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COUNTY BOROUGH OF READING.

Annual Report

OF THE

Medical Officer of Health

FOR THE YEAR

1925.

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OLD COLLEGE BUILDINGS,
ST. LAURENCE'S CHURCHYARD,
READING,
April, 1926.

**TO THE MAYOR, ALDERMEN AND COUNCILLORS
OF THE COUNTY BOROUGH OF READING.**

I beg to submit the Annual Report on the health and sanitary circumstances of the borough for the year 1925.

By the request of the Ministry of Health the report this year should be more comprehensive than formerly and should include a survey of the measure of progress made in the borough during the past five years.

For this reason certain matters that are common knowledge locally are included in order that the statement should be as comprehensive as possible though some detail must be sacrificed in its preparation in order that the report should appear as soon as possible after the period to which it relates.

Natural and Social Conditions of the Area. The population of the borough estimated at mid-year 1925 was 93,910. A short extract from the report of the 1921 census shews the principal groups of occupations in which the two sexes are employed. It is not considered that the nature of these occupations has any injurious effect on health.

Vital Statistics. The birth rate for the year was 16.07. Except for the two years succeeding the war, the birth rate has declined practically without intermission since 1874, the earliest year for which we have accurate records. The rate for 1925 is the lowest recorded.

The crude death rate for the year was 11.12, a slightly higher figure than that of last year. If the rate is corrected for the age and sex distribution of the population the standardized death rate becomes 9.68, a much lower rate than that of other large towns and that of the country as a whole. As mentioned in the report, that this correction is so considerable is due to the changing character of the population of the borough, principally the result of the inclusion of a larger proportion of elderly persons.

The infant mortality rate of 56.3 per 1,000 births though shewing a slight increase over the two previous years is still lower than that of most other large centres of population. The increase is due to the prevalence of whooping cough during the year.

I have again included on pages 14 and 15 tables shewing health progress in Reading over a long period of years and how Reading compares with the rest of the country.

General Provision of Health Services in the Area. An endeavour is made in this section of the report to present succinctly the agencies available in the district for the prevention and treatment of disease. In many quarters of the town the facilities provided by the Corporation are not so well known as they deserve to be. The Park hospital for infectious diseases which was opened in 1906 is at present being extended by two pavilions to provide 26 additional beds.

In addition to accommodation for the ordinary infectious diseases there is a pavilion for cases of advanced tuberculosis in males. In sanatoria outside the borough beds have been provided for every suitable case of tuberculosis in either sex and there is rarely any delay whatever in admission. The only remaining want in this regard is provision for advanced cases of the disease in females, a want that on occasion is the source of hardship and danger of the spread of infection.

The maternity and child welfare services are at present capable of meeting all demands. Consultation centres are now established in every quarter of the town including Tilehurst and the Shinfield housing estate. Dellwood maternity home continues to fill an essential place. The extension of the home by the provision of staff and isolation accommodation will aid in its efficiency and comfort.

Ambulance arrangements in the area are adequate.

A summary is given of the hospital accommodation, voluntary and poor law, and of the medical and nursing facilities available in the borough.

Sanitary Circumstances of the Area. From the report it will be seen that the purity and sufficiency of the water supply is maintained at a high level. In almost the whole area the drainage and sewerage of the district is efficient and satisfactory.

The completion of drainage connections in the Tilehurst area which is in progress will remove the major sources of complaint. The installation to deal with the sewage of the borough by the activated sludge method is still the subject of experiment. Complaint not without foundation is made in regard to the method of refuse disposal by dumping at the Manor Farm. Nuisance from odours and flies at times undoubtedly occurs. This question has been under the consideration of the Committee concerned.

Details are given of the result of the sanitary inspection of the area.

Housing. The shortage of houses is still acute. It is not easy to arrive at what would be the normal annual demand for new houses in the borough. I have indicated in the report the average number of new houses erected annually since the year 1890 in the old borough of Reading before the extension. It will be seen that the new construction since the war has not yet reached that average in the extended borough. The report of the census revealed the fact that nearly 2,000 houses were occupied by more than one family. From information acquired by the department it is doubtful if this number has been much reduced since.

Inspection and Supervision of Food. Increasing attention is being given to the quality and manner of preparation of foodstuffs and not least to the purity of the milk supply. The note on the extent of tuberculous infection in milk is a sufficient ground for uneasiness, and a further argument for the use of designated milk from tubercle-free herds.

The method of retail distribution of milk still leaves much to be desired.

The new Meat Regulations have done something to improve the methods of inspection of carcasses and to aid in the proper handling of meat. Greater care is being given to the supervision of premises and the methods of preparation of food in public restaurants. The report includes details of action taken under the Sale of Food and Drugs Acts to ensure purity and quality.

Presence of, and Control over Infectious Diseases. The incidence of the common infectious diseases has been rather below the average during the year. Scarlet fever and diphtheria have both been mild in type. Measles has been almost entirely absent but whooping cough, a non-notifiable disease has been prevalent and severe. A short note is given on the periodicity which characterizes some of these diseases and our present inability to prevent their return in epidemic form. There has been no case of smallpox, which has been epidemic in certain other parts of the country. The introduction of smallpox into the borough against which it is impossible to guard would be a matter of grave concern.

From the section on tuberculosis it will be seen that the mortality from that disease has reached a lower point than has been known hitherto.

Although the number of new cases of venereal disease attending the clinic is higher than last year it will be seen from the note contributed by Dr. Skene Keith that the incidence of recent infections continues to decline.

Maternity and Child Welfare. Comment has already been made on the low rate of infant mortality. Your special attention is drawn to the attendances at the various infant welfare clinics and the important part which they play in the social work of the town.

Dellwood Maternity Home as has been stated continues to be highly appreciated by the many women whose housing conditions would otherwise render their situation exceedingly difficult. Ever increasing attention is being given to the ante-natal aspect of maternity and child welfare and endeavour is being made to enlist the co-operation of the midwives of the borough in this direction. It is probable that in no branch of public health work has energy and thought been devoted to better purpose or with better results than in the increased care devoted to the prevention of disease in mothers and infants.

I should like to express my great indebtedness to all the members of the staff for the zeal and loyalty with which they have carried out their duties.

I am,
Your obedient servant,

H. J. MILLIGAN,
Medical Officer of Health.

STAFF.

Medical Officer of Health.

|| H. J. MILLIGAN, M.C., M.D., D.P.H.,
of Gray's Inn, Barrister-at-Law.

Tuberculosis Officer.

|| H. R. MINKLEY, M.R.C.S., L.R.C.P.

Medical Officers (part time) Maternity and Child Welfare.

|| AGNES BERNFELD, L.S.A., D.P.H.

|| SIDNEY GILFORD, M.B., Ch.B.

Visiting Medical Officer (part time) Park Hospital.

E. W. ROWLAND, B.A., M.R.C.S., L.R.C.P.

Public Analyst.

JAMES THOMPSON, D.Ph., F.I.C.

Chief Sanitary Inspector.

|| * † JAMES DODD.

Assistant Sanitary Inspectors.

* P. B. BROCK.

* W. E. BOND.

* E. L. W. GEEN.

J. P. KINGSLEY.

Chief Clerk.

* G. S. HAWTHORNE.

Clerks.

|| MISS J. R. SMITH (Tuberculosis Dispensary).

|| MISS N. HULBERT (Maternity and Child Welfare

MISS D. M. EDMUNDS.

G. GARDINER.

Department)

Chief Lady Health Visitor Inspector of Midwives and Visitor under the Mental Deficiency Act.

|| * ‡ MISS SARAH DUTTON.

Lady Health Visitors.

|| ‡ MISS M. P. GREEN.

|| ‡ MISS E. A. BODDON.

|| * ‡ MISS E. F. WHEELER.

|| * ‡ MISS G. WHITE.

Tuberculosis Nurses.

|| * MISS M. B. WARD.

|| MISS D. WATSON.

Matron Park Hospital.

MISS SARA MELVIN.

Matron Dellwood Maternity Home.

|| ‡ MISS GERTRUDE L. BURNETT.

* Certificate of Royal Sanitary Institute.

† Meat Inspector's Certificate.

‡ Certificate of Central Midwives Board.

|| Indicates those officials to whose salaries contribution is made under the Public Health Acts or by Exchequer Grants.

County Borough of Reading.

Physical Features and General Character of the District. The borough has an area of 9,106 statute acres and lies in the valley of the Thames and its tributary the Kennet. Caversham, incorporated with the borough in 1911, lies north of the Thames whilst the original borough of Reading, together with Tilehurst which was also incorporated in 1911, lies south of that river.

The ancient town of Reading stood on the banks of the Kennet which flows in a north-easterly direction through the older part of the borough. The lowest point in the borough is the junction of the Thames and the Kennet which is 120 feet above ordnance datum from which the ground slopes upwards on both sides of the Thames to a height of over 300 feet. The main part of the borough stands on gravel overlying chalk. In certain limited areas, however, there are Reading beds and in some of the outlying districts areas of London clay.

Rainfall. The total rainfall for the year as measured in the Forbury Gardens was 27·86 inches. The wettest month of the year was August with a fall of 4·13 inches; October, February, and July all exceeded 3 inches, whilst May, September, and December, followed in that order. The driest month was June, with a fall that was almost negligible, and March with ·59 inches was the only other dry month.

The rainfall of 1925 was nearly 3 inches in excess of the average of the previous 45 years.

Social Condition and Occupations of the People. The census figures of 1921 shew a total number of 28,379 males and 11,939 females as employed persons. The more important of the groups included in these figures are indicated in the following table :—

MALES.

Transport—all forms (including railway workers, etc.)	...	3659
Commercial occupations	... ..	3349
Metal and machinery workers (including tin box makers)	...	3098
Building trades—all branches	... ..	2050
Food, tobacco, etc.—all forms (including biscuit manufacturing)	...	1943
Wood workers—furniture, etc.	... ..	1670
Paper, books, stationery	... ..	713
Without specified occupations or unoccupied (including retired and independent persons)	... ..	8109

FEMALES.

Domestic occupations	... ..	4425
Commercial occupations	... ..	2467
Dress—all descriptions	... ..	1319
Professional occupations	... ..	1078
Food, tobacco, etc.—all forms (including biscuit manufacturing)	...	541
Paper, books, stationery	... ..	399

Population. The Registrar-General's estimate of the population at mid-year 1925 is 93,910 for the birth rate and 93,670 for the death rate, which estimates have been used for the purposes of all calculations appearing in this report. Without an actual enumeration the estimate of a population at any time must be a matter of speculation. The Registrar-General's method is to assume that the rate of increase or decrease of the population between the two preceding census will be maintained during the succeeding ten years. This method of calculation is obviously liable to error as no special record can be made of any emigration from, or immigration to, any particular area. The Registrar-General for Scotland has recently based his calculation on the number of inhabited houses and the assumption that the number of persons per house will not vary materially. The number of inhabited houses at the census of 1921 was 20,924 and is now approximately 21,800. The number of persons per house at the census was 4.4. If this number were still maintained, the population of the borough would now be 95,920. It is very doubtful whether the abnormal housing conditions at present existent render this method any more reliable than the other. The natural increase of the population, that is the excess of births over deaths, constitutes some guide but it again has no regard to population movements. The excess of births over deaths since 1921 was 3,226, which would indicate that the present population of the borough is 95,504 if the number of persons leaving is neutralized by new immigrants.

The general conclusion would be that the Registrar-General's estimate does not err in excess if the school and college populations which were included at the last census are to be regarded as residents of the borough.

VITAL STATISTICS.

In considering the various rates that are submitted in the following paragraphs, it must be carefully noted that all rates are subject to minor fluctuations from year to year. To fully appreciate their value as indicating health conditions regard must be given to the trend of these various rates over a period of years. During the past year the death rate shows a slight increase compared with that of 1924, whilst the infant mortality rate is higher than in the two preceding years. The tuberculosis death rate on the other hand, which for the past four years had been either stationary or tending to rise, has this year fallen to a lower point than it has ever before reached. If, however, consideration is given to the Table on page 14 it will be seen that over the period for which figures are available the trend of all three of these death rates is steadily downwards. That the decline in the birth rate shews no tendency towards arrest will be seen from the same table. Except for the abnormal conditions during the war period the story is one of decline without intermission since 1874.

One other source of fallacy arises in the consideration of vital statistics from the age and sex distribution of the population. It is apparent that if the population includes a large number of persons of advanced years, the expected death rates would be higher than in a community embracing a large proportion of young persons. Reading, for example, would embrace more elderly people in proportion than London, to which the youth of the country is attracted. To get a true comparison of death rates, therefore, one would require to apply a "factor of correction" which in the case of Reading is less than unity. The death rates recorded here are, therefore,

actually higher than the true death rates. The factor supplied by the Registrar-General for rendering the death rate of Reading comparable with that of the country as a whole is $\cdot 871$. This factor is lower than that supplied some years ago indicating that in addition to the altered proportion of the sexes, the proportion of elderly people in the borough is increasing relatively to the whole country. The changing age distribution of the population also places a limit to the lowest point which can ultimately be reached by the death rate. Notwithstanding these known sources of error the crude death rate is some measure of health conditions, particularly when applied to the same place over a period of years.

Birth Rate. The total number of births registered in the borough during the year was 1,573. After correction for children born in Reading of parents not ordinarily resident here and Reading children born elsewhere, the nett number of Reading births was 1,509, a birth rate of 16.07 per 1,000 of the population. Each year it is stated that the birth rate is the lowest recorded, and the present year is no exception. The steady decline of the birth rate is a subject of interest and not a little complexity, and is a matter of concern not only in this country but in many other European countries.

Illegitimate Births. Of the registered births, 68 (or 4.5 per cent.) were illegitimate. This rate has remained almost constant during the past few years.

Marriage Rate. Mr. W. H. Oliver, the Superintendent Registrar of births, marriages and deaths, informs me that 1,418 persons were married during the year.

This gives a marriage rate of 15.1 per 1,000 of the population.

Death Rate. The total number of deaths registered during the year 1925 was 1,137. In all large towns the number of registered deaths is greatly increased owing to the presence within their boundaries of hospitals which deal with the sick of areas beyond the municipal boundaries. The number of such deaths registered in Reading during the year was 129. At the same time there were 34 deaths of Reading persons registered elsewhere. Almost the whole total of these latter deaths occurred in the Berks County Mental Hospital and other mental institutions. The total number of Reading persons who died during the year was therefore 1,042, which represents a death rate of 11.12 per 1,000 of the estimated population of the borough. If we multiply this rate by the standardising factor referred to above, the death rate for Reading to be comparable with the whole country becomes 9.68 per 1,000 of the population.

Deaths in Public Institutions. At the present time when the Government is contemplating a re-organization of the services at present conducted by the poor law authorities, the record kept annually of deaths in public institutions is especially interesting. During the past year, of the total deaths registered, 192 persons died in Battle Infirmary, 118 in the Royal Berkshire hospital, 7 in the Park hospital, and 23 in institutions outside the borough. That is, one person in every three died in a public institution and one in five died in institutions conducted by the Guardians. There is still a considerable prejudice against becoming chargeable to the Guardians

even in the extremity of serious illness, and it is an anomaly that the nature of the illness only, and not their dependence or otherwise, frequently determines whether persons shall or shall not become so chargeable. Acute surgical cases are ordinarily dealt with by the voluntary hospitals. If the condition should become chronic, recourse must frequently be had to the infirmary. Tuberculosis in its early stages is provided for by the municipality. In the chronic and final stages the patients again have frequently to resort to the poor law for the necessary treatment and care. It would appear that the time is ripe for the removal of these anomalies, an arrangement which would also be in the interest of economy.

Infantile Mortality Rate. During the year the infant mortality rate was 53.6 per 1,000 children born. Further details of this subject are given in the section of the report dealing with maternity and child welfare.

Ward Mortality. The following death rates calculated on the ward populations discovered by the census are from that fact much more liable to error the further removed we are from the census. Apart from the changing distribution of the population in the various wards, the smallness of the ward populations render any rates calculated on them more liable to errors of chance.

TABLE I.
DEATH RATES IN THE VARIOUS WARDS.

Ward.	Population (Census 1921)	Nett No. of deaths during the year 1925.	Death rate per 1,000 of the population.
Abbey	3,733	38	10.19
Battle	10,853	107	9.86
Castle	5,800	80	13.80
Caversham East	6,118	57	9.31
Caversham West	4,257	43	10.10
Church	8,734	106	12.14
East	11,653	121	10.40
Katesgrove	8,513	111	13.04
Minster	4,324	53	12.30
Redlands	5,792	83	14.33
Tilehurst	8,379	95	11.34
Victoria	6,145	78	12.70
West	7,977	70	8.77
Whole district	92,278	1,042	11.12

Comparative Mortality. As in previous years, I append two tables, one shewing health progress in Reading for a period of over 50 years. The second table shews how Reading compares with the rest of the country.

The special items in Table II. have been selected as being the best indications of health and social conditions. The possible errors in assessing these values have been considered but the steady decline in each of the death rates mentioned must be interpreted as reflecting a very great improvement in the general health of the borough over the whole period.

TABLE II.

Period.	Birth rate.	Death rate.*	Infant mortality.	Death rate from pulmonary tuberculosis.
1874-83 (average)	36.5	18.1	131.6	1.99
1884-93 do.	32.0	16.5	127.9	1.47
1894-1903 do.	27.1	14.1	133.7	1.13
1904-13 do.	22.7	12.1	99.2	1.01
1914	20.1	12.0	88.5	1.09
1915	19.8	13.8	82.0	1.13
1916	19.3	14.4	80.8	1.05
1917	15.4	14.2	98.6	1.41
1918	17.1	15.9	72.7	1.40
1919	16.7	11.9	68.4	0.89
1920	24.8	11.0	66.7	0.82
1921	20.4	10.7	60.2	0.88
1922	18.5	12.2	63.0	0.87
1923	18.3	11.1	51.6	0.99
1924	17.1	10.7	53.6	0.96
1925	16.07	11.12	56.3	0.79

* The death rates given are the crude death rates for each year.

Table III. on page 15, shew show Reading compares with the rest of the country.

CAUSES OF AND AGES AT DEATH.

Each year the principal causes of death are found to arrange themselves into definite groups, the relationship of which to each other varies only a little from year to year. Organic heart disease, bronchitis and pneumonia, cancer, and tuberculous diseases appear in that order as the most frequent causes of death.

Organic Heart Disease. As a cause of death, heart disease is most frequently the predominant evidence of old age. A certain number of cases causing eleven deaths during the past year occur in young persons and are usually the sequelae of rheumatism and less frequently of scarlet fever. The prevention of rheumatism and its more careful treatment would help to eliminate these unfortunate cases, which are often the cause of prolonged invalidity. For example, "growing pains" in children are usually evidences of rheumatism and serious cardiac conditions are traceable to this source. Growing pains, therefore, should not be regarded lightly but should receive appropriate care and treatment to avoid subsequent heart affections. The remaining cases, constituting over 90 per cent. of the total, are nearly all cases of cardiac degeneration, the result of advanced years. The great majority had passed the age of 65 years or nearly approached that age. Closely associated with this cause of death is arteriosclerosis and cerebral haemorrhage. That "a man is as old as his arteries" is a succinct truth. Whether the affected arteries fail in the brain or in the heart itself only affects the manner of the end.

TABLE III.

BIRTH RATE, DEATH RATE, AND ANALYSIS OF MORTALITY DURING THE YEAR 1925.

(Provisional figures. The rates for England and Wales have been calculated on a population estimated to the middle of 1925, while those for the towns have been calculated on populations estimated to the middle of 1924. The mortality rates refer to the whole population as regards England and Wales, but only to civilians as regards London and the groups of towns.)

	Birth-rate per 1,000 total population	Annual Death Rate per 1,000 Population.								Rate per 1,000 births.		Percentage of total deaths.		
		All causes	Enteric fever	Small-pox	Measles	Scarlet fever	Whooping cough	Diphtheria	Influenza	Violence	Diarrhoea & Enteritis (under 2 yrs.)	Total deaths under 1 year	Causes of death certified by registered Medical Practitioners	Inquest cases	Uncertified causes of death
England and Wales	18.3	12.2	0.01	0.00	0.13	0.03	0.15	0.07	0.32	0.47	8.4	92.1	6.9	1.0
105 County Boroughs and Great Towns, including London.	18.8	12.2	0.01	0.00	0.17	0.03	0.18	0.09	0.30	0.43	10.8	92.1	7.3	0.6
157 Smaller Towns (1921 Adjusted Populations 20,000-50,000).	18.3	11.2	0.01	0.00	0.15	0.02	0.14	0.06	0.31	0.38	7.6	93.0	5.9	1.1
London	18.0	11.7	0.01	0.00	0.08	0.02	0.19	0.11	0.23	0.46	10.6	91.1	8.9	0.0
READING	16.0	*9.6	0.01	0.00	0.01	0.01	0.13	0.02	0.12	0.47	5.9	93.6	5.8	0.6

* "Standardized" death rate.

