon Lowe, there are now very few canal boats plying in this district.

It is to be observed that there is a real need for a standard size and specification for ashbins and nightsoil pails. Most makers of these have them in very varied sizes, and invariably those providing same purchase the smallest size, with the result that in many instances insufficient accommodation for one week's ashes is provided. Although this may be an excellent arrangement in an urban district, where ashes can be emptied twice or at least once a week, it is to be deprecated in a rural district, where a satisfactory scavenging system is always a difficulty, and it is to be hoped that the Council will see their way to have notices sent where required, specifying the size of pail or ashbin to be provided.

Throughout the whole district ashpits are being gradually abolished and ashbins substituted, and ashbins are being provided where previously no receptacle for household refuse existed. Also

in every instance where two families, whether living in separate houses or not, make use of one closet, it is being urgently brought to the owners' notice that a separate closet must be provided for each family.

Factories and Workshops.

There are 161 Factories and Workshops in the district. During the year, 8 Factories, 63 Workshops, and two Workplaces were inspected. Several minor defects were detected and remedied, and two cases of sanitary defect reported by H.M. Inspector were attended to, and notices served to have the defects remedied.

At one factory in the district 12 cesspit privies were abolished and replaced by 12 W.C's. Two lists of "outworkers" have been received, one in the boot and shoe trade and one employed in lace working, and in both instances the conditions in which the work is carried out are satisfactory.

Poor Law Relief.

INDOOR MAINTENANCE.		EXPENIDITURE.	Average Number of Inmates for the Year,
		£ s. d.	
Quarter ending March, 1919	...	665 0 0	76
Half-year ending Sept., 1919	...	1158 0 0	
Quarter for Xmas, 1919	...	732 0 0	
Total for year	...	£2555 0 0	
OUTDOOR RELIEF.			Average Nnmber in Receipt of Relief.
		£ s. d.	
Quarter ending March, 1919	}	335 0 0	175
		29 0 0	
Half-year ending Sept., 1919	}	884 0 0	
		66 0 0	
Quartr-y'r ending Xmas, 1919	}	462 0 0	
		46 0 0	
		£1842 0 0	
BOARDED-OUT CHILDREN			Average Number of Children Boarded Out.
		£ s. d.	
Quarter ending March, 1919	...	27 0 0	6
Half-year ending Sept., 1919	...	57 0 0	
Quarter ending Xmas, 1919	...	30 0 0	
		£144 0 0	

The Sanitary Administration of the district is carried out by a staff consisting of Medical Officer of Health, Sanitary Inspector and Surveyor, and Assistant Sanitary Inspector. Owing to the ever-

increasing amount of work of this department, and the fact that during the years 1915, 1916, 1917 and 1918 a great deal of the most important work had to be left in abeyance, the time has come for the Council to consider the question of appointing a second assistant sanitary inspector, if the general sanitary administration of the district is to be carried out in an adequate and satisfactory manner.

Many improvements have been made during the year, particularly in the scavenging arrangements for Cheadle, and numerous other parts of the district, but so great and varied are the improvements required that one has no hesitation in earnestly asking the Council to consider seriously the question of adding to their Sanitary Staff.

There is one other matter that it is desirable to bring to the notice of the Council. Up to the time of writing this report there has been no office accommodation provided for the sanitary staff.

The M.O.H. and the Sanitary Inspector have each to make use of a room in his private house for this purpose, and they have no opportunity—not even by telephone, though residing about a mile from each other—of discussing problems that arise, or interchanging views, except by specially arranged meetings. This is a very unsatisfactory arrangement, many occasions having arisen when it was desirable for one to consult or give information to the other with some urgency, and there was no means of doing so.

It would be a great convenience to all concerned, and would undoubtedly facilitate the work of the department, could the staff be provided with a suitable office, and at least the idea is one that is worthy of the consideration of the Council.

I am, gentlemen,

Your obedient servant,

D. M. WILSON.

