

**[Report 1932] / Medical Officer of Health and School Medical Officer of Health, Reading County Borough.**

**Contributors**

Reading (England). County Borough Council.

**Publication/Creation**

1932

**Persistent URL**

<https://wellcomecollection.org/works/eahrsv2r>

**License and attribution**

You have permission to make copies of this work under a Creative Commons, Attribution license.

This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection  
183 Euston Road  
London NW1 2BE UK  
T +44 (0)20 7611 8722  
E [library@wellcomecollection.org](mailto:library@wellcomecollection.org)  
<https://wellcomecollection.org>



COUNTY BOROUGH OF READING.

---

# Annual Report

OF THE

Medical Officer of Health

FOR THE YEAR

1932.

# INDEX.

	Page		Page
Ambulance Facilities ...	26	Housing ...	9, 61-64
Ante-Natal Clinic ...	47, 48	„ Clearance Areas ...	62
Anterior Poliomyelitis ...	30	Houses let in Lodgings ...	62
Bacteriological Laboratory Work	26	Ice Cream Shops, Kitchens, Food	
Battle Hospital ...	25, 26	Stalls, etc. ...	61
Births, Birth Rates ...	6, 17	Infant Mortality ...	6, 19, 40
Blind, care of the ...	8	Infant Mortality (Table of) ...	45
Blind Persons Act, 1920 ...	52, 53	Infant Consultation Centres	43, 44
Canal Boats ...	58	Infant Life Protection ...	47
Cancer ...	22	Infectious Diseases and control of	7, 27-30
Caravans ...	58	Infectious Diseases (Table of Notifi-	
Caversham District Nursing Associa-		cations) ...	29
tion... ..	25	Local Acts, Bye-laws, etc. ...	27
Census, The ...	5, 12-14	Local Government and other Officers	
Census—Housing Statistics	6, 14-16	Superannuation Act, 1922 ...	54
Cerebro-Spinal Fever ...	30	Marriage Rate ...	18
Chemical Analyses ...	27	Maternal Mortality ...	41
Children Act, 1908 ...	47	Maternity and Child Welfare	7, 40-49
Children and Young Persons Act,		Maternity and Child Welfare	
1932 ...	47	Committee ...	4
Clinics and Treatment Centres ...	24	Maternity and Nursing Homes ...	27
Committees, members of ...	4, 66	Meals, Provision of ...	81
Common Lodging Houses ...	56	Measles ...	27
Comparative Statistics in different		Meat Inspection ...	60
areas ...	19	Medical help, Records of Sending for	46
Co-ordination of Health Services ...	71		
Cremation ...	9, 53	<b>Medical Inspection :—</b>	
Deaths, death rates ...	6, 18	(a) Elementary Schools ...	71, 72
Deaths, Causes of and Ages at	22, 23	(b) Routine Medical Inspections	72, 90
Deaths in Public Institutions ...	19	(c) Elementary Schools, Return	
Deaths, Table of ...	20, 21	of Defects ...	91, 92
Dellwood Maternity Home ...	49	(d) Secondary Schools, Return of	
Dental Clinic ...	78, 79	defects ...	98
Diphtheria ...	27, 31	(e) Co-operation of Parents ...	82
Disinfection ...	31	(f) Co-operation of Teachers	81, 82
Drainage and Refuse Disposal ...	55	(g) Co-operation of Voluntary	
Ear, Nose and Throat Clinic ...	77	Bodies ...	82
Education Committee ...	66	(h) Co-operation of School Wel-	
Education Committee's Clinics ...	25	fare Visitors ...	82
Employment of Children and Young			
Persons ...	79	<b>Medical Inspection, Findings of :—</b>	
Encephalitis Lethargica ...	30	Crippling Defects and Deformities	74
Enteric Fever... ..	30	Dental Defects ...	74
Exceptional Children, Census of	93-95	Ear Disease and Hearing ...	73
„ „ Clinic for	83, 84	External Eye Disease ...	73
Factories and Workshops Acts ...	57	“ Following-up ” ...	75
Fees paid to Medical Practitioners	46	Heights and Weights, average ...	74
Food and Drugs Acts, Sale of ...	59	Infectious Diseases ...	75
Food, Inspection and Supervision	8, 59	Nutrition ...	74
Food, Unsound, Seized or Surrendered	61	Minor Ailments ...	73
Gas Regulation Act, 1920 ...	54	Skin Diseases ...	73
General Provision of Health Services	7, 23	Tonsils and Adenoids ...	73
Health Committee ...	4	Tuberculosis ...	73
Health Visiting Summary ...	43	Uncleanliness ...	72
Hospital Accommodation, Summary	23	Vision ...	73



# INDEX—continued.

	Page		Page
<b>Medical Treatment :—</b>		Refuse Disposal ... ..	55
Dental Clinic ... ..	78, 79	Royal Berkshire Hospital ... ..	24
Dental Defects ... ..	97	Sanitary Circumstances of the Area	54-59
Diastolisation ... ..	78	Sanitary Supervision and Food	
Nose and Throat ... ..	77, 97	Supply ... ..	8, 59
Ionisation ... ..	77	Sanitary Inspection of the Area	56, 57
Minor Ailments ... ..	75, 96	Scarlet Fever ... ..	27, 31
Skin Disease ... ..	96	School Baths ... ..	81
Tonsils and Adenoids ... ..	75, 78	School Clinic ... ..	75
Tuberculosis ... ..	76	School Hygiene ... ..	71
Uncleanliness ... ..	97	School Medical Services Sub-	
Defective Vision and Squint	76, 96	committee ... ..	66
Members of Committees ... ..	4, 66	Secondary Schools ... ..	89
Mental Deficiency Regulations, 1928	99	Secondary Schools (Table shewing	
Mental Treatment Act, 1930	50, 51	number of children examined and	
Mental Welfare ... ..	8, 50, 51	defects found) ... ..	98
Merchandise Marks Act, 1926	61	Sewage Disposal ... ..	55
Midwives, Supervision of ... ..	46	Slaughterhouses ... ..	60
Milk (Mothers and Children Order,)		Small-Pox ... ..	28
1919 ... ..	46	Smoke Abatement ... ..	59
Milk (Tuberculous) ... ..	60	Speech Clinic ... ..	87
„ (Special Designations) Order, 1923	59	Staff ... ..	11, 69, 71
Miscellaneous Examinations of		Statistical Summary ... ..	10, 70
student teachers, employed	83	<b>Special Inquiries :—</b>	
children, etc ... ..		Cardiac cases ... ..	84
National Society for Prevention of		Child guidance ... ..	88
Cruelty to Children ... ..	82	Left-handed Children ... ..	85
Neo-natal Mortality ... ..	41	Stammering (see Speech Clinic)...	85
Notification of Births Act, 1907	46	<b>Special Schools :—</b>	
Nursing in the Homes ... ..	25	Mentally Defective School	85, 86
Nursing Homes Registration Act,		Physically Defective School	85, 86
1927 ... ..	27	Open-Air School ... ..	85, 86
Offensive Trades ... ..	58	Nursery Schools ... ..	89
Open-Air Education ... ..	81	Still-births ... ..	18
Ophthalmic Clinic ... ..	76	Suicides ... ..	23
Ophthalmia Neonatorum ... ..	42	Theatres and Cinemas ... ..	59
Orthopaedic Clinic ... ..	84	Tuberculosis ... ..	23, 32-39
Overcrowding... ..	6	Tuberculosis Dispensary Care	
Park Hospital ... ..	30, 31	Association... ..	38
Physical Training ... ..	79, 80	Tuberculosis Pavilions ... ..	35
Physical Training—Voluntary		Tuberculosis, Table of Notification	36, 37
Associations ... ..	81	„ Officer, report of	33-35
Poor Law Medical Service ... ..	25	„ Sanatorium Treatment	34
Population ... ..	5, 12	„ Shelter Treatment ... ..	34
Premises and Occupations controlled		„ Supplemental Return	36
by Bye-Laws or Regulations ... ..	56	Typhoid and Paratyphoid Fever ... ..	30
Puerperal Fever and Puerperal		Vaccination ... ..	28
Pyrexia Regulations, 1926 ... ..	42	Venereal Diseases ... ..	39, 40
Queen Victoria Nursing Institute ... ..	25	Violent Deaths ... ..	23
Rainfall ... ..	54	Vital Statistics ... ..	5, 12
Rats and Mice (Destruction) Act 1919	59	Water Supply ... ..	55
Reading Council of Nursing Services	25	Whitley Small Pox Isolation Camp	7, 24
Red Cross Orthopaedic Fund ... ..	83	Whitley Special School ... ..	84-86



## HEALTH COMMITTEE.

HIS WORSHIP THE MAYOR (Councillor A. W. Tudor, J.P.)

### Aldermen.

FREDERICK ALFRED COX, J.P.

THOMAS MASON.

ALBERT JAMES MAKER.

JOHN RABSON, J.P.

### Councillors.

GEORGE WILLIAM COOK.

ALICE JENKINS, J.P.

ANNIE PHOEBE ELLEN CUSDEN, J.P.

DAVID SAUNDERS JONES, M.R.C.S.  
(*Vice-Chairman*).

HENRY DOWNING.

HUBERT SAMUEL LANGSTON.

WILLIAM HARTNETT, M.B., J.P.

WILFRED GORDON PALMER.

GEORGE HERBERT ROSE HOLDEN, M.A., M.D.  
(*Chairman*).

LORENZO EDWARD QUELCH, J.P.

HELEN CORNELIA HULEATT.

RICHARD JAMES VENNER.

DOROTHY ELEANOR WHEELER.

## MATERNITY AND CHILD WELFARE COMMITTEE.

HIS WORSHIP THE MAYOR (Councillor A. W. Tudor, J.P.)

### Councillors.

WILLIAM HENRY BALE.

WILLIAM HARTNETT, M.B., J.P.

EDWIN DENNIS BERRY.

GEORGE HERBERT ROSE HOLDEN,  
M.A., M.D.

ARTHUR FRANK CLARK (*Chairman*).

HELEN CORNELIA HULEATT (*Vice-Chairman*).

REGINALD COLGATE, D.Sc.

ALICE JENKINS, J.P.

ANNIE PHOEBE ELLEN CUSDEN, J.P.

DAVID SAUNDERS JONES, M.R.C.S.

HENRY DOWNING.

WILLIAM MATHIAS NEWHAM.

WALTER GEORGE GALE.

DOROTHY ELEANOR WHEELER.

### Non-Members of the Council.

Miss M. MAPLESDEN, M.A.

Mrs. K. SHORTER.

Mrs. F. F. WHITLEY.

PUBLIC HEALTH DEPARTMENT,  
OLD COLLEGE BUILDINGS,  
ST. LAURENCE'S CHURCHYARD,  
READING,

*April, 1933.*

**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 1932.

The report is a statutory duty placed upon the medical officer of health by the Sanitary Officers' Order, 1926.

**Vital Statistics.**

*Population.* The population which at the census of 1931 was 97,149 is estimated to have been 97,636 persons at mid-year 1932. This figure has been used for the purpose of all calculations given in this report.

**The Census.**

Much interesting information emerges from the detailed report of the census which has been issued during the present year.

The Registrar-General points out that in areas where university or school populations form any considerable proportion of the whole, the enumerated population is likely to show a deficiency in that respect. From a comparison of the returns of the recent census and that taken in 1921 it would appear that in Reading the deficiency in the university and resident school populations is more than 1,000 persons. The total population normally resident in the borough probably approximates closely to 100,000 persons at the present time.

*Age distribution of the population.* A noteworthy feature of the census is the fall in the numbers of children and young persons up to twenty years. The low birth rates during the war years were not neutralized by the unusually high birth rates in the two years immediately succeeding the war.

The continuing fall in the birth rate during the past ten years is clearly reflected in the actual decrease in the number of children up to ten years notwithstanding the increase in the total population living at all ages.

A direct result of the war appears in the majority of females over males in the age groups 19-44 years.



*Size of the family.* The maintenance of the marriage rate accompanied by the fall in the birth rate has caused a reduction in the size of the average family from 3.99 to 3.66 persons.

The preponderance of the small family is evident in the fact that 75 per cent. of the whole population is embraced in families of four persons or less whilst families of eight persons or more represent only 3.5 per cent. of all families.

The nett effect of these biological and social movements is a rapid change in the character of the whole population by the increase in the members of the advanced age groups, and a corresponding decrease in the numbers at the beginning of life.

### Census—Housing Statistics.

The number of separate families in the borough has increased by 3,184 and the number of structurally separate dwellings by 2,995 during the inter-censal period.

The number of dwellings occupied by two or more families has increased by 130 and approximately 9 per cent. of all dwellings accommodate more than one family.

Overcrowding conditions show some improvement as measured by the number of families living with a density of more than two persons per room which is taken as a standard, and by the fall in the room density of the whole population throughout the borough. The improvement in both these respects is probably in major part the result of the reduction in the size of the families referred to above.

*The Birth Rate.* The birth rate for the year was 14.3 per 1,000 of the population which is a lower figure than any hitherto recorded in the borough.

*The Death Rate.* The crude death rate for 1932 was 12.8 per 1,000 of the population, a rate slightly higher than that of either of the two preceding years. It is unlikely that with the changing character of the population in regard to age the crude death rate will show any further material decline.

*Infantile Mortality.* The infantile mortality rate was 55.2 per 1,000 births registered during the year, a somewhat higher rate than the comparable returns of recent years.

As a measure of health progress in the borough over a long period of years, I have included in charts a graphic record of the principal vital statistics.

It will be seen that the fall in the birth rate is continuous and progressive. The decline in the crude death rate and the parallel decline in the tuberculosis death rate are a fair measure of the improvement in

sanitary and social conditions. The most striking of the charts is that of infantile mortality with its record of the remarkable improvement in the prospect of child life which has occurred during the present century. Attention is also drawn to the chart showing the increase in the cancer death rate and to the note on this subject which is appended.

### **General Provision of Health Services in the Area.**

A summary of all hospital and auxiliary medical services of the area is included in the report.

The close co-operation between the municipal and voluntary hospitals has been maintained and agreements between the two services have been revised during the year.

Arrangements are now complete for the provision of new hospital accommodation for smallpox and for the opening of the joint institution for the care and training of mental defectives at Borocourt, Peppard.

### **Prevalence of, and Control over, Infectious Diseases.**

The past year has been notable in its freedom from the common infectious diseases.

It is more than thirty years since the notifications of scarlet fever and diphtheria reached the low level of the past year. There was no case of smallpox in the borough during the year and a practical immunity from measles in epidemic form.

Notifications of pulmonary tuberculosis were much below the average of recent years and the deaths due to this form of the disease were fewer than in any previous year in Reading. The apparent increase in non-pulmonary tuberculosis is probably entirely the result of better notification.

The number of patients treated for the first time at the venereal diseases clinic indicates a decrease in the incidence of both gonorrhoea and syphilis.

### **Maternity and Child Welfare.**

The attendances at the infant welfare centres show a decline on the maximum attained during the preceding year. This is mainly due to the movement of the population to the new estate at Whitley where no convenient centre is available.

The ante-natal clinic continues to meet with increasing success, the number of new patients in attendance being higher than in any previous year.

The Maternity and Child Welfare committee is giving further consideration to the requirements of these services.



The popularity of Dellwood maternity home has been well maintained, the number of patients admitted having only once been exceeded since the opening of the home in 1920. As the birth rate has fallen greatly the proportion of all children born in Dellwood has correspondingly increased. Details of the housing and financial circumstances of Dellwood patients are included in the report and show that the home well maintains the purpose for which it was designed.

### **Mental Welfare.**

To implement the provisions of the Mental Treatment Act, 1930, a clinic for cases of early and functional mental disorders was established by agreement at the Royal Berkshire hospital. The clinic is under the direction of Dr. Le Marquand, assistant physician to the hospital and Dr. Read, medical superintendent of the Berkshire Mental hospital. At the present early stage of its development it is not yet possible to forecast the final scope and requirements of the clinic.

The new joint institution for the care and training of mental defectives at Borocourt will be opened during the present year. The institution will provide 50 additional beds for Reading patients. The total number of mentally defective persons under supervision in the borough is 231 of whom 60 are in various institutions for mental defectives.

### **Care of the Blind.**

There are 159 registered blind persons in the borough who are under the supervision of the Reading Association for the Welfare of the Blind. Pastime classes and home instruction are provided for suitable patients and a home workers scheme for skilled workers is in operation.

The association earnestly solicits orders for blind home workers.

### **Sanitary Supervision and Food Supply.**

An important new extension of the waterworks undertaking by the provision of a large storage reservoir and water tower was completed during the year. A note on this subject by Mr. L. C. Walker, the Waterworks Manager, is included in the report.

Inspection and examination indicates that traders engaged in the production and preparation of food carry out their duties with increasing care, and that the standard maintained is satisfactory.

Only one prosecution under the Sale of Food and Drugs Act was undertaken during the year and only one sample of milk was found to contain living tubercle bacilli. The sufficiency of the accommodation at the public abattoirs is at present engaging the attention of the Health committee.

### **Housing.**

The number of new houses completed in the borough during the year, namely 846, is larger than in any previous year in Reading. Of the total, 522 were part of the municipal housing scheme and 324 the result of private enterprise.

The Housing committee has continued to make steady progress in the removal of insanitary property. Three clearance orders dealing with one area in Coley and two in Silver Street were approved and the buildings demolished during the year. As slum clearance is now regarded as a matter of primary urgency it is satisfactory to record the very great progress that has been made in Reading.

Six clearances areas involving 105 houses and 25 demolition orders affecting 25 individual houses have been completed since the passing of the Housing Act, 1930. Prior to the passing of that Act large numbers of insanitary houses had already been dealt with by closure and demolition.

The Housing committee has also given careful consideration to the question of houses let in lodgings, which is likely to become an increasingly important problem. Draft bye-laws for the regulation of these houses have been prepared.

### **Cremation.**

The Council has undertaken a new departure by the opening of the Reading crematorium.

The Medical Officer of Health was appointed medical referee to the crematorium and is responsible for issuing the necessary authority to cremate. The crematorium serves a large area and present experience indicates that this method of disposal of the dead will become more extensively used.

In conclusion, 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.*



## Statistical Summary, 1932.

Area of borough (in acres)	...	...	...	...	...	...	9,106
Population (Census 1931)	...	...	...	...	...	...	97,149
„ (Estimated mid-year, 1932)	...	...	...	...	...	...	97,636
Number of inhabited houses (approximate) 1932	...	...	...	...	...	...	24,846
Rateable value (October 1932)	...	...	...	...	...	...	£715,631
Sum represented by a penny rate (October 1932)	...	...	...	...	...	...	£2,846
Number of births registered	...	...	...	...	...	...	1,396
Legitimate	...	...	...	...	...	...	1,332
Illegitimate	...	...	...	...	...	...	64
Nett birth rate (per 1,000 of the population)	...	...	...	...	...	...	14.3
Average birth rate, preceding ten years	...	...	...	...	...	...	15.8
Number of deaths registered	...	...	...	...	...	...	1,253
Crude death rate (per 1,000 of the population)	...	...	...	...	...	...	12.8
Standardized death rate (per 1,000 of the population)	...	...	...	...	...	...	11.0
Average crude death rate, preceding ten years	...	...	...	...	...	...	11.5
Number of persons married	...	...	...	...	...	...	1,616
Marriage rate (per 1,000 of the population)	...	...	...	...	...	...	16.6
Number of infant deaths (under one year)	...	...	...	...	...	...	77
Infant mortality rate (per 1,000 births) :—							
Legitimate	...	...	...	...	...	...	51.0
Illegitimate	...	...	...	...	...	...	140.6
Total infant mortality rate (per 1,000 births)	...	...	...	...	...	...	55.2
Average infant mortality rate, preceding ten years	...	...	...	...	...	...	51.3
Tuberculosis death rate (per 1,000 of the population)	{		All forms	0.87			
			Pulmonary	0.68			
Average tuberculosis death rate (preceding 10 years)	{		All forms	1.04			
			Pulmonary	0.89			
Number of women dying in, or in consequence of, child-birth :—							
From sepsis	...	...	...	...	...	...	1
From other causes	...	...	...	...	...	...	5
Deaths from measles (all ages)	...	...	...	...	...	...	—
Deaths from whooping cough (all ages)	...	...	...	...	...	...	4
Deaths from diarrhoea (under 2 years of age)	...	...	...	...	...	...	5

**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.

**Medical Superintendent, Battle Hospital.**

D. CYRIL THOMAS, M.R.C.S., L.R.C.P.

**Resident Assistant Medical Officer, Battle Hospital.**

C. PONIEDEL, M.B., Ch.B. (left 2/4/32).

W. E. McILROY, M.B., B.Ch. (appointed 16/5/32).

**Medical Officer, Caversham district of Reading (Public Assistance).**

G. H. CHEYNEY, M.R.C.S., L.R.C.P.

**Public Vaccinator, Reading and Caversham Districts.**

F. W. STANSFIELD, M.D., D.P.H.

**Public Vaccinator, Tilehurst District of Reading.**

B. B. HOSFORD, M.B., B.Ch.

**Public Analyst.**

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

**Chief Sanitary Inspector.**

\*† JAMES DODD.

**Assistant Sanitary Inspectors.**

\*† W. E. BOND.  
\* P. B. BROCK.  
\* E. L. W. GEEN.  
\* G. G. GARDINER.

**Chief Clerk and Vaccination Officer.**

\* G. S. HAWTHORNE.

**Clerks.**

D. W. L. GOODALL.  
Miss J. ROBSON SMITH (Tuberculosis Dispensary).  
Miss N. HULBERT (Maternity and Child Welfare Department).  
Miss K. CLAYDON-SMITH.  
E. A. SELLAR.  
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. F. WHEELER.  
◦ \* † MISS G. WHITE. (*Left 31st August, 1932*).  
× ◦ † MISS E. V. LEE.  
× ◦ † MISS S. PRUDDEN.  
× ◦ † MISS K. CLACK (*Commenced 1st September, 1932*).

**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.  
◦ Health Visitors' Certificate.  
× State Registered Nurse.



# County Borough of Reading.

## VITAL STATISTICS.

**Population.** The population of the borough at mid-year 1932 is estimated to be 97,636 persons.

### Report on Census, 1931.

The details of the census taken in April, 1931, are now available. The total number of persons enumerated at that date was 97,149. The Registrar-General states that in areas where undergraduates or resident scholars form any considerable proportion of the population the returns may show a corresponding deficiency. The census was taken during the vacation and although the instruction required that the school or university should be returned as the usual place of residence there is evidence that this instruction was not effectively carried out. A comparison of the recent census of educational institutions in Reading with that of 1921 indicates that the enumerated population of Reading shows a deficiency of considerably more than 1,000 persons.

The following short table shows the age distribution of the population compared with the corresponding age distribution as ascertained at the preceding census.

TABLE I.

#### (a)—1931 Population.

Age in years.	0-9.	9-19.	19-44.	44-64.	65 and upwards.	Total.
Males ...	7270	7643	16832	10342	3794	45881
Females ...	6885	7841	19706	11752	5084	51268
Total	14155	15484	36538	22094	8878	97149

#### (b)—1921 Population.

Age in years.	0-9.	9-19.	19-44.	44-64.	65 and upwards.	Total.
Males ...	7903	8271	15241	8762	2874	43051
Females ...	7715	8814	18944	9843	3911	49227
Total	15618	17085	34185	18605	6785	92278

During the decennium the population of Reading has increased by 4,871 persons or 5·3 per cent., compared with 5·6 per cent. for the whole of the county of Berkshire and 5·5 per cent. for all England and Wales.