It will be seen that as in previous years the returns of death from certain specified causes in each case shew Reading to maintain its favourable position compared with other large centres of population.

CAUSES OF, AND AGES AT, DEATH, 1925.

CAUSES OF DEATH.			All Ages.	Under 1 yr.	1—2 yrs.	2—5 yrs.	5—15 yrs.	15—25 yrs.	25—45 yrs.
All causes.	Certified	...	1036	81	9	13	27	49	92
	Uncertified	...	6	4	—	—	—	—	—
1	Enteric Fever	... ..	1	—	—	—	—	—	—
2	Small Pox	... ..	—	—	—	—	—	—	—
3	Measles	... ..	1	—	—	1	—	—	—
4	Scarlet Fever	... ..	1	—	—	1	—	—	—
5	Whooping Cough	... ..	12	8	2	1	1	—	—
6	Diphtheria and Croup	... ..	2	—	—	—	2	—	—
7	Influenza	... ..	11	—	—	—	—	1	1
8	Erysipelas	... ..	5	1	—	—	—	—	—
9	Phthisis (Pulmonary Tuberc'sis)	... ..	74	—	—	—	3	22	28
10	Tuberculous Meningitis	... ..	5	2	—	1	1	—	1
11	Other Tuberculous Diseases	... ..	7	—	—	—	1	2	1
12	Cancer (Malignant Diseases)	... ..	120	—	—	—	1	—	10
13	Rheumatic Fever	... ..	5	—	—	—	2	2	1
14	Meningitis	... ..	4	2	1	—	1	—	—
15	Organic Heart Disease	... ..	146	—	—	—	2	1	8
16	Bronchitis	... ..	79	2	3	1	1	1	2
17	Pneumonia (all forms)	... ..	56	13	2	4	2	1	3
18	Other Diseases of Respiratory Organs	... ..	7	—	—	—	—	—	1
19	Diarrhoea and Enteritis	... ..	9	8	1	—	—	—	—
20	Appendicitis and Typhlitis	... ..	7	—	—	1	3	2	—
21	Cirrhosis of Liver	... ..	1	—	—	—	—	—	—
21a	Alcoholism	... ..	—	—	—	—	—	—	—
22	Nephritis and Bright's Disease	... ..	20	—	—	—	—	1	1
23	Puerperal Fever	... ..	2	—	—	—	—	—	2
24	Other Accidents and Diseases of Pregnancy	... ..	5	—	—	—	—	1	4
25	Congenital Debility & Malfor- mation (including premature birth)	... ..	35	35	—	—	—	—	—
26	Violent deaths(excluding suicide)	... ..	35	1	—	1	3	5	4
27	Suicide	... ..	9	—	—	—	—	—	3
28	Other defined diseases	... ..	383	13	—	2	4	10	22
29	Diseases ill-defined or unknown	... ..	—	—	—	—	—	—	—
Totals ...			1042	85	9	13	27	49	92
Sub-headings included in above :									
	Cerebro-spinal fever	... ..	1	—	—	—	1	—	—
	Poliomyelitis	... ..	—	—	—	—	—	—	—
	Broncho-pneumonia	... ..	29	7	2	3	1	—	1
	Venereal Disease	... ..	3	1	—	—	—	—	—
	Cerebral hæmorrhage	... ..	74	1	—	—	—	—	3
	Arterio-Sclerosis	... ..	61	—	—	—	—	—	—
	Senile Decay	... ..	51	—	—	—	—	—	—
	Tetanus	... ..	—	—	—	—	—	—	—
	General Paralysis of Insane...	... ..	6	—	—	—	—	—	4
	Aneurism	... ..	3	—	—	—	—	1	1
	Locomotor Ataxy	... ..	—	—	—	—	—	—	—
	Encephalitis Lethargica	... ..	2	—	—	—	—	1	1
			230	9	2	3	2	2	10

* 192 died in Battle Infirmary, 118 in Royal Berkshire Hospital, 7 in Park Hospital, and 23 in various Mental Institutions outside the Borough.

		Allocated to Municipal Wards.												Deaths in Institutions.	
45—65 yrs.	65 yrs. and upwards	Abbey	Battle	Castle	Caversham	Church	East	Katesgrove	Minster	Redlands	Tilehurst	Victoria	West	Residents of Borough.	Non-Residents of Borough.
231	534	37	106	80	100	106	120	111	51	83	95	77	70	—	—
1	1	1	1	—	—	—	1	—	2	—	—	1	—	—	—
1	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—
—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—
—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—
—	—	—	—	1	1	3	—	1	—	2	2	2	—	—	—
—	—	—	1	—	—	—	1	—	—	—	—	—	—	1	—
4	5	1	—	4	—	1	—	—	—	1	1	1	2	1	—
1	3	—	—	—	1	—	—	—	—	2	2	—	—	1	—
19	2	1	9	5	6	12	10	7	2	3	5	8	6	13	1
—	—	—	—	1	—	2	1	1	—	—	—	—	—	2	1
3	—	—	—	—	3	1	—	1	—	—	1	—	1	4	2
42	67	5	16	5	14	10	17	17	2	7	10	9	8	31	17
—	—	—	—	—	—	1	1	1	—	—	1	1	—	2	—
—	—	—	—	—	—	2	—	1	—	—	—	—	1	1	1
31	104	4	15	13	10	14	11	20	10	6	24	10	9	54	3
9	60	2	9	7	5	11	13	6	4	9	4	5	4	7	1
10	21	2	6	6	4	8	6	4	3	3	4	4	6	19	4
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2	4	—	—	1	—	1	2	—	1	—	—	2	—	—	1
—	—	—	—	1	1	3	—	1	—	—	1	—	2	3	1
—	1	—	1	—	—	2	1	—	—	—	2	1	—	7	11
1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
11	7	1	1	—	4	2	4	—	1	3	2	1	1	10	2
—	—	—	1	—	—	—	—	1	—	—	—	—	—	2	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	1	1	1	—	—	1	—	—	1	—	—	3	3
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	2	4	4	—	7	1	6	6	1	2	1	1	6	2
14	7	1	3	3	4	3	4	3	3	1	3	2	5	24	5
5	1	—	2	2	—	2	2	1	—	—	—	—	—	2	—
79	253	19	38	26	46	20	47	39	20	45	30	30	23	146	46
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
232	535	38	107	80	100	106	121	111	53	83	95	78	70	*340	†101
—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
4	11	—	3	4	2	6	4	1	1	1	2	2	3	—	—
2	—	—	—	—	—	—	—	—	2	—	—	—	1	—	—
19	51	7	7	6	6	6	8	7	5	10	4	5	3	—	—
3	58	3	5	6	5	2	9	9	4	7	3	5	3	—	—
—	51	1	4	2	10	6	4	3	3	7	7	3	1	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2	—	1	2	1	—	—	—	—	1	—	1	—	—	—	—
—	1	—	—	—	2	—	1	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—
30	172	12	22	19	25	21	26	20	16	25	17	15	12	1	—

† 2 died in Battle Infirmary and 99 in Royal Berkshire Hospital.

Bronchitis and Pneumonia. Pneumonia is a disease of the extremes of life. In children it frequently follows measles or whooping cough, in which case the younger the child the more dangerous is the disease. It appears inevitable that practically all children will suffer from an attack of measles sooner or later, but much of its danger will be removed the longer the attack is postponed. Bronchitis though frequently fatal to infants is, like heart disease, a cause of death chiefly of elderly people.

Cancer. Each year sees more and more attention given to the consideration of cancer. The air of mystery attaching to it and the lingering and frequently painful nature of the illness not less than its frequency, will continue to compel public attention to cancer. There is much uninformed discussion of the prevalence of cancer in any particular place. Although it is a fact that of all persons over the age of 45 years who died in Reading during the past year, 1 in 7 died of cancer, there is no evidence that the incidence of cancer is greater in Reading than elsewhere, rather the reverse. The death rate from cancer though lower than that of the previous year, accords closely with the rate for the preceding ten years. With the improvement in general sanitary conditions there is a larger proportion of the population living at the higher ages, that is the cancer ages, than in earlier years. There are more lives "at risk" of cancer and there will consequently be a greater number of deaths from this disease. Although diagnosis of cancer is probably becoming more accurate, post mortem statistics of large hospitals indicate that there is still a large margin of error. The Ministry of Health as well as numerous voluntary bodies are at present engaged in accumulating knowledge of cancer both in this and in other countries. At the present time a greater knowledge of the disease and particularly its early manifestations on the part of the general public, and the removal of the growth in its primary stages by the surgeon provide the most effective means of dealing with the disease. It has been found, for example, that surgical treatment of all stages of cancer of the breast almost doubles the expectation of life as compared with untreated cases. If the earlier stages of the disease only are considered, surgical treatment while in many cases effecting a complete cure will on the average quadruple the expectation of life. In all stages surgical methods will often remove the most painful and disagreeable symptoms of the disease.

Tuberculosis. The death rate from tuberculosis after remaining practically stationary for the past few years again shews a decline to a point lower than any recorded hitherto. The importance of tuberculosis lies in the fact that it attacks people in the active period of life and that the end is usually preceded by a very long period of invalidity. One third of all the deaths occurring between the ages of one year and forty-five are the result of tuberculosis.

Ages of Death. The most gratifying feature of the return of ages at death is the continuing low rate of infant mortality and the increasing proportion of deaths beyond the age of 65 years. The latter group represents a higher proportion of the total deaths than in any previous year.

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

HOSPITALS PROVIDED OR SUBSIDIZED BY THE COUNTY BOROUGH COUNCIL.

(1) **Tuberculosis.**

(a) *Sanatorium.* No sanatorium beds are definitely retained by the Local Authority. The majority of adult patients go to the Grosvenor Sanatorium at Ashford, Kent, and of children to Heath End Sanatorium, Farnham, Surrey. Cases of surgical tuberculosis are treated at the Wingfield Orthopaedic Hospital, Headington, Oxon. Only rarely has there been difficulty in obtaining a bed when necessary and the average number of patients maintained in sanatoria is between 20 and 30.

(b) *Hospital.* There is a pavilion of 12 beds at the Park Hospital for advanced cases of tuberculosis amongst males. There is no institutional provision for advanced tuberculosis in females other than that provided by the Guardians. Accommodation for this type of case is urgently necessary.

(2) **Maternity.** The Dellwood Maternity Home provided by the Corporation has 13 beds to accommodate normal cases of labour.

(3) **Children.** Apart from cases of infectious disease there is no special hospital provision for children nor has the need for special provision been demonstrated.

(4) **Fever.** The Park Hospital for infectious diseases provides 40 beds for this purpose—scarlet fever 26, diphtheria, 10, isolation 4. Two new pavilions to provide 18 and 8 beds respectively are in course of construction.

Bridge Street Hospital of 12 beds has been used as an auxiliary fever hospital. The structure is dilapidated and will be abandoned when the new accommodation is available.

(5) **Smallpox.** The small-pox camp, Whitley, provides 9 beds for this purpose. By means of marquees, the accommodation can be extended. This provision is unsuitable and would be inadequate in the event of an epidemic.

The following summary shews the institutional accommodation provided by the Corporation.

<i>Conditions treated.</i>	<i>Institution.</i>	<i>No. of beds.</i>
Infectious diseases	Park Hospital	*40 { Scarlet fever—26 beds. Isolation—4 beds. Diphtheria—10 beds.
„	Bridge Street Hospital	12 for emergency.
Tuberculosis	Various Sanatoria	20-30.
„	Tuberculosis Pavilion	12 male beds.
Maternity cases	Dellwood Maternity Home	13.
Smallpox	Smallpox Camp, Whitley	9.

* Two new wards being erected to provide an additional 26 beds.

OTHER HOSPITAL ACCOMMODATION AVAILABLE FOR THE DISTRICT.

(a) The Royal Berkshire Hospital, a general hospital, serves not only the County Borough of Reading but the adjoining parts of the County of Berkshire. The accommodation available is as follows:—

Beds available.	Male.	Female.	Total.
Surgical	39	54	93
Medical	28	30	58
Children	—	—	20
Ophthalmic	—	—	16
Venereal diseases	—	—	12
Ear, nose, and throat	—	—	8
Isolation	—	—	6

(b) The Battle Infirmary of the Reading Board of Guardians has 239 beds. Ordinarily these beds are devoted 139 to men and 100 to women. Included in this number are 23 sanatorium beds (16 male and 7 female), 55 for mental cases (25 male and 30 female), a maternity ward with 8 beds, and 12 isolation beds.

There is no institutional provision for unmarried mothers, illegitimate infants, or homeless children other than that provided by the Reading Board of Guardians.

PROFESSIONAL NURSING IN THE HOME.

(a) The Queen Victoria Nursing Institute, Reading, employs the Superintendent, 5 general nurses, and 1 midwife.

The Reading Education Committee, through the agency of the Institute, employ 4 additional nurses for their school work.

(b) Caversham District Nursing Association. Attached to this Institution are 3 general nurses who also act as midwives.

During the year, the Corporation made a grant of £20 to the Caversham District Nursing Association in aid of its midwifery service, and £10 to the Queen Victoria Institute as consideration for their assistance in the training of pupil midwives.

There is no special arrangement between the local authority and the nursing association for the nursing of infectious diseases.

Reading Council of Nursing Services. Through the agency of the Council, approved societies in the borough representing well over 8,000 persons provide skilled nursing as an additional benefit under the Insurance Act.

Midwives. There were 38 midwives practising in the area during the year. Apart from the nursing associations, the Council neither employs nor subsidizes midwives, but in special cases they authorize the payment of a fee.

Clinics and Treatment Centres provided by the Corporation.

The following clinics and treatment centres are in operation in the borough :—

Infant Welfare Centre	Star Lane, London St.,	Wednesday and Friday.
„	Elm Park Hall	... Tuesday.
„	Weston Mead, Caversham,,	Thursday.
„	St. Barnabas' Hall, Shinfield,	Thursday.
„	Park Institute	... Friday.
„	Village Hall, Tilehurst,	Monday.
Ante-Natal Clinic	... Star Lane, London St.,	Tuesday (two sessions).
Tuberculosis Dispensary	1, London Street	... Daily.
Venereal Diseases Clinic	Royal Berkshire Hospital,	Wednesday and Saturday

The Education Committee's clinics are :—

Inspection clinics, twice weekly	} Held at Education Clinic, 1, Blagrove Street.
Minor ailments clinic, daily	... ..
Dental clinic, daily	... ..
Clinic for errors of refraction, twice weekly	... ..
X-Ray clinic for treatment of ringworm, once weekly	... ..
Aural clinic, twice weekly	... ..
Operating clinic for tonsils and adenoids, once monthly at the Royal Berkshire Hospital.		

Ambulance Facilities. (a) For infectious cases the Corporation has one motor ambulance and one auxiliary horse-drawn vehicle.

(b) The Watch Committee has provided a motor ambulance for accidents and other non-infectious cases.

The Royal Berkshire Hospital has two ambulances, one motor and one horse drawn.

The British Red Cross Society has two motor ambulances for accidents and non-infectious cases.

LABORATORY WORK.

The bacteriological work carried out during the year and the results of the examinations are as follows :—

	Positive.	Negative.	Total.
For the detection of the tubercle bacillus	116	278	394
For the detection of the diphtheria baccillus—Health Department	176	411	587
Park Hospital			
	292	689	981

Of the examinations for the presence of the diphtheria bacillus 304 were contacts of notified cases. The results of these examinations have not been found helpful in preventing infection and it has been decided to discontinue them.

Bacteriological and blood examinations for the diagnosis of venereal diseases is included in the venereal diseases agreement with the Royal Berkshire Hospital where the following examinations were made :—

Wasserman blood reactions	...	...	...	...	510
Examinations for spirochaetes	...	...	...	...	3
Examinations for gonococci	...	...	...	...	304

The bacteriological examination of milk for the purposes of the Milk (Special Designations) Order and for the detection of the tubercle bacillus is carried out at the Research Institute, University College, Reading. The results of these examinations are found in another section of the report.

Chemical Work. The chemical work required for the purposes of the Sale of Food and Drugs Acts is carried out by Mr. James Thompson, D.Ph., F.I.C., Agricultural Analyst at University College, Reading, who is the Public Analyst for the borough. Details of the results of his examinations will be found on pages 51 and 52.

PREVALENCE OF AND CONTROL OVER, INFECTIOUS DISEASE.

The past year has been one of low prevalence of the common infectious diseases. The reason of the rise and fall of epidemics has been much discussed without arriving at any satisfactory explanation. The type of each of these diseases is distinctive and that they are readily communicable is easily demonstrated, and yet it is the exception rather than the rule that we are able to trace the source of the infection in any particular case. The inquiry which is conducted into each notified case is usually unavailing in locating its source. The suggestion arises that these diseases are conveyed from one person to another by atypical forms occurring in the intermediary. There is evidence to support this view. The classical indications of scarlet fever may be regarded as, in addition to the evidences of an acute feverish attack, an acute sore throat, a characteristic tongue, a typical rash, and a subsequent desquamation or "peeling" of the skin. If on receipt of a notification of scarlet fever one endeavours to find an antecedent case with these characteristic symptoms, the result is usually that no case can be traced. It, however, often emerges from the inquiry that another person in the house or a neighbour has suffered from sore throat in varying degree of severity but without other characteristic signs.

If the disease maintained the specific appearance throughout, one would expect to find cases occurring in a chain or centred round a particular locality or a particular school. Such, however, is not the experience. The cases are distributed throughout the borough and appear in small numbers in different schools and spread over long intervals. The case of diphtheria where the causative organism has long been known does not help to make

the matter clearer. It was hoped that the fact of the bacillus of diphtheria being easily detected would enable the source of cases of the disease to be traced more effectually. We now know that many of these organisms are non-virulent and the difficulty of locating origins is complicated rather than simplified. Whether the organisms of these diseases live in varied degrees of virulence and take on new virulent characters under favourable conditions is not yet determined. The periodicity of infectious disease is well recognised. There have been 97 cases of measles during the year which could provide a sufficient fund of infection. There are also several thousands of children in Reading who have not had measles, though practically all children are susceptible to measles. There has, however, been no epidemic. Yet our knowledge of the habits of this disease is such that we can with fair confidence prophesy that there will be an epidemic of measles at the latter end of the present year and the beginning of next year. If infection again be considered over long periods it is found that the character of the various diseases has changed. Scarlet fever, for example, has changed its character within the memory of the present generation of doctors from being a disease of considerable severity to one of comparative mildness. A more striking example is the case of smallpox which in its present phase has a mortality of $\cdot 2$ compared with a mortality of nearly 20 per cent. in the epidemics of twenty-five years ago. The varying severity of influenza is well known. Nor is there need to emphasise the seasonal habits of special diseases. Most of them shew a special preference to assume epidemic proportions at definite periods of the year. Until we know the factors which determine the ability of organism to attack its host or conversely the ability of the host to resist the organism our power to limit epidemics, except in the case of those diseases like smallpox for which an efficient preventive is available, cannot be considered effective.

The subjoined Table V. (page 23) shews in detail the incidence and distribution of these various diseases :—

Smallpox and Vaccination. There has been no case of smallpox in the borough during the year. The last known case in Reading occurred in 1913. Reports from other parts of the country shew that its prevalence is tending to increase. It is also clear that the disease is maintaining its mild character, but nevertheless its introduction into Reading, against which it is impossible to guard, would be a source of much suffering, inconvenience, and financial loss.

That the community is insufficiently protected against smallpox will be seen from the vaccination return for the year ended 31st December, 1924, for which I am indebted to Mr. Oliver, Clerk to the Guardians.

During that year only 18 per cent. of the children born had been successfully vaccinated. This proportion is comparable with the returns of recent years. As there is no evidence of extensive vaccination or re-vaccination in later years, it is clear that the great majority of the population have not availed themselves of the protection which vaccination affords.

TABLE VI.

