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**LEEK URBAN DISTRICT**

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**ANNUAL  
REPORT**

OF



**MEDICAL OFFICER OF HEALTH  
FOR 1958**

PREPARED BY

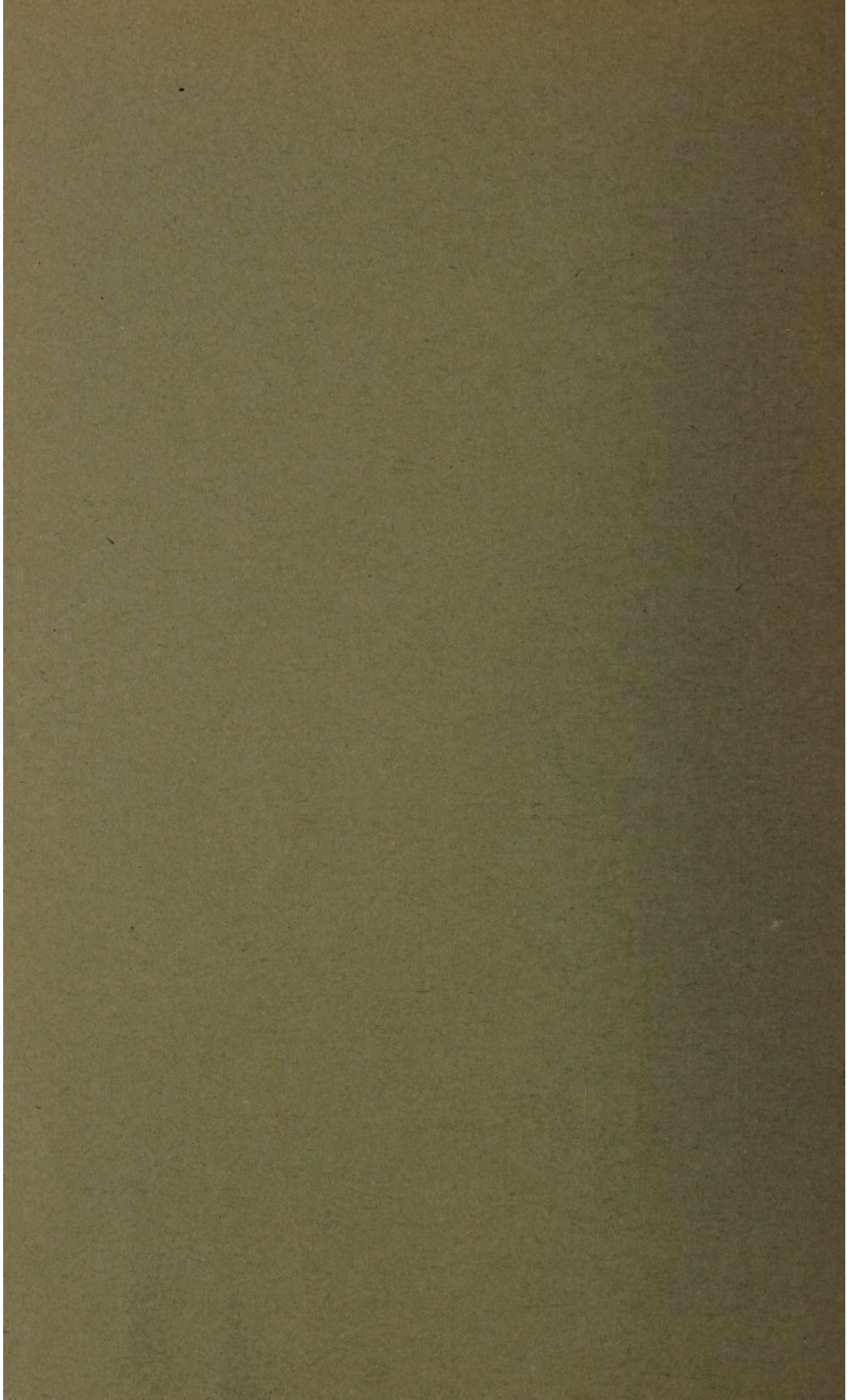
**P. G. CANNON, M.B., Ch.B., D.P.H., D.I.H.**

**Medical Officer of Health for the District**

AND

**J. ROWBOTHAM, M.P.H.I.A., Asso. M.C.T., M.R.S.H.**

**Chief Public Health Inspector.**



HEALTH DEPARTMENT,  
10, STOCKWELL STREET,  
LEEK, STAFFS.

**To the Chairman and Members of the Leek Urban District  
Council.**

I beg to submit the Annual Report for 1958.

The population of your district increased during the year by a small number, reversing the downward trend of the previous three years. The figure reached was 18,990. The number of persons per house remained at 2.9.

The birth rate reached the highest figure yet, 295 births occurring, which gives an adjusted birth rate of 16.0 per 1,000 population that compares very favourably with the national birth rate of 16.4. The small proportion of illegitimate live births increased from 1.9% in 1957 (5 live births) to 3.4% in 1958 (10 live births).

Still births unfortunately increased to give a figure considerably more than the national one. We are dealing with small numbers of course, which tends to exaggerate the position. Still births do not appear to alter much nationally, taking a steady toll. The question of reducing the figure is one of considerable difficulty. A national survey was however held in early 1958 to obtain information on the problem of still births and neonatal deaths. In Leek, one post mortem was held in March in this connection.

Infant mortality increased slightly during the year, but the figure is well below the national one. It will be seen that 4 of the 5 deaths were under 4 weeks of age and 3 were less than 1 week old.

The absence of maternal mortality continued in 1958. It is remarkable how low the national figure now is.

Deaths showed a considerable increase compared to the previous year which gave an exceptionally low figure. The adjusted death rate was however a little more than the national figure. The causes of death were of interest, there being a slight fall compared to 1957 in the number of cases of heart disease and an increase in those due to cancer. Cancer in general and cancer of the lung in particular is increasing annually and this is seen in Leek in the last three years. I am convinced of the association between cigarette smoking and lung cancer, although other factors may be associated, and it gives me concern at the number of children seen in school who have tobacco stained fingers. At present lung cancer affects males principally—the female sex will in future years be affected, if the smoking habit increases with them.

The mention of scurvy in a death certificate is of interest,

since this is a condition of malnutrition. "Meals on wheels" is an excellent scheme for the elderly and worthy of all support possible.

Accidents at home led, in 1958, to 4 deaths, 2 from falls and 2 from fire. The figures for 1957 and 1956 were 4 and 10 respectively.

The prevention of these home accidents is difficult, but the Leek Home Accident Prevention Committee formed on 19th May, 1958, held various meetings and decided in particular to conduct a Home Safety Week in early 1959.

The infectious disease position was satisfactory in 1958, there being a continued fall in the general incidence. Dysentery and food poisoning occupied most time of the Health Department.

Diphtheria immunisation figures in Leek children for the last three years are in 1956, 40%; 1957, 28%; 1958, 45%. These figures could well be improved.

Smallpox vaccination figures for Leek children over the last three years are in 1956, 16%; 1957, 17.7%; 1958, 27.6%. The national figure is deplorably low at 44.5%; yet even that is considerably higher than that for Leek. Smallpox vaccination should be done on all infants.

Acute Poliomyelitis was completely absent during the year, somewhat remarkable when one remembers there were 13 cases in the previous year. It is however a disease that waxes and wanes spontaneously; immunisation against it was continued during the year by the County Council medical officers and the general practitioners.

Tuberculosis figures showed little change—new cases continue to occur.

Milk supplies gave some concern during the year for two reasons—firstly a recurring failure in the cleanliness of samples from a local retailer, which matter was taken up with the Milk Production Officer of the Ministry of Agriculture, Fisheries and Food, and secondly the presence of tubercle bacilli in a sample of undesignated milk taken by the County Milk Sampling Officer. The one animal responsible was quickly located by the veterinary surgeon and slaughtered. There is no doubt that undesignated milk can be dangerous.

Water supplies received the usual close attention during the year. The raw sources at Upper Hulme and Poolend gave satisfactory bacteriological tests in 1 out of 2 tests and 3 out of 4 tests respectively. With chlorination, at both sources and before the water enters the Mount Reservoir, 2.3% only of samples taken in the town were unsatisfactory—an improvement on the 5.5% of 1957, itself an improvement on previous years. Chlorination levels in general were very satisfactory.

The advisability of covering the Mount Reservoir is still present in my mind, although bacteriological samples from the Mount Reservoir were 98.4% satisfactory throughout the year. The Water Committee's decision in July, 1957, to send details of a scheme to the Ministry for reconstructing the sloping sides and the bottom of one half of the reservoir was with the purpose of eventual covering with a roof of light construction—a watertight covered half reservoir to be the result. This has not been done yet, because of possible regrouping of water authorities.

As a temporary measure in January the Council took a lease on the two fields above the Mount Reservoir—to gain control over the drainage from this area.

The question of control of gathering grounds also arose at Upper Hulme, when in June the owner of adjoining land was requested to cease trespass by his cattle and hens over the Council's land.

Water conservation occupied the Council's mind, when during the year a local industrial concern applied to take water from another. Though this would involve loss of revenue, obviously it is a desirable procedure, and the Council requested in November, estimates on the cost required.

The regrouping of Water Undertakings in North Staffordshire was discussed during the year with the other local authorities concerned, but no definite agreement was reached.

One other matter of note was the request by the Staffordshire Potteries Water Board in April that Leek Urban District Council should take sewage into their sewers from Upper Hulme, Meerbrook and Blackshaw Moor Camp. This the Council decided should not be permitted.

On 1st June, came into force the remaining provisions of the Clean Air Act, 1956—with regard to the prohibition of dark smoke from chimneys, measures for dealing with grit and dust from furnaces, and abatement of smoke nuisances. The amendment to the building byelaws which would require all new houses to provide fuel appliances capable of burning smokeless fuel was considered by the Health Committee in February and not accepted for the time being.

