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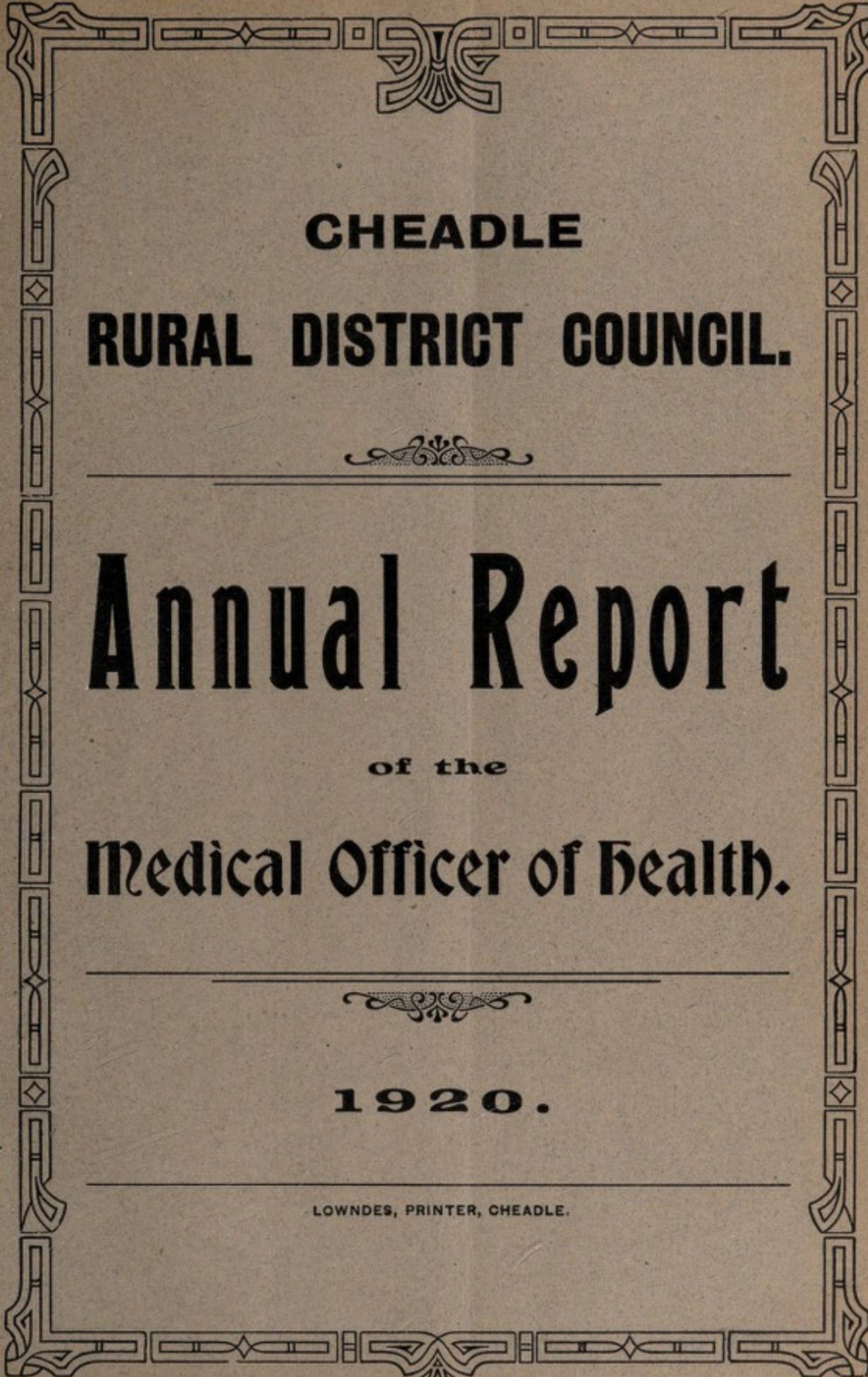
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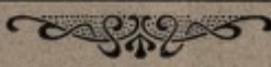
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CHEADLE
RURAL DISTRICT COUNCIL.



Annual Report
of the
Medical Officer of Health.



1920.

LOWNDES, PRINTER, CHEADLE.



TO THE CHEADLE RURAL DISTRICT COUNCIL.

Gentlemen,

I beg to submit my report for the year ending Dec. 31st, 1920.

Of necessity the report contains a certain amount of repetition of matters dealt with in former reports, but it will be found also to deal with new matters and to cover an ever increasing field of work.

During the year many improvements in the sanitation of the district have been carried out, but there is need for many more,—particularly as to houses, sewage disposal, scavenging, and water supply of the more rural areas,—and with this object in view your sanitary staff are preparing permanent records which will greatly facilitate this work in future years.

Population of District.

1911 (Census)—26,706. 1920 (Estimated)—26,614.

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, though much of the latter has been laid bare during the last few years.

In the northern part of the district (Ipstones, Cauldon, etc—the ordnance map levels vary from 750ft. to 1000ft. above O.D. In the Western Area (N to S) 750ft.—850ft.—700ft.—650ft.—600ft. In the Southern Area (W to E) 500ft.—700ft. In the North-eastern Area, 800ft.—1,100ft. and in the South-Eastern Area the ordnance map level reaches 600ft. O.D.

The highest level is reached near Foxt Reservoir, 1,244ft. O.D., and the lowest level on the Tean—Uttoxeter road, 414. The above figures are a good indication of the nature of the district, which is chiefly comprised of hills and valleys. There are also numerous small streams and brooks, and one small river—"The Churnet."