Districts.	Number of births Registered.	Number of children successfully vaccinated.	Insusceptible of vaccination.	Had Small Pox.	Died un-vaccinated.	Exemption from vaccination by Statutory Declaration of "Conscientious Objection."	Postponement by Medical Certificate.	Removed to other districts.†	Removed to places unknown.	Number of births remaining (unaccounted for).	
										No.	Rate per cent of total births
No. 1	640	95	1	—	31	373	6	7	25	102	16.0
No. 2	694	141	—	—	34	394	—	55	25	45	6.5
No. 3	331	58	2	—	19	198	—	6	14	34	10.3
Whole Borough	1665	294	3	—	84	965	6	68	64	181	10.9

† Vaccination Officer duly apprised.

Measles. As indicated above, the year 1925 was an inter-epidemic period, during which only 97 cases of this disease were notified and one death occurred. The habits of the disease are such that we can anticipate an epidemic every two or at latest, every third year.

Diphtheria. The incidence of diphtheria was low, and in general the type of disease was milder than the normal throughout the year. Fifty cases were notified and two deaths occurred. Diphtheria does not shew the same regularity in its occurrence that characterizes measles. The records available in Reading would indicate that a greater prevalence over three or four years is succeeded by a similar period of lesser prevalence and severity. The past three years have been years of lesser prevalence, the year 1924 having the lowest number of recorded cases for twenty-five years. Experience would lead one to expect a slightly greater number this year followed by a period of increasing prevalence in the succeeding years.

It is now possible by bacteriological methods to differentiate amongst any body of children those who are susceptible and those who are immune to an attack of diphtheria by means of what is known as the Schick reaction. A susceptible child when subjected to an injection of diphtheria toxin into the superficial layers of the skin will show a definite reaction. It is found, for example, that few children below the age of six months are susceptible, having an inherited immunity but from that age up to 5 years the great majority of children are susceptible. If such a child is liable to be exposed to the infection of diphtheria, a prophylactic or preventive injection of a mixture of toxin and anti-toxin can be given which will effectually prevent the onset of the disease. In certain of the American States, particularly New York, where the extent and the fatality of the disease gave rise to much concern, these methods have been largely practised with great success amongst the general population. In certain selected populations in this country, for example those of certain orphan schools where diphtheria was a constant visitor with grave results, similar methods have been practised resulting in the eradication of the disease. It is doubt-

ful, however, if circumstances would justify, or whether the time is yet ripe, for the application of these immunizing methods to the general population in England.

The Corporation provides anti-toxin free to all practitioners in the district for the treatment of such of their patients as are unable to afford it.

Diphtheria Contacts. It has been the practice for some years past to make bacteriological examinations of the throats of all contacts of diphtheria patients. In a considerable percentage of these cases positive results are returned in persons who appear otherwise healthy. It is known that the great majority of the organisms so found are non-virulent and are incapable of causing the disease. In no instance has a second case of the disease been traced to one of these healthy carriers. It is proposed therefore in future to limit the swabbing of contacts to those persons who shew clinical signs or when special circumstances indicate the necessity for making special investigations.

Enteric Fever. Five notifications were received of the enteric group of diseases one of which, complicated by pneumonia, proved fatal. All the patients suffered from the "para-typhoid B" form of the disease. Three of the cases occurring amongst the staff of a public institution were directly associated and were apparently of common origin. The source, however, could not be traced. The remaining two cases occurred independently, but in neither case was it possible to find the source of infection. One further notification was received but repeated agglutination and cultural tests failed to confirm the diagnosis.

Scarlet Fever. There were 186 cases of scarlet fever notified during the year, which is about the average prevalence of the disease. There was one death. A more detailed note in regard to these cases will be found in the report on Park Hospital.

Encephalitis Lethargica. Although the number of persons who are attacked by this very obscure nervous disorder is not large, the disease presents a very grave problem. Even the high fatality rate which ordinarily accompanies it is overshadowed by the sequelae which sometimes includes a complete change in the disposition and even the moral character of the patient.

That the disease is to some degree infectious is evidenced by the fact that at times it assumes epidemic proportions. The manner of conveyance of the infection has not been defined but there is reason to believe that it is through the throat or nose. A typical case of the disease shews a very distinctive picture, the most prominent features of which are paralysis, especially of the muscles of the eye, and a lethargy of varying degree which has given the disease its popular name of "sleepy sickness". The lesion which gives rise to these symptoms is situated at the base of the brain. The more acute phases of the disease may terminate in death or in complete recovery, but a considerable proportion of the victims shew permanent effects.

In Reading, certain patients who have suffered from encephalitis show a complete inversion of their habits. Lethargy and sleepiness in the daytime are succeeded by a boisterousness and mischievous tendency at night.

In the case of one boy, it was impossible to have him in a ward with other patients because of his mischievous and wilful disturbance of other patients during the night. In other reported cases there is a complete moral deterioration of individuals who previously were quite normal. Habits of stealing are developed and other even less pleasant attributes. It is also clear that changes in the brain matter have rendered these patients incapable of appreciating the true quality of their vicious tendencies, a condition analogous to that of moral imbecility which has long been recognized.

In some of the larger towns where the incidence of the disease has been high it has already been found necessary to make special provision for patients suffering from the after effects of encephalitis lethargica. Two cases of this type have been admitted to the Whitley Special school for a period of observation, during which their ultimate prognosis and destination will be decided.

During the year, there were five notifications of encephalitis lethargica received. One patient admitted to the Royal Berkshire hospital from the county died. One other hospital case was found just before death to be suffering from tuberculous meningitis, a condition which may closely simulate encephalitis. A third patient has since left the district but is reported to be suffering from "fits". From such information as we have been able to obtain it appears that this patient was subject to "fainting fits" prior to her illness. The present condition may therefore be an exacerbation of a previously existing condition. The fourth case made a fair recovery, but is described by his mother to be "irritable" and by his teacher as "mischievous". His mental condition is up to the average and there is no physical defect. This boy exhibits the slighter manifestations of the conditions indicated above. The fifth case after a very prolonged illness during which violent tendencies appeared, made a complete recovery.

Cerebro-Spinal Meningitis.—One notification was received of cerebro-spinal meningitis. The diagnosis was confirmed bacteriologically. The patient was admitted to the Park hospital where she died after an acute illness extending over a fortnight.

PARK HOSPITAL.

I am indebted to Dr. Rowland for the following records referring to patients at the Park hospital during the year :—

TABLE VII.

Disease.	Remaining in hospital 1 Jan., 1925.	Since Admitted.	Since Discharged.	Died in hospital.	Remaining in hospital 31 Dec., 1925.
Scarlet Fever	23	161	157	1	26
Diphtheria	1	46	42	1	4
Tuberculosis	8	45	38	4	11
Other Disease	—	4	3	1	—
Totals	32	256	240	7	41

Scarlet Fever. The type of disease admitted proved to be in general mild. Only one case proved fatal from a general septicaemia which supervened.

For purposes of reference a record has been maintained each year of the incidence of the common complications of scarlet fever. There were 10 cases or 6.2 per cent. of cases complicated by albuminuria. The condition in each case was mild and had cleared up before discharge. In 5 cases or 3.1 per cent., arthritis, also mild in character, developed. Twelve of the patients, or 7.4 per cent. had otorrhoea and 17 or 10.5 per cent. a purulent nasal discharge. In 8 of the latter group, the Klebs Loeffler bacillus was found in either the nasal or aural discharge. The incidence of complications is in accord with general experience of the disease.

In addition to those patients who had complications which are essentially part of the disease, 1 patient had mumps and 1 chickenpox at the same time as scarlet fever.

Return Cases. There were 4 return cases during the year, or a rate of 2.5 per cent. of those discharged. The periods between the discharge of the patients and the onset of infection in the return cases varied from 3 to 22 days. The percentage of return cases in the past five years has varied from 2 to 6 per cent. Such cases are always more numerous during epidemic periods.

Diphtheria. The cases of diphtheria admitted included a number of more than average severity. One child suffering from severe toxæmia was admitted too late for treatment to be of any avail. One other patient developed diphtheritic paralysis, but made a good recovery. In no case was tracheotomy necessary.

Of the total number of diphtheria cases admitted, 34 were positive on bacteriological examination, the remaining 11 being negative to repeated examinations.

Amongst other diseases admitted was one case of cerebro-spinal meningitis, which unfortunately proved fatal. This condition was not recognized or admitted to hospital until a comparatively late stage of the disease.

One member of the staff contracted diphtheria in a mild form and made a good recovery.

DISINFECTION.

As in previous years, the work of disinfection was carried out by the health department. This includes all the work arising in connection with infected homes in the district and all the necessary disinfection for Dellwood maternity home, as well as in certain of the adjoining rural districts, with whom we have agreements to carry out disinfecting work as required.

The following summary shows the extent of the work carried out during the past year :—

	Number of			
	Houses.	Rooms.	Beds and Mattresses.	Miscellaneous Articles.
Reading district	406	443	408	2952
Adjoining districts	13	11	19	161
Dellwood maternity home ...	—	51	380	1152
Miscellaneous institutions in Reading	—	4	16	118
Total	419	509	823	4383

TUBERCULOSIS.

The number of deaths assigned to tuberculosis has this year fallen to a lower point than ever before reached. For many years the incidence of tuberculosis had shewn a steady fall until the latter end of the war period. Since the war, the subsequent social conditions have had a distinct effect in lessening the rate of decline, and for five years the prevalence of the disease as measured by deaths has been almost stationary. Tuberculosis is a disease essentially dependent on adverse social conditions.

The following table shews the notifications and deaths from both forms of the disease since 1918 :—

Year.	Number of cases notified.		Number of deaths.	
	Pulmonary.	Non-pulmonary.	Pulmonary.	Non-pulmonary.
1918	167	18	115	20
1919	123	13	81	12
1920	108	10	75	16
1921	106	36	82	15
1922	125	11	81	19
1923	112	22	93	16
1924	124	16	90	7
1925	119	11	74	12

Notification. If there is to be any hope of permanent recovery from tuberculosis it is essential that the condition should be recognized and brought under treatment at the earliest possible moment. Although the Council has provided a scheme for early treatment in sanatoria, it is a fact that a large proportion of cases is brought to the knowledge of the department too late to take advantage of it. During the year 27 cases were not notified at all and information of their existence was only found from the returns of deaths furnished by the Registrar. A certain number of these cases had received some treatment in poor law institutions, but such treatment is usually in the final phases. The absence of notification deprives these patients of the home treatment and supervision which is necessary before their admission to institutions and at any period during which they may return home.

A further 18 were notified less than three months, and 8 less than six months before death. The duration of the disease usually extends over several years, so that it is clear that in just over one-half of the total number of fatal cases not only was any hope of permanent cure rendered impossible, but these patients had each a prolonged opportunity of conveying the infection to others. Unfortunately the onset of the disease is often insidious and only in the later stages does the patient seek medical advice. Nevertheless, even in the later stages notification of the disease is important with a view to isolation of the patient when necessary and to ensure supervision and prevention of infection.

The scheme for dealing with tuberculosis in the borough embraces the following units :—

- (a) The Tuberculosis dispensary with daily medical consultations.
- (b) Sanatorium treatment for suitable cases in both adults and children—average number under treatment, 20-30.

- (c) Hospital provision for cases of surgical tuberculosis.
 (d) A Pavilion for advanced cases of pulmonary disease in males—12 beds.
 (e) The Whitley open-air school for "pre-tuberculous" children—50 in average attendance.
 (f) Home supervision by trained nurses.
 (g) The provision of additional food and drugs like cod liver oil in suitable cases, and of open-air shelters for home use.
 (h) An After-Care Association conducted on a voluntary basis and supported by voluntary contributions.

The only point in which the scheme is incomplete is the absence of any provision for the isolation and treatment of advanced cases of the disease in females. The only beds available for this purpose are those provided by the Guardians.

Tables VIII. and IX. present an analysis of notifications and deaths during the year.

TABLE VIII.

Age Periods.	Total new cases received during the year				Deaths.			
	Pulmonary.		Non-pulmonary		Pulmonary.		Non-pulmonary	
	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.
Under 1 year ...	—	—	1	1	—	—	1	1
1 year to 5 years ...	—	—	1	—	—	—	1	—
5 years to 10 years	3	1	3	1	—	1	1	1
10 " 15 " ...	3	2	—	1	—	1	—	—
15 " 20 " ...	2	14	—	—	1	5	—	—
20 " 25 " ...	11	19	2	—	6	4	—	—
25 " 35 " ...	15	11	1	1	1	4	—	—
35 " 45 " ...	19	13	—	2	6	4	—	1
45 " 55 " ...	12	4	1	—	4	3	—	—
55 " 65 " ...	2	6	3	1	1	3	3	—
65 and upwards ...	—	1	—	—	—	—	—	—
Totals ...	67	71	12	7	19	25	6	3

The following report by the Tuberculosis Officer, Dr. Minkley, gives details of the work carried out during the year :—

Number of new cases examined (including 24 re-admissions) ...	264
Number of persons found to be suffering from pulmonary tuberculosis	114
Number of persons found to be suffering from non-pulmonary tuberculosis	11
Number of persons presenting such symptoms and signs as occasioned suspicion and necessitated continued observation	40
Number of persons found to be not suffering from tuberculosis ...	99
Total number of attendances by patients during the twelve months	3609

In regard to co-operation with other institutions it may be mentioned that this has been effective with the Royal Berks hospital, especially with the Out-patient orthopaedic clinic to which bone and joint cases of tuberculosis have been referred for the expert opinion of the surgeon-in-charge (Mr. J. L. Joyce), also with the Douglas home, Bournemouth, through the

Summary of Notifications received during the year 1925.

Age Periods.	Number of Notifications on Form A.													No. of Notifications on Form B.			No. of Notifications on Form C.	
	Primary Notifications.													Total Notifications including cases previously notified by other doctors	Primary Notifications.	Total Notifications including cases previously notified by other doctors	Poor Law Institutions	Sanatoria
	Under 1 year	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 and upwards	Total	5 to 10						10 to 15
Pulmonary (males)	—	3	3	2	9	15	18	10	1	—	61	66	—	—	—	64	—	—
Pulmonary (females)	—	—	1	1	12	17	9	10	2	5	1	60	—	—	—	18	8	—
Non-Pulmonary (males)	—	1	2	—	—	2	1	—	1	—	7	7	—	—	—	4	2	—
Non-Pulmonary (females)	—	—	—	—	—	—	1	1	—	1	4	4	—	—	—	1	1	—

Patients notified as suffering from both pulmonary and non-pulmonary disease are included among the "pulmonary" returns only.

SUPPLEMENTAL RETURN.

New cases of Tuberculosis coming to the knowledge of the Medical Officer of Health or Chief (Administrative) Tuberculosis Officer during the period from the 4th January, 1925, to the 2nd January, 1926, otherwise than by notification on Form A or Form B under the Public Health (Tuberculosis) Regulations, 1912.

Age periods.	0 to 1.	1 to 5.	5 to 10.	10 to 15.	15 to 20.	20 to 25.	25 to 35.	35 to 45.	45 to 55.	55 to 65.	65 and upwards.	Total Cases.
Pulmonary (males) ...	—	—	—	—	—	2	—	1	2	1	—	6
Pulmonary (females)	—	—	—	1	2	2	2	3	2	1	—	13
Non-pulmonary (males)	1	—	1	—	—	—	—	—	—	3	—	5
Non-pulmonary (females)	1	—	1	—	—	—	—	1	—	—	—	3

N.B.—All of the cases shown in the Supplemental Return were taken from the death returns.

agency of the United Services Fund (Local Secretary, Mr. H. W. Bowyer). At this institution ex-service men who have received sanatorium treatment and reached an "arrested" or "quiescent" stage are received for rest and dietetic treatment in the event of their subsequent temporary breakdown from such affections as dyspepsia, debility, bronchitis, etc. The treatment afforded has been of material assistance in preventing the recrudescence of tuberculous disease in a number of cases. Similar co-operation has been effected through the instrumentality of the British Red Cross Society (Berkshire Branch) whose Secretary (Miss Waltham) has taken an especial interest in ex-service men and their families. The Tuberculosis Officer has paid several visits to the Battle Infirmary and has seen and examined cases of tuberculosis in that institution in consultation with and at the request of the resident medical superintendent (Dr. Guilding). Various patients have been referred to the Reading (Chain Street) Dispensary for the treatment of dental defects and of these several have received substantial grants towards the cost of dentures from the Reading Dispensary Trust.

Close inter-working has been maintained with the school medical service and cases are frequently referred from the school clinic by the Medical Officers for examination, observation, and treatment by the Tuberculosis Officer.

When sending patients for examination at the tuberculosis dispensary many medical practitioners send letters stating symptoms and signs which have given rise to suspicion of disease, and others use the forms provided for initial reports upon cases.

The Tuberculosis Officer has in 60 cases visited patients in their homes in consultation and co-operation with their medical practitioners, and numerous interviews concerning diagnosis, treatment, etc., have been held at the dispensary between practitioners and the Tuberculosis Officer.

Medical reports have been furnished to practitioners sending patients for examination giving advice on the most appropriate line of treatment to be adopted, and from time to time as to the progress of patients continuing under observation.

In those cases in which there is difficulty in arriving at an immediate diagnosis arrangements are made for continued attendance of the patients at suitable intervals. The tuberculosis nurses instruct such patients in the taking of temperatures in order that a careful record may be furnished on this matter to the Tuberculosis Officer at subsequent visits. Frequent sputum examinations are made, and such further clinical observation and examination is made as is necessary for a definite diagnosis to be arrived at as soon as possible.

The tuberculosis nurses visit the homes of patients notified wherever the consent of practitioners attending is not withheld, and endeavour to secure the attendance of "home contacts" for the purpose of examination by the Tuberculosis Officer. In those cases in which there is reason to suspect the onset of disease amongst such contacts, arrangements are made for such further examinations as may be necessary, and treatment of a preventive character (such as boarding out children of delicate and "pre-tubercular" type) appears to have been in a number of instances very successful in warding off definite onset of pulmonary disease.

Of the 264 new cases examined during 1925, 69 were examined as "home contacts". Amongst such contacts, 2 persons were found to have definite signs of disease, 8 presented symptoms or signs calling for extended observation, the remaining 59 showed no signs of clinical infection.

In a very few cases it has been possible as an aid to diagnosis to secure X-ray examinations.

Special treatment was only resorted to in a small number of cases during 1925. Injections of Collosol Calcium continued to be used chiefly as a defence against attacks of haemoptysis in 5 cases which showed a tendency towards this complication. Injections of Mixed Infection Phylacogen have been used in 3 cases where infection with a variety of organisms appears to have followed the primary infection of tubercle bacilli in sinuses following tubercular abscesses, and apparently has assisted in promoting healing in such cases. One patient received artificial pneumothorax treatment whilst at sanatorium. This treatment was declined by other patients to whom it was suggested as appropriate to their type of disease.

Experience continues to show strongly that for pulmonary cases sanatorium treatment with careful graduation of exercise and occupational therapy suited to the individual is easily of prime importance in the treatment of the disease, as well for the educational value in the mode of hygienic living as for the chance of amelioration in signs of disease.

Expenditure for necessary dental treatment in the case of patients undergoing sanatorium treatment has been undertaken by the Council in one case. Every effort has however been made to ensure that patients shall have at least such preliminary dental treatment before proceeding to sanatoria as shall ensure no oral sepsis occurring which shall militate against steady progress.

No special arrangements are made for the provision of nursing of tuberculous cases at home, but in those cases where nursing attention is required other than can be supplied by the patient's relatives a recommendation is made after consultation with the medical practitioner that application be made to the Queen Victoria Institute for district nursing for the necessary nursing assistance.

The provision of extra nourishment in necessitous cases has been carried out with the help of the approved annual grant from the Council of £2 per thousand of the population, through the instrumentality of the Relief Subcommittee of the Reading Tuberculosis Dispensary Care Association.

Cases of non-pulmonary tuberculosis and tuberculosis of bones and joints have received treatment at Wingfield Orthopaedic hospital, Headington, Oxford, and necessary appliances have been provided at the expense of the Council in three instances. Similar treatment has also been obtained at the Alexandra Hospital, Swanley, Kent.

Great assistance has continued to be forthcoming in regard to care and after-care of patients through the medium of the Reading Tuberculosis Dispensary Care Association, which has now become affiliated to the National Association for the Prevention of Tuberculosis. During 1925 there were 38 new cases dealt with by the Association in addition to 19 re-applications and continuance of assistance in 43 cases, making a total of 101 for the year.

