LEEDS DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2016

Dr Ian Cameron

1866 – 2016

150 years of Public Health in Leeds - a continuing story of challenges

2016 marks the 150th anniversary of the first Medical Officer of Health in Leeds. From the Victorian and Edwardian eras, through two world wars, the creation of the National Health Service and up to the present day – each Medical Officer of Health or Director of Public Health has had to deal with the public health challenges of their own time.

Dr Cameron tells that story using the Annual Reports of his predecessors.

Using the Annual Reports of the Medical Officers of Leeds we look at the periods:

- 1866 -1913
- The First World War
- 1919 – 1947
- 1948 – 1973
- 1974 – 2002
- 2003 onwards

We start by asking what Public Health is. The definition used in Leeds and much more widely is this:

"Public Health is the science and art of preventing disease, prolonging life & promoting health through the organised efforts of society." **Sir Donald Acheson, Chief Medical Officer, 1988.**

The key words are '*prolonging life […] through the organised efforts of society'*. It wasn't always like this.

In the early days of Queen Victoria reign, from 1834, politicians' priorities were based on a doctrine of laissez - faire and they aimed to:

•defend the kingdom

•administer the law

•keep taxes as low as possible

This certainly wasn't about protecting the health of the population.

However, things started to change in the 1840s and 1850s. It was helped when, in 1858, a hot summer turned the open sewer of the River Thames into the "Great Stink".

The smells engulfed the Houses of Parliament

and scared the politicians and local population. This helped persuade politicians of the need to have the will and find the money to protect the health of the population.

Leeds in the 1860's was a thriving and dynamic town. It had an expanding industrial landscape of mills, factories, foundries and dye works – with appalling work place experiences and squalid living conditions – and smoke, smoke and more smoke!

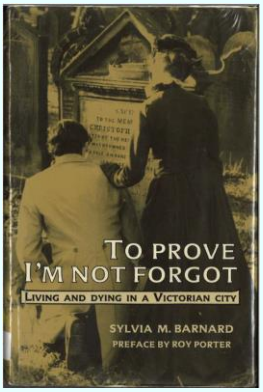
There were a series of highly critical national investigations by the Privy Council into Leeds with "it's incredibly widespread nuisances and lax administration"

In 1866 Sir John Simon – in effect the Chief Medical Officer of the time – prepared a report which Leeds Council tried to suppress. Not only did Sir John Simon publish the report, but he highlighted the efforts made to obstruct publication. He stated that the town presented:

"a surprising sight, bringing to remembrance the conditions of many English towns of twenty years ago! The public health provision is in proportion to the importance of the town perhaps the worst of which has come to the knowledge of the department"
Sir John Simon, Privy Council, 1866

1866 Dr M. K Robinson appointed as Medical Officer of Health for Leeds

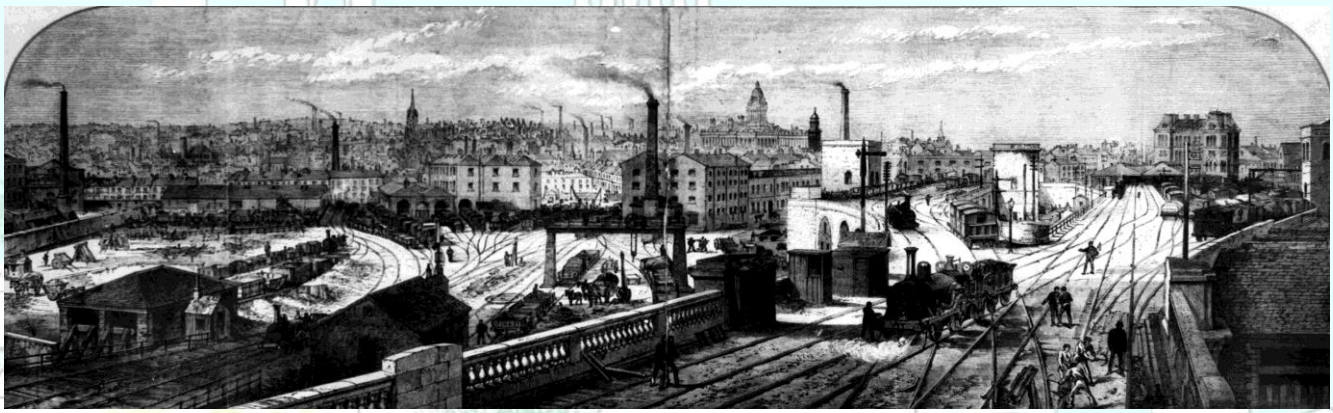
Following his damning indictment of the situation in Leeds, Dr Robinson was appointed as the first Medical Officer of Health for Leeds in 1866. (Liverpool, in contrast, had appointed the world's first Medical Officer of Health in 1847.) The 1870 infant mortality rate was 218 per 1000 live births – more than one in five dying before they reached their first birthday. That made up around 30 per cent of the deaths in Leeds at the time.