The Council however agreed in March to purchase equipment for measuring the degree of atmospheric pollution in Leek, and in September, a proposed smoke control area between Newcastle Road and Westwood Road was accepted by the Council.

The new cattle market constantly occupied the attention of the Council during the year; fenders were invited for the whole market, but the Ministry of Agriculture, Fisheries and Food approved only one section for 1958, the attested section.

A new slaughterhouse has not yet come into being, and considerable work was required in 1958 to the present one, mainly of repair and decoration.

The subject of housing is always of great interest. During the year 98 Council houses were built and 29 private properties.

A sign of the times is the fact that the Isolation Hospital was acquired from the Ministry of Health during the year—the Council's intention being to convert it into flats.

On 17th June, evidence was given before an Inspector of the Ministry of Housing and Local Government, on the unfit state of property in Belle Vue (Belle Vue Road No. 3 Clearance Area) and Mill Street (Areas B1 and D). These areas were subsequently confirmed by the Minister. Slum clearance is proceeding, but too slowly in my opinion. Our programme was 450 unfit properties to be dealt with by 1960. At the end of 1958, 169 properties had been dealt with.

Towards the end of 1958, the delegation of certain County Council Health and Welfare Functions to authorities such as Leek was made possible theoretically by the Local Government Act, 1958, to come into operation on 1st January, 1959. A scheme was prepared at the end of 1958 for the Leek Council to make application to the Minister concerned in 1959.

The question of old people in need of care and attention provided 2 cases during the year. In February, a man of 86 was visited, and the general position found to be unsatisfactory, though not bad enough to require legal action. He subsequently entered hospital voluntarily.

In July, an old lady aged 81, was persuaded to enter hospital to receive proper care and attention. The problem of care of the aged will undoubtedly increase. One difficulty found in persuading these people to enter hospital or a home is that often this involves leaving this district—a terrifying thing to some old persons.

In the early part of the year the question was raised whether a Marriage Guidance Council was required in Leek. The matter was investigated and it was established that sufficient provision already existed—Marriage Guidance Councils existing already in Stoke-on-Trent and Newcastle-under-Lyme.

I would like, on concluding this report, to express my appreciation for the very capable and willing help given me during the year by your Public Health Inspectors and the Health Department in general.

P. G. CANNON, M.B., Ch.B., D.P.H., D.I.H.

## SECTION A.

<b>General Statistics.</b>	1958	1957
Area (in acres) .....	4,306	4,306
Registrar General's mid-year estimate of home population (all ages) .....	18,990	18,950
Number of inhabited houses in the Rate Book at end of year .....	6,632	6,517
Number of persons per house .....	2.9	2.9
Number of persons per acre .....	4.4	4.4
Rateable value at 31st March .....	£186,583	£194,419
Sum represented by a penny rate for financial year ended 31st March .....	£754	£787

<b>Vital Statistics.</b>	Male	Female	Total
Live births .....	151	144	295
(Illegitimate births) .....	(3)	(7)	(10)
Live birth rate per 1,000 population = 15.5			
Adjusted birth rate = 16.0 (comparability factor 1.03).			
Birth Rate (England and Wales) = 16.4 (the highest rate since 1949).			

### **Note on Adjusted Birth Rate.**

Local birth rates are usually expressed in terms of population. These populations are estimated by the Registrar General and comprise persons of all ages, including many who quite obviously have no influence on the reproductive process. These latter do, however, affect the birth rate in that a preponderance of them in the population of an area tends to lower, and a small proportion of them to raise, the true rate. Considerable variation in the size of this proportion exists in different areas and it is therefore apparent that the elimination or standardisation of such a factor enables a truer comparison between areas.

A result on these lines is obtained through the issue by the Registrar General of a comparability factor for each area for use with birth rates. The adjusted birth rate resulting from the multiplication of the crude birth rate of an area by its comparability factor may be regarded as being comparable with the adjusted rate of any other area or with the crude rate for England and Wales.

	Male	Female	Total
<b>Still births</b> .....	6	4	10
(Illegitimate) .....	(1)	(—)	(1)

Still birth rate per 1,000 live and still births = 32.3.

Still birth rate (England and Wales) = 21.6.

	Male	Female	Total
Total live and still births .....	157	148	305
(Illegitimate) .....	(4)	(7)	(11)



NOTE:—The number of still births does not alter greatly nationally over the years. The average is about 25 per 1,000 live births. The main cause is probably difficult labour, and prevention is by adequate ante-natal care.

	Male	Female	Total
<b>Infant deaths</b> (deaths under 1 year of age)	3	2	5
(Illegitimate) .....	(—)	(—)	(—)

Infant mortality rate per 1,000 live births = 16.9.

Infant mortality rate per 1,000 live births—Legitimate = 17.5.

Infant mortality rate per 1,000 live births—Illegitimate = 0.

Infant mortality rate (England and Wales) = 22.5 (the lowest annual rate ever recorded for this Country).

	Male	Female	Total
<b>Neonatal mortality</b> (deaths under 4 weeks of age)	3	1	4
(Illegitimate) .....	(—)	(—)	(—)

Neonatal mortality rate per 1,000 live births (first four weeks) = 13.6.

Neonatal mortality rate (England and Wales) = 16.2.

Early neonatal mortality rate (first week) per 1,000 live births = 10.2 (deaths under 1 week were 3).

Perinatal mortality rate (still births plus deaths during the first week) per 1,000 total live and still births = 42.6.

Illegitimate live births per cent of total live births = 3.4.

Illegitimate live births per cent. of total live births (England and Wales) = 4.9.

Maternal deaths (including abortion) = 0.

Maternal mortality rate per 1,000 live and still births = 0.

Maternal mortality rate (England and Wales) = 0.43.

	Male	Female	Total
Deaths—all ages .....	126	108	234

Death rate per 1,000 estimated population = 12.3.

Adjusted death rate = 12.2 (Comparability factor 0.99).

NOTE:—This comparability factor is obtained and used, on a similar principle to that for comparability for births.

Death rate (England and Wales) = 11.7.

### Deaths from all causes, 1958 :

	Male	Female	Total
Tuberculosis, respiratory .....	1	—	1
Malignant neoplasm, stomach .....	5	2	7
Malignant neoplasm, lung, bronchus ...	7	1	8
Malignant neoplasm, breast .....	—	3	3
Malignant neoplasm, uterus .....	—	2	2
Other malignant & lymphatic neoplasms	18	15	33
Diabetes .....	1	—	1

	Male	Female	Total
Vascular lesions of nervous system .....	10	17	27
Coronary disease, angina .....	24	11	35
Hypertension with heart disease .....	1	2	3
Other heart disease .....	18	16	34
Other circulatory disease .....	5	4	9
Influenza .....	1	—	1
Pneumonia .....	4	2	6
Bronchitis .....	9	4	13
Other diseases of respiratory system ...	2	—	2
Ulcer of stomach and duodenum .....	2	—	2
Nephritis and nephrosis .....	2	1	3
Congenital malformations .....	—	2	2
Other defined and ill-defined diseases ...	9	25	34
All other accidents .....	4	1	5
Suicide .....	3	—	3
	126	108	234

### Note on Causes of Death :

**TUBERCULOSIS.** The one death was in a man aged 59, not previously known to have the disease, the diagnosis of the cause of death being made at a post mortem at the North Staffs. Royal Infirmary.

**MALIGNANT DISEASE (CANCER).** 53 deaths were due to this, i.e. 22.6% of all deaths. (20.9% in 1957, 19.4% in 1956). Cancer of the lung killed 7 men and 1 woman, i.e. 15.1% of all cancer deaths, and 3.4% of all deaths (these last two figures were in 1957 14.3% and 3%, and in 1956 9.3% and 1.8%). The ages of the lung cancer cases were 64 for the female, and the males 46, 52, 57, 60, 64, 72 and 82.

**HEART DISEASE.** This caused 72 deaths, i.e. 30.8% of all deaths.

**INFLUENZA.** One death only was due to this—in a man of 75, who developed influenzal pneumonia. This compared with five deaths in 1957.

**BRONCHITIS.** This common complaint accounted for 13 deaths, i.e. 5.6% of all deaths.

**SUICIDE.** As in 1956 and in 1957, three deaths were due to suicide, but I can trace two only—males aged 33 and 34. The first consumed rat poison. The second hanged himself.

**SCURVY.** One death in a female of 71 in the North Staffs. Royal Infirmary, in September, was due to broncho pneumonia and scurvy. Scurvy is due to lack of vitamin C in the diet—due to absence of proper meals.

## Deaths due to Home Accidents in 1958 :

JANUARY. Male 87. Myocardial degeneration accelerated by shock due to an accidental fall at home one month before.

FEBRUARY. Male 81. Broncho pneumonia following a fractured ankle through an accidental fall (downstairs).

DECEMBER. Male 77. Burning, following a fall on to the fire.

DECEMBER. Female 80. Pulmonary oedema and bronchitis due to carbon monoxide poisoning from fumes from an accidental fire (deceased's husband fell on the fire).

DROWNING. Drowning of a male of 42—which occurred outside the Urban District area—was the other accident to complete the five mentioned in the table of deaths.

## INFANTILE MORTALITY

### Deaths under 1 year of age :

Female—4 months	Bronchopneumonia Congenital heart disease
Male—1 day	Atelectasis Prematurity
Female—1 week	Spina bifida Meningocele
Male—4 days	Bronchopneumonia
Male—10 hours	Atelectasis Immaturity

NOTE:—CAUSES OF PREMATUREITY. The incidence of premature births shows considerable local variation, ranging from 5—11 per cent. of total live births. Its causes include multiple pregnancy, chronic disease in the mother, untimely separation of the placenta and deformity of the foetus—conditions not easily prevented.

## SECTION B.

### General Provision of Health Services :

PUBLIC HEALTH OFFICERS OF THE LOCAL AUTHORITY.

