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Contributors

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CHEADLE
Rural District Council

ANNUAL REPORT
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Cheadle Rural District Council.

REPORT

OF THE

MEDICAL OFFICER OF HEALTH

for the year ending December 31st, 1956.

CONTENTS :

1. INTRODUCTION.

To the Chairman and Members of the Cheadle Rural District Council.

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in presenting my report for the year ending 31st December, 1956.

As in previous years the report is a chapter only in the history of the health and well being of the District. In writing it, however, I have inclined more than in previous years to the view that besides including details of what has been achieved it is justifiable and indeed important to lay stress on matters which still remain to be done.

In this Rural District we are well on the way to having provided environmental services (water, housing, etc.) which could not be bettered. But if full benefit is to be obtained from our environment each and every one of the community must learn to adopt correspondingly good health habits and show that he also expects others to adopt them.

An efficient refuse collecting system may be off-set by litter-louts. An expensive modern kitchen or restaurant may be off-set by a dirty cook. A wash basin installed conveniently close to a water closet is wasted if it is not used.

Legislation can not ensure sanitary practices but public opinion can.

Although not laid down by statute I feel that the District Council, through its officials and through its Members who are elders and leaders of the community, should regard it as a responsibility to lead public opinion towards considering what should be accepted as good individual sanitary practice and behaviour.

The religions of older civilisation included a code of sanitary practice which was enforced by public opinion. The U.S.S.R. has a code of sanitary practice which is enforced by public opinion with extremely good results. In the Welfare State improving environmental conditions allow an improved code of sanitary practice and I think that our District Council has some responsibility for getting this accepted. In other words we have a part to play in Health Education.

This dissertation on Health Education and the future leaves little room in my introduction on achievements of the past year.

The year 1956 was to me unsatisfactory in that there was always present a threat of financial crisis which slowed down and in some cases stopped environmental projects which seemed desirable.

It was to me satisfactory in that the increase in staff and the planning of the Chief Public Health Inspector seemed to provide a more organised and efficient service from his department. I must especially thank him for his interest and help in getting an outbreak of dysentery under control in a much shorter time than I had expected.

Finally, I would say that the Chapter Headings of my report are as in previous years but have been re-arranged in order. The best course in a meal is not always the first and I would therefore make no apology for the fact that the reports of the Chief Public Health Inspector and the Surveyor come towards the end.

I am,

Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

E. H. TOMLIN.

October, 1957.

2. GENERAL INFORMATION.

Chairman of the Rural District Council : Mr. W. A. ASHTON.

Vice-Chairman of the Rural District Council : Mr. S. E. GOODWIN.

PUBLIC HEALTH COMMITTEE, 1956.

Chairman : Mr. J. W. CROSSLEY.

Members : Mrs. R. Berry, Mrs. H. M. Gardner, Mrs. K. M. Harris, Messrs. J. H. Aberley, W. A. Ashton, J. A. Berresford, J. M. Berresford, J. Brindley, J. Byatt, R. L. Carr, P. Clowes, J. C. Cope, P. Cratchley, R. A. Evernden, J. Finnikin, F. R. Ford, A. E. Foreman, J. R. Goodwin, S. E. Goodwin, D. Heath, N. Heathcote, W. H. Hewitt, J. E. Horton, J. A. Hurst, F. Hulme, J. Johnson, W. Jones, S. W. Lees, J. Moffatt, G. W. Morris, T. Mottram, H. L. Podmore, J. Price, G. H. Shaw, W. Shelley, A. Smith, C. Spode, D. G. Spooner, F. G. Taylor, K. R. Tomkins, W. C. Washburn, F. Williams, T. H. Willis, A. Wootton.

PUBLIC HEALTH STAFF.

E. H. TOMLIN, M.D., Ch.B., D.P.H., Medical Officer of Health.
R. COMLEY, M.R.S.H., M.A.P.H.I., Chief Public Health Inspector, Food Inspector.
D. N. DUNLOP, M.A P.H.I., Public Health Inspector, Food Inspector.
B. R. NAGLE, M.A.P.H.I., Public Health Inspector, Food Inspector.
K. M. HAWKINS, Clerk.

STAFF : ENGINEER AND SURVEYOR'S DEPARTMENT.

J. W. BURTON, M.I.S.E., M.R.S.H., Engineer and Surveyor.
M. E. MOORE, A.M.I.C.E., A.M.I.Mun.E., A.M.T.P.I., Deputy Engineer and Surveyor.
H. POINTON, Architectural and Town Planning Assistant.
H. F. PARRINGTON, A.I.M.S., Town Planning Assistant.
W. BENNETT, A.M.I.Mun.E., Engineering Assistant.
K. J. RATCLIFFE, Engineering Assistant.
R. E. CHATFIELD, A.M.I.Mun.E., Engineering Assistant.
P. J. DREWRY, Clerk of Works.
R. HENSHALL, Junior Engineering Assistant.
W. H. HOBSON, Clerk.
J. W. SHAW, Clerk.
H. ALKINS, Clerk.
R. SHEMILT, Shorthand Typist.
M. P. BROOKES, Shorthand Typist.

GENERAL STATISTICS.

Area (in acres)	60,291
Registrar General's Estimate of population	35,110
Number of inhabited houses according to Rate Book	9,861
Rateable Value	£230,198
Sum represented by a penny rate	£517 18s. 7d.

3. SOCIAL CONDITIONS IN THE AREA.

1. The changes in Waterhouses village.

The year saw changes in the Waterhouses landscape which foreshadowed other changes in the population and life of the village. A cement works was being built, also forty houses for its employees who will presumably be coming into the village from elsewhere. A new secondary school was being built.

2. Bus Shelters.

These shelters have now sprung up in most parts of the District, and have I think been very much taken for granted by the public. Besides saving discomfort they must save the cost of chills and other illness. Vandalism has resulted in the breaking of windows in some. It is a pity that public opinion and action does not check this more effectively. After all, our resources for Health measures come from the public rates, and are limited.

The shelters are effective and of quite pleasing style.

A sign on each giving the name of the rural district and the shelter's location might without detriment to the shelter's appearance both serve to impress the public ownership and also help the stranger travelling in the district.

3. Voluntary efforts.

During the year by voluntary efforts a Club for the Hard of Hearing was started in Cheadle. This enables the deaf to learn lip reading and other methods whereby they can overcome their handicap and maintain a full social life.

The Council assisted in the inauguration of the Club by its support and by the help of accommodation for its inaugural public meetings.

4. Rural Schools.

I regret having to record that the sanitary provision at some of our rural schools is very unsatisfactory. While the County Education Authority and Boards of Governors must realise the schools' defects it would seem that the financial resources available are inadequate for everything desirable. Unfortunately, there seems to be some tendency to cling to standards of the past, and some inclination to adopt an "all or nothing" policy.

Many of the school closets have plain unpainted wooden seats. These are absorbent and readily contaminated. To have them sealed with a hard gloss plastic paint would render them more easily disinfected and safer at a very small cost.

I can only think that at those schools where this has not been done the governors or those in authority are clinging to the traditions of the past. While the well scrubbed white wood kitchen table was better than

the dirty one it is now for hygienic reasons being replaced by the impervious formica topped table. For exactly the same reasons the white wood closet seat should be replaced by something which is in fact as well as in appearance capable of being kept bacteriologically clean and safe.

The subject of providing washing facilities for the children conveniently close to their lavatories is one involving more expense.

"Now wash your hands" is potentially the most important disease preventing and money saving slogan which can be taught to a child so that the practice becomes automatic. But this cannot be taught in school if there are not the facilities. And if taught at home and not at school the child is less likely to respond.

5. Persons in need of care and attention.

During the year no application had to be made under the National Assistance Act for the removal of a person in need of care and attention.

Difficulties here lay rather in finding suitable hostel or hospital accommodation for people who needed and were willing to accept it. The provision of such accommodation is the responsibility of the County Welfare Authority or the Regional Hospital Board. In general, it might be said that accommodation without waiting was available only for the most urgent cases.

4. THE PREVENTION AND CONTROL OF DISEASE.

This section of the report previously has been almost entirely devoted to the prevention and control of the infectious diseases. Such diseases no longer present the worry and danger that they did formerly and public health medical opinion is now asking whether its efforts should not be devoted to seeking ways of preventing other diseases which are not infectious. Comment in this section of the report is therefore wider than in the past.

Health Education.