Through the 1875 Public Health Act Medical Officers of Health had to be appointed and write an Annual Report. However, Leeds Medical Officers of Health had started producing Annual Reports before that.

Dr Robinson left in 1873, beating 73 other candidates to the post of Medical Officer of Health in East Kent. The salary was £800 per year, compared to the £500 per year he had in Leeds. In contrast Knaresborough was £60 per year – but only had 5,402 people!

1873 Dr George Goldie appointed as Medical Officer of Health for Leeds – the baton is



passed on and infant mortality has slightly improved. The rate is now 194 per 1000 live births.

It is worthwhile to consider the priorities for Dr Robinson & Dr Goldie and what they thought most important.

At that time there was a classification of what were referred to as zymotic diseases – and there were actually 22 categories. Zymotic diseases (from the Greek word ζυμοῦν zumoûn "to ferment") is a 19th-century medical term for acute infectious diseases, especially "chief fevers and contagious diseases".

The seven principal zymotic diseases (or the most infectious diseases) were deemed to be:

- Scarlet Fever
- Diarrhoea
- Measles
- Fevers (including typhus & enteric fever)
- Small pox
- Diptheria
- Whooping Cough

So with infant mortality causing around 30 per cent of all deaths in Leeds, across all ages about 20-25 per cent were zymotic diseases with the seven listed causing 90 per cent of those deaths. Bronchitis and pneumonia caused 20 per cent of all deaths, followed by Tuberculosis at 13 per cent.

What was thought to be the cause of infections? Not just in Leeds, but more generally, there were two explanations at the time that divided the medical community:

1. Miasma
The belief that there was a poisonous vapour filled with particles from rotting plant and animal matter, filth and decay. "Bad air", "bad smells" affected those within a locality. This was actually the theory Florence Nightingale believed in.

2. Contagion
This theory thought fermentation generated organic poisons from rotting plant and animal matter, filth and decay that could be transmitted by physical contact of people or articles.

Which cause did Dr Robinson & Dr Goldie believe in?

The answer was both– and it depended on the disease.

Diptheria - They clearly thought it was the miasma theory:

"Every one of the cases were traceable to polluted atmosphere, arising either from filth accumulations or defective drainage." **Dr George Goldie 1877**

Scarlet Fever – again, the miasma theory:

"A town girded around with polluted rivers and becks or streams and closely besplattered with foul old ashpits. Leeds is a town whose subsoils are saturated with the oozing or percolations from those undrained ashpits. Those organic percolations have found their way by subsidence into the lower levels of the town and produce their effects during epidemic times. Such, in my opinion, is the true history of our protracted and violent epidemics of scarlet fever." **Dr George Goldie 1877**

Smallpox – here we see the contagion theory, which they both believed and as Dr Robinson gives a commentary which explains:

"This will illustrate the general mischief occasioned by disregard to the communication of the disease. A woman went from Leeds to Wakefield to nurse a man suffering from small

pox, this man died and the woman brought the bed home with her on what the man had laid to Duce Square Wortley and on it placed the Child of a man who was lodging with her: this child very soon suffered from smallpox as did two other men and a woman frequenters of the house." **Dr Robinson 1871**

Dr Robinson despaired that the clothes of those who had died were being sold on to neighbours and others.

So if this was what they thought, what actions did Dr Robinson and Dr Goldie take?

They had three priorities:

1. Tackle insanitary conditions
2. Stop the spread of infection
3. Education

But in reality their actions were determined (and limited) by both the law and by political will. They wanted to tackle a range of problems:

- Tackling insanitary conditions
- Clearing slums, stopping back to backs being built, reduce overcrowding.
- Dealing with human waste.
- Rubbish disposal, gully cleaning.
- Improving the water supply.
- Reducing smoke.
- Improving slaughterhouses, bake houses, dairies, milk sheds.
- Dealing with adulterated food and drugs.
- Dealing with slums

While Dr Robinson and Dr Goldie wanted slums to be cleared, but progress was slow and between 1870 and 1885 only 247 houses and 67 cellar dwellings had been demolished. Also, back-to-backs continued to be built, so there was limited progress.