- 1.—Peter Gordon Cannon, M.B., Ch.B., D.P.H., D.I.H., Medical Officer of Health.
2. James Rowbotham, M.P.H.I.A., Assoc. M.C.T., M.R.S.H., Chief Public Health Inspector.
3. Edgar Norris Whitehead, M.P.H.I.A., Public Health Inspector.

The Urban District Council is the sanitary authority responsible for the environmental services.

The local authority has no major responsibilities under the National Health Service Act, 1946. The sanitary administration of the district has not been altered by it. The County Council is both Local Health and Local Sanitary Authority as well as Local Education Authority. It has assumed new and diverse responsibilities under the Act. It is responsible for the following services: maternity and child welfare, domiciliary midwifery, vaccination and immunisation, an ambulance service, a health visiting service, the administration of the Mental Services, "care and after care" and the provision of home nursing and "home helps." Section 21 of the Act imposes on the County Council the duty of providing Health Centres.

The following are the principal services provided.

1. **AMBULANCE SERVICES** (Section 27).

No change occurred in these during the year.

There are 4 ambulances and 3 sitting cars and a staff of 19, consisting of 1 officer in charge and 18 drivers.

Radio reception is fitted to 2 sitting cars and 2 of the ambulances.

2. **LABORATORY FACILITIES.** (Part, Section 26).

Leek is served by the Public Health Laboratory Service, Stafford. This is directed by the Medical Research Council for the Ministry of Health. It is a component of a free national laboratory service for England and Wales. The work of the Laboratory is designed to assist the Medical Officer of Health and the general practitioners, in the diagnosis, prevention and control of communicable diseases. Its activities include the examination of throat and nose swabs, sputum, blood and excreta of human origin as aids to diagnosis of suspected or actual infectious diseases. Its sanitary work includes mainly the bacteriological examination of drinking water and sewage, the sampling of milk for cleanliness and for the presence of the tubercle bacillus and other pathogenic organisms, and the sampling of ice cream, synthetic cream, and shellfish as distributed to the user or consumer. Its staff is available to participate in the investigation of outbreaks of infectious disease in the area which it serves, with the general aim of preventing or controlling disease.

The laboratory distributes in the prevention of disease, diphtheria prophylactic and calf lymph for smallpox vaccination. It makes available measles prophylactic for the passive immunisation of contacts and distributes outfits for the collection of pathological material.

**SPUTUM.** During 1958, the laboratory service investigated 66 specimens of sputum submitted for examination for the tubercle bacillus by the Chest Physician. All the specimens were examined

by direct microscopy and three were found to be positive. 62 were examined by cultural methods and of these 1 was found to be positive for tubercle bacillus.

The general practitioners submitted a total of 14 specimens of sputum during the year. All were examined by direct examination for tubercle bacilli, and 2, both from the same person, were positive. Cultural examination was made on 8, and 2 showed pathogenic organisms — in one, tubercle bacilli in the same person mentioned previously, and in the other, a coagulase positive staphylococcus aureus.

**THROAT SWABS.** 66 throat swabs were taken in 1958 by the general practitioners. 43 were positive for haemolytic streptococci, 4 of the Lancefield Group A type and 6 of Lancefield Group B. 3 were positive for Staphylococcus aureus coagulase positive and 1 for coliforms.

Eleven throat swabs were taken by the health department — three in two food handlers each in direct contact with a case of scarlet fever. One foodhandler showed haemolytic streptococcus and staphylococcus aureus coagulase positive. One showed haemolytic streptococcus only.

The other 8 swabs were taken from a family in whom tonsillitis was occurring—6 were positive for streptococcus haemolyticus.

**NASAL SWABS.** 8 nasal swabs were taken by the general practitioners. 2 showed staphylococcus aureus coagulase positive, one of these also showing haemolytic streptococci. One showed haemolytic streptococci only.

4 nasal swabs were taken by the health department—two were positive for staphylococcus aureus coagulase positive.

**HAND SWABS.** 2 were taken in food handlers. 1 was positive for staphylococcus aureus coagulase positive.

**FAECES.** A total of 121 were sent for examination during the year. The majority of these—98—were sent by the general practitioners. 9 of these were positive for shigella sonnei (1 of these also containing pathogenic E coli type 0.III), 3 were positive for salmonella typhimurium, and 3 for pathogenic E coli only (two type 0.55 and one type 0.26). Two of the E coli specimens were from the same child, age 10 months. The other was from a one year old.

The health department sent 23 specimens—6 contained clostridium welchii and 2 of these 6 also contained staphylococcus aureus coagulase positive.

**BLOOD SPECIMENS.** 2 specimens were sent by a general practitioner for Widal testing—both proved negative. Clot cultures proved negative on both.

**OTHER SPECIMENS.** Swabs from toilet seats at a local school were submitted because of dysentery in the school children. All proved negative.

**FOOD SAMPLES.** The laboratory was also used for the examination of various foodstuffs—turkey, tongue, stock, sausage, bacon, bread sauce and plum pudding due to the food poisoning cases notified in December and also ice cream, egg, vinegar, artificial cream, meat products submitted for routine purposes.

**MILK.** The laboratory continues to report on the results of general bacteriological tests, and biological tests for tubercle bacilli, in samples of milk submitted to it by the County Council Milk Sampling Officer—milk sold in the Urban District.

During the year, a total of 256 samples were taken.

213 samples were submitted to the methylene blue test, a test for ordinary bacteriological cleanliness. 6 samples i.e. 2.8% failed to pass the test. Failures were in undesignated and tuberculin tested milks. The two failures in undesignated milk were from the same producer-retailer in April and September. Three of the four failures in tuberculin tested milk were from the same retailer (not his own producer, the producer being the same in all three failed samples) in February, March and May.

The Health Department wrote to the County Milk Production Officer of the Ministry of Agriculture, Fisheries and Food regarding these three bad samples, for the production condition of milk is his responsibility, and neither the Urban nor the County Council have any control in this direction, unfortunately in my opinion.

The other failure in tuberculin tested milk was in February—the milk being obtained by the local retailer from a Macclesfield source.

Pasteurisation—which is measured by the phosphatase test—was 100% effective—all 141 specimens tested passing the test.

Sterilised milk is remarkably standard material—the turbidity test was satisfactory in all 23 samples tested.

Biological tests for the presence of tubercle bacilli were carried out on 46 milk samples—on undesignated and tuberculin tested types. A sample taken on 17th September failed the test—tubercle bacilli were found in the undesignated milk tested—the result being known on the 4th November. The veterinary inspector examined the herd and a suspected animal was slaughtered and found on post mortem to have generalised tuberculosis. A further sample of 6th November from the herd of fifteen cows was negative for tubercle bacilli.

In my opinion, undesignated milk is dangerous material, tuberculin tested milk is better, but the best milk is tuberculin

tested pasteurised. Sterilised milk is undoubtedly safe but the taste is stronger.

The quality of milk has certainly greatly improved over the years, but there is need for constant vigilance.

A table showing the results of the tests made in 1958 is on page 22.

### 3. MATERNITY, HOME NURSING AND DOMESTIC HELP SERVICES (Sections 23, 25 and 29).

There are three County Council midwives—two full time and one part time. Leek also has two district nurses. The Leek Area Health Committee, under Section 29, is responsible for the appointment of domestic helps. Their function is to give assistance in the home during the incapacity of a wife or mother, and they do not undertake any duties of a nursing character.

The County Council is responsible for other special health services—Maternity and Child Welfare and the School Medical Service. There are three Health Visitors available for Ante-Natal work and for the supervision of nursing mothers and children. Under the direction of the Chest Physician, all have duties of visiting the tuberculous.

### 4. HOSPITALS.

The following hospitals are available for various forms of treatment: general, acute and chronic, sanatoria, mental and infectious diseases—Bucknall Hospital; Memorial Hospital, Leek; North Staffordshire Royal Infirmary; Haywood Hospital; Orthopaedic Hospital, Hartshill; Longton Cottage Hospital; City General Hospital, Stoke-on-Trent; Moorlands Hospital, Leek; Cheadle Hospital; Westcliffe Hospital, Chell; Groundslow Sanatorium and Cheshire Joint Sanatorium, Loggerheads, nr. Market Drayton; St. Edward's Hospital, Leek; Biddulph Grange Orthopaedic Hospital; Limewood Hospital, Newcastle and Stanfield Hospital, Burslem (both for chronic sick). All are administered by the Birmingham Regional Hospital Board through the local Area Management Committees. Geographical hospital boundaries have thus been greatly widened by the Regional arrangements under the Act, and as far as this district is concerned, have made the problem of finding hospital accommodation for the acutely sick a little less difficult than in many parts of the country. The problem of the disposal of the chronic sick has increased.

Maternity cases, in an emergency, are received at the City General Hospital, Stoke-on-Trent. Part of the maternity wing of the Haywood Hospital is now available for normal cases without charge and part is still on a fee-paying basis (private beds).

## 5. MORTUARY.

The Council's mortuary is situated in Condlyffe Road. Essential equipment is provided by the local authority and a mortuary attendant is available when required.

The mortuary was used for 51 persons during 1958, and 4 post mortems were performed, the last being carried out on March 8th. The fall in the number of post mortems from previous years is due to the cessation of this work as the result of the resignation of the local police surgeon, no successor being available to do this particular part of his duties.

## WATER SAMPLES — LEEK SUPPLIES, 1958.

### Bacteriological Tests :

Month	No. of Samples taken	Result	
		Satisfactory	Unsatisfactory
January .....	25	25	—
February .....	20	20	—
March .....	20	20	—
April .....	25	25	—
May .....	19	18	1
June .....	19	19	—
July .....	26	23	3
August .....	17	15	2
September ....	23	22	1
October .....	24	24	—
November .....	15	15	—
December ....	25	25	—
Total	258	251	7

NOTE:—*May*—The unsatisfactory sample was from Barn-gate Street and gave a plate count of 6 per ml; 1 coliform bacilli per 100 ml; and no faecal coli. This degree of organismal content is very small indeed. Residual chlorine readings for that day were good, including one of 0.2 part per million taken at the same time as this water sample. The water in these circumstances was undoubtedly safe to drink.