This comes to the individual from a variety of sources :—the radio, newspaper articles and advertisements, the family doctor and the health visitor. I believe "Hygiene" is taught in the schools. Women's Institutes have talks on health matters.

The average individual, adult or child, has no great liking for education and with all this choice of education offered it may well be the average individual accepts little but what has either been taught by his parents in infancy or what he considers himself to be sound and logical.

Nevertheless, as I stressed in my introduction to this report, I believe there is a need for health teaching of a modern code of sanitary practice so that public opinion will censure those who do not comply with the code.

I believe, too, that there is much scope for health education in considering the needs of the ageing and care for the elderly.

Section 179 of the Public Health Act 1936 enables a District Council to incur expenditure on Health Education instancing such things as the issue of publications, display of pictures, giving of cinematograph shows or lectures.

In 1956 and the preceding ten years the District Council has done little in those lines which directly incurs expenditure.

It has not, of course, done nothing, and its contributions to Health Education might be said to include the following :—

(a) Subscriptions to the National Council for Health Education.

(b) Talks on Health Matter to groups such as W.I.'s, Parent-Teachers Association, Youth Clubs, etc., by the Medical Officer of Health. (These have been sadly few from his point of view).

(c) Newspaper comment on matters arising in Council from the Medical Officer's monthly report. (Here I would thank the Press).

(d) An immense amount of individual advice given by the Public Health Inspectors.

That Health Education does pay dividends is, I think, evidenced by comparing the child health and infant mortality of the present day with that of the past.

That Health Education can effectively induce public opinion to influence sanitary behaviour and methods is to me apparent in the increasing lay comment I have heard in recent years on clean foods, and protection of foodstuffs from contamination.

I would say again that we have had Health Education from the start of time, that with our increased knowledge and better environmental conditions our standards and details of health teaching must change, that health teaching to be effective must be discussed by and supported by the community and public opinion, and that the District Council has a part to play in all this.

Home Accident Prevention.

This again is a field where education might save illness and suffering. A meeting called during the year in Cheadle Town by the Area Health Committee with the possibility of forming a local committee on the lines of the Road Safety Committee met with little support. The meeting agreed that there was scope for such a Committee, but that those present at the meeting were not sufficiently representative of the community to take it upon themselves to establish a committee then and there.

Accidents in the home could in many cases be prevented with a little forethought and common sense. For the most part they occur in children and the aged. We have had cases in Cheadle of old people falling in the fire and being seriously burnt but public opinion does not

yet call for fire-guards in the homes of all old people, as it might in the case of children. Old people do not like to be told that their powers are failing and that they can not get about the house safely. We do not like telling our elderly friends and relatives that they are infirm and a danger to themselves, or that they no longer think quickly and clearly.

But public opinion could perhaps get the elderly to accept that with age additional safeguards would become necessary, and public opinion could get us as individuals to feel it was a duty to look for possible accidents to the elderly and to feel that it was a duty to say or do what we could to prevent them.

The Committee's main job would be to get facts known. At present I do not think there is much known about Home Safety. Accidents in the home cause more deaths than accidents on the roads.

Dental Caries.

Decayed teeth can cause toothache. They can also cause indigestion. Poisons of dental decay can lead to anæmia, dizziness, lassitude and general ill health.

We have not, either in the country as a whole or in the Cheadle Rural District, sufficient dentists to undertake all the dental treatment that is desirable.

But in the last ten years it has been accepted in medical and dental circles that addition of substances called fluorides to drinking water in localities where the water has normally a low fluoride content can very considerably reduce the incidence of dental decay.

This has been proved by experiment in the United States of America, and in this country the Ministry of Health has approved trials in Anglesey and elsewhere on similar lines. It is to be expected that in the course of a few years the fluoridation of public water supplies will be common practice.

During the past year we have had carried out tests on the fluoride content of our local water supplies, and in every case the fluorine content has been so low as to suggest that fluorides could be added with great advantage.

When the Ministry of Health gives general approval to fluoridation of water supplies it is to be hoped that it will be instituted in this district.

Smoke Nuisance.

During the year the Clean Air Bill had considerable prominence, but in the Cheadle Rural District we have not had much concern with atmospheric pollution and there certainly seems to be no urgency in the matter of creating "smokeless zones." Smokeless fuels and modern heating apparatus for private dwellings may have advantages in ease and convenience of maintenance, and be more efficient and economical in the long run than the open fire but they would not add appreciably to our health in the rural district.

Industrial atmospheric pollution, however, is a different matter and in order to keep a check on possible atmospheric pollution by factories in the district the Council provided atmospheric pollution guages for the use of the Health Department. The bringing into use of these techniques which are new to the Cheadle Rural District are not so much an indication of any new grave threat to health as an indication of newer and higher standards at which we can aim.

Radiation Hazards.

Comment on this matter does not result from any specific happenings in the Cheadle Rural District in 1956 but it is made as it is felt that dealing with radiation hazards in the future may closely follow the lines of dealing with epidemic disease in the past and may be a responsibility of our Health Department.

Up to now radiation sickness has been associated in our minds with the atomic bomb. But, with the development of atomic power, it seems more than possible that accidents due to failure of the human element may occur in which radio-active substances or articles get out of control. Such radio activity could move through the country as does the virus or smallpox. It would be something unseen yet capable of producing illness and death. Its recognition and tracking down, and advice to the public might involve just such steps as we now use in our attempts to control an outbreak of smallpox.

Public panic and the disorganisation of work and life could follow either the atomic accident or the atomic bomb. Fortunately, the radio would help in giving advice and preventing such panic.

Nevertheless, it is to me disheartening that in the Cheadle Rural District so little interest has been shown in the Civil Defence Wardens' and Ambulance Sections. In these sections people receive training which helps them so far as possible to guard themselves when moving about exposed to radio-activity in order to help others.

The Civil Defence Corps has proved its value in peace time in flood disasters, and I feel it may in future be called on to prove its value in peace time in "atomic accident" disasters.

The matter is essentially one of prevention of disease, and as such must, I think, be regarded as the concern of the Council and myself.

The Infectious Diseases.

No infectious disease could be said to have reached general epidemic proportions. The incidence of **Whooping Cough** with 153 cases in the year was slightly above the average and these cases coming at the end of the year built up into an epidemic in the following year. **Measles** with 125 cases was well below an average of about 250 cases. **Scarlet Fever** with only 16 cases notified showed a new low record and this would seem to be a disappearing disease.

Dysentery, however, showed a local outbreak starting in the primary school at Checkley.

The outbreak came to light on 24th April when six cases of diarrhoea had been reported.

By 4th May it was known that 43 cases of dysentery or suspected dysentery were absent from school out of a total of 67 and it had become apparent that eradication of the disease from the school community and prevention of spread of disease outside the village would be a hard task owing to the fact that with this disease the incidence of symptomless carriers is perhaps as high as that of cases with symptoms, and that re-infections within a matter of a few weeks are possible and to be expected.

A policy was adopted of exclusion of all children with digestive upset until after they had been visited and bacteriological investigation undertaken. If the children showed bacteriological evidence of dysentery their brothers and sisters were also excluded. Return to school was allowed on three negative examinations, but where more than one child from the family was excluded exclusion was enforced until the whole family was clear.

Bacteriological reports were sent to the children's family doctor, and in almost every case I believe cases and carriers were treated with sulphonamides.

Only three children had to be re-excluded with a second attack, and the last child was returned to school on 6th July. Rather to my surprise no further case occurred.

Lying almost on the Rural District Boundary a number of the children either lived in Uttoxeter Rural District or had connections with Uttoxeter. Our thanks are due to the Uttoxeter Urban District and Rural District Medical Officer of Health who co-operated in control measures on his side of the boundary.

In all, the outbreak resulted in 30 proved cases or carriers in children and adults in the Cheadle Rural District, in addition to cases in the Uttoxeter Rural District. Upwards of 200 visits were paid by the Cheadle Health Department Staff. Upwards of 200 specimens were sent for bacteriological examination. Upwards of 200 letters were written. The cost in time alone to all concerned must have been considerable.

Nevertheless, I am sure this cost must be trifling compared with that which would have resulted from illness, loss of wages, upset of work, etc., had the disease been allowed to spread beyond the village. Dysentery itself may be a trifling disease to the individual but a real upset to the community.

If control measures were entirely neglected repeated attacks would inevitably result in a very detrimental lowering of the individual's standard of general health.