Dealing with human waste was a major challenge and in 1883 a detailed survey detailed that there were:

- 22,279 common privies
- 19,701 privy middens
- 15,889 ordinary water closets
- 5,480 troughwater closets
- 3,492 pail closets
- 9,861 ashpits/ashtubs
  And 949 privies were converted

In 1887:

- 14,991 ash pits were emptied with 43,307 tons of manure and rubbish.

Improving the water supply was a challenge. When Dr Robinson came to Leeds in 1866, there were said to be 50 dead animals a day fished out of River Aire.

In 1884 a range of industries and other activities discharged into the River Aire, including 26 tanneries, 23 dye works, 41 sewers, 439 offensive drains. Dr Goldie was very pessimistic about what could be achieved for improving the water supply. He said that this was:

"A more difficult question than sewer gas. Commerce would be crippled, workmen thrown out of work, and poverty would be the result." **Dr Goldie 1884**

When it came to smoke, despite any wishes Dr Goldie and Dr Robinson may have had, legislation made it difficult. Progress was limited as laws expressly stated that industries: "shall not receive any troublesome interference from Sanitary Authorities" **Dr George Goldie 1877**

Slaughter Houses

In 1877 there were 189 slaughter houses in Leeds. Dr Goldie described very graphically wading through blood and how the animals are treated and wants a more humane way of killing than using a hammer.

Stopping the spread of infection

For example in 1883:

- 340 people removed to hospital
- 1281 houses disinfected
- 3199 houses limewashed
- 29054 Infected articles, bedding clothing disinfected
- 101 beds burnt

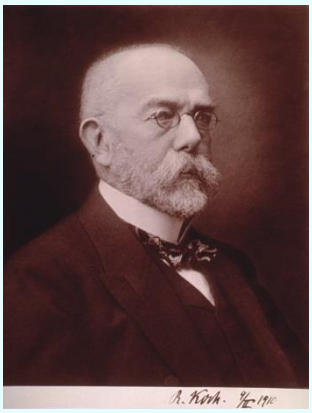
A publication from the time describes homes in slums filled with Irish people having infected material being taken on pitchforks and burnt.

Education

There was more pessimism around education and the slow progress made. "There is a grave amount of popular ignorance and conceit yet to be overcome by erudite administration of Public Health affairs. Much has been promised but little accomplished, in this direction." **Dr George Goldie, 1878**

A quote which could have been made in many eras: "The question invariably loses headway as soon as the pounds and shillings and pence element comes to be looked at."
However, Dr Goldie retained a sense of optimism and said in 1877: "I am sorry that I have so far failed in getting my recommendations put in the shape of law but I am far from disheartened. The time will be

when the public will be with me on this matter"



The 1870s saw a breathrough when, in 1876, Robert Koch identifies the bacterium that causes anthrax. The miasma theory has been diproved and other bacteria were discovered in coming years:

1880 Typhus
1882 Tuberculosis
1883 Cholera
1884 Diptheria

Now the germ theory is proved and the miasmic theory disproved but did the views of Dr Goldie change?

The answer is yes and no. By 1885 Dr Goldie has changed his mind about Scarlet Fever and puts "almost all cases" down to infection from direct communication of the affected with healthy persons. However Dr Goldie had not changed his mind on diphtheria. "The history in these two cases is, as usual, back drainage and accumulation of offensive matters." **Dr George Goldie 1885**

"The mysterious and occult operations of sewer gas have formed the text of many able discussions and the bitter recollections of many bereaved families."
Dr George Goldie 1884

Dr George Goldie resigns in August 1889. While it is not clear why, he had been criticised in the British Medical Journal in 1877 over his statistics and he'd provoked controversy in Leeds over his views on sewer smells. Perhaps his views did not chime with what would be a very different council regime. The views about dirt and controversial remarks about sewer gas and press coverage

"I am still struck afresh with the seeming contentment that many people have in producing filth and then living their whole lives in it….. spend their days in adding layer upon layer of filth until they become encased in their armour of black mail. Such people soon succumb to infectious disease."
George Goldie 1884

"I attribute much of my own good health and escape to infectious diseases to two principles which I never allow be violated, strict personal cleanliness and I sleep with bedroom window (lower sash) completely up during six months out of twelve."
George Goldie 1885

are out of date and the out of place. He was out of sync with the times. So he moved on and the baton is passed to the next Medical Officer for Health.

1890 Dr J. Spottiswoode-Cameron appointed as Medical Officer of Health for Leeds

The 1890 figures for infant mortality are 172 per 1000 live births.

Dr Spottiswoode-Cameron is to be the city's Medical Officer for Health from 1890 to 1914. He is a very different person, which you can see from his reports.
He is a much stronger manager, makes significant progress sorting out ward level statistics, but faces the same problems as his predecessors.