*July*—One unsatisfactory sample was from a land spring at Upper Hulme. The sample was of unchlorinated raw water, and contained 90 coliform bacilli per 100 ml., and 1 faecal coli per 100 ml. With chlorination these organisms should be removed.

The two other unsatisfactory samples were from Novi Lane and Shirley Street. One gave a plate count of 5 per ml., the other of 6 ml. Both gave 1 coliform bacilli per 100 ml. and no faecal coli. Residual chlorine readings were good for the day when these two samples were taken.



*August*—One unsatisfactory sample was from the Pump at Poolend, with a plate count of 2; 3 coliform bacilli present, with no faecal coli. The chlorinator may not have been working at the time, yet with the depth of the bore one normally expects a sterile water and in 3 of the 4 samples taken during 1958 at Poolend Pumping Station, this was obtained.

The other unsatisfactory sample was from the Mount Reservoir. Here the organismal contamination was minimal—a plate count of 2 per ml. and 1 coliform bacilli per 100 ml. This water is chlorinated before entry to the Reservoir and should be free of organisms.

*September*—The one unsatisfactory sample was from Mount Reservoir when a plate count of 362 per ml., 180 coliform bacilli and 35 faecal coli was obtained. Residual free chlorine at the time was 0.3 parts per million. The contamination is too gross to be believed to indicate the true nature of the water tested, in conjunction with the level of the free chlorine, and this sample can be ignored in my opinion, being due to faulty technique of collection probably. Of the 65 samples taken at the Mount Reservoir during 1958, 63 were satisfactory (and 1 is to be ignored in my opinion). It will be noted that sampling in 1958 was done jointly by the Health and Water Departments.

*Summary*—If we ignore, as we should, the one bad sample of September, then during the year, of 257 bacteriological samples taken, 251 were satisfactory, 2.3% being unsatisfactory. In one case only was faecal coli obtained—from the raw source at Upper Hulme, as might have been expected. In 1957, 5.5% of samples were unsatisfactory.

**CHEMICAL ANALYSIS OF LEEK WATER SUPPLIES.** Four samples were taken throughout the year, 2 at Poolend Borehole and 2 from the Upper Hulme springs. Those at Poolend showed, as expected, some corrosive action on copper, though not excessive. One of the Upper Hulme samples showed a high acid reaction in July (*pH* 5.5). The other Upper Hulme sample in August was less acid (*pH* 6.6) being chemically satisfactory.

**CHLORINATION OF LEEK WATER SUPPLIES.** This is done at the two sources, Upper Hulme and Poolend and also before the water enters the Mount Reservoir. Daily readings are taken by the Water Engineer in 6 sites—Buxton Road, Filter Beds, Town Hall, Town Yard, Old Church, and Cattle Market. The results obtained for the year are most commendable, maintaining a remarkably consistent 0.1 to 0.2 part per million of free chlorine, remarkable in the sense that the Mount Reservoir is uncovered and one expects to lose a considerable amount of chlorine to the atmosphere in an uncovered reservoir.

**SWIMMING BATHS.** During the year 26 samples were taken for bacteriological testing. 3 were unsatisfactory—2 in July, 1 in September. All gave only 1 coliform bacilli per 100 ml. and no faecal coli—a small degree of contamination, yet 100% should be satisfactory. Factors of overcrowding of the baths at certain periods and the actual equipment and technique of chlorination require constant attention.

## SECTION C.

### **Prevalence of and control over infectious and other disease :**

The prevalence of infectious disease during the year showed a further decline compared to the previous two years—the total number of confirmed notifications was 121, compared to 147 in 1957 and 389 in 1956.

There are ample hospital facilities at Bucknall Isolation Hospital within the area of the Stoke-on-Trent Hospital Management Committee, for the reception of all types of infectious disease, apart from smallpox. Admission is arranged by the local medical practitioners and transport is carried out by the local Ambulance Service.

**SCARLET FEVER.** The incidence of this disease has increased over the last few years—20 cases in 1956, 45 in 1957, and in 1958, 74 cases. This disease occurred throughout the year, but 47% of the cases were in the last quarter.

The disease is often so mild that throat swabs are of help in the diagnosis—hence the 77 throat swabs taken of which 45 showed haemolytic streptococci present.

The majority of persons were aged 5—10 years (two thirds) but in the older age group, 4 cases occurred, 2 aged 11 and others aged 13 and 19 years. 2 cases were admitted to Bucknall Isolation Hospital both in March, a male aged 10 years and a female aged 6 years, unrelated cases.

The cases were all visited. In one case of a girl aged 8 years, in October, her father, a baker, was excluded from work by me because of the presence of haemolytic streptococci in his throat swab. A further throat swab taken by the health department proved normal, and allowed his return to work.

In December, the father of a 13 year old male case was proved to have haemolytic streptococci of Lancefield Group A in his throat and was required not to handle food until a subsequent throat swab proved normal.

**WHOOPING COUGH.** Two cases only occurred, aged 7 months and 8 years. Both were in September and were in the same family. This number of cases compares very favourably with the 28 of the previous year. Both were treated at home.

It is important for parents to remember that this disease can be prevented or at least considerably reduced in severity by active immunisation which can be carried out by the general practitioners or at the Welfare Clinic.

It is recommended that infants receive 3 injections, with 1 month between each, starting at the age of 3 months, with a reinforcing dose at the age of 2 years. Detailed figures for immunisation against this disease are not available due to pressure of work of the Area Health Office. It should be noted that 27 children died in England and Wales in 1958 from Whooping Cough.

**ACUTE POLIOMYELITIS.** This disease was not notified at all in 1958. Whether this was due to the immunisation against the disease is not yet certain, but is possible. Figures vary, however, naturally. The figures of cases for the last few years are of interest:—1950, 0; 1951, 10; 1952, 0; 1953, 1; 1954, 2; 1955, 0; 1956, 1; 1957, 13; 1958, 0.

A film lecture on the subject was arranged by me for the general practitioners of the area of Leek, Cheadle and Biddulph on 30th June in the Town Hall, Leek. Speakers were the Superintendent of the Bucknall Isolation Hospital, Dr. G. L. Brown, and Dr. E. M. Mackay-Scollay, Director of the Public Health Laboratory of Stafford. 25 general practitioners attended. Poliomyelitis did occur in 1958 in the Cheadle Rural District.

**MEASLES.** This showed only a few cases in the year—14, compared to 21 in 1957. The cases occurred fairly evenly through the year. All but one were below nine years of age. The exception was a male of 18 years, in June.

None were admitted to hospital.

**DIPHTHERIA.** No cases of this disease occurred in the area during the year. During the year, 191 children of pre-school age (128 under 1 year) and 19 of school age received primary immunisation. 83 children between one and fourteen years of age (23 aged one to four years) received reinforcing dosage. 295 births occurred in 1958 and 271 in 1957. The immunisation rate is therefore approximately 45%. It is a considerable improvement on the rate for 1957 (28%) and much the same as that for 1956 (44%).

The rate for 1958 is however too low to be satisfactory. In England and Wales in 1958, 79 cases of diphtheria occurred and there were 8 deaths due to this disease. Children should be immunised against it.

**DYSENTERY.** This produced 11 notifications during the year, but of these 8 only were confirmed.

Two notifications were in April, a male of 13 years and a female of 41. Both were confirmed, the causal organism being *Shigella sonne*. The cases were unrelated. Specimens were taken

from 5 contacts of the 13 year old boy. All proved negative. No examination of the contacts of the 41 year old case was required. Treatment by the general practitioners cleared the conditions.

The other 9 notifications were in December, but 6 only of these were confirmed:—*Shigella sonnei* being the cause in each case. Three were in the same family, a mother and her two children. The other three were isolated cases in children aged 5, 6 and 10 years.

Since several of these children attended the same school, this was visited and swabs were taken from toilet seats (which proved negative). General measures were advised in the school.

All the cases notified were visited to ensure that contacts were examined and to obtain information on possible food handlers.

The more cases of Bacillary Dysentery one seeks the more one finds. It is a minor disease generally, but can be serious in the very young and the very old, hence its importance.

**ACUTE PNEUMONIA.** This produced 7 cases only—considerably less than the 28 of the previous year. The ages as usual were varied—from one aged 5 years to two aged 74 and 83 years.

The cases occurred only in the first three quarters of the year and were evenly distributed in time.

One case only was treated in Bucknall Hospital—a male aged 36, admitted there in September actually as a possible case of acute poliomyelitis.

**SMALLPOX.** 5 cases of smallpox occurred in England and Wales in 1958 of whom 1 died. This should remind the general population that vaccination against this disease should be carried out, particularly also when it is realised that the cases occurred only a short distance away from Leek—namely in Bebington M.B., Cheshire. Information about these cases was given by me, as they occurred, to the general practitioners.

135 children were vaccinated against smallpox in 1958 in Leek. Of these 78 were under 1 year of age, 3 aged 1, 10 were aged 2—4, 6 were aged 5—14, and 38 were aged 15 or over. In addition 28 persons were re-vaccinated, 1 aged 2—4, 1 aged 5—14, and 26 aged 15 or over.

With 295 births in 1958 and 271 in 1957, the rate of vaccination against smallpox is approximately 27.6%. This figure is an improvement on the 17.7% attained in the previous year, but is completely insufficient to give any real measure of protection in the general public.

Vaccination is recommended at the age of 6 months. It is a simple procedure and gives no ill effects at this age, using modern technique.

If we sum up the whole position regarding immunisation, an infant should be immunised against whooping cough at 3, 4, and 5 months; should be vaccinated against smallpox at age 6 months; should be immunised against diphtheria at age 7 and 8 months; a booster against whooping cough should be given at the age of 2 years and boosters against diphtheria at 5, 8 and 11 years. Re-vaccination against smallpox could be done each 4—5 years.