The falling birth rate to which attention has been drawn each year in these reports is reflected in the smaller numbers of children and young persons in the lower age groups. The effect of the low birth rate in the latter years of the war is now seen in the age groups 9-19 although the birth rate in the two years immediately succeeding the war were abnormally high. That the downward trend of the birth rate is progressive can be clearly seen in the age group 0-9 which was not directly affected by the war.

Notwithstanding the increase in the total population the gross numbers in these two age groups show a decline on those of the corresponding age groups of the 1921 population.

The great disparity in the numbers of males and females the result of the loss of male life during the war years is still manifest in the age group 19-44 years.

It is an interesting fact, however, that there was a disproportionate increase in the number of male births in the years succeeding the war.

The general improvement in social and sanitary conditions is clearly reflected in the increasing proportion of the population at the advanced ages and the greater longevity of females as compared with males which is again evident is a constant feature of vital statistics.

That the population as a whole is advancing in age appears when the percentages in each age group at the last two census are compared, as shown in the following short table.

Age group.	Percentage of the population in each age group.	
	1931.	1921.
0-9 years ...	14·5	16·9
9-19 „ ...	15·9	18·5
19-44 „ ...	37·6	37·0
44-64 „ ...	22·7	20·1
65 years and upwards	9·1	7·3

*The Size of the Family.* The fall in the birth rate appears again in the reduced size of the average family which is now 3·66 persons as compared with 3·99 persons at the 1921 census.

The marriage rate has remained fairly constant while the birth rate has steadily fallen with, as a consequence, a corresponding reduction in the size of the family.



The preponderance of the small family will be appreciated when it is seen that three-quarters of the population are embraced in families of four persons or less. Families of eight persons or more represent only 3·5 per cent. of all families. Excluding widows or other persons living alone the following short table indicates the percentage distribution of families of different sizes and shows the importance of the small family groups of two, three or four persons :—

Size of family.	Percentage of total families.
2 persons in family	22·7
3    "    "    "	24·9
4    "    "    "	19·4
5    "    "    "	12·3
6    "    "    "	7·1
7    "    "    "	3·6
8    "    "    "	1·9
More than 8 in family	1·6

The reduction in the size of the family creates a difficulty in the housing situation, details of which are given in the succeeding section of the report. It is apparent that it is more economical to house large than small families and the average working-class house can accommodate more persons than are embraced in one family of average size. The return is valuable as indicating the size of house for which there is likely to be a demand at the present time.

The unequal redistribution of the population in the area is shown in the differences in the rate of increase in the borough and in some of the adjoining areas.

The population of Reading has increased by 5·3 per cent. during the inter-censal period, of which 4·5 per cent. is the result of natural increase by the majority of births over deaths and ·8 per cent. to immigration into the borough. Wokingham rural district shows a total increase of 22·7 per cent. of which 5 per cent. is natural increase and 17·7 per cent. the result of immigration. The corresponding figures for Wokingham borough are 1·3 per cent. and 12·3 per cent. respectively. Other county areas which show large increases are Abingdon and Newbury rural districts, due probably to industrial developments in these areas.

### Census—Housing Statistics.

A major portion of the census report is designed to illustrate the housing conditions of the population. To fully comprehend the returns it is necessary to understand the terms used by the Registrar-General.

*"A separate family"* is a person or group of persons in separate occupation of any premises or part of premises. A lodger is only treated as a separate family when boarding separately and not otherwise.

"*A separate dwelling*" is a room or set of rooms intended or used for habitation having separate access to the street or to a common landing or staircase. A private house which has not been structurally subdivided is a single unit whether occupied by one family or by several families.

"*Rooms*" for the purpose of the census are the usual living rooms including bedrooms and kitchen but excluding sculleries, bathroom, etc.

For the purposes of comparison the corresponding returns of population and housing conditions at the two census are set out shortly.

In each case the number of persons comprised in separate families represents approximately 96 per cent. of the whole population and excludes those who at the census were residing in hotels, schools, hospitals, etc.

			1931.	1921.
Private families	...	...	25422	22238
Population embraced	...	...	93080	88727
Separate dwellings	...	...	23115	20120
Separate rooms	...	...	124754	109951
Persons per room	...	...	.75	.80

It will be seen that the increase in the number of separate families during the intercensal period was 3,184 or 14.3 per cent. and of the separate dwellings 2,995 which by a coincidence is also 14.3 per cent.

A further extract from the two census returns illustrates another aspect of the housing question.

			1931.	1921.
Separate dwellings occupied by two families	...	...	1806	1705
Separate dwellings occupied by three or more families	...	...	209	180
Population living more than 2 per room density	...	...	3030	3227
Percentage of families living more than 2 per room density	...	...	3.2	3.6
Number of vacant dwellings	...	...	648	622

It will be seen that there has been a certain improvement in overcrowded conditions as measured by room density of population and by the number of families with a density of more than two persons per room.

In all probability the major portion of this improvement has been brought about by the reduction in the size of the family, details of which have been given above. The average size of occupied dwellings in Reading is 5.4 rooms and the large majority of the families consist of four persons or less which clearly explains the room density of .75 persons per room throughout the borough.

As is to be expected, the housing situation in Reading compares favourably with that of all England and Wales. The number of families



living more than two persons per room throughout the country was in 1921 9·6 per cent. of the total, compared with 3·6 per cent. in Reading at the same time.

If the standard of housing adopted be the number of houses occupied by two or more families the situation is not so satisfactory. As the ordinary working-class house is designed for occupation by one family the introduction of more than one family must be the source of great inconvenience.

Notwithstanding the building undertaken during the decennium the number of dwellings occupied by two or more families has actually increased from 1,885 in 1921 to 2,015 at the last census.

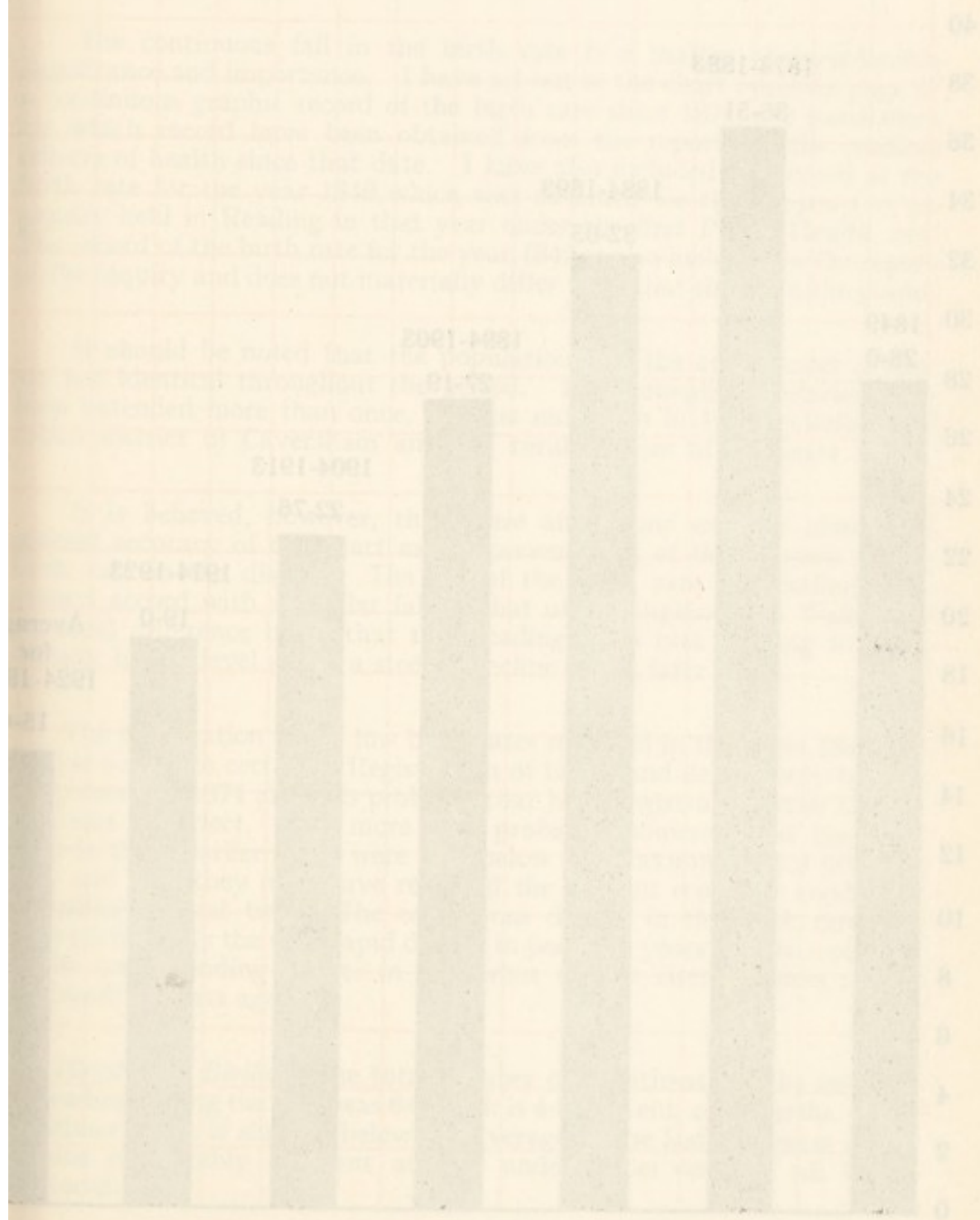
Approximately 9 per cent. of all houses in the borough were found to be occupied by more than one family.

It has always been the case that for economic or other reasons a certain number of families are unable to rent a separate dwelling. As ascertained from the census returns over a long period before the war the number of houses in Reading which were occupied by more than one family remained fairly constant at about 4 per cent. of the total. Since the war, whether from lack of accommodation or the inability of tenants to pay the required rent, it is now found that the number of houses so occupied has again remained fairly constant at 9 per cent. of the total number of houses.

A feature of local interest and importance is the distribution of the population and housing conditions in the different wards of the borough, although these conditions are subject to constant alteration by the development of housing schemes. The subjoined table indicates the situation at the time of the census.

Ward.	1921.	1931.	1931.	1931.	Percentage of families in excess of the number of separate dwellings.
	No. of persons.	No. of persons.	No. of private families.	No. of separate dwellings.	
Abbey ...	3,733	3,245	813	727	10·6
Battle ...	10,853	9,272	2,490	2,140	14·0
Castle ...	5,800	5,587	1,559	1,233	20·9
Caversham East	6,118	6,217	1,557	1,463	6·0
Caversham West	4,257	5,529	1,552	1,517	2·2
Church ...	8,734	11,620	2,856	2,649	7·2
East ...	11,653	11,298	3,187	3,006	5·7
Katesgrove	8,513	7,759	2,048	1,918	6·3
Minster ...	4,324	3,917	988	881	10·8
Redlands ...	5,792	5,310	1,412	1,314	6·9
Tilehurst ...	8,379	13,954	3,341	3,073	7·1
Victoria ...	6,145	5,788	1,576	1,292	17·1
West ...	7,977	7,653	2,043	1,902	6·9
Total	92,278	97,149	25,422	23,115	

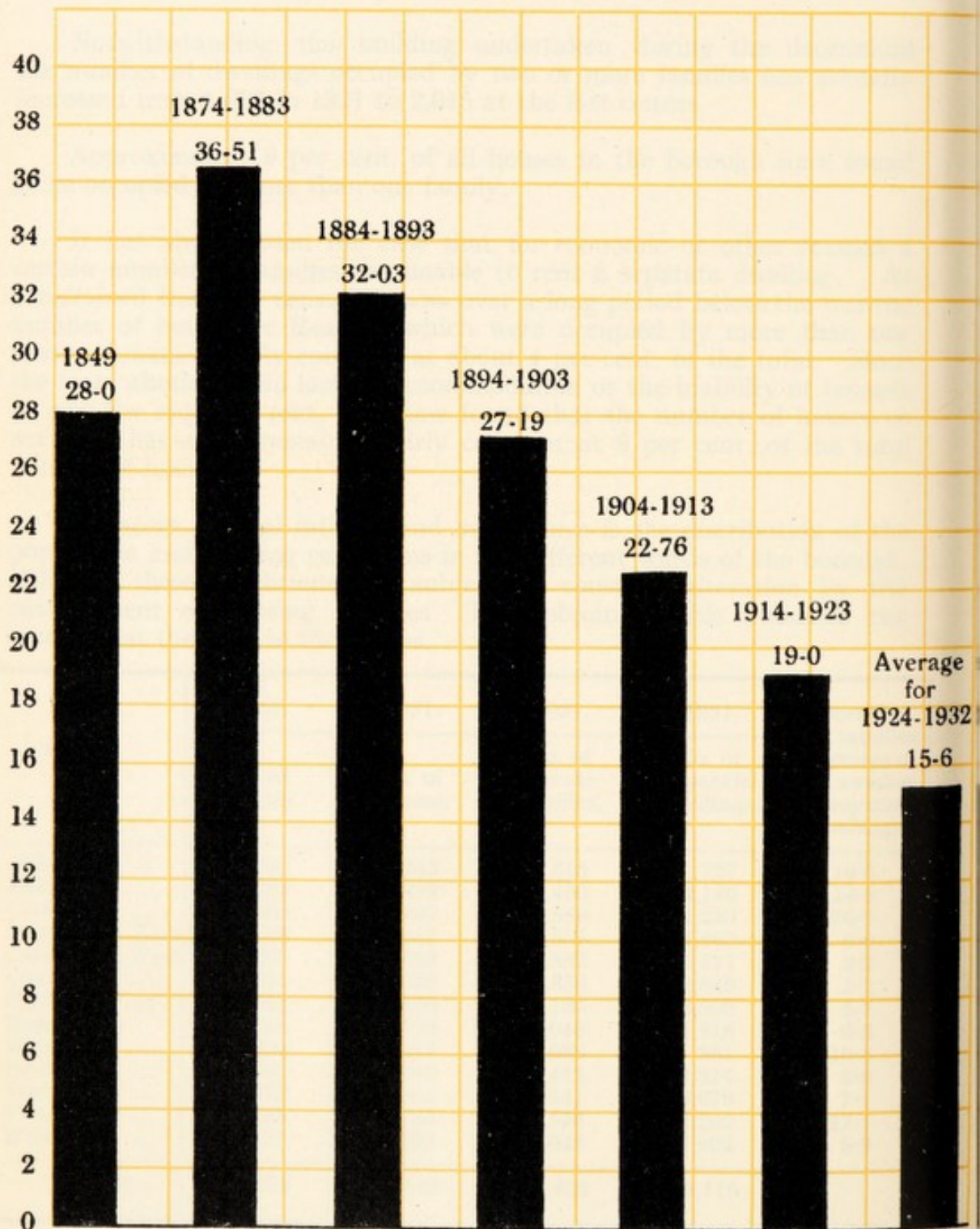
DECENNIAL BIRTH RATES PER 1000 OF THE POPULATION  
 OVER THE PERIOD 1874-1973  
 County Borough of Reading





## County Borough of Reading,

DECENNIAL BIRTH RATES PER 1000 OF THE POPULATION  
OVER THE PERIOD 1874-1932.



**Birth Rate.** The total number of births registered in the borough during the year was 1,549. After making correction for the birth of 26 children of Reading parents born elsewhere and of 179 children born in Reading whose parents were normally resident in other areas, the nett number of births assigned to Reading was 1,396 which represents a birth rate of 14.3 per 1,000 persons living in the borough.

This is a lower birth rate than any hitherto recorded in Reading. Of the Reading children born during the year 713 were males and 683 females.

The continuous fall in the birth rate is a matter of considerable significance and importance. I have set out in the chart opposite page 17 a continuous graphic record of the birth rate since 1874, the particulars for which record have been obtained from the reports of the medical officers of health since that date. I have also included the record of the birth rate for the year 1849 which was obtained for the purposes of an inquiry held in Reading in that year under the first Public Health Act. The record of the birth rate for the year 1842 is also included in the report of the inquiry and does not materially differ from that shown in the graph.

It should be noted that the population and the areas under review are not identical throughout the period. The borough boundaries have been extended more than once, the last extension in 1911 including the urban district of Caversham and the rural district of Tilehurst.

It is believed, however, that these alterations will not affect the general accuracy of the chart as a representation of the progress of the birth rate in the district. The fall of the birth rate in Reading is in general accord with a similar fall in that of all England and Wales, the principal difference being that the Reading birth rate starting from an initially higher level shows a steeper decline in the later years.

The explanation of the low birth rates recorded in the years 1842 and 1849 is not quite certain. Registration of births and deaths only became compulsory in 1874 and it is probable that birth registration prior to that date was imperfect. It is more than probable, however, that the birth rates in those earlier years were well below the maximum rates attained later and that they may have reflected the difficult economic conditions prevailing at that time. The continuous decline in the birth rate and more particularly the very rapid decline in post-war years may be a parallel to the corresponding results in somewhat similar circumstances nearly one hundred years ago.

*Illegitimate Births.* The total number of illegitimate births assigned to Reading during the year was 64 which is 4.5 per cent. of all births. The illegitimacy rate is slightly below the average of the last ten years which remains remarkably constant at just under 5 per cent. of all births registered.



*Still-Births.* By the Births and Deaths Registration Act, 1926, it is now necessary to register the births of still-born children. The number of still-births so registered during the year was 60 which represents 4.3 per cent. of live births, a figure almost identical with that of the preceding year.

The proportion of still-births amongst illegitimate children was 6.6 per cent. of such births.

**Marriage Rate.** There were 1,616 persons married during the year which is equal to a marriage rate of 16.6 per 1,000 of the population. As mentioned elsewhere there has been no decline in the marriage rate since the war to account for the decrease in the birth rate. In more recent years the tendency of the marriage rate is in an upward direction.

**Death Rate.** During the year there occurred the deaths of 1,253 residents of Reading. This number provides for the exclusion of large numbers of non-residents who died in institutions in the borough and for the inclusion of the deaths of Reading persons who died elsewhere.

The number of deaths so calculated represents a crude death rate of 12.8 per 1,000 of the estimated population.

The death rate is slightly higher than that of the two preceding years, but fairly comparable with the average of the corresponding rates for the past ten years.

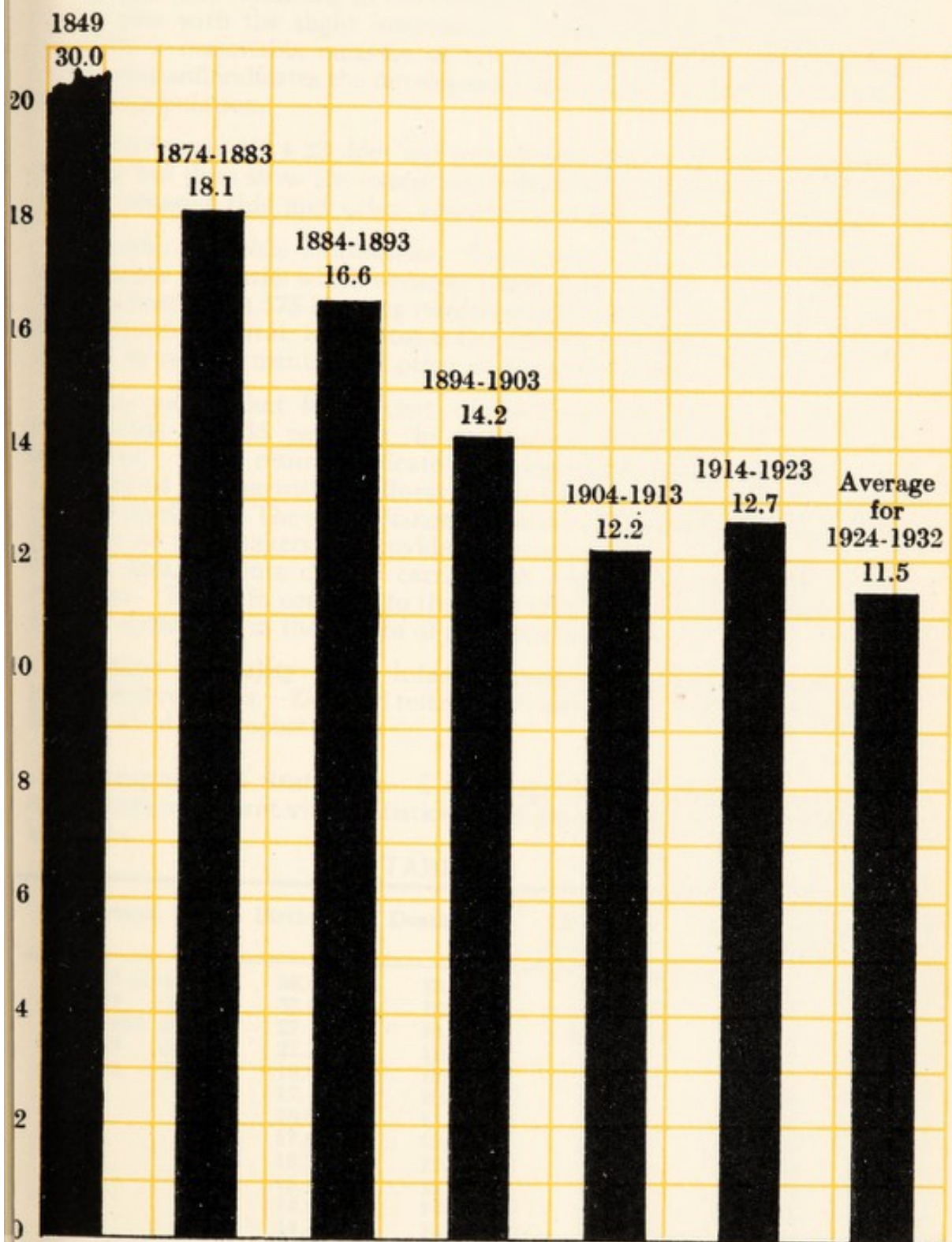
The death rate of Reading appears to be becoming stabilized at about 12 per 1,000 persons living and it is unlikely that this rate will show any further material reduction with the present age distribution of the population. Minor fluctuations appear as the result for example of an influenza epidemic such as has occurred during the present year and which will be the occasion of a rise in the death rate. The succeeding year, especially if weather conditions are favourable, will probably show a corresponding reduction. These conditions are such as affect principally people at the more advanced ages whose hold on life is precarious.

In the report of the census I have emphasized the marked alteration in the age distribution of the population in recent years. The decline in the numbers of persons in the lower age groups when mortality is low and the equally marked increase in the numbers in the advanced age groups has effected a change in the character of the whole population. The number of deaths to be expected amongst 1,000 persons of 65 years of age and upwards is naturally greater than would be expected in a similar number of persons at the middle period of life.

As a measure of health progress in Reading I have included opposite page 18 a chart of the crude death rate for the borough over a long period. The materials for the chart were obtained from the same sources as that for the birth rate shown on a previous page and is subject to the same qualifications mentioned in regard thereto, whilst both charts are subject to the statistical qualification indicated in the preceding paragraph.