The population of the district—26,614—is comprised chiefly of the "working class," there being only a very small number of residential houses throughout the whole area, and the principal industry of the district is coal mining,—Cheadle, Adderley Green, and Dilhorne. Tape and silk mills give employment to a large number of women—Cheadle and Tean—while at Oakamoor copper and brassworks give employment to 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 both sexes is employed in the Paper Mills.

Agriculture gives employment to a small but increasing number of the inhabitants, and a few are occupied in Brick Making, Bone Crushing, etc.

There is no great prevalence of industrial diseases, but a few cases of "Nystagmus," and other eye troubles occur annually amongst the coal miners. In the quarrying district of Hollington, phthisis pulmonalis is comparatively prevalent, and in the silk and tape mills anæmia is fairly common amongst the workers.

Poor Law Relief.

INDOOR MAINTENANCE	EXPENDITURE	Average Number of Inmates for the Year.
Quarter ending March, 1920 ...	£ 733 s. 0 d. 0	76
Half-year ending Sept., 1920 ...	1437 0 0	
Quarter ending Xmas, 1920 ...	939 0 0	
Total for year ...	£3109 0 0	
OUTDOOR RELIEF.		Average Number in Receipt of Relief.
Quarter ending March, 1920 ...	£ 501 s. 0 d. 0	175
Half-year ending Sept., 1920 ...	951 0 0	
Quarter ending Xmas, 1920 ...	614 0 0	
Total for year ...	£2066 0 0	
BOARDED-OUT CHILDREN		Average Number of Children Boarded Out.
Quarter ending March, 1920 ...	£ 30 s. 0 d. 0	6
Half-year ending Sept., 1920 ...	106 0 0	
Quarter ending Xmas, 1920 ...	35 0 0	
Total for year ...	£171 0 0	

BIRTHS.

The number of Births registered during the year was 688, compared with 571 in the preceding year, and of those, 612 were notified.

Of the Births registered, 346 were males and 342 were females. These figures include 14 illegitimate males, and 21 illegitimate females. The total birth rate being 25·8, and the illegitimate birth rate being 1·3 per 1000 of the population. Both these birth rates

show an increase over those of the preceding year, when the total birth-rate was 21·4, and the illegitimate birth-rate was 0·67, and with a low death rate, point to a satisfactory increase in the population of the district.

DEATHS.

The total number of Deaths registered in the district during the year was 389, giving a crude death rate of 14·6 per 1000 of the population. After making allowance for deaths occurring in hospitals, etc., of persons whose homes lay outside the district, and for deaths of persons belonging to the district who have died in hospitals, etc., outside its boundaries, the number of deaths recorded was 324, including 177 males and 147 females. This gives a recorded death rate of 12·1, which is lower than that of any preceding year.

DEATHS OF CHILDREN UNDER 12 MONTHS OF AGE.

There were 64 deaths of children under 12 months of age registered during the year, including 39 males and 25 females. This gives an infant mortality rate of 92 per 1000 births, a large increase in that of the preceding year when it was 77. This increase is chiefly due to the prevalence of catarrhal affections of the respiratory tract in infants under 1 year of age, and to affections of the lungs. No less than 16 infants died of bronchitis and pneumonia while 2 died of whooping cough and 2 of measles respectively, these latter diseases being prevalent throughout the district during the winter months.

Out of a total of 35 illegitimate births during the year, there were 3 deaths of children under one year of age, giving an illegitimate infant mortality rate of 85·7. This figure compares very favourably with that of the preceding year when it was 117·6.

Mortality from Various Diseases.

The following table—M.13—gives in detail the number of Deaths from the various diseases.

Causes of Death (Civilians only).	Males	Females	Causes of Death.	Males	Females
ALL CAUSES	177	147	22 Nephritis and Bright's disease	4	...
1 Enteric fever ... ..	...	...	23 Puerperal fever ... ..	...	2
2 Smallpox ... ..	...	...	24 Parturition, apart from puerperal fever ... ..	...	6
3 Measles... ..	5	1	25 Congenital debility, &c. ...	21	11
4 Scarlet fever	4	1	26 Violence, apart from suicide	7	8
5 Whooping cough	2	1	27 Suicide	2	1
6 Diphtheria and croup ...	1	6	28 Other defined diseases ...	39	48
7 Influenza	7	3	29 Causes ill-defined or unknown	...	1
8 Erysipelas ... ..	...	1			
9 Pulmonary tuberculosis ...	9	7	Special causes (included above)		
10 Tuberculous meningitis ...	1	2			
11 Other tuberculous diseases ...	2	...	Cerebro-spinal fever ... ..	...	...
12 Cancer, malignant disease ...	11	7	Poliomyelitis ... ..	...	...
13 Rheumatic fever	1	1			
14 Meningitis ... ..	...	..	Deaths of infants under 1 year of age.		
15 Organic heart disease... ..	25	23	Total	39	25
16 Bronchitis	18	9	Illegitimate..	1	2
17 Pneumonia (all forms) ...	12	4			
18 Other respiratory diseases ...	3	...	Total Births	346	342
19 Diarrhoea &c. (under 2 years)	1	2	Legitimate	332	321
20 Appendicitis & typhilitis ...	1	2	Illegitimate	14	21
21 Cirrhosis of liver	1	...			
21A Alcoholism ... ..	...	...	

The Ministry of Health have provided a vaccine for the prophylactic treatment of Influenza, and this can be obtained by the medical practitioners of the district on application to the local M.O.H.

CANCER (MALIGNANT DISEASE).

Cancer was responsible for 18 deaths during the year, including 11 males and 7 females, the death rate being 0·7, and the percentage mortality 5·5.

CONGENITAL DEBILITY.

There were 32 deaths registered due to Congenital Debility, as compared with 18 in the preceding year, the death rate being 1·2, and the percentage mortality '98.

