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COUNTY BOROUGH OF READING.

Annual Report

OF THE

Medical Officer of Health

FOR THE YEAR

1929.



62494

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Non-Members of the Council.

Miss M. MAPLESDEN, M.A.

Mrs. K. SHORTER.

Mrs. F. F. WHITLEY.

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

April, 1930.

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

Ladies and Gentlemen,

I beg to submit the annual report on the health and sanitary circumstances of the borough for the year 1929.

The report is prepared on lines laid down by the Ministry of Health and is a statutory duty placed upon the Medical Officer of Health by the Sanitary Officers Order, 1926.

Vital Statistics.

Population.—The Registrar General's estimate of the population of Reading at the middle of the year 1929 is 97,050 persons. This estimate indicates a decrease of the population when compared with the corresponding estimate supplied for the preceding year. It is doubtful if any such decrease has occurred. In this connection the extension of the population beyond the borough boundaries is a matter of some importance.

Birth Rate. The birth rate for the year was 14·9 per 1,000 of the estimated population which is the lowest rate ever recorded in the borough. We appear to be approaching a time when the birth rate will not exceed the death rate and the natural increase of population will cease. This subject has given rise to considerable discussion and concern.

Death Rate. The crude death rate for 1929 was 14·1 per 1,000 persons living. This rate is higher than that of any year since 1918. It has previously been mentioned that the proportion of elderly persons in Reading is greater than is the average for the country. As the expected death rate is naturally higher in the more advanced age groups, the crude death rate of Reading for purposes of comparison requires correction for the age distribution of the population. After such correction, the "standard" death rate for the borough during the year was 12·2 per 1,000 of the population.

The more than usually severe epidemic of influenza and the largely increased number of deaths from bronchitis and pneumonia which accompanied the epidemic, account for the unfavourable death rate.

Two other noteworthy features in the statistics of the year are the increased number of deaths from violence and the still increasing cancer death rate to which detailed reference is made in the report.

Infantile Mortality. Except for the year 1927, the infantile death rate of 50.5 per 1,000 births is lower than any hitherto recorded. This very favourable return would have been even better but for the unusually large number of infant deaths from pneumonia which occurred during the influenza epidemic. The continued success in the prevention of disease and death and the virtual abolition of gastro-intestinal mortality in infancy is the outstanding feature in modern public health progress.

General Provision of Health Services in the Area.

The Local Government Act, 1929, came into force on April 1st of the present year. The administrative scheme approved by the council will not only meet the immediate requirements of the Act but will provide the machinery for the future development of the services concerned.

The statutory duty to provide for the relief of the destitute is still imposed upon the council by the poor law and will tax the major portion of the present accommodation at Battle Infirmary. The council will, however, in considering any future provision of health services be able to review all the resources available and effect a closer co-ordination than has hitherto been possible. The "appropriation" of the hospital portion of Battle Infirmary as a hospital under the Public Health Acts will extend further the policy of regarding the care of the sick and the prevention of disease as an object apart from the relief of destitution.

The association of medical treatment and the relief of distress has in the past created an unfortunate prejudice which in many cases has tended to lower the standard of treatment provided.

The present arrangement should enable the council to dissipate this prejudice which has not attached to other institutions controlled by the council.

The Act further requires that the council shall consult the governing bodies and medical staffs of voluntary hospitals when considering the provision of hospital accommodation. Closer association and the avoidance of unnecessary duplication of expensive services should result from this proviso.

In view of this situation, I submit a list of institutions and clinics initiated and controlled by the council and of the accommodation available in voluntary institutions.

Prevalence of, and Control over, Infectious Diseases.

The prevalence of diphtheria and scarlet fever was below the average of recent years. The type of the former disease was less virulent than during the two preceding years.

Measles for the second year in succession became prevalent during the early summer. The prevalence was less extensive and the complications less numerous and severe than is usually the experience when epidemics occur in the winter months.

There has been no case of smallpox in the borough during the year although numerous cases have occurred in London and in some adjoining areas.

The number of cases of tuberculosis notified and the number of deaths due to this disease show no tendency to decline. The mortality from pulmonary tuberculosis is higher than in any year since 1918.

From the returns of the venereal diseases clinic it will be seen that cases of syphilis in its recent and infectious stage are not numerous. During the past two years, however, there has been a definite increase in the incidence of gonorrhoea.

Maternal and Child Welfare.

The importance of maternal and child welfare in its various aspects cannot be over estimated. The success of this work in the effort to improve the prospects of infant life as reflected in the continued low rate of infantile mortality is referred to above.

The increase of attendances at the infant welfare centres, from 11,000 annually in 1920 to 28,000 last year, indicates a definite public interest.

The maternity and child welfare committee has given special consideration to this subject. The growth of the work has at different times necessitated the opening of new centres and the provision of additional medical sessions. Further arrangements have now been made to duplicate the session at Elm Park Hall which has been most crowded, and it is probable that still further extensions will be necessary in the near future.

The committee has also had under consideration the provision of more suitable premises at the large central clinics. Although it is not intended nor is it desirable that these central clinics should replace the present clinics established in the outlying portions of the borough it is probable that further co-ordination may be effected by means of the re-arrangement of the out-patient department at Battle Infirmary and the transfer of the school clinic to new premises in Queen's Road.

The maternal mortality rate for the year was 2.7 per 1,000 births, which is considerably lower than the average rate for the whole country. All deaths of this nature are the subject of a special investigation.

It will be seen from the report on Dellwood maternity home that this institution continues to serve a very valuable purpose in the borough and that nearly one-sixth of all children born in the borough are born at Dellwood. The ante-natal clinic under the charge of Dr. Agnes Bernfeld has been successfully continued on previously established lines.

Inspection and Supervision of Food.

As the result of examination of premises where food is prepared and sold and the examination of samples taken under the Sale of Food and Drugs Acts, the impression is formed that more and more attention is being given to the purity and cleanliness of articles of food prepared for sale.

On only one occasion were proceedings instituted for the exposure of unsound food for sale, and no prosecution was undertaken under the Sale of Food and Drugs Acts.

The evidence gained by the examination of milk for the presence of living tubercle bacilli is however not so satisfactory. There can be little doubt that this is a fruitful medium for the conveyance of non-pulmonary tuberculosis and it is a matter for regret that further progress has not been made in removing the sources of infection in these cases.

Housing.

The shortage of houses for the working classes has not yet been overcome, although it is hoped that the extensive programme on which the Housing Committee has now embarked may do much to alleviate the admittedly difficult conditions. It is noteworthy that a higher proportion of patients admitted to Dellwood live in rooms than has been the case in previous years, and the Tuberculosis Officer draws attention to the difficulty of obtaining suitable housing accommodation for tuberculous patients when their home conditions are unsatisfactory. The housing committee itself has been unable to rent alternative accommodation for displaced tenants of condemned houses.

More progress has however been made in the closure of insanitary houses. Under the policy approved by the committee, thirty-eight out of a present total of one hundred and seven houses scheduled for closure have been dealt with during the year. The condition of most of these houses is such as to threaten immediate danger to the health of the inhabitants.

Numerous cases of overcrowding are still being reported but the difficulty of dealing with them is clearly apparent.

I should like to express my indebtedness to all 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.
G. G. GARDINER.

Chief Clerk.

* G. S. HAWTHORNE.

Clerks.

|| MISS J. R. SMITH (Tuberculosis Dispensary). || MISS N. HULBERT (Maternity and Child Welfare
MISS K. CLAYDON-SMITH. E. A. SELLAR. Department).
F. A. K. STREETER.

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 IDA MAY COOPER.

* *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.

VITAL STATISTICS.

Population.—The estimates of population prepared in the office of the Registrar-General are available at an earlier date this year than has been the case hitherto and will be used for the purpose of calculating all rates which are based on population. According to this estimate the total population of the borough at the middle of the year 1929 was 97,050 which may be reduced by the exclusion of 200 non-civilians to a nett civilian population of 96,850.

These estimates actually indicate a decrease of the population by 140 persons when compared with the corresponding estimate supplied for the preceding year. I know of no reason to suppose that any such decrease has occurred. The natural increase of the population, which is measured by the majority of 1,446 births over 1,373 deaths, would amount to 73 persons during the whole year.

As the result of the severe outbreak of influenza in the earlier weeks of the year it is a fact that a disproportionate number of the deaths occurred during the period which is covered by the Registrar-General's estimate of population, that is, up to mid-year 1929, but the anomalous result, as compared with the year 1928, is more likely to be due to the immeasurable factor of population controlled by the migration of families to and from the borough.

The difficulty of estimating populations, apart from an actual census, has previously been emphasised and these difficulties increase with every succeeding year that one is removed from the last enumeration.

It is, however, obvious that any decrease of the population as indicated by the Registrar-General or any failure to increase in the usual ratio would be a matter of very great importance to the financial and industrial well-being of the borough. In this connection the extension of the population beyond the borough boundaries has been a matter of every-day comment.

Birth Rate. The total number of births registered in the borough during the year was 1,521. To these must be added the births of 23 children of Reading parents born and registered elsewhere, while as many as 98 children of non-residents were born and registered in the borough and must be deducted. The presence of nursing homes and hospitals in large towns accounts for the large number of births and deaths of non-residents occurring there each year.

The nett number of births properly assigned to Reading for the year 1929, is, therefore, 1446, which represents a birth rate of 14·9 per 1,000 of the estimated population.

Owing to the doubtful accuracy of the population estimate referred to above, the precision of this calculated birth rate cannot be guaranteed to a decimal point. The only thing that can be definitely assured is the fact that the birth rate continues to fall.

Illegitimate Births. Of the total births assignable to Reading 5·2 per cent. were those of illegitimate children. It has been frequently mentioned how remarkably constant this percentage remains year by year. The maximum rate during the past ten years was attained in 1921 when it was 5·5 per cent., whilst the minimum of 4·2 per cent., was recorded in 1924. The average for the past ten years has been 4·9 per cent.

Marriage Rate. Mr. W. H. Oliver, Superintendent Registrar, informs me that 1,508 persons were married during the year. This represents a marriage rate of 15·6 per 1,000 of the population.

Death Rate. During the year, the deaths occurred of 1,373 residents of Reading. This number provides for the exclusion of non-residents who died in institutions and elsewhere in the borough, and for the inclusion of Reading people who died in other areas.

The deaths thus properly assigned to Reading represent a death rate of 14·1 per 1,000 of the estimated population, a much higher rate than has been recorded in any recent year.

This increased mortality is a direct result of the very adverse weather conditions and the more than usually severe epidemic of influenza prevailing in the earlier weeks of the year.

Allowing for the advanced age distribution of the Reading population and applying the necessary factor for correction which is for the Reading population ·871, the corrected death rate for the year is 12·2 per 1,000 persons living.

Deaths in Public Institutions. As a measure of social conditions and of the customs of the people, the number of deaths in public institutions is always one of importance. Of the total deaths of Reading residents during the year, 468 occurred in institutions in the borough and 39 in institutions, chiefly mental institutions, elsewhere. Considerably more than one-third of all the deaths during the year took place in institutions and more than one-fifth in the Battle Infirmary alone.

Infantile Mortality. The infantile mortality rate for the year was 50·5 per 1,000 births. Except for the year 1927 this is a lower rate than any hitherto recorded. More detailed reference to this subject is made in a later section of the report.

Ward Mortality. Without any accurate information of the population of the various wards it is impossible to present statements of ward mortality which have been included in previous reports, but details of the deaths and causes of deaths allocated to wards are shown in the table on pages 16 and 17.

Comparative Mortality. The continuous records of the principal vital statistics over a long period of years are summarized in the subjoined table. It will be seen that the birth rate has steadily declined to reach its present low record, that the death rate and the tuberculosis death rate are higher than in recent years, and that the infantile mortality again shows the downward tendency which has been such a feature of recent mortality statistics.

The table on page 14 gives the comparative mortality returns for Reading and the rest of the country. The Reading birth rate is definitely lower than the average and although the crude death rate is higher, the standardized death rate, which is the true comparative rate, is lower than that of other areas. Each of the rates bearing on infant mortality is definitely in favour of Reading. It is also noteworthy that the influenza epidemic affected Reading more severely than the rest of the country and that the deaths from violence are relatively more numerous.

TABLE I.

Period.	Birth rate.	Death rate.*	Infantile 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
1914-23 do.	19.0	12.7	73.2	1.05
1924	17.1	10.7	53.6	0.96
1925	16.0	11.1	56.3	0.79
1926	17.6	12.2	50.5	0.99
1927	15.3	12.3	42.5	0.89
1928	15.4	11.9	53.6	0.84
1929	14.9	14.1	50.5	1.10

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

CAUSES OF, AND AGES AT, DEATH.

The large table on pages 16 and 17 shews a detailed analysis of the causes to which deaths were assigned and the ages at which they occurred.

Age of Death. Of the total number of deaths, 716 or 52 per cent. were deaths of people who had attained the age of 65 years and upwards, one being the death of a centenarian who had reached the great age of 101 years.

The proportion of deaths at the higher ages is greater this year than in most previous years.

Causes of death. The outstanding feature of the death returns for the year is the mortality from influenza, unequalled since the pandemic of 1918 and 1919, and the accompanying prevalence of bronchitis and pneumonia which were responsible for nearly twice the average number of deaths.

Influenza, Bronchitis and Pneumonia. In the winter months of 1918-19 the whole world was subject to an outbreak of influenza which was probably unequalled in history. The severity of that outbreak was also noteworthy in that people of all ages were attacked and died. During the epidemic, some three hundred people died in Reading from this disease. Until the present year, although there have been occasional recrudescences, no serious mortality occurred, the average number of deaths due to influenza being no more than fifteen. In the early months of 1929, however, a severe epidemic prevailed and was responsible for a total of 79 deaths, the great majority of the persons seriously affected, however, being those of advanced years.

TABLE II.
BIRTH RATE, DEATH RATE, AND ANALYSIS OF MORTALITY DURING THE YEAR 1929.

(Provisional figures. The rates for England and Wales have been calculated on a population estimated to the middle of 1929, but those for the towns have been calculated on populations estimated to the middle of 1928. 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).

	Rate Per 1,000 Population.		Annual Death Rate per 1,000 Population.										Rate per 1,000 births.		Percentage of total deaths.			
	Live Births.	Still-births.	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	Certified by Coroner after P.M.	No Inquest.	Uncertified causes of death
England and Wales	16.3	0.68	13.4	0.01	0.00	0.08	0.02	0.15	0.08	0.74	0.55	8.1	74	91.5	6.1	1.5	0.9	0.9
107 County Boroughs and Great Towns, including London.	16.6	0.69	13.7	0.01	0.00	0.12	0.02	0.19	0.09	0.76	0.50	10.9	79	91.8	5.8	1.9	0.5	0.5
157 Smaller Towns (1921 Adjusted Populations 20,000-50,000).*	16.0	0.71	12.3	0.01	0.00	0.06	0.02	0.15	0.07	0.71	0.45	5.9	69	92.6	5.4	1.0	1.0	1.0
London	15.7	0.53	13.8	0.01	0.00	0.04	0.02	0.26	0.08	0.69	0.56	10.7	70	89.5	6.8	3.7	0.0	0.0
READING	14.9	0.56	†12.2	0.02	0.00	0.07	0.00	0.06	0.05	0.81	0.66	2.2	50	93.6	4.3	2.1	0.0	0.0

* By the extension of Uxbridge U.D. on the 1st April, 1929, the number of smaller towns was increased to 157.

† "Standardized" death rate.

The predominant symptoms of influenza vary in different epidemics and in different persons in the same epidemic. The manifestations may be principally nervous with severe headache, backache and depression, or the dominant features may be gastro-intestinal, but as a rule there is an accompanying bronchial affection of more or less severity. The disease is thus ill-defined, and we invariably find that during an epidemic the number of deaths from bronchitis and pneumonia is greatly increased, the exciting causes in many of these cases being the influenza infection. The number of deaths from these two diseases during the year was 223 which is nearly double the normal annual average. The majority of the victims again were people of advanced years, but as referred to elsewhere there was an unusually high number of infant deaths due to pneumonia.

The result of this invasion can be seen in the increased death rate. From the beginning of February until early in March, the number of deaths registered was so great as to maintain the rate per thousand persons living at about 40 instead of a normal average of about 16 for that period of the year.

The prevention of these periodic invasions with their serious toll is beyond administrative action. The infection is passed directly from person to person by coughing, sneezing, etc., and an infected person in a crowded public place can readily convey the disease to many of his fellows. Only by the education of the individual in the methods of avoiding the spread of infection can the seriousness of these outbreaks be minimized.

Cancer. As a single contributor to the death returns, cancer again takes the leading place, being responsible for no fewer than 152 deaths during the year.

As this matter is one to which a great deal of public attention has been given in the press and otherwise, I append a short table which shows the death rate from cancerous diseases over a long period of years :—

TABLE III.

Period.	Reading.	England and Wales.
1886-1895	0.73	0.66
1896-1905	0.89	0.82
1906-1915	1.00	0.99
1916-1925	1.28	1.21
1926	1.50	1.36
1927	1.27	—
1928	1.33	—
1929	1.42	—

It will be seen that the rate for the past year is higher than that of most previous years and that the incidence of cancer has progressively increased throughout the whole period.

With modern methods and the use of highly-developed modern apparatus like X-rays, the diagnosis of cancer is now more readily made than in earlier years. As cancer is a disease of later years the more persons there are living at the more advanced ages the more will the cancer death rate increase.

Notwithstanding these considerations it would appear that there is a real increase in the prevalence of these malignant diseases, the exact extent of which it is impossible to measure.

CAUSES OF, AND AGES AT, DEATH, 1929.