## County Borough of Reading,

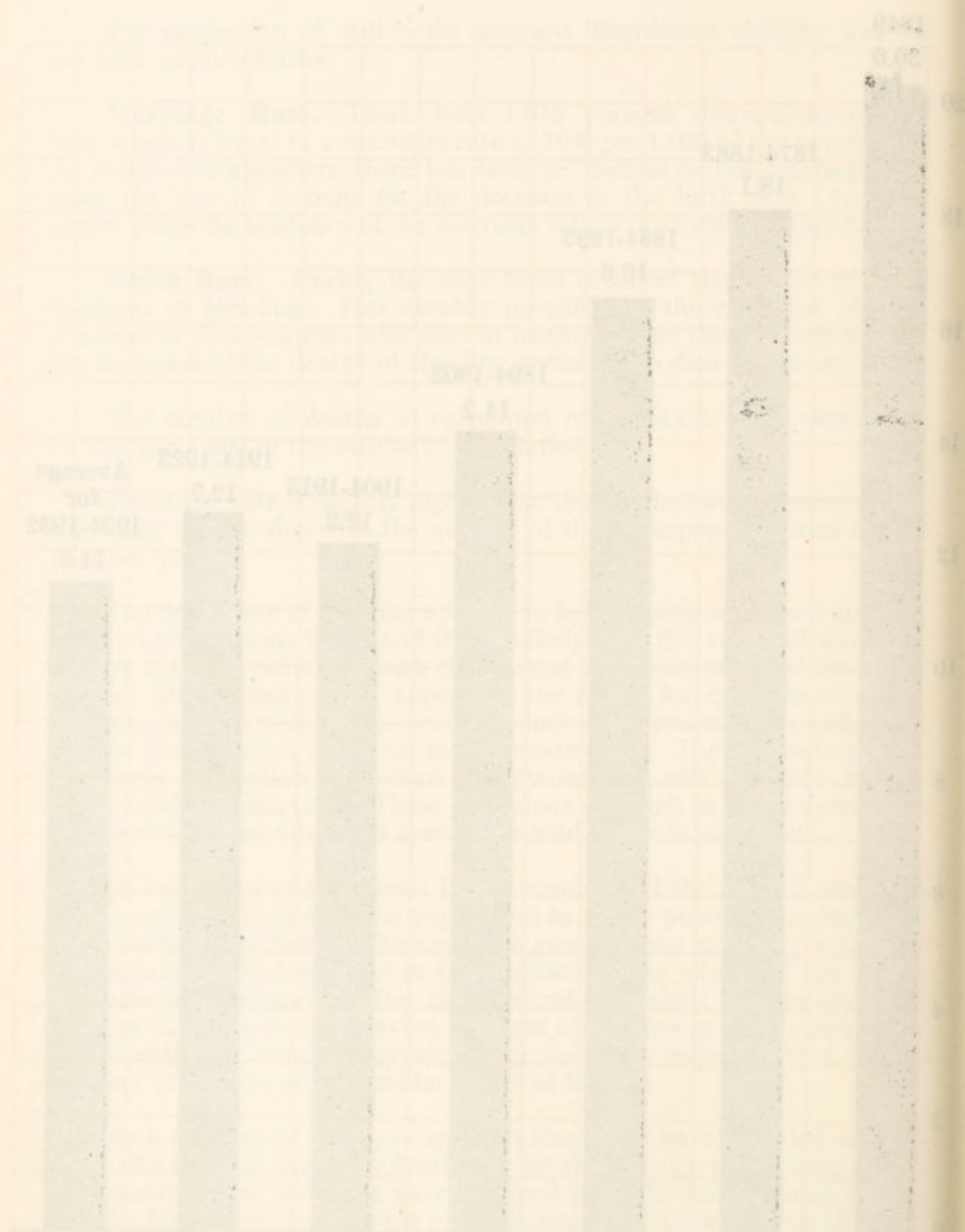
DECENNIAL DEATH RATES PER 1000 OF THE POPULATION  
OVER THE PERIOD 1874-1932





# County Borough of Reading

DECENNIAL DEATH RATES PER 1000 OF THE POPULATION  
OVER THE PERIOD 1874-1923



The chart nevertheless does reflect an improvement in health conditions, the importance of which cannot be minimized.

The high death rate recorded in 1849, and in 1842 which is similar, are probably accurate and reflect the unsatisfactory sanitary and economic conditions then obtaining in the borough. The progressive decline in the death rate with the slight intermission during the decade 1914 to 1923 provides a reasonable measure of the improved sanitary and economic conditions and indicates the development of a sanitary conscience throughout the population.

The decade 1914-23 does not include the deaths of soldiers killed in the war but does show the exceptional effect of the pandemic of influenza which ravaged this and other countries immediately after the war.

*Deaths in Public Institutions.* Each year a record is maintained of the number of deaths which occur in public institutions. During the past year no fewer than 575 Reading residents died in such institutions, namely, 317 in Battle hospital, 139 in Royal Berkshire hospital, 22 in Park hospital, and 97 in various mental and other institutions outside the borough.

This means that 46 per cent. of the total deaths occurred in public institutions and 35 per cent. in institutions controlled by the public authority. These returns indicate changing social customs as well as the difficulty of dealing with an illness that is likely to prove fatal in a small private dwelling. The same change of custom can be seen in the increasing practice of undertakers to provide mortuaries so that the whole of the funeral arrangements can be carried out away from the homes of the relatives. This is in contrast to the older custom which tended to make a funeral something in the nature of a celebration.

**Infant Mortality.** The infant mortality rate for the year was 55.2 per 1,000 live births. Detailed reference to this subject is included on pages 40 and 41 of this report.

**Comparative Statistics.** I again append in tabular form a record of the more important vital statistics which are elsewhere shown graphically in charts.

TABLE II.

Period.	Birth rate.	Death rate.	Infant mortality.	Death rate from pulmonary tuberculosis.
1874-83 (average)	36.5	18.1	131.6	1.99
1884-93 do.	32.0	16.5	127.9	1.47
1894-1903 do.	27.1	14.1	133.7	1.13
1904-13 do.	22.7	12.1	99.2	1.01
1914-23 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
1930	14.4	11.4	54.8	0.96
1931	15.1	12.0	44.6	0.69
1932	14.3	12.8	55.2	0.68



CAUSES OF, AND AGES AT, DEATH, 1932.													
CAUSES OF DEATH.					All Ages	0-1	1-	2-	5-	15-	25	35-	45-
All causes. Certified ... ..					1250	77	8	8	15	45	42	68	14
Uncertified ... ..					3	—	—	—	—	—	—	—	—
1	Typhoid and Paratyphoid Fevers				—	—	—	—	—	—	—	—	—
2	Measles ... ..				—	—	—	—	—	—	—	—	—
3	Scarlet Fever ... ..				—	—	—	—	—	—	—	—	—
4	Whooping Cough ... ..				4	1	2	—	1	—	—	—	—
5	Diphtheria ... ..				2	1	—	—	1	—	—	—	—
6	Influenza ... ..				25	—	—	—	1	—	1	2	—
7	Encephalitis Lethargica ... ..				—	—	—	—	—	—	—	—	—
8	Cerebro-spinal Fever ... ..				—	—	—	—	—	—	—	—	—
9	Tuberculosis of Respiratory System ... ..				66	—	—	1	—	16	15	13	1
10	Other Tuberculous Diseases ... ..				19	2	1	3	4	4	—	1	—
11	Syphilis ... ..				2	—	—	—	—	—	—	1	—
12	General Paralysis of the Insane ... ..				4	—	—	—	—	—	—	—	—
13	Cancer ... ..				160	—	—	—	—	1	1	6	2
14	Diabetes ... ..				18	—	—	1	—	2	1	—	—
15	Cerebral Haemorrhage ... ..				67	—	—	—	—	—	—	—	—
16	Heart Disease ... ..				155	—	—	—	1	3	4	12	1
17	Aneurism ... ..				1	—	—	—	—	—	—	—	—
18	Other Circulatory Diseases ... ..				159	—	—	—	—	—	—	1	—
19	Bronchitis... ..				117	3	—	—	—	1	—	1	—
20	Pneumonia (all forms) ... ..				73	6	3	1	1	3	5	7	—
21	Other Respiratory Diseases ... ..				13	2	—	—	—	1	1	—	—
22	Peptic Ulcer ... ..				9	—	—	—	—	—	1	—	—
23	Diarrhoea, etc. ... ..				5	5	—	—	—	—	—	—	—
24	Appendicitis ... ..				7	—	—	—	1	—	1	3	—
25	Cirrhosis of Liver ... ..				6	—	—	—	—	—	—	1	—
26	Other Diseases of liver, etc. ... ..				5	—	—	—	—	—	—	—	—
27	Other Digestive Diseases ... ..				19	1	—	1	—	—	2	1	—
28	Acute and Chronic Nephritis ... ..				32	—	—	—	2	—	1	1	—
29	Puerperal Sepsis ... ..				1	—	—	—	—	1	—	—	—
30	Other Puerperal causes ... ..				5	—	—	—	—	3	—	1	—
31	Congenital Debility, Premature Birth, Malformations, etc. ... ..				52	52	—	—	—	—	—	—	—
32	Senility ... ..				63	—	—	—	—	—	—	1	—
33	Suicide ... ..				12	—	—	—	—	1	—	1	—
34	Other Violence ... ..				33	—	—	—	3	5	1	4	—
35	Other defined diseases ... ..				116	4	2	1	—	4	8	11	—
36	Causes ill-defined or unknown ... ..				3	—	—	—	—	—	—	—	—
Totals					1253	77	8	8	15	45	42	68	14

\* 317 died in Battle hospital, 139 in the Royal Berkshire hospital, 22 in Park hospital and 97 in various mental and other institutions outside the borough.

			Allocated to Municipal Wards.												Deaths in Institutions.	
55-	65-	75 and upwards	Abbey	Battle	Castle	Caversham	Church	East	Katesgrove	Minster	Redlands	Tilehurst	Victoria	West	Residents of Borough	Non-Residents of Borough.
192	262	392	46	128	95	132	141	167	113	49	73	146	65	95	575	224
—	—	2	—	2	—	1	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	1	—	1	—	2	—	—	—	—	—	—	—	—
—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	3	—
4	5	8	1	2	1	5	3	5	4	1	—	2	1	—	5	3
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
4	—	—	—	9	4	6	11	7	8	2	5	7	—	7	31	3
2	1	—	1	5	2	—	2	3	—	—	—	5	—	1	12	1
—	1	—	—	—	1	—	—	—	—	—	—	1	—	—	2	1
1	—	1	—	—	—	1	—	2	—	—	—	—	—	1	1	—
45	49	37	4	9	17	21	15	22	14	9	7	17	8	17	83	39
3	4	5	—	2	3	1	2	3	3	—	—	—	—	4	8	2
24	19	16	3	9	5	12	2	9	2	4	6	4	8	3	28	13
26	41	50	7	10	6	22	16	23	17	6	13	17	9	9	34	6
1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1
15	41	97	6	19	8	17	19	24	18	4	8	20	4	12	105	8
13	35	58	4	11	6	4	12	21	10	3	9	15	11	11	48	2
12	16	14	7	10	6	6	10	7	2	3	2	15	3	2	38	17
3	2	2	—	3	2	1	2	—	2	—	—	1	2	—	2	—
2	1	—	1	2	—	2	3	1	—	—	—	—	—	—	8	6
—	—	—	2	—	—	1	—	2	—	—	—	—	—	—	4	—
1	—	—	—	—	2	2	—	1	1	—	1	—	—	—	7	17
3	—	—	1	—	1	—	2	—	1	—	—	—	1	—	3	—
1	3	1	—	—	1	1	1	—	—	1	1	—	—	—	3	2
7	7	5	—	3	2	3	—	5	1	1	1	2	—	1	10	14
5	8	9	—	3	1	3	2	4	3	3	2	3	3	5	12	10
—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—
—	—	—	—	—	1	—	—	—	2	—	—	1	1	—	5	3
—	—	—	1	5	3	2	10	4	7	4	2	9	—	5	20	7
1	4	57	—	3	5	11	10	8	4	3	4	11	1	3	6	—
4	—	—	—	3	1	2	1	1	3	1	—	—	—	—	3	—
4	5	8	1	6	3	—	6	4	4	1	3	3	1	1	22	28
6	18	25	6	15	13	9	11	9	7	3	9	12	11	11	70	39
—	2	1	1	—	—	—	—	—	—	—	—	1	—	1	—	—
2	262	394	46	130	95	133	141	167	113	49	73	146	65	95	*575	†224

† 8 died in Battle hospital, 184 in the Royal Berkshire hospital and 32 in various institutions in the borough.



## CAUSES OF, AND AGES AT, DEATH.

The large table on pages 20 and 21 gives a detailed analysis of the causes of death, the ages at which they occurred and their allocation to the various municipal wards.

**Age at Death.** The analysis of the age grouping of the population given in the preceding pages is further illustrated by the ages at death shown in the table. Considerably more than half of all deaths registered were of persons who had attained the age of 65 years or upwards. Nearly one person in three who died had passed the age of 75 years.

**Causes of Death.** As most of the deaths occurred in persons of advanced years the causes of death are those usually occurring as manifestations of old age. The precise manner of certification is unimportant. Sclerosis of arteries or the degeneration of heart muscle are different aspects of the same condition. The cause to which death is assigned may be heart disease, other circulatory diseases or cerebral haemorrhage. Bronchitis and pneumonia are often the terminal causes of death in persons of advanced years who show general degenerative changes. Little in our present knowledge indicates the possibility of reducing this major cause of mortality.

**Cancer.** The most important cause of death which in some forms is certainly both preventable and curable is cancer. The fact that chimney sweep's cancer and mule-spinners' cancer have been practically eliminated gives rise to the hope that the attack may be equally successful against other forms of this disease. Notwithstanding the great efforts being made in practically all countries, the results of research have on the whole been disappointing.

In Reading during the past year more deaths were assigned to cancer than to any other single cause. The chart opposite page 22 shows very clearly the progressive increase in the death rate from cancer over a period of nearly 50 years. The interpretation of a chart of this nature should be considered, however, in the light of other knowledge.

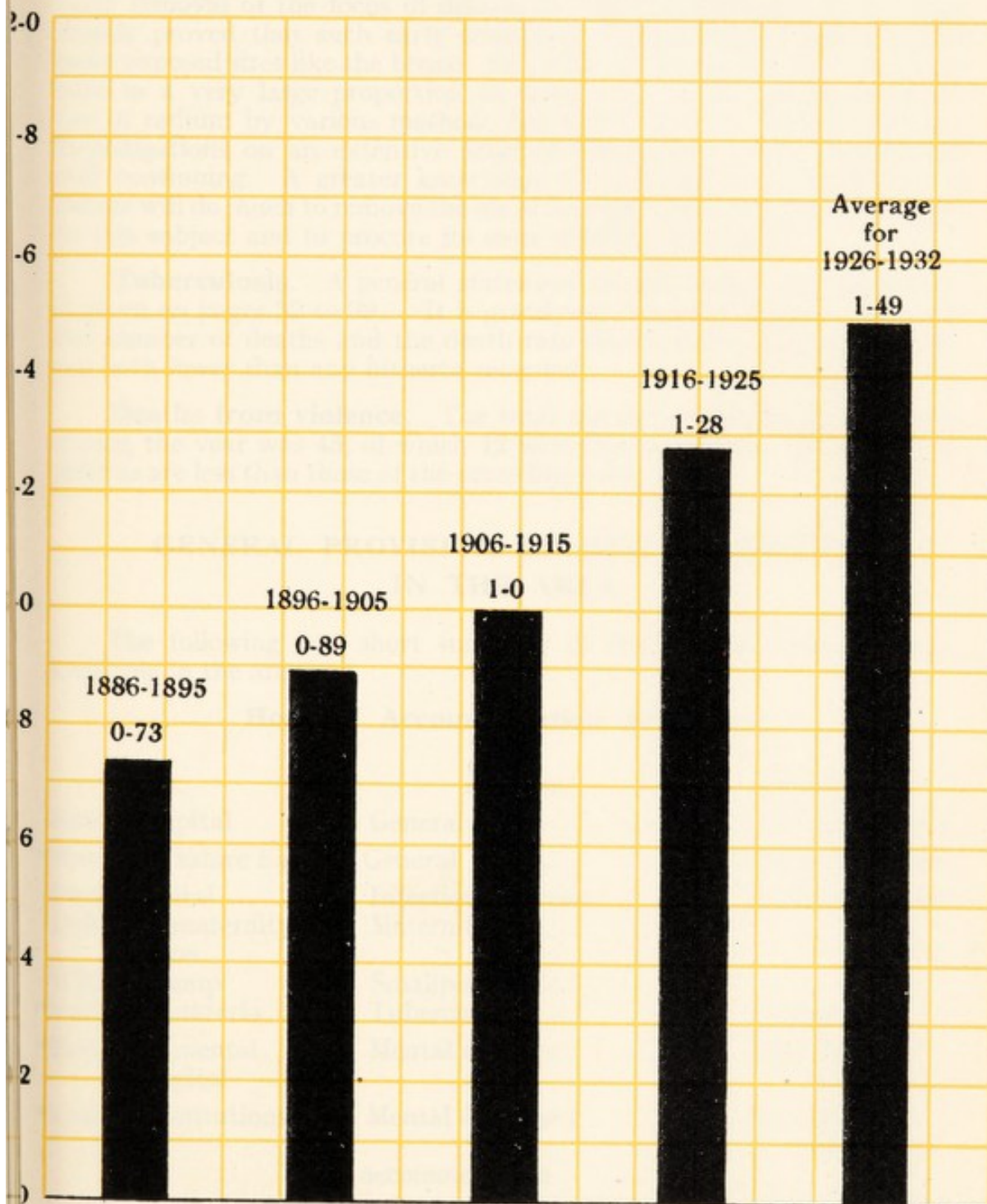
Cancer is essentially a disease of later life. By the removal of other causes of death like tuberculosis and enteric fever more people survive to the cancer age and there are consequently more lives at risk from this disease. As the census return shows, the proportion of the whole population living at the advanced ages is steadily increasing and the death rate from cancer on account of age alone will proportionately increase.

The development of medical science with the use of x-rays and the more accurate pathological methods employed, brings to light cases that at an earlier date would have been overlooked. For this reason diagnosis and death certification is probably more accurate and may account for at least part of the apparent increase in cancer mortality.

# County Borough of Reading,

## CANCER.

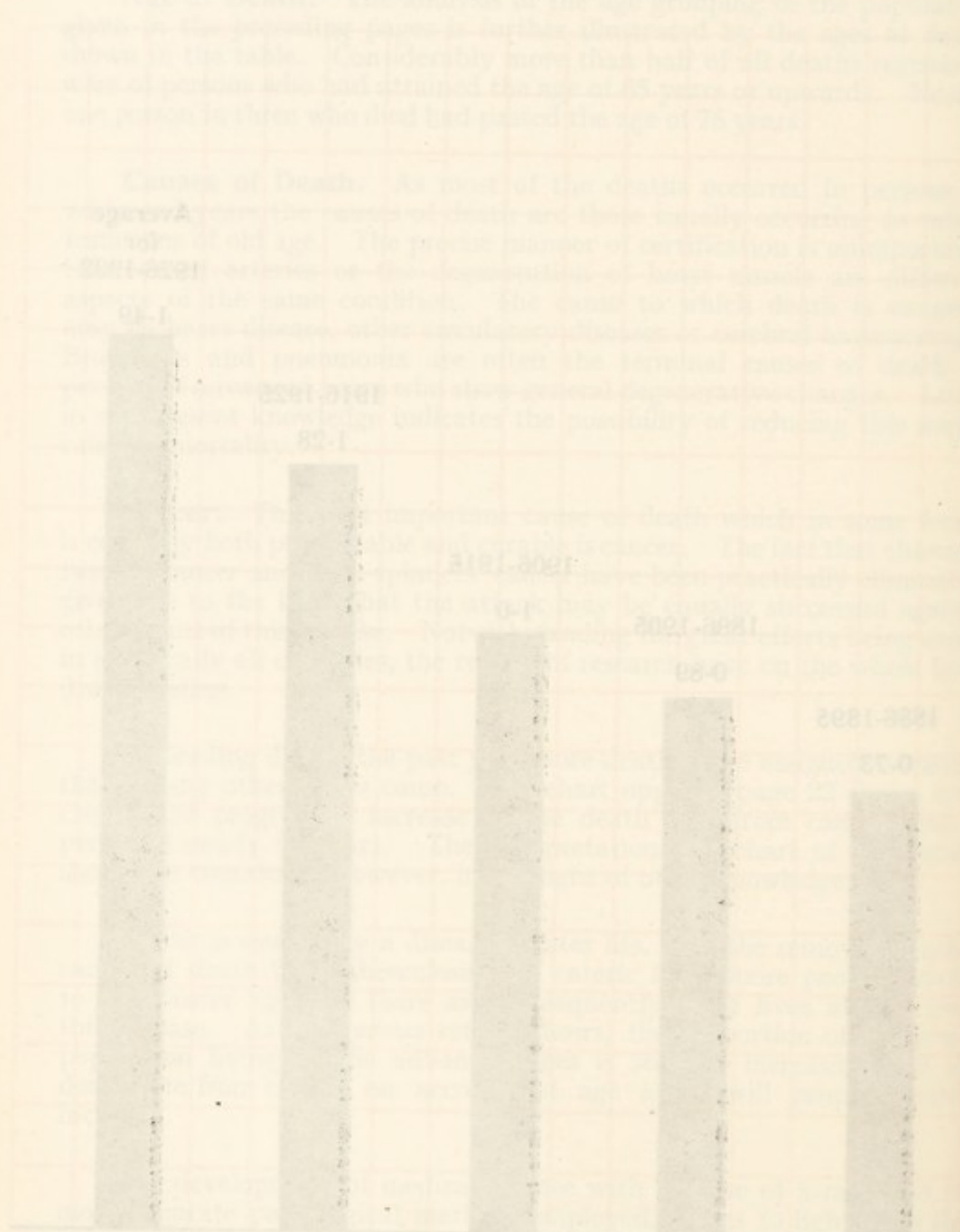
DECENNIAL DEATH RATES PER 1000 OF THE POPULATION  
OVER THE PERIOD 1886-1932.





# County Board of Health

## DECENNIAL DEATH RATES PER 1000 OF THE POPULATION OVER THE PERIOD 1880-1970



Nevertheless expert opinion rather favours the view that there is a real increase in the prevalence of cancer in addition to the apparent increase from the causes indicated above.

There is no evidence, however, that there is a special prevalence of cancer in this or any other area of the country.

The best means of dealing with cancer is its early recognition and the early removal of the focus of disease by surgical methods. It has been clearly proved that such early treatment, particularly in cancer of the more exposed sites like the breast, does offer the likelihood of a permanent cure in a very large proportion of cases. Up to the present time the use of radium by various methods has met with only modified success. Investigations on an extensive scale of treatment by this medium are still continuing. A greater knowledge of early signs and symptoms of cancer will do much to remove the air of mystery and dread which attaches to this subject and to procure its more effective treatment.

**Tuberculosis.** A general statement on the subject of tuberculosis is given on pages 32 to 39. It is gratifying, however, to note again that the number of deaths and the death rate due to pulmonary tuberculosis are both lower than any hitherto recorded.

**Deaths from violence.** The total number of deaths from violence during the year was 45, of which 12 were due to suicide. Both of these returns are less than those of the preceding year.

### GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

The following is a short summary of the hospital accommodation available in the area :—

#### Hospital Accommodation Summary.

<i>Name.</i>	<i>Purpose.</i>	<i>No. of Beds.</i>	<i>Management.</i>
Battle hospital ...	General ...	279	Borough council
*Royal Berkshire hospital	General ...	150	Voluntary board
Park hospital ...	Infectious diseases ...	78	Borough council
Dellwood maternity home	Maternity ...	16	" "
Whitley camp ...	Smallpox ...	5	" "
*Various sanatoria ...	Tuberculosis ...	25	Various
*Berkshire mental hospital	Mental diseases	280	Joint hospital committee
*Various institutions ...	Mental deficiency	60	Various local authorities
Total accommodation		893	

\* The institutions so marked provide accommodation for other areas in addition to Reading. The number of beds given in the table is that normally occupied by Reading patients.