- Period coincides with a different council regime and change – slum clearances,

education, water supplies, re-planned city centre, electricity, tramways.

• Same sanitary priorities as before but stronger management, more staff, more detail.

• Immediate improvement in the quality of ward level statistics and detailing inequalities

• Recognition of TB as the most fatal infectious disease.

He knows housing is still a big problem.

• Concern over housing “small courtyards are so completely surrounded by houses that the people may be said to be living at the bottom of wells”. 73 per cent condemned (1899)

• Concern over poor quality of new housing (69 per cent - 1899)

• Greater focus on workshops, including where women work

• Outbreaks continue: a measles outbreak in 1891 led to 262 deaths

• 1902 Two breweries were found to have arsenic in their beer and almost all lemonade samples have lead or copper!

Then in 1913 Dr Spottiswoode-Cameron becomes ill and leaves. With his departure and the departures of Dr Robinson and Dr Goldie we end an era – described as the “heroic age”. Those images of Medical Officers of Health in the Victorian and Edwardian era dealing with unimaginable insanitary living and working conditions, coupled with huge numbers of deaths from infectious diseases - all apply to Leeds.

1914 sees the start of a new era as Dr William Angus receives the baton and is appointed as Medical Officer of Health for Leeds. By now, infant mortality is at 124 per 1000.

Under Dr Angus there is immediately a greater emphasis on maternal and infant welfare. However he has a problem – in Leeds the majority of midwives are untrained, supplementing family income with occasional care – “seen as on a par with laundry work or plain sewing.” Only 39 per cent of births are attended by a midwife. You can get a flavour of what is was to be a midwife when you know that after attending puerperal fever cases the midwife, her clothes, her maternity bag were all disinfected by a women inspector.

Smallpox outbreaks continue, with 1911 seeing 154 deaths from 1165 cases and 1915 seeing 51 deaths from 402 cases.

Then in 1918 Spanish flu, the influenza pandemic, hit Leeds as it hit the rest of the world. Over 1918/19, there are three waves, each lasting about 8 weeks. There are just under 2,100 deaths and it is a classic pandemic with these deaths across all ages, including people who were 'in the prime of life”.

The influenza pandemic caused schools to be closed, Sunday schools to be closed. Children under 13 years could not go to the cinema or theatre. Hospitals were overwhelmed. Mission Chapels were opened to store the dead. There were not enough coffins and graves couldn’t be dug in time. In one crowded slum house, three bodies lay uncollected for ten days.

Added to this, there was a measles outbreak over 1917/18 causing 694 deaths. The worst outbreak since 1893, almost all the victims were under the age of five years. It must have been a grim time.

There would be another victim of World War One – and that would be Dr Angus himself. He went to Egypt with the Royal Army Medical

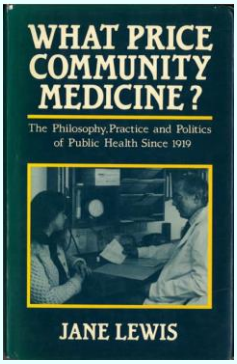
Corps and focused on work on malaria. He came back to Leeds and suddenly died in 1919 and the cause was his overseas work.

So 1919 sees the baton passed on to Dr J Johnstone Jervis who is now appointed as Medical Officer of Health for Leeds. The infant mortality rate has got worse at the end of World War One than it was before the war started.

In 1919 infant mortality was 135 per 1000. This is the only time the rate goes up.

What price community medicine?

I read this book by Jane Lewis when I came into Public Health – it was a highly critical account of public health from 1919 to 1986. I'm going to assess whether those criticisms were justified for Leeds.



Johnstone Jervis was Medical Officer of Health for the period from just after World War One until just after World War Two.

In his long career Dr Johnstone Jervis was a "builder". His staff increased from 77 to 514. His headquarters eventually increased to three floors at 12 Market Buildings on Vicar Lane. He created a state medical service for Leeds, and believed, as many Medical Officers of Health did, that the new National Health Service should come under the Local Authority. When he retired his successor praised his work to develop a health service for Leeds. Over the years a number of his staff go on to become Medical Officers of Health elsewhere.