Food Poisoning. Notifications during the year amounted to twelve but except the one instance where two cases were concerned the diagnosis was very much open to doubt. The notifications mostly came during the month of June and I subsequently came upon two large households where a disease with very similar symptoms showed a definite pattern of epidemic vomiting. It seems probable that some of the notified cases were due to epidemic vomiting rather than food poisoning, but in want of exact confirmation I have allowed the original diagnosis to stand.

Tuberculosis showed an incidence of no special significance with 12 males and 9 females notified as suffering from the pulmonary type of disease and 3 males and 2 females from other types. Three males and five females died from pulmonary tuberculosis.

Cancer. Deaths totalled 33 males and 45 females. Nine of these were cases of lung cancer.

Diphtheria immunisation showed a good year in 1956 with 433 primary immunisations and 484 reinforcing immunisations. With an average of about 480 children born in each of the past seven years a total of 433 primary immunisations can, I think, be regarded as satisfactory. Our average over the past six years has been about 405. No case of diphtheria occurred in the District.

Whooping Cough immunisation. Two hundred and forty two children received primary immunisations during 1956, as compared with one hundred and seventy seven in 1955. Sixteen children received reinforcing doses.

Smallpox immunisations during the year numbered 182 primary vaccinations, an increase of 62 on the year 1955. Of the 182 vaccinations, 139 were in infants under one year of age. There were 36 re-vaccinations.

Acceptance of protective inoculations in the district is quite good on the whole, with this one exception of smallpox. I believe the reason for the poor acceptance of smallpox vaccination is perhaps due to the fact that it is more troublesome to arrange than the others. Fresh vaccine has to be ordered for each individual, and vaccinations are not done in the schools and clinics.

This is most unfortunate, as to the individual smallpox vaccination may be the most valuable of all the protective inoculations. It is certainly the one I would place first where my own personal safety and life were concerned.

Poliomyelitis immunisation became available to a very limited extent. The response to invitations to register for vaccinations was very satisfactory but only sufficient vaccine was available for children in selected age groups, and not all of these received the full course of inoculation. One hundred and twenty eight children received inoculation during the year.

NOTIFIABLE INFECTIOUS DISEAS

	Scarlet Fever.		Whooping Coug	
	M.	F.	M.	F.
Numbers originally notified. ...	9	7	66	87
Final numbers after correction				
Ages—				
1...	—	—	4	7
1—2	—	—	6	14
3—4	1	—	19	22
5—9	6	6	35	43
10—14	—	—	1	—
15—24	—	—	—	—
25 and over.	2	1	—	1
Age unknown. ...	—	—	—	—
TOTAL	9	7	65	87

	Ac. Pneumonia.		Dysentery.	
	M.	F.	M.	F.
Numbers originally notified,	13	4	10	9
Final numbers after correction				
Ages—				
0—4	1	—	1	2
5—14	5	1	9	3
15—44	2	1	—	4
45—64	1	1	—	—
65 and over.	4	1	—	—
Age unknown. ...	—	—	—	—
TOTAL	13	4	10	9

Tuberculosis	Respiratory		Meninges C.N.S	
	M.	F.	M.	F.
Numbers originally notified Total (all ages)	13	9	0	1
Final numbers after correction				
Under 5	2	I	—	—
5—14	1	—	—	—
15—24	1	—	—	1
25—44	3	4	—	—
45—64	4	3	—	—
65 and over	1	1	—	—
Age unknown ...	—	—	—	—
TOTAL (all ages) ...	12	9	0	1

B"

Y SEX AND AGE GROUPS

Measles (excluding rubella)		Acute Poliomyelitis			
		Paralytic		Non-Paralytic	
M.	F.	M.	F.	M.	F.
57	68	1	0	4	0
2	—	—	—	—	—
12	12	1	—	—	—
12	17	—	—	—	—
24	37	—	—	1	—
4	1	—	—	1	—
1	—	—	—	—	—
1	1	—	—	—	—
—	—	—	—	—	—
56	68	1	0	2	—

Erysipelas.		Food Poisoning	
M.	F	M.	F.
1	4	6	10
—	—	—	3
—	—	4	—
1	—	2	2
—	1	—	—
—	3	—	1
—	—	—	—
1	4	6	6

Others		Other notifiable diseases— Puerperal pyrexia			
		Originally notified.		Final numbers after correction.	
M.	F.	M.	F.	M.	F.
3	1	—	4	—	4
1	1				
—	—				
2	—				
—	—				
—	—				
—	—				
—	—				
3	1				

5. GENERAL PROVISION OF HEALTH SERVICES.

The arrangements for provision of health services under the National Health Services Act were out-lined in some detail in my report for 1949 and since then little comment has been made in this section of the report.

District Councils have no statutory responsibilities or obligations under the National Health Service Act, and it is therefore not proper that a District Council Official should take it upon himself to make any criticism in detail of the working of the Health Service under the administration of other bodies. On the other hand it is the responsibility of a District Medical Officer to advise his Council of all matters affecting the health of the community, and such matters must include the general adequacy of provision of services under the National Health Service Act.

Under this Act the Health Services are administered locally by three distinct bodies.

Under Part I the General Medical Practitioner Service, Dental Practitioner Service and Pharmaceutical Services are administered by the Executive Councils which are "ad hoc" bodies set up to cover the territory of a County or County Borough. Members are appointed and not elected. District Councils are not concerned with the submission of names of individuals who might be considered suitable for appointment.

Under Part II of the Act the Hospitals and Consultant and Specialist Services are administered by Regional Boards—again "ad hoc" bodies with "appointed" members. Much of the Regional Boards administration work is delegated to Hospital Management Committees—once again "ad hoc" bodies. Once again the District Councils have no say in the composition of membership of the Boards.

Under Part III of the Act are the Local Health Authorities, Counties or County Boroughs, which administer the "Personal Health Services" such as Maternity and Child Welfare, District Nursing, Health Visiting, Domestic Help, Care and after-care, including Nursing Comforts, Domiciliary Midwifery, the Ambulance Service etc. Here only is some measure of connection with the District Councils, as they are asked by the County Council to nominate members to serve on the local Area Health Committees, which are sub-committees of the County Health Committee charged with the day to day administration of personal health services in the local Health Areas.

The Cheadle Rural District together with the Leek Urban District and Rural District and Biddulph Urban District constitute the "Leek Health Area."

From consideration of the above it is obvious that the vote of the local government electorate can do either little or nothing towards influencing local policy in the administration of the National Health Service Act.

Nevertheless, a District Council can submit suggestion, criticism or complaint to the various bodies which administer the National Health Service Act and such suggestions should carry weight as coming from a representative locally elected body.

I am glad to say that I believe the Cheadle Council holds to this view, and has in the past given its support to public complaints and suggestions.

In putting forward this view I do not suggest that the National Health Service has not been administered most ably. I am suggesting that while it may be agreed that large administrative units are necessary the opinions of the smaller local unit are still of value. The patient may have gone under the care of the specialist, but the specialist should get much information of value from the report of the general practitioner who has known that patient for so much longer and so much more intimately.

Reviewing the Health Services and their changes since 1949 I have made the following notes :—

Hospitals and Consultant Services.

For acute, general medical and surgical conditions and for the specialists such as orthopaedic, pardiatric ophthalium, cases, etc., there would appear to be satisfactory facilities for treatment available in the Stoke-on-Trent Hospitals although out-patient attendance and visiting does in many cases result in considerable travelling which can be exhausting or expensive.

Suggestions have been voiced in the past from different sources that some measure of de-centralisation might be desirable—Cottage Hospital beds, an orthopaedic out-patient clinic, X-ray plant, etc., might be established at the Cheadle Hospital which now takes only the elderly and chronic sick. It would seem that costs and staffing difficulties make such things impossible, and I personally feel there might be some danger in the setting up branch departments which would perhaps get elderly equipment etc., which was no longer wanted at the main hospital. Indeed, since my last report under this heading I was not surprised to hear that the Cheadle Tuberculosis Dispensary had been closed. Although this Dispensary, open one half day a week, may by virtue of accessibility have been of benefit before a free ambulance service was available in recent years and without X-ray facilities it must have been a cause of frustration to the doctors and nurses who worked in it.

For Mental Hospital facilities there is St. Edward's Hospital in Cheddleton and although the buildings are old and the hospital has its staffing difficulties I believe the public is very appreciative of the care and treatment which can be obtained there.

For Infectious Cases we have remained dependent on the Bucknall Isolation Hospital, and no problems have arisen as a result of the closure of the small Cheadle Isolation Hospital.

