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Contributors

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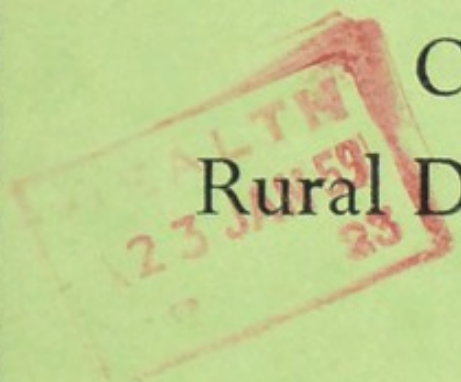
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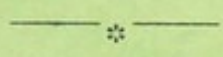


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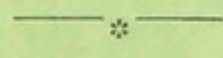


CHEADLE
Rural District Council




ANNUAL REPORT

of the
Medical Officer



1957

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Cheadle Rural District Council.

REPORT

OF THE

MEDICAL OFFICER OF HEALTH

for the year ending December 31st, 1957.

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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 ended 31st December, 1957.

The compilation of the Medical Officer of Health's Annual Report is an obligation called for by the laws of the land. While the report is addressed to the Council copies must also be supplied to the Ministry of Health and other central government departments so that the central government may be in a position to check the efficiency or otherwise of the local council's work. To enable them to do so the general pattern of the report is laid down and certain figures and tables must be included each year.

I have in the past tried to make each annual report not only a report on the years happenings but a chapter in the history of the District which when read with previous reports will show something of the District's development in social services, community life, and health and well-being.

Some of my comments have been on matters where the health of the community depends on the action of the individual. Here all the Council can do is to help in furthering these ideas. I am happy to record that the council has agreed that the Annual Report may have a value in Health Education, and that each year additional copies of the report have been made available so that these can be sent to secondary schools and indeed can be given to any interested persons.

The Annual Report therefore serves three purposes—

1. It is a record on which the efficiency of each year's work can be judged.
2. It is a chapter in the District's social history.
3. It is a source of information, especially for the citizens of tomorrow, on matters of health in the community and how this is to be obtained by the action of the Council and also the individual.

In the past I have each year tried to concentrate on some fresh aspect. In compiling this year's report my object has been to lay the stress on the third of its objectives. If, therefore, I have used space on matters which are well known to members of the Council I hope will forgive me.

The year 1957 has not been an exceptional one in any way. The work of the Public Health Inspector's Department was slowed down in the second half of the year by sickness of one member, but such misfortunes must be over-come.

I would conclude my introduction by thanking the Council for their support and help both as a whole and as individuals. The local knowledge and advice of the individual member can be of the greatest help, and I have always found it readily given.

I am,

Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

E. H. TOMLIN

MEDICAL OFFICER OF HEALTH

September, 1958.

2. GENERAL INFORMATION

Chairman of the Rural District Council : Mr. S. E. Goodwin
Vice-Chairman of the Rural District Council : Mr. J. Finnikin.

PUBLIC HEALTH COMMITTEE 1957

Chairman : Mr. W. A. Ashton.

Members : Mrs. R. Berry, Mrs. H. M. Gardner, Mrs K. M. Harris, Messrs. J. H. Aberley, J. A. Berresford, J. M. Berresford, J. Brindley, J. Byatt, R. L. Carr, P. Clowes, J. C. Cope, P. Cratchley, J. W. Crossley, 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
Inspector. Food Inspector.
D. N. DUNLOP, M. A. P. H. I, Public Health Inspector.
Food Inspector.
B. R. NAGLE, M.A.P.H.I., M.R.S.H., 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.
R. E. CHATFIELD, A.M.I.Mun.E., Engineering Assistant.
W. BENNETT, A.M.I.Mun.E., Engineering Assistant.
K. J. RATCLIFFE, Engineering Assistant.
R. HENSHALL, Junior Engineering Assistant.
T. M. WALLER, Junior Engineering Assistant.
W. H. HOBSON, Clerk.
J. W. SHAW, Clerk. E. LOWELL, Clerk.
R. SHEMILT, Shorthand Typist S. E. SMITH, Shorthand Typist.

GENERAL STATISTICS.

Area (in acres)	60,291
Registrar General's Estimate of population	35,840
Number of inhabited houses according to Rate Book	10,131
Rateable Value	£234,530
Sum represented by a penny rate	£953 4s. 5d.

3. SOCIAL CONDITIONS IN THE AREA.

A Medical Officer of Health is required "to advise his Council" on all matters affecting the health of the community.

"Health" has been defined as "a complete state of physical, mental and social well being". To be able to carry out this obligation of advising his council therefore a Medical Officer of Health should take an interest in and get to know the local conditions under which the community lives, works, and plays. He must be prepared to learn about all difficulties the community or its individuals may have, even though these at first sight may not seem to be connected with health. Even though he, or his Council, may not be in a position to remedy conditions which are interfering with "social or mental well-being" he should endeavour to advise enquirers as to where and how they should seek a remedy, if possible.

With such a wide field for comment the writing of this section of my report can not be complete. I will instance only some matters which came up during 1957.

WERRINGTON DETENTION CENTRE AND MOOR COURT INSTITUTION.

For some years now the former Approved School at Werrington has been used as a Detention Centre. In 1957 one of the former "big houses" in the district, Moor Court at Oakamoor, has been purchased and work put in hand for its use as a Borstal Institution for girls.

Government institutions such as these and also the Air Ministry Establishment at Woodhead are among the few places to which a Medical Officer of Health or Public Health Inspector does not have access, and for which he has legally no responsibility. Supervision of their health and sanitation is a central government responsibility, not a local government one.

But an out-break of infectious disease in one could well involve the outside community, and so their existence is rightly or wrongly an unknown factor and a source of anxiety.

During 1957 the Cheadle Rural District Council made representations that a member of the Council should be appointed to the Panel of Visitors of these two institutions and I am glad that this request was met. We now have a link between the Institutions management and the Council.

(b) LITTER.

At the request of the Parish Council litter baskets were provided for the village of Ipstones. Unfortunately it seems that enforcement of their use will not be affected except by public opinion. How the public could express disapproval of someone seen throwing litter away without at the same time causing a breach of the peace is difficult to suggest—some slogan a little less pointedly offensive than "litter lout" seems called for.

(c) CHEADLE CARAVAN SITE.

This caravan site came into being at the end of the year, with seven caravans installed and hard standings for more. It is at present a residential site with water, electricity provision and some toilet accommodation and drainage.

The Council decided that final details of lay-out and sanitary provision must wait until some idea had been obtained as to the demand for, and income from, the camps use. Consequently there is much room for improvement.

However, while a caravan can never be sufficiently spacious to make a good home for children, there is to my mind no reason why a caravan site should not be as acceptable from the "amenity" point of view as a housing estate provided the occupants wish it to be so and play their part.

Cheadle has yet no licensed commercial site for pleasure touring caravans—perhaps its hilly nature does not attract them.

(d) THE RURAL COMMUNITY COUNCIL'S
ADVISORY SERVICE

In some villages in the District the Rural Community Council, which is voluntary body, has established an Advisory Service which is something akin to the Citizen's Advice Bureaux of the town. It is thought that individuals may be ignorant of what help they can get from public or voluntary bodies in meeting some of their problems, and may not wish to ask such advice from local persons such as the Parish Priest, District Nurse, or even Medical Officer of Health. A postcard to the Advisory Service will result in their being put in touch with the person, body or agency most likely to be able to help.

(e) EXTENTION OF THE SUPERANNUATION ACTS
TO THE COUNCILS WORKMEN

In 1957 the Council considered whether the benefits of superannuation should be extended to its employees who are engaged in manual work. The employees themselves however were divided as to whether they wished to accept superannuation with its benefits and also its contributions.

The matter was therefore deferred.

(f) PERSONS IN NEED OF CARE AND ATTENTION

Section 47 of the National Assistance Act enables a Court of Summary Jurisdiction to make an Order for the compulsory removal to hospital or other institution of a person found to be in need of care and attention. The case is brought to the Court by the Medical Officer of Health acting on the instructions of his Council. In the first place the need must be represented to the Council by the Medical Officer.

Such cases invariably present a problem. An old person may be living alone under difficult conditions, insufficiently fed, and insufficiently cleansed. He may be liable to fall and lie without help for some considerable time. He may be liable to fall in the fire, or set his house alight. Yet to him these conditions are preferable to going into a hospital or home, with its strange routine and discipline which may be as trying to him as a prison would be to some one else.

Often people go from a home in which life has been a struggle into a hospital where they are well cared for only to die within a very short time. With everything done for them it seems as though they lose the will to live.