Dr J Johnstone Jervis' MOH reports were each around 300 pages and cover a huge range:

- Demography – deaths, births
- Infectious diseases
- Municipal Hospitals – medical, surgical, children, mental wards, convalescent, maternity and child welfare
- Food – slaughterhouses, milk dairies, animal diseases, food preparing places, food and drugs, meat
- Sanitary – water, rivers, sewage, sanitary inspection (lodging houses, cellars, tents, vans), canal boats, rat suppression, pig keeping, factories, workshops, smoke abatement, rag flock, disinfection, mortuaries
- Housing – overcrowding, verminous, unhealthy areas
- Health education and propaganda

In 1934 Dr Johnstone Jervis created a lay Chief Sanitary Inspector rather than being the Deputy Medical Officer as previously. "Old arrangement was out of date and wasteful". He has no time for Poor Law hospitals. Dr Johnstone Jervis was highly critical: "the present system is failing. Hospital provision is inadequate but the poor law hospitals are practically empty" (1924). Poor Law hospitals transferred to Local Authorities on April 1st 1930. Leeds Council then reverses a decision for these to come under Dr Johnstone Jervis and instead goes under the Public Assistance Committee. However, this is not the end of the matter as far as Dr Johnstone Jervis is concerned.

Poor Law Hospitals meant there was a cliff hanger to the 1933 MOH Report. Dr Johnstone Jervis writes at the end of the report that the Ministry of Health has undertaken a survey of the health services in the city including the Poor Law hospitals, but the report findings are not in the time scale of the 1933 report, so readers had to wait for the next years MOH report!

As he says: "The great event of the year was the transference on Oct 1st of the Hospitals (St James, St Mary's, St George's) from the Public

Assistance Committee to the Health Committee. Thus has come to pass…. What I have longed hoped and worked for."
And importantly that it: "Marks the first step in the evolution of the greater scheme of the unification of all the municipal medical services" and I look forward to further developments in this direction."
Dr Johnstone Jervis 1934

The next thing we see is the centralisation of the ambulance service, previously in different parts of the council, coming under the control of the MOH. I like it when he says:
"Centralisation of the municipal ambulance service has been in the mind of the Health Committee for years and I am happy to say is now about to materialise"

I'm not sure if it *has* actually been on the mind of the health committee, but it has certainly been on the mind of Johnstone Jervis! We also see a change from horse drawn ambulances to motorised ones. However, they had to keep the horse drawn ones, as the motorised ones kept breaking down!

Dr Johnstone Jervis was a man of many and wide ranging opinions, for instance:

On smoke: "men on the (railway) foot plates had no knowledge of fuel economy or proper stoking" **1922**

TB Sanatoria: "patching up lives which are broke and hopeless merely in order that they may continue to spread the infection…. surely a better way is to let these cases die out, the sooner the better. **1922**

Dr Johnstone Jervis has strong views on cremation. While Lawnswood crematorium opened in 1905, by 1924 the number of cremations had only reached 24. He said:
"Cremation besides being the most rapid, the most effective and most reverent, is also the cheapest form of sepulchre. No other alternative method which satisfies the laws of Public Health"

In 1925 he said: "The time must come when this will be imposed upon each citizen as a duty… the sooner that time arrives the better." And then by 1934 "Progress slow but right direction" and was up to 71.

One of his more 'interesting' quotes is:
"Beware the man whose advice is of the negative order "don't eat this or don't drink that". He is usually a crank or a charlatan."
1926

He also records the end of the Second World War: "The most outstanding event of the year and the one that gave the greatest cause of thankfulness and rejoicing was of course the victorious termination of the war. Who will forget the thrill of the moment when the lights went up after six years of darkness."
Prof Johnstone Jervis 1946

That year also sees the creation of the NHS with the National Health Service Act 1946. Johnstone Jervis, by now a professor, firmly believed in a state medical service, but wanted to see the council running things rather than central government. But central government didn't trust councils to run things and were under pressure from GPs. The creation of the NHS meant local authorities lost: Hospitals, Sanatoria, Clinics (except maternity and welfare).

So how did Prof Johnstone Jervis react? In his Presidential address to Society of Medical officers of Health in 1946 he stated:
"The handing over to one's rivals, who for years had been coveting the vineyard we have tilled and planted with such care, of the best parts of the territory was not likely to be received with favour much less with joy. For the fruits of years of toil and thought to be handed over to those who contributed little or nothing towards their production, who indeed

had even at times obstructed and opposed the work was a bitter pill to swallow."
In his last report, Professor Jervis reflected on the fall in infectious diseases and considered the fall in the death rates for tuberculosis as the "greatest achievement of preventive medicine in this country highlight of our public health effort".
He has worked hard to tackle TB and also looks to the future.
"The new Act certainly represents a great and important experiment in social medicine and it will be interesting to see how it works in practice. If the term "social medicine" has any significance…" **Prof Johnstone Jervis 1946**

What did Johnstone Jervis think of 'Social Medicine' – a concept developed by academics who saw public health departments as old fashioned and lacking in a scientific base? Social medicine wanted a broader approach than environmental and personal health services, to include all aspects of nature and nurture, medical sociology and, all diseases not just infections.