Special conditions like diseases of the eye, the ear, throat and nose, orthopaedic diseases and conditions requiring massage and electrical treatment, are dealt with at the Royal Berkshire hospital.

Close co-operation is maintained between the voluntary hospital service and the hospitals under municipal control.

Agreements between the council and the Royal Berkshire hospital have been framed for the following purposes :—

- (a) The treatment of venereal diseases.
- (b) The treatment of complicated cases of pregnancy and parturition.
- (c) The treatment of cases of non-pulmonary tuberculosis.
- (d) The treatment of orthopaedic defects.
- (e) The establishment of a clinic for the purposes of the Mental Treatment Act.
- (f) For the operative treatment of enlarged tonsils and adenoids.
- (g) The treatment at Battle hospital of approved patients who are members of the Royal Berkshire hospital contributory scheme.

Arrangements have been made for the extension of hospital accommodation, which will come into operation during the year.

A joint institution with a minimum of 200 beds, of which 50 are assigned to Reading, for the care and training of mental defectives, will be opened during the year at Borocourt, Peppard.

Plans have been approved and operations begun for the erection of a hospital of 12 beds for the isolation and treatment of cases of smallpox at Manor farm.

Negotiations have been entered into with the Berkshire County Council with the object of making the smallpox hospital available for patients from the Berkshire county districts.

#### *Clinics and Treatment Centres :—*

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

Infant welfare centre	Star Lane, London St.,	Monday, Wednesday and Friday.
„	Elm Park hall, Oxford Road ...	Tuesday (morning and afternoon).
„	West Memorial institute, Caversham ...	Thursday.
„	St. Barnabas' hall, Shinfield ...	Thursday
„	Park Institute, Wokingham Road ...	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 the School clinic, Queen's Road.
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.					

*Nursing in the Homes.*

The Queen Victoria Nursing Institute and the Caversham District Nursing Association undertake all the professional nursing in the homes. The staff of the former consists of the Superintendent and 9 nurses, of whom 5 are practising midwives. The latter has a senior nurse in charge and 2 assistant nurses, all of whom are certified midwives.

Both institutions are in part subsidized by the borough council and an agreement exists for the nursing when required of cases of puerperal fever and ophthalmia neonatorum. There is no other arrangement for the nursing of cases of infectious disease in their own homes.

The Reading Council of Nursing Services has arranged for skilled nursing as an additional benefit of certain approved societies under the National Health Insurance Act.

*Poor Law Medical Service.* The Medical Superintendent of Battle hospital and his assistant, together with Dr. Cheyney in the Caversham district, are responsible for the out-door medical services under the poor law.

## BATTLE HOSPITAL.

The following is the report of Dr. D. Cyril Thomas, medical superintendent :—

" Battle hospital occupies an extensive site covering some 36 acres in the west-end of the town, and opening into the main Oxford road.

The hospital buildings fall naturally into two groups lying on either side of a main road running north from the Oxford road entrance. Those on the west side comprise the appropriated hospital, those on the east the public assistance institution. The remainder of the site is largely reclaimed marsh land. It is laid out as market garden and recreation grounds. It serves the purpose of keeping occupied such persons as are able to work, and of supplying the hospital with fresh eggs and garden produce. Any surplus is sold at current market prices.

The work which falls to the lot of this hospital is mainly of the chronic variety, but there is a decided and maintained increase in the amount of acute work done. The following figures are taken from the returns for the year ending 31st December, 1932, and will give a general indication of the amount and variety of the hospital's activities.



### Hospital Section.

Number of beds	...	...	...	279
Number of admissions for the year	...	...	...	962
Discharges	...	...	...	690
Deaths	...	...	...	317
Number of operations	...	...	...	163
Maternity cases	...	...	...	21
Out-patient department—patients seen	...	...	...	1608
” ” domiciliary visits paid	...	...	...	411
Average duration of stay per patient	...	...	...	13 weeks

The public assistance portion of the institution contains 291 beds, making a total of 580 beds.

Mental cases—Of 91 admitted, 35 were sent to the Berkshire mental hospital.

The hospital is well equipped for general medicine and surgery, midwifery and diseases of women. Battle hospital has been a full training school for nurses recognised by the General Nursing Council for England and Wales for some years. There is a scheme of co-operation with the Royal Berkshire hospital.

In general, the policy of the hospital is to make adequate provision for such classes of patients as find their way to it, without expensive and unnecessary reduplication of services provided elsewhere.”

### 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*	
do.	do.	For all work at Battle hospital.
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.

### Bacteriological 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	86	280	366
For the detection of the diphtheria bacillus, health department and Park hospital	49	325	374

Bacteriological and blood examinations for the diagnosis of venereal diseases are included in the venereal diseases agreement with the Royal Berkshire hospital. These examinations are now carried out under the agreement at St. Thomas' hospital, London.

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 on page 60.

**Chemical Analyses.** The chemical work required for the purpose 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 59.

### **Maternity and Nursing Homes.**

There are 15 nursing homes registered under the Nursing Homes Registration Act, 1927. The total accommodation for patients in these homes is 92 beds. One home with 12 beds is a charitable institution, controlled by voluntary agencies. Of the remainder, two large homes with 33 beds receive mainly surgical cases, and one with 13 beds is devoted chiefly to the reception of neurasthenic and incipient mental disorders. Four homes, with a total of 14 beds, receive principally maternity cases.

One small home was closed voluntarily at the beginning of the year and no new applications were received.

### **Local Acts, Adoptive Acts, Bye-Laws, etc.**

A complete list of local acts, adoptive acts and bye-laws in force in the borough was included in the report for the year 1930.

## **PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASES.**

The past year has been one of exceptional immunity from all forms of infectious disease. Except for the year 1917 when war conditions might make the returns of notifications unreliable, fewer cases of scarlet fever have been notified during 1932 than in any of the past thirty years.

Except for the year 1924 the notifications of diphtheria received last year were fewer than in any year since 1901.

As epidemics of measles can be expected every two to three years the past year occurring in an inter-epidemic period was comparatively free from this disease.

The type of each of these diseases was mild and no death resulted from either scarlet fever or measles. Two diphtheria patients died, one as a result of a complication not directly connected with the disease, the other immediately after admission to the Royal Berkshire hospital.



**Smallpox.** There was no case of smallpox notified during the year. The epidemic which has been prevalent throughout the country during the past few years appears definitely to have subsided.

**Vaccination.** I am indebted to Mr. G. S. Hawthorne, the vaccination officer for the borough, for the following information:—

TABLE IV.

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	857	149	6	—	17	587	3	24	18	53	6.2
St. Giles'	616	87	1	—	24	432	—	16	9	47	7.6
Caversham	122	19	3	—	4	92	2	1	1	—	—
Whole Borough	1595	255	10	—	45	1111	5	41	28	100	6.3

The number of children successfully vaccinated *i.e.*, 16 per cent, of the total registered births, compares with the same figure last year, and is a fair percentage of the number of children successfully vaccinated in Reading from year to year.

The following further summary shows the number of persons successfully vaccinated and re-vaccinated, at the cost of the rates, by the Medical Officer of the Poor Law Institution and the Public Vaccinators, during the year ended 30th September, 1932:—

Name of the Poor Law Institution or Vaccination district.	Name of the Medical Officer or Public Vaccinator.	Number of successful primary vaccinations of persons.			Number of successful re-vaccinations, <i>i.e.</i> , successful vaccinations of persons who had been successfully vaccinated at some previous time.
		Under one year.	One year and upwards.	Total.	
Battle Hospital, Reading.	Dr. D. C. Thomas	—	—	—	—
Reading and Caversham districts (less Tilehurst).	Dr. F. W. Stansfield	110	27	137	11
Tilehurst district of Reading.	Dr. B. B. Hosford	16	2	18	—
Totals		126	29	155	11

TABLE V.  
CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1932. 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	143	2	34	97	5	5	—	—	4	4	8	8	48	10	2	1	2	45	3	8
Measles...	42	—	11	24	4	2	—	1	—	3	2	1	1	3	3	1	1	21	1	5
Diphtheria	15	—	—	—	—	6	7	2	—	4	—	1	3	—	—	—	1	5	1	1
Erysipelas	85	—	9	58	12	4	2	—	1	6	4	3	14	4	9	7	2	28	4	3
Scarlet Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhus Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enteric Fever	2	—	—	1	1	4	—	—	—	—	—	—	3	—	—	—	—	—	1	1
Puerperal Fever	5	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cerebro-Spinal Meningitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Poliomyelitis	4	—	—	2	1	1	—	—	—	1	—	3	—	—	—	—	—	—	—	—
Pulmonary Tuberculosis	114	1	1	8	35	44	25	—	1	10	8	10	24	20	7	6	4	20	2	2
Other Forms of Tuberculosis	31	1	5	8	9	3	3	2	—	2	4	1	3	4	1	2	1	10	1	2
Ophthalmia Neonatorum	13	13	1	2	2	8	7	6	—	1	4	1	2	—	1	1	3	3	1	—
Pneumonia	26	—	—	—	—	—	—	—	—	—	—	—	5	3	—	—	—	10	2	—
Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Encephalitis Lethargica	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals	481	17	61	200	69	79	44	11	6	32	32	28	103	44	23	18	16	142	15	22
																				21†

\* Includes 4 admissions from "other diseases."

† Includes 1 death from "other diseases."



**Enteric Fever.** Two notifications of the enteric group of fevers were received, both being of the paratyphoid B type of the disease. One was a county case admitted to the Royal Berkshire hospital from which the notification was received. The second patient contracted the infection when travelling abroad, the disease developing on his return to Reading.

**Anterior Poliomyelitis, Cerebro-Spinal Fever and Encephalitis Lethargica.** All of these diseases are infections of the central nervous system and all are exceedingly grave, both on account of the danger to life and of the very serious sequelae which often result from the infection.

Four notifications of anterior poliomyelitis which is often called infantile paralysis were received. In view of the popular description of the disease it is interesting that two of the cases occurred in adults. All the notifications were received within a few days of each other. It would appear that the infection of this disease was prevalent at the time and it may be regarded as fortunate that no more cases occurred. It is extremely unlikely that any one of these patients had any association with another and no such association could be traced. They lived remotely apart, were unknown to each other, were of widely differing ages and belonged to different social classes.

The two adults suffered from paralysis in a very serious degree but after prolonged treatment recovered much of the loss of power. The two children suffered in less degree and appeared to make an almost complete recovery.

Our knowledge of the infecting agent and of the means of detecting carriers of this disease is still very incomplete.

One case of cerebro-spinal fever occurred but bacteriological investigation proved that it was not the epidemic form of the disease and the case was, therefore, not notified as such.

No notification of encephalitis lethargica or "sleepy sickness" was received during the year.

The table on page 29 gives the details of all infectious diseases notified during the year.

### **PARK HOSPITAL.**

Owing to the much smaller number of notifications received during the year, the admissions to Park hospital were very much below the average.

I am indebted to Dr. Rowland for the following clinical notes on patients admitted.

TABLE VI.

Disease.	Remaining in hospital 1 Jan., 1932.	Since admitted.	Since discharged.	Died in hospital.	Remaining in hospital 31 Dec., 1932.
Scarlet Fever	9	85	85	—	9
Diphtheria	2	40	30	1	11
Tuberculosis	27	92	75	19	25
Other Diseases	3	10	12	1	—
Totals	41	227	202	21	45

**Scarlet Fever.** This disease was again very mild in type. Since the introduction of the alkaline treatment two years ago there has not been a single case of nephritis. Six cases of albuminuria occurring during the year were of a transient nature and the amount of albumen passed was infinitesimal.

There was no death due to scarlet fever.

**Diphtheria.** Very few patients were admitted but a certain number of cases admitted in the autumn were severe in type showing severe and very prolonged heart symptoms. One patient suffering from diphtheria died from a post-pharyngeal abscess.

After observation the diagnosis of six patients admitted as suffering from diphtheria was revised.

### DISINFECTION.

As in previous years, the work of disinfection was carried out by the public 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 and other nursing homes, 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 nature and extent of the work carried out during the past year :—

	Number of			
	Houses.	Rooms.	Beds and Mattresses.	Miscellaneous Articles.
Reading district ... ..	285	335	155	1433
Adjoining districts ... ..	8	17	23	410
Dellwood maternity home ...	—	2	2	17
Miscellaneous institutions in Reading ... ..	—	2	16	238
Total	293	356	196	2098



## TUBERCULOSIS.

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

TABLE VII.

Year.	Number of cases notified.		Number of deaths.	
	Pulmonary.	Non-pulmonary.	Pulmonary.	Non-pulmonary.
1918-27 (average)	128	18.7	86.8	13.8
1928	183	21	81	28
1929	175	31	108	14
1930	127	15	93	10
1931	108	22	68	17
1932	114	31	66	19

It will be seen that the notifications of pulmonary tuberculosis are considerably fewer than the average of recent years, whereas the notifications of non-pulmonary tuberculosis are considerably above the average of such notifications.

I know of no reason to suppose that there is a real increase in the amount of non-pulmonary infection so that the apparent increase is probably due to better notification. Infection by the bovine tubercle bacillus was a fruitful source of cases of non-pulmonary tuberculosis which by the introduction of tubercle-free milk and the pasteurization of a very large proportion of the non-graded milk is rapidly being minimized. It is interesting to observe that more than half of the cases notified during the past year were of persons who had passed the age of fifteen years when milk infection is the exception. It is also a noteworthy fact that the chronic phase of tuberculous disease of bones and joints which at one time placed such a severe tax on the old poor law hospitals are now much less frequently seen.

The notification of pulmonary tuberculosis appears also to have improved as all but seven of the deaths assigned to pulmonary tuberculosis had been notified prior to death. One posthumous notification was received. The main cause of failure to notify is probably the belief of the doctor in attendance that the patient had previously been notified by some other doctor. Of the remaining fatal pulmonary cases 15 were notified within three months of the fatal termination of the disease.

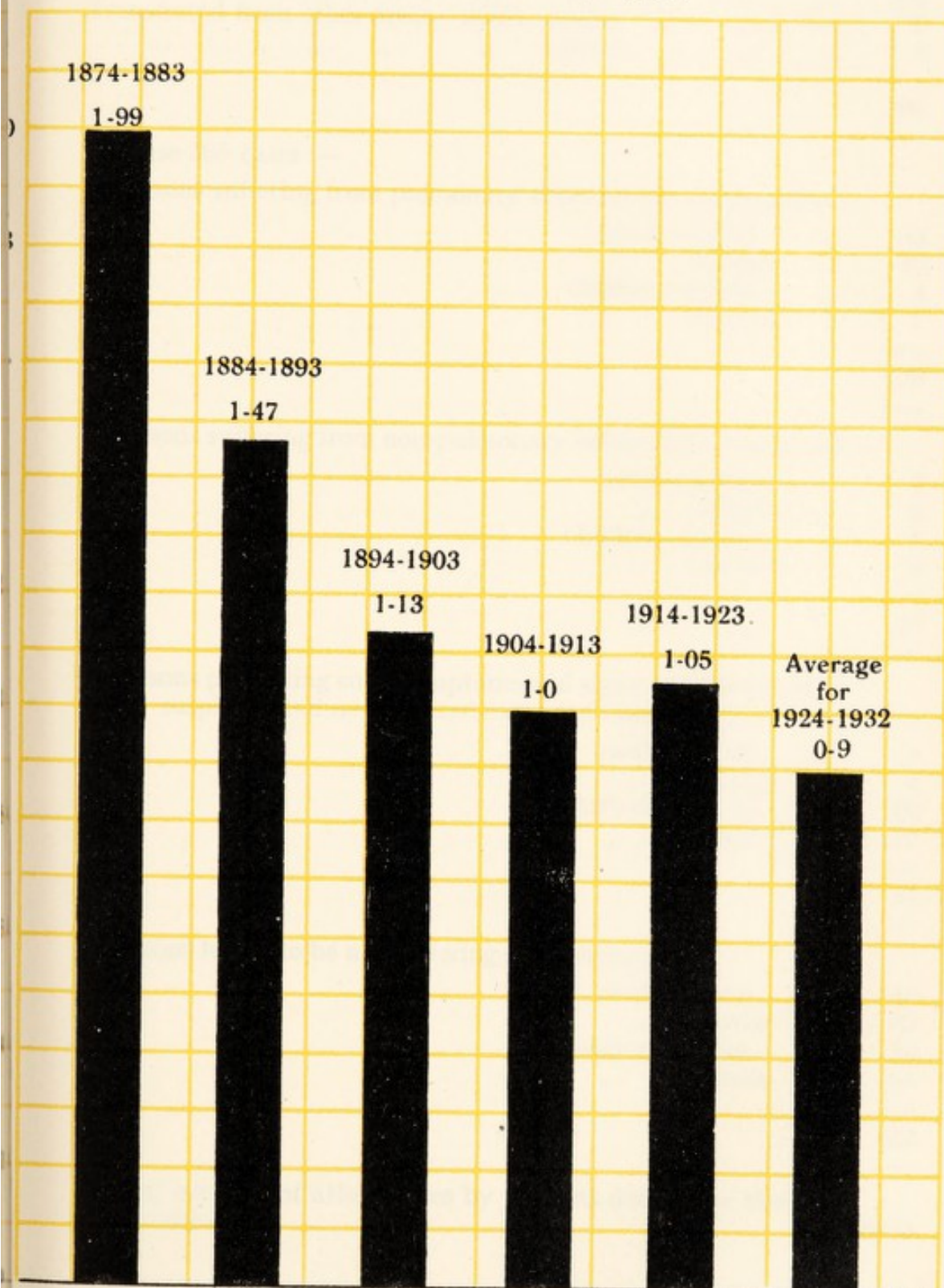
The low death rate attributable to pulmonary tuberculosis which was recorded during the previous year has been more than maintained last year and the number of deaths assigned to this form of the disease is lower than in any previous year in Reading. The number of deaths assigned to non-pulmonary tuberculosis is slightly higher than in the preceding year.

No action was taken or was necessary under the Public Health (Prevention of Tuberculosis) Regulations, 1925.

# County Borough of Reading,

## PULMONARY TUBERCULOSIS.

DECENNIAL DEATH RATES PER 1000 OF THE POPULATION  
OVER THE PERIOD 1874-1932.





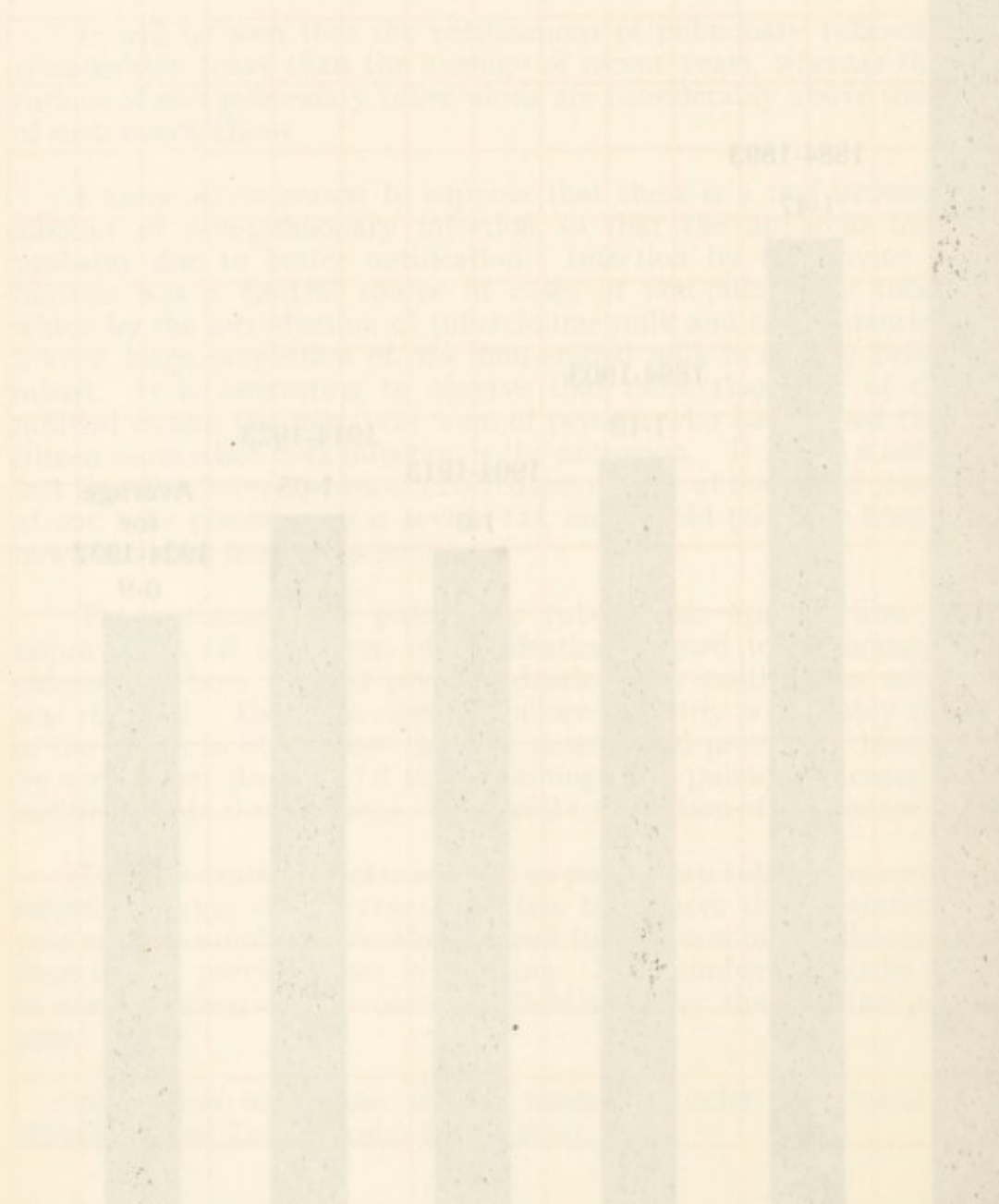
# County Borough of Reading.

## PULMONARY TUBERCULOSIS.

### DECENNIAL DEATH RATES PER 1000 OF THE POPULATION

OVER THE PERIOD 1874-1923.

Year	1874-1883	1884-1893	1894-1903	1904-1913	1914-1923
Male	1.04	1.04	1.04	1.04	1.04
Female	0.8	0.8	0.8	0.8	0.8
Total	0.92	0.92	0.92	0.92	0.92



The chart opposite page 32 indicates graphically the history of tuberculosis mortality over a long period of years. The general trend of the chart accords closely with that of the death rate from all causes.

**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	...	...	...	...	383
Transferred from other areas—adult—males	...	...	...	...	6
"    "    "    "    "    females	...	...	...	...	6
					<hr/> 395

Of these 395 cases :—

Persons suffering from pulmonary tuberculosis numbered—

adult—males	...	53
„ females	...	40
children—males	...	4
„ females		1
		<hr/> 98

Persons suffering from non-pulmonary tuberculosis numbered—

adult—males	...	7
„ females	...	6
children—males	...	4
„ females		3
		—
		20

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

adult—males	...	5
„ females		5
children—males	...	32
„ females		12
		—
		54

Persons found to be not suffering from tuberculosis—

adult—males	...	46
„ females	...	57
children—males	...	55
„ females		65
		<hr/> 223

Total number of attendances by patients during the twelve months	...	...	...	...	...	...	...
							3950



*Examination of Contacts.* Every effort has been made during the past year to obtain attendance of those who have been in intimate contact with known cases of tuberculosis, and careful, and, where necessary, repeated examinations have been made of such persons in order to secure for treatment at the earliest possible stage any who might show signs of infection. Although such examination is offered, and indeed pressed for in every instance, especially amongst children, some persons still neglect to avail themselves of such examination, and much time has to be wasted in repeated visits of enquiry by the tuberculosis nurses.