The marked increase in the death rate from Congenital Debility is to be deplored, and points to the urgent need for improving the antenatal condition of the child, and promoting a healthier condition in the parents, particularly the mother. The County Council have a scheme in hand whereby clinics are to be set up in different parts of the district, and to these, expectant mothers and also young children will be encouraged to come for advice and, where necessary, treatment. Up to the present, however, it has not been found possible to secure suitable premises in Cheadle, and the economic condition of the country generally is tending further to delay this scheme.

ZYMOTIC DISEASES.

The seven principal zymotic diseases, viz., Smallpox, Measles, Scarlet Fever, Diphtheria, Whooping Cough, Fever (Enteric etc.), and Diarrhœa, have been responsible for 24 deaths during the year (Measles 6, Scarlet Fever 5, Whooping 3, Diphtheria 7, Diarrhœa 3). The death rate from all of them being 0·9, while the case mortality from Scarlet Fever was 4·4%, and the case mortality from Diphtheria was 9·3%. This last figure is probably in considerable excess of the true case mortality, as during an outbreak of Diphtheria there are often mild undetected cases that escape certification, the same remark applying to a lesser degree in the case of Scarlet Fever.

The importance of saving young children from attacks of these diseases cannot be better expressed than in the words of Dr. Whitelegge, who says :—

“ In shielding a child against infection during the first few years of life there is a double gain ; every year of escape.....renders him less and less susceptible, until finally he becomes almost insusceptible ; and, secondly, even if he should ultimately take the disease, every year the attack is deferred reduces the danger to life that it brings. In other words attacks.....become less severe and less frequent with every year of age after the fifth. Up to the fifth year the liability may be less (than in the fifth year), but the risk of life in case of attack is very great.

TABLE XV.

Birth-rate, Death-rate and Analysis of Mortality during the Year 1920.

(Provisional figures. Provisional population estimated to the middle of 1920 have been used for the purposes of this table. The mortality rates refer to the whole population as regards England and Wales, but only to civilians as regards London and the groups of towns.)

	Birth-rate per 1,000 of total population	Annual Death-rate per 1,000 civilian population.								Rate per 1,000 births under 2 years	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 ...	25.4	12.4	0.01	0.00	0.19	0.04	0.11	0.15	0.48	8.3	80	24.3	92.2	6.6	1.2
96 great towns includ'g L'don population exceeding 50,000	26.2	12.5	0.01	0.00	0.22	0.04	0.14	0.16	0.43	10.4	85	31.3	92.2	7.1	0.7
148 smaller towns, census population 20,000-50,000 ...	24.9	11.3	0.02	0.00	0.19	0.03	0.10	0.14	0.38	7.8	80	16.5	93.2	5.3	1.5
London... ..	26.5	12.4	0.01	0.00	0.22	0.05	0.17	0.22	0.47	9.5	75	46.8	91.2	8.6	0.2
Cheadle Rural District ...	25.8	12.1	0.00	0.00	0.22	0.18	0.11	0.26	0.56	4.3	92	9.6	92.2	7.4	0.3

WATER SUPPLY.

Cheadle town and its immediate surroundings are supplied with good and wholesome water by the Cheadle Waterworks Company. The water, after filtration through the red sandstone formation, is pumped from a deep well to a reservoir, and distributed in iron mains. Lately, the Waterworks Company has considered it desirable to make the supply intermittent, the water being turned off from the mains between the hours of 10 p.m. and 7 a.m., a procedure that has caused a considerable amount of inconvenience, not only to the townspeople, but more particularly at the two institutions for the sick. At the Isolation Hospital, where so many cases of acute illness are dealt with, the difficulty in obtaining a sufficient supply of water for flushing purposes during the night has been acutely felt, and as it is extremely important that the closets and drains should be well flushed there at all times, this is a matter for the consideration of the sanitary authority.

Some of the villages in the district—Meir, Caverswall, Adderley Green, Blythe Bridge, etc., are supplied with a good and wholesome water by the Staffordshire Potteries Waterworks Company.

Dilhorne and Godley Brook districts are supplied with water through two miles of cast iron mains, from springs near Stansmoor.

Oakamoor Village is supplied through mains from springs in the surrounding woods.

Kingsley, Froghall and district are supplied from springs at Shirley Hollow—between the villages of Ipstones and Foxt, and the two last named villages are supplied from springs at Ipstones Park.

The villages of Cauldon Lowe and Waterhouses are supplied with water from the North Staffordshire Railway Company reservoir, the supply being good, wholesome and constant.

The villages of Werrington, Hulme, Wetley Rocks, Cellarhead, Cheddleton, etc., still obtain their water from springs and shallow wells. Many of the latter are in situations liable to serious pollution, and the Council is urging on its scheme whereby an excellent wholesome water for those villages—from springs at "Wall Myers"—will be provided.

Tean village and district have a very poor water supply but here also the Council has a scheme in hand to provide an adequate amount of wholesome water from springs in the vicinity.

Alton village is supplied with water partly through mains from the Earl of Shrewsbury's private water, and partly from shallow wells. The supply from these means has been most unsatisfactory, occasions having arisen when for several days at a time the schools and many of the houses have been entirely dependent on rain water for drinking, cooking, and household purposes. As the Council is aware there is an urgent need here for improving the water supply, and it is hoped that everything possible will be done to complete the scheme for obtaining water from the springs at Ramsor.

The village of Whiston is still without an adequate water supply, though the Council has an excellent scheme in hand for supplying the village and district with good and wholesome water.