Although Prof. Johnstone Jervis was up to date with all the new thinking, he was critical of social medicine because:

- It was vaguely defined
- Lack of practical application
- Environmental hygiene relegated to "only a minor place"

This was the end of another era. The period between the wars has been described as a "golden age" for public health, with Chief Medical Officer Sir George Godber describing Professor Johnstone Jervis as "one of the great figures between the wars" and I believe that that accolade was deserved.

1947 sees Dr IG Davies arrives from Hertfordshire and is appointed as Medical Officer of Health for Leeds. The baton passes again and in 1947 the infant mortality rate is 51 per 1000.

He was very clear about his role:

"The Local Health Authority has been given a new direction for the future – that of medico-social care, including the prevention and after care of illnesses both of mind and body." **Dr Davies 1948**

The council still had many roles to fill following the NHS Act 1946 and Dr Davies retained responsibility for:

- Care of mothers/children
- Domiciliary midwifery
- Health visitors
- Vaccination and immunisation
- Home nursing services
- Domestic help
- Ambulance service
- Prevention of illness, care & after care (Health education, venereal disease, medical social work, medical health services)

For the next 10 years, the emphasis is on developing and co-ordinating personal health services, under the NHS Act and other legislation. This included developing new health centres, plus the School Medical Service is under Dr Davies.

Interestingly, the work of the Chief Sanitary Inspector develops separately and now feels 'added on' to the MOH reports. Where it was integrated before, there is now a clear divide between what could be called medical social services and the work of the Chief Sanitary Inspector.

On leaving, Dr Davies is praised "for implementing the Council's new services and for the efficiency of those services." In his new role in the Ministry of Health he does very well.

Dr D B Bradshaw takes the baton in 1958, and appointed as Medical Officer of Health for Leeds with more good progress on infant mortality with 26 per 1000.

The new era sees a continued focus on personal health services – and a wide range of activity (using the terms of the time) for which he was responsible:

- Mother/child: ante-natal, post-natal, cervical cycology, social care, congenital malformations, dental, food and dietary supplements, special care, day nurseries
- Midwifery, health visitors, home nursing, vaccination and immunisation, ambulance service
- Prevention, care and after care (venereal disease, medico-social work, convalescence, chiropody, health education and publicity)
- Home help
- School health service (including ophthalmology orthopaedics, chiropody, speech, handicapped - blind, speech, epilepsy, sight, hearing, delicate, diabetic, educationally sub normal, maladjusted, physically handicapped.
- Mental health services – day centre, occupational health, rehabilitation, social workers, supervision, guardianship

There are still a large number of staff and by 1960 his team included 28 lavatory attendants and one lavatory cleaner!

Cancer

Medical Officers of Health across the years were concerned with the rise in deaths from cancer as these quotes show:

1915 “In spite of continued research the cause of cancer is still obscure and no cure has been found”
1927 “Cancer is one disease which stands defiant of public health measures… meanwhile what can a public health worker do?”
1945 “The continued rise with the number of deaths from cancer… a large proportion 50-65 yrs old”
1946 “so far the cause of cancer has eluded… the possibility of prevention is remote”

We know Doll and Hill made the link between smoking and cancer and there was a very famous report from the Royal College of Physicians about that link. So how did Leeds respond? Actually, the health education response was weak and limited.

In 1962, in response to the Royal College of Physicians report on Smoking, the Health Committee agreed to purchase and distribute publicity material including in schools.
1963 saw a film being lent to schools on smoking and health, but there were problems with school involvement.
1964 had the British Temperance Association approach Health Committee and an anti-smoking clinic set up. 300 attend, with 40 per cent still not smoking at six months.
1966 saw “No special campaigns were carried out but information supplied on request” and 1968 “No health education activities” were reported.

When Johnstone Jervis left, he saw health education as very important, but his successors clearly did not prioritise it.

The public image of the various elements of health in this era is nicely shown in the figure of Dr Snoddie - the obstructionist and dreary public health doctor who was a Scottish equivalent to a Medical Officer for Health - in the BBC series, Dr Findlay’s casebook.

The episode The Red Herring, which can be found on Youtube, concerns possible salmonella from an infected water well. There is a stark contrast between the dynamic, caring GP, Dr Findlay and the slow and bureaucratic Dr Snoddie. Not a positive image for public health!

By this time academics felt public health had lost its way and could not be defended. It seemed to have settled into co-ordinating and administering community services. They were no longer seen as a watchdog or spokesperson of the people's health. Environmental health officers, GPs and social workers were critical. Services under the MOH were being removed, such as social services and convalescent services. Academics felt that public health departments could not be defended and there had to be change.