I am indebted to the Area Medical Officer for the figures relating to the number of children in Leek immunised or vaccinated in 1958.

The Ministry of Health and Ministry of Education memorandum on the closure of schools and the suggested exclusion from school on account of infectious disease, appears on pages 24 & 25.

**ACUTE ENCEPHALITIS.** One case only—in a female of 3 years was notified. The condition, which is a serious one, followed chickenpox and occurred in May. The child was admitted to Bucknall Isolation Hospital for treatment and after three weeks was discharged having made a complete recovery.

**ERYSIPELAS.** Two cases only were notified, in a male aged 32 in February and a male aged 65 in March. Both were treated at home. With modern treatment, the condition is not a serious one.

**FOOD POISONING.** A total of seven cases was notified during the year but four only were confirmed.

Two notifications were received in January in females aged 30 and 60 in the same household. Both were unconfirmed.

In October a case of food poisoning in a boy of 11 was notified, the cause being *Salmonella typhimurium*. The one school age contact examined was shown to be free of the disease. The boy had to be excluded from school for 3—4 weeks until three negative faeces specimens were obtained. The origin of the infection was outside this area.

Suspected food poisoning in a male of 77 living alone was notified in early December. This was unconfirmed.

In early December, an outbreak of illness—diarrhoea mainly, some vomiting—occurred in the staff of a local store following attendance at a dinner party in the evening of Thursday, December 11th. Of the 80 who ate the meal, 14 were ill. Faeces specimens were sent to the Laboratory, also from 1 food handling contact of a person ill. Of the 15 sent, 6 contained *Clostridium Welchii* and 2 of these 6 also contained *Staphylococcus aureus* coagulase positive. The onset of symptoms was typical of *Welchii* infection—some 12—14 hours after food eaten. Specimens of food were obtained and altogether 11 samples were taken—Turkey, Tongue,

Stock, Sausage, Bacon, Bread Sauce and Plum Pudding. (Gravy was unobtainable).

With some pleasure it was found that 2 food specimens contained pathogenic organisms—turkey breast and turkey gut—*Staphylococcus aureus* coagulase positive. The turkey had in fact been inadequately cooked, seen by inspecting the carcass, when taking the specimens. No foodstuff was found to contain *Cl. Welchii*—the gravy was not examined, none being obtainable. It is a possible vehicle for *Welchii*.

The 2 food handlers who prepared the meal were examined and I took a nasal and hand swab from each. Both nasal swabs were found to contain *Staphylococcus aureus* coagulase positive, also 1 hand swab. A faeces specimen from each was negative.

So far then we have an outbreak of food poisoning in which two organisms are concerned—a somewhat unusual occurrence—*Cl. Welchii* and *Staphylococcus aureus* coagulase positive. Food specimens contained *Staphylococcus aureus* coagulase positive, and nasal swabs and a hand swab from the food handlers also contained *Staphylococcus aureus* coagulase positive.

One would imagine the route of infection by *Staphylococcus aureus* clearly—from nose of food handlers to food to consumers.

Typing of the *Staphylococcus aureus* was carried out—and it was shown that the *Staphylococcus aureus* in the turkey, in the food handlers and in the patients *were all different*.

*Staphylococcus aureus* is not a normal organism in the gut—infection must come from somewhere, similarly with *Cl. Welchii*.

In conclusion we were forced to presume that the infection was a food borne one because of the occurrence of food poisoning symptoms in several people after a meal. We can also presume that both organisms were transmitted by the food, although this was not proved. The symptoms and onset time were those of *Cl. Welchii* infection.

It will have been noted that 6 cases were confirmed—of these three only were local people.

One case only was not back at work on Monday, 15th—a resident of the Cheadle Rural District.

As a matter of interest, a contact of a food poisoning outbreak in April, in London, was seen and faeces specimens were taken; all three, taken at weekly intervals, proved normal.

One unfortunate child aged 7 years was a subject of interest in July. She had been admitted to the City General Hospital in February for tonsillectomy. Before operation, some diarrhoea caused a faeces specimen to be examined. It was shown to contain *Salmonella typhimurium*, and the child was unaffected at first by treatment, becoming a persistent carrier. Her home in Leek

was visited by me in July and was in my opinion unsuitable for a case of this sort. The County Council convalescent homes quite rightly could not take her, therefore the child had to stay in Bucknall hospital. Fortunately treatment eventually proved effective and the child was discharged home 7 months after entry to Hospital, free of Salmonella infection. Whether the tonsils were removed is not known to me.

**TUBERCULOSIS.** The year commenced with a total of 78 persons on the register, and a further 9 persons were added during the year—of these 7 were new cases. It was possible to remove during the year 6 names from the Register, so that a total number of 81 persons was on the Register at the end of 1958. 4 of these were infectious—having a positive sputum.

The new cases are always of interest. The non pulmonary case was in a male age 29 years in whom the kidney was affected. The pulmonary cases were aged:—Males 20, 58; Females 21, 27, 32, 66. One of these new cases had sputum directly positive for tubercle bacilli.

3 cases, aged 62, 72 and 48, who have been on the Register since 1943, 1954, and 1957 respectively all had positive sputum samples during 1958. Two were on direct examination—the last two mentioned above; one on culture, the first mentioned case.

Over the last four years, the number of new cases has been 1955, 7; 1956, 7; 1957, 9; 1958, 7. The proportion of cases in Leek at the end of the year was 4.1 per 1,000 of the population—the same figure as in 1957 and similar also to 1956.

The health visitors provided in the year 45 progress reports on tuberculous patients already on the Register and 6 reports upon environmental conditions in patients first diagnosed in 1958 or late 1957.

Progress reports should be submitted on every patient each 6 months and an environmental report is required on each new patient so that contacts can be brought in for examination.

There were two deaths in 1958, in which tuberculosis was mentioned on the death certificate—both pulmonary cases, a male age 52, first notified 7 years before, and a female age 61, also notified 7 years before.

**PUERPERAL PYREXIA.** Two cases only were notified, though three actually occurred. Puerperal pyrexia is defined as any febrile condition occurring in a woman, in whom a temperature of 100.4° F. or more has occurred within fourteen days after childbirth or miscarriage.

One case was in February in a female aged 18, in whom the cause was infarction of the lung due to a pulmonary embolus from a phlebitis of the left leg. She was treated at Bucknall Hos-

pital. The second case was in May in a female of 17, the cause being a local uterine infection. She was also treated at Bucknall Hospital. The third case was in September in a female of 28. She was treated at home, the cause not being known.

Various cases, apart from those previously mentioned, were admitted to Bucknall Isolation Hospital during the year:—

**GASTROENTERITIS.** Non specific gastroenteritis was diagnosed in 4 cases, aged 3, 11/12ths, 21 and 51 years admitted in April, May, June and September respectively.

A further case aged 33 admitted in September as a possible enteritis was diagnosed as an intestinal haemorrhage probably due to a peptic ulcer.

A child aged 1 year was admitted as gastroenteritis in September. The father, a food handler, was excluded from work until a faeces specimen was shown to be normal. Subsequently the child was diagnosed as a case of pneumococcal meningitis.

**GLANDULAR FEVER.** Only 1 of the four cases sent in as possible glandular fever was confirmed, the others being ulcerative stomatitis.

The condition is not notifiable.

**MENINGITIS.** This condition in a male of 17 years was not confirmed. It was confirmed, above, in a child of one year.

**IMPETIGO.** One case of this aged 20 months was treated in October.

One other condition only was diagnosed during the year—bacterial endocarditis in a male of 14 years.



**MILK SAMPLING, 1958—LEEK U.D.**  
**BY COUNTY COUNCIL MILK SAMPLING OFFICER.**

	Methylene Blue		Phosphatase		Turbidity		Examined for T.B.	
	Satis.	Unsatis.	Pass	Fail	Pass	Fail	Negative	Positive
Undesignated .....	17	2	—	—	—	—	15	1
Tuberculin Tested .....	69	4	—	—	—	—	31	—
T.T. Pasteurised .....	76*	—	80	—	—	—	—	—
Pasteurised .....	58†	—	61	—	—	—	—	—
Sterilised .....	—	—	—	—	23	—	—	—
<b>Total .....</b>	<b>220</b>	<b>6</b>	<b>141</b>	<b>—</b>	<b>23</b>	<b>—</b>	<b>46</b>	<b>1</b>

\* Four samples were declared void on the Methylene Blue Test owing to high atmospheric shade temperature on the date sampled.

† Three declared void as above.

## TUBERCULOSIS IN LEEK

	MALES		FEMALES		Total
	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary	
	45	3	21	9	
Number of cases on Register at 31 . 12 . 57	4	1	4	—	9
Number of cases added during the year	4	—	2	—	6
Number of cases on Register at 31 . 12 . 58	45	4	23	9	81

### CASES ADDED TO THE REGISTER

New notifications 7  
Inward transfers 2

— 9 —

### CASES REMOVED FROM THE REGISTER

Recovered 2  
Died 2  
Outward transfers 2

— 6 —

# INCUBATION AND EXCLUSION PERIODS OF THE COMMONER INFECTIOUS DISEASES FOR SCHOOL CHILDREN AND SCHOOL STAFF

## PERIOD OF EXCLUSION

	Usual incubation period (days)	Interval between onset and appearance of rash (days)	PATIENTS	Contacts, i.e. the other members of the family or household living together as a family, that is, in one tenement.
<b>SCARLET FEVER</b> (and streptococcal sore throat) (Variants of the same disease).	2 — 5	1 — 2	3 weeks, plus 7 days after discharge from hospital or from home isolation. (Unless "cold in the head," discharge from the nose or ear, sore throat, or septic spots be present, which condition must be cured before return to school).	Children—no exclusion. Persons engaged in the preparation or service of school meals to be excluded until Medical Officer of Health certifies that they may resume work.
<b>DIPHTHERIA</b>	2 — 5	—	Until pronounced by a medical practitioner to be fit and free from infection.	At least 7 days. Return to school should not be permitted until bacteriological examination has proved negative.
<b>MEASLES</b>	10 — 15	3 — 4	10 days after the appearance of the rash if child appears well.	Children under 5 years of age should be excluded for 14 days from the date of appearance of the rash in the last case in the house. Other contacts can attend school. Any contact suffering from a cough, cold, chill or red eyes should be immediately excluded. A child who is known with certainty to have had the disease need not be excluded.
<b>GERMAN MEASLES</b>	14 — 21	0 — 2	7 days from the appearance of the rash.	None.