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 ...	1373	75	24	22	41	47	128
Uncertified ...	—	—	—	—	—	—	—
1 Enteric Fever ...	2	—	—	—	—	—	1
2 Small Pox ...	—	—	—	—	—	—	—
3 Measles ...	7	—	2	3	2	—	—
4 Scarlet Fever ...	—	—	—	—	—	—	—
5 Whooping Cough ...	6	3	3	—	—	—	—
6 Diphtheria and Croup ...	5	—	—	3	1	—	1
7 Influenza ...	79	—	3	—	1	1	2
8 Erysipelas ...	2	—	—	—	—	—	—
9 Phthisis (Pulmonary Tuberc'sis)	108	1	1	—	4	16	56
10 Tuberculous Meningitis ...	8	—	2	3	3	—	—
11 Other Tuberculous Diseases ...	6	—	—	—	1	3	—
12 Cancer (Malignant Diseases) ...	152	—	—	—	1	—	11
13 Rheumatic Fever ...	8	—	—	—	4	—	2
14 Meningitis ...	3	1	—	—	—	2	—
15 Organic Heart Disease ...	140	1	—	—	—	2	3
16 Bronchitis ...	123	3	1	—	—	1	2
17 Pneumonia (all forms) ...	100	16	10	6	4	3	8
18 Other Diseases of Respiratory Organs ...	22	—	—	—	—	—	3
19 Diarrhoea and Enteritis ...	3	2	1	—	—	—	—
20 Appendicitis and Typhlitis ...	4	—	—	—	1	—	2
21 Cirrhosis of Liver ...	3	—	—	—	—	—	—
21a Alcoholism ...	2	—	—	—	—	—	—
22 Nephritis and Bright's Disease	24	—	—	—	1	1	1
23 Puerperal Fever ...	1	—	—	—	—	—	1
24 Other Accidents and Diseases of Pregnancy ...	3	—	—	—	—	1	2
25 Congenital Debility & Malfor- mation (including premature birth) ...	38	38	—	—	—	—	—
26 Violentdeaths(excludingsuicide)	44	—	—	1	9	7	7
27 Suicide ...	20	—	—	—	—	1	6
28 Other defined diseases ...	457	9	2	6	9	4	17
29 Diseases ill-defined or unknown	3	—	—	—	—	—	3
Totals ...	1373	75	24	22	41	47	128
Sub-headings included in above :							
Cerebro-spinal fever ...	—	—	—	—	—	—	—
Poliomyelitis ...	2	—	—	1	1	—	—
Broncho-pneumonia ...	64	11	7	6	—	3	2
Venereal Disease ...	1	1	—	—	—	—	—
Cerebral hæmorrhage ...	72	—	—	—	—	—	3
Arterio Sclerosis ...	117	—	—	—	—	—	—
Senile Decay ...	72	—	—	—	—	—	—
Tetanus ...	—	—	—	—	—	—	—
General Paralysis of Insane...	—	—	—	—	—	—	—
Aneurism ...	3	—	—	—	—	—	—
Locomotor Ataxy ...	—	—	—	—	—	—	—
Encephalitis Lethargica ...	4	—	—	—	—	—	2
	335	12	7	7	1	3	7

* 295 died in Battle Infirmary, 134 in Royal Berkshire Hospital, 31 in Park Hospital, 8 in Dellwood Maternity Home and 39 in various Mental and other Institutions outside the Borough.

65 yrs. and up- wards	Allocated to Municipal Wards.												Deaths in Institutions.	
	Abbey	Battle	Castle	Caversham	Church	East	Katesgrove	Minster	Redlands	Tilehurst	Victoria	West	Residents of Borough	Non-Resi- dents of Borough.
716	55	148	103	147	141	164	124	59	80	150	106	96	507	146
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	1	—	—	—	—	1	—	—	—	—	—	2	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	2	1	1	1	—	—	—	—	2	—	—	1	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	1	—	—	—	2	1	—	1	1	—	—	—	1
—	—	—	1	—	—	1	1	1	—	1	—	—	4	1
47	3	6	8	5	6	10	14	5	2	7	11	2	13	—
1	—	—	—	1	—	1	—	—	—	—	—	—	2	—
2	8	11	11	7	15	14	15	2	3	8	6	8	60	3
—	—	—	2	—	1	1	1	—	—	2	1	—	7	5
1	—	1	1	—	1	1	—	—	—	1	—	1	6	1
84	8	12	14	20	12	14	19	3	9	17	15	9	60	18
1	—	2	—	—	2	1	—	—	1	1	—	1	3	—
—	—	—	—	1	—	2	—	—	—	—	—	—	1	6
97	8	15	12	11	16	14	11	7	10	13	11	12	22	4
98	3	15	4	11	10	16	15	7	10	9	14	9	38	—
23	1	14	10	17	12	9	4	2	4	14	9	4	24	13
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
13	1	1	2	1	3	3	1	3	2	1	—	4	4	—
—	—	—	1	—	1	—	—	—	—	—	—	1	1	—
—	—	—	—	—	1	1	—	—	1	—	—	1	1	4
2	—	1	1	—	1	—	—	—	—	—	—	—	1	2
—	—	—	—	—	1	—	—	—	—	1	—	—	1	—
13	—	4	2	5	2	1	2	2	1	1	3	1	6	9
—	—	—	—	1	—	—	—	—	—	—	—	—	—	1
—	—	2	1	—	—	—	—	—	—	—	—	—	3	4
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	3	1	5	7	3	5	5	1	4	1	3	15	6
6	1	3	3	7	6	6	3	3	1	7	1	3	26	13
1	3	1	1	1	2	5	1	1	2	3	—	—	2	—
317	19	53	25	53	41	59	30	18	32	57	34	36	202	45
—	—	—	2	—	—	—	—	—	—	—	—	1	2	10
716	55	148	103	147	141	164	124	59	80	150	106	96	*507	†146
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	1	—	—	—	—	1	—	—	—	—
26	—	18	13	12	—	1	3	1	1	12	—	3	—	—
—	—	—	—	—	1	—	—	—	—	—	—	—	—	—
49	3	9	3	12	3	9	6	3	8	7	4	5	—	—
112	3	11	5	11	11	13	8	6	10	22	6	11	—	—
72	1	12	4	7	3	9	5	3	3	12	8	5	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2	—	—	—	—	1	1	—	—	—	1	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	1	—	1	—	—	—	—	1	1	—	—	—
261	7	50	26	42	21	33	22	13	22	56	19	24	—	—

† 1 died in Battle Infirmary, 143 in Royal Berkshire Hospital,
and 2 in Park Hospital.

Tuberculosis. There were 106 deaths assigned to pulmonary tuberculosis, the highest number in any year since the war.

In several of these cases the illness appeared to be of comparatively short duration and there is some reason to believe that an associated influenza virus accentuated the disease and hastened the end. It is also noteworthy that a corresponding increase in tuberculosis deaths accompanied the epidemic in 1918.

The subject of tuberculosis is more fully dealt with in a later section of the report.

Deaths from violence. An ominous feature of the death returns is the steadily increasing number of deaths resulting from violence, including suicide.

Sixty-four people suffered violent deaths during the year, including the deaths of twenty who committed suicide. The average annual number of violent deaths in recent years has been thirty-one, compared with forty during 1929, and the number of suicides has increased from between eight and nine to the very remarkable total of twenty in the same comparative periods. The majority of violent deaths, other than suicide, occur in connection with the use of motor vehicles. The cause of the apparently increasing number of suicides is more obscure. The use of coal gas as a means of ending life has been given special prominence and a departmental committee has closely investigated the subject.

It is a noteworthy fact that the war, during its continuance, had the effect of largely checking all forms of suicide and it appears that the suicide rate for the whole country is now returning to the same level as that which prevailed before the war.

The increasing number of suicides by coal gas poisoning indicates rather a change of method than a real increase, drowning being the commonest method employed in earlier years.

A factor operating in the same direction is perhaps the increasing difficulty of obtaining some of the poisons which might be used for the purpose. The multiplication of gas fittings and the altered constitution of coal-gas which has increased the proportion of the very poisonous carbon-monoxide is less directly connected with the increased number of suicides than would appear on first consideration. The publicity given in the press to cases of this type is a matter that should receive consideration on account of the disturbing effect which the perusal of these reports might have.

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

Local Government Act, 1929.

The Local Government Act, 1929, will come into force on April 1st of the present year. The principal purpose of the act is to complete the process which has for long been known as "the break up of the poor law" and to co-ordinate the functions which have hitherto been exercised by the guardians with the other duties of the local authority.

The act requires the local authority to prepare an administrative scheme of the arrangements for discharging the duties, including the care of the sick, which will be transferred from the Guardians to the Borough Council.

It is also required that the council shall constitute a public assistance committee to which may be delegated, with such restrictions or conditions as the council may think fit, any of the transferred duties. In this regard the following passage in the report of Sir George Newman, Chief Medical Officer to the Ministry of Health, is pertinent.

"Important though it may be to secure continuity and to avoid any breakdown in the arrangements hitherto made for the relief of the poor the Local Government Act will fail in its purpose if its operation is limited to the transfer of poor law powers 'en bloc' to Public Assistance Committees. Above all, full use should be made of the opportunity for co-ordinating the transferred functions with the public health activities already exercised by County and County Borough Councils."

A further intention of the act is that all assistance which can lawfully be provided otherwise than by way of poor law relief shall be so provided.

In accordance with the terms of the act the Council has prepared an administrative scheme which not only meets the immediate requirements of the act, but provides in large measure for the future development of the services concerned. The scheme provides that all hospital treatment for persons suffering from notifiable infectious diseases and for pregnant women, the provision of milk and other foods for expectant and nursing mothers and for children under five years, the hospital and sanatorium treatment of all persons suffering from tuberculosis, and the care of children boarded out in homes shall be arranged under powers conferred by special acts of Parliament designed for the purpose of assisting the classes of persons indicated and not by way of poor law relief.

These declarations do not alter materially what has been the practice of the council in this regard for some years past, the Health Committee and the Maternity and Child Welfare Committee having in large measure provided the services indicated.

The council has further arranged for the appropriation of the hospital portion of Battle Infirmary and its constitution thereby as a hospital under the public health acts by which it ceases to be subject to the provisions of the poor law. This involves the disappearance of the very unpleasing term "pauper" in so far as it has been applied to sick persons treated in the hospital portion of the infirmary. Such patients will differ in no sense from those admitted to other hospitals at present controlled by the Borough Council, all being under the supervision of the Health or Maternity and Child Welfare Committees of the Council.

These provisions are designed rather with a view to closer co-relation and future extensions of the hospital service than for their immediate effect. The accommodation at present available in the infirmary is barely sufficient to meet the statutory demands required by the poor law, which demands will continue to remain a duty imposed upon the council. The council will, however, in providing beds for maternity cases, for sick children, for cases of tuberculosis, or for any other sick persons be able to review the hospital service as a whole with full knowledge of all the resources available.

It is obvious that the present and projected arrangements must have regard to all hospital provision available in the area whether controlled by public or voluntary authorities. The act indeed requires that the council *shall* consult the governing bodies and the medical staffs of voluntary hospitals when making provision for hospital accommodation and it is equally to be assumed that the governing authorities of such institutions will acquaint the council with any proposed extension of their activities. The act will again fail in its purpose if there is any unnecessary duplication of services. Specialist services like the treatment of diseases of the eye, of the ear throat and nose, pathological examinations, or in the extreme case for example of the provision of radium, might readily be made available at one institution which it would be unwise to duplicate at another. On the other hand, there would be little justification for a long waiting list at a voluntary institution if accommodation and equally efficient treatment were available at a municipal hospital. An excessive tax which is frequently placed on out-patient departments might be avoided. A considerable measure of co-operation on these lines has already been effected and might be extended. It is further to be noted that local authorities are endowed with not only the power but the duty of recovering the cost of maintenance and treatment of persons received into their institutions. The lack of this power appears to be a source of grievance with voluntary hospitals in the care for example of the numerous victims of motor car accidents to whom so many beds are devoted. As the costs in these cases are usually a charge on insurance companies there appears to be no reason why the full cost of treatment and the use of such expensive apparatus and equipment as is usually involved should not be made.

As the demand for hospital beds has increased and appears likely to continue to increase there is obviously scope for a large measure of co-operation between the various institutions. It is not to be understood that one should be inferior or auxiliary to another, but that each should do the particular work for which it is best fitted. The joint consultation contemplated by the act or an exchange of representatives on the governing bodies should go a long way towards achieving this object.

HOSPITALS AND CLINICS AT PRESENT PROVIDED OR SUBSIDIZED BY THE COUNTY BOROUGH COUNCIL.

The following summary shows the hospital accommodation provided by the Council :—

Conditions Treated.	Institution.	No. of beds.
Infectious diseases, including tuberculosis	Park Hospital	78
Tuberculosis	Various sanatoria	30
Smallpox	Whitley camp	9
Maternity cases	Dellwood maternity home	16

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 Reading Education Committee Offices, Blagrove St.
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.	

Accommodation provided by the Board of Guardians :—

Battle Infirmary contains a total of 580 beds, allocated as follows :—

For hospital patients	... ..	282
„ mental „	... ..	59
„ children	... ..	17

The remaining beds are used for relief of able-bodied destitute persons.

OTHER HOSPITAL ACCOMMODATION AVAILABLE FOR THE AREA.

(a) The Royal Berkshire Hospital contains 237 beds allocated as follows :—

	Male.	Female.	Total.
Medical	28	30	58
Surgical	56	54	110
Children	—	—	20
Ophthalmic	10	6	16
Venereal Diseases	—	—	6
Ear, Nose and Throat	—	—	8
Tonsil and Adenoid Cots	—	—	12
Maternity	—	7	7

The Blagrove branch at Calcot with 60 beds will be opened in April of the present year.

Ambulance Facilities.

The ambulance service of the area is sufficient for all purposes, and is as follows :—

	For infectious cases.	For non-infectious and accident cases.
Reading Corporation	Motor Ambulance*	
Watch Committee	—	Motor ambulance in charge of the police.
Royal Berkshire Hospital	Two motor ambulances for all the work of the hospital, and for emergencies when required.	
British Red Cross	—	Two ambulances, available to the public.

* An auxiliary horse-drawn vehicle is also retained for emergencies and for cases of smallpox.

NURSING IN THE HOME.

The Queen Victoria Nursing Institute and the Caversham District Nursing Association undertake all the professional nursing in the homes in the borough.

Both organisations are in part subsidized by the Borough Council.

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	93	280	373
For the detection of the diphtheria bacillus			
Health Department and Park Hospital	95	379	474
	<hr/>	<hr/>	<hr/>
	188	659	847

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	229
Examinations for spirochaetes	6
Examinations for gonococci	351

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, Reading University. The results of these examinations will be 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 Reading University, who is the Public Analyst for the borough of Reading. Details of the results of his examinations will be found on page 50.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASE.

There has been no outstanding feature in the epidemic history of notifiable infectious diseases during the past year. In the early summer there was a not very severe epidemic of measles whilst the prevalence of scarlet fever and diphtheria were rather less than normal.

Smallpox. No case of smallpox occurred in the borough during the year. This disease however has been constantly present in London for some considerable time and sporadic outbreaks have occurred in Buckinghamshire and other districts in the vicinity of Reading. Known contacts of active cases have been kept under supervision during the incubation period, but fortunately no resident of the borough has been infected. Our continued immunity from the invasion of this disease can by no means be guaranteed. The fact that the disease continues in a very mild form and the greatly increased travel facilities makes the conveyance of infection outside its present limits a matter of great probability.

The capriciousness of the nature of the infection was exemplified during the year, when a London woman in an active stage of the disease attended a crowded court in Reading without spreading the infection. Those persons in immediate contact were vaccinated but it would appear likely that she came into contact more or less directly with many others, none of whom suffered infection.

In similar circumstances at other times extensive outbreaks have occurred.

The Health Committee has given instructions for the preparation of plans for new smallpox hospital accommodation at Whitley.

Vaccination. The vaccination returns for 1928, for which I am indebted to Mr. W. H. Oliver, are appended.

TABLE V.

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
St. Mary's	878	150	—	—	42	556	5	43	21	61	6.9
St. Giles' and Caversham	700	123	1	—	40	429	2	12	27	66	9.4
Whole Borough	1578	273	1	—	82	985	7	55	48	127	8.0

* Vaccination Officer duly apprised.

The returns, which show that rather fewer than 18 per cent. of children are vaccinated, differ little from those of recent years.

TABLE VI.
CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1929. CLASSIFIED IN AGES AND LOCALITIES.

Notifiable Diseases.	Number of Cases Notified								Total Cases Notified in each Municipal Ward.										Notified Cases Removed to Isolation Hospital.	Total Deaths in Isolation Hospital.				
	At Ages—Years.								Abbey	Battle	Castle	Caversham	Church	East	Katesgrove	Minster	Redlands	Tilehurst			Victoria	West		
	At all ages.	Under 1 year.	1 and under 5 years.	5 and under 15 years.	15 and under 25 years.	25 and under 45 years.	45 and under 65 years.	65 years and upwards.																
Small Pox	702	14	220	438	22	7	1	—	15	102	33	46	115	94	88	41	44	67	45	12	—	7	1	
Measles...	71	—	16	38	11	5	1	—	5	11	7	4	4	3	1	4	7	17	2	6	—	65	5	
Diphtheria	45	—	1	2	8	7	19	8	—	7	5	8	2	2	—	1	5	8	3	4	—	—	—	
Erysipelas	125	—	12	88	19	4	2	—	5	11	2	9	15	18	9	3	7	20	3	23	—	112	—	
Scarlet Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Typhus Fever	8	—	—	—	3	3	2	—	—	1	—	1	1	—	2	—	1	2	—	—	—	—	—	
Enteric Fever	6	—	—	—	2	4	—	—	—	—	—	—	—	1	1	2	2	1	—	1	—	—	—	
Puerperal Fever	8	—	—	—	2	6	—	—	1	—	—	—	—	—	—	2	1	1	—	2	—	—	—	
Puerperal Pyrexia	2	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Cerebro-Spinal Meningitis	1	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	
Poliomyelitis	175	—	3	21	43	71	34	3	11	19	10	14	22	18	21	10	13	12	7	18	—	99	21	
Pulmonary Tuberculosis	31	—	4	16	4	4	3	—	—	2	3	3	4	4	7	1	—	4	—	3	—	—	—	
Other Forms of Tuberculosis	10	10	—	—	—	—	—	—	—	1	—	2	1	—	1	—	1	3	—	1	—	—	—	
Ophthalmia Neonatorum	24	1	4	2	1	5	7	4	—	3	5	5	1	2	1	—	1	5	—	1	—	—	—	
Acute Primary Pneumonia	25	—	—	—	2	6	10	7	—	2	1	4	1	—	3	1	—	12	—	1	—	—	—	
Influenzal Pneumonia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Encephalitis Lethargica	5	—	—	1	—	3	—	1	—	1	—	1	—	—	—	—	—	1	—	—	—	1	—	
Dysentery	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals	1238	25	260	607	119	125	79	23	37	160	66	98	166	144	134	63	82	155	61	72	—	302†	33‡	

† Includes 18 patients admitted suffering from "other diseases".