Hospital treatment for Tuberculosis cases has been readily obtainable, up to date, and effective. As regards the prevention of Tuberculosis I can not but help feel that the splitting of the old Tuberculosis Service between the new Hospital and local Health Authority leaves gaps in our former lines of defence against tuberculosis such as case surveillance, contact tracing etc. It may be that with new methods of cutting short the period of infectivity, preventive inoculation with B.C.G., early radiological diagnosis, etc., the old methods of control are no longer essential to the eradication of the disease, but at one time they were all important.

Maternity Hospital and Maternity Home facilities remain as in 1949. For the most part it seems accepted that home confinements are to be expected except in the case of first babies and cases with obstetrical complications. Ante-natal services remain provided by Regional Board, Executive Council, and Local Health Authority. Medical Officers of all three of these bodies may be concerned in the birth of the same baby, and in 1956 a system of exchange of information on ante-natal findings came into being.

Although our infant and maternal mortality rates in the district have been satisfactory it would seem that some unified system of combined clinic for the purpose of both regular medical checking and advise on the patient's mode of life during pregnancy, attitude to labour, and care of herself and her infant in the first few weeks after birth would be a desirable thing.

Divided responsibility cannot make for efficiency, and some sort of set up such as a local Maternity Home with Ante-natal Clinic might afford much fuller opportunities of meeting between general practitioner, midwives and obstetricians—with frequent meetings and case consultations the responsibility would become shared instead of divided. Such Homes would be expensive and it would seem that the authorities will fight shy of such expenditure for a considerable period unless public opinion decides such expenditure would be justified.

General, Medical, Dental and Pharmaceutical Services.

The number of general medical practitioners remains as in 1949. The District has been classified as one in which a new general practitioner might expect to make a living but one which is not so seriously short of doctors to warrant an "inducement grant." General practitioners are resident in the town of Cheadle, and the villages of Werrington, Weston Coyney, Blythe Bridge, Tean, Alton and Waterhouses. There are branch surgeries at Ipstones, Wetley Rocks and Cheddleton. Fourteen general practitioners are resident and practicing in the rural district and others from Leek, Stoke-on-Trent, Uttoxeter and Ashbourne have patients living in the district. The cover would seem adequate, but residents of Cheddleton have made representations that a doctor resident in the village would be of convenience and save hardship to old people who at

present may have to travel three or four miles to Leek to see their doctor at his surgery.

There is only one dentist practicing in the rural district, this in Cheadle town.

There are dispensing chemists and pharmacists in Cheadle town (3) Weston Coyney and Cheddleton.

Local Health Authority Services.

Midwifery and general nursing is undertaken by twelve District Nurse/Midwives. Ten of these also undertake Health Visiting and School Nursing. Only in Cheadle town is there a full time Health Visitor.

Arrangements are made for the provision of Domestic Helps, Night Sitters and Child Minders where needed.

Vehicles of the Ambulance Service from the Cheadle Ambulance Station are now fitted with Radio and are under operational control from Newcastle.

Infant Welfare Centres are held in Cheadle, Blythe Bridge, Werrington, Cheddleton and Weston Coyney.

Welfare Foods, Dried Milk, etc., distribution is now undertaken by the County Council.

School Medical Service.

In addition to work in the schools this service provides for a minor ailments and specialist clinic in Cheadle, which is attended periodically by visiting Eye and Ear Specialists. A Speech Therapy clinic has also been held here, but scarcity of Speech Therapists has resulted in its being temporarily in abeyance. In recent years a Mobile Dental Surgery has facilitated the work of the school dentist.

Laboratory facilities.

Public Health bacteriology is undertaken by the Medical Research Council's Area Laboratory at Stafford, and chemical examinations are undertaken by the County Analyst, both with the fullest of co-operation.

6. HEALTH STATISTICS.

Details of population, births and deaths in Cheadle Rural District as supplied by the Registrar General are tabulated below, and comment thereon follows.

STATISTICAL TABLE A.

Population—mid year estimate 35,110

Comparability factors—Births 1.04 Deaths 0.80

Live Births.	Totals—Male	284	Female	279
	Legit.—Male	277	Female	269
	Illegit. - Male	7	Female	10
Still Births.	Totals—Male	16	Female	4
	Legit.—Male	15	Female	4
	Illegit. - Male	1	Female	0

Deaths. Totals—Male 253 Female 267

Deaths of Infants under 1 year. Males 10 Female 8

Deaths of Infants under 4 weeks. Males 9 Female 5

Deaths from specific diseases.	*Males*	*Females*
Respiratory Tuberculosis	3	5
Syphilis	1	1
Cancer of stomach	7	5
Cancer of lung, etc.	8	1
Cancer of breast	0	5
Cancer of uterus	0	4
Cancer of other sites	18	12
Leukaemia, etc.	0	3
Diabetes	0	3
Strokes, etc.	28	36
Coronary heart disease and angina	43	14
Other heart disease	53	92
Influenza	1	0
Pneumonia	11	10
Bronchitis	10	6
Other respiratory disease	3	2
Ulcer of stomach, etc.	3	1
Gastritis and diarrhoea	0	5
Nephritis	8	5
Enlargement of prostate	1	0
Pregnancy and childbirth	0	2
Congenital malformations	3	1
Motor accidents	2	0
All other accidents	5	7
Suicide	2	0
Homicide	0	1

Population. The mid year estimate of 35,110 shows an increase of 690 on the previous year.

Live Births. 563 were registered as against 497, 441, 473, 466, 509 and 484 in previous years.

Still Births. 20 were registered as against 14, 13 and 7 in previous years.

Birth Rate. Using the Registrar General's Area Comparability Factor Cheadle has a total (live and still) birth rate of 17.3 per 1,000 (15.5 in 1955).

Deaths. 520 were registered as against 485, 476, 432, 322, 344 and 304 in previous years.

In the previous two reports it was pointed out that deaths of persons coming into the area and dying in our hospitals were now ascribed to our area and this gave an incorrect impression of the death rate of our own resident population.

It would seem that an attempt to offset this has been made by the Registrar General in dropping our Comparability Factor from 1.03 to 0.80. This factor when multiplied into the actual number of deaths gives us the number of deaths we would expect if our population were identical as to age, etc., with that of the country as a whole.

Using this factor in 1956 we have a standardised death rate of 11.8 per 1,000.

Infant Mortality. 18 Infants died under the age of one year, as against 11, 13 and 14 in preceding years. This increase is to some extent offset by our increase in live births, but not entirely.

An infant mortality rate of 32 per 1,000 live births is somewhat higher than could have been hoped for. Fourteen of the eighteen deaths were in infants under four weeks.

Maternal mortality. Two deaths were associated with pregnancy, abortion or childbirth, where we had none in the previous two years.

Causes of death. Comment on this would be much as in the previous reports and none is offered.

7. FOOD AND NUTRITION.

The emphasis in this report has been on our tasks for the future and on health education, and during the year 1956 my attendance at the Congress of the Royal Society of Health started a train of thought which has led me to believe that Health Teaching on Food, Diet and Nutrition has overlooked much of importance.

Nutrition was once thought to be a matter of obtaining the right amounts and proportions of carbohydrates, calories and fats, and seeing that these were not disturbed by faulty cooking.

We then realised that the attainment of a proper diet depended on the person's income ! Food had to be paid for, and we made some attempt to show the public the items of food which were beneficial and cheap.

Now I think that we have been overlooking a most important factor —that is, habits of eating and diet. Diet is largely a matter of habit, and food dishes an acquired taste in nearly all cases. Any new dish which is unfamiliar to our palates is not accepted.

Raw grated carrot is liked by the child brought up on it, but to the adult it is eaten once and once only. Conversely, we all like "home cooking" and "the cakes that mother makes" because we are brought up on them.

Good cheap dishes may not be palatable to mother, but may be so to the child. We should realise this, and try to get our children used to a variety of foods. She should not be governed by her own likes and dislikes.

We must realise too that our cooking habits can not be based on the ideals of the large family of fifty years ago. It is no good our advocating the home made soups and stocks—two pennyworth of bones and hours of simmering might have done for the large family of yesterday but will not be accepted for the small family of today.

Excellent alternatives are doubtless available in tinned soups, and perhaps packed soups. But here we find ourselves up against commercial interests and advertising.