It seems hard to deny old people the right to live or die in their own homes, yet persuasion is difficult and may fail and sometimes compulsory removal may be the only course.

The original act called for the agreement of the full Council to the instituting of such proceedings. An amendment allowed removal on representation of a magistrate supported by the Certificate of the Medical Officer of Health and one other doctor. This amendment was intended for cases of extreme urgency, as the first method might necessitate waiting for a meeting of the Council and then for a Court hearing.

During the year the Council decided to deligate its powers to a sub-committee, which had the advantage of saving time yet allowing the Council to take some of the responsibility of deciding on the case.

I would say that in a number of these cases I owe my thanks to individual members of the Council who have visited the old persons and endeavoured to get them to agree to what is a sensible course of action.

Two cases were brought to the Council's notice during the year, but in neither was it necessary to go as far as taking the case to Court.

(g) SOCIAL CONDITIONS GENERALLY

No major changes occurred during the year. The employment situation remained satisfactory with the level of employment perhaps better than that of the country as a whole. There was however a drop in demand for employment from the building trade.

4. PREVENTION AND CONTROL OF DISEASE.

(i) THE PART OF THE MEDICAL OFFICER OF HEALTH

When Local Sanitary Authorities came into being less than a hundred years ago the Medical Officer of Health was the official who by training and back ground was best able to advise on the

health aspects of water supplies, sewage disposal and housing. In the course of his work he became equally able to advise on the technical and financial sides of such things.

Now that these so called environmental services have become more or less standardised, and now that we have Municipal Engineers and other officers specially trained for dealing with them it is the Engineer or Surveyor who is the chief technical adviser to the Council on these matters, although the Medical Officer of Health must maintain an interest in them and be assured that they are being dealt with adequately.

(ii) An important part of the Medical Officer of Health's work has always been in connection with infectious diseases, and especially those which can cause epidemics. Information about the occurrence of infection reaches him by formal notification by the family doctor, from school teachers, from the public health laboratory, and from other sources. By training he must be a specialist in infectious disease and able to confirm or otherwise the diagnosis in a suspected case. He must collect information regarding cases which will tell him where the infection has come from, and whom it might be passed on to. This in the Cheadle District is usually a matter of personal interviews and enquiries, except with an extensive out-break where the number of cases are such that assistance in making these investigations must be obtained from the Public Health Inspectors staff, or even the Health Visiting staff, of the County Medical Officer.

In the course of these enquiries the Medical Officer of Health can advise the persons in the infected households as to what is necessary in the way of isolation, quarantine and disinfection, and on what personal precautions can be taken.

Where necessary the Medical Officer of Health has to see that warning of the possibility of the infection spreading is given to individuals specially at risk, to general practitioners, to schools, and perhaps to the Medical Officers of adjoining authorities. It may be desirable at times to offer some warning, reassurance, or advice to the general public through the press.

Not all infectious diseases are followed by such detailed investigation—in measles and influenza individual enquiries would be profitless in the attempted control of spread of the disease. Serious infectious diseases where individual investigations and control are profitable are very much rarer than formerly. Diphtheria and typhoid for example are extremely rare, and scarlet fever has become so mild as almost to be classed as a "nuisance disease rather than a dangerous disease. Nevertheless the Medical Officer of Health's position is rather like that of the fire brigade—he must be available for emergencies, when called out he is badly needed (and very busy).

(iii) An important part of a Medical Officer of Health's work in prevention of disease lies in Health Education. Unlike

the two parts already described this is a part which instead of making less demands on his time than formerly is likely to make more.

Undoubtedly health could be improved and disease prevented by Health Education, but this is a tremendous task and one which will not show immediate results. To a large extent it involves getting people to change the habits and customs of a life time.

For example we all know that fresh air is good for us. We know that building bye-laws insist that houses should have windows of certain sizes which open certain amounts. And yet at the time of writing, on a sunny July day I have looked out on six houses. Four of them had every door and window tightly shut.

Again, we may know that "coughs and sneezes spread diseases". We may very properly blow our noses and "trap the germs in our handkerchief." Yet we still have no thought about what happens when we blow our noses with our right hand, put our handkerchief back into our pocket, and then offer the hand-shake of friendliness to all and sundry with that same right hand which is contaminated with germs from nose and handkerchief.

We cannot make laws to govern peoples personal habits, and if we did we could never enforce them. But I feel certain the Medical Officer of Health and his Council could do much to improve the community's health by leading public opinion towards adopting for themselves and calling for from others a standard for healthy living much higher than we have at present.

To get people to adopt a healthier way of living I think we must first give them facts and then let them talk them over and convince themselves. We have so much education, or propaganda, or advertising that we very wisely do not take it all on trust. But I feel that a start could be made if groups such as Women's Institutes, Youth Clubs, or Parent Teachers Associations were to spend an evening discussing a problem such as "Are we doing our best to keep healthy?" I would be more than pleased to help by providing an introduction to such a discussion myself, or finding a small "panel" to do so.

I feel it rather a confession of failure to have to admit that during 1957 I did not personally undertake any such work and as far as I know was only responsible for finding one "speaker" on matters of health.

(b)...INFECTIOUS DISEASES

SCARLET FEVER. Between 1900 and 1945 we used to average ninety cases a year. Since the last war we have averaged about thirty. 1956 gave us a low record with only sixteen cases, and in 1957 with eighteen cases we did almost as well. The reason for the decline is a change in the disease itself rather than better measures of control.

WHOOPING COUGH. Since notification started in 1940 we have averaged about 90 cases a year with a highest figure of about 180 in 1950 and a lowest of about 25 in 1952. In 1957 we had 82 cases. These figures may be misleading as whooping cough is a winter disease, and our cases in 1957 came mostly in the first quarter of the year and were really the tail end of the epidemic which started in the last quarter of 1956

In my report for 1955 I said that local statistics indicated that vaccination against whooping cough gave protection to a very satisfactory extent. But in the four years since whooping cough vaccination received the support of the Ministry of Health our local figures give nothing to suggest that vaccination is yet succeeding in reducing the incidence of the disease. The danger of contracting infection is as great as ever, and so is the need for the individuals getting what protection vaccination offers.

While inoculation against whooping cough has been going on for some time it is only from the autumn of 1953 onwards that we have records of such inoculations. In 1954 and 1955 only 146 children had been protected, a further 242 were protected in 1956, and 307 in 1957. If this number could be raised to 400 and maintained at that level it is possible that outbreaks of whooping cough such as that of the past year might no longer occur.

MEASLES. This disease also has only been notifiable since 1940. It is a seasonal disease, appearing with us in Cheddle in the early summer. By reputation an epidemic is supposed to occur at two yearly intervals, but this has not been borne out here. For the first ten years of notification we varied between 50 and 300 cases a year, but in 1950 our numbers went up to 460. In subsequent years they were 300, 320, 210 and then 730 in 1954, 80 odd, 120 odd, and a record high number of 836 in 1957

Perhaps the only conclusions we can draw from these figures are that almost every child gets measles sooner or later, and that the general practitioners notify their cases extremely promptly

The disease is at its most infectious before the rash develops, and by the time the notification reaches us nothing effective can be done to prevent the spread of the disease

Under the circumstances it seems that notification of this disease with its cost of over £100 in 1957, serves no useful purpose.

POLIOMYELITIS. Two paralytic and seven non-paralytic cases were notified during 1957.

Of these cases six occurred in Cheddleton and may be looked on as constituting a small outbreak in that village. At the time there was an outbreak in the Leek Urban District near-by, and there were many possible links between cases in the two localities.

At present our main hope of protection against polio lies in inoculations, which commenced in 1956 but were limited owing to shortage of vaccine. By the end of 1957 however 1,291 child-

ren up to the age of eleven had been protected. To safeguard the community, as against the individual we must aim at a target of 3,500—4,000 in children of all ages.

DYSENTERY AND FOOD POISONING. No food poisoning out-break occurred during the year, the five notified cases coming from four different houses in different villages and at different times. Two were due to Salmonella infections.

Dysentery cases with the exception of one in the village of Cheddleton, were all from St. Edward's Hospital. Although forty-four cases may seem a large number it must be realised that the disease is extremely infectious and conditions in mental hospitals favour its spread. I think the hospital staff is to be congratulated in having got the outbreak under control so quickly

TUBERCULOSIS. Fifteen male and eight female cases of pulmonary tuberculosis were notified during 1957, and one male case of non-pulmonary tuberculosis. Deaths from pulmonary tuberculosis were only one male and two females, and there were no deaths from non-pulmonary tuberculosis.