‡ Includes 5 patients admitted and died from "other diseases".

Diphtheria. The number of patients notified to be suffering from diphtheria was seventy-one which is notably less than in 1928 and slightly less than the average of the previous ten years. There were five deaths due to this disease, representing a case mortality rate of 7 per cent. which is also lower than the average mortality rate and very markedly below that of the two previous years, when it was 14 per cent. and 23 per cent. respectively. No area of the borough was specially affected, the cases occurring vicariously in all districts. A note on the clinical features and the treatment of the disease will be found in the report on Park Hospital.

Scarlet Fever. The prevalence of this disease was again below the average, and the cases on the whole were mild in character. There was no death due to scarlet fever.

Measles. As mentioned above, an epidemic of measles occurred in the early summer months. It appears that children practically without exception are susceptible to measles and that given the opportunity they will succumb to the infection. Whenever the proportion of children who have not yet had the disease becomes considerable, an epidemic is to be expected.

These epidemics occur with fair regularity about every two years. It is also the habit of the disease to assume a maximum seasonal prevalence either in mid-winter or in the early summer.

It has been fortunate that the increasing prevalence of measles has reached its maximum in the summer during the past two years because the incidence of complications which are frequently very severe is smaller than in a winter epidemic. First cases of the disease occurring in a household are notifiable in Reading. There were 702 such notifications received during the year, a number which is of course less than the total number of cases occurring. Seven deaths were ascribed to the disease, a fatality rate which is on the whole less than might be expected.

Typhoid and Paratyphoid Fever. There were eight notifications of the typhoid group of fevers received during the year, of which five were believed to be true typhoid and three paratyphoid. Three of these patients were non-residents of the borough admitted to hospital for treatment. In two other cases, further investigation caused a revision of the diagnosis. The three remaining patients were all suffering from true typhoid fever, which proved fatal in two of the cases.

These cases were unconnected with each other and in none was the source of infection definitely traced, although one of the typhoid patients could reasonably be assumed to be infected outside the borough where he went to business daily.

Encephalitis Lethargica, Anterior Poliomyelitis and Cerebro-Spinal Fever. These diseases constitute serious infections which attack different parts of the central nervous system. Five notifications of encephalitis lethargica were received in two of which cases the disease proved fatal. Two other deaths were certified to be due to encephalitis though the disease had not previously been notified. It has been mentioned before that the diagnosis of this condition presents great difficulty in many cases. There

were also received two notifications of cerebro-spinal fever and one of poliomyelitis. One of the former patients who died was subsequently found to be suffering from a non-epidemic form of meningitis. Two patients were certified to be dead of poliomyelitis, only one of whom had been previously notified.

There did not appear to be any association between any of these cases although all three diseases are in some degree infective and can occur in epidemic form.

PARK HOSPITAL.

I am indebted to Dr. Rowland for the following records and for the clinical notes on patients admitted to Park Hospital during the year.

TABLE VII.

Disease.	Remaining in hospital 1 Jan., 1929.	Since Admitted.	Since Discharged.	Died in hospital.	Remaining in hospital 31 Dec., 1929.
Scarlet Fever	12	112	98	—	26
Diphtheria	9	65	56	5	13
Tuberculosis	22	99	74	21	26
Other Diseases	—	26	19	7	—
Totals	43	302	247	33*	65

* Two of the deaths occurring were patients not belonging to Reading.

Scarlet Fever. Although the majority of cases admitted were of a mild type, a certain number were of more than average severity. Two patients admitted as scarlet fever died, death in one case being due to osteomyelitis and in the other to puerperal septicaemia.

As in previous years, a record is made of the incidence of the common complications of scarlet fever. Of those admitted, nine, or 8 per cent. suffered from otorrhoea, and a similar number from enlarged glands; five, or 4.4 per cent, from arthritis; and four, or 3.4 per cent. from rhinorrhoea. There were two cases of nephritis and one with a serious cardiac affection.

The incidence of complications was not dissimilar to that of recent years.

There were three return cases, two of which were admitted during the present year. Two of these, members of the same family, appeared to be infected from one patient discharged at the end of the year.

Diphtheria. Of seventy-one cases notified as diphtheria, sixty-five were admitted to hospital. Further bacteriological and clinical examination caused a revision of the diagnosis in seventeen of these patients, the majority of whom suffered from a severe tonsillitis.

The type of the disease in those suffering from true diphtheria was probably milder than in either of the two preceding years. A more concentrated serum in massive doses has been used for the treatment of these cases. There can be no doubt about the value of this method. Many of the more severe cases recovered without any paralysis when such complications might have been expected and five who showed evidence of vagus paralysis all made good recoveries.

Tracheotomy was performed in four cases of whom two recovered and two died shortly after admission.

Other diseases. Of those suffering from other diseases, thirteen were cases of measles of whom seven had broncho-pneumonia as a complication, one of these latter cases terminating fatally. One case of encephalitis lethargica was admitted and died. There were also a few cases of german measles and chicken-pox admitted.

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	365	385	236	2239
Adjoining districts	8	16	40	303
Dellwood maternity home ...	—	8	4	15
Miscellaneous institutions in Reading	—	39	37	502
Total	373	448	317	3059

TUBERCULOSIS.

The following table shows the number of cases of tuberculosis notified and the number of deaths due to this disease annually since 1918 :—

TABLE VIII.

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
1926	142	27	92	12
1927	159	23	85	9
1928	183	21	81	28
1929	175	31	108	14

The record gives no special cause for satisfaction.

The number of notifications of new cases of the disease in either form shows no tendency to decline, indeed the pulmonary notifications have tended to increase steadily during the past four years.

It appears that notification is being better carried out now than formerly. In the case of sixteen of the persons whose deaths were certified to be due to tuberculosis, the first intimation of the disease was received from the registrars' death returns. Ten of these unnotified cases were of the pulmonary form of the disease.

Of the notified cases, twenty-two were notified within one month and eleven within three months of the fatal termination of the disease.

Notwithstanding these apparently unsatisfactory figures, they indicate an improvement on those of most previous years.

In each case of omission to notify, a letter is sent to the practitioner in charge of the case.

The mortality figures, no less than the notification returns, indicate no lessened prevalence of the disease. The number of deaths due to pulmonary tuberculosis was much greater during the past year than in any year since 1918. It was mentioned in an earlier part of the report that in each of these years an associated epidemic of influenza contributed to the increase of the mortality due to tuberculosis. The comparative uniformity and the absence of any diminution in the incidence of the disease as measured by the mortality returns during the intervening years is however a noteworthy feature.

The prevalence of tuberculosis is in large measure a social rather than a medical problem. A good deal of attention has been given by some authorities to anxiety as a predisposing cause. That post-war conditions have some effect in this direction, there can be little doubt.

The local authority is empowered by law to prohibit persons suffering from tuberculosis in an infective state from engaging in the milk trade and to require the removal to hospital of similar persons whose lodging is not such as will enable them to prevent the spread of infection.

No action was taken or was necessary in either respect during the year.

The question of the transmission of bovine tuberculosis through the medium of milk is dealt with elsewhere.

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

" Number of new cases examined	...	...	...	...	...	298
Transferred from other areas (adult males)	...	...	...	...	...	1
" " " " (" females)	...	...	...	...	...	4
" " " " (child, male) observation case	...	...	...	...	...	1
						—
						304
						—

Of these 304 new cases :—

Persons suffering from pulmonary tuberculosis numbered—

Adult males ...	63
„ females ...	55
Children—Males ...	6
„ Females	6
	—
	130
	—

Persons suffering from non-pulmonary tuberculosis numbered—

Adult—Males ...	2
„ Females ...	4
Children—Males ...	4
„ Females	5
	—
	15
	—

Persons presenting such symptoms and signs as gave rise to suspicion and necessitated extended observation—

Adult—Males ...	5
„ Females	12
Children—Males ...	25
„ Females	19
	—
	61
	—

Persons found to be not suffering from tuberculosis—

Adult—Males ...	30
„ Females ...	36
Children—Males ...	10
„ Females	22
	—
	98
	—

Total number of attendances by patients at the tuberculosis dispensary during the twelve months 3952

Examination of Contacts. Of the three hundred and four cases noted above as coming under examination by the tuberculosis officer during 1929, sixty-four were persons, who, having been more or less closely associated with known cases of tuberculosis, had been exposed to special danger of contracting the disease. Of these sixty-four contacts, forty-seven presented no clinical signs of infection, but seventeen presented symptoms or signs of suspicious character calling for continued observation.

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TABLE IX. PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1912.

Summary of Notifications received during the year 1929.

Age Periods.	Number of Notifications on Form A.											No. of Notifications on Form B.			No. of Notifications on Form C.		
	Under 1 year	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
		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		5 to 10	10 to 15				Total
Pulmonary (males)	—	9	7	12	9	22	22	12	5	1	99	107	—	—	11	27 (53)	
Pulmonary (females)	—	3	5	9	13	15	13	9	5	1	76	84	—	—	4	7 (46)	
Non-Pulmonary (males)	—	4	3	1	1	—	2	1	—	—	15	19	—	—	—	1 (—)	
Non-Pulmonary (females)	—	5	2	3	2	1	2	1	—	—	16	16	—	—	—	1 (—)	

Figures in brackets in last column indicate cases admitted to the Institution belonging to the County Borough.

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 30th December, 1928, to the 28th December, 1929, 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) ...	—	—	—	1	—	—	1	3	3	1	—	9
Pulmonary (females)	1	—	1	1	1	1	3	1	1	—	—	10
Non-pulmonary (males)	—	—	1	—	—	—	—	—	1	—	—	2
Non-pulmonary (females)	—	1	—	1	2	—	—	—	—	—	—	4

Home Supervision. The tuberculosis officer paid visits to their own homes in the case of 97 persons, in 46 instances meeting and conferring with the patient's medical attendant at the home, and in all instances with the consent of and subsequent co-operation with the practitioner.

The two tuberculosis nurses paid 2,518 visits to the homes of patients, of which number 202 were paid to the homes of ex-service men.

In the majority of cases the home conditions of patients were found to be satisfactory, or were capable of being made suitable on revision of the domestic arrangements according to the advice of the tuberculosis nurse in regard to excessive amount of furniture in patient's room, unnecessary hangings, attention to ventilation, supply of blankets, etc., but in some instances where overcrowding has been found, and the member of the family stricken with illness is the wage-earner, it is found that the scarcity of houses, and the high rents still current, present a great difficulty to securing more suitable accommodation for the patient and family.

Shelter Treatment. Twenty of the open-air shelters for the use of patients in the gardens adjoining their homes have been in regular use during the year. This is a rather smaller number than in previous years owing to the exceptionally inclement weather experienced during the closing months of the year, when the use of shelters in exposed situations became almost impossible by reason of high winds and driving rain.

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

Grosvenor Sanatorium, Ashford, Kent	...	...	...	...	37
Church Army Sanatorium for boys, Heath End, Farnham, Surrey	...	...	...	...	8
Oak Bank Residential Open-Air School, Sevenoaks, Kent	...	...	...	...	5
Wingfield Orthopaedic Hospital, Headington, Oxford	...	...	...	...	10
Princess Mary's Hospital, Margate	...	...	...	...	1
Royal Sea Bathing Hospital, Margate	...	...	...	...	1
All Saints' Convalescent Hospital, Eastbourne	...	...	...	...	1

63

	Remaining in Sanatoria, Dec. 1928		Admitted during the year 1929.		Totals.	
	Males.	Females.	Males.	Females.	Males.	Females.
Adults ...	10	2	22	7	32	9
Children ...	7	8	5	2	12	10
Totals ...	17	10	27	9	44	19

The condition of the patients on discharge from sanatoria is shewn below :—

Disease quiescent	...	...	...	...	...	11
Improvement maintained	...	...	...	...	...	21
Disease progressive	...	...	...	...	...	6
Remaining in sanatoria on December 31st, 1929	...	...	...	...	...	25

63

The Tuberculosis Pavilions, Park Hospital, Reading. The cases which have received treatment at these institutions have been for the most part of more advanced character than were likely to receive benefit of lasting character at sanatoria, but a proportion admitted as semi-acute cases make improvement which warrants the hope that they may derive further benefit by a stay at a sanatorium, and these are drafted on in due course. Analysis of these cases shews that there were :—

	Males.	Females.	Total.
Remaining in pavilion, December, 1928	11	11	22
Admitted during year 1929	53	46	99
	—	—	—
Totals	64	57	121
	—	—	—

The condition of these patients on discharge from the pavilions is shewn below :—

	Males.	Females.	Total.
Disease quiescent	—	2	2
Improved	33	28	61
No material improvement	3	8	11
Died in institution	16	5	21
Remaining in pavilions on December 31st, 1929	12	14	26
	—	—	—
	64	57	121
	—	—	—

Special Treatment. One case has received artificial pneumothorax treatment during stay at sanatorium, similar treatment was advised by the medical superintendent in another case, but declined.

Injections of collosol calcium have continued to be used in certain cases with advantage both at the dispensary and at Park hospital.

<i>Examination of Specimens—</i>	Sputum.	Other.	T.B. Positive.
Number sent in by doctors	233	—	55
Dispensary cases	140	6	38
	—	—	—
Totals	373	6	93
	—	—	—

Tuberculosis Dispensary Care Association. Although the income of the organisation has shewn a decrease during the year and expenditure an increase, the relief sub-committee has not limited the amount spent in relief for necessitous cases, but met the increased need by drawing upon money which had been held on deposit. During the year, 86 persons were assisted with extra nourishment, 10 were supplied with clothing and boots, 8 persons were sent to convalescent or country homes, and others were assisted in various ways. The Reading dispensary trust have continued to assist in making grants toward cost of dental treatment."

VENEREAL DISEASES.

From the returns furnished by the medical officer in charge of the treatment centre at the Royal Berkshire Hospital, the following short table has been prepared to show the number of persons attending the venereal diseases clinic and the conditions from which they suffered :—

	Syphilis.		Gonorrhoea.		Total. Persons
	Males.	Females.	Males.	Females.	
Under treatment January 1st, 1929—	30	33	50	37	150
Treated for the first time during 1929—	41	20	114	46	221
	71	53	164	83	371

Besides these patients, 56 persons attended the clinic for examination and were found to be free from venereal disease. This number increases each year and is a measure of the confidence of the public and the local doctors in the clinic.

A better idea of the work of the clinic may be gathered from the records of attendance, which follow :—

Out-patient attendances.	Syphilis.		Gonorrhoea.		Total.
	Males.	Females.	Males.	Females.	
For individual attention by medical officer	902	983	731	483	3099
For intermediate treatment	—	—	1911	511	2422

In the treatment of gonorrhoea, the intermediate treatment is essential. It is given by trained male and female nurses and the time is arranged to suit the convenience of patients.

It has previously been mentioned that the clinic is provided by the joint agency of the Reading Borough Council and the Berkshire County Council. The majority of the patients come from the areas of these two authorities, but a certain number come from other adjacent county areas. As a part of a national scheme, however, the clinic is open to anyone from whatever district they come.

It is always of local interest to record the areas of residence of the patients who did attend for the first time, which for the year 1929 were as indicated :—

	Reading.	Berkshire.	Other Areas.	Total.
Syphilis	16	32	13	61
Gonorrhoea	61	73	26	160

In considering the total number of patients suffering from syphilis it is important to differentiate between recent infections and the later manifestations of the disease. The records now distinguish between cases of less than one year's standing and those of longer duration. Only nine in the former category were dealt with during the year. These cases are quickly rendered non-infectious and for this reason we may hope to see the prevalence of syphilis decline still further in the future.

The problem of gonorrhoea is much more difficult for the patients cannot be quickly rendered non-infectious and many cease to attend before this stage has been reached. The increase in the incidence of gonorrhoea during the past two years is, therefore, disquieting. The records of the clinic for the past six years reflect the prevalence of both diseases, the cases of syphilis including both the recent and old infections.

	1924	1925	1926	1927	1928	1929
Syphilis ...	58	94	79	60	49	61
Gonorrhoea	69	53	80	79	112	160

It will be seen that the increased prevalence of gonorrhoea is not inconsiderable. The reason is not quite apparent nor is the fact peculiar to this area, a similar increase being reported from clinics in other districts. Unfortunately gonorrhoea is sometimes regarded as a comparatively mild disease. Although conditions like affections of the central nervous system (which are a feature of the tertiary stage of syphilis) do not occur, gonorrhoea is a serious disease and is the cause of important complications in both sexes.

The board of management of the Royal Berkshire hospital have recently passed plans for better treatment rooms where the work of the clinic will be carried out more quickly and efficiently.