In the Hollington district the water supply is very unsatisfactory and is totally inadequate, not only are the few wells in the district liable to pollution, but they are situate far from within reasonable reach of many of the villagers, and in a district so badly scavenged this inability to obtain water for general purposes has a serious effect on their general health and is undoubtedly one of the chief causes of the many epidemics of "sore throat" etc., that occur amongst the school children.

It is very desirable that something should be done to improve the water supply of this village, and it is earnestly hoped that the Tean water scheme will be capable of extension in this direction.

SEWAGE AND SEWAGE DISPOSAL.

The town of Cheadle and the villages of Meir, Adderley Green, Dividy Lane, Blythe Bridge and Oakamoor are sewered. Parts of other villages are also sewered, but in the following the arrangements are very crude and new systems are required:—Alton, Kingsley, Ipstones, Wetley Rocks, Caverswall, Dilhorne, and Hollington, while certain areas in Cheadle town are still unsewered. In Cheadle town there are approximately 450 W.C's, 380 pail closets, and 150 cesspit privies.

Caverswall parish—1226 houses—has 520 W.C's, 80 pail closets, and 526 cesspit privies. The other villages average about 10 per cent. W.C's, 50 per cent. pail closets, and 40 per cent. cesspit privies.

SCAVENGING, ETC.

During the year 5700 loads of ashes were removed by the Council's scavengers and contractors, while 2800 loads of nightsoil were removed. Many of the "Contractors" being farmers, the nightsoil is utilised as manure, and is applied to their fields. The contents of ashpits, etc., are for the most part "tipped" in old gravel and clay pits outside the villages, the Council having not yet seen their way to provide a refuse destructor.

The scavenging of Cheadle town is carried out by the Council's own teams and workmen, an arrangement that has proved adequate and 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 them under the direct control of the Parish Council. The success of an arrangement of this sort depends greatly on the individual contractor, and happily far fewer complaints of inattention to ashpits, etc., were received during the year than formerly.

In a few of the villages no arrangements have been made for the removal of nightsoil and household refuse. This has been left in the hands of the villagers themselves, and in many instances has proved to be a very objectionable nuisance, particularly to those who have not sufficient land for its adequate disposal. Undoubtedly, the overloading of small plots of land—close to the home—with human excreta is a source of danger to the health of the household and calls for immediate attention.

Throughout the whole district ashpits of the insanitary open type are gradually being abolished, and galvanised-iron ashbins being substituted, while regular inspection of bins is being maintained. Most of the new ashtins put in during the year are of specified size and are in compliance with the notices served on the owners concerned. The sanitary inspector continues his policy of insisting on the provision of separate closet accommodation for each family whether living in separate houses or not.

Cellar Dwellings.

There is only one cellar dwelling in the district. Notice was served on the tenant in March, 1920, to cease using this room as a sleeping room, as adequate accommodation for this purpose was provided on the second floor of the building. At a subsequent inspection it was found that the notice had been complied with.

Factories and Workshops.

There are 161 factories and workshops in the district. During the year 15 visits were made to 11 factories. In two instances additional W.C. accommodation was provided for the workers.

HOUSING.

The estimated number of houses in the district is 5627, of which 4842 are of the working class type. During the year 20 additional working class houses have been occupied, viz.,

Newly Erected (Brick) : Cheadle, 4 ; Meir, 1 ; Blythe Bridge, 1 ; Alton, 2.

These are distinct from the C.R.D.C. Houses.

Four houses have been converted into 8 dwellings, viz., Forsbrook, 2. Ipstones, 1. Lower Tean, 1.

Two houses have been reconstructed (Dilhorne, 1 ; Ipstones 1).

Number of army huts, etc., converted (6 at Oakamoor.)

It is not anticipated that there will be any abnormal increase or decrease in the population during the next few years, so that the estimated number of new houses required remains about 300. In order to meet this need the Council are building new houses at Cheadle, Tean, Dilhorne, Forsbrook, Alton, Cauldon Lowe, Caverswall and Kingsley.

The general standard of the houses throughout the district is poor, the chief defects being as follows :—

- (1) Defective floor pavings, and boards.
- (2) Living room windows fixed.
- (3) Lack of slop sinks.
- (4) Lack of conveniences for washing clothes.
- (5) Most of the houses have a firegrate and flue in one bedroom only, these are invariably papered over or boarded up, because of the defective construction of the flue, allowing back draughts of smoke.
- (6) Dampness in walls is very general, owing to the houses having been constructed without damp-proof courses.—This is also a primary cause of the defective internal wall plaster so often met with.
- (7) Defective eave and down spouts—a further cause of dampness in walls. It is common in this district to fix rain water eaves and spouts made of wood, a practice that is to be deprecated on account of the rapidity with which the wood rots, and also on account of its combustibility.
- (8) Defective yard paving, insufficient area paved, and defective house drainage.

Apart from the structural defects in the houses, many are overcrowded—a modest estimate of the number of overcrowded houses throughout the district would be 150. The number of houses unfit for human habitation is roughly 100, while there are almost as many with more than one family living in them, though not adapted for this purpose.

The above are approximate figures only, as it is quite impossible, with the present staff, to make a complete survey of the whole district in 12 months. No closing orders have been made during the year owing to the difficulty in finding alternative accommodation, but in all instances where houses have been found to be seriously defective, the owners are being required to carry out such works and alterations as will render the houses reasonably fit for human habitation. Even this procedure has presented difficulties, in many instances. Owing to lack of funds, scarcity of materials and of skilled workers, it has been found impracticable to carry out improvements as expeditiously as is desirable. The following details will, however, give some indication of the amount of work that has been done in this direction.

List of inspections under “Housing and Town Planning Act, 1909.”