In my view the criticisms of public health in What Price Community Medicine are valid for Leeds.

The growing pressure for change, culminated in 1968 with the Seebohm Report – creating of social services and a Green paper on re-organisation of NHS. The Todd Commission on medical education sets out a future of Community Medicine & Community Physicians and it all leads to a major 1974 NHS re-organisation.

The 1974 changes were the end of an era:

- Medical Officers of Health are no more
- Staff/services transfer to NHS
- Environmental Health stays in the Council
- No more Annual Reports

You get a sense of things when **Dr Welch, the Acting Medical Officer for Health of the time**, said there was: "Growing uncertainty about their personal future."

However, 1974's infant mortality figures still show improvement at 23 per 1000.

The period from 1974 to 1986 is described as "A period of disillusion". The NHS was running things and struggled for funding. The changes and issues faced by public health included:

- Medical Officers of Health being moved to the NHS as Area Medical Officers, District Community physicians.
- Not enough thought being put into how it would work.
- Tensions between the roles as specialists and advisors, and their role as managers.
- Loss of responsibility, loss of staff, lack of influence, skill gaps.
- The changes were wrapped up into wider NHS cost pressures and NHS bureaucracy.
- There was a loss of focus on prevention and instead focus was placed on problems of hospitals and planning for health care.
- Different views on prevention caused problems anyway – with theories and ideas about personal and environmental health services (as before), lifestyles and broader determinants.
- The community was now seen as an entity for study, rather than as a working partner.

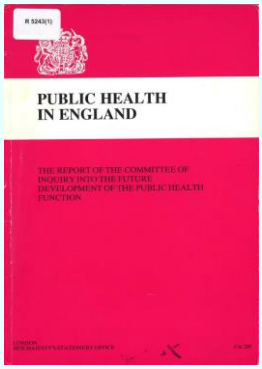
In 1974 the NHS re-organisations and changing job titles saw **Dr A W McIntosh as Area Medical Officer for Leeds Area Health Authority.**

1982 saw the city split in two, with **District Medical Officers Dr W J Green for Leeds Eastern District Health Authority and Dr S R W Moore for Leeds Western District Health Authority**.

Jane Lewis in 'What Price Community Medicine' 1986, concluded:

"There is little to rejoice over in respect to the current state of community medicine"

At the same time that the gloomy conclusion to 'What Price Community Medicine' was published, the government launched an inquiry into the future of Public Health led by Sir Donald Acheson, the Chief Medical Officer. This important report relaunched public health – and brought back Annual Reports.



The background was a disastrous handling of a salmonella outbreak at Stanley Royd Hospital which led to many deaths. Also there were new infectious diseases - with a legionnaires' disease outbreak at Stafford which led to more deaths and then the emergence of HIV/AIDS. There was a recognition that skills and expertise had been lost.

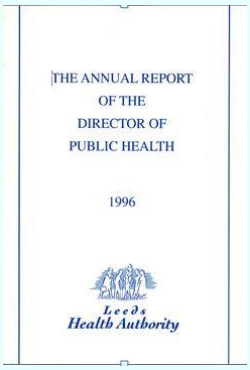
So Acheson came along, created Directors of Public Health, dealt with some of the issues and problems with other medical staff and defined public health in a way that is now used around the world and was used at the beginning of this piece.

More NHS reorganisations saw Directors of Public Health change. In 1991 we had Dr Eileen Wain, Leeds Health Care; then 1996 saw Dr Liz Scott leading Leeds Health Authority. In 2002 Leeds was split into five and we had:

- Prof. Lee Adams,East Leeds Primary Care Trust
- Dr Mike Robinson, East Leeds Primary Care Trust
- Dr Simon Balmer, North East Leeds Primary Care Trust
- Dr Ian Cameron, North West Leeds Primary Care Trust
- Dr Jon Fear, West Leeds Primary Care Trust
- Dr Richard Turner, South Leeds Primary Care Trust

The 1990s saw the return of annual reports from Directors of Public Health DPH and in Leeds these covered a wide range of issues, including:

- Health Promotion
- Housing
- Cancers
- Coronary Heart Disease
- Oral Health
- Accidents
- Sexual Health and HIV/AIDS
- Mental Health
- Local Health Statistics