Eight beds are also available for cases unsuitable for out-patient treatment, an average of four of these beds being usually occupied.

MATERNITY AND CHILD WELFARE.

Infant Mortality. In view of the still increasing attention given to the subject of infant welfare, the rate of infant mortality prevailing in an area is now probably the most important of all vital statistics.

During the past year there were registered the deaths of 73 infants who had not yet attained the age of one year. This number is equivalent to 50.5 deaths for every 1,000 births registered during the year.

Except for the remarkably low rate recorded in 1927, the infant mortality rate for the past year is the lowest that has ever occurred in the borough.

That this is a particularly satisfactory return will be seen from the detailed table of causes of deaths given on pages 38 and 39, and the shorter table which follows and gives the three principal causes which have hitherto been responsible for most infant deaths.

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
1926	24.3	9.7	4.3
1927	25.4	7.5	2.0
1928	28.2	8.0	2.6
1929	26.9	13.1	1.4

} Rates per 1,000 births.

These three groups of causes should be considered separately with a view to a clearer understanding of the whole subject of maternal and child welfare.

In the first column is shown the neo-natal mortality, which refers to the deaths of children in the first month of life. The great majority of these deaths occur in fact in the first week of life, many indeed after only a few hours separate existence.

It will be seen that this group of infant deaths has shown no material reduction over the period covered by the records. It is also clear that the causes are antecedent to the births and that a reduction in this rate can only occur by an improvement in the conditions of the expectant mother, and more ante-natal care.

The second group of diseases, chiefly bronchitis and pneumonia, is that which affects the respiratory organs. Up till the past year the incidence of these diseases had shown evidence of a steady, if not a rapid, decline. The particularly severe weather in the earlier part of the year and especially the occurrence of the unusually severe epidemic of influenza is entirely responsible for the present increase, which is almost certainly transient. A greater knowledge of the value of fresh air and improved housing conditions will effect a reduction in respiratory diseases.

The third group of diseases refers to affections of the gastro-intestinal tract which were in large measure due to errors in infant feeding and management.

A hot summer, such as that of the past year, would until recently have meant a large increase in the incidence of infantile diarrhoea and many infant deaths. Owing to the tremendous strides in the teaching of infant welfare and the better provision of suitable infant foods, this group of diseases has now become almost negligible. Indeed in the few cases where death is now attributed to gastritis or enteritis, these conditions are evidence rather of a general debility of ante-natal origin than of affections of these particular organs.

Infant Welfare Centres and Health Visiting. The maternity and child welfare committee has given prolonged consideration to the work of the infant welfare centres. The growth of this service in recent years has been a very marked feature of public health work. Since 1920 until the present time, the number of attendances at the clinics has increased from 11,000 to nearly 28,000 annually, and the average weekly attendance from 237 to 566.

During the same period, new centres were established at Tilehurst and Shinfield, and new arrangements were made for medical attendance at Star Lane on Friday.

It was stated in the annual report for 1928 that the increasing numbers would necessitate a still further extension of the arrangements, especially at Elm Park Hall, Star Lane (Wednesday) and Park Institute centres, in each of which the average weekly number of children attending considerably exceeds one hundred.

The method of supervision aimed at involves regular attendance at the centres where the child is seen by a health visitor and weighed, and the examination of the child by the medical officer at certain definite intervals as well as whenever there appears to be any specific need for examination.

The number of children that can be effectively maintained under medical supervision at one weekly session of a clinic is not quite certain. From the somewhat exacting nature of the work a medical officer can only undertake to examine with care and interest some twenty-five children at each session. If monthly routine examinations were made in the earlier period of infancy, and at a more prolonged period in later years, it will be seen that together with special examinations the ideal number for supervision will be less than one hundred in average attendance which will, of course, represent a total number of two or three times that figure.

Another question to which attention has been given is the suitability of the various premises in which the clinics are held.

A recent memorandum of the Scottish Board of Health indicates the following requirements as essential for infant welfare centres :—

- (1)—A waiting-room sufficient to accommodate the largest number likely to attend at one time.
- (2)—A doctor's room in which patients are interviewed.
- (3)—A weighing-room, which may be small, but should be adequately heated and free from draughts.
- (4)—Provision for dressing and undressing rooms adjoining the doctor's room. It may be possible to arrange the weighing-room to serve this purpose.
- (5)—A treatment-room, in which an adequately large and conveniently situated couch is essential.
- (6)—A nurse's room which should contain drawers for record-sheets or cards and storage accommodation for dressings and appliances.
- (7)—The necessary sanitary accommodation.

In addition to the above, a covered-in shelter for perambulators is generally considered to be necessary.

It is obvious that a building with such accommodation and equipment would have to be specially designed and built for the purpose, which involves a question of much wider policy. To mothers with several children and numerous household duties the difficulties of attendance at a central clinic must be considerable even if no regard is given to the question of expense of transport. On the other hand the need for special centralized buildings should have regard to the amount of use to which they can be put and the need for specialized and expensive apparatus. It would appear that the major advantage rests with the continuance of the policy hitherto pursued by the committee in the multiplication of clinics close to the doors of the people whom they are designed to benefit, with the provision of one or two central clinics which can be adapted to other purposes and where more specialized treatment and apparatus can be made available.

In illustration of the more general observations given above, the returns of the attendances at the various centres have a special interest.

The number of children brought to the clinics for the first time, the great majority of whom are recently-born infants, the total number of attendances, and the average attendance at each of the clinics during the past year are shown in the following table :—

TABLE X.
INFANT CONSULTATION CENTRES.

Centre.	Number of Sessions.	New Attendances	Re-Attendances	Average Attendances
Star Lane, Wednesday	51	302	6228	128
„ Friday	50	136	2824	59
Elm Park Hall, Oxford Road	53	297	7765	152
Park Institute, Wokingham Road	50	200	5740	119
Caversham, Weston Mead	51	85	2141	44
Tilehurst (Village Hall)	49	53	1547	33
Shinfield, St. Barnabas Church Hall	51	66	1513	31
Totals	355	1139	27758	566

It will be seen that the total attendances have now reached the remarkable total of 27,758 and that the average weekly attendance is 566.

If we consider the numbers in the first column, which represent children brought to the clinic for the first time during the year, it will be apparent that a very large percentage of all children born in the borough during the year came under the supervision of the staff of the clinics.

Another matter to which more importance is being attached is the supervision of children between two and five years. From the examination of entrants to school it has been found that a good deal of preventible defect escapes observation at these years.

Mothers who begin by bringing their infants to the welfare centres are encouraged to continue in their attendance and do in fact in many cases continue to attend at the later years, especially if there are other infants to be brought.

With a view to ascertaining how far this policy had met with success, a census of children at the various ages in attendance at the clinics was taken in the latter part of the year. The returns show that approximately two-thirds of all these children are under two years, the remaining third being between two and five years. It has not been possible to give as much attention to the older children as to the infants nor is so much attention absolutely necessary, but it is nevertheless gratifying to find that as many as 800 children in the later age groups do in fact come for weighing and medical examination if such is necessary.

Clinic.	Total attendances.	Under 1 year.	1 to 2 years.	2 to 5 years.
Weston Mead, Caversham	225	66	57	102
Park Institute	398	174	86	138
Shinfield	155	41	43	71
Tilehurst	103	41	34	28
Star Lane, (Wednesday)	744	246	281	217
Star Lane (Friday)	358	125	113	120
Elm Park Hall	536	235	160	141
Totals	2519	928	774	817

INFANT MORTALITY, 1929 (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	...	30	3	4	2	39	12	9	6
	Uncertified	...	—	—	—	—	—	—	—	—
Small Pox	...	...	—	—	—	—	—	—	—	—
Chicken Pox	...	...	—	—	—	—	—	—	—	—
Measles	...	...	—	—	—	—	—	—	—	—
Scarlet Fever	...	...	—	—	—	—	—	—	—	—
Whooping Cough	...	...	—	—	—	—	—	1	—	1
Diphtheria and Croup	...	...	—	—	—	—	—	—	—	—
Erysipelas	...	...	—	—	—	—	—	—	—	—
Tuberculous Meningitis	...	...	—	—	—	—	—	—	—	—
Abdominal Tuberculosis	...	...	—	—	—	—	—	—	—	—
Other Tuberculous Diseases	...	...	—	—	—	—	—	—	—	1
Meningitis (not Tuberculous)	...	...	—	—	—	—	—	1	—	—
Convulsions	...	...	—	—	—	—	—	—	—	—
Laryngitis	...	...	—	—	—	—	—	—	—	—
Bronchitis	...	...	—	—	—	—	—	1	1	1
Pneumonia	...	...	—	—	—	1	1	2	4	3
Diarrhoea	...	...	—	—	—	—	—	—	—	—
Enteritis	...	...	—	—	—	—	—	1	1	—
Gastritis	...	...	—	—	—	—	—	—	—	—
Syphilis	...	...	—	—	—	—	—	—	1	—
Rickets	...	...	—	—	—	—	—	—	—	—
Suffocation (overlying)	...	...	—	—	—	—	—	—	—	—
Injury at birth	...	...	3	—	1	—	4	—	—	—
Atelectasis	...	...	4	—	—	—	4	—	—	—
Congenital malformation	...	...	6	1	1	—	8	—	—	—
Premature birth	...	...	15	2	2	—	19	1	—	—
Atrophy, Debility, Marasmus	...	...	—	—	—	1	1	3	2	—
Other Causes	...	...	2	—	—	—	2	2	—	—
Totals	...	...	30	3	4	2	39	12	9	6

5 of the deaths were of illegitimate children.

Allocated to Municipal Wards.													Deaths in Institutions.	
Total under 1 year.	Abbey.	Battle.	Castle.	Caversham.	Church.	East.	Katesgrove.	Minster.	Redlands.	Tilehurst.	Victoria.	West.	*Residents of Borough.	Non-Residents of Borough.
73	2	8	7	6	14	7	8	4	1	9	3	4	20	14
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3	—	—	—	—	—	1	—	—	—	2	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1	—	—	1	—	—	—	—	—	—	—	—	—	—	—
1	—	—	—	—	—	1	—	—	—	—	—	—	—	2
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3	—	1	1	—	1	—	—	—	—	—	—	—	—	—
16	2	2	3	1	2	1	1	—	—	2	2	—	2	2
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2	—	—	1	—	—	—	—	—	—	—	—	1	2	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1	—	—	—	—	1	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
4	—	—	—	1	—	1	—	—	—	—	1	—	—	—
4	—	—	—	—	1	1	1	—	—	1	—	—	—	—
8	—	1	1	2	2	—	—	—	1	—	—	1	4	1
20	—	3	—	1	5	2	4	2	—	1	—	2	8	3
6	—	—	—	—	2	—	1	2	—	1	—	—	2	3
4	—	1	—	1	—	—	1	—	—	1	—	—	2	3
73	2	8	7	6	14	7	8	4	1	9	3	4	20	14

* Includes 7 deaths in Royal Berks Hospital, 6 in Battle Infirmary and 7 in Dellwood.

A point which has been repeatedly emphasized in previous reports is the high educational value of all work of this nature. It is evident from the trouble taken by such a large number of mothers to bring children to the various centres that the will to provide the proper nurture is present. The effect of this has been apparent for some years in the reduced infant mortality rate and in the general improvement in the physique of school children of all ages. There is no reason to doubt that this improvement will continue and its effect be more and more apparent in future years.

HEALTH VISITING SUMMARY.

First visits after receipt of notification	...	...	...	1381
Re-visits to children under one year	...	...	...	6108
Visits to children aged one to five years	...	...	...	11778
Special visits	...	...	...	628
Visits to expectant mothers	...	...	...	704
Special visits to cases of measles	...	...	...	668
Special visits to cases of ophthalmia	...	...	...	8
Special visits in regard to still-births	...	...	...	33
Special visits in regard to infant deaths	...	...	...	78
				<hr/>
			Totals	21386

The method of home supervision has been maintained as hitherto. Notwithstanding what has been said above in regard to the work of the infant welfare centres it is not to be understood that these centres can take the place of visiting and advice in the home, although the number of visits necessary may be fewer when the children are brought regularly to the clinics. The vast majority, indeed over 90 per cent. of all children born, are visited soon after the receipt of the notification. When these children are later brought to the clinic the evidence of progress and the advice of the doctor determines which of them require more frequent visits in the later months. The total number of visits paid is almost identical with that of the preceding year.

Puerperal Fever and Puerperal Pyrexia. A total of fourteen notifications were received under the regulations, of which six were stated to be puerperal fever.

Although the number of notifications is higher than in the preceding year it is probable that notification is still incomplete. There is some hesitancy amongst practitioners to notify puerperal fever, a tendency being to notify the case in the first instance as puerperal pyrexia. The only fatal case of puerperal fever which occurred during the year was notified as puerperal pyrexia.

Three other fatalities occurred in connection with child-birth of which two were the result of toxæmia and one followed serious operative treatment.

The total fatality rate is lower than that of the previous year and lower than the general rate for the country.

In accordance with arrangements made by the committee, a special report is sent to the Ministry of Health in regard to each death which occurs in connection with child-birth. A committee of the Ministry is collecting information on a national basis with a view to ascertaining the causes of these deaths and if possible recommending means of prevention.

Ophthalmia Neonatorum. Notifications of ten cases of ophthalmia neonatorum were also received, a number not dissimilar to those of recent years.

The result of the care of these infants is shown in the following table :—

Notified.	Cases.		Vision un-impaired.	Vision impaired.	Total Blindness	Deaths.
	Treated.					
	At Home.	In Hospital.				
10	7	3	9	1	—	—

Four of these cases were severe, two being treated at Battle Infirmary and one at the Royal Berkshire Hospital. In the case of one child, the vision of one eye was seriously impaired in a manner that will probably have a permanent effect. This child is still under the supervision of an ophthalmic specialist.

All the other children made good recoveries.

In accordance with the agreement made, the Queen Victoria Nursing Institute assisted in the treatment of those children who were nursed at home.

Supervision of Midwives. The Central Midwives Board requires that all midwives intending to practice in an area should give notice of this fact to the Medical Officer of Health. In accordance with this regulation thirty-four midwives gave notice of their intention to practice in Reading during the year, of whom three have since left the borough and two have ceased to practice midwifery. Out of the total number eleven are or have been employed in public institutions, seven by local nursing associations, and seven carry on practice in private nursing homes. It is thus apparent that apart from midwives employed by the nursing associations there are only eight who do anything in the nature of a regular midwifery practice. The question of the employment of midwives has recently been the subject of an inquiry by a departmental committee. It is clear that the conditions of life and the prospects of the practice of midwifery are not such as to attract the best members of the nursing profession. Women with a general nursing qualification can readily find employment both more remunerative and more pleasant in other branches of the profession. Two governing factors become evident in considering questions relative to midwifery practice, namely, the maximum number of cases that can be efficiently attended by a midwife in a year and the fees customarily paid for such attendance in a district. With regard to the former factor, the departmental committee expresses the view that the maximum number of confinements to be attended annually by one midwife should not greatly exceed one hundred.

Competent observers with knowledge of the long and uncertain hours of duty involved in many cases and the additional requirement of ante-natal and post-natal supervision now imposed by the Central Midwives Board would readily agree with this estimate. When it is further considered that the usual fee paid to a midwife for a first confinement is thirty shillings and for subsequent confinements twenty-five shillings, the difficulty of even

making a bare livelihood will be readily understood. The application of these more general considerations to conditions of midwifery practice in Reading is a matter of interest. It is found from the returns of notifications of births that two midwives attended approximately 200 cases each per annum, and one considerably over 100. The remaining five attend an average of 30 cases each per annum, the maximum being 41. It would appear, therefore, that a more than usually successful midwife can hope under present conditions to earn no more than some £260 per annum gross income, from which must be deducted the cost of drugs, dressings etc., and travelling expenses, and from which she must provide for her own domestic requirements, including the management of her own household. The average midwife does not as a rule maintain herself by the practice of her profession but requires to supplement her income in other ways.

With regard to the qualifications of midwives it is found that those employed in institutions or by nursing associations are nurses who have received a general training in addition to the midwifery qualification. Of the independent midwives, none are general trained nurses. Four have the certificate of the Central Midwives Board and three the qualification of the London obstetrical society, which was accepted in the earlier days of registration. One is untrained but was in practice before the passing of the Midwives Act.

Records of Sending for Medical Help. Every practising midwife is required by the rules of the Central Midwives Board to call in medical assistance in certain defined emergencies. The frequency of the incidence of these emergencies, as discovered by midwives, appears to vary, the average number being about one-quarter of all cases attended.

On the whole it would appear that the more highly-trained midwives seek assistance more readily than the less well qualified. The policy adopted is to discourage all midwives from accepting responsibilities which are not properly their duty.

During the year, medical assistance was sought on 244 occasions, of which 194 were for the mother and 50 for the child. In accordance with the law, the local authority is responsible for the fees payable in these cases, and the sum of £250 was paid during the year, of which £59 was recovered from the patients.

The inspector of midwives pays regular visits to all midwives to supervise the methods of practice.

Notification of Births Act, 1907. During the year there were 1,261 births notified to the Medical Officer of Health, which represents 87 per cent. of all births registered during that period. Midwives were responsible for three-quarters of the births notified, the remainder coming from doctors and parents.

Nursing Homes (Registration) Act, 1927. As required by the provisions of this Act, the various nursing homes and maternity homes in the borough were kept under supervision and no cause for complaint in the conduct of them arose at any time during the year. Full details as to the number and accommodation of the homes were included in the report for last year.

No applications for the registration of any new homes were received during the year. One nursing home with accommodation for seven patients was voluntarily closed.