Of the 395 cases noted above as coming under examination by the tuberculosis officer during 1932, 179 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 179 contacts, 150 presented no clinical signs of infection, but 29 presented symptoms and signs of suspicious character calling for continued observation, and among these 29, two persons were found to be definitely suffering from tuberculosis.

*Home Supervision.* The tuberculosis officer paid visits to their own homes in the case of 97 persons, and held consultations with the medical attendants of patients in 114 instances either at patients' homes, or at the dispensary.

The two tuberculosis nurses paid 2,406 visits to the homes of patients, of which number 218 were paid to the homes of ex-service men, and 176 to notified cases not in attendance at the dispensary.

*Shelter Treatment.* At the end of 1932 there were 19 shelters belonging to the Corporation in regular use.

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

Grosvenor sanatorium, Ashford, Kent	...	...	47
Berks and Bucks joint sanatorium, Peppard, Oxon	...	...	1
Church Army sanatorium for Lads, Heath End, Farnham, Surrey	...	...	4
Wingfield-Morris Orthopaedic hospital, Headington, Oxford	...	...	7
Royal Sea Bathing hospital, Margate	...	...	2
Sir William Treloar hospital, Alton, Hants	...	...	1
Children's hospital, Cold Ash, Berks	...	...	1
Royal National hospital for Consumption, Ventnor, Isle of Wight	...	...	1
			—
			64
			—

	Remaining in sanatoria, Dec. 1931		Admitted during the year 1932.		Totals.	
	Males.	Females.	Males.	Females.	Males.	Females.
Adults ...	11	8	22	12	33	20
Children ...	5	2	3	1	8	3
Totals ...	16	10	25	13	41	23

The condition of patients on discharge from sanatoria shews :—

Disease quiescent ...	...	...	...	...	12
Improvement maintained ...	...	...	...	...	22
Disease progressive ...	...	...	...	...	6
Died in sanatorium ...	...	...	...	...	1
Observation case which proved to be non-tuberculous ...	...	...	...	...	1
Remaining in sanatoria on 31st December, 1932 ...	...	...	...	...	22
					64

*The Tuberculosis pavilions, Park Hospital, Reading.* The cases treated in the pavilions are either acute, advanced, or observational. The provision of hospital treatment in respect of tuberculosis is of the greatest value. It affords the necessary opportunity for rest and general treatment which enables febrile cases in many instances to quiet down and become suitable for subsequent sanatorium treatment; for the advanced cases it provides the necessary rest and care which prolong life in conditions of comfort, and in regard to the observational type of case the close watch that can be made gives opportunities unobtainable at the dispensary for arriving at a correct diagnosis.

	Males.	Females.	Totals.
Remaining in pavilions, December, 1931	13	14	27
Admitted during year 1932 ...	46	46	92
	59	60	119

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

	Males.	Females.	Totals.
Observation cases found to be tuberculous	1	1	2
" " " non-tuberculous	5	2	7
Disease quiescent ...	4	3	7
Improved ...	26	23	49
No material improvement ...	1	9	10
Died in institution ...	11	8	19
Remaining in pavilions on 31st Dec., 1932	11	14	25
	59	60	119

Of the improved cases 8 males and 5 females subsequently proceeded to sanatoria, and others were suitable but unfortunately declined to avail themselves of such prolongation of treatment.



TABLE VIII. PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1930.  
PART I.

Summary of Notifications during the period from the 3rd January, 1932, to the 31st December, 1932, in the area of the County Borough of Reading.

Summary of Notifiable Diseases in the County Borough of Reading.

Age periods.	Formal Notifications.												Total Notifications.
	Number of Primary Notifications of new cases of tuberculosis.												
	0-	1-	5-	10-	15-	20-	25-	35-	45-	55-	65-	Total (all ages)	
Pulmonary, males ...	—	1	1	4	4	9	14	13	16	3	—	65	68
„ females ...	1	—	1	2	12	10	10	7	3	3	—	49	53
Non-Pulmonary, males ...	—	1	2	2	3	3	2	—	1	2	2	18	18
„ „ females ...	1	4	3	1	1	2	1	—	—	—	—	13	15

PART II.  
SUPPLEMENTAL RETURN.

New cases of Tuberculosis coming to the knowledge of the Medical Officer of Health during the abovementioned period, *otherwise* than by formal notification.

Age periods.	0-	1-	5-	10-	15-	20-	25-	35-	45-	55-	65-	Total.
Pulmonary, males ...	—	—	—	—	2	—	3	3	2	1	—	11
„ females ...	—	—	—	—	1	1	1	4	—	—	—	7
Non-Pulmonary, males ...	—	1	1	—	—	—	—	—	—	—	1	3
„ „ females ...	—	—	2	1	1	2	—	—	—	—	—	7

Source of Information.	No. of Cases.	
	Pulmonary.	Non-Pulmonary.
Death Returns { from local Registrars ... ..	7	9
transferable deaths from Registrar General ... ..	1	—
Posthumous Notifications ... ..	1	1
"Transfers" from other areas (other than transferable deaths) ... ..	9	—

## PART III.

## NOTIFICATION REGISTER.

Number of cases of Tuberculosis remaining at the 31st December, 1932, on the Register of Notifications kept by the Medical Officer of Health of the County Borough.	Pulmonary.			Non-Pulmonary.			Total Cases.
	Males. 308	Females. 278	Total. 586	Males. 56	Females. 56	Total. 112	
Number of cases <i>removed</i> from the Register(s) during the year by reason <i>inter alia</i> of:—							
1. Withdrawal of notification ... ..	1	—	1	—	—	—	1
2. Recovery from the disease ... ..	28	16	44	8	13	21	65
3. Death ... ..	46	28	74	6	10	16	90
4. Transfers to other areas ... ..	7	8	15	4	3	7	22



*Dental treatment.* Mr. Cooper-Jones has given valuable treatment in this respect in a number of cases, and the following is a summary of such cases referred to him by the tuberculosis officer :—

				Males. Females.	
Number of patients still attending from 1931	...	2	1		
„ „ new patients	... ..	6	8		
„ „ cases completed	... ..	6	6		
„ „ „ treatment postponed	... ..	1	0		
„ „ „ failing to attend	... ..	1	2		
„ „ „ still attending	... ..	0	1		
Total attendances	... ..		37		
Number of teeth extracted	... ..		58		
„ „ „ filled	... ..		14		
„ „ „ scalings	... ..		2		
Number of half-days devoted to treatment—29.					

*X-ray Examinations.* Including the cases which have received x-ray examinations at sanatoria and at Battle hospital the total number of skiagrams performed during 1932 was about 50.

*Special Treatment.* In those cases at hospital and in the sanatoria in which special measures are considered to be applicable, artificial pneumothorax treatment, injections of gold preparations, collosol calcium, etc., continue to be used, and constitute valuable adjuncts to general treatment.

<i>Examination of Specimens.</i>			Tubercle bacilli :—	
	Sputum.	Other.	positive.	negative.
Number sent in by doctors	... 167	2	23	146
„ „ from Battle hospital	25	0	10	15
Dispensary cases	... .. 167	5	53	119
	359	7	86	280

*Tuberculosis Dispensary Care Association.* The subscription of the Council to the general funds of this association has been increased, but it has still been necessary to exercise economy in dealing with applications. Fewer cases were recommended to receive assistance during the year and the expenditure in consequence has been reduced to £253 in provision of extra nourishment.

Analysis of assistance shews :—

Persons granted extra nourishment...	...	...	72
„ supplied with clothing and boots	...	...	6
Children boarded at country homes	...	...	3
Received railway fares	...	...	2
Extension of stay at convalescent home	...	...	1
			—
			84
			—

*Battle hospital.*

Tuberculosis patients	Adults.		Children.		Total.
	M.	F.	M.	F.	
Remaining in institution on					
31st Dec., 1931	...	3	0	1	6
Admitted during 1932	...	19	5	3	39
	22	14	5	4	45
Discharged during 1932	...	5	1	1	14
Died in institution	...	7	3	2	17
Remaining in institution, 31st					
December, 1932	...	10	1	1	14
	22	14	5	4	45

### 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 centre during the year 1932 and the conditions from which they suffered :—

	Syphilis.		Gonorrhoea.		Total.
	Males.	Females.	Males.	Females.	Persons
Under treatment January 1st, 1932—	96	60	68	66	290
Treated for the first time during 1932—	57	20	101	34	212
Totals	153	80	169	100	502

In addition to the 212 patients shown as having been treated for the first time during the year, 37 persons who attended the clinic were found not to be suffering from venereal disease.



The number of patients treated for the first time shows a decrease in the incidence of both gonorrhoea and syphilis.

It should, however, be noted that cases of syphilis include cases of congenital and tertiary phases of this disease. The clinic is primarily intended to deal with syphilis in its earlier and communicable stages with a view to the prevention of an extension of the infection. The number of such early cases treated during the year was nine. The number of cases of gonorrhoea of less than one year's duration was 112 but 17 cases of longer duration must also be considered, as gonorrhoea remains infectious at later stages.

It is not possible to classify the earlier cases of these diseases by the area of residence but the total number of early cases of syphilis is notably less than in either of the two preceding years and new cases of gonorrhoea also show a decrease.

The full extent of the work of the clinic will be better appreciated from the following record of attendances :—

Out-patient attendances.	Syphilis.		Gonorrhoea.		Total.
	Males.	Females.	Males.	Females.	
For individual attention by medical officer ...	1,672	1,219	1,062	808	4,761
For intermediate treatment ...	87	42	2,347	1,788	4,264

As the clinic serves several areas, the area of residence of patients who attended for the first time during the year is of interest.

			Reading.	Berkshire.	Other areas.	Total.
Syphilis	...	...	35	28	14	77
Gonorrhoea	...	...	55	63	17	135

It is not quite certain how far the number of persons attending the clinic can be taken as a measure of the prevalence of venereal diseases in the area but from inquiry it appears that the amount of treatment of these diseases carried out by general practitioners is inconsiderable. As it is illegal for unqualified persons to undertake the treatment of venereal diseases it is probable that a large majority of sufferers from these infections do in fact receive the necessary treatment at the clinic.

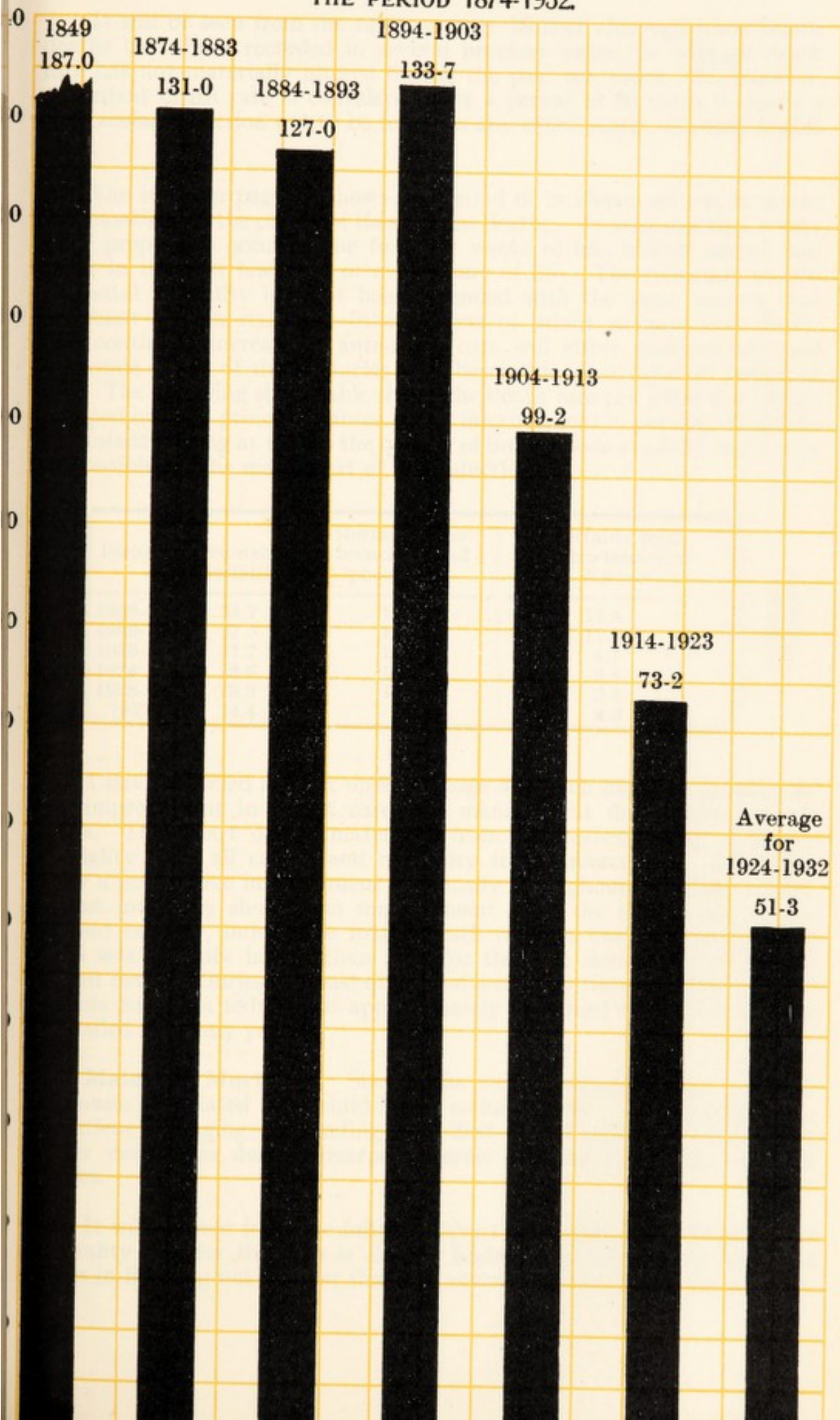
## MATERNITY AND CHILD WELFARE.

**Infant Mortality.** During the year, 77 infants died before attaining their first birthday. These deaths represent an infant mortality rate of 55.2 per 1,000 births registered during the same period.

# County Borough of Reading,

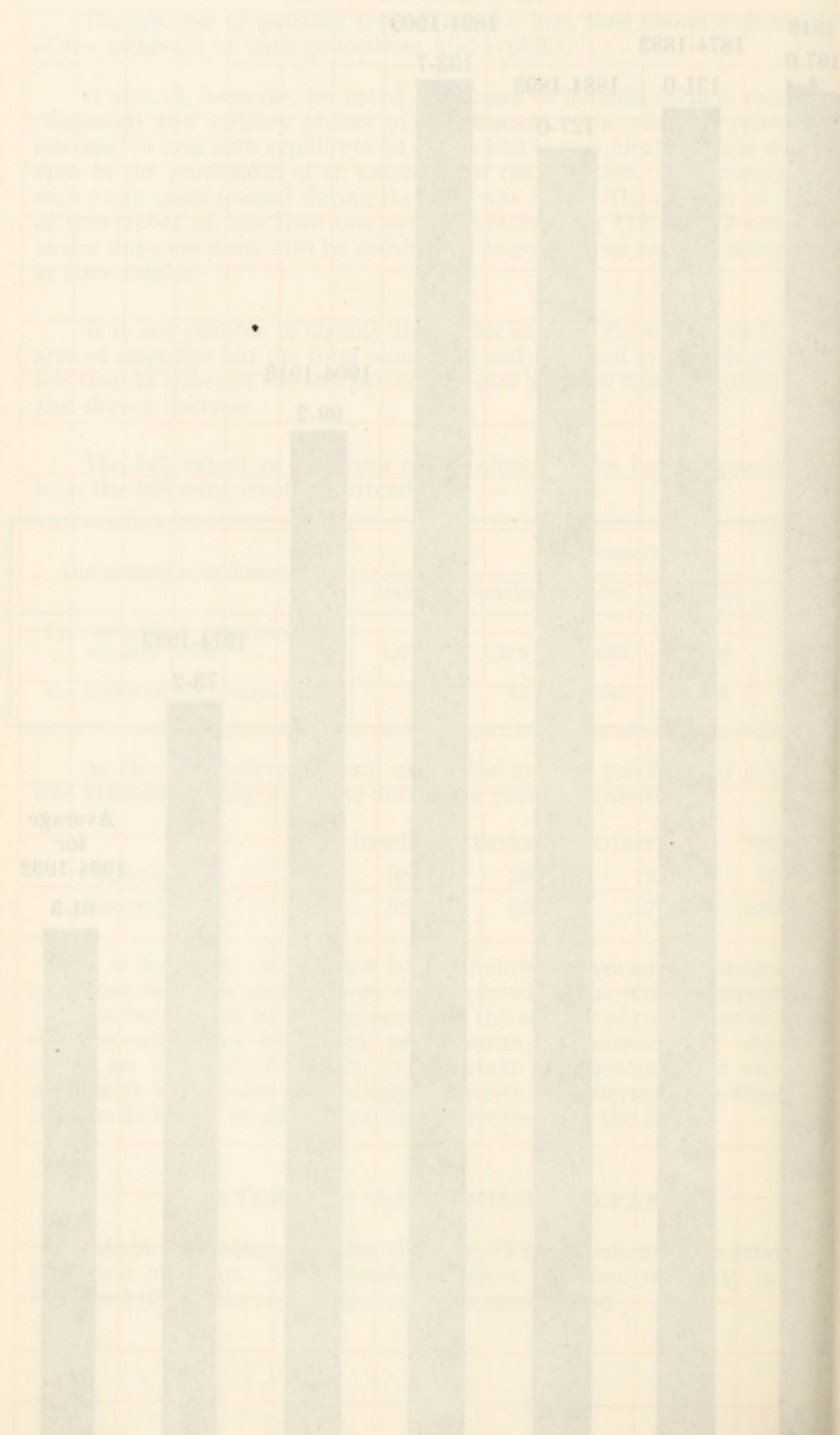
## INFANT MORTALITY.

DECENNIAL INFANT DEATH RATES PER 1000 BIRTHS OVER  
THE PERIOD 1874-1932





DECENNIAL INFANT DEATH RATES PER 1000 BIRTHS OVER  
THE PERIOD 1874-1932



It will be seen from the table on page 19 that although fewer infant deaths have been recorded in several previous years the average death rate has not materially altered during the past ten years. If, however, the infant death rate is considered over a period of 50 years it shows a spectacular reduction not to be found in any other aspect of public health work.

The table on page 45 shows the period of incidence set out in weeks and months and the causes of these infant deaths. It indicates that a very large proportion occur in the first few weeks of life, indeed almost half occur in the first few days or even hours of life. The reduction of this neo-natal mortality has not been attended with the same success that has been met in removing other causes of infant sickness and death. The continued increase in ante-natal care will effect improvement and overcome many of the obstacles that beset this most difficult period of life. The following short table shows the death rate per 1,000 live births, grouped in three principal causes. The improvement in popular education and infant feeding as well as the quality of infant foods available have been responsible for the major part of the reduction.

Period.	Neo-natal mortality.	Mortality from bronchitis and pneumonia.	Mortality from gastro-intestinal diseases.	Rates per 1,000 births.
1905-08	34.7	17.2	17.6	
1909-12	37.3	10.1	11.9	
1920-23	31.7	10.0	4.7	
1924-27	25.6	10.5	3.5	
1928-31	29.3	10.5	2.5	
1932	34.4	6.5	4.3	

I have included a chart opposite page 40 which indicates graphically the improvement in infant care and management during the past 60 years. This chart differs materially from the corresponding charts of mortality from all causes and mortality from tuberculosis. The latter show a progressive improvement practically throughout the whole period. Infant mortality showed no improvement until the early years of the present century, indeed the infant death rate for the ten years ending 1903 was actually higher than that for the first decennium which the record covers. During the past quarter of a century the mortality amongst infants has been reduced to approximately one-third of that which had prevailed for many years.

**Maternal Mortality.** Six deaths were assigned during the year to causes associated with child-birth, including one "inward transfer", a patient belonging to Reading who died in a London hospital. This latter death was due to puerperal sepsis and the remainder to other causes.

It will be seen from the following short table that the total maternal mortality rate for the year is slightly higher than the records of recent years in Reading but is lower than the average for the country as a whole.



## MATERNAL MORTALITY RATE PER 1,000 BIRTHS.

Year.	England and Wales.			Reading.		
	Puerperal Sepsis.	Other Causes.	Total.	Puerperal Sepsis.	Other Causes.	Total.
1926	1.60	2.52	4.12	2.44	.61	3.05
1927	1.57	2.54	4.11	.69	1.37	2.06
1928	1.79	2.63	4.42	2.68	4.03	6.71
1929	1.80	2.53	4.33	.69	2.07	2.76
1930	1.92	2.48	4.40	.00	2.13	2.13
1931	1.66	2.45	4.11	.67	2.03	2.70
1932	—	—	—	.71	3.58	4.29

**Puerperal Fever and Puerperal Pyrexia Regulations, 1926.**

Five notifications of puerperal fever were received during the year. Three of the patients were treated in hospital and two at home, all making a good recovery. One death due to puerperal fever, referred to above, which occurred in another hospital, was assigned to Reading as this was the patient's normal place of residence.

Only one notification of puerperal pyrexia was received which indicates that the regulations are not fully observed in this regard.

**Ophthalmia Neonatorum.** There were 13 notifications of ophthalmia neonatorum received during the year. Three of these children died from other causes in the early days of infancy. The inflammation was of a very severe type in three of the remaining cases, one of whom retained a permanent injury to one eye. Seven children were affected in a mild degree only and all made a speedy recovery without any permanent ill-effect.

Cases.			Vision un- impaired.	Vision impaired.	Total Blindness	Deaths.
Notified.	Treated.					
	At Home.	In Hospital.				
13	4	9	9	1	—	3

The Council have arranged for the services of a consultant eye specialist to be available for these cases and an agreement with the Queen Victoria Nursing Institute provides for special nursing facilities when necessary. Cases can also be admitted to Battle hospital when the continuous treatment which is sometimes necessary can be carried out under skilled supervision.

**Health Visiting Summary.** The following summary indicates the amount of work done under the health visiting scheme during the year :—

First visits after receipt of notification ... ..	1,311
Re-visits to children under one year ... ..	6,519
Visits to children aged one to five years... ..	15,558
Special visits ... ..	296
Visits to expectant mothers ... ..	832
Special visits to cases of measles ... ..	103
Special visits to cases of ophthalmia ... ..	13
Special visits in regard to still-births ... ..	32
Special visits in regard to infant deaths ... ..	72
Special visits to nursed-out children ... ..	310
	<hr/> 25,046 <hr/>

The total number of visits paid, 25,046, compares with 20,199 during the preceding year when the work was interrupted by illness and death amongst members of the staff.

The scheme of health visiting is framed so that each child will be visited soon after birth and at regular intervals during the first year. The child is also visited at less frequent intervals each year until he attains school age and comes under the care of the school medical department. It is hoped that with skilled supervision readily available many of the defects found commonly amongst infants and young children may be prevented or medical care directed to their correction at the earliest possible moment.

Experience shows that health visitors have gained the confidence of the mothers who rarely hesitate to seek their advice.