The total of 23 notified pulmonary cases compare with 21, 19, 8, 25, 26, 16 20 and 19 in previous years. In the thirties the numbers per year were between 40 and 50.

It is of interest that of these 23 cases 9 were from patients at St. Edward's Hospital, presumably picked up after the visit of the Mass Radiography Unit in August, and a further four cases were found at industrial and public surveys

It seems half our potentially infectious cases would have been unrecognised but for the M.M.R. Unit

OTHER NOTIFIABLE DISEASE. Details are given in Table B.

INFLUENZA. In the summer we have been warned of the expected advent of Asian Flu, which it was feared might lead to a repetition of the 1918-19 epidemic.

For those who regard influenza lightly I would say that with the possible exception of plague in 1348 and 1665 no infectious disease has been known to cause more deaths in one year than has influenza.

On 10th September at Mayfield School (outside the District and near Ashbourne) I saw two cases of children recently recovered from what might have been influenza.

On September 11th I heard of the unexpected death in a child aged five in Cheadle who had apparently been suffering from some mild fever. On this date the Consultant Physician of the Local Fever Hospital had heard of no threat of influenza. On 12th September a School Welfare Officer informed me that a third of the Mayfield children was away from school.

So far this was the only indication that "Asian Flu" might be in the vicinity.

On 18th September a Cheadle doctor told me he had ten cases.

TABLE

	Scarlet Fever		Whooping Cough		Poliomyelitis Paralytic	
	M.	F.	M.	F.	M.	F.
Numbers originally notified (all ages)	8	10	36	44	1	1
Final numbers after correction						
Under						
1 .. .. .	..	..	2	5	..	..
1 .. .. .	..	..	2	3	..	..
2 .. .. .	..	..	7	2	1	..
3 .. .. .	..	1	3	5	..	..
4	1	3	4	6	..	..
5-9	7	5	20	21	..	..
10-14 .. .. .	..	1	..	1	..	..
15-24 .. .. .	..	..	..	..	..	..
25 and over .. .. .	..	..	..	1	..	1
Age unknown .. .. .	..	..	..	..	..	..
Total (all ages)	8	10	38	44	1	1
	Ac. Pneumonia		Erysipelas		Food Poisoning	
	M.	F.	M.	F.	M.	F.
Numbers originally notified	17	27	..	1	3	2
Final numbers after correction						
Ages—						
Under 5	1	..	..	..	..	..
5-14	1	2	..	..	2	..
15-44	3	2	..	..	1	1
45-64	9	5	..	1	..	1
65 and over	2	17	..	..	..	..
Age unknown .. .. .	..	1	..	..	..	..
Total (all ages)	16	27	..	1	3	2
TUBERCULOSIS	Respiratory		Meninges C.N.S.		Others	
	M.	F.	M.	F.	M.	F.
Numbers originally notified Total (all ages) ..	15	8	..	..	1	..
Final numbers after correction						
Under 5 .. .. .	..	..	..	..	..	..
5-14 .. .. .	..	1	..	..	..	..
15-24	3	1	..	..	1	..
25-44	6	2	..	..	..	..
45-64	1	1	..	..	..	..
65 and over	5	3	..	..	..	..
Age unknown .. .. .	..	..	..	..	..	..
Total (all ages)	15	8	..	..	1	..

"B"

Poliomyelitis Non-paralytic		Measles (excluding rubella)		Dysentery		Meningococcal Infection	
M.	F.	M.	F.	M.	F.	M.	F.
7	5	427	410	13	32	1	..
..	..	12	18	..	..	1	..
1	..	27	37	..	..	..	..
..	..	46	36	..	..	..	..
..	..	44	54	..	..	..	..
..	..	53	45	..	..	..	..
2	1	235	201	..	..	..	..
1	1	8	14	1	1	..	..
1	..	2	1	2	..	..	..
..	..	..	3	10	31	..	..
..
5	2	427	409	13	32	1	..

Puerperal pyrexia							
M.	F.						
Originally Notified 2.							
After Correction 2.							

On 19th September I heard 200 children were absent from the Cellarhead Secondary School, a third was absent from Forsbrook School, and the Cheadle C.S.M. and C.P. Schools attendances had dropped from about 90 per cent. to 75 per cent.

In the next four days I heard of influenza at the Forsbrook, Checkley, Tean, and Wetley Rocks Schools. A fortnight later I heard of influenza at Cotton, Berkhamstych and Waterhouses schools. Doubtless the other villages were affected in the intervening period, but unfortunately the Head Teachers failed to let me have the information as they are supposed to do.

Those who did keep me informed were most co-operative and I must thank the Heads of the Cheadle S.M. and C.P. Schools for their daily bulletins.

By 21st September it was obvious we had got an epidemic of some sort, but enquiry from local industry did not suggest any great absenteeism among the adults.

In Cheadle town the epidemic lasted longer than I would have anticipated, four weeks perhaps instead of the expected two and a half.

While this may have been chance, or due to a lower degree of infectivity, I think it may also have been due to the public's anxiety about the Asian Flu leading to their avoidance of unnecessary exposure to infection, by for example going to the cinema.

The spreading of the epidemic over a longer period, too, may have benefitted industry by keeping the absentee rate above that at which lack of staff causes difficulties.

Another small point observed was that in several cases school teachers managed to fend off infection for two weeks or more before the presumably unlucky cough got them. Good ventilation obviously can help.

The first local press-statement on the epidemic was not made until 27th September, and being dependent on weekly publications it is unlikely it would have much effect on the public behaviour. The balance between the advantages of giving adequate public warning and advice and the disadvantages of causing unnecessary anxiety or calling "wolf" is at times hard to determine. I think in any case the public were well aware of what was happening and what might be expected.

The cases were for the most part mild. Seven cases of influenza pneumonia were notified during the epidemic and six deaths were ascribed to influenza.

A number of cases occurred in which the patients apparently relapsed after recovery, which only serves to point out the fact that a reasonable period of convalescence is needed after the actual fever has subsided.

DIPHTHERIA IMMUNISATION. Having again had no diphtheria cases we are in the happy position of reporting not on the disease but on its prevention. In 1956 I reported that we had

had 433 primary immunisations and 484 re-inforcing immunisations. The average over the past six years had been about 405 primary immunisations a year which could have been regarded as satisfactory at least so far as the younger children were concerned.

In 1957 however our numbers dropped to 340 primary immunisations and only 107 reinforcing immunisations. There is some normal fluctuation from year to year depending on the County School Immunisation programmes, and recently there has been some concentration on poliomyelitis. It would however be a tragedy if concentration on prevention of the one disease should result in our losing ground and again becoming visited by the other.

VACCINATION against SMALL-POX. I am glad to be able to report that vaccinations again showed a substantial increase with 434 primary vaccinations (296 in infants under one year) as against 182 in 1956 and 120 in 1955. There were 97 re-vaccinations.

OTHER ILLNESS.

CANCER. The Registrar General has ascribed 83 deaths in 1957 to cancer, 17 of these being lung cancer. The average age at death was sixty four years.

DISEASES AND ILL HEALTH DUE TO SMOKING.

In view of the importance of this subject I would set out again a report made to the Council in July 1957 and reported on in the local press.

"The recent warning given by the Ministry with Cabinet approval about the connection between smoking and lung cancer is known to all.

If the country heeds this warning I am convinced it will have a greater effect in the nation's health than anything since the discovery of penicillin.

The Ministry said it was to be left to Local Authorities to make the facts known to the public. Both County Council and District Council have powers to spend money on Health Education. I have as yet received no advice from the Ministry as to how warnings of this danger of smoking should be put out.

Members of the Council will know I am a heavy smoker. I would like them to know my personal views on the matter. They are briefly as follows:—

- 1 I believe the connection between smoking and lung cancer has been established.
2. I believe smoking is also responsible for much other illness and ill health.
3. I believe smoking is a drug habit and once formed it is **extremely painful and difficult** for the addict to put it aside.
4. I believe that for one who has not become an addict smoking has no benefit what-so-ever.

Obviously a nation's habits cannot be changed and a big industry will not be broken up over night, but in the past year I have gained two impressions which make me think the change will come about in time.

First, I have observed less smoking at public meetings and I have heard more suggestions that the places where smoking is allowed be restricted.

The Public has for years accepted that one may smoke in the cinema but not at the Opera. In time the public would accept that one should smoke in "the smoking room" at home, and not in public where the habit may annoy others.

Secondly, while adults have been rather apathetic I have found quite a strong anti-smoking element in the older school children. Their main grounds of disapproval are the wastage of money entailed.

High taxation may not have affected the habit much in the present generation, but it will, I hope, prove to have done so when the wise youngsters of the present grow up.