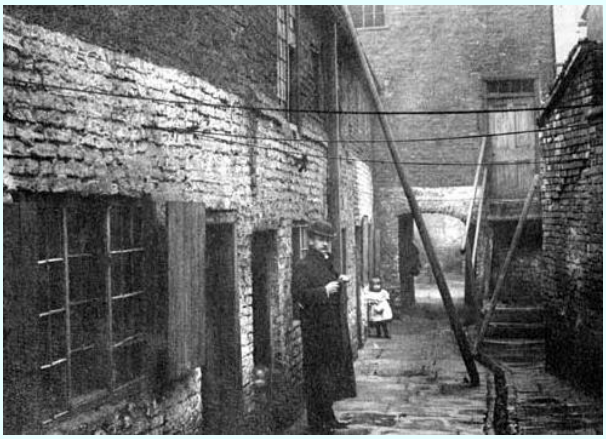


Then in 2006 five became one again and Dr Ian Cameron is appointed as Director of Public Health for Leeds. The baton was passed on once more and the figure for infant mortality was down to 6 per 1000.

Recent annual reports have looked at issues as diverse as lifestyle choices, climate change and health inequalities.

Then in 2009 there was another pandemic, swine flu. The health authority responded immediately by providing a newly created large team and the space to support the DPH over the months of the outbreak.

This photo is of Cherry Tree Yard, opposite Leeds parish church, just prior to demolition in the 1890's and complete with a council worker of the time in a bowler hat.



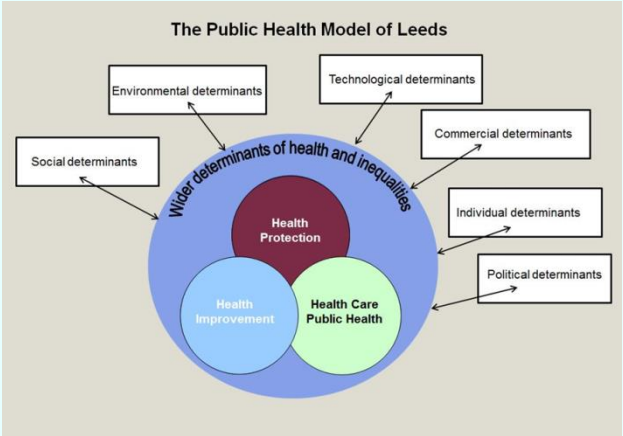
I wanted to show this photograph because in the 1832 cholera outbreak there were seven deaths in this short yard – the exact same number for the whole of Leeds in the 2009 flu pandemic. If the cholera death rate from 1832 had applied to Leeds in the 2009 swine flu pandemic, there would have been 6,930 deaths in Leeds. Imagining that number of deaths alongside the number of ill people, there would have been huge anxiety and problems across the city.

2013 and more change

Under the latest NHS reforms, local public health leadership transferred from the NHS to local authorities.

Out of 150 years, Leeds Council has led public health for 111 years and the NHS for 39 years.

In Leeds we work to the Public Health definition of Sir Donald Acheson and to a model that is considerably broader in scope of work than used by previous Medical Officers of Health.



We also work to a very clear model, unlike the eras when there was criticism that public health did not work to a model. And we do that within a wider citywide perspective of being a compassionate city with a strong economy, and a Leeds health and wellbeing strategy which seeks to reduce health inequality and provides a clear focus for our work.

The last two annual reports (2013 and 2014-2015) reflect the challenges facing Leeds,

including the growth of 70,000 extra houses in the city. The most recent report looks at the benefits of good urban design and was nationally selected as the winning public health annual report from directors of public health.

Our journey infant mortality has fallen from 218 per 1000 to 4 per 1000.

After looking at the past it is right to look at what the future might be. Future Public Health challenges identified by those training in public health reflect a range of concerns. I am sure you might have your own views about these.

Stereotypes of public health continue: From the 'heroic age', we had Medical Officers of health who tackled the challenges of the Victorian and Edwardian eras, appalling housing, working and living conditions. Then, in the 'golden era' between the wars, Medical Officers for Health built large empires of services and staff. After that we see the likes of Dr Snoddie and how he was seen by his contemporaries.

Today's stereotype is highlighted by a cartoon of the Chief Medical Officer, Dame Sally Davies, after she published new drink guidelines, reinforcing the nanny state image.

So, over the years there have been many different perceptions of Medical Officers of Health and Directors of Public Health – and this will happen in the future too.

As the current Director Public Health I want to dedicate this talk to my predecessors. My thanks to Leeds City Library for continuing to hold the Annual Reports of the Medical Officers of Health, the Thackray Medical Museum, my past staff and my present staff.

I like to think that Dr George Goldie has words that have had a shared relevance for us all.

"I may say finally, that the Officers, one and all of us, go cheerfully to our several duties, hoping that every year's report will bring you good tidings of a decreased death rate, and will show a general improvement in the health of our town."

Dr George Goldie 1877

Leeds CITY COUNCIL