Parish of Alton	...	...	...	...	14
„ Caverswall	...	...	...	...	55
(House to house inspections were also made in this parish in connection with Stoke Borough Extension Scheme.)					
„ Cheadle	...	...	...	...	168
„ Checkley	...	...	...	...	59
„ Cheddleton	...	...	...	...	6
„ Consall	...	...	...	...	1

Parish of Draycott	...	...	...	...	2
„ Dilhorne	...	...	...	...	6
„ Forsbrook	...	...	...	...	43
„ Ipstones (Foxt)	...	...	...	...	11
„ Kingsley (Whiston)	...	...	...	...	56
„ Oakamoor	...	...	...	...	34
„ Wetley Rocks	...	...	...	...	7
					<hr/> 462

Improvements carried out.

Number of Cesspit Closets converted to W.C's	...	38
„ „ Additional (new and previous to W.C's) W.C's	...	17
„ „ Duckett slop-closets converted to W.C's	...	3
„ „ Cesspit closets converted to pails	...	77
„ „ totally new pail closets	...	7
„ „ New pail-closets (including conversions)	...	105
„ „ New ashbins...	...	188
„ „ premises with drainage improvements	...	94
„ „ new W.C's replacing defective ones	...	10
„ „ houses in respective parishes to which repairs and improvements have been effected during the year.—Alton, 12. Caverswall, 8. Forsbrook, 27. Ipstones, 6. Cheadle, 46. Checkley, 10. Dilhorne, 2. Kingsley, 7; making a total of 118.		

Number of statutory notices served :—

- (1) H. and T.P.A., 1909—19. Repairs executed—4 cases.
- (2) P.H.A., 1875—248. $\left\{ \begin{array}{l} \text{Complied with 117.} \\ \text{Part complied with 27.} \\ \text{Cancelled 1.} \end{array} \right.$

Number of informal notices sent—208.

CANAL BOATS.—There are now very few canal boats plying in this district, owing to the N.S. Railway Company having ceased to bring down limestone from their quarries at Caudon Lowe. Twelve boats were inspected, no serious defects being found.

A total of no less than 2462 inspections were made during the year under the Public Health Acts.

SCHOOLS.

There has been a considerable improvement made in the condition of the schools of the district, many of which were renovated and redecorated during the summer vacation, but there is still a number in a very insanitary condition, and much in need of repairs and improvements.

In many there is no adequate supply of drinking water, what water there is being obtained from shallow wells and springs, often at a considerable distance from the school, while in some instances, rain water only is available.

For the most part the ventilation of the schools is satisfactory, but there are many in which the heating is quite inadequate, not only of the classrooms but of the cloakrooms. The education authority has recommended that cloakrooms should be airy, spacious, and well heated, but the more essential these requirements are, the less

attention appears to have been given to them. In some of the more sparsely populated parts of the district, where children may have several miles to walk to school, in all kinds of weather, the school cloakrooms are quite inadequate and invariably without any arrangement for heating—a state of affairs that calls for immediate attention.

Many of the schools in the district were closed for varying periods on account of epidemics of Measles, Scarlet Fever, and Diphtheria amongst the scholars.

There is no doubt that, in a rural district, when there is an outbreak of infectious disease amongst school children, closure of the school tends to prevent the disease spreading, but much more satisfactory results would be obtained were the sanitary authority able to control the movements of the children and to prohibit their congregating in other buildings, whether for the purpose of education or amusement.

With some infectious diseases, particularly Scarlet Fever, it is well known that “mild cases” are often a fruitful source of infection, but in a rural district the “contact” is probably quite as great a source of trouble. Certainly in each of three mild epidemics of Scarlet Fever that occurred amongst school children in this district a “Contact” was the cause of the infection spreading. This was chiefly due to the parents,—living as many do, several miles from the nearest doctor, and tending to rely much more on their own resources than do those living in more urban districts,—delaying in obtaining medical advice, but ignorance is also partly to blame.

It is still the practice in some of the more rural areas, when infectious disease occurs in a household, to bundle all the children into one room, so that they may take the disease at once and “get it over,” and in many cases argument and persuasion against this practice are alike of no avail, the parents apparently having more faith in the teachings and doings of their “grandmothers” than they have in present day methods. There appears therefore to be a real need for instructing the younger generation in simple personal hygiene and preventive methods, and for improving the hygienic condition, both in the home and the school, measures that cannot but produce a favourable effect on the minds of parents and children alike.

Much might also be done by promoting among head teachers a good sound knowledge of the early symptoms of the more common infectious diseases. This would make them more skilled in detecting suspicious cases among the scholars, and would enable them to give more definite notifications of suspected illness to the M.O.H., so tending to diminish the prevalence of infectious disease, and to make less frequent the occasions on which school closure is required.

Special inspections were made of 10 schools:—Alton, 3; Cheadle, 2; Cresswell, 1; Checkley, 1; Ipstones, 1; Foxt, 1; Berk-hamsytc, 1; while 11 external inspections were made. Eleven schools were disinfected after outbreaks of infectious disease, and eleven were supplied with disinfectants.

MATERNITY AND CHILD WELFARE.

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

Maternity & Infant Welfare. Particulars relating to the work during the Year 1920. District—Cheadle Rural.