Grants of extra nourishment were made in	...	...	...	80 cases.
Children of "pre-tuberculous" type received treatment at				
seaside and country homes	...	...	...	10
Aided with railway fare to Brighton	...	...	...	1
Supplied with necessary clothing	...	...	...	3
Payment of National Health Insurance arrears				1
				—
				95
Referred to Board of Guardians	...	...	...	3
Assistance considered not necessary	...	...	...	3
				—
				101
				—

Useful co-operation with the Care Association has also been made by the United Services Fund, Southern Co-operative Convalescent Fund, Reading Board of Guardians, and Reading Council of Social Welfare.

The Employment Advisory Sub-Committee noted in the report for 1924 as having been appointed by the Care Association to consider possible avenues for the employment of ex-sanatorium patients has found itself unable to formulate any scheme which could be recommended for adoption by the Association. In some instances personal interviews with employers by the Tuberculosis Officer have been helpful in obtaining employment for patients.

Shelters. During the year 25 shelters out of the 33 in possession of the Council have been in regular use. The tuberculosis nurses have from time to time visited cases having shelter treatment, and have seen that such was being adequately carried out. Ex-sanatorium patients have been able to carry on in their homes the principles inculcated during their period of institutional treatment.

No special points as to the incidence of tuberculosis are noticeable, but it can be said that the low-lying parts of the town where there is considerable humidity during the winter season are certainly positions where treatment is attended with special difficulty.

Of methods adopted within recent years tending toward the reduction of tuberculosis within the borough, I am of opinion that the tuberculosis pavilion for the reception of advanced cases amongst men is of special value, by removing during probably the most dangerously infective period a number of cases with tubercle bacilli present in the sputum.

Eight patients remained there at the end of 1924. During 1925, 45 were admitted, of which 2 were re-admissions, the number of persons receiving such treatment being 51. The following table shews the position at the end of the twelve months :—

Remaining in pavilion, December 31st, 1925	...	...	11
Died in pavilion during 1925	...	...	4
Died subsequently	...	...	9
Living (December 31st, 1925), but with progressive disease			8
Remainder showing measurable improvement	...	...	19
			—
			51
			—

No special difficulties were encountered, indeed on the contrary the loyal co-operation of everyone concerned in the work has afforded special facility for carrying on the duties in regard to the care of patients generally.

Sanatorium Treatment.—Patients have received treatment at the following institutions during 1925 :—

Grosvenor Sanatorium, Kennington, Ashford, Kent ...	39
Frimley Sanatorium, Surrey	2
Berks and Bucks Sanatorium, Peppard Common, Oxon	4
Lenham Sanatorium, Kent	1
Church Army Sanatorium for Lads, Heath End, Surrey	11
Oak Bank Sanatorium and Residential Open Air School for Girls, Sevenoaks, Kent	1
Wingfield Orthopaedic Hospital, Headington, Oxford ...	8
Alexandra Hospital, Swanley, Kent	1
Pinegrove Sanatorium, Fleet, Hants.	1
Mount Vernon Hospital, Northwood, Middlesex	1
	—
	69
	—

	Remaining in Sanatoria, Dec. 1924		Admitted during the year 1925.		Totals.	
	Males.	Females.	Males.	Females.	Males.	Females.
Adults ...	6	15	12	17	18	32
Children ...	8	3	8	0	16	3
Totals ...	14	18	20	17	34	35

The condition at the end of the year of patients treated in sanatoria was as follows :—

Disease quiescent	21
Improvement maintained	19
Disease progressive	6
Died	3
Remaining in sanatoria	20
	—
	69
	—

Examination of Specimens.

Sputum specimens sent in by doctors	244
Sputum, dispensary specimens	130
Other specimens	20
	—
	394
	—

In 116 of these tubercle bacilli were found to be present and the remaining 278 proved not to contain tubercle bacilli.

The two nurses attached to the dispensary paid 2,451 visits to the homes of patients, of which 139 were paid to the homes of ex-service men.

VENEREAL DISEASES.

From the returns furnished by Sir Stewart Abram, Senior Physician to the Royal Berkshire Hospital, the following short table has been prepared to show the number of persons attending the Venereal Diseases Clinic at the Hospital and the conditions from which they suffered :—

	Syphilis.		Gonorrhoea.		Total. Persons
	Males.	Females.	Males.	Females.	
Total number of persons under treatment or observation on 1st January, 1925, for—	77	40	27	5	149
Number of persons treated for the first time during the year 1925, for—	55	39	43	10	147
	132	79	70	15	296

The numbers include all patients coming from the adjoining counties as well as those from Reading but excludes non-venereal cases. Of the new cases attending, 54 of those suffering from syphilis and 28 sufferers from gonorrhoea were residents of the borough. The total number of attendances by all patients during the year was 4,265, and the number of in-patient days 1,446, both of which shew an increase on those of the preceding year.

I am indebted to Dr. T. Skene Keith, the Clinical Officer of the department for the following interesting record of the clinical aspect of the work :—

The following table shews the rise and fall in the wave of venereal disease which followed the war :—

Year ...	...	1918	1919	1920	1921	1922	1923	1924	1925
Total cases		303	812	850	576	436	403	336	396
New cases	...	303	...	...	291	240	150	155	186

From the above table it will be seen that after a continued fall in the number of persons under treatment there has this year been a considerable rise, which is due to an increase in the number of new patients, and equally to better attendance by old patients.

The next table shews the number of new cases attending the clinic during the years 1924 and 1925, sub-divided according to disease and domicile.

	Year, 1924.				Year, 1925.			
	Total.	Reading.	Total.	Reading.	Total.	Reading.	Total.	Reading.
Syphilis	...	58	...	30	...	94	...	54
Gonorrhoea	...	69	...	36	...	53	...	28
Non-venereal		28	...	14	...	39	...	20

This shows a decrease in gonorrhoea, but an increase in syphilis and in the non-venereal cases.

Non-Venereal. These may be dismissed at once, they have no significance other than that of showing the increasing use made of the clinic (*a*) by doctors who need help in the diagnosis of obscure cases, and (*b*) by those whose peace of mind is disturbed by the prickings of an uneasy conscience.

Syphilis. A simple analysis of these cases is instructive, and for the purpose of this report the disease may be divided into three groups as follows:—

1. Recent infections acquired within the last 12 months.
2. All the later stages of the disease. These patients have usually received treatment, but not enough. The infections were from 12 months to 30 years old.
3. Congenital syphilis. These patients infected while yet unborn, varied in age from 7 days to 30 years.

Here is a table based on this classification:—

Type of disease	1924.	1925.
1. Recent infections	16	11
2. Old infections	38	53
3. Congenital syphilis	4	31

From this, it is clear that in spite of the general rise in the total number there has been an actual fall in the number of recent infections.

Gonorrhoea. Here there is a fall, which is directly comparable to that in the case of recently acquired syphilis. As the vast majority of these cases are recent infections, this is only natural.

At the conclusion of this report comes the least satisfactory point. During 1925, no less than 91 patients suffering from syphilis, and 56 suffering from gonorrhoea ceased to attend before they could be discharged as cured, and though some may return, many will not.

As many are still infectious, and as the nervous diseases which follow syphilis (Tabes Dorsalis and General Paralysis of the Insane) are especially common in those whose treatment has been insufficient, it is a matter of the utmost regret that these persons should by their criminal negligence imperil the lives and health not only of themselves but also of their associates, and worst of all their children.

MATERNITY AND CHILD WELFARE.

Infantile Mortality. During the year 85 infants died before attaining their first birthday. This represents the deaths of 56·3 infants for every 1,000 born, a rate which shews an increase on those of the two preceding years. The increase in the rate of infant deaths is entirely due to the presence of whooping cough during the year.

The causes of infant deaths fall broadly into three groups—those occurring in the first month of life, principally due to causes either in mother or child which operate before the birth of the child; those due to diseases of the respiratory system and the acute infections like whooping cough; and those due to diseases of the gastro-intestinal tract which are frequently the result of injudicious feeding. Of these causes, the last has yielded most to preventive measures due in great degree to dissemination amongst young

INFANT MORTALITY, 1925. (CAUSES OF DEATH under one year).

Causes of Death.				Under 1 week	1—2 weeks.	2—3 weeks.	3—4 weeks.	Total under 1 month.	1 month and under 3 mos.	3 months and under 6 mos.	6 months and under 9 mos.
All causes	Certified	...	...	24	3	7	2	36	10	14	14
	Uncertified	...	...	4	—	—	—	4	—	—	—
Small Pox	...	...	...	—	—	—	—	—	—	—	—
Chicken Pox	...	...	...	—	—	—	—	—	—	—	—
Measles	...	...	...	—	—	—	—	—	—	—	—
Scarlet Fever...	...	...	...	—	—	—	—	—	—	—	—
Whooping Cough	...	...	...	—	—	—	—	—	1	3	1
Diphtheria and Croup	...	...	...	—	—	—	—	—	—	—	—
Erysipelas	...	...	...	—	—	—	—	—	1	—	—
Tuberculous Meningitis	...	...	...	—	—	—	—	—	—	1	1
Abdominal Tuberculosis	...	...	...	—	—	—	—	—	—	—	—
Other Tuberculous Diseases	...	...	...	—	—	—	—	—	—	—	—
Meningitis (not Tuberculous)	...	...	...	—	—	—	—	—	—	1	1
Convulsions	...	...	...	—	—	—	—	—	—	—	—
Laryngitis	...	...	...	—	—	—	—	—	—	—	—
Bronchitis	...	...	...	—	—	—	—	—	1	—	1
Pneumonia	...	...	...	—	—	—	—	—	1	5	4
Diarrhoea	...	...	...	—	—	—	—	—	1	1	1
Enteritis	...	...	...	—	—	—	—	—	1	2	1
Gastritis	...	...	...	—	—	—	—	—	—	—	—
Syphilis	...	...	...	—	1	—	—	1	—	—	—
Rickets	...	...	...	—	—	—	—	—	—	—	—
Suffocation (overlaying)	...	...	...	1	—	—	—	1	—	—	—
Injury at birth	...	...	...	3	1	—	—	4	—	—	—
Atelectasis	...	...	...	—	—	—	1	1	—	—	—
Congenital malformation	...	...	...	5	—	1	—	6	—	—	—
Premature birth	...	...	...	17	1	4	—	22	—	—	—
Atrophy, Debility, Marasmus	...	...	...	1	—	2	1	4	2	—	1
Other Causes	...	...	...	1	—	—	—	1	2	1	3
Totals	...	...	...	28	3	7	2	40	10	14	14

6 of the deaths were of illegitimate children.

Allocated to Municipal Wards.														Deaths in Institutions.	
9 months and under 12 mos.	Total under 1 year.	Abbey.	Battle.	Castle.	Caversham.	Church.	East.	Katesgrove.	Minster.	Redlands.	Tilehurst.	Victoria.	West.	*Residents of Borough.	Non-Residents of Borough.
7	21	1	6	8	3	16	4	15	9	4	6	5	4	—	—
—	4	1	—	—	—	1	—	—	1	—	—	1	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3	8	—	—	1	1	2	—	—	—	1	1	2	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—
—	2	—	—	—	—	1	—	1	—	—	—	—	—	1	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	2	—	—	—	—	1	—	1	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	2	—	—	—	—	—	—	—	—	1	—	—	1	—	—
3	13	—	2	—	—	4	—	2	3	1	1	—	—	1	—
1	4	—	—	—	—	3	—	1	—	—	—	—	—	2	—
—	4	—	—	1	1	—	—	—	—	—	1	—	1	1	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	1	—	—	—	—	—	—	—	1	—	—	—	—	1	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—
—	4	1	1	—	1	1	—	—	—	—	—	—	—	—	—
—	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—
—	6	—	—	1	—	1	2	1	—	1	—	—	—	1	—
—	22	1	3	3	—	3	—	6	3	—	1	1	1	2	3
—	7	—	—	2	—	—	1	2	1	—	—	1	—	2	—
—	7	—	—	—	—	—	1	—	2	—	1	2	1	4	—
7	85	2	6	8	3	17	4	15	10	4	6	6	4	15	3

mothers of knowledge of infant feeding, but not a little to the enormous improvement in the methods of preparation of many well-known brands of infant foods. There is no doubt that the second group of diseases of the respiratory system will be capable of reduction when mothers learn that danger to infants lurks in a close atmosphere and avoidance of draughts rather than in exposure to fresh air.

From the records of the ante-natal clinic it will be seen that much ignorance still exists in regard to what are the necessary accompaniments of pregnancy. Expectant mothers still support conditions prejudicial to their own health as well as the health of their infants and regard these conditions as the hand of fate. It is only rational to suppose that when mothers have the knowledge and the means to care for their own health the great mortality in the early days of life will be reduced.

It will be seen from the small table appended how interest in infant welfare has affected these three groups during recent years.

Period.	Neo-natal Mortality.	Mortality from bronchitis and pneumonia.	Mortality from gastro-intestinal diseases.
1905-8	34.7	17.2	17.6
1909-12	37.3	10.1	11.9
1920-23	31.7	10.0	4.7
1924	26.2	14.9	2.4
1925	26.5	10.0	5.3

} Rates per 1,000 births.

The large table on pages 38 and 39 gives in detail the causes of, and the ages, at death.

Stillbirths. The number of stillbirths notified by midwives was 49, being at the rate of 3.2 per cent. of live births.

This rate over a period of six years is found to be remarkably constant. A history of definite illness of the mother and difficulties incidental to the birth accounted for more than half the cases. In a small number malformations or congenital weakness in the child was the cause, but in one third of the total no definite cause could be assigned.

Supervision of Midwives. There were 38 midwives who gave notice of their intention to practice during the year only 23 of whom were in regular practice. Twelve of the practising midwives were employed in institutions. Nine left the district during the year. For the purpose of supervising equipment and methods, the Inspector of Midwives paid 68 visits to these midwives during the year. Each midwife in the area has been supplied with a register to record the ante-natal progress of her patients. The Maternity and Child Welfare Committee has not yet arranged for the payment of any fee for this ante-natal work but all but two of the midwives are found to keep the register satisfactorily. It is felt that the direction of study towards the ante-natal aspect of the work will effect considerable improvement in the future. Maternity outfits are also available for midwives on application to the health department but from the dearth of applications it would appear that this equipment is not often required.

The Inspector reports that the standard of work is satisfactory and that the rules of the Central Midwives Board are well observed.

Records of Sending for Medical Help. Notification was received of 215 instances in which midwives required to call in medical assistance. In 163 of these cases the assistance was required on account of the mother, and in 52 for the child. The rules of the Central Midwives Board require the midwife to call in the assistance of a doctor in certain prescribed abnormal conditions either of mother or child. The local authority becomes liable for the doctor's fee in these cases in accordance with a scale graded according to the nature of the emergency. The intention is to ensure that financial circumstances will not deprive the mother of the necessary medical skill and the midwife shall not undertake the conduct of cases beyond her capacity and training. It is found in practice that the more skilled among the midwives, being the better trained to recognize the emergencies, the more readily avail themselves of medical assistance. During the year the local authority became liable for the payment of £134 in fees of which £12 was recovered from the patients. In addition, a grant of £20 was made to the Caversham District Nursing Association in aid of its midwifery service and £10 to the Reading Queen Victoria Institute as consideration for their assistance in the training of pupil midwives.

Notification of Births Act, 1907. In accordance with the terms of this Act, 1362 of the total of 1,573 registered births belonging to the borough, were notified to the Medical Officer of Health. This represents 86 per cent. of the births. Midwives were responsible for 76 per cent. of the notifications received, the remainder coming from doctors and parents.

Infant Welfare and Health Visiting. It is now established that work for the promotion of infant welfare by means of infant consultation centres and home visits by the nursing staff of the health department has become an integral part of the social work of the town. It is also well recognized that welfare centres will best serve their purpose by being established in buildings however modest that are easy of access for the mothers. With that object, new centres have been opened in the past two years at Tilehurst and Shinfield. Each area of the town has now got a centre where mothers can have their babies weighed and their progress recorded, receive medical advice when necessary, and purchase suitable infant foods. That the centres serve a useful purpose and are appreciated will be evident from the fact that more than half the mothers in the borough attend with their babies.

The details of attendances are set out in the following table :—

TABLE XI.
INFANT CONSULTATION CENTRES.

Centre.	Numbers Attending.	Re-attendances.	Average Attendances.
Star Lane, Wednesday	266	4023	8.2
" " Friday	140	2338	4.9
Elm Park Hall, Oxford Road	196	4328	8.7
Park Institute, Wokingham Road	143	4008	8.3
Caversham, Weston Mead	95	1950	4.0
Tilehurst (Village Hall)	54	1267	2.7
Shinfield, St. Barnabas Church Hall	72	928	2.2
Totals	966	18842	3.90

It is also interesting to observe the record of attendances during the past six years. It will be seen that the total numbers attending have somewhat decreased. If it is remembered that the number of births has declined from 2,278 in 1920 to 1,573 last year, it will readily be seen that the proportion of mothers attending the centres has steadily increased. That their interest is maintained will also be seen from the progressive increase in the average attendance :—

INFANT CONSULTATION CENTRES, 1920-25.

	Numbers attending.	Re-attendances.	Average attendance.
1920	1003	11019	237
1921	1191	15750	303
1922	969	14387	296
1923	996	16686	342
1924	999	17684	361
1925	966	18842	390

The record of the work of these centres would be incomplete without reference to the invaluable assistance rendered by the numerous voluntary helpers who give so much time and enthusiasm to the work.

The scheme of health visiting in the homes has been maintained as in previous years. The general object is to keep children under medical and nursing supervision until they attain the age of five years when they will come under the care of the school medical service whilst as indicated elsewhere, increasing attention is being given to ante-natal care. From the investigations of the school medical service it has been clear for some time that many of the defects which give trouble and require treatment in later years have their origin before school age. For this reason special attention is now being given to crippling defects to ensure that mothers will have the necessary medical advice.

These defects often require long and patient treatment for which the orthopaedic clinic at the Royal Berkshire hospital performs an invaluable function. That the value of early treatment is now generally appreciated is seen from the large number of children who have been operated on for tonsils and adenoids before arriving at school age thereby avoiding many of the ill-effects which follow prolonged obstruction to breathing.

The following summary shews the extent and nature of the work carried on during the year :—

HEALTH VISITING SUMMARY.

First visits after receipt of notification	...	...	1481
Re-visits to children under one year	...	...	6152
Visits to children aged one to five years	...	...	12761
Special visits	...	...	925
Visits to expectant mothers	...	...	968
Special visits to cases of measles	...	...	79
Special visits to cases of ophthalmia	...	...	6
Special visits to cases of stillbirth	...	...	39
Special visits to infant deaths	...	...	84
			<u>22495</u>

The health visiting staff can also be congratulated on the general progress of their work during the past six years, which is indicated in the following further summary :—

Total number of visits paid.			
Year.	Total Visits.		
1920	15548
1921	17051
1922	19678
1923	21954
1924	20226
1925	22495

For the latter half of the past year one health visitor previously devoting part time gave her whole time to the duties.

Ophthalmia Neonatorum. Six notifications of this disease were received during the year. There were no very severe cases and the results were satisfactory.

Notified.	Cases.		Vision un-impaired.	Vision impaired.	Total Blindness	Deaths.
	At Home.	In Hospital.				
6	5	† 1	6	—	—	—

† The Hospital case was treated at the Battle Infirmary.

Puerperal Fever and Maternal Mortality. From the table of causes of death on page 16 it will be seen that seven deaths were assigned to causes connected with childbirth. Although this number is somewhat higher than in recent years in Reading, it is remarkable that deaths from these causes in the country have remained fairly constant at about 4 per 1,000 births, and that the rate shews little signs of diminution.

Of the seven deaths, two were due to eclampsia and one to pernicious vomiting, both causes probably toxic in origin and capable of prevention in many cases. Two were due to embolism, the prevention of which is probably beyond our present knowledge. The remaining two were due to septic conditions. Two other notifications of puerperal fever were received where the patient in each case made a good recovery.

Milk (Mothers' and Children) Order, 1919. The supply of milk to expectant and nursing mothers and to children under three has been continued as in previous years since the passing of the Order. The financial circumstances of each applicant are verified in each case before milk is granted and periodically thereafter. In this work the co-operation of the employers, the Clerk to the Guardians, and the Authorities of the Labour Exchange, have been of the greatest assistance. From the information derived from these sources it can only be rarely that milk is supplied otherwise than according to the income scale laid down by the Committee. The nett cost during the financial year ended March, 1926, was approximately £910.