Partly prepared foods, such as tinned soups, may have a good or poor nutritional value. As in domestic cooking all depends on the ingredients and method of preparation. Good and poor foods may be equally palatable. Therefore our advice must in part go to the manufacturers, for the partly or wholely prepared foods have come to stay.

But we could do something in the way of advising on these prepared foods. Breakfast cereals are palatable and popular, but they are more expensive than bread and may be nutritionally no superior.

Obviously, the whole subject can not be gone into here. While our family budgets allow I think there is little danger of our not getting an adequate diet. It is when our incomes call for a tightening of the belt that teaching on diet, nutrition, cooking and house-keeping can be expected to pay dividends. At present our state of nutrition is, I think, good.

In thinking of the future and in considering nutrition, food preparation and house-craft, we must not forget the domestic refrigerator. In America I believe this is a household essential. In Cheadle I believe it is a rarity. With good retailers and wholesalers, and with a housewife who can make frequent shopping expeditions it is perhaps not an essential. But if food is to be at its most beneficial it must be fresh. The refrigerator helps to keep it so. If food is to be eaten it must be palatable, and the refrigerator keeps it so. To prevent or at least delay its going bad and being wasted the refrigerator helps. Time is money, and the refrigerator saves time in shopping, as one or two visits to the shops will ensure fresh food for a week. And the refrigerator helps with the left-overs which might be thrown away. I believe a refrigerator saves its cost in shopping time and avoidance of waste, and also gives us food of better nutritional quality.

To return to the present I would only refer you to the Chief Public Health Inspector's report in connection with the state of Food Premises. Slaughterhouses in the District are on the whole satisfactory. There is room for improvement in the Public Houses. Everywhere we are showing progress, and I believe with reasonable co-operation from the businesses concerned.

Finally in this section, I would again set out our findings in that industry which is so vital to our nutrition and to our local economy—the milk trade.

Samples tested for Tuberculosis	197
Samples proved to be infected	6
Samples tested for general cleanliness (Methylene Blue Test)	317
Samples found not to be satisfactory	29

8. WATER SUPPLIES.

During the year water sources and supplies remained for the most part as in 1955. Tables showing the extent of piped supply to properties in different parishes and also the results of water analysis are again included in this report.

PARISH	No. of Properties with Mains Water laid on	No. of Properties using Stand Taps
ALTON	354	66
CAVERSWALL	2252	36
CHEADLE	2318	68
CHECKLEY	707	63
CHEDDLETON	967	7
CONSALL	26	—
COTTON	74	1
DILHORNE	139	28
DRAYCOTT	256	4
FARLEY	34	—
FORSBROOK	734	14
IPSTONES	344 ...	18
KINGSLEY	723 ...	13
OAKAMOOR	158	34
WATERHOUSES	254	7
TOTALS	9340	359

FLUORINE CONTENT OF WATER

SOURCE	FLUORINE CONTENT PARTS per million
ALTON	0.054
CAULDON LOW	0.068
CHEADLE	0.03
IPSTONES	0.039
KINGSLEY	0.080
TEAN	0.018
WERRINGTON	0.015
POTTERIES WATER BOARD	0.021

CHEMICAL ANALYSIS OF WATER

	Alton	Cauldon	Cheadle	Ipstones and Foxt	Kingsley	Tean	Werrington	Staffs. Potteries Water Board
Total Solids dried at 212 deg. F.	11.0	12.0	36.0	18.0	11.0	24.5	23.0	17.5
Free and Saline Ammonia ...	Nil	0.0024	0.0016	Nil	0.0004	Nil	Nil	Nil
Albuminoid Ammonia ...	Nil	0.0056	Nil	Nil	0.0012	0.0004	0.0004	0.0004
Nitric Nitrogen	0.1	Nil	1.33	0.4	0.10	0.39	0.60	0.29
Chlorine	1.45	1.1	2.3	1.6	1.3	1.9	1.7	1.4
Oxygen absorbed in 4 hours at 80 deg. F.	0.006	0.012	Nil	Nil	0.004	0.004	0.006	Nil
Appearance	Clear	Clear	Clear	Clear	No Colour	Minute trace of suspended matter	Clear	Very slightly opalescent. Minute trace of suspended matter
Metallic contamination ...	Nil	Nil	Nil	Nil	Minute trace of Iron	Nil	Nil	Nil
p.H. Value	6.5	6.3	6.8	6.3	6.3	7.2	6.9	7.5

BACTERIOLOGICAL EXAMINATION — WATER SAMPLES 1956

	Alton	Cauldon	Cheadle	Ipstones and Foxt	Kingsley	Tean	Werrington	Staffs. Potteries Water Board
Probable number of coliform bacilli, MacConkey 2 days 37 deg. C.	—	—	—	—	—	—	—	—
Probable number of faecal coli ...	—	—	—	—	—	—	—	—

The increase in the Chief Public Health Inspectors staff has allowed more frequent water sampling, routine samples, from each source being taken every other month.

In addition to the usual tests estimations of the fluoride content of the drinking waters have been made. Reference to these tests has been made in the Section of the Report dealing with the Prevention of Disease.

The programme for extension of our piped water supplies has not been dormant. The Ministry's approval in principle was obtained to a scheme for piped water for Consall, and an application for loan, and submission of a scheme for Blore and Swinscoe was made.

But by far the most important event of the year with regard to our water supplies was the receipt of Circular 52/56 of the Ministry of Housing and Local Government.

Since the Water Act of 1945 a re-grouping of water undertakings has been going on throughout the country. In the year 1951 proposals were made that a North Staffs. Water Board should be set up which would take over the Council's service.

In my report for that year I expressed my view that our absorption into such a board would result in a setback to the programme of development of our water services.

The present Circular 52/56 is in effect a suggestion that if re-grouping is not attained soon by voluntary agreement of local authorities and water companies then the Minister will have to make compulsory orders to this effect.

In water surveys made by the Minister's Engineering Inspectors it has been suggested that a North East Staffs. Water Board should be created to cover the Urban and Rural Districts of Cheadle, Leek and Uttoxeter. The inclusion of Cheadle in such a Joint Board might be expected if local negotiations did not reach agreement.

As an alternative to the formation of Joint Boards the Minister suggests that a local authority or company may take over neighbouring water undertakings, and that this would be appropriate where the acquiring undertakings are considerably larger than those acquired. An example of such would be the Potteries water board taking over Cheadle works and responsibility.

Deliberations were going on at the year end and no definite decision as to the course of action had been reached.

The economic effects of the re-grouping of water undertakings are not of direct concern from the health angles, neither are the general needs for water of industry either inside or outside the area, though both of these aspects are of major importance.

Two things are of importance from the health angle in determining any future arrangements.

The first is that facilities should be afforded in any agreement for accredited members of the Council's Health Department to take samples and make any investigation needed to check on the purity of the water and the safeguards for its collection and supply. Doubtless any Board should have competent advisers of its own on such matters and if so there should be no objection to a double check if needs be.

The second is that any Joint Board should have direct representation on it from the District Council. A District Medical Officer of Health may have criticism of a Joint Board. Representation on the Board by a member of his own authority is the only absolute safeguard that the Medical Officer of Health's criticism or views will reach that Joint Board without alterations, change of emphasis, or understatement.

I think it is true to say that it is only from the angle of Health that there can be any general opposition to the amalgamations of the smaller authorities undertakings, and it will be only by insisting on the responsibility of a District Council's supervision of water supplies from the health angle that the District Council will have a say in the programme of development and in the day to day management of an undertaking run by a joint board.

9. SEWERAGE, SEWAGE DISPOSAL, ETC.

Comments on the achievements and the difficulties of the year's work are made in the reports of the Chief Public Health Inspector and the Surveyor.

In this section I intend to comment on what remains to be done, and on some of the difficulties in the way. The need for water borne sewerage for the villages of Kingsley Holt, Ipstones, Alton and other villages has been agreed by the Council, as has a programme for these new projects. But before any project can go forward the approval of the Ministry of Housing and Local Government is needed.

In 1953 the Ministry had approved in principle a comprehensive sewerage scheme for Kingsley and Kingsley Holt but would not allow the immediate construction of the scheme. In 1955 we were allowed to commence work on that part of the scheme covering Kingsley. It was not until October, 1956, that the Council received permission to start on the part covering Kingsley Holt.

In March 1956 the Council learned that the Ministry could not agree to their proceeding with a sewerage scheme for Ipstones. The village has a sewer but no means of treating the crude sewage, which is discharged on to open ditches in fields near the houses. Thence it makes its way into a brook.