DENTAL DISEASE. In my report for 1956 I commented on the fact that the addition of fluorides to drinking water where the natural contents of these salts was low could prevent much dental disease and secondary ill health. The local waters had been examined and proved unsatisfactory in fluorine content. I had hoped that the Ministry of Health would shortly be giving general approval to the addition of fluorine to public water supplies where called for, and that the Council would act there-on.

I am sorry that during 1957 we heard nothing from the Ministry regarding the trials being carried out in Anglesey and elsewhere, and must still await what I am sure will be advise to increase the natural fluorine content of our drinking waters.

HOME ACCIDENTS. During the year I reported to the Council that in 1956 we had had eleven deaths from accidents in and around the home, five from road accidents, and two from accidents at works.

The County Council was taking part in a National Home Safety Campaign and the Ministry had circularised all local authorities asking for their support.

In some localities local Home Safety Committees had been set up, and I was sorry that there was none in Cheadle.

On reviewing the figures for 1957 I found that we had had four deaths from road traffic accidents (5 in 1956), 2 from accident at work (2 in 1956) but very much to my surprise there had been no deaths at all from accidents in and around the home (11 in 1956).

This may be entirely, or in part, due to chance but it certainly encourages me in advocating home safety and other health propaganda. So often we can find little or nothing to show as a return for the money expended.

I leave it to the Council to decide whether this reduction of home accident deaths from eleven to nil can be taken as a justification of expenditure of time and money on propaganda and health education.

5. GENERAL PROVISION OF HEALTH SERVICES

Details of the available services were given at some length in my report for 1957 and I do not propose to repeat them. No major changes occurred during 1957.

But as I have intended to make this report a guide to the citizen of tomorrow on our health services I must give some outline even if I give no detail.

The Health Services referred to in this section are those provided under the National Health Service Acts.

The main Act has been criticised for dividing up the Health Services into three compartments.

First, arrangements for services of the family doctor, dentists and chemists are looked after by a committee known as the Executive Council—ours covers the administrative county and has its headquarters in Stafford.

Secondly, arrangements for the services of the hospitals, and their out-patient departments, are looked after by Regional Hospital Boards. We are in the Birmingham Region. Under the Hospital Boards are local Hospital Management Committees. Ours are for the Stoke-on-Trent Group, and for the Mental Hospitals.

Thirdly, arrangements for the so called "personal health services" are looked after by the Local Health Authority, in our case the Staffordshire County Council. These personal health services include the home nursing service, the domiciliary mid-wifery service, the infant welfare service with its health visiting and clinics, the domestic help service, a care and after-care service which is somewhat akin to that provided by the almoners in hospital, immunisation and vaccination, a mental health service (apart from the mental hospital service) and an ambulance service.

While the general policy is decided by the County Council the day by day administration of most of these services is delegated to Area Health Committees. Ours is known as the Leek Area Health Committee and is composed of representatives nominated by the County Council, the County District Councils of Biddulph, Cheadle, Leek Urban and Rural, The Staffordshire Executive Council, and the Stoke Hospital Management Committee.

Through the greater part of its existence the Chairman of the Leek Area Health Committee has been a member and representative of the Cheadle Rural District Council, the Committee's offices are in Cheadle, and the Medical Officer of Cheadle has been, ex officio, Medical Officer to the Area Health Committee.

For the Medical Officer work in this dual capacity is most advantageous as information obtained when working in one capacity is of value in discharging obligations in the other.

6. HEALTH STATISTICS

In assessing the health of a population it is obviously essential to know what the population is. It is desirable to know how many die, at what ages, and from what causes. It is also desirable to know how many are born.

Details of births and deaths within the district are supplied by the local Registrars of Births etc., so that the Medical Officer of Health may maintain his own records.

Details of births and deaths of the districts residents which occur outside the district are supplied by the Registrar General, who also supplies his annual population estimates and other information.

Statistics supplied by the Registrar General of population, births and deaths are tabulated below and comment there-on follows.

STATISTICAL TABLE A.

Population...Mid year estimate	35,840			
Comparability factors...Births	1.07	Deaths	0.80	
Live Births.	Totals	Male	284	
	Legitimate.	Male	271	
	Illegitimate.	Male	13	
Still Births	Total	Male	7	
		Female	7	
		(all legitimate).		
Deaths.	Total	Male	252	
		Female	271	
Deaths of Infants under 1 year.	Males	8	Females	2
Deaths of Infants under four weeks.	Males	5	Females	2
Deaths from specific diseases.		Male	Female	
Respiratory Tuberculosis		1	2	
Cancer of stomach		12	1	
Cancer of lung		15	2	
Cancer of breast		-	7	
Cancer of uterus		-	5	
Cancer of other sites		17	19	
Leukaemia		1	-	
Diabetes		-	4	
Strokes, etc.		33	40	
Coronary heart disease and angina		43	21	
Other heart diseases		51	90	
Influenza		3	3	
Pneumonia		6	7	
Bronchitis		11	5	
Other respiratory diseases		5	2	
Ulcer of stomach, etc.		-	-	
Gastritis, enteritis and diarrhoea		-	3	
Nephritis		1	4	

Enlargement of prostate	4	-
Pregnancy, abortion and childbirth	-	-
Congenital malformations	2	1
Motor Accidents	3	-
All other accidents	4	4
Suicide	2	-

COMMENT ON STATISTICS

POPULATION. The mid year estimate of 35,840 shows an increase of 730 on the previous year.

LIVE BIRTHS. 558 were registered as against 563, 497, 473, 466, and 509 in previous years.

STILL BIRTHS. 14 were registered as against 20, 14, 13 and 7 in previous years.

(Using the Registrar General's Comparability Factor to allow for the populations age-structure we have a birth rate of 17.1 per 1,000 of the population which is above the national figure of 16.1.

The illegitimacy rate was 27.2 per 1,000 births which is satisfactorily less than the national rate of 46 per 1,000.

DEATHS. (all ages)

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

(Using the Registrar General's Comparability Factor we have a death rate of 11.68 per 1,000 of the population which is near the national rate of 11.5 per 1,000).

MATERNAL MORTALITY. Nil. - which is satisfactory.

INFANT MORTALITY under 1 year.

10 infants died as against 18, 11, 13 and 14 in preceding years.

(The infant mortality rate expressed as the number of deaths per 1,000 live births is 17.9 which is slightly lower than a national figure of 23.0 This rate is commonly regarded as reflecting the general healthiness of conditions of life in the district.

CAUSES of DEATH. Comment here would be much as in previous reports and none is offered.

7. FOOD AND NUTRITION.

Health has been described as a state of "well being" and good nutrition could be described as a "state of well looking." Good food is necessary to make us look well and to be well.

It is true that certain diseases, as cancer, worms, and mental trouble can prevent our making good use of our food by interfering with our digestion and it is perhaps debatable in many cases whether disease is responsible for malnutrition or whether malnutrition has led up to the disease.

We have no yardstick by which we can measure nutrition' so I can do no more than offer three personal opinions of our nutrition at present.

First, nowadays we rarely see cases of malnutrition pure and simple except in the elderly. Food is available, we can afford to buy it, and it is only in the elderly who find it too great an effort to prepare a varied diet that signs of deficiency occur.

Secondly I would say that the nutrition of the school children and infants is excellent if we judge by standards formed a generation ago. Whether it could be improved by better diet I do not know. Probably it could.

Thirdly I feel that the nutrition of many adults I see who come for routine medical examination in connection with their employment could be much improved.

To improve the general standard of nutrition there is a part for central government, for the County Council, for the District Council.

The Central Government has first the responsibility of seeing that wage levels and pensions and food prices etc., are so balanced as to allow everyone to buy an adequate supply of food.

Secondly it lays down standards on the composition or contents of food, such as fat in milk or ice cream, and meat in sausages.

Thirdly it can influence the type of food eaten both by propaganda, and encouraging production of certain foodstuff by means of subsidies.

The County Council can give instruction on diet. Mothers are given advice at Infant Welfare Centres. Girls at the Secondary Schools are instructed in home management and cooking.

The County Council as Food and Drugs authority is also responsible for taking samples of food offered for sale and testing them to see they are wholesome and up to standard. They also undertake sampling of milk.

The District Council has two main tasks.

The first of these is meat inspection. In the District there are nineteen slaughterhouses, each slaughtering once a week at least. The owners give notice to the Council of the time of slaughtering and every carcass has to be inspected by a Public Health Inspector specially trained in the work before it goes to market. The Public Health Inspector also has the responsibility of seeing that the premises are in accordance with standards laid down, and that the work is carried out in a clean and proper manner. This work in the Cheadle District has been looked upon as a first responsibility and had been done most thoroughly.