PERIOD OF EXCLUSION

PATIENTS

Contacts, i.e. the other members of the family or household living together as a family, that is, in one tenement.

	Usual incubation period (days)	Interval between onset and appearance of rash (days)	PATIENTS	Contacts, i.e. the other members of the family or household living together as a family, that is, in one tenement.
WHOOPING COUGH	7 — 10	—	28 days from the beginning of the characteristic cough.	Children under 7 years of age should be excluded for 21 days from the date of onset of the disease in the last case in the house. A child who is known with certainty to have had the disease need not be excluded.
MUMPS	12 — 28	—	7 days from the subsidence of all swelling.	None.
CHICKEN POX	11 — 21	0 — 2	14 days from the date of appearance of the rash.	None.
POLIOMYELITIS	7 — 14	—	At least 6 weeks Will usually require a much longer period for recovery	At least 21 days.
ENCEPHALITIS	4 — 30	—		
MENINGOCOCCAL INFECTION	2 — 10	—		
ALIMENTARY INFECTIONS (Enteric fever, dysentery, food poisoning).	—	—	Until declared fit by Medical Officer of Health or 6 negative stools for enteric and 3 negative stools for dysentery and food poisoning.	Contacts who have positive stools, though no illness should be excluded until stools negative (3 specimens).

**NOTE:—STAFF WHO DEVELOP OR ARE IN CONTACT WITH STAPHYLOCOCCAL INFECTIONS** likely to cause food poisoning, e.g. septic infections of the hands, forearms and face, should be immediately suspended from duty and not permitted to resume work until the Medical Officer of Health has stated that it is reasonably safe for them to do so.

### COMPARATIVE STATISTICS

	1952	1953	1954	1955	1956	1957	1958
Population	18,880	18,930	19,040	19,020	18,970	18,950	18,990
No. of inhabited houses	5,798	5,875	5,961	6,117	6,124	6,517	6,632
No. of live births	243	280	229	257	250	271	295
Birth rate (crude)	12.9	14.8	12.0	13.5	13.2	14.3	15.5
No. of still births	9	6	9	4	9	5	10
Maternal mortality	—	2	—	—	—	—	—
Infantile mortality rate	20.6	25.0	26.2	19.5	36.0	14.8	16.9
Infant mortality (No. of deaths)	5	7	6	5	9	4	5
No. of deaths (all ages)	223	233	239	251	222	201	234
Death rate (crude)	11.8	12.3	12.6	13.2	11.7	10.6	12.3

### INFECTIOUS AND OTHER NOTIFIABLE DISEASES, 1958.

Numbers of all cases of infectious and other notifiable diseases originally notified, and of the final numbers according to sex and age after corrections subsequently made either by the Notifying Medical Practitioner or by the Medical Superintendent of the Infectious Diseases Hospital.

Numbers originally notified Total (All Ages)	Scarlet fever		Whooping cough		Acute poliomyelitis				Measles (excluding rubella)		Diphtheria		Dysentery		Meningo- coccal infection	
	M	F	M	F	Paralytic		Non-Paralytic		M	F	M	F	M	F	M	F
	44	30	1	1	—	—	—	—	10	4	—	—	5	6	—	—
Final numbers after correction																
Under 1 year			1													
1— " "	1	1							2							
2— " "	3	1							1							
3— " "	3	1							2*					1		
4— " "	1	4							1	1						
5-9 " "	32	20		1					3	3			2	1		
10-14 " "	3	3											1	1		
15-24 " "	1								1						2	
25 and over																
Age unknown																
Total (All Ages)	44	30	1	1	—	—	—	—	10	4	—	—	3	5	—	—

Numbers originally notified Total (All Ages)	Ac. pneumonia		Smallpox		Acute encephalitis				Enteric or Typhoid fever		Paratyphoid fevers		Erysipelas		Food poisoning	
	M	F	M	F	Infective		Post-infectious		M	F	M	F	M	F	M	F
	4	3	—	—	—	—	—	1	—	—	—	—	2	—	4	3
Final numbers after correction																
Under 5 years																
5-14 years		1						1								
15-44 "	1														1	
45-64 "	2	1											1		2	1
65 and over	1	1											1			
Age unknown																
Total (all ages)	4	3	—	—	—	—	—	1	—	—	—	—	2	—	3	1

Numbers originally notified Total (All Ages)	Tuberculosis						Other notifiable diseases	Original		Final	
	Respiratory		Meninges & C.N.S.		Other			M	F	M	F
	M	F	M	F	M	F					
Final numbers after correction											
5-14 years											
15-24 "	1	1									
25-44 "		2									
45-64 "	1				1						
65 and over		1									
Age unknown											
Total (All Ages)	2	4	—	—	1	—					

Puerperal pyrexia	Ophthalmia neonatorum	Original		Final	
		M	F	M	F
—	—	—	2	—	—
—	—	—	—	—	—

INFECTIONS AND OTHER NOTIFIABLE DISEASES, 1954

Report of the Registrar General of Births, Deaths and Marriages for the year 1954

Disease	Number of cases	Number of deaths	Rate per 100,000 population	
			Number of cases	Number of deaths
Diphtheria	12	1	0.01	0.001
Scarlet fever	15	2	0.015	0.002
Whooping cough	18	3	0.018	0.003
Measles	25	4	0.025	0.004
Polio	30	5	0.03	0.005
Smallpox	35	6	0.035	0.006
Cholera	40	7	0.04	0.007
Bacillary dysentery	45	8	0.045	0.008
Shigellosis	50	9	0.05	0.009
Amoebiasis	55	10	0.055	0.01
Paratyphoid fever	60	11	0.06	0.011
Typhoid fever	65	12	0.065	0.012
Enteric fever	70	13	0.07	0.013
Salmonellosis	75	14	0.075	0.014
Shigella	80	15	0.08	0.015
Amoeba	85	16	0.085	0.016
Paratyphoid	90	17	0.09	0.017
Typhoid	95	18	0.095	0.018
Enteric	100	19	0.1	0.019
Salmonella	105	20	0.105	0.02
Shigella	110	21	0.11	0.021
Amoeba	115	22	0.115	0.022
Paratyphoid	120	23	0.12	0.023
Typhoid	125	24	0.125	0.024
Enteric	130	25	0.13	0.025
Salmonella	135	26	0.135	0.026
Shigella	140	27	0.14	0.027
Amoeba	145	28	0.145	0.028
Paratyphoid	150	29	0.15	0.029
Typhoid	155	30	0.155	0.03
Enteric	160	31	0.16	0.031
Salmonella	165	32	0.165	0.032
Shigella	170	33	0.17	0.033
Amoeba	175	34	0.175	0.034
Paratyphoid	180	35	0.18	0.035
Typhoid	185	36	0.185	0.036
Enteric	190	37	0.19	0.037
Salmonella	195	38	0.195	0.038
Shigella	200	39	0.2	0.039
Amoeba	205	40	0.205	0.04
Paratyphoid	210	41	0.21	0.041
Typhoid	215	42	0.215	0.042
Enteric	220	43	0.22	0.043
Salmonella	225	44	0.225	0.044
Shigella	230	45	0.23	0.045
Amoeba	235	46	0.235	0.046
Paratyphoid	240	47	0.24	0.047
Typhoid	245	48	0.245	0.048
Enteric	250	49	0.25	0.049
Salmonella	255	50	0.255	0.05
Shigella	260	51	0.26	0.051
Amoeba	265	52	0.265	0.052
Paratyphoid	270	53	0.27	0.053
Typhoid	275	54	0.275	0.054
Enteric	280	55	0.28	0.055
Salmonella	285	56	0.285	0.056
Shigella	290	57	0.29	0.057
Amoeba	295	58	0.295	0.058
Paratyphoid	300	59	0.3	0.059
Typhoid	305	60	0.305	0.06
Enteric	310	61	0.31	0.061
Salmonella	315	62	0.315	0.062
Shigella	320	63	0.32	0.063
Amoeba	325	64	0.325	0.064
Paratyphoid	330	65	0.33	0.065
Typhoid	335	66	0.335	0.066
Enteric	340	67	0.34	0.067
Salmonella	345	68	0.345	0.068
Shigella	350	69	0.35	0.069
Amoeba	355	70	0.355	0.07
Paratyphoid	360	71	0.36	0.071
Typhoid	365	72	0.365	0.072
Enteric	370	73	0.37	0.073
Salmonella	375	74	0.375	0.074
Shigella	380	75	0.38	0.075
Amoeba	385	76	0.385	0.076
Paratyphoid	390	77	0.39	0.077
Typhoid	395	78	0.395	0.078
Enteric	400	79	0.4	0.079
Salmonella	405	80	0.405	0.08
Shigella	410	81	0.41	0.081
Amoeba	415	82	0.415	0.082
Paratyphoid	420	83	0.42	0.083
Typhoid	425	84	0.425	0.084
Enteric	430	85	0.43	0.085
Salmonella	435	86	0.435	0.086
Shigella	440	87	0.44	0.087
Amoeba	445	88	0.445	0.088
Paratyphoid	450	89	0.45	0.089
Typhoid	455	90	0.455	0.09
Enteric	460	91	0.46	0.091
Salmonella	465	92	0.465	0.092
Shigella	470	93	0.47	0.093
Amoeba	475	94	0.475	0.094
Paratyphoid	480	95	0.48	0.095
Typhoid	485	96	0.485	0.096
Enteric	490	97	0.49	0.097
Salmonella	495	98	0.495	0.098
Shigella	500	99	0.5	0.099
Amoeba	505	100	0.505	0.1

HEALTH DEPARTMENT,  
10, STOCKWELL STREET,  
LEEK, STAFFS.