Milk (Mothers and Children) Order, 1919. Following the practice of previous years, grants of milk and other foods were made during the past year to necessitous expectant and nursing mothers and to children under three years of age. An income scale was drawn up by the Maternity and Child Welfare committee and each case is carefully considered by a special sub-committee appointed for the purpose. The stated incomes of all applicants are verified at the time the application is made and thereafter quarterly. Such changes as may occur in the meantime are reported by the health visitors and the necessary adjustments made.

The average number in receipt of milk during the twelve months was 23 expectant mothers, 77 nursing mothers, and 331 children under three years of age.

The nett cost of these services to the local authority for the financial year was approximately £1,000.

ANTE-NATAL CLINIC.

The ante-natal clinic has been carried on during two sessions weekly throughout the year. Owing to illness, Dr. Agnes Bernfeld, who has been responsible for the conduct of the clinic since its inception, was absent for some weeks in the earlier part of the year, her place being taken by Dr. Lucy Parker. Notwithstanding this interruption of the routine, it is satisfactory to note from the following continuous records that the attendances at the clinic have been well maintained :—

	1921	1922	1923	1924	1925	1926	1927	1928	1929
New patients	247	258	283	266	245	281	250	311	310
Attendances	705	830	844	908	917	980	999	1014	1319

The methods at the clinic have been pursued on previously established lines. Patients suffering from more serious defects are referred either to their own private medical attendant or to the hospital, whilst the remainder, who constitute the great majority of those attending, are given advice in regard to the less serious defects and the general hygiene of pregnancy.

During the year, thirty of the patients attending were referred to private practitioners, and five to the Royal Berkshire Hospital for more continuous medical supervision.

The better care of the teeth has also been given great attention, some seventy patients being recommended for dental treatment, of whom forty-nine actually received treatment at the education committee's dental clinic.

The necessity for ante-natal care has been constantly emphasised by all authorities and the increasing numbers who avail themselves of the facilities provided at the clinics, as well as the greater attention devoted to this work by midwives and others, is likely to have a valuable effect.

It should, however, be emphasised that ante-natal supervision in no sense anticipates the correction of gross deformities or the curing of serious pathological conditions in most patients. It is rather directed to laying down a simple code of instructions for patients to follow as a preparation for what should be a physiological condition. There is a possible danger in creating a spirit of apprehension in the expectant mother which might have an effect no less serious than many of the lesser physical abnormalities which ante-natal care is designed to obviate.

Indeed, successful ante-natal work will be largely directed to inducing a frame of mind confident in the result, and a physical routine which should depart little from the normal.

DELLWOOD MATERNITY HOME.

The number of patients admitted to Dellwood maternity home during the year was 233. As will be seen from the subjoined summary this is approximately the average number attended annually since the opening of the home. The total numbers admitted each year are as follows:—

1921	1922	1923	1924	1925	1926	1927	1928	1929
179	253	285	239	196	261	198	252	233

As before, the number of children born at Dellwood represents nearly one-sixth of all the children born in Reading.

The nature of the work renders it impossible to arrange a uniform rate of admission and it is found in practice that the number of beds occupied varies considerably at different times. The patients attended have varied from a maximum of 27 in one month to a minimum of 11 in another month.

The proportion of beds occupied throughout the year is about 70 per cent. of the total, a number that cannot be greatly exceeded when the great fluctuations at different times are considered. There has been no undue tax on the resources of the home during the year and all applicants have been admitted.

As in former years the matron and her assistant midwives are responsible for the care of the patients, the doctor of the patient's own choice being called in whenever the rules of the Central Midwives Board require the presence of a doctor. One severely complicated case was attended by the death of the mother, and two babies suffered from ophthalmia neonatorum. In no other case was any serious complication encountered and patients invariably express themselves satisfied by the care and attention they receive.

Having in mind that the original purpose of the home was to provide for mothers who could not well procure the necessary attention for themselves, or whose housing conditions made their stay at home undesirable, a record is maintained each year of the home circumstances and the financial status of patients admitted.

It will be seen that only a minority of the patients occupy separate houses a fact which reflects another aspect of the housing conditions referred to in another section of the report. It was found that:—

23	occupied	one room only.
103	„	two rooms.
13	„	more than two rooms.
32	lived with parents.	
2	occupied	quarters in barracks.
60	„	separate houses.

The proportion of patients occupying two rooms or less is considerably higher than in the previous year, and the number occupying separate houses lower.

From statements made in the form of application it is found that the average weekly earnings of the husbands of patients was £2 9s. 0d. per week, not including the cases of 27 men who were either unemployed or engaged on casual or part-time occupations.

The average fee paid was £3 8s. 0d., or £1 14s. 0d. per week, for a stay of two weeks, the corresponding figures for the preceding year being £3 7s. and £1 13s. 6d., indicating that the general status of the patients does not materially alter.

BLIND PERSONS ACT, 1920.

I am indebted to Miss M. Maplesden for the following report on the work of the Reading Association for the Welfare of the Blind during the year 1929 :—

“ Names on register, April 1st, 1929	...	...	146
New cases ascertained during the year	...	...	12
Cases transferred from other areas	...	...	2
			—
			160
Deaths notified during the year	...	...	6
Removals out	...	...	0
			—
Names on Register, 31st March, 1930	...	...	154
			—

The principal item of importance in the work of the association during this year has been the drafting of the scheme for extending the work undertaken at the expense of the town council by whom the scheme has now been approved as well as by the Ministry of Health. The chief features of the scheme are :—

- 1.—The provision of a further (woman) home teacher to assist in visiting blind persons, teaching them braille and pastime occupations.
- 2.—The appointment of the same officer to be part-time supervisor of home workers. The Ministry of Health has for some time urged on the Town Council the necessity of appointing a supervisor with technical knowledge of home workers' trades. She will also undertake the duty of seeking further orders for the blind workers.
- 3.—The payment of a sum of fifteen shillings per week to home workers in augmentation of their earnings in lieu of the voluntary allowances now paid them. It is anticipated this will result in the receipt by the nine home workers of a total additional sum of over £100 a year.

The scheme comes into operation on April 1st, 1930, and is believed by the Association to be to the all-round advantage of the blind persons of Reading.

A national appeal for wireless for the blind was inaugurated by a broadcast appeal on Christmas Day. The Central Committee are devoting much attention to the provision of suitable sets for blind listeners and plans are in hand for the distribution of sets as soon as the central committee are in a position to proceed.

Another feature of the year's work has been the offer of the Curator of the Museum to receive parties of blind persons at the Museum for educational visits. A party of children has already spent an interesting hour there and it is hoped to extend this facility to adults.

The Association's financial resources are derived from Town Council grants, voluntary subscriptions and the proceeds of a flag day. The Association has now completed four years working and it is satisfactory to be able to report the finances are in a satisfactory condition.”

SANITARY CIRCUMSTANCES OF THE AREA.

Rainfall. It is not necessary to emphasize the unusual character of the weather during 1929.

During each of six months of the year less than one inch of rain was recorded as having fallen in the Forbury Gardens. During the last three months considerably more than half the total rainfall of the year fell. November with 6·33 inches of rain was almost unparalleled.

For the whole year the total rainfall was 21·7 inches which was some 3 inches less than that of the preceding year. The average annual rainfall in Reading over a long period of years is between 25 and 26 inches. The details of the monthly falls, as measured in the Forbury Gardens, are shown in the following table :—

Month.	Inches of rain.		
January	1·17
February	0·73
March	0·03
April	0·91
May	1·29
June	0·92
July	1·47
August	0·66
September...	0·38
October	2·67
November	6·33
December	5·16
			—
	Total ...		21·72
			—

Water Supply. Details of the sources, means of purification and distribution of the water supply of the area, have been included in previous annual reports. Arrangements are now nearing completion for the assumption by the Council of the responsibilities for the water supply of the western end of the borough and the adjoining county areas hitherto borne by the Tilehurst, Pangbourne & District Water Company.

I am indebted to Mr. Leslie C. Walker, the Waterworks Engineer, for chemical and bacteriological reports in respect of both sources of water supply which have been received during the year.

These indicate that the bacillus coli, which is the best indicator of contamination, is constantly absent in 100 cubic centimetres of the water and that chemical examination further confirms the purity and wholesomeness of the water both from the wells of the Tilehurst Company and the filtered and chlorinated river supply.

Drainage and Refuse Disposal. There were 29,961 water closets and 135 pail closets in use in the borough at the end of 1929. During the year 38 pail closets were converted to the water carriage system and this insanitary form of convenience is now being rapidly eliminated.

Extensive notes on the refuse and sewage disposal of the area were included in the last annual report.

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 under Public Health and Housing Acts	9,037
Number of complaints received and investigated	292
Number of informal notices served (on owners)	117
(on occupiers)	28
Number of verbal notices	160
Number of written notices (statutory) on owners	13
Number of prosecutions	1
Number and nature of nuisances:—	
Dirty, damp or dilapidated houses	141
Overcrowded dwelling houses (complaints)	34
Dirty tenants	19
Defective roofs, gutters or down spouts	25
Defective sanitary fittings	61
Yards and areas, dirty or defective	3
Accumulation of refuse	18
Animals so kept as to be a nuisance	6
Miscellaneous	81

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

Fifty house drains were tested during the year.

Premises and Occupations which can be controlled by Bye-Laws or Regulations:—

(a) *Common Lodging Houses.* There are four common lodging houses in use in the borough. The total registered accommodation in these houses is as follows:—151 men, 5 married couples, 11 women—a total of 172 persons.

Two hundred and sixty-seven visits were paid during the year. Four nuisances were found and abated after verbal notice had been given. No infringements of the bye-laws were discovered.

(b) *Offensive Trades.* The number of offensive and allied trades in the borough is four. These include blood drying, fat melting and bone boiling, tripe dressing and gut scraping. Complaints have been received at various times of the business being carried on at the bone boiling and fat melting premises. This business has been the cause of much discussion, but towards the end of the year various works were specified to be carried out which it is to be hoped will minimise the nuisance at this establishment. The nature of the material dealt with at these premises is such that it is impossible to guarantee a perfect freedom from nuisance.

(c) *Canal Boats.* There are fifteen canal boats on the register. Nine visits were paid to six boats. No infringements of the bye-laws were observed.

(d) *Caravans.* Inspection was made of 259 caravans during the year. The great majority of these vans are itinerant, but eight are used as permanent residences in the borough. No case of infectious disease occurred and since the removal of the colony of vans from the fair ground, no complaint has been received.

TABLE XIII.

FACTORIES, WORKSHOPS, WORKPLACES AND HOMEWORK.

(a) INSPECTION.

Premises. (1)	Number of		
	Inspections. (2)	Written Notices. (3)	Prosecutions. (4)
Factories (including factory laundries)	33	—	—
Workshops (including workshop laundries)	269	—	—
Workplaces (other than outworkers' premises included in Part 3 of this report)	74	—	—
Total ...	376	—	—

(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	1	1	—	—
Want of ventilation	—	—	—	—
Overcrowding	—	—	—	—
Want of drainage of floors	—	—	—	—
Other nuisances	—	—	—	—
Sanitary accommodation:—				
Insufficient	—	—	—	—
Unsuitable or defective	1	1	—	—
Not separate for sexes	—	—	—	—
Offences under the Factory and Workshops Acts:—				
Illegal occupation of underground bakehouse (s. 101)	—	—	—	—
Breach of special sanitary requirements for bakehouses	11	11	—	—
Other offences (excluding offences relating to outwork which are included in Part c of this report)	—	—	—	—
Totals ...	13	13	—	—

(c) HOMEWORK.

Nature :—Wearing apparel (Tailoring, Knitting, Hosiery, etc.)						
Lists received twice a year from employers	..	..	..	..	..	21
Number of outworkers	Contractors	..	..	..	..	22
	Workmen	..	..	..	..	45
Lists received once a year	..	..	..	..	..	2
Number of outworkers	Contractors	..	..	..	..	—
	Workmen	..	..	..	..	2
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	..	..	..	..	..	..	55
Dressmaking	..	..	..	..	..	..	25
Upholstery	..	..	..	..	..	..	9
Laundries...	..	..	..	..	..	..	5
Photography	..	..	..	..	..	..	3
Miscellaneous	..	..	..	..	..	..	136
Total number of workshops on register							283

Smoke Abatement. Nuisance from smoke is not a serious menace to the health of the area. On six occasions complaints were received. Twenty-two observations were carried out and verbal notices given in six instances, all of which were complied with.

Rats and Mice (Destruction) Act, 1919. One hundred and eighty-three visits were paid to premises and advice given. During the national rat week, special attention was given to the work.

Theatres and Cinemas. Thirty-three visits were paid to theatres and cinemas during the year and the premises were found to be satisfactory.

Shops Acts (1912 to 1920). The shops in the borough were kept under observation during the year and in three cases police court proceedings were instituted. Two defendants were each fined five shillings and costs and one defendant forty shillings and costs.

Kitchens and Ice Cream Shops. Forty-two visits were paid to these places during the year, and conditions were found to be satisfactory.

Infectious Diseases. One thousand and twelve visits were made to various premises where cases of infectious disease had occurred and smallpox contacts were residing.

INSPECTION AND SUPERVISION OF FOOD.

Sale of Food and Drugs Acts. The number and description of the samples submitted to the public analyst are set out in the following table :—

TABLE XIV.

Articles.	No. of samples taken.	Number found to be genuine.	Not up to standard.
Milk	260	256	4
Butter	6	6	—
Cream	16	16	—
Totals	282	278	4

In four instances where milk fell definitely below the standard set out in the Sale of Food and Drugs Acts, the vendors were interviewed by the Health Committee. In each case an undertaking was given to maintain better supervision of the quality of the milk sold by means of regular chemical examination. In a certain number of other samples, deficiencies in either fatty or non-fatty solids were found, but the nature of the deficiency was such that the public analyst reported that they might be passed as genuine.

The comparatively rare occasions when milk samples are found to fall below standard warrant the conclusion that greater care is now being exercised in the production and distribution of milk than was the case in former years.

All milk samples were examined for the presence of preservatives with a negative result in each case.

Milk and Dairies (Consolidation) Act, 1915 ; Milk and Dairies (Amendment) Act, 1922, and Milk and Dairies Order, 1926. There are one hundred and eighty-two purveyors and thirty-one wholesale traders and producers of milk on the register. Of these, twenty-nine are resident outside the borough. Three hundred and eighty-one visits were paid to dairies and milkshops, and one hundred and five to cowsheds. There are twenty-six cowsheds in the borough. Twenty verbal notices were served, and complied with, during the year for want of limewashing in nineteen instances and in one case where the floor was found to be defective.

Milk (Special Designations) Order, 1923. During the year the Ministry of Health granted one licence for the production and sale of "certified" milk. The local authority granted six licences for bottling and twenty-five to vendors of "grade A (tuberculin tested)" milk. Samples of this grade of milk were taken periodically and were found to comply with the regulations. During the year the local authority also granted one licence for the production and sale of "grade A" milk. No licences were issued for the sale of pasteurised milk but in fact a very large proportion of the milk sold is subjected to a process of pasteurization.

Tuberculous Milk. The Health Committee has recently given serious consideration to the presence of living tubercle bacilli in milk. Without exaggerating the dangers arising from milk infection of this nature the presence of such organisms nevertheless gives rise to perfectly justifiable uneasiness. It should be understood that the tubercle bacillus found is of the bovine type and not such as causes the usual tuberculous infection in the human subject. Bovine tubercle bacillus is, however, frequently found in tuberculous bones, joints, and glands in the human being, particularly in children, and it is to be presumed that the infection in these cases has been derived from milk. The exact percentage of non-respiratory tuberculosis caused in this way is a matter of acute controversy, but is probably not less than 20 per cent. at all ages, the percentage being much larger at the earlier ages. Statements have been made that the absorption of bovine tubercle bacillus in milk may even be advantageous as a means of creating immunity against tuberculosis of the human type. I can find no justification for this view nor can I readily imagine any person, medical or layman, knowingly consuming tuberculous milk with this or any other object in view.

Frequent samples of milk are submitted to the National Institute for Research in Dairying for bacteriological examination. During the past year, thirty-seven samples were examined and living bovine tubercle found in two cases. During the last ten years, two hundred and forty-eight samples have been examined with a positive result in twenty-seven cases. Although the results have varied in different years, the past year being in fact the lowest of the series, it appears that slightly over 10 per cent. of the non-designated and unpasteurized milk sold in Reading can be expected to contain living tubercle bacilli.

The question is beset with very genuine difficulties. The fact that such a considerable proportion of milk is infected indicates the extent of the problem when approached from the point of view of the farmer and his stock. When an infected sample is found, immediate steps are taken by the local authority of the area where the herd is situated. The methods prescribed by law give that authority the option of prohibiting the sale of such milk either absolutely or conditionally, compensation being paid to the farmer, or endeavouring to find the infected animal or animals with a view to their immediate slaughter. The latter is the method most usually adopted. Both methods present difficulties, the former in some degree financial, in the latter arising from the uncertainty of being able to locate the offending animal. The difficulty is enhanced by the fact that a biological examination of milk cannot be satisfactorily completed in a less period than six weeks.

Some areas have adopted the practice of maintaining all herds under constant veterinary supervision.

The fact that much of the milk sold is in fact subjected to a process of heating, though it is not sold as pasteurized milk, will minimize this particular danger if the process of pasteurization is efficiently carried out, a fact of which one cannot always be assured.

From whatever aspect the subject is approached, the solution does not appear readily to hand and may only be attained by approaching the matter on a national basis as has been done in some other countries.

Meat.—*Slaughterhouses.* There are twenty-four slaughterhouses in the borough, of which fourteen are owned by the Corporation and eight registered and two licensed are privately owned.

The slaughterhouses owned by the Corporation are of old design and very inconvenient. A modern abattoir, as mentioned in former reports, is badly needed.

Owing to the amount of work involved in the examination of imported mutton and lamb, the port authorities have been unable to carry out this duty in its entirety. Notification is, therefore, sent to the area of destination of these consignments to supplement the port examination by further inspection of the carcasses. This more thorough supervision has been required by the presence in the imports from certain countries of caseous lymphadenitis.