The second main task is the ensuring of standards of cleanliness of premises, equipment and persons in all trades involving food handling. These include factories and dairies, retail food shops, markets, hotels, canteens, clubs, schools etc.

Here the new Food Hygiene Regulations which came into force in January 1956 set a colossal task, as they called for structural provisions which were in many cases lacking.

With 171 food shops and 95 public houses alone it will be seen that frequent regular visiting is almost an impossibility.

The Chief Public Health Inspector in his report for 1956 indicated he was intending to deal with the initial visits to different types of premises systematically, and this is being done, although we were in 1957 handicapped by staff shortage. But even with our full staff I do not think we could undertake frequent and regular visiting of all food premises. We must do what we can, but to a great extent must rely on the public coming forward with complaints about premises which they feel are not up to standard. Such complaints would be dealt with in confidence, and would bring any black spots to our notice.

It must be remembered that nearly all legislation has come about as the result of public opinion and that it can only be enforced by public opinion. If public opinion were strong enough the legislation would be almost unnecessary, as boycott of a dirty food shop would lead to its change or disappearance.

The Council's Public Health Department also has legal responsibilities for registering premises for the sale of ice cream and as dairies. It deals with the inspection and condemnation of unsound foods which are brought to its notice and arranges for the safe disposal or treatment of milk suspected of being tuberculous.

In conclusion of this section I would refer you to the Chief Public Health Inspector's comments in his report, and I would finally 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 184

Samples proved to be infected 0

Samples tested for general cleanliness ... 340

(Methylene Blue Test)

Samples found not to be satisfactory 53

8. WATER SUPPLIES.

It has been claimed more than once, with truth and justifiable pride, that Cheadle is a Rural District in which 95 % of its houses have a piped water supply. Furthermore the Council is striving to make this percentage still higher.

The provision of a sufficient wholesome and safe water supply is a local authority's first duty. Its importance to health is obvious—safe drinking water, personal cleanliness, cleanliness in the home, in food shops, in factories and on the farm, the working of a water carriage sewage disposal system all depend on its provision. The fatalistic saying of the unhealthy nineteenth century 'Where there's muck there's money' is giving way to a more enlightened outlook "where there's muck we must spend money" (to get rid of it).

But in this section of my report I do not intend to speculate on the development of new schemes. I intend to

comment on the work of maintenance of those we already have, and on the responsibilities of such maintenance.

People tend to think that once a scheme is in being and the tap has been turned on in the house there should be no further troubles, but this is far from being so.

First I would indicate very briefly what our water services comprise. They came into being as a number of village schemes, each with separate source, reservoir, and distribution mains.

Fifty years ago Cheadle had a piped supply from its Waterworks Company, Caverswall and Blythe Bridge from the Staffordshire Potteries Waterworks, and Kingsley and Froghall had a supply piped from Springs at Shirley Hollow.

About twenty five years ago in addition we find Cheddleton, Wetley Rocks and Werrington with piped water from Wallmyres, Tean and Hollington from Tenford, Ipstones and Foxt from springs at Ramsor and Whiston also had a small piped supply from springs above the village. Waterhouses had a piped supply from deep wells at Cauldon.

Since then we have had extensions to Oakamoor, Cotton. Calton, Waterfall and Winkhill, Blore with Swinscoe, Dilhorne and Consall, with minor extensions in many directions.

Some of the original sources have proved insufficient owing to more properties, both old and new, connecting up. To meet this problem new mains have been laid to interconnect the "village schemes" into one 'district scheme' whereby water can be fed to a village from more than one source. Also new supplies have been tapped by bore-holes at Sheepwash, Caverswall and at Black Bank, Foxt.

Altogether there are now eight sources of water and seven service reservoirs belonging to the Council. Each has to be guarded against contamination and kept in repair. Machinery at four pumping stations has to be supervised and regulated in accordance with the draw off from the service reservoirs.

With some mains over fifty years old bursts are inevitable also newer mains are subject to fracture due to various causes and these have to be located and repaired an alternative source of supply being arranged in the mean-time. Old mains too get furred up, giving a poor pressure at times. Here replacement has to be made.

From time to time unavoidable deposit may build up in a reservoir, and this necessitates its being washed out.

Break downs in pumping machinery can occur at any time. So far as can be I think these engineering difficulties are anticipated, and that inconvenience to the public through an unavoidable break down is kept to the minimum.

The fact that sufficient wholesome water so rarely fails to appear when the tap is turned is due to the Surveyor and his staff, who carry responsibilities which I am sure are not fully recognised by the public.

Where necessary for safety the water is chlorinated to kill any disease germs which might find their way into it and where excessive liability to erode metals is found this is corrected by reducing the water's acidity. The collection of water for testing is undertaken by the Public Health Inspectors, and the actual tests are done in the County Chemical Laboratory and the Public Health Laboratories at Stafford.

During the year only one report gave any concern, this was due to pollution of a collecting chamber and was quickly remedied by cleaning it out.

Details of water analysis are given in the table below.

With regard to the future little progress was made in the matter of re-grouping and amalgamation of water undertakings to which I referred at some length in my report for the year 1956. Discussions were held with members of adjoining water undertakings, both at Uttoxeter and at Stoke-in-Trent with the Potteries Water Board.

6. SEWERAGE, SEWAGE AND REFUSE DISPOSAL, Etc.

In the preceding section I stated that it was a local sanitary authority's first duty to ensure a safe and sufficient water supply. By the Public Health Act 1936 this duty is modified by the words "so far as is practicable."

When dealing with sewerage, however, this act sets out that it shall be the duty of the authority to provide sewers and sewerage disposal works where necessary, but does not modify these requirements by any reference to practicability.

It would seem that in law the provision of a sewerage system is even more an obligation than is the provision of a water supply system.

The Council maintains sewage purification plants at Cheadle, Kingsley, Kingsley Holt, Cheddleton, Werrington, Alton and has smaller plants to serve groups of new buildings at Whiston, Foxt, Waterhouses and elsewhere. The south of the district is served by the Blythe Valley sewer going to the disposal works at Deadmans Green.

In addition to maintenance of the disposal plant and public sewers the Surveyor's department has the task of preparing schemes for new works to serve new building or to serve old buildings which have not got satisfactory sewerage. Such work is carried out in accordance with a programme agreed by the Council, and each project requires the approval of the Ministry.

This provision of better sewerage etc., is a matter which will be with us for some considerable time.

The Surveyor's Department also deals with the inspection of private owners' plans to ensure that their private drainage complies with the regulations.

The Public Health Inspectors Department has the responsibility of seeing that sanitary conveniences and privately owned drains, sewers, cesspools, etc., are efficient and not prejudicial to health or a nuisance.

It deals with the connection of private properties to the public sewers and with conversion of closets to the water carriage system.

In the Cheadle Rural District there is a refuse removal service (which is incidentally not obligatory) which serves all parishes and is administered by the surveyor. The refuse is dealt with by controlled tipping.

Refuse tipping may lead to rat infestation, and the Council employ a Rodent Operative who works under the Chief Public Health Inspector.

The Surveyor's department can also, by agreement, undertake the emptying of cesspools.

Details of new works and other matters which arose in 1957 are given in the Sections devoted to the Surveyor's and the Public Health Inspector's reports.

10. HOUSING

This is the only section of my report which I write with some mis-givings.

For 1955 I could write of an achievement of nearly 1,000 houses built by the Council in post war years, of 284 houses scheduled for enquiry as to slum clearance over a period of six or seven years, and of the prospect of building about 40 houses a year for "general need."

For 1956 I wrote that in view of the Governments call for cutting down capital expenditure the Council should build no more houses for general need and that no more land should be acquired for housing other than that in the Council's possession or under negotiation.

For 1957 I can only record that the number of houses completed by the Council had fallen to twenty seven, and that there was, partly as a result of delays over land purchase, no detailed slum clearance programme in being.

This change of policy is one dictated by finance in the face of a possible slump or national bankruptcy, and I would make no claim to be able to assess the likelihood of such disaster, but if bankruptcy is to be forced on the country I would prefer it to be a country which was well housed.

From the view point of the physiologist our standards of a "house fit for human habitation" are lower than they were pre-war.

From the view point of the psychologist I fail to see what is to replace the fear of starvation in our incentive to work unless it be pride in family and home, and for this we need good homes, and a home for each family.

Especially for the coming generations I think it essential that by living as a family in a good house they should see an objective in life for them when in their turn comes the responsibility of providing the home.