**CHIEF PUBLIC HEALTH INSPECTOR'S REPORT.**  
**To the Chairman and Members of the Leek Urban District Council.**

Mrs. Clowes and Gentlemen,

I have the honour to submit my twenty-fifth Annual Report being for the year 1958. The report is prepared in accordance with Circular 22/58 issued by the Ministry of Health.

During the early part of the year, all butchers were circularised drawing their attention to the risk of meat becoming contaminated when hanging. This met with a ready response and the meat was covered so that dirty clothing, shopping baskets and the hands of customers did not brush against the meat. Later in the year, many improvements were carried out at the slaughterhouse and the premises and fittings were painted, limewashed and generally brought up to a high hygienic standard, but whatever is done from the hygienic point of view will not materially alter the fact that the sooner the abattoir is removed from this residential district—the better. A suitable site for an abattoir has been reserved by the Council adjoining the new Cattle Market and it is very desirable for the abattoir to be moved.

Elsewhere in the report, details are given of the animals slaughtered and the meat and offals condemned. Very few of the ratepayers realise the time and energy expended in ensuring that the food and drink they consume is in all respects fit for consumption. This is all the more surprising considering they usually know what purchasing power their money has and generally insist on value for money, but relatively few are aware of the value they get for the rates they pay. During the year 748 visits were paid to the slaughterhouse for the purpose of examining meat intended for consumption. This averages 2.4 visits per day, excluding Sundays, and ranges from 8.15 a.m. to 9.0 p.m. on occasion. During a test period of five weeks it was found that forty-five hours were worked outside the normal office hours and therefore classed as overtime. No payment is made for overtime—indeed—no payment has been requested, but the ratepayers should know the efforts made on their behalf.

In trying to trace the reason why a local producer's milk was not up to standard as regards keeping quality, 5 bottle rinses were taken and submitted to the Analyst. As these proved satisfactory, the matter was referred to the Ministry of Agriculture, Fisheries and Food for their action, as they are now responsible for the production end of our milk supply.



I am particularly pleased to report that during the year we were successful in getting the pig styes, old stables and other ramshackle buildings demolished at Blackacres. These had been a constant source of nuisance and an ideal breeding ground for rats. We had to threaten proceedings but the owner did the work without a summons being taken out.

### **Clean Air Act :**

Early in the year, a Technical Officer of the D.S.I.R. (Department of Scientific and Industrial Research) came to Leek at my request and discussed the setting-up of deposit gauge stations and measuring apparatus for smoke and sulphur dioxide. As a result I submitted a special report to the Health Committee, recommending, inter alia, that two stations be set up for Standard Deposit Gauges and one "Daily Smoke Meter and Volumetric Smoke and Sulphur Dioxide Apparatus," be established at the Health Department.

This recommendation was accepted.

The remaining provisions of the Clean Air Act came into force on June 1st, 1958, and later in the year I submitted a proposal for a Smoke Control Zone. This was under active consideration at the end of 1958 and will be the subject of special mention in the report of 1959.

During the year, 9 stokers successfully completed a course of instruction in boiler house practice conducted by the National Industrial Fuel Efficiency Service and passed the examination.

### **Petroleum :**

As your petroleum officer, I drew your attention to Home Office Circular No. 91/1958 dated 7th August, 1958, which brought to our notice the conditions in respect of electrical equipment associated with petrol service pumps. As a result—letters were sent to 44 holders of petroleum licences pointing out the conditions and enclosing a questionnaire for return. The result of this action was that before the next licencing period *i.e.* 1st January, 1959, all the pumps affected were modified or replaced.

### **Rent Act, 1957 :**

Three applications were received from tenants for certificates of disrepair under the Rent Act, 1957. In each case, the owner gave an undertaking to execute the necessary work in the prescribed period.

### **Improvement Grants :**

There were 17 applications for Improvement Grants under the Housing Act, 1949, during the year, all of which were granted.

Finally, Mrs. Clowes and Gentlemen, I should like to avail

myself of the opportunity here presented to thank the Staff of the Department for their continued loyalty and co-operation.

J. ROWBOTHAM,

Chief Public Health Inspector.

## SECTION D.

### Public Conveniences :

There are 23 conveniences in the district, 12 for men and 11 for women. These were inspected as occasion demanded during the year. I repeat what I said in my last report that "It is deplorable that the public cannot use these premises more hygienically because on occasion the premises had to be specially cleansed as a result of misuse."

### Refuse Collection :

A seven day collection was maintained throughout the year and the refuse disposed of by tipping on the Barnfields site.

There were four motor vehicles engaged solely on the collection of house refuse and 4,019 loads were removed during the year.

### Salvage :

349 tons of cardboard and waste paper were salvaged and sold bringing in a total of £2,652. This is a very creditable performance and an extremely useful addition to the Council's income.

The following table gives in detail the sanitary inspection of the area:—

### Sanitary Inspection of the Town :

1. Premises cleansed and repaired .....	143
2. Drains tested .....	46
3. Drains reconstructed .....	9
4. Drains repaired .....	12
5. Drains cleansed .....	35
6. Water Closets cleansed .....	2
7. Water Closets repaired .....	7
8. Water Closets constructed .....	-
9. Flushing arrangements provided .....	-
10. Waste pipes altered or repaired .....	2
11. Rainwater pipes repaired .....	4
12. Roofs and gutters repaired .....	14
13. Additional ventilation provided .....	-
14. Additional light provided .....	-
15. Damp conditions remedied .....	9
16. Yards drained and paved .....	2
17. Dustbins provided .....	11
18. Fireplaces provided or repaired .....	3
19. Coppers provided or repaired .....	-
20. Cases -of overcrowding abated .....	4

21.	Accumulations of manure, etc., removed .....	11
22.	Smoke nuisances .....	25
23.	Cesspools cleansed .....	1
24.	Rooms disinfested .....	78
25.	Privies converted into water closets .....	-
26.	Staircases repaired .....	1
27.	Handrails provided .....	-
28.	Windows repaired .....	4
29.	Floors repaired .....	4
30.	Walls and ceilings repaired .....	9
31.	Food storage provided .....	-
32.	Water supply provided or repaired .....	1
33.	Sinks provided .....	-
34.	Doors repaired .....	-
35.	Back doors provided .....	-
36.	Walls pointed .....	4
37.	Chimney stacks repaired .....	3
38.	Other nuisances .....	15
39.	Septic tanks provided .....	-
40.	Houses connected to sewer and septic tanks abolished...	-
41.	Persons in need of "care and attention" .....	5
		<hr/>
		464

No. of preliminary notices served .....	55
No. of preliminary notices complied with, without the service of statutory notices .....	54
No. of statutory notices served .....	1
No. of statutory notices complied with .....	1
Proceedings in Court .....	-

#### **Details of other Inspections :**

No. of premises disinfected where notifiable diseases have occurred .....	17
Nuisances reported to Health Department .....	234
,, referred to other Departments .....	6
Inspection of Premises where nuisances were found .....	227
,, Premises where no nuisances were found .....	1
,, Factories .....	22
,, Slaughterhouses .....	748
,, Dairies, Milkshops and Farms .....	7
,, Bakehouses .....	18
,, Markets and Stalls .....	56
,, Food Premises .....	223
Re-inspections after complaints .....	569
,, under Housing Acts .....	313
	<hr/>
	2,441
	<hr/>

### **Tents, Vans and Sheds :**

The site provided by the Council has been well-maintained and is meeting a real need for those residents who cannot obtain houses or other more suitable accommodation.

A few caravans halted in the area for a duration of a day or two, but passed on and were not the subject of either nuisance or action.

### **Rodent Control :**

The Council employ one full time Rodent Operative for the destruction of Rats, Mice and other pests in business premises, private dwelling houses, public sewers and the Town Tip.

Details of the inspections and treatments are as follows:—

Private Dwellings :	225 inspections. 148 treatments. 927 visits.
Sewers :	2 maintenance treatments
3rd Party Premises :	91 inspections. 63 treatments. 244 visits.
Town Tip :	18 inspections. 13 treatments 71 visits.
Local Authority Premises :	27 inspections. 15 treatments. 95 visits.

The Council have 7 contracts with private firms for the eradication of rats, mice and other pests. These premises are visited periodically and appropriate action taken where infestations are found.

### **Shops Acts :**

Four warnings were given during the year for breaches of the Shops (Hours of Closing) Act. No proceedings were instituted.

### **Factories Acts 1937/1948 :**

Number of premises on register .....	166
Number of inspections during the year .....	22
Number of cases in which defects were found .....	4
Number of cases in which defects were remedied during the year .....	3

## SECTION E. HOUSING

Action under our Slum Clearance Scheme again occupied a large portion of our time, 605 visits were made during the year to property dealt with under the scheme.

One Clearance Area was declared in Prospect Road—a total of 12 houses.

Action under the Housing Acts was taken in respect of 11 Individual Unfit Houses situated in Clerk Bank, Mill Street, Abbey Green Road and Regent Street.

During the year 35 houses were demolished, 28 in Clearance Areas and 7 Individual Unfit Houses.

Up to the end of 1958, eleven areas had been declared "Clearance Areas," with a total of 105 dwellings. A further 39 houses were dealt with as "Individual Unfit" properties. This gives a total of **144 units**. In addition 25 dwellings were demolished after acquisition by the Council without statutory action under the Housing Acts thus bringing the total up to **169** out of a programme of **450**.