ANTE-NATAL CLINIC.

The Ante-natal clinic has continued to perform a useful function as a means of instructing mothers in the hygiene of pregnancy and as an adjunct to Dellwood maternity home.

The number of new patients and the number of attendances since the inception of the clinic are as follows :—

	1921	1922	1923	1924	1925
New patients	247	258	283	266	245
Attendances	705	830	844	908	917

Although nearly one sixth of all expectant mothers in the borough attend the clinic, this branch of the work deserves to be still better known and supported. The midwives of the town especially ought to take greater advantage of it not only in the interests of their patients but in their own interest. Anyone who is familiar with the gynaecological departments of hospitals is fully aware of the amount of permanent invalidity arising from pregnancy and childbirth, much of which might be prevented. It appears difficult to believe that the exercise of what is after all a normal function need so frequently be accompanied by subsequent discomfort and disaster. The clinical records of the past year only serve to emphasise the findings recorded in previous reports. There are affections which appear in themselves trivial but the cumulative effects of which often militate seriously against mother and child. Alimentary disorders, varicose veins, carious teeth, etc. are very frequently found.

It is gratifying to find that a larger number of mothers now avail themselves of the facilities offered at the school clinic for dental treatment. It is easy to understand the hesitation of expectant mothers to undergo dental treatment. When it is understood that a visit to the dentist is not now the barbarous proceeding of a few years ago more mothers will doubtless undergo the necessary treatment. It has been emphasised elsewhere that future reductions of the rate of infantile mortality must of necessity be effected by the greater care of the health of the mother during her time of expectancy.

DELLWOOD MATERNITY HOME.

The past year has seen the completion of the fifth year of the work of Dellwood, when 196 patients were attended there. The numbers admitted during this period are as follows :—

1921	1922	1923	1924	1925
179	253	285	239	196

It will thus be seen that the home has maintained its popularity and its effectiveness throughout the period.

It was found during the year 1923 that to admit patients in excess of 12 per month would place a tax on the resources of the home and of the staff that would not be in the best interests of the patients. Thereafter the maximum number to be admitted annually was limited to 240. The fall in the numbers admitted during the past year was due to the fact that owing to an outbreak of pemphigus neonatorum referred to below, the home was closed for two periods totalling six weeks in the early part of the year.

In no case during the year did any serious maternal complication develop.

Since the opening of the home there have been three cases attended with fatal result to the mother. In two of these, the circumstances were such as to require caesarean section under very unfavourable conditions. The third fatality was due to severe eclampsia and occurred within a few hours of the birth. Throughout the five years there have been two cases of puerperal fever both of which recovered, and there has been no case of ophthalmia neonatorum.

Criticism has on occasion been levelled at Dellwood in that it has been said to provide for a class of the community which might well make its own arrangements. When the home was established, its professed aim was to cater for such of the population as were unable whether through difficult housing conditions or unfortunate social circumstances, to suitably provide for themselves. The records kept yearly have shewn that these objects have been attained.

During the past year of the 196 patients admitted—

- 53 occupied one room.
- 80 occupied two rooms.
- 7 occupied more than two rooms.
- 12 were living with parents.
- 44 occupied separate houses.

Of those occupying separate houses, 16 were admitted as private patients of various doctors.

This summary illustrates another aspect of the housing situation which is dealt with in greater detail elsewhere.

The form of application contains a statement of the occupation and income of the husband of the applicant. From these forms it is found that the great majority are engaged in miscellaneous occupations too numerous to detail, from which they derive an average income of £2 12s. per week. The husbands of 24 of the patients were unemployed or employed part time, and 8 were single girls.

The average fee paid was £3 2s. or £1 11s. per week, excluding 21 of the patients who were admitted free on account of poor circumstances.

Pemphigus Neonatorum. It is regrettable that at the latter end of 1924 this highly infectious disease of the new-born gained entrance to the home. The precise nature of this disease or the manner of its conveyance is not yet clearly known. That the power of infection is one of very high degree was clearly demonstrated in the fact that after taking all known precautions we were unable to eradicate the source of infection until the home had been closed first for a period of two weeks and later for a second period of four weeks. In the records, this disease has elsewhere been attended with serious consequences to the infants and on occasion by septic infection of the mother. In our experience, no single child suffered more than the inconvenience, each infant gaining weight steadily, and in no case did the mother suffer septic infection.

SANITARY CIRCUMSTANCES OF THE AREA.

Water Supply. I am indebted to Mr. Leslie C. Walker for the following information in regard to water supply :—

The water supply of the main portion of the borough including Caversham is obtained from the river Kennet. The Tilehurst area, however, obtains its supply from a deep well in the chalk.

The river supply is subjected to a process of pre-filtration in coarse filters which in addition to removing all the grosser impurities greatly reduces the original bacterial content. It is then subjected to fine filtration through sand or mechanical filters and chlorinated to a degree of $\frac{1}{2}$ -1 parts per 1,000,000. The filtered and chlorinated water is then pumped to a service reservoir in the Bath Road from which the lower parts of the borough are supplied. From the Bath Road reservoir water is again pumped to a high level service reservoir in Tilehurst which supplies the higher parts of the borough including Caversham and also certain parts of the rural districts of Wokingham and Goring.

The water as finally delivered for consumption has 16·8 degrees of hardness (Clark scale) of which 14 degrees is temporary hardness removed by boiling, and is free from organic impurity. It is subjected to regular bacteriological examination and the bacillus coli, which is the danger signal of sewage contamination, is found constantly absent in 100 cubic centimetres of the filtered water, a very high degree of purity. The supply is ample in quantity, and constant. The waterworks department deliver an average of 3,250,000 gallons daily, allowing 32 gallons per head of which 12 gallons are estimated for trade and municipal purposes and 20 gallons for domestic use.

A recent sample of water supplied by the Tilehurst Water Company shews 18·2 degrees of hardness (Clark scale) of which 13·5 degrees are temporary hardness. There was no organic impurity and the bacillus coli was absent in 100 cubic centimetres.

Rivers and Streams. The supervision of rivers in the area is under the direction of the Thames Conservancy Board who are empowered to prescribe action to preserve them from pollution.

Drainage and Refuse Disposal. Practically the whole area of the borough is sewered on the separate system. The sewage sewers are well ventilated and flushed and no nuisance arises. Until the present year the sewage was pumped to land at Manor Farm and there disposed of by broad irrigation, the effluent finally discharging into the river Kennet. Owing to the fact that the effluent failed to meet the requirements of the Thames Conservancy Board, it was decided to adopt the "activated sludge" method of disposal of the sewage and the installation designed to that end was completed during the year.

The method depends for its action on the aeration and consequent "activation" of sewage sludge and the formation of a gelatinous film. When the further volumes of sewage are brought in contact with the activated sludge and air is pumped in, oxidation and consequent purification occurs at a greatly increased rate. It is inferred that this process depends on bacterial action aided by the agitation produced by the introduction of the air, and on the oxygen of the air itself. The present arrangement which is designed to deal with three and a half million gallons of sewage daily is still in the experimental stage and final judgment on the efficiency of the process must be deferred until greater experience has been gained.

There are 27,761 water closets, 321 pail closets, and 21 middens in the borough. There were 68 dry closets converted to the water carriage system during the year.

The coupling up with the sewers in the Tilehurst area is now proceeding more rapidly.

The surface water of the borough is dealt with in separate sewers which discharge into the rivers.

The scavenging of the borough is efficiently carried out under the direction of the Borough Surveyor. During the year, the Council adopted a bye-law, requiring owners of property to provide sanitary dustbins of a capacity not exceeding *three-and-a-half cubic feet, i.e.*, about 16 inches in diameter and 20 inches high, and fitted with suitable covers. All refuse is removed twice weekly and is deposited on a tip at Manor Farm. Complaint is frequently received of odours, and of nuisance from flies in the areas adjoining the farm. It is probable that the fly nuisance at any rate has its origin in the tip, and it also provides a harbour for rats.

Sanitary Inspection of the Area. The following report on the sanitary inspection of the area has been prepared from information supplied by Mr. J. Dodd, Chief Sanitary Inspector :

TABLE XII.

Total number of visits to premises	...	...	...	9,739
Number of complaints received and investigated	...	...	...	587
Number of informal notices served (on owners)	...	...	...	132
Number of informal notices served (on occupiers)	...	...	...	28
Number of written notices (statutory) on owners	...	...	...	11
Number of prosecutions	...	...	...	—
Number and nature of nuisances:—				
Dirty, damp or dilapidated dwelling houses	...	...	...	60
Overcrowded dwelling houses	...	...	...	46
Defective gutters or down spouts	...	...	...	11
Insanitary or defective scullery sinks and wastepipes	...	...	...	3
Defective drains and water-closets	...	...	...	70
Defective cesspools	...	...	...	—
Yards and areas, dirty or defective	...	...	...	9
Accumulation of refuse	...	...	...	11
Animals so kept as to be a nuisance	...	...	...	2
Miscellaneous	...	...	...	21

All notices served in respect of the above-mentioned nuisances were complied with.

Thirty-three house drains were tested.

Smoke Abatement. Nuisance from smoke is not a serious menace to health in the area. On only one occasion has complaint of smoke nuisance been received. Observations were carried out and after informal notice improvement was effected by better attention to stoking.

Premises and occupations which can be controlled by Bye-laws or Regulations :—

(a) *Offensive Trades.* Licences have been granted for the conduct of four of the offensive trades—blood drying, fat melting, bone boiling, and gut scraping. One licence was withdrawn during the year.

(b) *Common Lodging Houses.* There are 4 registered common lodging houses in the borough providing accommodation for 172 persons—154 men, 5 married couples, and 8 women. Though these houses conform to legal requirements for model lodging houses, only one approaches the modern standard.

There are several houses, some holding excise licences, which cater for the common lodging house class but which cannot legally be designated common lodging houses. The lodging houses were all regularly visited and minor defects rectified.

(c) *Canal Boats.* There are 15 canal boats registered in the area, but from the fact of their being absent from the area for months at a time, it is difficult to keep them under supervision. It is becoming more common for the workers to live on shore and only rarely are families carried aboard. Nineteen inspections were made and in general the Acts are observed.

(d) *Caravans.* No byelaws are in force in regard to caravans. There are between 40 and 50 caravans which may be regarded as permanent homes here, a number which is considerably increased at fair times. The permanent caravans are situated on public ground. From lack of sanitary arrangements these caravans cannot be considered satisfactory. Their number has increased since the housing shortage became acute and there is no possibility of restricting them while the shortage continues. They are kept under general supervision.

TABLE XIII.

FACTORIES, WORKSHOPS, WORKPLACES AND HOMEWORK.

(a) INSPECTION.

Premises. (1)	Number of		
	Inspections. (2)	Written Notices. (3)	Prosecutions. (4)
Factories (including factory laundries)	248	2	—
Workshops (including workshop laundries)	391	—	—
Workplaces (other than outworkers' premises included in Part 3 of this report)	125	—	—
Total ...	764	2	—

(b) DEFECTS FOUND.

Particulars. (1)	Number of Defects.			Number of Prosecutions. (5)
	Found. (2)	Remedied (3)	Referred to H.M. Inspector. (4)	
Nuisances under the Public Health Acts:—				
Want of cleanliness	40	40	—	—
Want of ventilation	—	—	—	—
Overcrowding	—	—	—	—
Want of drainage of floors	6	6	—	—
Other nuisances	—	—	—	—
Sanitary accommodation:—				
Insufficient	1	1	—	—
Unsuitable or defective	1	1	—	—
Not separate for sexes	1	1	—	—
Offences under the Factory and Workshops Acts:—				
Illegal occupation of underground bakehouse (s. 101)	—	—	—	—
Breach of special sanitary requirements for bakehouses	20	20	—	—
Other offences (excluding offences relating to outwork which are included in Part c of this report)	—	—	—	—
Totals ...	69	69	—	—

(c) HOMEWORK.

Nature :—Wearing apparel (Tailoring, Knitting, Hosiery, etc.)							
Lists received twice a year from employers	...	...	...	...	...	...	28
Number of outworkers	Contractors	...	...	...	...	...	23
	Workmen	...	...	...	...	...	76
Lists received once a year	...	...	...	...	...	...	8
Number of outworkers	Contractors	...	...	...	...	...	3
	Workmen	...	...	...	...	...	12
Outwork in unwholesome premises	...	...	...	...	...	...	—
Notices served	...	...	...	...	...	...	—
Outwork in infected premises	...	...	...	...	...	...	—

(d) REGISTERED WORKSHOPS.

Workshops on the Register at the end of the year.							Number
(1)							(2)
Retail Bakehouses	..	...	...	...	...	...	50
Tailoring	...	...	...	...	...	...	46
Dressmaking and Millinery	...	...	...	...	...	...	26
Upholstery	...	..	...	...	...	...	6
Laundries...	...	...	...	...	...	...	5
Photography	...	...	...	...	...	...	3
Miscellaneous	...	...	...	...	...	...	132
Total number of workshops on Register	...	...	...	...	...	...	268

Rats and Mice (Destruction) Act, 1919. Every endeavour is made to remove nuisance arising from rats and mice, including a concentrated attack during rat week. By notice in the local press and circulars to owners of premises likely to harbour rats, attention was drawn to obligations arising under the Act. The inspectors made a round of visits for the purpose of giving advice and poisons were provided by the authority in some cases. Although it is impossible to measure the casualties from these campaigns, there is reason to believe that much damage was done. In general, poisons either phosphorus or barium are used, but on one occasion a special demonstration of cyanogas was given.

This latter proved very effective but on account of the nature of the gas certain care must be exercised in its use.

Shops Act 1912 and Shops (Early Closing) Order, 1920. The administration of these Acts is in charge of officers of the department. On some occasions when slackness in obeying the requirements of the order has occurred, offenders have been warned. During the past year two prosecutions were undertaken and the defendants fined.

Theatres and Cinemas. Twenty-two visits were paid to places of public entertainment. Although it is impossible to maintain perfect air conditions in crowded halls, a reasonable standard of ventilation and cleanliness is maintained.

FOOD.

Sale of Food and Drugs Acts. Appended is a statement of the number and the nature of the samples taken by the Inspector under these Acts with the results of the examinations by the Public Analyst :—

TABLE XIV.

Articles.	No. of Samples taken.	Number found to be genuine.	Not up to standard.
Milk	260	229	31
Butter	12	12	—
Cream	—	(See separate report)	—
Vinegar	4	4	—
Totals	276	245	31

It has been the practice of the Committee where deficiencies were small or where other sufficient reason appeared, to give vendors an opportunity of giving an explanation. When the explanation is unsatisfactory or where the deficiency is great, proceedings are instituted.

Not all of the 31 samples found deficient were formal samples, taken in accordance with the procedure required by the Acts, but in three instances prosecutions were undertaken, of which the following table shews the circumstances and the results :—

TABLE XV.

Milk.	Deficiency.	Defence raised.	Result.
Sample No. 3	25% of milk solids 25% of milk fat	" Nothing added to or subtracted from milk"	£3 fine. Costs, £2 2s.
Sample No. 79	2% milk solids 7% milk fat	Pleaded not guilty	£1 fine. Costs £4 4s.
Sample No. 135	16.5% milk solids (other than milk fat), also 0.7% milk fat	" As bought from dairy-man"	£5 fine. Costs £1 1s.

Milk and Cream Regulations, 1912 and 1917. All the samples of milk and cream taken for the purpose of analysis by the public analyst are examined for the presence of preservatives.

The following table shews the result of these examinations for the year ended 31st December, 1925 :—

TABLE XVI.

1. Milk ; and cream not sold as preserved cream.

(a) Number of samples examined for the presence of a preservative.				(b) Number in which preservative was reported to be present, and percentage of preservative found in each sample.
Milk	...	260	...	Nil.
Cream	...	6	...	

2. Cream sold as preserved cream.

(a) Instances in which samples have been submitted for analysis to ascertain if the statements on the label as to preservatives were correct.

(1) Correct statements made	...	...	6
(2) Statements incorrect	...	...	-
Total	...	...	6

(3) Percentage of preservative found
in each sample 0.28, 0.27, 0.36, 0.05, 0.33. 0.33 boric acid.
Percentage stated on statutory
label 0.4 boric acid.

(b) Determination made of milk fat in cream sold as preserved cream.

(1) Above 35 per cent. of fat	...	...	6
(2) Below 35 per cent. of fat	...	...	-
Total	...	...	6

(c) Instances where (apart from analysis) the requirements as to labelling or declaration of preserved cream in Article V. (1) and the proviso in Article V. (2) of the Regulations have not been observed. ... Nil.

(d) Particulars of each case in which the Regulations have not been complied with, and action taken. Nil.

INSPECTION AND SUPERVISION OF FOOD.

Milk Supply. The greater part of the milk supply of the borough is produced either within the borough or in the adjoining counties of Berks and Oxon. A certain proportion, however, comes from the counties of Wilts and Somerset. The milk is probably of average quality and wholesomeness.

Tuberculous Milk. Thirty-five samples of milk were examined for the presence of tubercle bacilli in six of which the living organisms were found. Owing to a difficulty in locating the affected animal one of the samples was duplicated so that the positive results apply to five herds. If these results are typical, and in these cases the herds were not specially selected, it would appear that 14 per cent. of the non-designated milk supply can be expected to contain living tubercle bacilli. In each case when a positive report is received, immediate steps are taken to locate the source. From the fact that a period of five or six weeks elapses between the taking of the sample and the receipt of the report, it is not always possible to do so. It is found that changes take place in the herds. In one of the positive cases referred to, old animals had been removed for slaughter and in the absence of other evidence it had to be assumed that the affected animal had been slaughtered. In the remaining four cases, a definitely affected animal was traced and dealt with.

The procedure both in borough and county cases is to arrange for a veterinary examination of the herd, on receipt of a positive result. Animals found to be clinically suspicious are isolated and their milk is not offered for sale pending the results of further examinations. The procedure under the Milk and Dairies (Consolidation) Act, 1915, has been adopted during the latter part of the year. The conditions revealed by this inquiry cannot be said to be satisfactory and are the occasion of much justifiable uneasiness.

Designated Milk. One licence was issued for the production and sale of "Certified" milk and eleven for the sale of "Grade A (Tuberculin tested)" milk. There were no licences issued for "Grade A" or "pasteurized" milk. In previous reports the legal requirements to meet these various standards have been set out in full. It may be broadly stated that the purchaser of designated milk receives a guarantee that the milk has been produced and handled under conditions ensuring a high degree of cleanliness and in the case of the first two mentioned grades that the animals are free from tuberculosis. From inquiries it appears that the public are becoming more alive to the different qualities of milk and that the sale of graded milk is increasing. Although no licences have been issued for the sale of pasteurized milk the greater part of the milk which comes from a distance is in fact subjected to a process of heating or pasteurization before it is despatched.

Retail Distribution of Milk. In addition to 38 wholesale traders and producers, the register contains the names of 183 retail distributors of milk. The premises of 89 of these might be described as of the orthodox dairy type where milk and other dairy products constitute the major portion of the business. There are 92 small shops where groceries and all manner of articles are sold and in two cases the dairy business is conducted in a dwelling house. It is not practicable to remove the names of these small traders from the register, although the conditions of distribution are far from ideal.

A certain number of retail distributors are endeavouring to arrange for the distribution of milk in bottles. Although this fact is no guarantee such as is given by the graded milk, the practice is one to be encouraged.

Meat. In accordance with the Public Health (Meat) Regulations, 1924, all butchers now give notification of the times of intended slaughtering. Arrangements have been made to carry out inspections of the meat whenever possible. Three quarters of all the animals slaughtered in the borough are slaughtered at the public abattoirs and all of them come under inspection. With the present staff it has not been possible to institute any system of meat marking under these regulations. Unfortunately, there is no cold storage provision at the public abattoirs and the available cold storage is often taxed to the utmost. Some of the butchers are however now equipping their premises with up-to-date cold storage chambers.

Arrangements have been made for the disposal of condemned meat and offal in a waste eliminating plant provided by a private trader. This arrangement has given rise to some difficulty, but is at present working satisfactorily. The subject is still under the consideration of the Health Committee.

The following table shews the amount of condemned meat and other foods destroyed during the year. It is noteworthy that the number of tuberculous carcasses destroyed shews a considerable increase on the returns of the previous year. This is probably in part at least due to the operation of the Tuberculosis Order, 1925.