The experience indicates that measures taken in the country of origin of these carcasses are beginning to effect definite improvement in this respect.

During the year, police court proceedings were instituted on one occasion for exposing unsound rabbits for sale. The defendant was fined five pounds, with one guinea costs.

Speaking generally, however, the meat sold in the borough is of high quality.

The subjoined table shows the amount of meat and other foodstuffs destroyed as unfit for food during the year:—

Unsound Food Seized or Surrendered.	For Tuberculosis.	For other causes.
217 carcasses of beef	81	136
36 parts of carcasses of beef... ..	18	18
21 carcasses of veal	3	18
143 carcasses of pork	73	70
37 carcasses of mutton	—	37
840 heads or internal organs of beasts, pigs or sheep ...	555	285* lbs.
549½ lbs. of pork	—	549½ lbs.
824 lbs. of beef (imported)	—	824 lbs.
2,317 tins of assorted foodstuffs (imported)	—	2317 tins
6 lobsters	—	6 lobsters
351 lbs. of fish	—	351 lbs.
168 lbs. of bacon (imported)	—	168 lbs.
17 hams (imported)	—	17 hams
22 lbs. of mutton	—	22 lbs.
56 lbs. of beef	—	56 lbs.
60 crabs	—	60 crabs

HOUSING.

The shortage of houses for the working classes remains the dominant feature of the housing situation.

There are still approximately 2,000 applicants for council houses on the books of the Borough Accountant.

Applicants readily offer high rents for possession of privately-owned working-class houses and rents in excess of the rents of council houses are paid for rooms and for houses which are admittedly lacking in even elementary sanitary requirements.

Working-class property finds a fairly ready sale with the prospect of some of the houses becoming freed from the provisions of the rent restriction act and therefore available for sale or for letting at an uncontrolled rent.

The housing committee have been unable to rent alternative accommodation for displaced tenants of condemned houses.

In view of this situation, it is gratifying that the committee have entered into arrangements for the erection of 2,000 houses at Whitley. As an immediate instalment contracts have been made for two hundred and thirty-seven houses and contracts for a further three hundred are pending.

The total number of houses erected during the year was four hundred and seventy-eight of which two hundred and three were part of the municipal housing scheme, one hundred and nine were erected with the aid of a subsidy, and one hundred and sixty-six by unaided private enterprise.

It is probable that only those houses comprised in the municipal scheme are of the kind to meet the wants of the poorer working-class, amongst whom the shortage is most acute.

The progress of house building during the past six years will be seen from the following summary :—

Year.	New houses erected.			
1924	252
1925	394
1926	522
1927	552
1928	232
1929	478

Insanitary Property and Overcrowding. In accordance with the policy of the committee every opportunity has been taken to close houses that are definitely insanitary. Of 107 houses scheduled during the preceding year as insanitary and fit only for demolition, 38 have been closed during the year under review. Many of these houses arrive at such a state that the committee on grounds of urgency are morally obliged to find accommodation for the occupants.

Notwithstanding the shortage of houses above referred to the closure of these unhealthy houses has definite advantages. Some of them came under review as insanitary as long ago as 1850. Slum dwelling is apt to become a habit and so long as slums continue to exist it is probable that occupants will be found for them. The closure of certain houses has the effect of stimulating the occupants of adjoining houses to seek better accommodation elsewhere.

Cases of overcrowding continue to be reported, even occurring in houses which have been scheduled for closure and demolition. The difficulty of dealing with such cases has already been emphasized.

Details of the work done under the housing acts in a form prescribed by the Ministry of Health are given in the following table :—

I. Unfit Dwelling Houses.

Inspection.

(1)	Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	1036
(2)	Number of dwelling-houses which were inspected and recorded under the Housing (Consolidated) Regulations, 1925	895
(3)	Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	101
(4)	Number of dwelling-houses (exclusive of those referred to under the preceding sub-heading 3) found not to be in all respects reasonably fit for human habitation	530

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. †512

†Including 7 from 1928.

III. Action under Statutory Powers :—

A. Proceedings under Section 3 of the Housing Act, 1925.

(1)	Number of dwelling-houses in respect of which notices were served requiring repairs	9
(2)	Number of dwelling-houses which were rendered fit	
	(a) by owners	3
	(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	1

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	3
(2)	Number of dwelling-houses in which defects were remedied	
	(a) by owners	3
	(b) by Local Authority in default of owners	—

C. Proceedings under Sections 11 and 14 of the Housing Act, 1925.

(1)	Number of representations made with a view to the making of closing orders	38
2)	Number of dwelling-houses in respect of which closing orders were made	3
(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	3
(5)	Number of dwelling-houses demolished in pursuance of demolition orders	3

Local Government and other Officers' Superannuation Act, 1922.

The Medical Officer of Health is the medical referee for the Corporation in connection with appointments to the municipal service for the purposes of the above act.

The total number of medical examinations carried out up to the present time is 564, of which number 106 were during the past year.

Local Acts, Adoptive Acts, Bye-laws, etc.

A complete list of all local Acts, bye-laws and sections of general adoptive Acts in force were set out in the survey report for the year 1925.

GAS REGULATION ACT, 1920.

The Medical Officer of Health is also officially appointed gas examiner under the Gas Regulation Act, 1920. In accordance with the prescription of the gas referees, a weekly examination of the gas supplied by the Reading Gas Company has been made throughout the year.

Under the act the company undertakes to supply gas of an average calorific value of not less than 460 British thermal units gross per cubic foot, at not less than two inches pressure, and free from any trace of sulphuretted hydrogen.

The following table 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	462.9	6.2	No trace.
2nd Quarter	13	462.8	7.4	do.
3rd Quarter	13	463.3	7.6	do.
4th Quarter	13	462.2	7.4	do.

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COUNTY BOROUGH OF READING.

Annual Report

OF THE

School Medical Officer

FOR THE YEAR

1929.

READING EDUCATION COMMITTEE.

HIS WORSHIP THE MAYOR (Councillor R. J. Venner, J.P.).

Aldermen.

FREDERICK ALFRED COX, J.P.
EDWARD OLIVER FARRER, J.P.
STANLEY HAYWARD, J.P.

JOHN RABSON, J.P.
FREDERICK ARTHUR SARJEANT, C.B.E., J.P.
ARTHUR WILLIAM ALFRED WEBB.

Councillors.

ARTHUR FRANK CLARK.
FREDERICK WILLIAM DORMER.
WILLIAM HARTNETT, M.B., J.P.
GEORGE HERBERT ROSE HOLDEN, M.A., M.D.
HELEN CORNELIA HULEATT.

ALICE JENKINS, J.P.
LORENZO EDWARD QUELCH, J.P.
WILLIAM HENRY SHORT (*Chairman*).
EDITH MARY SUTTON, J.P.
DOROTHY ELEANOR WHEELER.

Co-opted Members.

Miss L. ASHCROFT.
Mr. HERBERT SAMUEL COOKE, M.A.
Rev. F. J. KERNAN, B.A.

Mr. HUGH MACILWAIN LAST, M.A.
Miss HELEN ELIZABETH MUSSON, M.A., J.P.
Dr. F. SIBLY.

Mr. WILLIAM EDWARD SIMKINS, B.Sc.

SCHOOL MEDICAL SERVICES SUB-COMMITTEE.

HIS WORSHIP THE MAYOR (Councillor R. J. Venner, J.P.).

Aldermen.

EDWARD OLIVER FARRER, J.P.
STANLEY HAYWARD, J.P.

JOHN RABSON, J.P.
ARTHUR WILLIAM ALFRED WEBB.

Councillors.

ARTHUR FRANK CLARK.
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WILLIAM HENRY SHORT.

Co-opted Members.

Miss L. ASHCROFT.

Mr. HERBERT SAMUEL COOKE, M.A.
Mr. WILLIAM EDWARD SIMKINS, B.Sc.

COUNTY BOROUGH OF READING.

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

April, 1930.

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

Ladies and Children,

I beg to submit the annual report on the medical inspection and treatment of school children during the year.

In accordance with the requirements of the Board of Education each child is examined three times during school life and considerably more than one-third of all children in attendance have been examined during the year.

A large number of children have also been examined for special defects.

The results of the examinations indicate a distinct improvement in general physical conditions as reflected in the gradually increasing height and weight of children at corresponding ages and the definite improvement in the cleanliness of the scholars.

The incidence of certain other physical defects, however, remains fairly constant and no definite means can yet be assured of preventing their occurrence.

A very gratifying feature of the school routine is the arrangement whereby a large proportion amounting to as many as twenty-two per cent. of the children in attendance receive about half a pint of milk during the morning session. As it is recognized that milk is a most valuable aid to the nutrition of children, the teachers to whose enterprise this departure is due are to be congratulated on the extension of work of this nature.

Another aspect in which the teaching staffs have been able to assist materially the work of the medical staff is by the increasing attention given to the teaching of hygiene. It is pleasing to report that in practically all schools the subject has now been given a definite place in the syllabus. The acquiring of the habit of health at the earliest possible age will probably do more than any other single factor to improve the physical condition of school children.

After many delays it is now to be hoped that the new school clinic which has received the approval of the Board of Education will be available for use at an early date. This will enable the committee to extend the dental inspection and treatment of children which had fallen so much in arrears. Miss Mackinnon, the school dentist, has frequently reported the want of effectiveness in much of the work because of the increasing interval between the dental inspection of each school.

Your special attention is drawn to the report by Dr. Bernfeld on the work of the ear, nose, and throat clinic, and the special treatment carried out to remedy what are frequently very chronic affections of these organs.

I should like to express my thanks to Dr. Price for the report on the special schools and especially to Dr. Taylor to whom the major portion of the detailed work of this report is due.

I am

Your obedient servant,

H. J. MILLIGAN,

School Medical Officer.

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.

J. 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.*

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

Dental Surgeon.

MARION SMITH MACKINNON, L.D.S.

Nursing Staff.

Miss D. M. APPLETON.

Mrs. A. A. ATKINSON.

Miss R. ATTWOOD.

Miss H. B. AUCKLAND.

Clerical Staff.

Miss W. M. DIX.

Miss M. C. DALZIEL.

COUNTY BOROUGH OF READING.

THE SCHOOL MEDICAL SERVICE IN RELATION TO PUBLIC ELEMENTARY SCHOOLS.

School Hygiene.

A general description of the schools has been given in previous reports. There has been one notable addition—the new Shinfield school which was opened this year. The design embodies all the most recent ideas in open-air schools. The rooms are arranged in a T shape, being one room thick so as to secure abundant ventilation. There is plenty of space round the school, part of which is in tarmacadam, but the remainder is intended for grass and flower-beds—an important feature of all open-air schools.

During the year, a survey of the desks in the various schools was made by the school medical officers and it was recommended that more suitable desks should be supplied for some of the bigger children in the senior departments. This is being done.

A more frequent supply of towels is also being made in the various schools and the artificial lighting of some of the schools has been improved by the installation of modern fittings.

Teaching of Hygiene in the Schools.—Last year as the result of inquiry it was shown that, although in some schools a great deal of attention was being given to the teaching of hygiene and splendid work done in this direction, in others the subject was kept somewhat in the background—perhaps for a special effort at “Health Week”. This year at a meeting of head teachers which was addressed by the school medical officer the importance of the subject was strongly urged and it is a pleasure to report that with one or two exceptions the schools have now taken hygiene on their prescribed syllabus.

Medical Inspection.

The number of children on the rolls of the elementary schools is 12,618, with an average attendance of 11,109.

Both figures show a decrease on 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 3 years of age are again examined on reaching the age of 5.
- (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.

Each school is visited five times a year, three times for routine inspections and twice for re-inspections. This method enables close touch to be kept with the general health conditions in the schools.

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

The numbers examined this year represent 38 per cent. of the average attendance. The subjoined table shews the numbers examined in each group of routine and special cases and the numbers of re-examinations each year since 1924 :—

	1924	1925	1926	1927	1928	1929
" Routine " examinations	4,264	4,465	4,384	4,153	4,788	4,316
" Special " examinations	1,554	1,685	1,552	1,465	1,603	1,525
Re-examinations	9,470	10,586	9,336	9,435	7,548	8,805

Findings of Medical Inspection.

The results of the routine medical inspections are set out in detail in Tables II. A and B, at the end of this report. In viewing the findings it will be seen that no very great variation in the percentages of defects found occurs from year to year. An improvement, however, is to be observed in the group of defects which are allied to uncleanliness, for example, impetigo, scabies and ringworm and, what is equally satisfactory, in the number of children who were found to be underweight. Other defects, such as enlarged tonsils and adenoids, defective vision and otorrhoea are practically the same in numbers as were noted in 1928 and previous years.

(a) **Uncleanliness.** The figures for 1929 show that the improvement noted in previous years has been maintained and are the lowest recorded. This result is a striking tribute to the unremitting efforts of the nursing staff to whom great credit is due for what is often a not very pleasant task.

Table IV. Group V. which gives the results of the nurses' cleanliness inspections in the schools also shows an improvement on previous years.

The following figures show the prevalence of uncleanliness of head and body at the routine medical inspections since 1921.

Percentage of uncleanliness :—		1921	1922	1923	1924	1925	1926	1927	1928	1929
Head		8.8	7.5	8.7	5.3	5.0	4.0	4.9	4.0	3.2
Body		3.5	2.2	1.8	2.6	2.0	1.5	1.3	1.3	.58

In 1929, five prosecutions were undertaken against parents, three under the Education Act, 1921, and two under the school attendance bye-laws. One case was dismissed under the Probation of Offenders' Act, the defendant being ordered to pay part costs, and in each of the remaining cases a fine was inflicted.

(b) **Minor Ailments.** These complaints comprise impetigo, ringworm and sores. Most of these are seen as special cases at the school clinic. Many of them entail prolonged absence from school, but as previously mentioned and the following table shows they appear to be declining in numbers.

Table showing the principal skin complaints found at routine and special inspections since 1921 :—

	1921	1922	1923	1924	1925	1926	1927	1928	1929
Ringworm, head ...	118	140	90	56	62	60	45	54	36
„ body ...	81	60	78	53	54	60	44	33	23
Scabies ...	59	11	7	8	—	10	—	11	3
Impetigo ...	486	372	483	388	332	269	326	277	216

(c) **Tonsils and Adenoids.** The total number of cases requiring treatment or to be kept under observation was 243, or 5·6 per cent., compared with 5·2 per cent. in 1928. In this connection it is worthy of mention that in the different age groups this year, 13·6 per cent. of the leavers, 12·9 per cent. of the intermediates and 6·2 per cent. of the entrants had already been operated on.

(d) **Tuberculosis.** Nine cases of suspected pulmonary tuberculosis were found. There were 11 non-pulmonary cases of which 3 were quiescent.

(e) **Skin Diseases.** Eighty-two cases, or 1·9 per cent. of those examined were found to be suffering from skin disease. This is similar to last year.

Most of the cases of skin disease are seen as special cases at the clinic.

(f) **External Eye Disease.** There were 27 cases (chiefly blepharitis). These were somewhat fewer than last year.

(g) **Vision.** The number of children with defective vision was 411 or 9·5 per cent. It should be noted that the vision of the entrants is not tested unless they have a squint, so that the actual percentage of children with defective vision would be much larger than this. In the previous year the percentage was 9·3. Very many children have eyesight below normal but quite good enough for ordinary purposes so that, provided they remain free from eyestrain and show no increase in short-sight, no glasses are necessary. These children are kept under observation.

(h) **Ear Disease and Hearing.** Cases of defective hearing amounted to 1·3 per cent. and of discharging ears to 0·8 per cent. These figures are similar to last year's in both instances.

It is not generally recognised that there is grave danger of infection from a discharging ear. In consequence of this it is quite common to find that several members of the same family have become infected. For the same reason children with discharging ears should not be allowed to attend school.

(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, 66 cases were noted at the routine inspections. These are for the most part cases of round shoulders and flat foot. In 1928 the number was 90.

NUTRITION.

The tables given below shew the average height and weight of the children examined at routine inspections during the year, with comparative figures for previous years and also figures obtained from a recent survey of elementary school children throughout the country.

ELEMENTARY SCHOOLS.

Height in Inches.

1929			English elementary school children,	Reading children, 1927.	Reading children, 1928.
Age.	No. of children.	Av. height of Reading children.			
5½ (boys)	389	41¼	41.8	41¼	41
	(girls)	416				41	41¾	40
8½ (boys)	773	47¾	48.1	47¾	47¾
	(girls)	719				47½	47	47½
12½ (boys)	445	55	55.3	54	55½
	(girls)	515				55¾	55¾	56¼

Weight in Pounds.

1929			English elementary school children,	Reading children, 1927.	Reading children, 1928.
Age.	No. of children.	Av. weight of Reading children.			
5½ (boys)	389	40½	39.3	40½	40¾
	(girls)	416				39¼	39¼	38¼
8½ (boys)	773	54¾	51.9	53¾	54¼
	(girls)	719				52½	52½	52
12½ (boys)	445	76½	72.8	74	76¾
	(girls)	515				77¾	76½	77¼

GROUPED SCHOOLS.

Age.	Schools.	No. of Children.	Boys.		No. of Children.	Girls.	
			Hgt. in Ins.	Wgt. in lbs.		Hgt. in Ins.	Wgt. in lbs.
5	Group A.	36	41	39½	30	40¼	37½
	B.	69	41¼	40¾	74	41	40
8	Group A.	91	47	52	91	47	50½
	B.	200	48	56¼	167	47¼	53
12	Group A.	51	54	73¼	42	55	73½
	B.	143	55¼	77½	178	55¾	77¾
12	Kendrick	—	—	—	59	58½	86¾
12	Reading School	58	57¼	80¼	—	—	—

Group A schools are Katesgrove, Greyfriars, St. Giles' and St. Mary's.
Group B schools are Alfred Sutton, Wilson and George Palmer.