In my opinion it constitutes a real danger to health.

At the Council's request a Medical Officer of the Ministry of Health was invited down to see the conditions for himself.

The result of his visit got us no further. The nation apparently could only afford a certain sum for sanitary improvements. Schemes were approved on a system whereby sanction was given to those which would be of a greater benefit for the greatest number, and many parts of the country were far worse off for sewerage arrangements than was Ipstones.

In other words, the Cheadle Rural District which had been progressive in the past would have to mark time until other places had attained similar standards.

To me this line of thought was most disheartening. The Council was getting no encouragement in its programme of progressive sanitary improvement. In effect local attempts to reach an ideal were to be held back by central policy.

This central restriction of our efforts to improve our sanitation coming at the same time as the central suggestion that our water undertakings should be taken over by joint boards has made me feel that the environmental health services are fast disappearing from the hands of local government. This may or may not be a good thing for the country and is not really my concern.

But under the present set up I have a duty to the Council and a responsibility to the community of Cheadle Rural District to advise on matters prejudicial to health, and my advice is that every effort should be made to improve our arrangements for the removal and disposal of sewage where these are defective, and this as speedily as can be managed.

10. HOUSING.

Following the Government's call for the cutting down of capital expenditure and after reviewing the Council's list of applicants for housing it was decided that no more houses should be built except for the purpose of re-housing persons displaced by slum clearance.

Except for slum clearance re-housing the government subsidies were to cease, and new houses without the subsidies would have demanded rents which would have been too high to be acceptable. There would have been a danger of having houses without tenants because of the high rental.

It was further decided that no further land should be acquired for housing other than that already in the council's possession or under negotiation. This land would provide sites for 217 houses for the slum clearance programme.

In 1955, as previously reported, the Ministry of Local Government was given a figure of 284 sub-standard houses which it was hoped to deal with over a period of six or seven years.

In March 1956 the Chief Public Health Inspector submitted to the Council a list of the 284 properties he thought would on further examination prove to be sub-standard and eligible for treatment as slum

clearance property. It was decided that a visiting committee be set up to inspect the houses where demolition or closing seemed called for.

During the year a number of individual properties were dealt with, but no large scale scheme for slum clearance, or of building prior to slum clearance, was embarked upon. This remains for the future and is no small task.

Further detail of building and other housing matter is contained in the reports of the Surveyor and the Public Health Inspector.

11. REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR.

I have the honour to submit my report upon the duties performed during the year by this department of the Council.

This will be the first year since renewal of our duties in connection with Meat Inspection that a full staff has been employed and the results of this are reflected in the extra work done by the Inspectors. It has been possible to carry out a large amount of work to bring about the connection of properties to the Council's sewers, in the replacement of privies by water closets, routine sampling of water supplies and many other of what might be called supervisory duties.

Food Hygiene.

The Food and Drugs Act 1955 and the Food Hygiene Regulations 1955 came into operation on the 1st January, 1956.

The Food Hygiene Regulations 1955 are entirely new provisions replacing and extending the scope of Section 13 of the Food and Drugs Act, 1938.

The Regulations apply to any trade or business for the purpose of which any person engages in the handling of food including the undertaking of a canteen, club, school, hospital or institution whether carried on for private profit or not and any undertaking or activity carried on by a public or local authority. It will be seen therefore that there are few places where food is prepared not coming within the provisions of these Regulations.

It was decided to concentrate upon one type of food premises and to attempt to bring these to a reasonable standard. All food premises have been dealt with as the occasion arose for a visit, but it is not expected to raise the standards of all premises in one year.

Almost every public house in the Rural District has now been visited and letters forwarded to the owners drawing attention to any matter requiring improvement, both under the Food and Drugs Act and the Regulations and also the Public Health Act, 1936, Section 89, and in this connection 71 informal notices have been served.

The general hygienic standard of the public houses was not good and many occupiers were struggling to exercise hygienic practices with inadequate equipment.

Number of premises requiring repair or decoration	51
Number of premises requiring hot or cold water in bars and/or cellars	64
Number of premises requiring additional or replacement bar sinks	28
Number of premises requiring repair to sanitary accommodation	60
Number of premises requiring additional sanitary accommodation	7
Number of premises requiring improvement to drainage including cellar drainage	45

Slaughterhouses and Meat Inspection.

There are 19 slaughterhouses operating in the district all of which are licensed until 31st July, 1959. The standard of hygiene in the majority of these has continued to improve as building improvements have taken place and the standard of cleanliness is good in nearly all cases.

It is pleasing to report that 100% inspection has been carried out of animals slaughtered for human consumption.

1956 saw a marked increase in the number of cattle, pigs and sheep slaughtered and it is also worthy of note that the quality of animals slaughtered by the butchers in the district was very high and that despite the increased totals killed, the number of cows slaughtered has decreased.

The following table gives an indication of the animals affected by disease. The diseased meat and offal, by arrangement with the butcher, is stained with a green dye by the Inspector and the condemned meat disposed of by the butcher himself usually to firms manufacturing fertilisers.

It would appear that the incidence of diseases other than Tuberculosis is particularly high but it should be appreciated that the majority of infections in these cases are diseases or conditions relating to organs and particularly the liver.

The percentage of livers affected with distomatosis is very high and there would appear to be fruitful ground for further research into the means to control or prevent this infection.

Cysticercus Bovis.

13 Heifers, 12 Cows and 3 Bullocks were found to be infected with Cysticercus Bovis and the appropriate action in all cases was taken either by detaining for refrigeration or condemnation of the affected part.

The examination of animals for this condition is very time consuming and great care is taken in the search for cysts as I feel that it is only by this means that this job can be done in a proper manner in order to give the public the protection to which they are entitled.

CARCASES AND OFFAL INSPECTED AND CONDEMNED IN WHOLE OR IN PART.

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
NUMBER KILLED	1100	763	2233	6982	2046
NUMBER INSPECTED	1100	763	2233	6982	2046
All Diseases except Tuberculosis and Cysticercosis					
Whole Carcases condemned	—	—	4	2	1
Carcases of which some part or organ was condemned	262	393	—	346	31
Percentage infected with disease other than Tuberculosis and Cysticercosis	28.8	51.5	0.18	5.	1.56
Tuberculosis					
Whole Carcases condemned	2	3	5	—	5
Carcases of which some part or organ was condemned	119	255	—	—	112
Percentage affected with Tuberculosis	11.	33.8	0.22	—	5.7
Cysticercosis					
Carcases of which some part or organ was condemned	16	12	—	—	—
Carcases submitted to treatment by refrigeration	3	1	—	—	—
Generalised Cysticercosis and Carcases totally condemned	—	—	—	—	—

Unsound Food Condemned or Surrendered.

No large quantities of food have been condemned during the year, the numbers given in the list seem to be very small in comparison with the total food consumed and in nearly all cases spoilage was due to damage or bad storage conditions.

15 lbs. 10 oz. Boneless Cooked Ham.
43 lbs. Cooked Lamb.
3 tins—8 lbs. 12 oz.—Luncheon Meat.
3 tins—18 lbs.—Corned Beef.
1 tin—8 lbs. 13 oz.—Shoulder Ham.
1 tin—6 lbs.—Ox Tongue.
1 tin—6 lbs.—Jellied Veal.
2 tins—1 lb.—Steak.
12 lbs. Black Puddings.
18 Pork Pies.
39 tins of Tomatoes.
1 tin of Beans.
3 tins Mandarin Oranges.
2 tins Fruit Salad.
2 tins Apricots.
1 tin Cherries.
1 tin Pineapple.

MILK AND DAIRIES REGULATIONS 1949.

MILK (SPECIAL DESIGNATION) REGULATIONS, 1949.

The following table indicates the number and type of Licences and Registrations issued by the Council in respect of retail sale.

Special Designation.	*Number of Dealers' Licences.*	*Number of Supplementary Licences.*
Tuberculin Tested	17	8
Pasteurised	18	11
Sterilised	40	9

The County Council carry out routine sampling of milk and reports on these are supplied to the Rural District Council.

During the year 197 samples were examined for tuberculosis and of these 6 proved positive. The producers of these were visited by the Public Health Inspectors and where necessary arrangement made for heat treatment of the milk.

FOOD AND DRUGS ACT, 1955—SECTION 16.

Number of Premises registered for sale of Ice Cream 122

Number of Premises registered for manufacture of sausages or potted, pressed, pickled or preserved food intended for sale 16

SLAUGHTER OF ANIMALS (AMENDMENT) ACT, 1954.