Births

Registered		Notified 612										Transfers from other Districts during the Month.					
		Full term		Premature		Stillborn		By Midwives		By Parents and Doctors		Under ten days		Over ten days and under one year		One year and under five	
		L.	I.	L.	I.	L.	I.	L.	I.	L.	I.						
653	35	579	26	11	4	18	1	502	23	110	8	L.	I.	L.	I.	L.	I.
														6	1	7	1

First Visits			Revisits			Total Visits			Children on Visiting List at end of Month	
Expectant Mothers	Children		Expectant Mothers	Children		Expectant Mothers	Children		Under One Year	One Year and under five
	Under 1 year	Betw'n 1 & 5 years		Under 1 year	Betw'n 1 & 5 years		Under 1 year	Betw'n 1 & 5 years		
181	355	92	200	891	1493	381	1246	1585	441	843

Deaths and Removals of Children on Visiting List during the Month										Welfare Centre				No. of cases of insanitary conditions reported to Medical Officer of Health					
Under ten days		Over 10 days and under one year		One year and under five		No. on Books			Total No. of Attendances										
Deaths		Remv'ls		Deaths		Remv'ls		Deaths		Remv'ls		Expectant Mothers				Children		Health Visitor	
L.	I.	L.	I.	L.	I.	L.	I.	L.	I.	L.	I.	L.	I.			Under 1 year	Betw'n 1 & 5 years	Under 1 year	Betw'n 1 & 5 years
6	1	2		12		9		5	1	5	1	17	69			16	18	3	37

L.—Legitimate.

I.—Illegitimate.

With so many different nurses taking part in the health visiting work of the district, there is necessarily considerable variation both in amount and in the character of the work done in the different areas. Some go into the work wholeheartedly while some look upon it as a necessary nuisance, and invariably the health visiting work takes a back seat when, as very often happens, there is a pressure of work. Of course the Nurses are not to blame for this, but rather the system of employing as health visitor a nurse who is already District Nurse, School Nurse, Tuberculosis Nurse, and Midwife; too many duties and perhaps also too many "masters." Certainly the work is not so thoroughly done as it could be by whole time health visitors, who with special training, and provided with suitable means of travelling, could give to it the time and experience that this special branch of preventive medicine requires and deserves.

The Cheadle Infant Welfare Centre continues to do good work at the Wesleyan Schools, Charles Street, where meetings are held fortnightly. All credit is due to the ladies who have organised this centre, for the great interest they take in, and enthusiasm they put into, this work. The organisation is an entirely voluntary one, and from the numbers on the roll it will be seen how greatly the work is appreciated by mothers and children alike.

Total number of children on roll	...	...	87
Total attendances during 1920	...	...	370
Average fortnightly attendance	...	...	19

Milk (Mothers' and Children's) Order, 1919.

Under this order the 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. How much this plan is appreciated and taken advantage of is shown by the figures, no less than 415 gallons of milk having been distributed.

FOOD.

Number of slaughter houses in use in the district at the dates mentioned.

	In 1914.	In January 1920.	In December 1920.
Registered	32	32	32
Licensed	—	1	3
Total	32	33	35

A special inspection of the slaughter houses—of which there are 35—in the district was made during the year. Several were found to be seriously defective, many were in need of minor repairs and improvements, and with few exceptions there was a want of cleanliness.

With so many slaughterhouses in the district, and scattered over such a wide area as they are, not only is there great difficulty in ensuring that the Sanitary Authorities' Byelaws are complied with, but it is utterly impossible for the control exercised by the S.A. to be complete. Although no "home killed" meat has been condemned either on account of Tuberculosis or unsoundness, it has been found necessary to condemn a considerable quantity of "foreign meat" which was considered to be unwholesome and unfit for human food.

During the latter part of the year a local enquiry was held, regarding the desirability of the Council's obtaining powers to provide a public slaughterhouse. There can be no doubt that the provision of a public slaughterhouse would enable the sanitary authorities' officers to make proper and systematic inspection of meat at the time of slaughter, and would enable them to guarantee to the consumer a good and wholesome meat. It is anticipated that powers to build a public abattoir will be granted by the Ministry of Health.

Application has also been made to the Ministry for powers to make byelaws for the control of "offensive trades," and if these are granted, it is hoped that "Fried Fish Shops" will be included in that category, as on more than one occasion complaint has been received of obnoxious odours arising from this business.

The milk supply of the district is quite adequate, and is on the whole, of good quality, but there is room for much improvement in the methods at present practised, both in production and distribution.

In this connection, no less than 179 Dairies and cowsheds have been inspected, and permanent records have been prepared, which will enable the sanitary authority to deal with any serious defects. The chief defects found have been, insufficient lighting and ventilation, unsatisfactory drainage and floor paving, lack of, or defective condition of, spouting of roofs, and prevalence of low lofts.

It has not been found possible to make an inspection of the Bakehouses in the district, but it is hoped that during 1921, time will be found for this purpose, and that a complete record of their condition will be prepared.

ISOLATION HOSPITAL.

The Isolation Hospital stands in its own grounds—2 acres—and is situated at Moss Lane, about one mile from the town of Cheadle.

The buildings are comprised of :—1, Scarlet Fever wards for both sexes; 2, Diphtheria ward; 3, Typhoid ward; 4, a small detached pavilion that can be used as a convalescent ward or as an observation ward. There are also the usual administrative block and outbuildings, including Discharging Rooms, Laundry, Disinfecting Chamber, Mortuary, Ambulance Shed, etc.

Separate bathrooms have now been added to the Diphtheria, and to the Typhoid wards. This is a great improvement over the old method and is much appreciated by patients and nurses alike. Water for drinking and hospital purposes is laid on by the Council, and is supplied by the Cheadle Water Company.

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

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

Although the Isolation Hospital Committee considered sympathetically a suggestion made 12 months ago regarding the addition of a verandah to the Scarlet Fever block, no progress appears to have been made in this direction. There can, however, be no doubt that such an addition would be a great advantage to the patients; occasions have arisen during the year when the extra accommodation provided by a verandah would have proved of great service to the staff, and would have enabled them to accept cases that under present conditions had to be treated at home. It must of course be borne in mind that any increase in accommodation for patients might necessitate an increase in nursing staff, and an improved and enlarged Administration Block.