The figures do not show any great difference when compared with those of last year but maintain the gains in height and weight which have been noted in the past few years.

These tables have now been compiled for nine years and as will be seen from the figures given below there has been a distinct advance in all the groups in both height and weight. The gain is more marked in the older groups than in the entrants and is most pronounced in the case of the 12 year old girls whose average gain is nearly 2 inches in height and 3½ pounds in weight.

This all-round improvement in nutrition is very gratifying and it is to be hoped that future figures will show that the advance is maintained and extended.

						Inches.
<i>Entrants</i>	...	Boys	...	Average Height	...	1921-1925=41·05
		"	...	"	"	1926-1929=41·25
		Girls	...	"	"	1921-1925=40·65
		"	...	"	"	1926-1929=41·3125
<i>Intermediates</i>	...	Boys	...	"	"	1921-1925=47·35
		"	...	"	"	1926-1929=47·8125
		Girls	...	"	"	1921-1925=46·65
		"	...	"	"	1926-1929=47·5
<i>Leavers</i>	...	Boys	...	"	"	1921-1925=54·75
		"	...	"	"	1926-1929=54·9375
		Girls	...	"	"	1921-1925=53·95
		"	...	"	"	1926-1929=55·8125

						Pounds.
<i>Entrants</i>	...	Boys	...	Average Weight	...	1921-1925=39·79
		"	...	"	"	1926-1929=40·625
		Girls	...	"	"	1921-1925=38·67
		"	...	"	"	1926-1929=39
<i>Intermediates</i>	...	Boys	...	"	"	1921-1925=53·45
		"	...	"	"	1926-1929=52·94
		Girls	...	"	"	1921-1925=50·53
		"	...	"	"	1926-1929=52·06
<i>Leavers</i>	...	Boys	...	"	"	1921-1925=73·52
		"	...	"	"	1926-1929=75·81
		Girls	...	"	"	1921-1925=73·62
		"	...	"	"	1926-1929=77·19

Percentage gain in Height.

<i>Entrants</i>	...	Boys	...	...	...	...	·48
		Girls	...	...	...	...	1·38
<i>Intermediates</i>	...	Boys	...	...	...	...	·97
		Girls	...	...	...	...	1·82
<i>Leavers</i>	...	Boys	...	...	...	...	·34
		Girls	...	...	...	...	3·45

Percentage gain in Weight.

<i>Entrants</i>	...	Boys	...	...	...	...	2·2
		Girls	...	...	...	...	·86
<i>Intermediates</i>	...	Boys	...	...	...	...	2·84
		Girls	...	...	...	...	3·02
<i>Leavers</i>	...	Boys	...	...	...	...	3·1
		Girls	...	...	...	...	4·8

Infectious Diseases. The practice of the authority in the exclusion of children from school follows the principle laid down in the joint memorandum of the Ministry of Health and the Board of Education. The following table shows the number of patients and contacts excluded during the year :—

	<i>Patients.</i>	<i>Contacts.</i>
Scarlet fever	75	85
Diphtheria	34	70
Measles	381	—
Scabies	3	—
Verminous conditions, etc.	597	—

In no case during the year was the closure of a school recommended.

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 teacher. In the case of parents who cannot afford to send their children to a private doctor an invitation is sent to 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 1,917 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 treatment table, group I., the total number of cases treated, namely 1,010, is somewhat less than last year, when 1,139 children came under treatment. The cases dealt with in addition to skin diseases include the majority of the external eye defects, minor ear defects and minor injuries. There was a decrease in all the classes of defects.

The total number of cases attending the ringworm of the scalp clinic during the year was 45, of which 28 were new cases. Of the new cases, 7 were treated by X-rays, the remainder being dealt with by local applications.

(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. Twenty-four children were operated on. All children are detained in hospital for one night or longer, if required.

Sixty-six children received operative treatment apart from the special arrangements made by the committee and 10 of the less severe cases were treated by means other than operation.

(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 which are conducted by Dr. Taylor.

During the year, 557 children, including 238 new cases, attended.

The total number of attendances was 1,401.

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

Myopia	...	...	...	...	75=26.4 per cent.
Myopic astigmatism	...	...	...	...	38=13.3 „
Hypermetropia	...	...	...	...	61=21.3 „
Hypermetropic astigmatism	...	...	...	...	103=36.2 „
Mixed astigmatism	...	...	...	...	7= 2.3 „

Forty-three children were found not to require glasses.

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. Table IV. group II. on page 84 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.

EAR, NOSE AND THROAT CLINIC.

An ear, nose and throat clinic is held every Saturday morning under the charge of Dr. Bernfeld. The following are the particulars of the work of the clinic during the year :—

No. of children attending	...	...	...	...	164
No. of new cases	...	...	...	...	99
Total number of attendances	...	...	...	...	890
New cases classified :—					
Otorrhoea	...	...	...	...	38
Deafness without discharge...	...	...	...	...	23
Throat and nose defects	...	...	...	...	36
No defects found	...	...	...	...	2
Old cases who attended, classified :—					
Otorrhoea	...	...	...	...	27
Deafness without discharge...	...	...	...	...	13
Throat and nose defects	...	...	...	...	25
Result of treatment of old cases :—					
				Cured.	Improved.
Otorrhoea	...	...	...	22	1
Deafness	...	...	...	9	—
Throat and nose defects	...	...	...	11	7
Ceased to attend	...	14			
Referred to own doctor		1			
Result of treatment of new cases :—					
				Cured.	Improved.
Otorrhoea	...	...	...	20	14
Deafness	...	...	...	15	4
Throat and nose defects	...	...	...	4	21
Ceased to attend	...	14			
Referred to own doctor		1			
Referred to Hospital	...				

(three for enlarge tonsils,
one for polypus in ear).

“ Enlarged Tonsils. A preparation of iodine paint (iodine gr. v., acetic ether 2 oz., glycerine 1 oz.) has proved satisfactory in the case of moderately enlarged tonsils. When this is applied daily for five or six weeks, the tonsils become healthy and normal in size. In four cases of much enlarged tonsils operation was considered necessary, but owing to the parents objecting, the paint was tried instead; in three of these children the tonsils became normal and healthy and the fourth case had to be operated on.

Ionisation. A description of this treatment was given in the annual report 1923; Seventeen cases were treated, thirteen of which can be considered cured, three much improved and one owing to negligence in not carrying out instructions showed no signs of improvement.

Diastolisation. Before describing this method my grateful thanks must be given to Dr. Wells, Chief Aurist to the London County Council, for bringing this treatment to my notice, to Dr. Raffinesque, Chief Medical Inspector of school children in Paris, for telling me of the brilliant results obtained there, also for showing me how medical inspection was carried out in Parisian Schools; to Dr. Gautier, the originator of Diastolisation for so kindly sending me much of the literature on the subject.

Dr. Gautier—Obstruction Nasale Presse Medicale No. 13 du Fevrier, 1924.

Dr. Worrns—Intubation caoutchoutée, etc., Extrait de l’oto rhino laryngologie Internationale No. 6 Juin, 1925.

Dr. Thooris—Princip de la Diastolisation, Conference faite a la Sorbonne, le 18 Fevrier, 1925.

Dr. Raffinesque—Resultats de la Methode de Diastolisations Nasopharyngienne, Medicine Scolaire, Janvier, 1926.

Dr. Genevoix—Les Methodes biologique et physiques. Extrait de la Revue de l’Umfia, October, 1927.

And lastly to the Committee, for allowing me to purchase the apparatus in Paris and to carry out the treatment here.

Technique. The instrument consists of a hollow supple rubber bougie 10 to 12 cms. long, closed at one end, the other being blunt and triangular, its diameter increases by degrees and its shape resembles the curve of the nasal canal. Bougies are supplied in five sizes. The bougie is sterilized, the closed end lubricated with medicinal paraffin and after cleansing the nasal cavities it is introduced into the nasal canal until it reaches the pharynx where it reaches the vicinity of the eustachian tube. It is exceptional to encounter any real difficulty in passing the bougie through the nasal canal, it is so very supple, yet it is firm enough neither to bend nor twist itself, its introduction causes no pain and can be gently and easily done. The first application is supportable, the second rarely disagreeable. Once the instrument is in place, it is connected with a rubber bulb by means of a glass nozzle, thus the bougie can be gently inflated and deflated with air; now a series of movements of the bougie up and down the axis of the nasal canal takes place gently and without compression; thus a very real massage of the nasal mucous membrane is given; to this procedure Dr. Gautier has given the name “ Diastolisation ”.

The dilatation produced is not the result of a distension of the nasal fossae, but to retraction of the nasal mucous membrane due to the massage.

Dr. Gautier gives the following explanation of his treatment :—

- (1)—The nasal canal adapts itself to progressive dilatation without any painful sensation.
- (2)—Through its mechanical and osmotic action, the dilatation renders the nasal mucous membrane supple, prevents segregation of secretions in its folds ; encourages the glandular action causing a modified secretion and active reabsorption of excessive exudates.
- (3) Through its physiological and vasomotor action the dilatation re-establishes the action of the lymphatics, it is a powerful means of reflex therapie.
- (4) The nasopharyngeal dilatation aerates the lachrymal canal, the sinuses of the face, the eustachian tubes and increases the nasopharyngeal resonance ; it soothes pain.
- (5)—It re-establishes the functional equilibrium.

Cases have been under treatment since September, 1928, and this report deals with cases until the end of December, 1929.

The majority were suffering from chronic rhinitis, *i.e.*, obstruction of the nasal passages in varying degrees and which had been present for a period of two months to seven years. The ages of the children ranged from 3 to 16 years.

Tabulated results of all cases treated by Diastolisation.

<i>Old cases from 1928...</i>	...	48	<i>New cases, 1929</i>	...	...	34
Cured	...	37	Cured	...	...	10
Still attending	...	11	Referred to own doctor	...	...	2
Ceased attending	...	11	or hospital			
			Ceased attending	...	...	15

Pathological conditions in addition to Rhinitis were found as follows :—

25 cases of Otorrhoea.

6 of which had within the previous two years had their tonsils and adenoids removed.

6 cases cleared up quickly with Gautier's treatment in addition to ear drops
19 cases (2 of which had unhealthy fauces and had to be treated with iodine paint) improved with Gautier's treatment but were not cured until ionised.

12 cases of Deafness.—Cured, 3 ; Much improved, 9.

1 case Atrophic Rhinitis (Ozoena)—Considerably improved, 1.

10 cases enlarged tonsils—Treated with iodine paint in addition to Gautier. Cured, 7. Much improved, 3.

1 case vacuum frontal headache—Cured, 1.

After 15 months' trial of Dr. Gautier's treatment, I can say with some confidence that from a medical point of view the method appears to be of great value, judging not only from the results obtained, but also by the voluntary remarks made by both parents and children when they give thanks for this treatment on being discharged as cured."

DENTAL CLINIC.

I submit the report of Miss Marion Smith Mackinnon, the school dentist, on the work done during the year :—

“Eleven schools were inspected during the year and 77·7 per cent. of the children inspected were found to require treatment. Consents were obtained from 1,386, or 56·7 per cent.

There was a good response for treatment from all the schools inspected, excepting Katesgrove with 26·2 per cent. acceptances and St. Giles' with only 22·5 per cent.

Of the large number of permanent teeth extracted, 83 were removed for regulation purposes and 5 were supernumerary teeth.

Two hundred and forty-nine children under 6 years were treated as specials, 83 of these were under school age, having been in most cases referred from the welfare centres.

The average number of patients treated at the clinic (including expectant and nursing mothers) was 12 per session.”

CRIPPLING DEFECTS AND ORTHOPAEDICS.

A register is kept of all children known to be suffering from crippling defects and they are constantly kept under observation. The infant welfare visitors refer known cases of crippling to the school medical department when the children reach school age. All necessary treatment for crippling defects is received in the orthopaedic department of the Royal Berkshire hospital, more prolonged institutional treatment being provided during the year for one girl and one boy at the Wingfield hospital, Headington, and for one boy at Hayling.

The Health committee of the council also provided institutional treatment at Headington for 10 children of school age who were suffering from non-pulmonary tuberculosis.

In ten instances, monetary assistance was given towards the supply of surgical appliances for physically defective children attending Whitley special school.

A considerable amount of assistance is also available for crippled children through voluntary agencies in the town.

OPEN-AIR EDUCATION.

Arrangements are made in nearly all schools to hold classes in the play-grounds when the weather permits. In certain of the older schools where the playgrounds abut on the public streets such classes would not be easily practicable. Nature study walks are also frequently arranged, especially for the younger children and school journeys to places of interest in London and to various seaside places are undertaken by some of the classes.

Reference is made elsewhere to the new school at Shinfield, which is built on open-air lines. The work of the open-air classes at Whitley Special school is reported on below.

PHYSICAL TRAINING.

I am indebted to Mr. F. V. Merriman, the Chief Education Officer, for the following report on the work of physical training in the public elementary schools of the borough during the past year.

“ In the main the work has been carried out on lines similar to that of previous years.

Particular attention has been given to :—

- (1)—Accuracy in the performance of the various exercises in the Board of Education Syllabus and the Supplement for older girls.
- (2)—Posture and general deportment.
- (3)—Adaptation of exercises for special requirements, thus enabling the teaching staff to modify their work so as to make it suitable for special needs, *i.e.*, cold and wet weather.

Bearing in mind the fact that little is done in the way of specialisation in the various schools, the standard of work, with but few exceptions, is very good and speaks well for the enthusiasm of the teachers in this phase of school work.

The work done in some schools with poor conditions prevailing, *i.e.*, small playground—little or no space where free active movement can take place, and the initiative shown by the teachers in these schools are worthy of special mention.

Inspection. H.M.I. Miss Ash visited various schools in the borough in September and expressed satisfaction with what she saw.

Organised Games. Definite improvement has been seen in the provision and use of games facilities. All schools participate in organised games either in the school playground or in the playing field. The chief games played in the fields are netball, hockey, football, cricket, rounders, and stoolball.

Where games are confined to the playground, a progressive games scheme, arranged for each standard, is worked through.

(1) *Netball.* It is pleasing to report that more girls are using the playing fields than in any previous year. The further facilities granted by the Public Parks Committee have made this possible, but the Organiser feels that much has yet to be done to make known the advantages of getting all girls attending senior schools into the playing field for their games.

(2) *Hockey.* A useful standard of play has been reached. All the senior girls attending central schools participate in this game. Inter-form and school matches are played, chiefly on Saturday mornings.

Unfortunately the inclement weather during the autumn term prevented continuity in the use of netball and hockey pitches and therefore the standard of play has of necessity suffered.

Summary of netball and hockey pitches granted by Public Parks Committee—

1927	...	1 hockey pitch	1 netball pitch.
1928	...	2 hockey pitches	6 netball pitches.
1929	...	3 hockey pitches	12 netball pitches.

(3) *Stoolball and Rounders.* Both these games are steadily finding favour in the schools during the summer months and several inter-school matches were played during the season.

(4) *Football.* The arrangement made with the Public Parks Committee, whereby football pitches are allocated to the schools on four half-days per week, continues to work satisfactorily. Every boy in Standard IV. upwards is thus enabled to proceed to a playing field for organised football for one hour per week. Great enthusiasm prevails in the schools where "Inter-House" or "Inter-Class" competitions are in vogue. In all, approximately 2,500 boys take part in a weekly game.

(5) *Cricket.* Much has yet to be done to bring this game up to the standard of the other games played in the schools. The chief obstacle to progress is the playing pitch. At present, wickets are very often pitched on ground which is most unsuitable to play on, with the result that very little can be done from an instructional point of view. If the Public Parks Committee would grant facilities similar to those granted for football, *i.e.*, a properly marked out pitch (19 yards long) for each game, the standard of play would undoubtedly improve, whilst at the same time the game would be much less dangerous to the boys taking part.

Games Apparatus. Steps have been taken to see that all schools maintain an adequate supply of apparatus. There has been a great improvement in the care and upkeep of apparatus and schools are now providing better storage and accommodation.

Evening Refresher Courses. A short refresher course was conducted during September and October, on Monday evening, from 6.15 p.m. to 8 p.m.

A very varied programme of work was taken, including :—

- (1) The Board of Education syllabus of Physical Training for children under seven.
- (2) Small ball exercises to music.
- (3) Games practices for stoolball, rounders and netball.

One hundred and twenty-three mistresses (including 10 headmistresses) attended the course.

H.M.I. Miss Ash paid a friendly visit and complimented the teaching staff on their enthusiasm and expressed her appreciation of the time and thought given by them to this section of educational work.

Immediately following the above course, a second was arranged to cater for the need which is bound to arise in connection with the senior schools under the re-organisation scheme, and the raising of the school age.

Fifteen practical lectures were given, based on the Board of Education "Supplement for Older Girls".

Thirty-two selected mistresses attended, 27 of whom made an attendance of 100 per cent.

The course was unofficial in character and thanks are due to the Vice-Chancellor of the University for granting the use of the University Gymnasium.

Immediately arising from this course, a Reading Netball Club has been formed and affiliated to the "England Women's Netball Association."

Swimming. Instruction in this subject has been carried out on somewhat similar lines to that of the previous year. An effort has been made to adopt the "class" method of teaching, but owing to the fact that all instruction is given in cold water baths, the temperature of the water at times being very low, continuity in this method of teaching is very difficult. A very definite step forward however has been made in that the instructional lessons are now being conducted with a minimum use of apparatus. Given fair conditions next season the work should prove less arduous and give better results.

Summary of 1929 results (instructional lessons).