TABLE XVII.

Unsound Food Seized or Surrendered.	For Tuberculosis.	For other causes.
100 carcasses of beef	53	47
28 parts of carcasses of beef	18	10
27 carcasses of veal	1	26
93 carcasses of pork	61	32
26 carcasses of mutton	—	26
737 heads or internal organs of beasts, pigs or sheep	419	318
151 lbs. of pork	—	151 lbs.
88 lbs. of beef (imported)	—	88 lbs.
1265 tins of assorted foodstuffs (imported)	—	1265 tins
6 bushels of shellfish	—	6 bushels
2912 lbs. of fish	—	2912 lbs.
61 lbs. of bacon (imported)	—	61 lbs.
26 eggs (imported)	—	26 eggs
10 chickens	—	10 chickens
36 lbs. prawns	—	36 lbs prawns
39 rabbits	—	39 rabbits
30 lbs. tripe (imported)	—	30 lbs.
101 cwt. strawberries	—	101 cwts.

Though the regulations are open to criticism, certain advantages have been gained, notably the notification of hours of slaughter. The provision of moveable glass fronts to shops, of better receptacles for refuse, and of overalls for the workers, will all be an aid to cleanliness. There is only one stall in use for the sale of meat on one day a week in the borough.

The greatest gain probably arises from the better supervision of slaughtering and the consequent improved inspection in the country districts.

Slaughterhouses. There are 29 slaughterhouses in the borough of which 14 are owned by the Corporation. Of those privately owned 11 are registered and 2 licensed. The following statement shews the number of private slaughterhouses at the dates indicated :—

	1920.		Jan., 1925.		Dec., 1925.
Registered	15	...	11	...	11
Licensed	1	...	2	...	2

It is the agreed policy of the Council to grant no new licence except in special circumstances. The only licence granted in recent years was to the proprietor of a bacon factory where a slaughterhouse was a necessary adjunct to the business. The public abattoirs comprise 14 slaughterhouses of which 13 are let to private tenants. They fall considerably below the modern standard in construction and equipment.

Humane killing. Byelaw 9*b* of the model series is in operation for all animals except pigs. During the four years in which the byelaw has been in operation, there has not been a single complaint of any ill effect on the meat resulting from the method of slaughter. Although the byelaw does not apply to pigs, many, particularly of the larger animals, are, in fact slaughtered by this method.

Accidents have been no more numerous or more serious than attend other methods of slaughter.

Other Foods. There are in all 50 bakehouses of which 18 are factory bakehouses. These naturally vary from the most elaborate to the very moderate, but in all, reasonable measures are taken to ensure cleanliness and purity of the products. There are four factories devoted to the making of sausages, pies, and other similar products. Three of these are fitted with all modern appliances both for manufacture and storage. The fourth, though less elaborate, complied with all sanitary requirements. Premises where ice cream is manufactured and the kitchens of hotels and restaurants have all been under supervision.

Naturally, there are grades both in the premises and in the methods of handling and preparing food stuffs. It is not always easy to impress upon people handling these materials the necessity for cleanliness, but more attention is given by way of inspection to premises likely to fall below a reasonable standard.

HOUSING.

The shortage of houses remains acute. There is practically not a single working class house to let and the number of applicants for new houses remaining on the Borough Accountant's books is still approximately 2,000. It is not possible to state accurately what the normal annual demand for new houses is. From the records of house building in the old borough of Reading before the incorporation of Caversham and Tilehurst, it would appear that from the year 1890 the number of plans of new dwelling-houses approved annually averaged from 250 to 300. This number steadily increased to reach a maximum about the year 1900 when the average reached between 500 and 600 houses annually. The number of plans approved in 1901 was 866.

Thereafter the number steadily declined right up to the period of the war. The average annual number of houses of all classes erected since 1920 has been 179. It will thus be seen that the number of new houses erected during the past five years for the extended borough is smaller than was ordinarily erected for many years prior to the war in the old borough of Reading. Other means of establishing the demand for houses can be found in the number of houses occupied by two families and the number of marriages taking place annually. At the census of 1921 it was found that there were 1,881 houses occupied by more than one family. Even when there were plenty of houses available, it has always been recognized that for economic or other reasons a certain number of houses will be shared by two or more families. The number so shared was found to be fairly constant in Reading at about 4 per cent. of the total. This would indicate that normally we might expect some 900 houses to be occupied by more than one family in any circumstances as against the number of 1,881 we know to have been so occupied in 1921. The number of marriages taking place annually in the borough exceeds 700, but there is no means of ascertaining how many houses fall vacant from the fact of death or other reasons. No matter from which angle the subject is approached, it would appear that the number of new houses built since the war has barely sufficed to meet the normal annual demand without having regard to the shortage established during the war period.

The total number of houses erected during the past year was 394. Of these, 104 were built by private enterprise, 205 with the aid of the Government subsidy, and 85 as part of the municipal housing scheme.

The present plans of the Housing Committee have provided for the erection of 502 houses on the Norcot site and the number of applications for the subsidy since its inception has been 519.

Overcrowding. Numerous cases of overcrowding came under the notice of the inspectors. For example, there are 3 families of 18 persons in 5 rooms; 2 families of 13 persons in 4 rooms (2 cases); 2 families of 14 persons in 3 rooms and a basement; and many others similarly situated. In the examples given regard has only been taken of the number of rooms and the number of persons in the house. These persons are not always evenly distributed throughout the house. Not infrequently 4 or 5 persons have only one room available for all purposes. In all we have records of 132 cases of overcrowding in the area, nor is this regarded as a complete story of all the overcrowding existing.

An unpleasing aspect of the overcrowding question is seen in the housing conditions of the applicants for admission to Dellwood maternity home.

The Ministry of Health suggests that numbers in excess of two persons per room constitutes overcrowding, and it must be remembered that the kitchen or living room is for these purposes regarded as a room.

The remedy of overcrowding cannot be regarded as satisfactory. Occasionally the inspectors can use their good offices with house agents, and the Housing Committee when possible give preference to overcrowded families, but in both cases it must be admitted that many of these families are unable to pay the required rents, a fact which obviously adds to the difficulty.

Fitness of Housing. The general standard of housing in the area is good. Where the houses themselves fall below modern standards, the worst features are often relieved by the fact of the sites being more spacious than is often seen with houses of this class. Nevertheless, there are approximately 600 houses that are not worth the expenditure of such sums as would render them reasonably healthy and comfortable. In addition to being old and damp, some are structurally unstable and they are without internal water supply and other sanitary conveniences. Only the minimum requirements are asked of landlords in the maintenance of these houses. With regard to the main body of houses the procedure under the Housing Acts has been used in effecting repairs. Ordinarily the serving of an informal notice is sufficient but in 66 cases statutory notices were necessary. The following table shews in detail the work carried out under the Acts.

TABLE XVIII.

I. **Inspection.**

(1) Total number of dwelling houses inspected for housing defects (under Public Health and Housing Acts)	1240
(2) Number of dwelling-houses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910	1040
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	*—
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation	834

* Owing to the absence of alternative accommodation it is rarely possible to represent houses as unfit for habitation.

II. **Remedy of defects without service of formal notices.**

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers.	†720
---	------

† Including 30 from 1924.

III. **Action under Statutory Powers.**

A. Proceedings under Section 3 of the Housing, etc., Act., 1925 and section 28 of the Housing, Town Planning, etc., Act, 1919.

(1) Number of dwelling-houses in respect of which notices were served requiring repairs	‡55
(2) Number of dwelling-houses which were rendered fit :—	
(a) by owners	15
(b) by Local Authority in default of owners	—
(3) Number of dwelling-houses in respect of which closing orders became operative in pursuance of declaration by owners of intention to close	—

B. Proceedings under Public Health Acts, (Sec. 91)

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	11
(2) Number of dwelling-houses in which defects were remedied :—	
(a) by owners	5
(b) by Local Authority in default of owners	—

‡40 still outstanding on 31/12/25.

C. *Proceedings under Sections 17 and 18 of the Housing, Town Planning, etc., Act, 1909.*

(1)	Number of representations made with a view to the making of closing orders	...	...	...	...	...	...	...	...	---
(2)	Number of dwelling-houses in respect of which closing orders were made	...	...	...	...	...	...	...	...	---
(3)	Number of dwelling-houses in respect of which closing orders were determined, the dwelling-houses having been rendered fit	...								---
(4)	Number of dwelling-houses in respect of which demolition orders were made	...	...	...	...	...	...	...	...	---
(5)	Number of dwelling-houses demolished in pursuance of demolition orders	...	...	...	...	...	...	...	...	---

Local Acts, Adoptive Acts, Byelaws, etc.

(a) *Local Acts.* There are numerous local acts and orders dealing more or less with health matters. These date from 1826 onwards. The most important of these are the Reading Corporation Act, 1881, which provides *inter alia* for the notification of measles.

The Reading Corporation Act, 1914.

Section 51 requires food storage accommodation in new houses.

Section 67 gives power to require names of laundrymen to whom clothes, etc., from infected houses are sent.

Section 68 empowers the Medical Officer to examine the inmates of common lodging houses during prevalence of dangerous infectious disease.

Section 69 regulates removal of bodies of persons dead of infectious disease.

Section 70 empowers the Corporation to compensate persons requested to cease employment on account of infectious disease.

Section 71 regulates the manufacture and sale of ice cream.

Section 72 prohibits blowing or inflating of carcasses by mouth.

Section 73 prohibits the use as a sleeping room of any room in which food is sold or prepared for sale.

Section 74 gives power to require the cleansing of houses infested with vermin.

Section 75 empowers the Corporation to take measures for the cleansing of verminous persons.

(b) *General Adoptive Acts.*

Infectious Disease (Prevention) Act, 1890, except Sections 6, 15 and 19.

Public Health Acts (Amendment) Act, 1890, Part 3.

Public Health Acts (Amendment) Act, 1907, Sections 78, 80, 84, 85, 86, 87, 88, 89, 90 and 91.

(c) Byelaws in regard to

Common Lodging Houses	...	...	...	...	...	...	...	...	1886
Offensive Trades	...	...	...	...	...	...	...	...	1886
Cleansing of Footways and Pavements, cleansing of Earthclosets and Privies, Prevention of Nuisances from snow, filth, dust, ashes and rubbish, and Prevention of keeping of Animals on premises so as to be injurious to health	...	...	...	...	...	...	...	...	1886
Public Baths	...	...	...	...	...	...	...	...	1903
Attendance of Children at School...	...	...	...	...	...	...	...	...	1905
Sanitary Conveniences	...	...	...	...	...	...	...	...	1910
Good Rule and Government	...	...	...	...	...	...	...	...	1911
Unauthorised Persons on Elementary School Premises	...	...	...	...	...	...	...	...	1912
Means of Escape in case of Fire in certain Factories and Workshops									1913
Employment of Children and Street Trading	...	...	...	...	...	...	...	...	1920
Slaughter houses	...	...	...	...	...	...	...	...	1921 and 1923
Slaughter houses provided by the Corporation	...	...	...	...	...	...	...	...	1921 and 1923
New Streets and Buildings	...	...	...	...	...	...	...	...	1923
Ash Pits	...	...	...	...	...	...	...	...	1925

(d) Regulations.

Drainage	...	...	...	...	...	...	...	...	1896
Dairies, Cowsheds and Milkshops	...	...	...	...	...	...	...	...	1907
Glanders or Farcy	...	...	...	...	...	...	...	...	1921

GAS REGULATION ACT, 1920.

Examinations have been made weekly throughout the year of gas supplied throughout the borough by the Reading Gas Company.

Under the Act, the Company undertakes to supply a gas of an average calorific value of 460 British Thermal Units gross per cubic foot, and not less than 2 inches pressure, and free from any trace of sulphuretted hydrogen.

The following shews the average maintained throughout the year, as recorded in the quarterly reports :—

	Number of testings made.	Average number of British Thermal Units per cubic ft.	Pressure in inches (Average).	Sulphuretted Hydrogen.
1st Quarter	13	466.8	4.9	No trace.
2nd Quarter	13	465.5	5.1	do.
3rd Quarter	13	464.5	5.3	do.
4th Quarter	13	466.7	5.2	do.

COUNTY BOROUGH OF READING.

Annual Report

OF THE

School Medical Officer

FOR THE YEAR

1925.

STAFF.

Medical Officer of Health and School Medical Officer.

H. J. MILLIGAN, M.C., M.D., D.P.H.
of Gray's Inn, Barrister-at-Law.

Senior Assistant School Medical Officer.

I. MAXWELL TAYLOR, M.A., M.B., Ch.B., D.P.H.

Assistant School Medical Officer.

AGNES BERNFELD, L.S.A., D.P.H.

*Assistant School Medical Officer (part time)
and Certifying Officer under the Mental Deficiency Act,*

I. A. P. PRICE, B.A., M.D.

Dental Surgeon.

MARION SMITH MACKINNON, L.D.S.

Nursing Staff.

Miss E. FITZGIBBON.
Miss C. HAWKES.
Miss O. HEMINGWAY.
Miss J. STIMSON.

Clerical Staff.

Miss W. M. DIX. Miss M. C. DALZIEL.

COUNTY BOROUGH OF READING.

OLD COLLEGE BUILDINGS,
ST. LAURENCE'S CHURCHYARD,
READING.

**TO THE CHAIRMAN AND MEMBERS OF THE
EDUCATION COMMITTEE.**

Ladies and Gentlemen,

I beg to submit the Annual Report on the work of school medical inspection and treatment during the year 1925. The returns are presented in a series of tables drawn up in a form approved by the Board of Education and the arrangement of the report is in general designed to meet the suggestions of the Board whilst at the same time providing for members of the Committee a complete statement of the work of the department.

Endeavour is constantly being made to more closely co-ordinate the various medical agencies of the Corporation more particularly in the detection of defects which have their origin before school age and to maintain under supervision at school, children who have been under treatment at the Tuberculosis dispensary, the Park hospital, and the Royal Berkshire hospital.

The numbers of children examined closely accord with those of the immediately preceding years.

The results of the examinations in many cases are similar to those of previous examinations, but the gradual improvement in the general standard of nutrition over the past three years as indicated on page 72 is a noteworthy feature.

It is also interesting to observe the number of children who have been treated for conditions like tonsils and adenoids before they reach school age. This is particularly satisfactory in that the early removal of nasal obstruction will prevent the occurrence of many disease conditions which would develop as the result.

The details of the work carried out at the various clinics are set out and represent a very great volume of remedial work. The Committee has under consideration the extension of the facilities for dental treatment and the provision of more extensive premises for all the work of the department. Reference is made to the orthopaedic clinic at the Royal Berkshire hospital which at present appears to meet all requirements for the treatment of crippling defects. Your attention is again drawn to the treatment of ear discharges by ionic medication under the charge of Dr. Bernfeld and to the report on the work of the special schools contributed by Dr. Price.

I wish to express my indebtedness to my medical colleagues and to the nursing and clerical staff for their enthusiasm in the work and particularly to Dr. Taylor for the preparation of the details of this report.

I am,

Your obedient servant,

H. J. MILLIGAN,

School Medical Officer.

April, 1926.

READING EDUCATION COMMITTEE.

HIS WORSHIP THE MAYOR (Leonard Goodheart Sutton, C.B.E., J.P)

Aldermen.

Sir GEORGE STEWART ABRAM, B.A., M.B., J.P. (Chairman).	STANLEY HAYWARD, J.P.
FREDERICK ALFRED COX, J.P.	EDWARD JACKSON, J.P. (Vice-Chairman).
EDWARD OLIVER FARRER, J.P.	JOHN RABSON, J.P.

Councillors.

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FREDERICK WILLIAM DORMER.	WILLIAM HENRY SHORT.
WILLIAM ROLAND HOWELL.	EDITH MARY SUTTON, J.P.
ALICE JENKINS, J.P.	ARTHUR WILLIAM ALFRED WEBB.
THOMAS NORRIS.	FRANK WINTER.
LORENZO EDWARD QUELCH, J.P.	

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MR. WILLIAM MACBRIDE CHILDS, M.A., J.P.	MISS HELEN ELIZABETH MUSSON, M.A., J.P.
MR. HERBERT SAMUEL COOKE, M.A.	MR. WILLIAM EDWARD SIMKINS, B.Sc.
MR. HUGH MACILWAIN LAST, M.A.	THE REV. H. R. COOPER-SMITH, D.D.
MISS ELIZABETH JANE MARRIAGE.	

SCHOOL MEDICAL SERVICES SUB-COMMITTEE.

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Aldermen.

Sir GEORGE STEWART ABRAM, B.A., M.B., J.P.	STANLEY HAYWARD, J.P.
FREDERICK ALFRED COX, J.P.	EDWARD JACKSON, J.P.*
EDWARD OLIVER FARRER, J.P.	JOHN RABSON, J.P. (Chairman).

Councillors.

ARTHUR FRANK CLARK (Vice-Chairman).	EDITH MARY SUTTON, J.P.
ALICE JENKINS, J.P.	ARTHUR WILLIAM ALFRED WEBB.
LORENZO EDWARD QUELCH, J.P.	FRANK WINTER.

Co-opted Members.

MR. HERBERT SAMUEL COOKE, M.A.	MISS HELEN ELIZABETH MUSSON, M.A., J.P.
MISS ELIZABETH JANE MARRIAGE.	MR. WILLIAM EDWARD SIMKINS, B.Sc.

* *Ex-officio.*

COUNTY BOROUGH OF READING.

CO-ORDINATION.

The School Medical Officer is also Medical Officer of Health and arrangements have been made to bring the infant and child welfare and tuberculosis services into close touch with the school medical service. This has been especially directed towards the prevention of crippling defects. The lady health visitors keep a special register of crippled children and children who need special care. Particulars of these children are passed on to the school medical department when the children attain school age. In like manner the records of children who attend the infant welfare centres are placed at the disposal of the school medical inspectors and entered on the school medical schedules. Arrangements have also been effected to keep under supervision all children treated at the Park hospital who develop complications like albuminuria, cardiac affections or scarlatinal rheumatism, etc. At the time of discharge from hospital a short note of the disease from which the child has suffered, the nature of the complication, and the condition on leaving hospital is sent to the school medical department and the name of the child is placed on the following-up register.

There are no nursery schools in the area and apart from the measures indicated above no special provision is made for the care of debilitated children under school age.

Co-operation of Parents.

The interest of parents as evidenced by their attendance at the inspections shows a continuous improvement. The parents are always notified by the teachers of the day and hour of inspection. During the past six years those attending have increased from 43 per cent. in 1920 to 57 per cent. in 1924 and 62 per cent. in 1925.

As a general rule, parents are found to be both willing and anxious to have the defects of their children attended to. Leaflets on the subject of teeth, breathing, rest, stammering, etc., are distributed.

Co-operation of Teachers.

The head teachers send out the notices of inspection and do everything in their power to assist both at the medical inspections and in the subsequent following-up and treatment. A great deal of the success of medical work in the schools is due to the interest of the teachers and to the trouble taken by them in interviewing parents on the matter of securing treatment.

Co-operation of School Welfare Visitors.

There is a cordial co-operation between the school medical department and the welfare visitors whose help is particularly valuable in the investigation of crippling defects in children who may be absent from school for lengthened periods.

Moreover, any medical records which the welfare visitors obtain are available for the information of the school medical service. The prosecution of parents who have wilfully neglected to keep their children clean is carried out through the attendance department.

Co-operation of Voluntary Bodies.

From the section of the report dealing with orthopaedic treatment it will be seen that numerous voluntary bodies assist in the work of providing treatment. The Royal Berkshire Hospital, especially the orthopaedic department, does a great deal of work for which provision by the public authority is elsewhere necessary. There is a special voluntary fund for the provision of orthopaedic appliances. Cases are also often referred to the eye department and it will be seen that much of the operative work for tonsils and adenoids is carried out there, apart from the arrangements made by the Committee. As mentioned elsewhere, the British Red Cross Society assist the work by subscriptions and by the hire of carriages and other appliances. The Tuberculosis Dispensary After-Care Association has also given considerable assistance by arranging convalescent and other treatment for children.

THE SCHOOL MEDICAL SERVICE IN RELATION TO PUBLIC ELEMENTARY SCHOOLS.

School Hygiene.

The hygienic conditions of the schools are in the main satisfactory. Reference has been made in past reports to the Church school buildings which are largely out of date and do not attain to the modern standards of sanitation and lighting. Considerable improvements, however, during the past year have been effected in these schools. Especially is this the case at St. Giles' school which has been almost completely transformed and school baths introduced. At St. Mary's school also, a central hall has been made out of two large class-rooms.