**Infant Consultation Centres.** Complementary to the scheme of health visiting infant consultation centres continue to be held in practically every quarter of the town. Each of these centres is staffed by health visitors who are ably assisted in many cases by voluntary helpers who very generously give their time and energy to the work.

A doctor is in attendance at each session at the larger centres and fortnightly at the smaller ones.



The number and situation of the centres and the details of attendance are set out in the following table :—

TABLE IX.  
INFANT CONSULATION CENTRES.

Centre.	Number of Sessions.	New Attendances	Re- Attendances	Average Attendances
Star Lane, Monday... ..	48	113	3044	66
" " Wednesday ... ..	51	267	4619	95
" " Friday ... ..	51	146	2078	43
Elm Park Hall (morning session)	51	112	2856	58
" " " (afternoon session)	51	165	5685	114
Park Institute, Wokingham Road	51	152	4336	88
West Memorial Institute, Caversham	52	100	2368	47
Tilehurst, Village Hall ... ..	48	44	997	22
Shinfield, St. Barnabas Church Hall	52	49	1216	24
Totals	455	1148	27199	557

It is noteworthy that the number of children in attendance and the average attendance show a decrease on those of the preceding year when the total attendances at the various centres reached their maximum at the formidable figure of 31,696.

The principal reason for the decrease appears to be the growth of the Whitley housing estate and the absence of a convenient centre in the neighbourhood.

It is estimated that there are some 500 infants and young children on the estate and it appears that Star Lane which is the nearest centre is both on the ground of convenience and expense too far for these mothers to attend.

The increasing care given to toddlers and children past the stage of infancy appears in the following short table showing the number of children attending the various centres classified by ages and the total attendance.

Clinic.	No. of children on registers at end of year.		Total attendances.	Under 1 year.	1 to 5 years.
	Under 1 year	1-5 years.			
West Memorial Institute, Caversham ... ..	63	50	2468	1468	1000
Park Institute ... ..	112	236	4488	2645	1843
Shinfield ... ..	30	66	1265	696	569
Tilehurst ... ..	61	46	1041	579	462
Star Lane, Monday ... ..	101	156	3157	2123	1034
" " Wednesday ... ..	200	340	4886	2813	2073
" " Friday ... ..	120	184	2224	1203	1021
Elm Park Hall (morning) ...	104	65	2968	1897	1071
" " " (afternoon) ...	178	132	5850	3328	2522
Totals	969	1275	28347	16752	11595

TABLE X.

INFANT MORTALITY, 1932. (CAUSES OF DEATH under one year).		Allocated to Municipal Wards.												Deaths in Institutions											
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 mos. and under 9 mos.	9 months and under 12 mos.	Total under 1 year.	Abbey.	Battle.	Castle.	Caversham.	Church.	East.	Katesgrove.	Minster.	Redlands.	Tilehurst.	Victoria.	West.	Residents of Borough.	Non-Resi-dents of Borough.
		39	6	1	2	48	7	13	3	6	77	4	8	7	5	15	8	7	4	2	11	1	5	32	15
All causes Certified	...																								
Uncertified	...																								
Measles	...																								
Scarlet Fever	...																								
Whooping Cough	...							1		1	1				1										
Diphtheria	...																								
Influenza	...																								
Tuberculous Meningitis	...							2			2		1	1											
Abdominal Tuberculosis	...																								
Other Tuberculous Diseases	...																								
Meningitis, not Tuberculous	...																								
Other Respiratory Diseases	...	1				1	1		1		2		1	1		1									
Bronchitis	...								1	1	3					2									
Pneumonia	...	1				1		3	1	1	6					1	1				1				
Diarrhoea and Enteritis	...						2	3			5						2								
Other Digestive Diseases	...						1				1														
Syphilis	...																								
Congenital Debility, Premature Birth, Malformations, etc.	...	36	4	1	2	43	3	3	1	2	52	1	5	3	2	10	4	7	4	2	9	—	5	20	12
Other Causes	...	1	2	—	—	3	—	—	—	1	4	—	1	—	—	—	1	—	—	—	—	1	—	2	2
Totals		39	6	1	2	48	7	13	3	6	77	4	8	7	5	15	8	7	4	2	11	1	5	32	15

Nine of the deaths were of illegitimate children.



At one of the larger centres it was found that 45 per cent. of the children in attendance were under one year, 24 per cent. from one to two years and the remainder from two to five years. It is not of course necessary for the older children to attend so frequently as the infants.

**Notification of Births Act, 1907.** In accordance with the provisions of this Act, 1,290 notifications were received during the year, which represents 92 per cent. of all births assigned to Reading which were registered during the same period. The proportion of registered births notified continues to be very satisfactory. Eighty per cent. were notified by midwives, 19 per cent. by doctors and 1 per cent. by parents and other persons.

**Supervision of Midwives.** Thirty-four midwives gave notice of their intention to practice in the borough during the year. Ten of these were in private practice, six were employed in institutions, 11 by local nursing associations, and seven in maternity homes. During the year, two midwives left the district, both having been temporarily employed for holiday duty only, and one had her name removed from the Roll of the Central Midwives Board, at her own request. The latter midwife was an aged person who had been in practice for a considerable number of years and had latterly been in failing health.

The inspector of midwives paid 46 visits to midwives during the year. She reports that the general standard of work carried out continues to be satisfactory.

*Records of Sending for Medical Help.* During the year, medical assistance was sought by midwives on 337 occasions, of which 251 were for the mother and 86 for the child. It appears that medical assistance is sought in approximately one-third of cases attended by midwives. The local authority became responsible for the payment of £350 in fees, of which £50 was recovered from the patients.

**Milk (Mothers and Children) Order, 1919.** As in 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. A special sub-committee of the Maternity and Child Welfare committee meets once every week in the office of the public health department to check the case papers with the health visitors and to authorise the grants made. The average number of persons in receipt of milk during the year was 34 expectant mothers, 102 nursing mothers, and 538 children under three years of age. The gross cost to the Corporation during the financial year was £3,350.

**Children Act, 1908 (Infant Life Protection).** The number of children on the register at the beginning of the year was 48. During the year, the names of 39 children were added to the register. Two children who reached the age of seven years and ceased to be under supervision were notified to the education authority, 14 children were returned to their parents (including seven whose home address was outside the borough), five left the district and details were forwarded to the area concerned, and five were legally adopted. The number of children on the register at the end of the year was 61, and the number of foster-mothers, 55.

Each of the health visitors has been appointed infant life protection visitor. They paid 272 visits of inspection to the homes during the year and their reports showed that in each case the home was satisfactory and the children well-cared for.

**Children and Young Persons Act, 1932.** This Act came into force on the 1st January, 1933. The general intention of the act is to make more effective the provisions of the Children Act, 1908 (Infant Life Protection).

The age of children protected by the act is extended from seven to nine years. The duties placed upon prospective foster-mothers with regard to the notification of the reception of children for reward are made more stringent and the powers of local authorities to prosecute persons who fail to comply with the act are extended.

The recommendation to local authorities to advertise the requirements of the Act and by personal inquiry to ensure that they are observed have been carried out. The necessary adjustments between the register kept by the Maternity and Child Welfare committee and the Education committee caused by the alteration of the age of children affected have also been completed.

### ANTE-NATAL CLINIC.

The importance of ante-natal care is clearly reflected in the progressively increasing numbers of patients in attendance at the ante-natal clinic.

The clinic which is under the charge of Dr. Agnes Bernfeld was at its inception mainly dependent for its support on patients about to be admitted to Dellwood maternity home. Originally providing one session weekly, owing to the extension of the service the resources of the clinic and the staff are now becoming rather overtaxed with two weekly sessions.



The extension of the work and the increasing desire for ante-natal care amongst the general body of patients, in addition to those to be admitted to Dellwood, is shown in the two following tables:—

	Average Attendance.			
	1925-1929.	1930.	1931.	1932.
New cases ...	279	347	353	364
Attendances ...	1046	1537	1583	1668

The various patients were referred respectively by:—

Dellwood ...	...	...	...	...	...	195
Health Visitors ...	...	...	...	...	...	25
On own initiative or sent by friends ...	...	...	...	...	...	90
Midwives ...	...	...	...	...	...	49
Doctors ...	...	...	...	...	...	5

It will be noticed that rather more than one quarter of all the expectant mothers in Reading attended the clinic during the year.

When it is remembered that the Central Midwives Board require all practising midwives to carry out certain ante-natal examinations and that particularly the younger midwives are eager to enlist the assistance of doctors for any apparent abnormalities it is probable that the standard of midwifery practice will shew a steady improvement. The report of the committee on maternal mortality and of the investigation conducted by the British Medical Association on the same subject has also directed the attention of the medical profession itself to the need for more extended ante-natal examination than had previously been customary.

The results of the examinations indicate that the graver abnormalities associated with pregnancy are comparatively rare. Lesser abnormalities, however, such as alimentary disorders, varicose veins, anaemia and dental caries, the sum of which constitute a serious threat to a successful confinement, are still the rule rather than the exception. Instruction in the hygiene of pregnancy, in the importance of a proper diet and a suitable régime of life is still the principal function of the clinic and the best assurance for the well-being of mother and child.

The close association between the branches of the Council's service is maintained and during the year 141 patients were referred to the Education committee's dental clinic. Naturally it is not always possible to persuade patients of this type to undergo necessary dental treatment but it is gratifying to note that as many as 77 patients did attend during the year and the treatment carried out removes a potential source of danger at a later stage.

The training of pupil midwives from Dellwood maternity home constitutes a further valuable function of the clinic. Improvement in the standard of midwifery practice is bound largely to depend on the standard of training of the future midwives into whose hands the bulk of the midwifery practice ultimately falls.

### DELLWOOD MATERNITY HOME.

The number of patients admitted to Dellwood maternity home during the year was 261, a number that has only once been exceeded since the opening of the home. Seven other patients were admitted and found not to be in labour at the time.

The number of births occurring in Dellwood during the year represents rather more than one-fifth of all births occurring in Reading during the same period.

It is noteworthy that no fewer than 2,894 children have been born in Dellwood since the opening of the home in 1920.

When it is remembered that a considerable majority of the parents of these children live in rooms and are, in the main, persons in somewhat straightened circumstances, it will be realized that the home fully maintains the purpose for which it was established.

As in previous years the matron and her assistant midwives are responsible for the care of patients admitted, the patient's own doctor being called in any case of emergency, as defined by the rules of the Central Midwives Board. It is found in practice that such emergencies, the great majority of which are not of a serious type, occur in about 25 per cent. of cases.

The clinical results obtained have been satisfactory. There was no case of puerperal fever but two cases of ophthalmia neonatorum occurred, both of which made a good recovery. One patient admitted as an emergency case died of eclampsia within a few hours of admission.

To meet the cost of maintenance, patients are expected to pay any maternity benefits received plus such additional sums as their circumstances indicate that they can afford, the contribution being based on the weekly income. It was found that the average wage of the husbands of patients admitted during the year was £2 8s. 6d. per week excluding those who were unemployed or engaged in part-time work, and the average fee paid was £3 8s. 4d. or £1 14s. 2d. per week. These figures compare with a weekly wage of £2 6s. 6d. and a fee of £3 8s. 0d. per patient during the preceding year.



A review of the housing conditions of patients shows that :—

Occupied one room	...	...	...	...	18
„ two rooms	...	...	...	...	125
„ more than two rooms	...	...	...	...	2
Living with parents	...	...	...	...	21
In domestic service	...	...	...	...	3
Living in flats	...	...	...	...	8
„ „ separate houses	...	...	...	...	84
Total					261

## MENTAL WELFARE.

### Mental Treatment Act, 1930.

**Functional Nervous Disorders.** To implement the provisions of the Mental Treatment Act, 1930, the Royal Berkshire hospital, after consultation with the Reading borough council, established an out-patient clinic in June, 1932.

The object of the clinic is to bring under supervision at an early stage patients suffering from incipient mental and functional nervous disorders and to prevent, if possible, the more complete mental collapse and certification which may follow. The establishment of such a clinic in association with a general hospital is likely to help largely towards removing the stigma which has long been attached to mental disorder and to encourage patients to seek advice in the same way as they do for bodily illness.

A circular letter, explaining the facilities and indicating the type of case likely to benefit, was circulated to all doctors in the borough.

Dr. W. Woolfe Read, medical superintendent of the Berkshire mental hospital, co-operates with Dr. Le Marquand in conducting the clinic. The usual procedure is for the patient's doctor to communicate with the clinical registrar at the hospital, who makes the necessary arrangements for the patient to be seen. Advice is given to the patient's doctor in each case.

During the six months of the past year the clinic has been in operation, no fewer than 15 patients attended the clinic and on the whole were of a type in which useful advice could be given. This number will probably increase as the clinic becomes more widely known.

In certain cases where complete rest and removal from environment is necessary it would be of help if some beds were available for such patients. Such in-patient accommodation cannot be provided at the Royal Berkshire hospital.

At present, the work of the clinic is at too early a stage to judge of the part it will play in the prevention of more serious breakdown in cases which avail themselves of treatment, but there is no doubt that the results have so far been definitely beneficial and appreciated.



**Mental Deficiency.** The latest annual report of the Board of Control on the subject of mental deficiency draws attention to the marked awakening of local authorities to the wisdom and necessity of carrying out their duties under the Mental Deficiency Act. It points out with regret that the financial position of the country now necessitates a slowing down process in the mental deficiency service as in other health services but strongly emphasises that the instruction of the Minister of Health is to slow down but not to stand still—to continue to make progress but at a slower rate.

*Accommodation.* As regards local needs the Joint Institution at Borocourt about to be opened will provide an additional 50 beds. The proximity of the institution to Reading will be a great advantage from an administrative point of view and will lessen the expense of conveyance of patients and of visitation by their relatives. There is still difficulty in acquiring places for the lowest grades and for mental defectives who are also epileptics. At present 60 defectives are maintained in institutions at Bentry, Stoke Park, and London, a decrease of six on the previous year. It is proposed to remove some of these to Borocourt during the year. There are in addition three males and three females who are maintained in outside institutions under the Poor Law Act.

*Ascertainment.* It will be remembered that the estimate of the Wood Report for an urban area of the size of Reading for defectives requiring institutional care was about 200. It has also been stated in previous reports that there are about 70 defectives maintained in Battle hospital and others probably in Berkshire mental hospital. The total number of defectives in institutions, on licence, under guardianship, or under statutory supervision is 231. The following figures show the details in tabular form.

<i>Mental Defectives, December 31st, 1932.</i>					Males.	Females.
In Institutions	...	...	...	...	28	32
On licence from institutions	...	...	...	...	3	—
Under guardianship	...	...	...	...	11	8
Under statutory supervision	...	...	...	...	85	64
Total					127	104
New Cases notified during the year :—						
Idiots	...	...	...	...	1	1
Imbeciles	...	...	...	...	1	2
Feeble-minded	...	...	...	...	11	5
Moral defective	...	...	...	...	—	—
Died during the year	...	...	...	...	2	2
Attending occupation centre	...	...	...	...	19	16

*Occupation Centre.* Twenty males, of whom six are under 16, and 13 females attend the centre. The two sections meet thrice weekly and an additional session is held for the juniors. Attendance is very good and all seem to enjoy their "school" very much. The men are taught carpentry, shoe-repairing and cane-work. The women are engaged in



sewing, cooking and rug-making. The Friday session for juniors is occupied by drill exercises, games, singing and reading. Miss Barkus, who is in charge, is assisted by three voluntary workers and a carpentry instructor. Arrangements are being made to hold whole-day sessions which should facilitate the work very much. The centre is run on excellent lines and reflects great credit on Miss Barkus and her staff.

### BLIND PERSONS ACT, 1920.

I am indebted to Miss M. Maplesden, M.A., for the following information in regard to the work of the Reading Association for the Welfare of the Blind during the year :—

“The total number of persons in the borough registered as blind by the Association is 159, 74 males and 85 females.

					1932-33.
Names on register at commencement of year					160
Newly registered cases					8
					— 168
Deaths notified					8
Removals					1
					— 9
					— 159
					—

Dr. Taylor has kindly examined the following number of persons at the request of the Association :—

						Blind.	Not Blind.
Men						2	5
Women						6	—
						— 8	— 5
						—	—

The number of blind persons holding free passes on the Corporation trams and 'buses is 70. The number of certificates issued for free wireless licences during the twelve months has been 25.

The most important development in the course of the year has been the pastime class held weekly during term time. The transfer of the work to Watlington House made possible the use of a room for this experiment. An average number of 15 blind persons is present on each occasion to receive instruction from the Council's two home teachers in simple handicrafts or in reading embossed type. This instruction is supplementary to that given in the homes and it is evident that those who attend have appreciated the facilities afforded. The aim of the classes is to supply useful occupation and the opportunity for the development of the faculties, but not to produce craftsmen capable of earning their living at a trade. The success of the class is in no small measure due to the co-operation of a team of volunteer car drivers, who facilitate the conveyance of the pupils to and from Watlington House week by week.

The home workers (who as distinct from pastime workers are skilled in one or more trades in which they have received comprehensive training) now number nine. During the year one worker died, one resigned owing to old age, and one new entrant was approved. The workers include piano tuners, basket and hamper makers, chair caners, a knitter and a carpenter. Difficulty is still experienced in obtaining sufficient employment. Therefore all who are interested in blind welfare work are urged to bear in mind how grateful these workers are to receive orders. Names and addresses can be obtained from Watlington House ('phone 1023). All receive 15/- per week in augmentation of their earnings. A sale was held at Watlington House in December to introduce the work to a wider public.

There are 38 necessitous blind persons who receive allowances under the approved scheme. Towards the cost of this the Council's contribution is £400 annually.

Supplies of books are obtained from the National Library for eighteen readers, and postage paid where necessary. In addition, subscriptions are paid for a number of periodicals issued for the use of the blind. Two lectures have been arranged through the courtesy of Mr. W. A. Smallcombe, Curator of the Museum.

The Association has to record with deep regret the death of Alderman F. A. Sarjeant, C.B.E., J.P., who passed away in January last. The committee had been deprived of his chairmanship since he became ill in the summer of 1931. He succeeded to the chair on the resignation of the late Alderman Sir Stewart Abram and brought to the Association's service a wide knowledge of blind welfare work gained as Trustee of the Reading Endowment Trust and as a member of the former Blind Aid Society."

### CREMATION.

A new departure was undertaken during the year by the opening in August of the Reading crematorium at the Henley Road municipal cemetery. The building is tastefully designed and with the chapel and Garden of Remembrance preserves an atmosphere in keeping with the nature of the institution.

The Medical Officer of Health was appointed medical referee to the crematorium and issues the necessary authority to cremate.

The total number of cremations authorized up to date is 30 and it is probable that this method of disposal of the dead will become more extensively used.

The crematorium serves a large area and a considerable majority of the applications received have come from non-residents of the borough.



### 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 shows 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	462.8	6.4	No trace.
2nd Quarter	13	462.3	7.0	do.
3rd Quarter	13	461.5	7.1	do.
4th Quarter	13	460.7	7.0	do.

**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 798, of which number 54 were during the past year.

### SANITARY CIRCUMSTANCES OF THE AREA.

**Rainfall.** I append details of the rainfall during the year as measured in the Forbury gardens. The total fall was slightly higher than that of the preceding year but definitely below the average rainfall for Reading which, over a period of 50 years, has been 25.4 inches.

Month.	Inches of rain.					
January ... ..	...	...	...	...	...	1.68
February ... ..	...	...	...	...	...	.11
March ... ..	...	...	...	...	...	1.98
April ... ..	...	...	...	...	...	2.31
May ... ..	...	...	...	...	...	4.06
June ... ..	...	...	...	...	...	.89
July ... ..	...	...	...	...	...	3.12
August ... ..	...	...	...	...	...	2.36
September ... ..	...	...	...	...	...	2.42
October ... ..	...	...	...	...	...	3.72
November ... ..	...	...	...	...	...	1.10
December ... ..	...	...	...	...	...	.45
Total						24.20



**Water Supply.** A full report on the sources, methods of purification, storage and distribution of water supplies to the borough was included in the report for 1930. Samples of water have, as in the past, been periodically submitted for bacterial and chemical examination. The chemical reports describe the water as "pure and wholesome, suitable for drinking and domestic use" and that "the results show that filtration has been efficient."

Towards the end of the year, an important extension of the waterworks undertaking was completed.

I am indebted to Mr. L. C. Walker, the waterworks manager and engineer, for the following detailed report on the extension :—

*"Corporation of Reading Waterworks—Park Lane Reservoirs and Water Tower.* In order to improve the position of the Corporation's water undertaking, particularly in the direction of the provision of more adequate storage of purified water in the service reservoirs, the Corporation some seven years ago acquired a suitable piece of land adjoining their high level reservoir adjoining Park Lane, Tilehurst, upon which in December, 1930, they commenced the construction of a reinforced concrete reservoir and elevated reinforced concrete water tower. These works were completed and inaugurated by the chairman of the waterworks committee, Alderman F. B. Parfitt, J.P., on the 21st October, 1932.

The reservoirs have a total capacity of 22 million gallons, which, added to that of the existing reservoir built some 30 years ago, gives a total capacity of 27½ million gallons. This places the Corporation in a much better position to maintain a supply of water, particularly in times of flood or drought or the possibility of a break in the river bank at the filtration stations, and further, enables them to meet the increasing demand caused by the acquirement of the area lately administered by the Tilehurst, Pangbourne and district water company over two years ago. It also provides for the increasing development now taking place in residential property which is entirely being constructed in the high level district.

The capacity of the water tower is 200,000 gallons and this affords an adequate supply at sufficient pressure to maintain a constant supply to the houses on the higher part of the acquired area, which previously was very poorly served by the Corporation's predecessors, the old company."

**Drainage and Refuse Disposal.** Details of the methods of refuse collection and of sewage disposal, which are under the direction of Mr. A. S. Parsons, the borough engineer, were included in previous annual reports. House refuse is collected twice weekly. The means of transport includes 3 and 5-ton Foden wagons, 2 and 2½-ton petrol low-loading vehicles, and horses and carts. The refuse is finally disposed of by "controlled tipping."

"There were 30,980 water closets and 110 pail closets in use in the borough at the end of the year. Nine pail closets were converted to the water carriage system.



During the past year, an average flow of 3,900,000 gallons of sewage per day has been subjected to partial treatment in the activated sludge plant, final purification being obtained by land filtration. Valuable information has been obtained from the experimental filter beds during the year. 'Sludge digestion' has been continued in the four earth sided digestion tanks and has been very successful. As a result of this, smells arising from the sewage disposal works have been negligible."

**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 XI.

Total number of visits to premises under Public Health and Housing Acts ... ..	11,158
Number of complaints received and investigated ... ..	440
Number of informal notices served (on owners) ... ..	119
Number of informal notices served (on occupiers) ... ..	12
Number of verbal notices ... ..	82
Number of written notices (statutory) on owners ... ..	2
Number of prosecutions ... ..	—
Number and nature of nuisances :—	
Dirty, damp or dilapidated houses ... ..	85
Overcrowded dwelling houses (complaints) ... ..	109
Dirty tenants ... ..	22
Defective roofs, gutters or down spouts ... ..	8
Defective sanitary fittings ... ..	28
Yards and areas, dirty or defective ... ..	3
Accumulation of refuse ... ..	13
Animals so kept as to be a nuisance .... ..	12
Miscellaneous ... ..	63

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

Fifty-one house drains were tested during the year.