Since the hospital was opened in May, 1904, a total of 1,410 cases have been treated there. During the year 1920, there were treated in hospital 145 patients suffering from infectious disease, an increase of 65 over the preceding year, and including 94 suffering from scarlet fever, 50 suffering from Diphtheria, and 1 suffering from Enteric Fever.

This increase in the number of patients treated at the Isolation has entailed a great deal of extra work for the staff, not only in the actual nursing of the patients, but in ambulance work—many of the journeys occupying as many as three hours—which, under present arrangements, takes up far too much of the nurses' time, and causes unnecessary delay in the admission of patients. This has been particularly noticeable when night journeys have had to be undertaken, and until some quicker means of travelling is provided, it would be to the advantage of all concerned if the ambulance wagon were fitted with more efficient lights, such as might be obtained from acetylene lamps.

Age-incidence of patients treated in Hospital.

Age	Suffering from Scarlet Fever	Suffering from Diphtheria	Suffering from Enteric Fever
5 yrs & under 5 yrs ...	11	3	...
Over 5 yrs & under 10...	37	16	...
„ 10 yrs & under 15	27	21	...
15 years and over ...	19	4	1

Total number of cases of infectious disease, admitted to hospital during 1920 —

145	{	Scarlet Fever, 94.
	{	Diphtheria, 50.
	{	Enteric Fever, 1.
Discharged 142	{	Scarlet Fever, 87.
	{	Diphtheria, 54.
	{	Enteric Fever, 1.
Deaths 4	{	Scarlet Fever, 1=1'06% of cases treated.
	{	Diphtheria, 3=6% of cases treated.

It is again worthy of note that no less than 84% of the cases of Scarlet Fever notified during the year were admitted to the Isolation Hospital, while 66% of the cases of Diphtheria notified were admitted. (5 cases of Diphtheria were admitted to a neighbouring hospital on account of lack of accomodation at Cheadle).

The District Council continues to contribute towards the maintenance of the North Staffordshire Joint Smallpox Hospital at Bagnall, which enables them to send cases of Smallpox there when the necessity arises.

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 Infectious Diseases notifiable in this district:—Smallpox, Scarlet Fever, Diphtheria, Enteric Fever, Cholera, Pneumonia, Plague, Puerperal Fever, Cerebro-spinal Meningitis, Acute Poliomyelitis, Acute Polioencephalitis, Typhus Fever, Encephalitis Lethargica, Relapsing Fever, Continued Fever, Trench Fever, Dysentery, Malaria, Erysipelas, Tuberculosis, Ophthalmia Neonatorum.

The total number of cases of Infectious Disease notified in the district during the year was 277, and includes the following.

DISEASE.				Number notified	Percentage
Scarlet Fever	...	...	...	112	40'4
Diphtheria	...	...	...	75	27'07
Enteric (Paratyphoid)	...	...	...	2	0'7
Pneumonia	...	...	...	23	8'3
Ophthalmia	...	...	...	6	2'1
Puerperal	...	...	...	2	0'7
Tuberculosis	Pulmonary	...	...	45	17'6
	Non-Pulmonary	...	...	4	
Dysentery	...	...	...	7	2'5
Erysipelas	...	...	...	1	0'3

**Table showing Distribution of Infectious Disease
throughout the District.**

		Scarlet Fever	Diphtheria	Pneumonia	Tuberculosis	Ophthalmia Monatorum	Puerperal fever	Dysentery	Typhoid	Erysipelas
CHEADLE	Cheadle ...	12	26	10	18	3			1	1
	Teau ...	1	20		2		1			
	Checkley ...			1	1					
DILHORNE	Dilhorne ...	9			1					
	B. Bridge ...	13	3							
	Ad. Green ...	13	1	3	1	1				
	Werrington...	1	1							
	Forsbrook ...	6		1						
	Meir ...	28	7	1	3					
IPSTONES	W. Rocks ...	2			1	1				
	Cheddleton...		14	1	10			7	1	
	Kingsley ...		2	2	3	1				
	Ipstones ...	1	1	1	2					
	Whiston ...	1								
	Foxt ...	3								
	Consall ...	3								
ALTON	Alton ...	8	1							
	Oakamoor ...	2								
	Cotton ...	5								
	Cauldon ...	3		2			1			
	Waterhouses ...			1						

From the tables given it will be seen that out of a total of 277 infectious cases notified, 112 were suffering from Scarlet Fever and 75 from Diphtheria. Both those diseases were widespread and more prevalent throughout the district than in the preceding year, Scarlet Fever being particularly prevalent in the Dilhorne area, while Cheadle contributed the majority of the cases of Diphtheria.

Scarlet Fever.

No less than 63·2% of the cases of Scarlet Fever occurred amongst school children (i.e., children between the ages of 5 and 14 years), the infection being spread by the attendance at school of mild unrecognised cases, and "contacts."

Diphtheria.

Of the cases of Diphtheria 62·6% occurred amongst children of school age, pointing to the important part played by the school in the dissemination of the infection. In two mild epidemics "carrier" cases—i.e., children harbouring the Diphtheria bacilli in their throats without showing any manifestation of the disease were detected, and their prompt isolation prevented any further outbreak of the disease.

The medical practitioners of the district continue to make free use of the facilities given them of having a bacterial diagnosis made at the Birmingham University. During the year 267 swabs—including those taken at the Isolation Hospital—were sent to Birmingham for this purpose.

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, and as a means of determining when the case is free from infection.

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

Enteric Fever.