Started to attend	...	Girls—560	...	Boys—754.
Learned to swim	...	„ 195	...	„ 397

Voluntary Associations. Acknowledgment and appreciation are due to the following Associations for their continued and successful services to the children:—

- (a) Schools Football Association.
- (b) Schools Swimming Association.
- (c) Schools Athletic Association."

PROVISION OF MEALS.

During the year 260 children received free meals, 49,066 meals in all being provided. There were also 124 children who received meals for which payment was made. The meals are cooked at the central kitchen in Southampton street, and distributed to two additional centres, in Newtown and Shinfield. Dinners only have been provided. The quality of the food provided and the manner of distribution are satisfactory.

In view of the importance of milk in the diet of the growing child, it is interesting to record that 22 per cent. of the scholars attending the Reading elementary schools get a supply of milk at the morning interval. Part of this is grade A (tuberculin tested) milk, but a considerable amount is supplied in bottles holding one-third of a pint. The latter method has only recently been adopted and being a very convenient one, will doubtless be extended.

CO-OPERATION OF PARENTS.

The attendance of parents at medical inspections very considerably facilitates the work of the school medical officers and it is evident that parents are becoming increasingly interested, the percentage of attendance having risen within the last few years from 43 per cent. to 71·4 per cent. At the entrant inspections, the attendance of parents reached the high total of 86·6 per cent. For the intermediates and leavers' inspections it was 75·9 and 47·1 per cent. respectively.

Fifty-five parents objected to the medical inspection of their children, representing 1 per cent. of all children examined.

CO-OPERATION OF TEACHERS.

Reference has been made in the past to the many ways in which the work of the school medical service is helped by the ready co-operation of the teachers. This help has been given unstintingly in the past year. Perhaps reference might be made to the additional demand on their services caused by the mid-day supply of milk to the scholars.

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 welfare department.

CO-OPERATION OF VOLUNTARY BODIES.

The National Society for the Prevention of Cruelty to Children supplements the work of the Education Committee in the case of children who might otherwise be neglected. During the year, 64 cases, affecting 121 school children, have come under the supervision of the Society. Of this number, 36 were completed as satisfactory, while 28 were still under observation at the end of the year. Six of these cases of neglect were referred by the local education authority.

The Red Cross orthopaedic fund also performs a very valuable function in assisting the provision of the necessary appliances for crippled children whose parents are unable to meet the costs and in encouraging such children to continue attendance at the orthopaedic clinics.

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 71 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.

	Boys.	Girls.
Dull and backward	7	4
Feeble-minded	12	6
Imbecile	1	4
Physically defective	6	9
Phthisis and suspected phthisis ...	11	2
Non-pulmonary tuberculosis ...	1	4
Epileptic	—	4
	—	—
	38	33
	—	—

PHYSICALLY DEFECTIVE SCHOOL.

There have been 72 children in attendance at this school during the year with the following disabilities :—

Defective vision...	...	...	...	1
Defective hearing	...	...	...	1
Tuberculosis (osseous)	...	...	...	6
Deformities	...	...	...	2
Heart disease	...	...	...	17
Infantile paralysis	...	...	...	15
Other disorders	...	...	...	30

MENTALLY DEFECTIVE SCHOOL.

One hundred and twenty-one children have attended during the year. An inquiry is made into the family history of each of these children which so far as it can be ascertained tends to throw light in many cases on the cause of the mental defect. The inquiry revealed in parents, grandparents, or other near relatives a history of :—

Tuberculosis	...	...	...	...	3
Alcoholism	...	...	...	...	2
Backwardness	...	...	...	...	14
Epilepsy	...	...	...	...	2
Not known or normal	...	...	...	...	70
Dementia and amentia...	...	...	...	...	30

Of those children whose antecedent histories are recorded as not known or normal, brothers and sisters were in many instances feeble-minded and had been pupils at this school in the past.

In addition to their mental defect, many of the children suffer from marked physical disability as shown :—

Defective speech or hearing	...	...	...	8
Defective vision (including squint)	...	...	...	11
Mouth breathers	...	...	...	4
Infantile paralysis and deformities	...	...	...	3
Congenital heart disease	...	...	...	2
Minor epilepsy	...	...	...	1
Moral defect	...	...	...	3

THE OPEN AIR SCHOOL.

There have been 42 boys and 36 girls in attendance at this school during the year. All of these children have been examined and recommended by Dr. Minkley, the tuberculosis medical officer, and are kept under his supervision during the period of their stay at the school. Charts of temperature and of height and weight are kept for all the children, and breakfasts, dinners, teas and a pint of "Grade A" milk are provided daily for each. Malt and cod liver oil are also given.

AFTER-CAREER TABLE.

	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	163	108	100	108	148	125
2. Number who—						
(a) have since died	8	9	9	16	4	3
(b) are known to be incapable by reason of mental or physical defect of undertaking employment	15	21	2	4	..	..
(c) are in attendance at an institution for further education	11	15	5	4	..	..
(d) are in any other institution	8	4	1	..	..	..
(e) Transferred to sanatoria	1	1	..	..	2	3
(f) Left for hospital treatment ... ..	..	..	2	3	1	1
3. Number who are employed in—						
(a) Industrial or manual occupations ...	77	27	21	11	29	26
(b) Agricultural or rural occupations ...	..	..	..	1	5	..
(c) Domestic occupation, including those who are helping in the domestic work at home ...	1	9	2	18	3	25
(d) Commercial, professional or clerical work ...	..	..	7	9	6	5
(e) Blind alley or other precarious occupations ...	..	..	4	..	9	..
(f) Married and remaining at home ...	..	3	..	8	..	6
4. Number who have left the neighbourhood whose after-careers have not been traced	18	11	13	11	12	14
5. In the services or pensioned	7	..	..	..	3	..
6. Transferred to ordinary schools ... ..	..	..	14	5	56	23
7. Transferred to other special schools ... ..	..	1	5	10	6	4
8. Children unfit to attend school	3	1	10	8	8	12
9. Unemployed	10	5	5	..	4	2
10. Too irregular to benefit	4	1	..	..	..	1
Totals ..	163	108	100	108	148	125

SECONDARY SCHOOLS.

The results of the examinations of the Reading School and the Kendrick girls' school are set out in the table on page 86. 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.

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 14 boys and 17 girls at the education committee's clinic and 12 boys and 16 girls attended the ophthalmic clinic.

EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

In accordance with the bye-laws, 186 boys engaged in the distribution of milk or newspapers were examined at the clinic and 52 boys engaged in other occupations were examined in the schools. Five of the children were found unfit for employment. All employed children are kept under supervision and are weighed periodically in the schools. Six employers were interviewed with regard to their employing boys beyond the legal number of hours, and one was prosecuted.

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

SPECIAL INQUIRIES.

Register of children suffering from organic heart disease and rheumatic conditions.

The number of elementary school children known to be suffering from organic cardiac disease is 73, of whom 35 are boys and 38 are girls. This gives an average of 5.7 cases per 1,000 of the school population. The majority of these children are able to attend the ordinary schools but they are kept under observation and where necessary the character of their physical exercises is suited to their physical disability. Eleven attend the physically defective department of the Whitley Special school and 2 the mentally defective department.

The following shows the previous history of the above cases of cardiac defect :—

Rheumatic fever (24) and subacute rheumatism (12)	36
Chorea	7
Scarlet fever (severe)	2
Measles (severe)	2
Pneumonia	4

In 14 instances there was no history of severe illness and in 8 the cardiac defect had apparently existed from birth.

MISCELLANEOUS.

Two pupil teachers and 60 scholarship candidates were examined. Three boys were examined for admission to the " Warspite " training ship.

TABLE I.

A. Routine Medical Inspections.

Number of code group inspections :—

Entrants	1,509
Intermediates	1,677
Leavers	1,060
Total	4,246

Number of other routine inspections 70

B. Other Inspections.

Number of special inspections	1,525
Number of re-inspections	8,805
Total	10,330

TABLE II.

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION
IN THE YEAR ENDED 31st DECEMBER, 1929.

Defect or Disease.						Routine Inspections.		Specials.	
						No. of Defects.		No. of Defects	
(1)						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.
						(2)	(3)	(4)	(5)
Malnutrition	...	...	...	...	...	1	507	9	1
Uncleanliness	{ Head	...	...	...	...	138	4	19	...
	{ Body	...	...	...	...	22	3	5	...
Skin	{ Ringworm	{ Scalp	...	...	...	3	...	33	...
		{ Body	...	...	...	2	...	21	...
	{ Scabies	..	...	...	...	...	...	3	...
	{ Impetigo	..	...	...	...	26	...	190	...
	{ Other Diseases (Non-tubercular)	...	...	...	...	51	1	78	..
Eye	{ Blepharitis	...	...	...	...	21	...	29	...
	{ Conjunctivitis	...	...	...	...	6	1	45	...
	{ Keratitis	...	...	...	...	...	...	4	...
	{ Corneal Ulcer	...	...	...	...	...	...	...	..
	{ Corneal Opacities	...	...	...	...	...	...	1	..
	{ Defective Vision (excluding squint)	...	...	...	...	179	176	42	4
	{ Squint	...	...	...	...	22	34	6	1
	{ Other Conditions	..	...	...	...	4	2	27	3
Ear	{ Defective Hearing	..	...	...	...	59	25	20	...
	{ Otitis Media	...	...	...	...	36	2	51	..
	{ Other Ear Disease	..	...	...	...	2	...	14	...
Nose and Throat	{ Enlarged Tonsils only	...	...	...	...	43	152	16	3
	{ Adenoids only	...	...	...	...	...	7	3	1
	{ Enlarged Tonsils and Adenoids	...	...	...	...	21	20	1	...
	{ Other Conditions	...	...	...	...	43	69	51	4
Enlarged Cervical Glands (non-tuberculous)						2	12	8	...
Defective Speech						1	10	...	2
Teeth—Dental Disease						184	1	19	...
Heart and Circulation	{ Heart Disease :— Organic	...	...	...	...	1	28	3	...
		{ Functional	...	...	...	...	12	..	2
		{ Anæmia	...	...	...	4	1	6	...
Lungs	{ Bronchitis	...	...	...	...	3	...	1	...
	{ Other Non-Tuberculous Diseases	...	...	...	...	5	17	2	...
Tuberculosis	{ Pulmonary :— Definite	...	...	...	...	..	...	2	...
		{ Suspected	...	...	...	5	4	1	...
	{ Non-Pulmonary :— Glands	...	...	...	...	4	1	2	...
		{ Spine	...	...	...	1	...	...	...
		{ Hip	...	...	...	1	1	1	...
		{ Other Bones and Joints	...	...	...	...	...	1	...
	{ Skin	...	...	...	...	1	..	...
	{ Other forms	...	...	...	...	1	...	...
Nervous System	{ Epilepsy	...	...	...	...	...	2	1	1
	{ Chorea	...	...	...	...	...	...	8	1
	{ Other Conditions	...	...	...	...	4	3	2	...
Deformities	{ Rickets	...	...	...	...	...	...	...	...
	{ Spinal Curvature	...	...	...	...	...	...	...	...
	{ Other Forms...	...	...	...	...	15	51	3	7
Other Defects or Diseases						41	36	709	18

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	1509	143	9.4
Intermediates	1677	281	16.9
Leavers	1060	115	10.8
Total (Code Groups)	4246	539	12.6
Other routine inspections	70	6	8.0

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	4 1	... ... ... ...	4 1
	(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 ... ..	... 1 ... ...	... ... ... ...	... 1
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	4	7	11
	(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 ... ..	............	............	............
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	67	29	96
	Notified to the Local Control Authority during the year.	Feeble-minded Imbeciles Idiots	4 2 ...	... 3 ...	4 5 ...
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 ... ..	... ... ... 1	2 3	2 4
	Suffering from epilepsy which is not severe.	Attending Public Elementary Schools (including Whitley Special School) At no School or Institution	3 ...	6 ...	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	1	...	1
Physically Defective.	Non-infectious but active pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	3	3	6
		At Certified Residential Open-Air Schools ... ..	...	...	...
		At Certified Day Open-Air Schools ...	9	8	17
		At Public Elementary Schools ...	1	...	1
		At other Institutions ... ..	...	...	...
		At no School or Institution	7	4	11
Physically Defective (cont.)	Delicate children (e.g., pre-or latent tuberculosis, malnutrition, debility, anaemia, etc.)	At Certified Residential Open-Air Schools ... ..	...	1	1
		At Certified Day Open-Air Schools ...	23	17	40
		At Public Elementary Schools ...	41	45	86
		At other Institutions ... ..	...	...	...
		At no School or Institution	4	6	10
Physically Defective (cont.)	Active non-pulmonary tuberculosis.	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	1	1	2
		At Public Elementary Schools ...	...	...	...
		At other Institutions ... ..	...	...	...
		At no School or Institution	4	3	7
Physically Defective (cont.)	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 ...	2	1	3
		At Certified Residential Cripple Schools ...	...	...	...
		At Certified Day Cripple Schools ...	33	24	57
		At Public Elementary Schools ...	24	19	43
		At other Institutions ... ..	...	...	...
		At no School or Institution	9	2	11

TABLE IV.

Return of Defects treated during the Year
ended 31st December, 1929.

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	45	8	53
Ringworm—Body	15	8	23
Scabies	3	...	3
Impetigo	160	56	216
Other Skin Diseases	62	67	129
Minor Eye Defects :— (External and other, but excluding cases falling in Group II.)	71	40	111
Minor Ear Defects	99	39	138
Miscellaneous :— (e.g., minor injuries, bruises, sores, chilblains, &c.)	556	216	772
Total ...	1011	434	1445

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).	545	4	2	551
Other Defect or Disease of the Eyes (excluding those re- corded in Group I.) ...	12	...	...	12
Total ...	557	4	2	563

Total number of children for whom spectacles were prescribed :—

(a) Under the Authority's scheme 284

(b) Otherwise 6

Total number of children who obtained or received spectacles :—

(a) Under the Authority's scheme 279

(b) Otherwise 6

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)
24	66	90	10	100

Group IV.—Dental Defects.

(1) Number of children who were :—

(a) Inspected by the dentist.

Aged :—

	5	...	27	} Total—3,168
	6	...	481	
	7	...	435	
	8	...	443	
	9	...	480	
Age Groups	10	...	332	
	11	...	236	
	12	...	304	
	13	...	354	
	14	...	61	
	15	...	15	
Specials	...	...	669

Grand Total 3,837

(b) Found to require treatment	...	...	...	3131
(c) Actually treated	...	...	...	2404
(d) Re-treated as the result of periodical examination	...	...	...	1048
(2) Half-days devoted to	{ inspection 36	} Total	...	430
	{ treatment 394			
(3) Attendances made by children for treatment	...	...	...	4662
(4) Fillings	{ permanent teeth 1479	} Total	...	1488
	{ temporary teeth 9			
(5) Extractions	{ permanent teeth 856	} Total	...	6014
	{ temporary teeth 5158			
(6) Administration of general anaesthetics for extractions	...	...	...	—
(7) Other operations	{ permanent teeth 149	} Total	...	165
	{ temporary teeth 16			

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	...	...	...	32,045
(c) Number of individual children found unclean	...	...	...	2,843
(d) Number of children cleansed under arrangements made by the local education authority	...	...	...	223
(e) Number of cases in which legal proceedings were taken—				
(i) Under the Education Act, 1921	...	...	...	3
(ii) Under school attendance bye-laws	...	...	...	2

TABLE V.

RETURN OF DEFECTS FOUND IN THE COURSE OF MEDICAL
INSPECTION IN 1929. SECONDARY SCHOOLS.

Number Examined ...	READING BOYS' SCHOOL.		KENDRICK GIRLS' SCHOOL.	
	195		208	
	Number referred for		Number referred for	
Defect or Disease.	Treatment.	Observation.	Treatment.	Observation.
Malnutrition ... ..	...	22	...	40
Uncleanliness { Head... ..	...	...	...	...
{ Body .. ..	..	...	...	...
Skin { Ringworm { Head ...	...	...	..	...
	{ Body ...	...	...	...
	{ Scabies ...	...	...	...
	{ Impetigo ..	...	...	...
{ Other Disease (Non-tub.)	2	1	...	...
Eye { Blepharitis ...	...	...	...	...
	{ Conjunctivitis ..	...	1	...
	{ Keratitis ...	...	...	...
	{ Corneal Ulcer ..	...	...	...
	{ Corneal Opacities	...	...	...
	{ Defective Vision	4	28	19	32
{ Squint ...	...	2	...	...
{ Other Conditions ..	...	2	1	...
Ear { Defective Hearing ...	2	1	4	...
	{ Otitis Media... ..	2	...	...
	{ Other Ear Disease	...	...	...
Nose and Throat { Enlarged Tonsils ...	1	2	1	14
	{ Adenoids ...	...	..	...
	{ Enlarged Tonsils & Adenoids	...	1	...
	{ Other Conditions	2	3	1
Enlarged Cervical Glands (non-tuber.)	...	...	2	...
Defective Speech .. ..	...	1	..	1
,, Teeth	42	1	36	...
Heart and Circulation { Organic ...	...	...	...	1
	{ Functional ...	...	1	...
	{ Anæmia ...	...	...	..
Lungs { Bronchitis ...	...	...	...	...
	{ Other non-tuber. disease	...	1	...
Tuberculosis { Pulmonary :—Definite ...	...	..	...	...
	{ Suspected... ..	...	...	...
	{ Non-Pulmonary :—Glands	1	...	...
	{ Spine ...	...	...	...
	{ Hips... ..	...	...	...
	{ Other bones and joints	...	...	...
{ Skin ...	..	...	...
{ Other forms ...	..	...	...
Nervous System { Epilepsy ..	...	...	...	...
	{ Chorea ...	...	...	...
	{ Other Conditions	...	1	1
Deformities { Rickets ...	...	...	...	...
	{ Spinal curvature	...	..	...
	{ Other Forms ..	...	10	28
Other Defect or Disease	3	1	2	...