Your officers are not complacent about this rate of progress and unless the tempo is rapidly increased, our target of a total clearance of 450 unfit properties will not be achieved in the 5 year period.

### House Letting :

During the year 126 families were re-housed, 49 in connection with the Slum Clearance Scheme. During the same period, the Housing Committee agreed to 49 families exchanging their accommodation for other, more suitable to their needs.

Private interviews were granted to 784 persons who wished to discuss their housing problems.

On the Housing Applications Register at December 31st, 1958 there were 479 applicants for houses and flats and 160 for bungalows, and a further 147 applications had been deposited and were awaiting the expiration of the qualifying period of 9 months.

It should be put on record that during the year, as previously, the Housing Committee have dealt with the task of tenant selection in a most humane way and the countless hours the members of the Committee have devoted to this work is worthy of the highest praise.

## SECTION F.

### Milk and Dairies Regulations, 1949 :

The register under this Regulation is made up as follows:—

- 49 persons registered.
- 49 as retail purveyors.
- 45 as retailers of bottled and sterilized milk.

### Food Samples :

19 samples of Ice-Cream were taken with the following results:—

19 Grade I, 0 Grade II, 0 Grade III, 0 Grade IV.

6 samples of other foodstuffs, including frozen eggs, vinegar, artificial cream and meat products were taken, the results of which were satisfactory.

### Food Inspections :

No. of inspections ..... 54

#### FOODSTUFFS CONDEMNED :

Assorted foodstuffs .....	145 tins
Pressed beef .....	8 lbs.
Pork .....	15 lbs.
Processed cheese .....	16 pkts.
Potatoes .....	9 cwts.
Jam .....	20 jars
Vinegar .....	6 bottles
Apples .....	4 boxes

### Food Premises :

Cafes and Restaurants .....	14
Butchers (including pork butchers) .....	24
Ice-Cream Vendors .....	64
Grocers .....	78
Fishmongers .....	5
Greengrocers .....	14
Bakehouses .....	7
Fish and chip shops .....	13
Confectioners .....	19

## MEAT.

There was only one slaughterhouse in use during the year and 748 visits were made for the purpose of inspection.

The number of carcasses inspected was 9,548 comprising 1,056 Prime Cattle, 388 Cows, 28 Calves, 5,538 Sheep and Lambs and 2,538 Pigs.

14 whole carcasses and the following organs were found to be unsound or diseased and were condemned as unfit for human consumption.

**Carcases and Offal Inspected and Condemned in whole or in part :**

	Prime Cattle	Cows	Calves	Sheep and Lambs	Pigs
Number killed .....	1056	388	28	5538	2538
Number inspected .....	1056	388	28	5538	2538
ALL DISEASES EXCEPT TUBERCULOSIS AND CYSTICERCII:					
Whole carcasses condemned .....	—	—	2	—	6
Carcases of which some part or organ was condemned .....	94	77	—	106	84
Percentage of the number inspected affected with disease other than Tuberculosis and Cysticerci .....	8.9%	19.85%	7.16%	1.77%	3.31%
TUBERCULOSIS ONLY:					
Whole carcasses condemned .....	1	3	—	—	—
Carcases of which some part or organ was condemned .....	53	58	—	—	82
Percentage of the number inspected affected with Tuberculosis ...	5.02%	14.95%	—	—	3.22%
CYSTICERCOSIS:					
Carcases of which some part or organ was condemned .....	1	1	—	—	—
Carcases submitted to treatment by refrigeration .....	1	1	—	—	—
Generalised and totally condemned .....	—	—	—	—	—
Percentage affected by Cysticercus Bovis ...	0.095%	0.26%	—	—	—

**Table showing number of Carcasses condemned with causes of condemnation :**

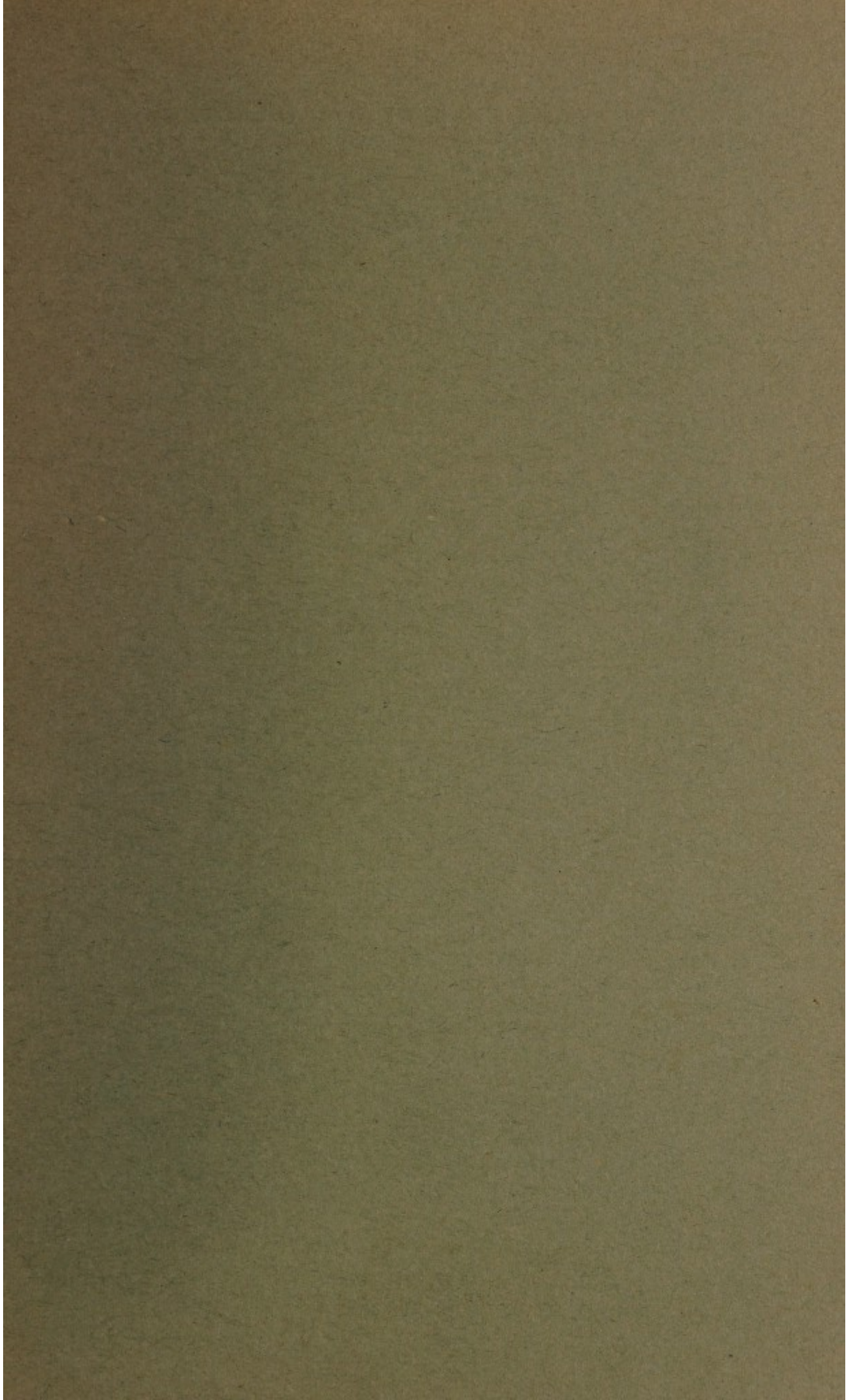
	CATTLE			SHEEP		
	Whole carcase and all offal	Quarters Hind Fore	Meat	Whole carcase and all offal	Meat	
TUBERCULOSIS: ...	4	—	—	370 lbs.	—	—
INJURY: .....	—	—	—	715 lbs.	—	—
CYSTICERCUS BOVIS: 2	—	—	—	—	—	—
	—	—	—	—	—	—
Total .....	6	—	—	1085 lbs.	—	—
	—	—	—	—	—	—
		CALVES		PIGS		
SEPTIC CONDITIONS: 1	—	—	—	3	—	
EMACIATION: .....	1	—	—	—	—	
INJURY: .....	—	—	—	20 lbs.	60 lbs	
OEDEMA: .....	—	—	—	1	—	
MULTIPLE ABSCESSSES: —	—	—	—	1	—	
LEUKAEMIA: .....	—	—	—	1	—	
	—	—	—	—	—	
Total .....	2	—	—	20 lbs.	6 60 lbs	
	—	—	—	—	—	



**Table showing number of Organs condemned with causes of condemnation :**

	CATTLE	CALVES	SHEEP	PIGS
<b>LUNGS :</b>				
Tuberculosis .....	65	—	—	19
Pneumonia .....	1	—	—	24
Pleurisy .....	3	—	—	—
Parasites .....	6	—	28	—
	—	—	—	—
Total .....	75	—	28	43
	—	—	—	—
<b>LIVERS :</b>				
Tuberculosis .....	10	—	—	9
Angioma .....	14	—	—	—
Abscesses .....	35	—	—	—
Cirrhosis & Necrosis .	29	—	—	26
Fatty Degeneration ..	4	—	6	2
Distomatosis .....	71	—	85	—
Cysts .....	7	—	—	—
Adhesions . . . . .	3	—	—	—
	—	—	—	—
Total .....	173	—	91	37
	—	—	—	—
<b>HEADS AND TONGUES :</b>				
Tuberculosis .....	51	—	—	63
Actinomycosis .....	5	—	—	—
Abscesses .....	1	—	—	—
	—	—	—	—
Total .....	57	—	—	63
	—	—	—	—
<b>PLUCKS :</b>				
Parasites .....	—	—	15	11
Pneumonia .....	—	—	—	13
	—	—	—	—
Total .....	—	—	15	24
	—	—	—	—

All the meat and offals condemned are stained green with an indelible dye and then removed for processing into fertilizers.



Fred Hill, Leek