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

*Common Lodging Houses.* There are now three common lodging houses in the borough. The registered accommodation of these houses is 150 men and three married couples, a total of 156. It will be noticed that there is no accommodation for single women. One very old house has been demolished and the remaining three, though leaving something to be desired, are generally well kept. The premises were regularly inspected and no breaches of the bye-laws were found during the year. Night supervision and the maintenance of order is carried out under the direction of the police.

TABLE XII.

Factories, Workshops, Workplaces and Homework.

## (a) Inspection.

Premises. ...	Number of		
	Inspections. (2)	Written Notices. (3)	Prosecutions. (4)
Factories (including factory laundries) ... ..	19	2	—
Workshops (including workshop laundries) ... ..	245	—	—
Workplaces (other than outworkers' premises included in Part 3 of this report) ... ..	36	—	—
Total ...	300	2	—

## (b) Defects Found.

Particulars (1)	Number of Defects.			Number of Prosecu- tions. (5)
	Found. (2)	Remedied (3)	Referred to H.M. Inspector. (4)	
Nuisances under the Public Health Acts:—				
Want of cleanliness ... ..	20	20	—	—
Want of ventilation ... ..	—	—	—	—
Overcrowding ... ..	—	—	—	—
Want of drainage of floors ... ..	—	—	—	—
Other nuisances ... ..	—	—	—	—
Sanitary accommodation:—	—	—	—	—
Insufficient ... ..	—	—	—	—
Unsuitable or defective ... ..	5	4	—	—
Not separate for sexes ... ..	—	—	—	—
Offences under the Factory and Work- shops Acts:—				
Illegal occupation of underground bakehouse (s. 101) ... ..	—	—	—	—
Breach of special sanitary require- ments for bakehouses ... ..	—	—	—	—
Other offences (excluding offences relating to outwork which are included in Part c of this report)	1	1	—	—
Totals ...	26	25	—	—



## (c) Homework.

Nature:—Wearing apparel (Tailoring, Knitting, Hosiery, etc.)							
Lists received twice a year from employers	...	...	...	...	...	...	18
Number of outworkers	Contractors	...	...	...	...	...	8
	Workmen	...	...	...	...	...	30
Lists received once a year	...	...	...	...	...	...	—
Number of outworkers	Contractors	...	...	...	...	...	—
	Workmen	...	...	...	...	...	—
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	...	...	...	...	...	...	38
Tailoring	...	...	...	...	...	...	48
Dressmaking	...	...	...	...	...	...	21
Upholstery	...	...	...	...	...	...	5
Laundries...	...	...	...	...	...	...	3
Photography	...	...	...	...	...	...	5
Miscellaneous	...	...	...	...	...	...	133
Total number of workshops on register	...	...	...	...	...	...	253

*Offensive Trades.* There are five premises in the borough where offensive or allied trades are carried on. These include blood drying, fat melting, bone boiling, tripe dressing, gut cleaning and stomach drying. This last trade relates to the handling and drying of the fourth stomach of calves which is used in the trade of rennet manufacturing. It is not always possible to carry on trades of this nature without some nuisance in unfavourable conditions of wind and weather. The Health committee has given special attention to this matter, which is still under consideration.

*Canal Boats.* There are eight boats on the register. Very few boats are now being used as dwellings, and inspection under the Canal Boats Acts is now unimportant. Many of the boats coming into the area are either propelled or towed by power and the journeys are accomplished much more rapidly. Men working on the boats usually take lodgings at night.

*Caravans.* There are still a few caravans in the borough permanently used as dwellings in addition to the large numbers that visit in connection with the various fairs. No case of infection was notified from any van and no serious nuisance has been reported since the removal of the colony of vans from the fair ground.

*Smoke Abatement.* There was no serious nuisance from smoke recorded during the year. One or two minor complaints were received and dealt with.

**Rats and Mice (Destruction) Act, 1919.** The inspectors paid 142 visits to various premises in connection with the work of rat destruction, a problem which often presents very real difficulties. During the national rat week, owners of such properties as are likely to harbour rats are circularised in regard to the obligations imposed by the Act and the best means of destroying the vermin. The importance of this subject is being increasingly realised and much continuous work was done during the year.

**Theatres and Cinemas.** These were frequently visited and the condition of the premises was at all times found to be satisfactory.

### INSPECTION AND SUPERVISION OF FOOD.

**Sale of Food and Drugs Acts.** The number and description of the samples submitted for examination by the Public Analyst are set out in the following table :—

Articles.	No. of samples taken.	Number found to be genuine.	Not up to standard.
Milk ... ..	257	234	23
Butter ... ..	6	6	—
Jam ... ..	1	1	—
Sausages ... ..	3	3	—
Coffee ... ..	5	5	—
Pepper ... ..	2	2	—
Ammoniated tincture of Quinine ...	2	—	2
Camphorated Oil ... ..	2	2	—
Tincture of Iodine ... ..	2	2	—
Condensed Milk ... ..	2	2	—
Preserved Pineapples ... ..	1	1	—
Totals	283	258	25

Police court proceedings were instituted in one case where milk failed to reach the standard and the defendant was fined twenty shillings. The Health committee interviewed two persons who sold milk that failed to reach the standard but, being satisfied with their explanations, no further proceedings were taken. Although a few of the articles examined were not up to standard by reason of slight deficiencies, the Public Analyst was of opinion that such deficiencies did not indicate adulteration.

**Milk (Special Designations) Order, 1923.** There were two licences granted by the Ministry of Health, one for the production of "certified" milk and one for the production of "grade A (tuberculin tested)" milk. Seven licences have been granted by the Corporation for the bottling and 24 for the sale of "grade A (tuberculin tested)" milk. One licence has been granted for the production and bottling and one licence for the sale of "grade A" milk.



One licence was issued for the preparation and sale of "grade A (pasteurised)" milk. The plant where this milk is prepared was examined and was found to meet the statutory requirements. In addition, four licences were issued for the sale of such milk. There is still a large quantity of pasteurised milk sold without being designated as such.

There are 238 retail purveyors of milk on the register and 53 producers and wholesale traders selling milk in the borough, of whom 28 are resident outside the borough.

There are 22 cowsheds in the borough.

Effective supervision of the milk supply in all its aspects has been maintained.

**Tuberculous Milk.** During the year, 36 samples of milk were examined for the presence of living tubercle bacilli at the National Institute for Research in Dairying.

All these samples were taken from milk sold as ordinary milk, *i.e.*, not designated or having been pasteurised or treated by heat.

There was only one instance where a positive report was received, which represents 2.8 per cent of the total examined.

As the positive case occurred towards the end of the year, and several farms were concerned in the production of the milk, the offending cow or cows had not been detected at the end of the year.

**Meat—Slaughterhouses.** There is a block of 14 slaughterhouses owned by the Corporation adjoining the public cattle market.

Of these, 12 are let to private tenants, the remaining two being retained for public use at fixed head rate charges for animals slaughtered.

These slaughterhouses have been the subject of adverse comment in many former reports, being out of date, inconvenient and somewhat dilapidated.

At the present moment, the whole position of new abattoirs is under review.

There are eight registered and two licensed slaughterhouses in the borough. With three exceptions, these are of old design and very inconvenient.

The disposal of condemned meat and offal is carried out by a private firm.

As will be seen from the table below, the present year has exceeded all records for the number of animals destroyed as unsound. This is mainly accounted for by one of the cattle dealers sending in a larger number of cattle for slaughter instead of sending them alive to other districts as has been his former practice.

Unsound food seized or surrendered.	For tuberculosis.	For other causes.
388 carcasses of beef ... ..	176	212
36 parts of carcasses of beef ... ..	19	17
17 carcasses of veal ... ..	—	17
2 parts of carcasses of veal ... ..	—	2
108 carcasses of pork ... ..	75	33
2 parts of carcasses of pork ... ..	—	2
36 carcasses of mutton ... ..	—	36
1 carcase of imported mutton ... ..	—	1
2 parts of carcasses of mutton ... ..	—	2
1621 heads or internal organs of beasts, pigs or sheep	1085	536
422-lbs. of pork ... ..	—	422-lbs.
96-lbs. of imported pork ... ..	—	96-lbs.
2298-lbs. of imported beef ... ..	—	2298-lbs.
51-lbs. of imported mutton ... ..	—	51-lbs.
488½-lbs. of imported bacon ... ..	—	488½-lbs.
3090 tins of assorted foodstuffs ... ..	—	3090 tins
100 sacks of potatoes ... ..	—	100 sacks
422-lbs. of fish ... ..	—	422-lbs.
12 rabbits ... ..	—	12 rabbits
22 imported rabbits ... ..	—	22 rabbits
290 imported eggs ... ..	—	290 eggs
23 tins of eggs ... ..	—	23 tins

There is a byelaw to enforce the humane slaughtering of all animals except pigs.

**Merchandise Marks Act, 1926.** Two hundred and seventy-six visits were made to shops and stalls in the open market to ensure the carrying out of this Act. Several warnings were given but no prosecution was instituted.

**Kitchens and Ice Cream Shops.** The standard of cleanliness of these premises has been maintained. Twenty-five visits were made and beyond a few minor infringements which were rectified no other action was considered necessary. There are now only a few manufacturers of ice cream in the town. The bulk of the ice cream sold is produced by large wholesale firms whose premises and plant are generally well kept.

## HOUSING.

There are approximately 24,846 inhabited houses in the borough.

During the year the total number of houses erected in the borough was 846 of which 522 were erected as part of the municipal housing scheme.



The number of houses erected in Reading during the last six years, including houses erected by the Council as well as those erected with the aid of a subsidy and by unaided private enterprise, is as follows :—

Year.	No of houses erected.		Total.
	By the Council.	By private enterprise.	
1927	332	220	552
1928	21	211	232
1929	203	275	478
1930	111	271	382
1931	280	284	564
1932	522	324	846

*Fitness of houses.* Except for a nucleus of old property still remaining, the general standard of fitness of houses in the area is good. In accordance with the provisions of the Housing Act, 1930, the Housing Committee have caused the worst of these old insanitary houses to be demolished.

The Act provides two principle methods for dealing with houses which are not and cannot (without virtual reconstruction) be made fit for human habitation :—

- (a) By demolition orders applied to individual houses ; and
- (b) By declaring a clearance area, which declaration, subject to the confirmation of the Ministry of Health, requires the demolition of all the buildings in the area.

During the year the work of demolition in connection with Clearance Order (Coley) No. 4 was completed. The order dealt with 23 houses.

The Housing Committee decided to deal with insanitary houses in Silver Street by means of two clearance orders :—

Clearance Order (Silver Street) No. 5 in which 11 houses were included, and

Clearance Order (Silver Street) No. 6 in which 16 houses were included.

The number of houses dealt with by these orders together with certain individual houses in the same area was 66, proceedings in respect of which are completed. In practically all cases the buildings have been demolished.

The total number of houses dealt with under orders including continuation of action under the Housing Act, 1925, as well as the Housing Act, 1930, is 157.

*Houses let in lodgings.* Considerable thought has been given to the question of byelaws to control this type of house. Available information has been tabulated and a draft copy of byelaws has been prepared.

Details of the work done under the Housing Acts in a form prescribed by the Ministry of Health are set out as follows :—

**1. Inspection of Dwelling-houses during the Year :—**

(1) (a)	Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	...	...	...	864
(b)	Number of inspections made for the purpose	...	...	...	3002
(2) (a)	Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925	...	...	...	850
(b)	Number of inspections made for the purpose	...	...	...	936
(3)	Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	...	...	...	1
(4)	Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	...	...	...	396

**2. Remedy of defects during the year without service of formal notices :—**

	Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers, including from 1931	...	...	...	...	...	...	402
--	--	-----	-----	-----	-----	-----	-----	-----

**3. Action under Statutory Powers during the year :—**

*A. Proceedings under Section 17, 18 and 23 of the Housing Act, 1930.*

(1)	Number of dwelling-houses in respect of which notices were served requiring repairs	...	...	...	...	...	4
(2)	Number of dwelling-houses which were rendered fit after service of formal notices :—						
(a)	By owners	...	...	...	...	...	3
(b)	By local authority in default of owners	...	...	...	...	...	nil

*B. Proceedings under Public Health Acts :—*

(1)	Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	...	...	...	...	87
(2)	Number of dwelling-houses in which defects were remedied after service of formal notices :—					
(a)	By owners	...	...	...	...	nil
(b)	By local authority in default of owners, one outstanding	...	...	...	...	nil

*C. Proceedings under Sections 19 and 21 of the Housing Act, 1930 :—*

(1)	Number of dwelling-houses in respect of which Demolition Orders were made	...	...	...	...	1
(2)	Number of dwelling-houses demolished in pursuance of Demolition Orders, including 14 from 1931	...	...	...	...	15

*D. Proceedings under section 20 of the Housing Act, 1930 :—*

(1)	Number of separate tenements or underground rooms in respect of which Closing Orders were made	...	...	...	...	nil
(2)	Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	...	...	...	...	nil



*E. Proceedings under Section 3 of the Housing Act, 1925 :—...*

(1)	Number of dwelling-houses in respect of which notices were served requiring repairs	...	...	...	...	...	nil
(2)	Number of dwelling-houses which were rendered fit after service of formal notices :—						
	(a) By owners	...	...	...	...	...	nil
	(b) By local authority in default of owners	...	...	...	...	...	nil
(3)	Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close	...	...	...	...	...	nil

*F. Proceedings under Section 11, 14 and 15 of the Housing Act, 1925 :—*

(1)	Number of dwelling-houses in respect of which Closing Orders became operative	...	...	...	...	...	nil
(2)	Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit	...	...	...	...	...	nil
(3)	Number of dwelling-houses in respect of which Demolition Orders were made	...	...	...	...	...	15
(4)	Number of dwelling-houses demolished in pursuance of Demolition Orders	...	...	...	...	...	15

COUNTY BOROUGH OF READING.

---

# Annual Report

OF THE

School Medical Officer

FOR THE YEAR

1932.



## READING EDUCATION COMMITTEE.

HIS WORSHIP THE MAYOR (Councillor A. W. Tudor, J.P.)

### Aldermen.

FREDERICK ALFRED COX, J.P.  
FREDERICK WILLIAM DORMER.  
EDWARD OLIVER FARRER, J.P.

JOHN RABSON, J.P. (*Vice-Chairman*).  
EDITH MARY SUTTON, J.P.  
ARTHUR WILLIAM ALFRED WEBB, J.P.

### Councillors.

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

ALICE JENKINS, J.P.  
DAVID SAUNDERS JONES, M.R.C.S., L.R.C.P.  
WILFRED GORDON PALMER.  
LORENZO EDWARD QUELCH, J.P.  
WILLIAM HENRY SHORT (*Chairman*).  
DOROTHY ELEANOR WHEELER.

### Co-opted Members.

Miss L. ASHCROFT.  
Mr. F. W. ACKRILL.  
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.

## SCHOOL MEDICAL SERVICES SUB-COMMITTEE.

HIS WORSHIP THE MAYOR (Councillor A. W. Tudor, J.P.)

### Aldermen.

EDWARD OLIVER FARRER, J.P.  
FREDERICK WILLIAM DORMER.

JOHN RABSON, J.P. (*Chairman*).  
EDITH MARY SUTTON, J.P.  
ARTHUR WILLIAM ALFRED WEBB, J.P.

### Councillors.

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

ALICE JENKINS, J.P.  
DAVID SAUNDERS JONES, M.R.C.S., L.R.C.P.  
LORENZO EDWARD QUELCH, J.P.  
WILLIAM HENRY SHORT.  
DOROTHY ELEANOR WHEELER.

### Co-opted Members.

Miss L. ASHCROFT.

Mr. HERBERT SAMUEL COOKE, M.A.

PUBLIC HEALTH DEPARTMENT,  
 OLD COLLEGE BUILDINGS,  
 ST. LAURENCE'S CHURCHYARD,  
 READING,  
*April, 1933.*

TO THE CHAIRMAN AND MEMBERS OF THE  
 EDUCATION COMMITTEE.

Ladies and Gentlemen,

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

In accordance with the requirements of the Board of Education each child is medically examined three times during its school life. The examinations take place on admission to school and at ages eight and twelve years.

In addition to these routine medical inspections any child suffering from a specific medical defect is submitted for special examination.

It is found at these inspections that nearly 11 per cent. of children attending school are suffering from defects requiring medical treatment.

The committee has made arrangements for the treatment of defects commonly found and clinics under the direction of Dr. Taylor and Dr. Bernfeld are held for the following purposes:—

For the treatment of minor ailments like skin diseases, etc.

For the treatment of errors of refraction.

For the treatment of defects of nose, throat and ear.

For the x-ray treatment of ringworm.

For the treatment of stammering and other speech defects.

For the special examination of physically and mentally defective children and maladjusted children.

There is also a clinic for the operative treatment of enlarged tonsils and adenoids at the Royal Berkshire hospital.

The elimination of the sources of instability and the training of maladjusted children, to which increasing attention is being given under the name of "child guidance," may help to improve the condition of certain children who are a constant source of anxiety. The progress of the clinic recently established to deal with such children will be watched with interest.



The extended dental service carried out by Miss Marion Smith Mackinnon, L.D.S., and Mr. W. L. Cooper-Jones, L.D.S., has now finished its first complete year. The Board of Education has not yet laid down specific times for school dental examinations but the general objective is that each child should be examined and receive any necessary treatment once annually. With one dentist it was found that the period between dental examinations had latterly reached nearly three years. Since the appointment of the additional dentist the interval between examinations has been reduced to about fifteen months and it is hoped that with the lessened amount of treatment required at the shorter intervals an annual dental examination may be achieved.

I should like to express my thanks to my medical and dental colleagues for their interest and support in the work of the department.

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  
and Certifying Officer under the Mental Deficiency Act.*

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

*Assistant School Medical Officer.*

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

*Dental Surgeons.*

MARION SMITH MACKINNON, L.D.S.

WILLIAM LESLIE COOPER-JONES, L.D.S., R.C.S. (Eng.)

*Nursing Staff.*

Miss R. ATTWOOD, (left 28/7/32).

Miss O. EDGAR.

Miss G. W. HAYNES.

Miss N. MORLEY.

Miss C. E. WELLS.

Miss G. WHITE, (commenced, 1/9/32).

*Instructress for Stammering and Speech Defects.*

Mrs. M. H. WIGGLESWORTH.

*Clerical Staff.*

Miss W. M. DIX.

Miss M. C. DALZIEL.



## SUMMARY.

The following tabular statement represents the numbers of children who came under review by the officers of the school medical department during the year :—

Children in average attendance at elementary schools	...	...	11,595
Elementary school children examined	...	...	4,616
Examined at secondary schools	...	...	444
Miscellaneous examinations (employed boys, etc.)	...	...	202
Treated at minor ailments clinic	...	...	961
Treated at ringworm clinic	...	...	11
Treated at eye clinic	...	...	804
Treated at ear clinic	...	...	211
Examinations by school dentists	...	...	7,762
Treated by school dentists	...	...	4,318
Total attendances at various clinics	...	...	29,970
Total examinations by nurses for cleanliness	...	...	34,029
Home visits by nurses	...	...	1,623
Number of baths given to children	...	...	194
<hr/>			
Number of meals provided for school children	...	...	118,100

## SCHOOL MEDICAL REPORT.

---

### STAFF.

The staff is detailed in the beginning of the report. The medical and dental staff has remained unaltered.

On the nursing side, Miss R. Attwood who had rendered admirable service during the past six years resigned on account of ill-health and in her place Miss White from the health department was appointed and took up her duties on the 1st September.

### CO-ORDINATION.

The arrangements for the co-ordination of the school medical service with that of the health department has been set out fully in previous reports.

### SCHOOL HYGIENE.

A general description of the schools has been given in previous reports. In continuance of the plan of modernising the sanitary arrangements of the schools, under the superintendence of the Borough Surveyor's department, modern water closets with individual flushes have replaced the unsatisfactory tank systems which were in use at the following schools :

Oxford road school	Coley infants' school
Battle school	E. P. Collier school

Other minor improvements have been carried out.

*Teaching of hygiene in the Schools.* Hygiene continues to be taught regularly in nearly all departments of the schools. Recent school medical reports have shown a vast improvement in the general well-being of elementary school children—an improvement which is undoubtedly due to the increasing effort in social welfare work which the community is displaying. Strong emphasis must again be made on the unequalled opportunity for advance in this direction by sustained efforts in implanting ideas of sound hygiene in the children at school.

### Medical Inspection.

The number of children on the rolls of the elementary schools is 12,829 with an average attendance of 11,595.9. The former figure shows an increase of 174 on the number in the preceding year and the average attendance an increase of 462.6.



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

- (a) Those admitted to school during the year. Children who are admitted at three years of age are again examined on reaching the age of five.
- (b) Those between the ages of eight and nine years.
- (c) Those between the ages 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 four times a year, three times for routine inspections and once 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 39 per cent. of the average attendance. The subjoined table shows the average numbers examined in each group of routine and special cases and the average numbers of re-examinations each year since 1921 :—

	1921-1925	1926-1930	1931	1932
" Routine " examinations	4,517	4,358	4,296	4,616
" Special " examinations	1,721	1,536	1,413	1,437
Re-examinations	7,153	8,295	6,157	5,723

### 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. The figures do not vary greatly from those of previous years. The high standard of cleanliness is more than maintained. There is a rise in the percentage of defects noted in the 12-year group. This is principally due to a number of children with lesser defects of vision having been considered suitable for treatment with glasses.

(a) **Uncleanliness.** The figures for 1932 show a further improvement.

Table IV., group V., gives the results of the nurses' cleanliness inspections in the schools. The great majority of the parents are most assiduous in the care of their children and it is regrettable that their efforts, at any rate as regards personal cleanliness, are nullified to a great extent by a small minority of parents who persistently send their children to school in a dirty condition. The number of this latter group of parents is 114 and steps are being taken to ensure that such neglect of duty on their part is discontinued.

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

Average percentage of uncleanness :—

	1921-1925	1926-1930	1931	1932
Head ... ..	7.1	3.9	2.9	2.4
Body ... ..	2.4	1.06	.6	.3

In 1932, no prosecutions were undertaken under section 87 of the Education Act, 1921. Proceedings under the school attendance bye-laws were taken in the case of seven parents, and fines to a total amount of £3 7s. 6d. were inflicted.

(b) **Minor Ailments.** These complaints comprise impetigo, ringworm and sores. Most of these are seen as special cases at the school clinic.

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

	1921-1925	1926-1930	1931	1932
Ringworm, head ...	93	47	52	18
„ body ...	65	39	35	31
Scabies ... ..	17	7	7	5
Impetigo ... ..	412	250	134	97

(c) **Tonsils and Adenoids.** The total number of cases requiring treatment or to be kept under observation was 192, or 4.2 per cent. compared with 4.9 per cent. in 1931. In the different age groups this year, 18.9 per cent. of the leavers, 16.9 per cent. of the intermediates and 8.5 per cent. of the entrants had already been operated on.

(d) **Tuberculosis.** Three cases of suspected pulmonary tuberculosis were found. There were seven non-pulmonary cases of which three were quiescent.

(e) **Skin Diseases.** Forty-five cases, or .97 per cent. of those examined were found to be suffering from skin disease.

(f) **External Eye Disease.** There were 26 cases (chiefly blepharitis).

(g) **Vision.** The number of children with defective vision was 420 or 9.1 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 8.6.

(h) **Ear Disease and Hearing.** Cases of defective hearing amounted to 1.5 per cent. and of discharging ears to .74 per cent. The former is somewhat higher and the latter lower than was the case last year.



(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 dentists are shown elsewhere.

(j) **Crippling Defects and Deformities.** Eighty-eight cases were noted at the routine inspections. There were four cases of infantile paralysis. Most of the others were round shoulders and flat foot. In 1931 the number was 82.