Two cases of the paratyphoid type of enteric fever were notified in the district during the year. One was an institutional case at Cheddleton, the other occurred at Cheadle and was treated in the Isolation Hospital. In both instances every precaution was taken to prevent the spread of the disease, and no further cases were notified.

Tuberculosis.

The number of cases of Tuberculosis notified during the year shows an important and satisfactory decrease on that of the preceding year, when 72 cases were notified. Of the 45 cases of Pulmonary Tuberculosis notified during 1920, no less than 10 were institutional cases from Cheddleton, the corrected number for Cheadle District being 35. The Tuberculosis Officer for North Staffordshire attends at the Tuberculosis Dispensary, Cumberland House, Cheadle, on Thursday of each week, so that every facility is given for the detection of this disease in its earliest stages. Much still requires to be done by way of treatment, however, and there is an urgent need, in this district at least, for the provision of open air shelters. Many of the patients live, and even after sanatorium treatment, return to live, in damp, overcrowded, insanitary dwellings, so that it is difficult to conceive what benefit they can possibly receive unless their whole environment is improved, and they are enabled to live healthy, open air lives.

Much can still be done to combat this great scourge. By providing adequate isolation for highly infectious cases, by providing the people with better homes, better sanitation, better food, and better clothing, by proper nursing, supervision, and control of infected persons, by better control of the milk supply of the country—including production, storage, and distribution, and, by no means least, by encouraging by every means in our power, the breast-feeding of infants.

Disinfectants are supplied by the Inspector to persons suffering from Tuberculosis, while disinfection of premises is carried out, as directed by the M.O.H., after death from this disease.

Dysentery.

The cases of Dysentery have all been notified from the Mental Hospital at Cheddleton and need no special comment as this disease is a common terminal cause of death with mental cases.

Ophthalmia Neonatorum.

Six cases of this disease were notified, compared with one case during the preceding year. As this disease is for all practical purposes always due to infection with gonococci, it points to the urgent necessity for all midwives attending women at childbirth to take every precaution to protect the baby's eyes.

During the year 154 premises were disinfected after infectious disease.

Appendices.

Housing Conditions Statistics,

Year ended 31st December, 1920.

1. GENERAL.

1. Estimated Population	...	...	...	26614
2. General Death Rate	...	...	...	12.1
3. Death Rate from Tuberculosis	...	...	...	0.7
4. Infantile Mortality	...	...	...	92.2
5. Number of Dwelling Houses of all Classes	...	...	...	5627
6. Number of Working Class Dwelling Houses	...	...	...	4842
7. Number of New Working Class Houses Erected	...	...	...	14

2. UNFIT DWELLING HOUSES.

1. Inspection.

1. Total number of dwelling houses inspected for housing defects (Public Health or Housing Acts)	...	...	...	1462
2. Number of dwelling houses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910	...	...	...	462
3. Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	...	...	...	100
4. Number of dwelling houses (exclusive of those referred to under the preceding heading) found not to be in all respects reasonably fit for human habitation	...	...	...	154

2. Remedy of Defects without Service of Formal Notices.

Number of defective dwelling houses rendered fit in consequence of informal action taken by the Local Authority or their Officer	36
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3. Action Under Statutory Powers.

(A) Proceedings under Section 28 of the Housing, Town Planning, &c. Act, 1919.

(1) Number of dwelling houses in respect of which notices were served requiring repairs	19
(2) Number of dwelling houses that were rendered fit :—	
(a) By owners	4
(b) By Local Authority in default of owner	nil.
(3) Number of dwelling houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close	nil.

(B) Proceedings under Public Health Acts.

(1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied	248
(2) Number of dwelling houses in which defects were remedied :—	
(a) By owners	144
(b) By Local Authority in default of owners	nil.

(C) Proceedings under Sections 17 and 18 of the Housing, Town Planning, &c. Act, 1909.

(1) Number of representations made with a view to the making of Closing Orders	nil.
(2) Number of dwelling houses in respect of which Closing Orders were made	nil.
(3) Number of dwelling houses in respect of which Closing Orders were determined, the dwelling house having been rendered fit	nil.
(4) Number of dwelling houses in respect of which Demolition Orders were made	nil.
(5) Number of dwelling houses demolished in pursuance of Demolition Order	nil.

3. UNHEALTHY AREAS.

Areas represented to the Local Authority with a view to Improvement Schemes under (A) Part I., or (B) Part II. of the Act, 1890,

(1) Name of Area	No areas have been scheduled as Unhealthy Areas, individual houses only being dealt with.
(2) Acreage	
(3) Number of Working Class houses in Area	
(4) Number of Working Class persons to be displaced... ..	

- (5) Number of houses not complying with the building bye-laws erected with consent of Local Authority under Section 25 of the Housing, Town Planning, &c. Act, 1919 6
- (6) Staff engaged on housing work with, briefly, the duties of each officer :—
- | | | |
|-------------------------------|-----|-----------------------|
| Medical Officer of Health | ... | General Housing Work. |
| Sanitary Inspector & Surveyor | ... | " " " |
| Assistant Sanitary Inspector | ... | " " " |

With the present staff it has not been found possible to make any defined allocation of housing work to its members. Each one reports on any defects he finds, though for the most part routine inspections under the Housing and Public Health Acts are made by the Assistant Sanitary Inspector. Much of this officer's time is, however, taken up in travelling, his only means of getting from one part of the district to another being by "push bicycle," by which means it takes almost "half-a-day" to reach the more outlying parts. It seems, therefore, desirable that a more efficient and quicker means of travelling should be provided.

I am, gentlemen,

Your obedient servant,

D. M. WILSON, M.B., Ch.B., D.P.H.

CHEADLE,

June, 1921.