In some schools it would appear that insufficient use is made of wet sawdust or other material in the sweeping of floors or that the windows are kept shut during the process. The result is that an unusual amount of dust is deposited on ledges and on the gas and electric lighting shades.

No special arrangements are made for drying children's clothes and boots.

At Redlands school, excellent arrangements have been made for the provision of a mid-day meal for children coming from a distance. No special arrangements are made in the other schools.

Medical Inspection.

The number of children on the rolls of the elementary schools is 13,172, with an average attendance of 11,593.

Both the number on the rolls and the average attendance show a decline from the numbers of the preceding year.

The groups of children inspected are those set out in the recommendation of the Board of Education, namely :—

- (a) Those admitted to school during the year. Children who are admitted at three years of age are again examined on reaching the age of five.
- (b) Those between the age of 8 and 9 years.
- (c) Those between the age of 12 and 13 years and all older children who have not been examined after attaining 12 years. In the Central schools the 15 year age group is also examined.

In addition to the routine groups examined, any child reported as suffering from a particular defect is examined specially, either in school or at the clinic.

The medical inspectors visit each school once in each term, that is, three times per annum, for routine inspections, and twice annually for re-inspections.

This method enables them to keep in close touch with the general health conditions in the schools and also enables them to examine at a later visit any children who may for any reason have been missed at an earlier inspection.

The examinations are carried out on the school premises, either in a special room or in a class-room.

The Board's schedule of medical inspections has been adopted in its entirety. Table I. subjoined, shews the numbers and the groups of children inspected.

TABLE I.

A. Routine Medical Inspections.

Number of Code Group Inspections :—

Entrants	...	...	...	...	...	...	1,568
Intermediates	...	...	...	...	...	...	1,124
Leavers	...	...	...	...	...	...	1,464
							4,156
					Total	...	4,156

Number of other Routine Inspections—309.

B. Other Inspections.

Number of special inspections	...	...	...	...	1,685
Number of re-inspections	...	...	...	...	10,586
					12,271
				Total	... 12,271

The scheme of examination contemplates that each child will be examined three times in its school life. The numbers examined this year represent almost 35 per cent. of the average attendance. A further short table shews the numbers examined in each group of routine and special cases and the numbers of re-examinations each year since 1920.

	1920	1921	1922	1923	1924	1925
"Routine" examinations	4,290	5,024	4,386	4,445	4,264	4,465
"Special" examinations	1,005	2,137	1,450	1,781	1,554	1,685
Re-examinations	... 2,489	4,403	2,798	8,507	9,470	10,586

Findings of Medical Inspection.

The results of the medical inspections are set out in detail in the form prescribed by the Board of Education in the two following tables. Table II B on page 70 is specially valuable as shewing the percentage of children in each age group who stand in need of medical treatment.

As many as 12·4 per cent, or one child in every 8, requires some form of medical treatment and for this purpose defects like uncleanliness and dental defects are disregarded.

TABLE II.

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION
IN THE YEAR ENDED 31st DECEMBER, 1925.

Defect or Disease.						Routine Inspections, No. of Defects.		Specials, No. of Defects	
						Requiring treatment.	Requiring to be kept under observation, but not referred for treatment.	Requiring treatment.	Requiring to be kept under observation, but not referred for treatment.
(1)						(2)	(3)	(4)	(5)
Malnutrition	...	...	...	...	...	2	826	19	8
Uncleanliness	Head	...	...	...	...	226	...	20	...
	Body	...	...	...	...	87	1	8	...
Skin	Ringworm	Scalp	...	...	...	5	...	57	...
		Body	...	...	...	1	...	53	...
	Scabies	...	...	...	...	...	...	...	...
	Impetigo	...	...	...	...	18	...	314	...
	Other Diseases (Non-tubercular)				...	24	5	112	...
Eye	Blepharitis	...	...	...	...	29	...	41	...
	Conjunctivitis	...	...	...	...	5	...	51	...
	Keratitis	...	...	...	...	...	...	5	...
	Corneal Ulcer	...	...	...	...	...	...	2	...
	Corneal Opacities	...	...	...	...	...	...	...	...
	Defective Vision (excluding squint)	...	...	...	...	190	156	50	6
	Squint	...	...	...	...	27	42	9	1
	Other Conditions				...	5	...	16	1
Ear	Defective Hearing	...	...	...	...	60	13	15	...
	Otitis Media	...	...	...	...	33	10	62	2
	Other Ear Disease	...	...	...	...	...	2	13	...
Nose and Throat	Enlarged Tonsils only	...	...	...	...	47	86	7	...
	Adenoids only	...	...	...	...	8	14	2	1
	Enlarged Tonsils and Adenoids	...	...	...	...	22	14	1	1
	Other Conditions	...	...	...	...	25	75	72	2
Enlarged Cervical Glands (non-tuberculous)						3	6	20	...
Defective Speech						13	10	...	1
Teeth—Dental Disease						151	...	21	...
Heart and Circulation	Heart Disease :—Organic				...	1	11	1	3
	Functional				...	...	23	...	5
	Anæmia				...	7	...	5	...
Lungs	Bronchitis				...	3	1	1	...
	Other Non-Tuberculous Diseases				...	2	24	6	...
Tuberculosis	Pulmonary :— Definite				...	...	...	...	...
	Suspected				...	6	4	2	...
	Non-Pulmonary :—Glands				...	2	1	4	...
	Spine				...	...	...	...	...
	Hip				...	...	...	...	...
	Other Bones and Joints				...	...	...	...	...
	Skin				...	...	...	...	...
Other forms				...	1	...	...	...
Nervous System	Epilepsy				...	2	2	1	...
	Chorea				...	3	1	11	...
	Other Conditions				...	1	6	4	...
Deformities	Rickets				...	...	...	...	...
	Spinal Curvature				...	11	17	...	1
	Other Forms...				...	18	51	4	2
Other Defects or Diseases						50	32	800	13

TABLE II. (*continued*)

B. Number of Individual Children found at Routine Medical Inspection to require Treatment (excluding Uncleanliness and Dental Diseases).

Group. (1)	Number of Children.		Percentage of children found to require treatment. (4)
	Inspected. (2)	Found to require treatment. (3)	
Code Groups—			
Entrants	1568	138	8.8
Intermediates	1124	147	13.07
Leavers	1464	232	15.8
Total (code groups)	4156	517	12.4
Other routine inspections	309	34	11.0

I append short notes on the incidence of each of the conditions which have come under consideration :—

(a) **Uncleanliness.**—Five per cent. of the children were found at the routine medical inspections to have dirty heads. This result is the same as last year, but compares with 8, 7, and 8 per cent. in the three immediately preceding years. Body uncleanliness was found in 2 per cent. as against 2.6 last year, and 2, 2, and 3 per cent. in the preceding years. Most of these cases are due to continued parental neglect and indifference and it seems that the constant supervision of the nurses has little effect on them. In three instances prosecutions were undertaken and parents fined. In the first case, the parent was fined 5/- under the bye-laws for non-attendance. In the others, proceedings were taken under the Education Act, 1921, Section 87, and fines of 10/- each were inflicted. It would appear advisable to try similar measures against the worst offenders in order to bring their own personal responsibility in the matter more clearly home to them.

National Society for Prevention of Cruelty to Children.—In addition to the above measures, 51 cases affecting 98 children, were brought to the notice of the National Society for Prevention of Cruelty to Children. The majority of these cases are described as cases of neglect. No prosecution was undertaken by the Society, but Inspector Dunn reports that the conditions in the great majority of cases have been greatly improved.

A great part of the work of the school nurses is directed to raising the standard of cleanliness. Each nurse has a number of schools allotted to her to which regular visits are made for inspection. Children found to be in any degree unclean are kept under supervision and arrangements are made at the Committee's cleansing station for the bathing and cleansing of the worst cases. The following short table shews the extent of the work :—

Group V.—Uncleanliness.

(a) Average number of visits per school made during the year by the school nurses	6
(b) Total number of examinations of children in the schools by school nurses	37,451

(c) Number of individual children found unclean	...	...	4,564
(d) Number of children cleansed under arrangements made by the local education authority	...	...	285
(e) Number of cases in which legal proceedings were taken—			
(i) Under the Education Act, 1921	...	...	2
(ii) Under school attendance bye-laws	...	...	1

(b) **Minor Ailments.**—This somewhat indefinite term embraces ailments such as impetigo, ringworm and sores. These complaints, which to a great extent are associated with uncleanliness, have decreased during the past few years. More especially is this the case with regard to impetigo, ringworm and to scabies, of which last disease there were no cases last year. Details of the extent of these conditions will be found in the report of their treatment.

(c) **Tonsils and Adenoids.**—The total number of cases requiring treatment or observation was 191 or 4·3 per cent., compared with 4·6 per cent in 1924. It must be borne in mind that a considerable percentage of children have already undergone an operation for this defect before medical inspection. It was found that in the different age groups this year 9·1 per cent of the leavers, 9·9 per cent of the intermediates and 5·1 per cent of the entrants had already been operated on.

(d) **Tuberculosis.**—There were 10 cases of suspected pulmonary tuberculosis and 4 non-pulmonary found at the routine inspections. Pronounced cases of pulmonary tuberculosis are not likely to be found at the schools and details of the known incidence in Reading will be found in Table III.

(e) **Skin Diseases.**—Forty-eight cases or just over 1 per cent. of those examined were found to be suffering from skin diseases. As mentioned under "minor ailments" cases of skin disease have decreased materially, a fact which is a fairly clear indication that the standard of cleanliness in the schools has risen.

(f) **External Eye Disease.**—The chief defect under this heading is blepharitis but as Table II. shows, few cases were met with and other conditions are quite rare.

(g) **Vision.**—The number of children with defective vision was 415 or 9·3 per cent. Last year, when a somewhat lower standard of defect was adopted, the percentage was 8. It should be noted that the vision of entrants is not tested unless they have a squint, so that the actual percentage of children with defective vision would be larger than 9·3.

(h) **Ear Disease and Hearing.**—Cases of defective hearing amounted to 1·6 per cent. and of discharging ears to ·9 per cent. These figures are slightly larger than last year's in both instances.

(i) **Dental Defects.**—At the medical inspections, cases of dental caries are reported only if the disease is extensive or if it is considered that affected permanent teeth are capable of being saved. The results of the inspections by the dentist are shown elsewhere.

(j) **Crippling Defects.** Under deformities, 97 cases were noted at the routine inspections. These are for the most part cases of slight lateral curvature, round shoulders, and flat foot.

NUTRITION.

The results of the weighing and measuring of the children comprising the three age groups show that there has been an improvement in each of the groups compared with the previous year. The year 1924 also showed a slight advance over 1923 in this respect so that we may infer that there is on the whole an improvement in the nutrition of the children. The following tables show the heights and weights for 1925 and for the three previous years.

ELEMENTARY SCHOOLS.

Height in Inches.

Age.	1925		Reading children, 1922.	Reading children, 1923.	Reading children, 1924.
	No. of children.	Av. height of Reading children.			
5½ (boys)	531	41¼	40¾	41½	41
(girls)	540	41	40¾	41½	41
8½ (boys)	507	47¾	47½	46¾	47¾
(girls)	523	46	46¾	46½	47¼
12½ (boys)	734	54½	54¾	54¾	55
(girls)	656	55	54	54	53

Weight in Pounds.

Age.	1925		Reading children, 1922.	Reading children, 1923.	Reading children, 1924.
	No. of children.	Av. weight of Reading children.			
5½ (boys)	531	39¾	41	38¾	39½
(girls)	540	39¼	38	38¾	39
8½ (boys)	507	53	52½	52	52¾
(girls)	523	50¾	51½	50	50½
12½ (boys)	734	73½	74½	73	73½
(girls)	656	74½	73½	74¼	71¾

SECONDARY SCHOOLS.

Age.	No. of Children.	Boys.		No. of Children.	Girls.	
		Hgt. in Ins.	Wgt. in lbs.		Hgt. in Ins.	Wgt. in lbs.
12 ⅝ Kendrick	—	—	—	32	57¼	79
12 ⅝ Reading School	51	57½	82	—	—	—

Infectious Diseases. The incidence of infectious diseases during the year has been rather below the average and it was not found necessary to close any of the schools. Exclusions of patients and contacts have been carried out in accordance with the recommendations contained in the revised memorandum issued during the year. By arrangement the teachers have also furnished the medical staff with returns of absences attributed to the prevalent non-notifiable diseases like mumps and chicken-pox. These returns have been of great assistance.

The following table shews the number of patients and contacts excluded :—

	<i>Patients.</i>	<i>Contacts.</i>
Scarlet fever	122	142
Diphtheria	24	40
Measles	51	—
Scabies,	—	—
Verminous conditions, etc.	544	—

(7) **Following-up.**—Parents of all children with defects are notified and recommended to obtain medical advice. A "following-up" card is made out for each of these children and a list is also sent to the head teachers. In the case of parents who cannot afford to send their children to a private doctor an invitation is sent for them to attend the school clinic. Twice a year children with defects are re-inspected in the schools, and when necessary the nurses visit the homes. During the year, 5,033 visits to the homes were made by the nurses.

The schools are divided into three groups to each of which a nurse is attached. The nurses attend all the medical and dental inspections, the minor ailments, inspection and other clinics of which the work is described under "treatment". The nurses also undertake cleanliness surveys in the schools, each child being inspected once a term or oftener if necessary.

MEDICAL TREATMENT.

(a) **Minor Ailments.**—The school clinic is open every morning from 8.30 a.m. till 12 noon. As will be seen from the subjoined table, the total number of cases treated, namely 1,111, is somewhat less than last year, when 1,278 children came under treatment. As indicated above, the decrease in the number of cases of impetigo, scabies and ringworm largely accounts for the difference. The cases dealt with in addition to skin diseases include the majority of the external eye defects, minor ear defects, and minor injuries.

The total number of cases attending the ringworm of the scalp clinic during the year was 50, of which 41 were new cases. Of the new cases, 22 were treated by X-rays, the remainder being dealt with by local applications.

It is gratifying to record that, due in large measure to the frequent head inspections in the schools, this troublesome complaint is being kept under control.

There has been a steady decrease in the number of cases of ringworm since 1921 in which year there were 128 new cases. This decrease is particularly satisfactory in view of the long absence from school which infection with ringworm often entails.

At the end of the year three cases were still undergoing treatment at the clinic, and two were being treated by their own doctor.

TABLE IV.

Return of Defects treated during the Year
ended 31st December, 1925.

TREATMENT TABLE.

Group I.—Minor Ailments (excluding Uncleanliness, for which
see Group V.).

Disease or Defect. (1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise (3)	Total. (4)
Skin :—			
Ringworm—Scalp	50	17	67
Ringworm—Body	32	22	54
Scabies	—	—	—
Impetigo	292	38	330
Other Skin Diseases	52	66	118
Minor Eye Defects :— (External and other, but excluding cases falling in Group II.)	84	42	126
Minor Ear Defects	136	48	184
Miscellaneous :— (e.g., minor injuries, bruises, sores, chilblains, &c.)	465	526	991
Total ...	1111	759	1870

(b) **Tonsils and Adenoids.**—The Authority's scheme for the operative treatment of enlarged tonsils and adenoids at the Royal Berkshire hospital has been continued during the year. Sixteen children were operated on. Two of the children were detained in hospital on account of excessive haemorrhage, one for four days and the other for one night.

No untoward symptoms developed in the remaining cases.

Sixty-one children received operative treatment apart from the special arrangements made by the Committee and 36 of the less severe cases were treated by means other than operation.

Owing to the extension of the subscribers' scheme at the Royal Berkshire hospital, the number of cases coming under the Local Education Authority's scheme has greatly diminished.

The following table shews the details of the treatment carried out :—

Group III.—Treatment of Defects of Nose and Throat.

Number of Defects.				
Received Operative Treatment.				
Under the Authority's Scheme, in Clinic or Hospital. (1)	By Private Practitioner or Hospital, apart from the Authority's Scheme. (2)	Total. (3)	Received other forms of Treatment. (4)	Total number treated. (5)
16	61	77	36	113

(c) **Tuberculosis.**—Cases of suspected tuberculosis are referred to the Tuberculosis Officer if they are not under a private doctor. In Table III. and in the report of the Open-Air School will be seen particulars of children dealt with during the year.

VISION.

A Clinic for the diagnosis and treatment of defects of vision holds two sessions weekly one of which is conducted by Dr. Price and one by Dr. Taylor. During the year, 446 children, including 223 new cases, attended.

The total number of attendances was 1,117.

The following are the various errors of refraction from which the children suffered :—

Myopia	...	...	...	...	...	...	...	55
Myopic astigmatism	...	...	...	...	...	...	...	25
Hypermetropia	...	...	...	...	...	...	...	56
Hypermetropic astigmatism	...	...	...	...	...	...	...	67
External eye disease	...	...	...	...	...	...	...	17

Twenty-seven children were found not to require glasses and 7 were referred to the Royal Berkshire hospital.

Spectacles are provided through the agency of the Education Committee the parents contributing to the cost in accordance with the terms of an income scale. The following table sets out in detail the numbers of children dealt with at the clinic or otherwise and the agency through which their defects of vision were remedied :—

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I.).

Defect or disease. (1)	Number of defects dealt with.			
	Under the Authority's scheme. (2)	Submitted to refraction by private practitioner or at hospital, apart from the Authority's scheme. (3)	Otherwise. (4)	Total. (5)
Errors of Refraction (including Squint).	429	8	1	438
Other Defect or Disease of the Eyes (excluding those recorded in Group I.) ...	17	1	—	18
Total ...	446	9	1	456

Total number of children for whom spectacles were prescribed :—

(a) Under the Authority's scheme	...	...	...	203
(b) Otherwise	...	...	...	8

Total number of children who obtained or received spectacles :—

(a) Under the Authority's scheme	...	...	...	180
(b) Otherwise	...	...	...	8

EAR DISEASE AND HEARING.

An ear clinic is held every Saturday morning under the charge of Dr. Bernfeld. Since the year 1923 the ionization method of treating chronic ear discharges has been applied in suitable cases. It must always be borne in mind that ionisation of the ear is simply a method of sterilizing the ear, and that a lasting cure depends upon the interest and intelligence of the parents. A full report of the method of treatment is included in the report of the School Medical Officer for 1923.

The following are the particulars of the work of the clinic during the year as well as the further records of children dealt with in preceding years. As ear discharges are often extremely tedious in their nature and occasionally dangerous, Dr. Bernfeld must be congratulated on the result of her work.

EAR CLINIC.

No of attendances	...	...	...	...	...	831
No of new cases	...	...	...	...	...	111
New cases classified :—						
Otorrhoea	...	...	...	...	...	51
Deafness without discharge	...	...	...	...	...	42
Nasal disease	...	...	...	...	...	8
External ear disease	...	...	...	...	...	3
Nothing abnormal detected	...	...	...	...	...	7
Summary and result of treatment :—						
				<i>Cured.</i>	<i>Still attending.</i>	
Otorrhoea	...	...	...	39	...	7
Deafness without discharge	...	...	...	23	...	10
Nasal disease	...	...	...	2	...	3
External ear disease	...	...	...	3	...	..
No. of cases referred to own doctor				2	...	..
No. of cases referred to R.B.H.				6	...	..
No. of cases nothing abnormal detected				7	...	..
No. of cases ceased attending	...			9	...	..

Treatment of Otorrhoea by Ionisation.

This year 27 children were selected for ionisation treatment, of whom 24 or 89 per cent. may be regarded as cured.

Two of the remaining three showed much improvement ; one probably due to bad home conditions and lack of interest of the parent was a failure.

An analysis of the children regarded as cured in 1923 and 1924 is given below.

1923. Twenty out of the 28 cases selected were regarded as cured.

At the end of 1925 only 19 out of the 20 cases could be traced and all these could be regarded as cured, with the following proviso :—

14 required no further treatment.

2 became reinfected in 1924 and each required one treatment only.

3 became reinfected in 1925 and each required one treatment only.

1924. Twenty-four of 32 cases selected were regarded as cured. At the end of 1925 only 22 out of the 24 cases could be traced and 21 of these could be regarded as cured, with the following proviso :—

20 required no further treatment.

1 became reinfected in 1925 and required one treatment only.

DENTAL CLINIC.