For details of the Council's activities in 1957 I would refer you to the reports of the Surveyor and Chief Public Health Inspector. In addition to getting out programmes of building projects and their subsequent supervision the Surveyor deals with the maintenance of over 1,300 council owned properties, and deals with all plans submitted to the Council.

The Public Health Inspector has the obligation of making periodic inspections to ensure all houses are fit for habitation (which at present seems rather pointless). He undertakes the investigation of tenants complaints on housing defects and makes any necessary approaches to the landlord. He has the arduous task of checking and reporting on the living circumstances of all applicants for the council houses. He advises the council on the giving of housing improvement grants. He advises on the issue of certificates of disrepair, and he advises the council on the demolition or closure of unfit properties.

11. REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR

I have pleasure in submitting my report for the year 1957.

It is intended that the Annual Report should be circulated to schools and any interested members of the public, in addition to the bodies to whom regulation requires the Report to be sent. Local Government is the local peoples responsibility, officials are employed to give technical advice and to carry out the policy of the Council but the Council reflects the wishes of the people of the of the District and the more information that can be given to young people on the functioning of the Council the better.

This annual report can be of considerable help to many interested in local government in that from it can be gleaned the responsibilities and duties of the Health Department. In reading through my section of the report there will be found several tables giving number of visits, types of visits, food condemned, water supplies sampled, and other tabulated information Regulations decree that this tabulated information must be given but it is not inviting reading.

I propose to say briefly what a Public Health Inspector's duties are and by so doing I hope to enable the reader to decide if my Departments can help him or his neighbour with any problem that he may have.

A Council is required to employ at least one qualified Public Health Inspector. Before he can become qualified the Inspector must have a certain basic educational standard and he must then undertake a course of study leading to an examination which he may not take until he is 21.

The responsibilities of my department lie in two main fields of health work, Housing and Food. There are others such as Air Pollution, but these are the two most important. Certain Acts place certain responsibilities on the Council and thereby upon the Public Health Inspector, the principal Acts are the Public Health Act, 1936, Housing Act, 1957, and Food and Drugs Act, 1955 and arising from these Acts are many Regulations and Orders.

My duties on housing cover repairs and improvements and clearance. There is a wide difference between these first two, repairs can be required by law to be carried out to all houses, improvements cannot be enforced but are carried out voluntarily by the owner and for such improvements he may claim a grant of half the cost from the Council with a maximum grant of £400.

The repair of many houses in the district has been neglected for many years, particularly is this so for rented houses. The owner of such houses cannot be blamed entirely for this position as the rent return from many houses has remained at the same figure as in 1938 or in many cases was based on the 1914 rent plus the allowed 40%. The war years and the after effect, of material and labour shortage held up repair and maintenance work and today we are faced with the problem of how best to deal with houses in bad repair—to overhaul them or demolish them.

Immediately we think of these two alternatives the economics of the problem confronts us and although the Public Health Inspector is employed to advise the Council on the technicalities of repair, improvement, demolition he must be aware of the financial difficulties of the housing problem.

REPAIR OF HOUSES.

I have mentioned the past difficulty concerning the rent of houses being low. This year the Rent Act 1957 came into operation and through this act an attempt has been made to encourage landlords to repair their houses and by so doing obtain an increased rent, I have no doubt that with the low rental objection removed the Council will have every wish to enforce necessary repairs.

IMPROVEMENT

I believe that a programme of improvement of houses can save many existing poor houses from an ultimate fate of demolition and the improvement of a sound house will bring the modern comforts and amenities expected today, to many of the people of the district.

Improvement as envisaged by the provisions of the Housing Act, 1949 means—work other than repairs, needed to bring a house or flat up to modern standards of comfort and convenience. The principal improvement needed by many of our houses are the provision of a bathroom, a hot water system, an indoor W.C., gas or electricity. It cannot be denied that all these items are what modern life leads us to expect to be provided in our homes.

The Improvement Grant Scheme could help provide these conveniences to our houses but it is not yet being used by landlords to improve tenanted houses. It is not my duty to comment upon this but one does not need to look further than the difficulties of financing the improvements.

Since the commencement of the Improvement Grant Scheme in 1949 the Council has approved expenditure on 123 applications for grant with a total cost of the work £63,406. 10s. 2d and grants available amounting to £28,324. 10s. 11d.

It is a great pity that this scheme has not been used more fully and if it does not encourage the improvement of tenanted houses in its present form, there must be some amendment to encourage its use.

DEMOLITION

Most things wear out in time—houses do, when they do and become unfit for human habitation the Council must do something about it. Either the house must be made fit or it must be demolished and the tenant rehoused. Both these alternatives are costly. If the house is badly sited, lacking air and light, far better that it should be demolished and the tenant rehoused in a modern house. The Council has not as yet carried out any scheme of demolition but during the year seven Orders have been made.

In March of this year an appeal was heard in the County Court against a Demolition Order made by the Council in respect of Dudley Cottage, Winkhill. The hearing was a lengthy one taking two days and an inspection of the property was made by the Judge. After hearing all the evidence the appeal was not allowed and the Demolition Order was confirmed.

This type of appeal illustrates very forcibly the care which the law takes to give an owner every possible opportunity of saving a house if he thinks the action of a Council unreasonable. The care with which the County Court hears such cases indicates the attention to detail which the council and their public Health Inspectors must take before any Statutory Action is approved.

REHOUSING.

It is one of my duties to keep the Letting Committee informed on the applicants for Council houses. The number of applicants visiting the office has remained fairly constant but no new houses have been let by the Council this year and the only houses available have been existing houses vacated by the present tenants. 32 houses have been re-let and this number has helped relieve the more needy of the applicants whilst not in anyway satisfying the overall need.

FOOD.

All food is subject to inspection by the Medical Officer of Health or the Public Health Inspectors, these two officers being, by virtue of their appointments deemed to be authorised officers

of the Council for all purposes of the Food and Drugs Act.

In this district the most important duty under the Act of my department is examination of all carcasses of animals intended for human consumption and killed within the district.

It is my responsibility to ensure that no diseased or otherwise unfit meat reaches the public and despite the shortage of staff during the past year I have insisted that the duty of meat examination shall be carried out and 100% of meat killed in the district is examined. This duty is not a light one nor a pleasant one. There are nineteen slaughterhouses in the district and one inspector does little else each week than visit these slaughterhouses.

I must repeat what I have said in previous reports, that all the butchers in the district co-operate with my department in every way, confidence in each other has been fostered and in no instance have I had a decision of the Inspector queried when meat has been condemned.

If the table of condemned meat is examined I believe that it must be agreed that this Service of the Council is of great importance. If only one case of disease in a consumer is prevented by this service it more than pays for itself. I do believe that the public and perhaps the Council take the quality of their food as a matter of course giving little thought to the care and skill employed by many people to produce and ensure that the food of the country is good in quality, free from disease and hygienically handled.

It is a source of regret to me that I cannot report that my Department has done a great deal in encouraging compliance with the Food Hygiene Regulations, depleted staff has enforced me to concentrate the available staff on food inspection and routine work.

The public can help encourage the hygienic handling of food to a certain extent, by buying their foods only from shops where hygienic food handling is evident. Unfortunately the public does not see the behind the shop premises and it is only the Public Health Inspector who can insist on improvement here, he has a right to enter the premises and if need be he must through the Council enforce the provisions of the Food Hygiene Regulations.

In June of this year Mr. D. N. Dunlop became ill and has been away from the office since that date. This report being written in 1958 gives me the opportunity of welcoming Mr. Dunlop back to the office after his lengthy absence and hoping that he will continue in his now good state of health.

HOUSING ACT, 1936.

Whilst continuing a programme of rehousing overcrowded families, cases have arisen where a poor dwelling has become vacant and opportunity has been taken to bring about demolition, closing or repair of the house and during the year seven houses have been so dealt with.

Houses in Clearance Areas and Unfit Houses elsewhere.	
a) Houses Demolished	2
b) Unfit Houses Closed	5
c) Unfit Houses made fit and house in which defects were remedied.	
After informal action by local authority	109
After formal action (Public Health Act)	21

RENT ACT, 1957.

In June this year the Rent Act 1957 came into force. The main effects of the Act were to free from the rent control houses and flats above a certain level of rateable value namely, in this area £30. It allowed limited increases of rents of houses still under rent control namely houses with a rateable value of less than £30. The new Rent limit if the landlord is responsible for repairs other than internal decorations is twice the gross value. If the house needs repair the tenant may send the landlord a list of defects which he wants the landlord to remedy and six weeks are allowed for the tenant and landlord to reach agreement on the defects to be made good. At the end of six weeks if the landlord and tenant have not agreed on the defects or the landlord has not remedied them, or has not given a written undertaking to do so, the tenant can apply to the Local Authority for a Certificate of Disrepair. Set out below are the numbers of applications for Certificate of Disrepair received during this year.