The number of slaughtermen licensed by the Council is 39.

There has been no reason to take any action under this Act.

HOUSING.

Housing Act, 1949.

Housing Repairs and Rent Act, 1954.

Improvement Grants.

The operation of the Improvement Grant Scheme is an important part of the work of the Department. There has been a small reduction in the number of applications and unfortunately there have been no applications for grant in respect of tenanted property. As I have remarked in previous reports I cannot forsee many landlords using this scheme, particularly in this District where the majority of landlords are owners of perhaps two or three houses. The landlord simply does not have the capital to expend on the improvements and no attempt to encourage the improvement of old houses by increasing the annual return on the expenditure will succeed as the fact will remain that the necessary capital is not held by the owner.

In operating the scheme almost every house is visited prior to the submission of a formal application and advice is offered on the proposed scheme. I find that whilst considerable time is taken up by these visits and interviews, there is an ultimate saving in time and often the submitted scheme is a more satisfactory one than that at first proposed. I know that the advice offered is appreciated by the applicants and where there is no possibility of a grant being made the applicant would prefer to know this before he spends money on plans and specification.

The following list gives details of numbers of applications and grants made.

Number of formal applications	31
Number approved	25
Number of dwellings resulting	26

The amount of grant offered in respect of these 26 dwellings amounts to £6,719-0-0.

It is interesting to note that since the commencement of the scheme in 1949 the Council has approved grants for 93 houses and the total amount of grant is £19,872.

Housing Act, 1936.

The Council have continued to bring about the Demolition or Closure of houses which were unfit for human habitation, upon the re-housing of families under the normal housing programme or upon the vacation of the houses.

Notices were served in respect of 20 houses.

Demolition Orders	11
Closing Orders	9

15 families and a total of 169 persons were affected by these actions.

Housing Repairs and Rents Act 1954.

Certificate of Disrepair.

There have been only three applications (all of which were approved) for Certificate of Disrepair.

PUBLIC HEALTH ACT, 1936.

Complaints.

The number of complaints received has remained at what can be called normal and must have been dealt with under this Act.

Sewer Connections.

With the extension of areas covered by the Council's sewerage system increased work has been carried out in bringing about the connection of properties to the sewer. In the Weston Coyney area 102 properties have now been connected to the sewer. These properties were previously either drained to septic tanks or to an unsatisfactory old sewer.

It is often thought that with the completion of a sewerage scheme the problems of the drainage of an area have been dealt with. The problem of this department continues until all the properties are connected to the sewer and often this is an expensive job for the owners. I believe that even should it entail a little more expense to the Council and perhaps a little more difficulty in preparation of schemes of sewerage, the Sewer should be taken as near to the properties it is intended to serve as is reasonably practical. I am pleased to say that the Council's Surveyor in the majority of cases does this.

In bringing about the connection to sewers I have in this work as in most done by this Department tried to get work done without recourse to Statutory action. I find that often following interviews with, or informal letters to owners, the same result is obtained but a much happier memory of officialdom is left and furthermore more co-operation is given.

PREVENTION OF DAMAGE BY PESTS ACT, 1949.

Work of Rodent Control continues to be carried out by the Rodent Operative under the supervision of this Department.

The following table indicates the number of inspections and treatments carried out.

	TYPE OF PROPERTY			
	Local Authority	Dwelling Houses	Business Premises	Agricultural
No. of properties in Local Authority's District	23	9198	932	907
No. of properties inspected as a result of—				
Notification	—	80	—	—
Survey under the Act	23	900	43	205
Otherwise	—	—	—	—
Total inspections carried out including re-inspections	87	980	81	205
No. of properties inspected which were found to be infested—				
(a) Rats .... Major	—	—	—	9
Minor	23	612	30	10
(b) Mice .... Major	—	—	—	—
Minor	—	—	13	—
No. of infested properties treated by Local Authority	23	612	43	3
Total treatments carried out including re-treatments	77	121	86	3
No. of Block Control Schemes carried out	49 (in respect of 489 properties)			

Number of Contracts	27
Amount of Contracts	£142 15s. 0d.

SHOPS ACT, 1950.

The powers of the Staffordshire County Council under the Shops Act are delegated by agreement to the Rural District Council and my Department carried out these duties. There has been the occasional transgression of the closing provisions of the Act but these have ceased after the owners' attention has been directed to the Act. There is still a deal of misunderstanding by the shopkeeper of the closing hours provisions and to assist I have prepared a pamphlet setting out fully the closing hours for the varying types of shop and the differing early closing day and late day for the different parishes.

FACTORIES AND WORKSHOPS.

The Table following shows the number and type of factories in the area.

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

PREMISES.	Number on Register.	Inspections.	Number of Written Notices.	Occupiers Prosecuted.
1. Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authority.	54	2	—	—
2. Factories not included in (1) in which Section 7 is enforced by the Local Authority.	72	10	2	—
3. Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers premises).	—	—	—	—
TOTAL ...	126	12	2	—

2. Cases in which defects were found to exist.

PARTICULARS.	Found	Remedied	Referred To H.M. Inspector	Referred By H.M. Inspector	Number of cases in which prosecutions were instituted.
Want of Cleanliness (S1) ...	—	—	—	—	—
Overcrowding (S2) ...	—	—	—	—	—
Unreasonable Temperature (S3)	—	—	—	—	—
Inadequate Ventilation (S4)	—	—	—	—	—
Sanitary Conveniences (S7)					
(a) insufficient	1	1	—	—	—
(b) unsuitable or defective	1	1	—	1	—
(c) not separate for sexes	—	—	—	—	—
Ineffective drainage of floors (S6)	—	—	—	—	—
Other offences against the Act (not including offences relating to out-work). ..	1	1	—	—	—
TOTAL ..	3	3	—	1	—

LETTING OF COUNCIL HOUSES.

I continue to act for the Council in the letting of the Council's houses in the reporting upon applications from tenants who wish to take lodgers and on applications of tenants wishing to exchange houses.

The number of houses allocated during the year	74
The number of houses occupied during the year	46
Number of persons rehoused	279
Number of persons housed per dwelling	6.06
Number of Lodger applications reported upon	40
Number of house exchange applications	12

THE PETROLEUM (CONSOLIDATION) ACT, 1928.

During the year a complete and comprehensive survey has been made of all premises licensed to store petroleum spirit.

This is an extra duty performed by this Department, one which is quite unconnected with the normal Health Department duties but a report on which I make as this Annual Report is a good means of drawing Council and Public attention to the dangers of petroleum spirit storage if not stored in a proper manner.

The survey of premises brought to attention many contraventions and I list the numbers and types.

1.	Total number of installations inspected	82
2.	Number of petroleum tanks and stores requiring major improvement works	18
3.	Number of installations found storing petroleum in highly dangerous conditions	2
4.	Number of installations required to fit ventilation pipes to ensure safe discharge of vapour	25
5.	Number of installations required to fit flame traps to ventilation pipes	44
6.	Number of installations required to provide fire extinguishers	50
7.	Number of installations not displaying Summary of General Conditions of Licence	80
8.	Number of installations required to display notices for safety precautions	74

SUMMARY OF WORK CARRIED OUT BY PUBLIC HEALTH INSPECTORS

Description of Visits.	Inspections and observations made.	Notices Served		Notices Complied with
		Informal	Formal	
To Complaints & Nuisances	287	62	22	40
Food Premises ...	167	71		
Food Inspection ...	2049			
Housing Act 1936 ...	150		20	20
Housing Act 1949 ...	153			
Housing Applications ...	386			
Slaughterhouses ...	44		10	10
Conversions ...	540	52	24	45
Drainage ...	470	7		7
Shops Acts ...	141		3	3
Factories and Workshops	15		3	3
Rodent Control ...	475			
Scavenging ...	4	10		10
Petroleum Regulations	130	80		21
Water Supplies ...	290	61		
Water Samples ...	87			
Farms & Dairies ...	40	6	1	
Disinfections ...	3			
Offensive Trades ...	12	2		2
Infectious Diseases ...	297			
Schools	2			
Revisits of Complaints ...	236			
Interviews and other visits	486			
Marine Store and Scrap Metal	1			
Atmospheric Pollution...	9			
TOTALS	6,474	351	83	161

12. SURVEYOR'S REPORT.

Cheddleton Water Supply.

The amount of water pumped from 2nd January, 1956, to the 29th December, 1956, was 141,476,200 gallons which gives a daily consumption of 389,741 gallons.