I am indebted to Miss Marion Smith MacKinnon, L.D.S., for the following record of dental work carried out during the year.

"Dental inspections were carried out in 21 schools during 1925, leaving 8 schools still to be inspected, namely, the Caversham and Tilehurst Schools and Wilson school.

Seventy-three per cent. of the children were found to require treatment as against 76 per cent. last year and 79 per cent. the year before, so that steady progress is being made. In this respect, a great deal depends upon the co-operation of the teachers and in schools where the teachers assist in getting the children to attend the clinic for treatment, the percentage requiring treatment diminishes rapidly each year. To mention one school where a special effort has been made, the percentage requiring treatment has fallen to 62 per cent. this year. Teachers, perhaps, do not always appreciate their power to further this work and improve the physical condition of the children.

It is very unfortunate that the poorest children do not avail themselves of treatment so much as those in better circumstances, as it is for this class of child that we should like to do our utmost to improve its physique.

Reading children have got very well-formed teeth, the enamel being very good, and much sound work can be accomplished by early conservative treatment.

When the teeth are neglected, the gums get inflamed and spongy and unless this condition is remedied, it leads to pyorrhoea later on. It is fairly prevalent in children from 12 years upwards and is accompanied by unpleasant breath.

The number of special cases is still high, and these include 210 children of 5 years and under, many of these being referred from the welfare centres. Although the need for treatment at such an early age is to be deplored, it is satisfactory to note that greater numbers of the younger children are attending the clinic. It shows that parents are beginning to realize the value of early treatment and is a most hopeful sign.

The number of permanent teeth extracted is still high, but as 340 of these were from 1,749 children inspected in schools and 216 from 386 specials aged 6 and upwards, it will be seen that this figure is bound to be diminished when the scheme of dental treatment becomes more complete.

A number of the permanent teeth extracted were removed for regulation purposes.

There is still a great deal of prejudice to be overcome especially with regard to conservative work and many parents do not realize the great advantages offered to have their children's mouths made entirely free from caries and sepsis, but prefer them only to have treatment for toothache as they had in their own childhood. This was the idea of dental treatment in the 17th century, so it is time it was being "scotched."

The detailed statement shewn represents a greater volume of work than has been accomplished in any previous year since the institution of the dental scheme.

It can also be seen that the vast majority of children amounting approximately to three-quarters of those examined are found to require treatment and that parents as a whole have not yet realized the importance of the constant care of children's teeth. Until dental supervision can become continuous, much of the value of conservative work done will be lost.

Group IV.—Dental Defects.

(1) Number of children who were :—

(a) Inspected by the dentist.

Aged :—	{	5 ... 20	}	Total—4,971
		6 ... 714		
		7 ... 718		
		8 ... 722		
		9 ... 721		
Age Groups		10 ... 710		
		11 ... 572		
		12 ... 339		
		13 ... 304		
		14 ... 136		
		15 ... 15		
Specials		... .. 596	

Grand Total 5,567

(b) Found to require treatment	...	...	...	...	4234
(c) Actually treated	...	...	...	...	2345
(d) Re-treated as the result of periodical examination	...				1027
(2) Half-days devoted to	{ inspection	57	}	Total	...
	{ treatment	387			
(3) Attendances made by children for treatment	...				4090
(4) Fillings	{ permanent teeth	1815	}	Total	...
	{ temporary teeth	71			
(5) Extractions	{ permanent teeth	556	}	Total	...
	{ temporary teeth	3676			
(6) Administrations of general anaesthetics for extractions	—				
(7) Other operations	{ permanent teeth	296	}	Total	...
	{ temporary teeth	17			

CRIPPLING DEFECTS AND ORTHOPAEDICS.

For the correction of minor defects of slight lateral curvature, kyphosis and flat foot, a sheet of exercises has been prepared and treatment is carried out under the direction of the physical instructors, nurses, and at the re-inspection in the schools.

The acute phases of the major defects like infantile paralysis, tuberculosis of joints, etc., are not often met with at school as the onset of these diseases generally occurs before school age.

A register is kept of all children known to be suffering from crippling defects and they are constantly kept under observation. With few exceptions they have had and most are still under treatment at the orthopaedic department of the Royal Berkshire hospital. The School Medical Officers keep in touch with these children and when necessary advise their further attendance at the Hospital.

Institutional treatment has been provided at the Wingfield hospital at Headington, Oxon, and at the Heatherwood hospital, Ascot.

Of the children able to attend day schools, the Whitley Special School for physically defective children provides for the more serious cases, the less serious attending the ordinary day schools.

In the majority of cases the necessary appliances are provided by a voluntary association which works directly in association with the orthopaedic clinic, the parents contributing what proportion of the cost they can afford. The Education Committee also provides boots and other appliances when the voluntary agencies fail. The British Red Cross Society contributes largely, and the Guardians, the Tuberculosis After-Care Committee, and the Council of Social Welfare also assist.

OPEN-AIR EDUCATION.

(a) **Playground Classes.** In all the schools when the weather is suitable, as many classes as possible are held in the playgrounds. Nature study walks are held frequently.

(b) **School Journeys.** In most of the schools day journeys are undertaken to London or the seaside.

(c) **School Camps.** There are as a rule no organised school camps. One party of 30 girls and 20 boys spent 10 days under canvas at the Isle of Wight.

The boy scouts, girl guides, and lads' brigade held camps in the summer holidays.

(d) **Open-Air Class-Rooms in Public Elementary Schools.** Except in the case of Grovelands school where there is one, none of the schools are provided with open-air classrooms.

(e) **Day Open-Air Schools.** The only open-air school is the Whitley Special school for delicate children, on which a special report is appended.

(f) **Residential Open-Air Schools.** There are no open-air residential schools in the area.

SCHOOL BATHS.

A large and well-lighted bathroom fitted with two baths and a spray has been installed at St. Giles' (Church of England) Boys' School. This enables practically all the boys attending the school to have a hot bath each week. As the boys come mostly from homes where bathing facilities are very limited, the provision of school baths is undoubtedly a great boon and the managers and headmaster of St. Giles' may be heartily congratulated on their enterprise. Taken in conjunction with the re-construction of the school and the introduction of carpentry and metal work rooms, the provision of the baths seem to have brought more life into the boys.

No other elementary school has yet been equipped with baths.

PHYSICAL TRAINING.

I append the following report by the Assistant Organizers of Physical Training:—

“The year under review has been mainly spent in consolidating the work of previous years and this has resulted in further improvement in the standard of work in the schools.

His Majesty's Inspector when visiting the borough in December spoke in very high terms of the work seen, both in the schools and in the playing fields.

The voluntary staff physical training classes, held during the winter, were very well attended and have again demonstrated their usefulness by the improvement shown in the work in certain schools.

The value of having "swimming land drill" lessons during the winter months is shown in the fact that the number of boys learning to swim during the summer months is nearly double that of the previous year.

Arrangements are being made for girls to receive similar lessons during the coming winter."

PROVISION OF MEALS.

During the year, 343 children received meals through the agency of the Committee, 44,578 meals in all being supplied. Dinners were in each case provided.

Except in special cases the selection is made by the teachers and the Committee has fixed a maximum income scale for parents of children who may receive free meals. The school medical inspectors are also authorized to recommend children for meals. The dietaries are approved by the School Medical Officer and are varied and sufficient. The meals are cooked at the central kitchen in Southampton Street and distributed to two additional centres at Newtown and Caversham. Heat retaining containers are used in the carriage of the meals.

The general arrangements and the manner of distribution are satisfactory. The children are weighed periodically and the centres are visited at intervals by the school medical officers.

BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

A weekly clinic conducted by Dr. Price is held for the purpose of examining all mentally and physically defective children. During the year 65 such children referred by school medical officers, teachers, and welfare visitors were examined with the results shewn in the following summary. Such of the cases as were found suitable were admitted to the various sections of the Whitley Special School as vacancies occurred.

						<i>Boys.</i>	<i>Girls.</i>
Dull and backward	...	...	...	...	...	13	1
Feeble-minded	...	...	...	...	...	5	7
Imbecile	...	...	...	...	...	3	1
Idiot	...	...	...	...	...	1	—
Physically defective	...	...	...	...	...	11	4
Phthisis and suspected phthisis	...	...	...	...	...	8	4
Deaf and dumb	...	...	...	...	...	2	2
Sequelae of encephalitis lethargica	...	...	...	...	...	3	—
						—	—
						46	19
						—	—

The following more comprehensive table in the form prescribed by the Board of Education gives a census as complete as can be ascertained of all exceptional children in the area and the manner in which they have been dealt with.

TABLE III. Return of all Exceptional Children in the Area.

			Boys.	Girls.	Total.
Blind (including partially blind).	(i) Suitable for training in a School or Class for the totally blind.	Attending Certified Schools or Classes for the Blind Attending Public Elementary Schools At other Institutions At no School or Institution	1	1	2
	(ii) Suitable for training in a School or Class for the partially blind.	Attending Certified Schools or Classes for the Blind Attending Public Elementary Schools (including Whitley Special School) At other Institutions At no School or Institution ... ..	... ... 4 1	1 ... 2 1	1 ... 6 2
Deaf (including deaf and dumb and partially deaf).	(i) Suitable for training in a School or Class for the totally deaf or deaf and dumb.	Attending Certified Schools or Classes for the Deaf Attending Public Elementary Schools (including Whitley Special School) ... At other Institutions At no School or Institution	1 2	8 1	9 3
	(ii) Suitable for training in a School or Class for the partially deaf.	Attending Certified Schools or Classes for the Deaf Attending Public Elementary Schools (including Whitley Special School) At other Institutions At no School or Institution ... ..	... 1 ... ...	... ... ... ...	... 1
Mentally Defective.	Feeble-minded (cases not notifiable to the Local Control Authority).	Attending Certified Schools for Mentally Defective Children Attending Public Elementary Schools At other Institutions At no School or Institution	55	40	95
	Notified to the Local Control Authority during the year.	Feeble-minded Imbeciles Idiots	13 3 ...	5	18 3 ...
Epileptics.	Suffering from severe epilepsy	Attending Certified Special Schools for Epileptics In Institutions other than Certified Special Schools Attending Public Elementary Schools At no School or Institution ... ..	... ... ... 2	... ... ... 4	... ... ... 6
	Suffering from epilepsy which is not severe.	Attending Public Elementary Schools (including Whitley Special School) At no School or Institution	5 ...	4 ...	9 ...

TABLE III. (continued).

			Boys.	Girls.	Total.
Physically Defective.	Infectious pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ... ..	...	...	...
		At other Institutions ... ..	...	...	...
		At no School or Institution ... ..	...	...	...
	Non-infectious but active pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	2	...	2
		At Certified Residential Open-Air Schools ... ..	...	...	...
		At Certified Day Open-Air Schools ...	16	20	36
At Public Elementary Schools ...		...	...	...
At other Institutions ... ..		...	...	...
At no School or Institution	1	5	6		
Physically Defective (cont.)	Delicate children (e.g., pre-or latent tuberculosis, malnutrition, debility, anaemia, etc.)	At Certified Residential Open-Air Schools ... ..	...	...	...
		At Certified Day Open-Air Schools ...	13	10	23
		At Public Elementary Schools ...	51	40	91
		At other Institutions	1	1	2
		At no School or Institution	6	8	14
	Active non-pulmonary tuberculosis.	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	3	...	3
		At Public Elementary Schools ...	...	...	...
		At other Institutions ... ..	...	...	...
		At no School or Institution	3	2	5
	Crippled children (other than those with active tuberculous disease), e.g., children suffering from paralysis, etc., and including those with severe heart disease.	At Certified Hospital Schools ...	...	...	...
At Certified Residential Cripple Schools ...		...	...	...
At Certified Day Cripple Schools ...		29	17	46	
At Public Elementary Schools ...		20	34	54	
At other Institutions ... ..		...	...	...
At no School or Institution		2	4	6	

THE PHYSICALLY DEFECTIVE SCHOOL.

Sixty-four children attended during the year suffering from the following disabilities :—

Defective vision	...	...	...	...	...	4
Defective hearing	...	...	...	...	...	4
Tuberculosis (osseous)	...	...	...	...	...	5
Tuberculosis (other than osseous)	...	...	...	...	...	2

Deformities :—

Infantile paralysis	...	...	...	...	...	16
Spinal caries	...	...	...	...	...	3
Lateral curvature	...	...	...	...	...	2
Congenital dislocation of hip	...	...	...	...	...	2
Defective development of upper limbs	...	...	...	...	...	1
Nervous disorders (including 3 cases of post encephalitis lethargica)	...	...	...	...	...	6
Heart disease	...	...	...	...	...	5
Other disorders	...	...	...	...	...	14

The cases of deformities from infantile paralysis, spinal caries, tuberculosis and other joint diseases have received treatment at the Royal Berkshire hospital (23); at Headington (2); previous to admission, by private practitioner (2); 18 children are still attending the Royal Berkshire hospital, some twice weekly, others weekly, fortnightly, monthly, or at longer intervals according to the directions of the hospital surgeon under whose care they are. The teachers make arrangements for their attendances. Two cases have refused further treatment at the hospital, and one case is awaiting admission into Headington, whilst another has attended and been operated on at Great Ormond Street, subsequent to the treatment at the Royal Berkshire hospital. The majority of the cripple cases owe their attendance at the hospital to the care and vigilance of the school medical officers who conduct the entire medical inspection.

THE OPEN-AIR SCHOOL.

At this school are admitted children suffering from pulmonary tuberculosis in the quiescent state—46 in all; of those in the so-called pre-tubercular stage 24 in all. There is in addition one case of tuberculous peritonitis. The cases admitted are mainly those recommended by the Tuberculosis Officer for the borough (Dr. Minkley), and during their stay at the school are under his observation and care. Charts of temperature and weight are kept, the temperature being taken twice daily and the weight once weekly. Breakfasts, dinners, teas, and a pint of Grade "A" milk are supplied to each child daily; in addition, malt and cod liver oil are provided when required.

MENTALLY DEFECTIVE SCHOOL.

One hundred and four children have attended during the year. The family history of these, as far as can be ascertained, is interesting as throwing some

light on the causation of their mental deficiency. Enquiry revealed in parents, grand-parents or in other near relatives, a history of :—

Tuberculosis	...	...	...	...	...	...	4
Alcoholism	...	...	...	...	...	...	1
Backwardness	...	...	...	...	...	...	8
Epilepsy...	...	...	...	...	...	...	10
Not known or normal	...	...	...	...	...	...	59
Dementia	...	...	...	...	...	...	11
Amentia	...	...	...	...	...	...	11

In the fifty-nine cases where no family history of the forebears was forthcoming, brothers and sisters in many instances were feeble-minded and had in the past been admitted to this school. Of the 104 cases, 7 are moral defectives. Many of the children exhibit, in addition to their mental defect, physical defects as shown by the following table :—

Defective speech	...	...	...	...	...	1
Defective hearing	...	...	...	...	...	7
Defective vision	...	...	...	...	...	15
Nasal obstruction	...	...	...	...	...	4
Infantile paralysis	...	...	...	...	...	2
Congenital disease of heart	...	...	...	...	...	2
Minor epilepsy	...	...	...	...	...	1
Hydrocephalus	...	...	...	...	...	1

The following table shews the after-careers of children who have formerly attended the three special schools. The table naturally varies at different times with the varying condition of the persons referred to, but will indicate in general their present condition :—

	Mentally Defective School.		Physically Defective School.		Open-Air School.	
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
1. Number of children who have left school since 1910	121	71	72	88	119	101
2. Number who—						
(a) have since died	6	8	7	15	2	2
(b) are known to be incapable by reason of mental or physical defect of undertaking employment	12	19	1	5	..	..
(c) are in attendance at an institution for further education	11	9	6	4	..	..
(d) are in any other institution	4	3	..	..	..	..
(e) Transferred to sanatoria	..	..	..	..	2	1
(f) Left for hospital treatment	..	..	..	..	1	1
3. Number who are employed in—						
a) Industrial or manual occupations	51	12	9	8	19	20
(b) Agricultural or rural occupations	..	..	1	1	5	..
(c) Domestic occupation, including those who are helping in the domestic work at home	2	2	3	20	3	21
(d) Commercial, professional or clerical work	..	..	7	11	4	5
(e) Blind alley or other precarious occupations	..	..	3	..	8	..
(f) Married and remaining at home	..	..	..	..	..	5
4. Number who have left the neighbourhood whose after-careers have not been traced	10	6	14	7	10	12
5. In the services or pensioned	6	..	..	..	3	..
6. Returned to ordinary schools	..	..	9	3	46	15
7. Transferred to other special schools	3	1	2	6	5	4
8. Children unfit to attend school	2	..	4	8	7	12
9. Unemployed	14	11	6	..	4	2
10. Too irregular to benefit	..	..	..	..	..	1
Totals	121	71	72	88	119	101

SECONDARY SCHOOLS.

The results of the examinations of the Reading School and the Kendrick Girls' School are set out in the table on the following page. It will be seen that the main defects to which attention is drawn in both schools are carious teeth and errors of refraction. Attention has also been given to minor deformities, the result chiefly of defective carriage and to conditions of sub-nutrition arising from insufficient rest. The much more extended knowledge of common disorders of childhood is revealed in the fact of the large number of boys and girls who had already been operated on for defects of throat and nose and the number already provided with suitable glasses.

Re-inspections were carried out at both schools and in the majority of cases treatment had already been provided or arranged. Dental treatment was provided for 12 boys and 5 girls at the Education Committee's clinic and 7 boys attended the ophthalmic clinic.

EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

In accordance with the bye-laws, 202 children engaged in the distribution of milk or newspapers were examined at the clinic, and 68 engaged in other occupations were examined in the schools. Three of the children were found unfit for employment. All employed children are kept under supervision and are weighed periodically in the schools.

A medical report of each of the "leavers" is recorded on the cards of the Juvenile Employment Bureau.

MISCELLANEOUS.

Sixty scholarships candidates were examined.

TABLE IIA.

RETURN OF DEFECTS FOUND IN THE COURSE OF MEDICAL INSPECTION IN 1925. SECONDARY SCHOOLS.

Defect or Disease.	READING BOYS' SCHOOL.		KENDRICK GIRLS' SCHOOL.		
	214		119		
	Number referred for		Number referred for		
Number Examined ...	Treatment.	Observation.	Treatment.	Observation.	
Malnutrition ... ..	...	20	...	37
Uncleanliness { Head... ..	...	...	1	...
{ Body... ..	...	...	...	...
Skin { Ringworm { Head ... ..	...	...	..	...
	{ Body ... ..	...	...	...
	{ Scabies ... ..	...	...	...
	{ Impetigo ... ..	...	...	...
{ Other Disease (Non-tub.)	...	2	..	...
Eye { Blepharitis ... ..	...	...	...	...
	{ Conjunctivitis ... ..	...	..	...
	{ Keratitis ... ..	...	...	...
	{ Corneal Opacities ... ..	...	...	...
	{ Defective Vision	16	16	7	14
	{ Squint
{ Other Conditions ..	...	...	...	...
Ear { Defective Hearing ... ..	...	1	2	...
	{ Otitis Media... ..	...	1	...
	{ Other Ear Disease ... ..	...	...	...
Nose and Throat { Enlarged Tonsils ... ..	...	1	...	1
	{ Adenoids ... ..	...	1	...
	{ Enlarged Tonsils & Adenoids	...	...	...
	{ Other Conditions	2	4	1	1
Enlarged Cervical Glands (non-tuber.)	...	...	...	1
Defective Speech	1	1	...	...
,, Teeth	47	...	25	...	
Heart and Circulation { Organic ... ..	...	...	...	...
	{ Functional	7	...	1
	{ Anæmia
Lungs { Bronchitis ... ..	...	...	...	...
	{ Other non-tuber. disease	...	1
Tuberculosis { Pulmonary :—Definite ... ..	...	...	...	...
	{ Suspected... ..	...	...	...
	{ Non-Pulmonary :—Glands	...	...	...
	{ Spine ... ..	...	...	...
	{ Hips... ..	...	...	...
	{ Other bones and joints
{ Skin ... ..	...	...	...	...
{ Other forms ... ..	...	...	...	...
Nervous System { Epilepsy ... ..	...	...	...	...
	{ Chorea ... ..	...	...	...
	{ Other Conditions	2
Deformities { Rickets ... ..	...	...	...	...
	{ Spinal curvature	1	8	1
	{ Other Forms	8	5	1
Other Defect or Disease ... ..	...	2	4	4