Applications for Certificate of Disrepair	21
Certificates issued	19
Undertakings given by landlord	2
Applications for revocation	1

HOUSING ACT 1949.—IMPROVEMENT GRANT

HOUSING REPAIRS AND RENT ACT, 1954.

There has been a slight increase in the number of applications made over the previous years and the costs are set out below.

Number of applications	39
Number of applications approved	34
Number of dwellings resulting	35
Amount of grant offered	— £8,431-0s.-0d.

PUBLIC HEALTH ACT, 1936

More than 270 complaints most of which are covered by this Act have been received during the year. With the completion of the Caverswall and Kingsley Sewerage Schemes much work has been performed in bringing about connection of properties in these areas to the new sewers and also in bringing about the replacement of privies by water closets and it will be seen from the following tables that over 100 of such privy replacements have taken place.

Number of conversions carried out by owners	95
Amount of grants made	£1,501-19s-3d
Average cost per conversion	£32-6s-0d
Number of conversions carried out by Local Authority	13
Cost of conversions	£386-0s-0d
Average cost per conversion	£29-14s-7d

SLAUGHTER OF ANIMALS ACT, 1933/54

Forty three slaughtermen's Licences have been issued during the year and on the issue of the Licenses the applicant is now informed of the necessity of obtaining from the Police a Fire Arms Certificate under the Fire Arms Act, 1937.

Knackers Yard—There is one Knackers Yard in the District and regular visits are made to the premises. It has been necessary on several occasions to require improvement in conditions at these premises.

MEAT INSPECTION

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

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number Killed	1217	863	2206	7326	2077	...
Number Inspected	1217	867	2206	7326	2077	...
ALL DISEASE EXCEPT TUBERCULOSIS AND CYSTICERCOSIS						
Whole Carcasses condemned	...	...	5	3	4	...
Carcasses of which some part or organ was condemned	198	381	1	285	59	...
Percentage infected with disease other than Tuberculosis or Cysticercosis ...	16.2	43.9	0.27	3.9	3.03	...
TUBERCULOSIS ONLY						
Whole carcasses condemned	2	...	3	...	...	...
Carcasses of which some part or organ was condemned	69	230	...	...	89	...
Percentage affected with Tuberculosis	5.8	26.5	0.13	...	4.2	...
CYSTICERCOSIS						
Carcasses of which some part or organ was condemned	24	15	...	...	...	...
Carcasses submitted to treatment by Refrigeration	3	4	...	...	...	...
Generalised Cysticercosis and Carcasses totally condemned ... ..	...	...	...	...	...	...

MILK AND DAIRIES REGULATIONS 1949

The following table indicates the number and type of Licences issued in respect of milk retailers within the District.

	Number of Dealers' Licenses	Number of Supplementary Licences
Special Designation Tuberculin Tested	17	9
Pasteurised	16	9
Sterilised	44	8

SHOPS ACTS, 1950

The powers of the Staffs. County Council under the Shops Acts are delegated by agreement to the Rural District Council and the Council have placed upon me the responsibility of inspection under the Act. In general the shopkeepers of the District comply with the Closing provisions of the Act.

RODENT CONTROL

Prevention of Damage by Pests Act, 1949.

Work of Rodent Control Continues to be carried out by the Rodent Operative under the supervision of the Public Health Inspector.

The following table shows the number of inspections carried out to the various types of properties within the District.

	TYPE OF PROPERTY			
	Local Authority	Dwelling Houses	Business Premises	Agricultural
No. of properties in Local Authority's District	20	9391	981	911
No. of properties inspected as a result of—				
Notification ... ..	...	48	...	...
Surveyed under the Act	20	400	42	102
Otherwise ... ..	...	...	...	...
Total Inspections carried out including re-inspections	73	754	97	102
Number of properties inspected which were found to be infested				
(a) Rats Major	...	...	2	...
Minor	20	410	38	26
...(b)...Mice Major	...	...	...	...
Minor	...	38	2	...
Number of infested properties treated by Local Authority	20	448	42	26
No. of Block Control Schemes carried out	34 (in respect of 240 properties)			
Number of Contracts	... .. 27			
Amount of Contracts	... .. £150 15 0			

Infectious Diseases.	
Number of visits	11
Number of disinfections	1
Bakehouses.	
Number on Register	7
Number of visits	2
Slaughterhouses.	
Number on register	19
Number of inspections	22
Offensive Trades.	
Number on register	2
Number of inspections	9
Shops Acts.	
Number of inspections	141
Petroleum Regulations.	
Petroleum Licences issued	86
Carbide Licences	...
Number of inspections	10
Factories and workshops.	
Number on register	124
Number using mechanical power	70
Number of inspections	10
Letting of houses.	
Number of houses occupied during the year	32
Number of persons rehoused	114
Number of persons housed per dwelling	3.56
Number of Lodger applications reported upon	46
Number of houses exchanges applications	15
Details of Miscellaneous Food Surrendered.	
6 tins...68 lbs. 9 oz. Cooked Ham.	
3 tins...26 lbs. Chicken.	
1 tin...6 lbs. Ox Tongue.	
1 56 lbs. case of currants.	
1 tin...10 lbs. of Apricots.	

FACTORIES AND WORKSHOPS

1. Inspections for purposes of provisions as to health
(including inspections made by Public Health 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	52	6	..	..
2 Factories not included in (1) in which Section 7 is enforced by the Local Authority	72	4	4	..
3. Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers premises) .. . . . . .	..	..	..	..
— TOTAL	124	10	4	..

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	4	3	..	3	..
(b) unsuitable or defective	3	3	..	..	..
(c) not separate for sexes..	..	..	..	..	..
Ineffective drainage of floors	..	..	..	..	..
Other offences against the Act (not including offences relating to out- work) .. . . . . .	..	..	..	..	..
TOTAL	7	6	..	3	..

SUMMARY OF WORK CARRIED OUT BY PUBLIC HEALTH INSPECTORS

Description of Visits.	Inspections and Observations made	Notices served		Notices Complied with
		Informal	Formal	
Complaints and nuisances	271	65	13	70
Food Premises	139		1	70
Food Inspection	2,198			
Ice Cream Premises	9	1		1
Farms and Dairies	8			
Housing Act 1936	167		7	7
Housing Act 1949... ..	221			
Housing Applications	100			
Rent Act, 1957	37		19	
Slaughterhouses	22	6	-	6
Conversions	1,147	100	15	108
Drainage	768	48	10	58
Shops Acts	141	1	-	1
Factories and Workshops	10	-	4	4
Water Supplies	41	1	-	1
Water Samples	57			
Water Connections	5			
Rodent Control	108			
Petroleum Regulations	10	2	-	1
Clean Air Act	54			
Offensive Trades	9	3	-	3
Old Metal and Marine Stores	2			
Scavenging	2			
Schools	1			
Infectious Diseases	11			
Disinfections	1			
Bakehouses	2	1	-	1
Herbage Samples	4			
Food Poisoning	4			
Housing Act, 1957	3			
Rivers Pollution Prevent- ion Act.	3			
Re-visits of Complaints	182			
Interviews and other visits	522			
TOTALS	6,259	228	69	261

ENGINEER AND SURVEYORS CONTRIBUTION FOR THE
ANNUAL REPORT OF THE MEDICAL OFFICER OF
HEALTH—1957.

SEWERAGE AND SEWAGE DISPOSAL SCHEMES.

Kingsley Sewage Purification Works and Sewerage Scheme.

During the early part of this year the new sewage purification works were completed and some of the old sewers in the village of Kingsley have been connected to the new outfall sewers. Other properties in the village of Kingsley are also being disconnected from the old sewers and connected to the new sewers, and during the past twelve months this work has been completed. The old sewers are being retained for the use of discharging all storm water from the highways and other underground water. This action has been taken to ensure that the new sewers will be solely used for the conveyance of foul sewage with rainwater from the rear of the houses which is already connected to the existing drainage house systems.

Ipstones Sewage Purification Works and Sewerage Scheme.

Following the authorisation of the Ministry of Housing and Local Government approving the Scheme and suggesting that the Council might now invite tenders for the work, tenders were duly obtained and the lowest tender accepted and actual work commenced in October of this year by the commencement of the sewers in Far Lane, Ipstones, and the preliminary site works on the sewage works site. It is anticipated that work will proceed during the coming twelve months when there should be very little work left to complete this Scheme.

Kingsley Holt Sewage Purification Works and Sewerage Scheme.