Tean Water Supply.

The amount of water pumped from 2nd January, 1956, to the 29th December, 1956, was 24,704,000 gallons which gives a daily consumption of 68,055 gallons.

Hollington Water (Hollington Supply).

The amount of water supplied to the general public from this supply from 2nd January, 1956, to the 29th December, 1956, was 47,251,300 gallons which gives a daily consumption of 130,168 gallons.

Cauldon Low Supply.

The amount of water pumped from 2nd January, 1956, to the 29th December, 1956, was 24,564,000 gallons which gives a daily consumption of 67,669 gallons.

SEWERAGE AND SEWAGE DISPOSAL SCHEMES.

Kingsley Sewage Purification Works and Sewerage Scheme.

The construction of the Sewage Purification Works together with the laying of sewers has progressed slowly during the current year and the Sewage Purification Plant was almost completed for the reception of sewage by the end of the year although a considerable amount of site works still remains to be done. The main outfall sewer has been constructed and the contractor is at present engaged in the laying of subsidiary sewers and constructing manholes together with the disconnection of existing house drains from the old sewers and connecting it to the new sewers. The old sewers will be left in commission to deal with surface water from the highways, leaving the new sewers purely on the partially separate system for foul sewage and the rain water from the rear of the houses.

Blythe Valley Sewerage Scheme.

During the year the properties in Cresswell, Blythe Bridge, Caverswall and Cookshill have been connected to the new subsidiary sewers which in turn connect to the main Blythe Valley Trunk Sewer. This scheme clears up many nuisances which have existed for a number of years created by individual septic tanks and various private outfall drains and the resultant effect of this scheme has produced a clean river in the upper reaches of the River Blythe.

During the year plans have been prepared for the internal drainage of Upper Tean, Lower Tean, Checkley, and the scheme has been submitted to the Ministry of Housing and Local Government for loan sanction and application has also been made under the Rural Water Supplies and Sewerage Act.

A similar scheme has also been prepared for a main valley sewer between Tean and Cheadle. This valley sewer would convey the sewage now being treated at the Cheadle Sewage Works, off Tean Road, the sewage ultimately being treated at the Deadman's Green Works. A branch valley sewer from this proposed sewer has also been provided in the scheme to drain the area of Brookhouses where the necessity of clearing up an existing nuisance at Brookhouses is urgent.

WATER MAINS EXTENSIONS.

Consall Water Main Extension.

During the year a water main has been laid from the Council's high level reservoir at Rangemoor to the hamlet of Consall. This scheme comprises of the laying of approximately 2,250 lineal yards of 3" diameter cast iron pipes and will provide water for general domestic use and for agricultural needs. Complaints from the hamlet of Consall regarding water supply have been made for the last twenty years, this scheme should remove any further complaints in so far as water is concerned, the original supply being a private estate scheme but due to the sale of the estate into individual farms etc., the maintenance of the private scheme proved unsatisfactory and the scheme fell into disrepair.

Improvement of Water supply to Wardlow, Cauldon Low.

During the past few years complaints have been received regarding the intermittent supply experienced in the Wardlow area. This was due to the fact that the existing mains was only 2" in diameter and had been in existence for approximately forty-five years. The new water main has been laid necessitating the laying of 1,335 lineal yards of 4" diameter cast iron pipes and 650 lineal yards of 3" diameter cast iron pipes. A satisfactory supply is now provided.

New Borehole at Sheepwash—Cheddleton Water Scheme.

During the early months of this year, the depressed water level in the existing borehole at Wallmyres gradually lowered due to the increased demand and particularly due to the comparatively low rainfall during the latter part of last year and the early part of this year, and to provide against any further depletion of the water levels in the boreholes, application has been made to the Ministry of Housing and Local Government for a licence to sink a new borehole and abstract underground water from a site at Sheepwash. The Council in their wisdom to provide for anticipated needs for increased water on the Cheddleton Water Scheme acquired the site in June, 1937. Actual boring operations are due to commence early in the coming year.

Extension of Water Main, Counslow to Cherry Lane.

Following applications from Hilltop Farm, and Upper and Lower Grange Farms, Cheadle, the Council applied to the Ministry of Housing and Local Government for loan sanction for the laying of a main from

the Counslow reservoir to provide water for these farms. Provision had been made to serve these farms in the Oakamoor Water Scheme, but the Ministry deleted this section on the count of uneconomical capital expenditure, but due to the urgent requests for a water main following a dry spell, the Ministry of Housing and Local Government approved the scheme in September of this year. The scheme involves the laying of 340 lineal yards of 6" diameter and 2,460 lineal yards of 4" diameter cast iron pipes. This main also provides for an interconnection between the Hollington Water Scheme and the Kingsley Water Scheme.

Blore with Swinscoe Water Scheme.

The scheme was submitted to the Ministry of Housing and Local Government in April of this year and the Ministry approved the advertisement for tenders in October. It is anticipated that work on the scheme will commence during the coming year.

HOUSEHOLD REFUSE COLLECTION.

The Council have continued to collect household refuse by direct labour and at present the Council have seven covered refuse collection vehicles and four nightsoil tankers and a weekly service is provided for household refuse and nightsoil. The vehicles are operated from the Council's Depot at Ashbourne Road, Cheadle, and are maintained by the Council's maintenance staff. This direct labour service applies to the whole of the rural district with the exception of one parish, namely, Waterhouses, this is at present done by contract but it is the Council's intention to include this parish in the direct labour system after the expiration of the existing contract.

Various refuse tips are used in the rural district and these are satisfactorily maintained by the method of controlled tipping, waste sand being used as sealing material since an abundant supply of this is available from the various sand and gravel quarries. The Council collect the sand with their own vehicles. Loading facilities are available by the gravel firms and a charge of 1/- per ton is made by the gravel firms, the sand being free.

All the above mentioned vehicles are garaged at the Council's Depot which is also used for the housing of various equipment in connection with the Council's sewage, water and housing repair services. The Council have also four vans and an open lorry which are used in connection with sewage, water and housing. Considerable stocks of materials are held at this Depot for the maintenance of the Council's water schemes and housing repairs, and various other materials which the Council require in connection with the administration of the rural district.

BUS SHELTERS.

During the year the Council have erected eight more bus shelters of the concrete construction in the following parishes, 1 at Cheadle, 2 at Cheddleton, 1 at Cresswell, 1 at Kingsley, 1 at Waterhouses, 1 at Weston Coyney and 1 at Oakamoor. This makes the total shelters erected throughout the district at the end of the current year at 33, and further shelters are to be erected next year.

HOUSING.

The number of houses completed during the year was

By Local Authority	....	47
By Private Enterprise	....	157
Total		204

Attlee Road, Cheadle.

On this site a further 27 houses and flats have been completed leaving only 3 more houses under construction to complete the contract.

Weston Coyney.

The two shops with living accommodation situated in Kingsway are now completed and occupied. The Council have let the shops, one for a chemist and the other for greengrocery and wet fish.

The final streetworks to the whole of the estate have been completed and the site works generally finished off to give a Council estate forming a development unit of pleasing appearance. This site was formerly the grounds and surrounding land of the Weston Coyney Hall. In addition to the provision of houses and shops, a range of nine lock-up garages have been erected at the rear of the two shops with access on to the Moat Road. These have been let to tenants on the Council Housing Estate. A Hardstanding has been constructed with a tarmacadam surface and provision is available for further garages to be erected at a later date should the need arise. This arrangement is an asset and a necessity to an estate where the number of cars owned by tenants is increasing.

Cheadle—Churchill Road.

On the corner plot of land used as a shrubbery, at the junction of Churchill Road and Froghall Road, the Council have completed a bungalow, thereby forming an attractive link up between the private development on Froghall Road and the Council's housing scheme.

Cheddleton.

On this site the Council have erected a further six houses fronting Moorland Road. Also the final surfacing of the streets and footpaths has been carried out giving the whole estate a pleasing appearance.

Blythe Mount.

During the year ten houses have been completed on this site which completes the contract for twenty six houses and flats. The contract for the final streetworks has been carried out and the estate is finally developed including provision for a range of lock-up garages to be erected as demand requires.

Wentlows—Tean.

A contract for twenty-four houses has been commenced on this site and these houses are now nearing completion. This contract will complete the development of this site.

Private Enterprise.

The number of houses or bungalows being built by private enterprise at present under construction within the Rural District is 111.