Tenders were invited and a Contract let in the early part of this year for the laying of the sewers and the construction of the sewage purification works. These works are now practically complete and the house drain connections will be proceeded with immediately.

WATER SCHEMES

Cheddleton Water Scheme—Sheepwash Borehole.

In the report for 1956 mention was made of a proposal to sink a borehole at Sheepwash in the Parish of Caverswall and boring operations were actually commenced in January and are proceeding slowly due to the difficult nature of the strata and the borehole was sunk to a depth of 250 ft. below ground level in November of this year.

The first 56 ft. from ground level was bored to a diameter to take 30" diameter tubes, these tubes were blank and the whole length was grouted in. This procedure was adopted to prevent any surface water entering the borehole. Below the depth of 56 ft. the bore was continued for 24" dia. tubes down to a depth of 200 ft. and thenceforth reducing to 18" dia. to a depth of 250 ft. below ground level.

A boring test commenced in November and the resultant yield from the borehole proved that only approximately 10,000 gallons of water per hour were available, and since this quantity was well below the desired amount required for the Cheddleton Water Scheme consideration had to be given with a view to increasing the yield, and accordingly it was decided to bore to a greater depth and the proposed new ultimate depth was 400 ft. below ground level. Upon the completion of the boring to this depth a further pumping test was applied which revealed that the borehole was capable of supplying a yield of 31,000 gallons per hour. At this rate the depressed water level in the borehole was 146 ft. below ground level, which was the lowest depth recorded over the 14 day continuous test period.

A Scheme has accordingly been prepared to lay a new pumping main on the site of the new borehole to connect with the existing rising main on the Cheddleton Water Scheme at Wallmyres and upon completion of the formalities in connection with the licence to abstract this quantity of water, it is anticipated that authorisation will be received from the Ministry of Housing and Local Government to proceed with the construction of a pumphouse, the installation of the necessary pumping machinery and the new rising main.

This supply is urgently required to meet the increasing demand at the Cheddleton Water Scheme necessitated by the increased use of water by farmers and general housing development.

Blore with Swinscoe Water Scheme.

The Blore with Swinscoe Water Scheme commenced in May of this year and was proceeded with expeditiously. The Scheme involved the laying of 6288 lineal yards of 4" dia. main and 2680 lineal yards of 3" dia. main. The laying of the mains commenced at Wardlow and terminated at two points at Calton and New House Farm, Swinscoe respectively.

This Scheme provides water on the route of the mains and has thus removed a great inconvenience to farmers and other householders, and the danger to health where water was formerly obtained from private wells and in the case of the village of Swinscoe where the main source was a public dip well at the side of the road which was subject to surface contamination. The final cost of this Scheme was £18,816.

Bottomhouses Water Scheme :

Following the application the Ministry of Housing and Local Government for this Scheme an engineering inspector has visited the site and inspected the areas to be supplied with water and it is anticipated that Ministerial approval will shortly be given to the installation of this scheme which will provide for the construction of a service reservoir having a 100,000 gallons capacity which will be situated at Ipstones Edge.

A 5" pumping main will be provided from the Black Bank Pumping Station of approximately 2334 lineal yards to the reservoir and distribution mains will be laid from the reservoir involving 9111 lineal yards of 4" dia. pipes and 684 lineal yards of 3" diameter pipes supplying the areas of Bottomhouses and Winkhill.

This Scheme will remove anxieties for the local inhabitants who suffer acutely during drought periods where their only sources of supply are surface water or shallow springs, the latter completely drying up during storm periods necessitating carrying water by means of milk churns. These remarks also apply to the village school at Berkhamstych.

Extension of Watermain—Counslow to Cherry Lane.

Following the report last year regarding this watermain, the main has been completed which involved the laying of 278 lineal yards of 6" dia. pipes and 2458 lineal yards of 4" dia. cast iron pipes. This main was provided to serve farms along the route of Hilltop Farm, High Shutt Farm, Upper and Lower Grange Farms.

Provision had been made to serve these farms on the Scheme provided for the provision of the Oakamoor Water Scheme, but the Ministry deleted this section on account of capital expenditure. Upon the completion of the Oakamoor Water Scheme urgent requests by farmers were made following the dry spell and the Ministry approved the Scheme as now laid.

Advantage was taken to connect the Hollington Water Scheme to the existing mains supplying the Kingsley Holt area. This interconnection has proved extremely valuable since it enables interchange of supply between the Hollington Water Scheme and the Cheddleton Water Scheme to supply the areas of Woodhead, Kingsley Holt and Kingsley.

Watermain Extensions—Housing Sites :

Short lengths of mains have been provided at the following housing sites where building development is progressively taking place :—

1. The Southlowe Housing Site, Cellarhead.
2. The Werrington Park Estate.
3. The Washerwall Lane Estate.
4. Hayner Grove Estate, Weston Coyney.
5. Coupe Drive Estate, Weston Coyney.
6. Horton Drive Estate, Weston Coyney.

HOUSEHOLD REFUSE COLLECTION :

During the past year the Council have continued to collect household refuse by direct labour. This system covers the whole of the Rural District with the exception of the Parish of Waterhouses the latter being served by a Contract for the collection of household refuse, this terminates in June of next year and it is proposed that this work should be undertaken by the direct labour system, and arrangements are being made accordingly to provide for this additional direct labour work. At the present time the Council have seven covered ash refuse vehicles, three night-soil tankers, and a weekly collection service is operated throughout the District.

These vehicles are housed at the Council's Depot at Ashbourne Road, Cheadle and are maintained by the Council's maintenance staff.

In addition to the above vehicles the Council also operate two open lorries which are used for the maintenance of the Council's various water schemes and sewage disposal works. Five small vans are also operated for use by the foremen in charge of their respective gangs of workmen.

It is proposed to commence early next year an extension of the existing garage to meet the needs of additional accommodation required for the additional vehicle to undertake the refuse collection of the village of Waterhouses, etc.

The refuse is disposed of by tipping by the controlled method, waste sand being used as a sealing material since this is in abundant supply throughout the Rural District which is surplus from the winning and mining of gravel. This material is obtained free of charge with the exception of a nominal charge for loading facilities.

BUS SHELTERS

During the year nine more 'bus shelters of glass and concrete construction have been provided in the following districts:-

One at Blythe Bridge.

Two at The Boundary.

Two at Cellarhead.

One at Greendale.

One at Kingsley Holt.

One at Werrington, and

One at Whiston.

This makes the total of shelters erected throughout the Rural District at the end of the current year 42, and in accordance with the Council's programme further shelters are to be erected next year.

HOUSING :

The number of houses completed during the year was

by Local Authority	27
by Private Enterprise	163
Total	190

Attlee Road Housing Site :

A further three houses have been completed on this housing site making a total of 66 houses and 28 flats, the streetworks have been made up to final formation and have been adopted by the Highway Authority. The open space has also been made to formation and grassed off. This estate now presents a pleasant unit of development.

Wentlows Housing Site, Tean.

During the past twelve months 24 houses have been erected on this site which completes the development on this estate which total 72 houses. In addition the streets have been made up to final formation and have been adopted by the Highway Authority. Included in the streetworks contract is the provision of a shrubbery and footpaths, together with the planting of trees, and the estate now presents a tidy and pleasing appearance.

Continuous applications are being made by Council house tenants for the erection of double gates to park a car at the front of the house and also for a garage, and having regard to the number of requests for garages the Council propose to erect lockup garages within the curtilage of the various housing sites which will be let to Council house tenants at an economical rent. Consideration is also being given to the provision of hard standing sites with satisfactory approaches upon which Council house tenants will be permitted to erect their own prefabricated concrete garage of approved design for which the tenant will pay a site rent, and during the past twelve months nine lock up garages of brick and concrete construction have been erected on the Weston Coyney Housing Site, and these were let immediately they were ready for occupation.

HOUSING MAINTENANCE :

The whole of the Council houses throughout the Rural District which are erected on many sites are maintained by the Council's own tradesmen and workmen. At the Council's Depot Ashbourne Road, a joiners shop has been provided which is equipped with the necessary wood cutting and woodwork machinery to enable this work to be undertaken economically.

All the houses are painted at frequent intervals by the staff of painters solely engaged on this work which also includes painting of various other buildings owned and controlled by the Council.

Considerable stocks of materials are held at the Council's Depot for the maintenance of the Council's 1347 houses and also for the various water schemes which are required in connection with the administration of the Rural District.

PRIVATE ENTERPRISE :

The number of houses or bungalows being built by private enterprise at present under construction within the Rural District is 83. Private layout plans for the development of other Estates are in the course of preparation which will provide for a considerable number of houses to be erected by private enterprise in the immediate future.