## NUTRITION.

The tables given below show 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.

1932			English elementary school children,	Reading children, 1930.	Reading children, 1931.
Age.	No. of children.	Av. height of Reading children.			
5½ (boys)	411	41½	41.8	41	41½
(girls)	384	41½	41.5	40½	41½
8½ (boys)	623	48½	48.1	47½	48½
(girls)	586	48½	47.8	47	48½
12½ (boys)	735	55½	55.3	55	55½
(girls)	698	55½	55.9	55½	56½

#### Weight in Pounds.

1932			English elementary school children,	Reading children, 1930.	Reading children, 1931.
Age.	No. of children.	Av. weight of Reading children.			
5½ (boys)	411	41½	39.3	40½	40½
(girls)	384	40	38.1	40	40
8½ (boys)	623	55	51.9	55½	55
(girls)	586	53½	50.2	52½	53
12½ (boys)	735	77½	72.8	78½	77½
(girls)	698	79½	75.1	78	80½

It will be seen that compared with last year the two younger groups have maintained or improved on the previous figures both in height and weight. The 12-year old group, on the other hand, has come down slightly. It is very satisfactory to record that since 1923 the 5-year olds and 8-year olds have had a steady rise both in height and weight, the latter group

most markedly. Taken on the whole and considering the amount of unemployment which exists the nutrition of the children remains fairly satisfactory though of course, it is still capable of considerable improvement in many instances.

**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 summary shows the number of patients and contacts excluded during the year :—

					Patients.	Contacts.
Scarlet fever	...	...	...	...	53	129
Diphtheria	...	...	...	...	22	56
Measles	...	...	...	...	97	—

**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. Once a year children with defects are re-inspected in the schools and when necessary, the nurses visit the homes. During the year 1,623 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 till 12 noon. As will be seen from the treatment table, group I., the total number of cases treated, namely 961, is somewhat larger than last year, when 885 children came under treatment. The cases dealt with in addition to skin diseases include the majority of the external eye defects, ear defects and minor injuries.

The total number of cases attending the ringworm of the scalp clinic during the year was 11, of which 10 were new cases. Of the new cases, one was 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-one children were operated on. All children are detained in hospital for one night or longer if required.



Eighty-four children received operative treatment apart from the special arrangements made by the committee and 88 of the less severe cases were treated by means other than operation. The treatment of the latter is described in the report of the ear and throat clinic.

(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.

### OPHTHALMIC CLINIC.

A clinic for the diagnosis and treatment of defects of vision is carried on weekly (two sessions) and is conducted by Dr. Taylor. The number of attendances made was considerable larger than in previous years.

During the year, 804 children, including 291 new cases attended and the total number of attendances was 1,540. Glasses were prescribed for 308 children and the following are the various errors of refraction from which they suffered :—

Myopia	...	...	...	...	...	85=27 per cent
Myopic astigmatism	...	...	...	...	...	27= 8 „ „
Hypermetropia	...	...	...	...	...	91=29 „ „
Hypermetropic astigmatism	...	...	...	...	...	96=31 „ „
Mixed astigmatism	...	...	...	...	...	9= 3 „ „

Fifty-one children were found not to require glasses.

All children for whom glasses are prescribed are examined at intervals of one year. They are also seen at the re-inspections in the schools. There is an appreciable number of children who have eyesight somewhat below normal but provided they remain free from eyestrain and show no increase in short sight no glasses are prescribed. They are, however, kept under observation.

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 96 sets out in detail the number 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	...	...	...	211
No. of new cases	...	...	...	137
Total number of attendances	...	...	...	909

### New cases classified—

Otorrhoea	...	...	...	41
Deafness without discharge	...	...	...	26
Throat and nose defects	...	...	...	68
Earache	...	...	...	2

### Old cases who attended, classified—

Otorrhoea	...	...	...	28
Deafness without discharge	...	...	...	6
Throat and nose defects	...	...	...	40

### Result of treatment of old cases—

					Cured.	Improved.
Otorrhoea	...	...	...	...	24	4
Deafness	...	...	...	...	6	—
Throat and nose defects	...	...	...	...	33	5
Ceased to attend	...	...	...	2		

### Result of treatment of new cases—

					Cured.	Improved.
Otorrhoea	...	...	...	...	26	5
Deafness	...	...	...	...	23	—
Throat and nose defects	...	...	...	...	30	26
Earache	...	...	...	...	2	—
Ceased to attend	...	...	...	20		
Referred to hospital	...	...	...	5	(for otorrhoea—3 of them with mastoid infection).	

**Ionisation.** This year 21 cases were treated, all of whom can be regarded as cured. Only two children had to be re-ionised, one after two months and the other after seven months.

The age of the children treated ranged from three-and-a-half years to 16 years. Four children had suffered from otorrhoea on and off since birth, including the girl of 16 years.

The length of time the remaining children had suffered from otorrhoea varied from four weeks to four years.



Owing to want of time all the cases could not be ionised.

**Diastolisation.** Seventy-eight cases have completed their cure this year. The age of those treated ranged from one-and-eleven-twelfths years to 16 years.

Deafness and otorrhoea are in many cases helped by diastolisation.

An interesting factor of this treatment shows there is some relation between vasomotor affections of the nose and bronchial asthma, as illustrated in the following case. A boy of eight years was brought to the clinic in July, 1931, with the history of having suffered from frequent bronchial asthma attacks from the age of four. On examination the turbinates were found to be swollen and unhealthy. He was diastolised and in January, 1932, discharged as cured from the original condition of the nose. The parent reports eleven months later that he has not had any more asthma attacks and is quite well now. Now we have three other children being diastolised who give histories of frequent asthma attacks—one aged two-and-a-half-years.

Another child suffering from deafness and impediment of speech is reported by the specialist on stammering, etc., to be considerably improved, both in his speech and hearing, even though the removal of his tonsils and adenoids two years ago was of no help to him.

**Enlarged Tonsils.** To-day there is much controversy on this subject. In this clinic, children suffering from unhealthy tonsils, have them painted daily for two to three months with a special iodine paint and we find that the tonsils become healthy and diminish in size. This year 10 cases were so treated. Where there is nasal catarrh, etc., then diastolisation is also brought into use.

Children attending the infant clinics up to five years old, if found to be suffering from ear, throat or nose trouble are referred to the school ear, nose and throat clinic.

## DENTAL CLINIC.

I beg to submit the report on the school dental work done during the year :—

“ This is the first complete year we have had two dentists working.

Fifteen schools were inspected during the year, the number of children being 7,017, or 63 per cent. of the average school attendance. Of those referred for treatment 54 per cent. accepted.

Only three schools fell below 50 per cent. in this respect, these being George Palmer, St. Giles' and St. John's, Caversham.

In many cases, the decision whether or not dental treatment is to be accepted is left to the child, who naturally says “ No.”

All children who attend school are now inspected.

In addition to the treatment of elementary school children 165 under school age were treated, of whom 86 were referred from the welfare centres.

Twenty-one boys from Reading school and 17 girls from Kendrick school were referred by the school doctors.

Seventy-seven expectant and nursing mothers and 17 tuberculous patients also attended for treatment.

During the autumn session the education authority availed itself of the services of the Dental Board, who sent a lecturer to talk on "Care of the Teeth," to the senior children in the schools. It is hoped that these talks will have brought home to the children the importance of keeping their teeth in good condition.

The number of carious permanent teeth extracted, 1,318—shews in what a dreadful state some of the children's mouths are, before they seek the dentist's aid. Two hundred and sixteen permanent teeth were also removed for regulation purposes and 10 supernumerary teeth were extracted.

During the last ten years there has been a gradual increase in the number accepting treatment, from 42 per cent. to 54 per cent. and there is not nearly so much prejudice against conservative treatment as hitherto. The process of enlightenment goes on slowly but surely and each year shews a little improvement.

The teachers have always been a great help and we proffer them our grateful thanks for their co-operation and interest.

Two cases, in different families, of hereditary absence of enamel were seen during the year, at the clinic. This is a very rare condition and is transmitted only through the affected members of the family and it affects both the deciduous and the permanent dentitions.

In both the cases seen, it could be traced back for four generations."

### PHYSICAL TRAINING.

I am indebted to the organisers of physical training for the following report :—

"Physical education in the primary and post-primary schools of the borough continues to hold the interest of teaching staff and scholars, the standard of work is good with but few exceptions.

Portable apparatus has been supplied to Norcot school, Battle school, Wilson senior school, and Caversham council school.



All central (except E. P. Collier—1 box horse needed) and senior schools are now equipped with :—

1 box horse	4 balance benches	2 gymnastic mats.
-------------	-------------------	-------------------

*Organised Games.* A healthy enthusiasm for field games is maintained. It has not yet been found possible to secure a separate hockey pitch in Tilehurst, and for the time being it has been necessary to exercise some ingenuity in using tape to mark certain boundaries which encroach on the existing football pitch in the children's field.

*Swimming Instruction Classes.* A very cold spell of weather in June unfortunately marred the efforts of the instructors in the early lessons ; the delightful summer, however, gave an opportunity of making good, with the result that the number of scholars who learned to swim has created a record.

(1) Girls—521 started to attend ; 242 were taught to swim. (Of those making 50 per cent. or more attendances, 63 per cent. were taught to swim).

(2) Boys—835 started to attend ; 367 were taught to swim.

*Refresher Courses.* During the year the following evening refresher courses have been held to assist the teaching staff :—

*Women*—The classes were conducted in Battle school hall on eight successive Monday evenings—6.15-7 p.m.—Infant and junior physical training and games ; 7-8 p.m.—Senior physical training including work on gymnastic benches and box-horse.

There was an average attendance of 63 women teachers.

Miss Armstrong, His Majesty's inspector of physical training, accompanied by Mr. A. F. Page, H.M.I., and Mr. W. J. Rayner, H.M.I., visited the class on 28th November, 1932.

The senior refresher course has been continued during the winter term.

*Men*—The course was held on Monday evenings at the University gymnasium and lasted ten weeks. The programme of work was framed with a view to the use of portable apparatus in central and senior schools. Visits to schools since the completion of the course have proved that the work done in the gymnasium has been of great value to the staff concerned.

In addition, games have also been taken from the " Games Scheme " issued to all central and senior schools ; 25 men attended the course.

*Visit of His Majesty's Inspector.* Miss Armstrong, H.M.I. for physical education, visited the borough on 9th, 10th and 11th November, 1932, to view the work (a) in infants and junior schools ; (b) of senior girls.

*Voluntary Associations.* Acknowledgment and appreciation are due to the following associations for their continued service to the children of the borough :—

- (1) Schools swimming association.
- (2) Schools athletic association.
- (3) Schools football association.

In conclusion we would express our thanks to the Education committee for practical sympathy and also to the chief education officer. We again tender our appreciation to head teachers and the teaching staff for their valued co-operation."

### OPEN-AIR EDUCATION.

Arrangements are made in nearly all schools to hold classes in the playgrounds 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.

As mentioned in a previous report, the new school at Shinfield is built on open-air lines. The work of the open-air classes at Whitley special school is reported on below.

### SCHOOL BATHS.

A large and well-lighted bathroom fitted with two baths and a spray is installed at St. Giles' (Church of England) boys' school. This enables practically all the boys attending the school to have a hot bath each week. As the boys come mostly from homes where bathing facilities are very limited, the provision of school baths is undoubtedly a great boon.

No other elementary school has yet been equipped with baths.

### PROVISION OF MEALS.

The provision of meals for necessitous school children has been continued during the year as before. The meals provided consisted of two-course hot dinners cooked at the central council kitchen in Southampton street. The feeding centres in use during the year were :—

Southampton Street, St. Barnabas room—Shinfield road,  
New Town school and Grovelands school.

The number of individual children provided with meals was 679, and the total number of meals supplied was 118,100.

A considerable proportion of school children varying with the time of year, get a supply of fresh milk at the morning interval. An endeavour is made to ensure that the milk is of the highest standard of purity.



### 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 72·8 per cent. At the entrant inspections, the attendance of parents reached the high total of 89·7 per cent. For the intermediates and leavers' inspections it was 77·4 and 54·5 per cent. respectively.

Thirty-eight parents objected to the medical inspection of their children representing ·8 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.

*National Society for the Prevention of Cruelty to Children.* I am indebted to Inspector Grocott of the local branch for the following details of the work carried out during the past year :—

Number of cases dealt with.	Type of case.	Number of children concerned.	Number of Supervision visits paid.
67	Neglect ... ..	181	375
41	Exposure ... ..	60	44
12	Ill-treatment ... ..	17	36
12	Other reasons ... ..	29	22
28	Advice sought ... ..	44	31

The total number of cases dealt with was 160, 41 of which were still under supervision at the end of the year.

In a number of cases where the necessity arose, clothing, blankets, coal and food were supplied. Eighty-eight of the poorer cases were provided with toys, etc., at Christmas.

*British Red Cross Orthopaedic Fund.* This Association has maintained close touch with the work of the local authority during the year. Members of the Association attend the weekly clinic at the Royal Berkshire hospital encouraging the children to attend and assisting in the provision of orthopaedic appliances in necessitous cases. Patients requiring home supervision are referred by the association to the health department for visitation by the lady health visitors.

### EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

In accordance with the bye-laws, 202 boys engaged in the distribution of milk or newspapers were examined at the clinic and 46 boys engaged in other occupations were examined in the schools. Two of the children were found unfit for employment. All employed children are kept under supervision and are weighed periodically in the schools. Twenty-one employers were interviewed with regard to their employing boys beyond the legal number of hours and three were prosecuted for four offences. Convictions were recorded and fines were inflicted in all cases.

A medical report of each of the "leavers" is recorded on the cards of the juvenile employment bureau.

### MISCELLANEOUS.

Four pupil teachers and 77 scholarship candidates were examined.

### EXCEPTIONAL CHILDREN.

Table III. in the Appendix gives statistics regarding the school children in the Reading area who require more specialised treatment, educational or medical. They are conveniently classed together as the "blind, deaf, defective and epileptic." A register is kept of all children found to be suffering from those defects and it is kept up-to-date through the instrumentality of teachers, welfare visitors and health visitors who are continually referring cases. During the year, the following cases were examined at the weekly clinic which is held for that purpose.

					Boys.	Girls.
Deaf and dumb	...	...	...	...	—	1
Feeble-minded	...	...	...	...	6	10
Imbecile	...	...	...	...	3	4
Idiot	...	...	...	...	1	1
Phthisis and suspected phthisis or delicate children	...	...	...	...	8	11
Non-pulmonary tuberculosis	...	...	...	...	4	1
Physically defective	...	...	...	...	5	4
Other defects	...	...	...	...	3	1
Dull and backward	...	...	...	...	6	3
No defect	...	...	...	...	—	1
					36	37
					—	—



*Blind and Deaf.* These children are maintained at residential institutions not directly controlled by the committee. There is no "Myope" class owing to the numbers being insufficient to warrant one being formed. Amongst elementary school children in Reading the number of children who have myopia of five diopters or more is about one per thousand. If the defect of vision is so great that the child cannot be reasonably educated in the ordinary school he is sent to a school for the partially blind. Five Reading children come under this description and have been sent to residential schools.

*Mentally Defective.* These children are educated at the special day school and are described in the report. Four are maintained in institutions.

*Tuberculosis.* These children come under the charge of the public health department. Incipient cases attend the open-air school.

*Crippling Defects and Orthopaedics.* As mentioned in the report of the Medical Officer of Health an agreement has been entered into with the Royal Berkshire hospital for the treatment of orthopaedic defects. In addition to the patients treated there during the year, five boys received treatment at other institutions, two at Headington, two at Cold Ash and one at Hayling. In two instances monetary assistance was given towards the supply of surgical appliances for physically defective school children.

The following table gives a description of the Reading school children under treatment at the Royal Berkshire hospital during the year:—

	Boys.	Girls.
Flat foot ... ..	2	—
Arthritis ... ..	1	—
Infantile paralysis ... ..	1	2
Spastic diplegia ... ..	2	3
Tuberculosis (osseous) ... ..	4	1
Osteomyelitis of ankle ... ..	1	—
Curvature of spine ... ..	—	1
Joint ankylosis ... ..	2	1
Talipes ... ..	3	2
Fragillitas ossium ... ..	1	—
Amputation of leg ... ..	—	1
Perthes' disease ... ..	—	1
	<hr/> 17	<hr/> 12

*Cardiac Cases.* A register is kept of all children suffering from heart defects and they are kept under observation. The total number is 27 boys and 45 girls. Thirteen boys and seven girls in whom the defect is more pronounced attend the Whitley special day school.

### WHITLEY SPECIAL SCHOOL.

I am indebted to Dr. Taylor for the following report on the work of the special school:—

"There is still a certain amount of pressure on the accommodation in the mentally defective side of the school, particularly for boys.

*Stammering and Speech Defects.* In April last arrangements were made for Mrs. Wigglesworth to visit the school for a short period twice weekly, to help a small group of children suffering from stammering. Later it was found possible to give special attention to, and arrange exercises for a few children who are suffering from other defects of speech. The results are encouraging.

*Left-handed children.* For the last 18 months, groups of left-handed children have been under special training and observation. With help and encouragement it has been found that about 50 per cent. are gradually acquiring the habit of using the right hand when taking their meals and doing knitting, sewing and writing in the classroom.

Mr. D. D. Bowen retired at the end of October last after 13 years of excellent service in teaching the boys in the workshop; he was succeeded by Mr. W. B. Pryor.

I am much indebted to Miss Hickson, the headmistress and her staff for their kind assistance in my work at the school and in writing this report.

The number of children in attendance at the physically defective and the mentally defective schools was as follows:—

	Mentally. defective school.		Physically. defective school.		Open-air school.	
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
on roll January, 1932 ...	67	35	24	20	40	20
admitted during the year ...	7	13	8	7	9	10
left during the year ...	15	9	6	11	14	6
on roll December, 1932 ...	59	39	26	16	35	24

### LEAVERS.

The following record shows the destination of children who left the various schools during the year.

	Mentally. defective school.		Physically. defective school.		Open-air school.	
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
for employment (industrial) ...	6	4	3	1	3	...
for employment (domestic) ...	...	...	...	4	...	...
returned to ordinary school ...	...	...	1	...	10	5
too ill to attend ...	...	...	1	1	1	...
left the district ...	4	2	...	...	...	...
sent to an institution ...	...	...	1	1	...	...
left unfit for employment ...	3	2	...	...	...	...
reported to local authority for care of mentally defective						
and kept under observation	2	1	...	...	...	...
left for hospital treatment ...	...	...	...	2	...	...
transferred to M.D. School ...	...	...	...	1	...	1
left for cripple home ...	...	...	...	...	...	...
deceased ...	...	...	...	1	...	...
sent to sanatoria ...	...	...	...	...	...	...
transferred to P.D. school ...	...	...	...	...	...	...



### PHYSICALLY DEFECTIVE SCHOOL.

There have been 59 children in attendance at this school during the year with the following disabilities :—

Cardiac	...	...	...	...	...	20
Paralysis—(a) birth	...	...	...	...	...	5
(b) infantile	...	...	...	...	...	6
Diabetes	...	...	...	...	...	1
Tuberculosis (osseous)	...	...	...	...	...	6
Deformities (congenital talipes, etc.)	...	...	...	...	...	8
Epilepsy (minor)	...	...	...	...	...	3
Other defects	...	...	...	...	...	10

All the cases of paralysis and deformity have been under treatment at the Royal Berkshire or London hospitals. Fourteen are at present in attendance as out-patients at the former hospital.

### MENTALLY DEFECTIVE SCHOOL.

One hundred and twenty-two 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	...	...	...	...	...	8
Alcoholism	...	...	...	...	...	2
Backwardness	...	...	...	...	...	21
Epilepsy	...	...	...	...	...	3
Dementia and amentia	...	...	...	...	...	49
Not known or normal	...	...	...	...	...	38
Pseudo hypertropic	...	...	...	...	...	1

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	...	...	...	...	...	16
Defective vision (including squint)	...	...	...	...	...	16
Mouth breathers	...	...	...	...	...	8
Infantile paralysis and deformities	...	...	...	...	...	5
Congenital heart disease	...	...	...	...	...	2

### THE OPEN AIR SCHOOL.

There have been 49 boys and 30 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.

### THE SPEECH CLINIC.

The classes for stammerers were continued during the year. As it was felt that children suffering from other types of speech defect might benefit by a course of treatment, some of these have now been enrolled in the classes.

Parents and teachers appreciate very much the work done by Mrs. Wigglesworth and the following account of what has been accomplished during the year is given by her.

"Of the 48 stammerers treated in the last year 11 cases were discharged as cured, 4 left school and 8 slight cases were discharged as it was thought they had derived sufficient benefit and their places might be taken by more severe cases. There are 25 cases attending the clinic at the present date.

The stammerers who seem to benefit most quickly from the treatment are naturally those who get the most help from their parents and teachers. It is surprising how soon definite improvement is noticed when all who come in contact with the child are working for the same object. The work of the clinic would be greatly assisted if all parents could be made to see the importance of plenty of sleep and fresh air. All stammerers might be called 'neurotics' and sleep and fresh air are absolutely necessary for building up their resistance and nervous stability.

The cause of the stammer helps to determine the duration and nature of the treatment. That caused by imitation or heredity is generally the most easily cured. A bad habit has been formed through an external agent, which by the time treatment is commenced is usually no longer influencing the patient. The treatment, therefore, takes the form of curing the bad habit and forming a good one, and like all such treatment its success depends on the perseverance of the patient. A stammer caused by a shock, a repressed fear, or any emotional or psychological cause, is, of course, more difficult, and more individual treatment and careful questioning of the patient's past history and present environment and circumstances is necessary before any noticeable improvement is likely to be seen.

Special treatment has successfully been given to several cases of stammering. Two of these cases are still attending the clinic. These cases show a quick response to concentrated treatment. The defect is usually caused by some muscular weakness, either rigidity or lack of control of some specific muscle used in speech, or it may be due to lack of control of the actual co-ordinated movements of speech. When once the teacher has established correct movement and good quality of tone on all sounds



used in the English language, it is the patient only, who, by great perseverance and patience, can eventually put this good speech into practice in general conversation.

A special class has also been found for cases of speech defects in the Whitley special school. Of these, eight are stammerers (two of whom have been discharged, having showed a marked improvement) and the others are either definite cases of lalling or very 'indistinct speech.' The results in this class have been particularly gratifying; the children are very anxious to get on, and their keenness and conscientious daily practice, due to the untiring energies of their class teachers who have co-operated so admirably with the work of the speech class, have helped tremendously towards their progress."

### CHILD GUIDANCE.

In the report of the School Medical Officer for 1931, it was stated as the result of a census made by the teachers that the number of "mal-adjusted" children in the elementary schools was 143 boys and 43 girls. During the year 1932 a further examination of these children was made by the school medical staff and the following table gives an analysis of the different varieties of mal-adjustment found.

	Boys.	Girls.
Uncontrolled behaviour and mischief	54	13
Unusual nervousness	38	17
Pilfering	9	2
Truancy	6	0
Stammering and defective speech	9	3
Cruelty and spitefulness	2	—
Epilepsy	3	1
Chorea	2	—
Feeble-minded	6	1
Mongol	1	—
Cretin	—	1
Backward, etc.	13	5
	<hr/> 143	<hr/> 43

Here then we have a large number of children apparently suffering from minor mental ailments. Their misconduct is persistent and repeated, while their educational attainments do not vary much from the average. The question arises, what is to be done with them? In the past the application of the cane has perhaps been tried and in most instances failed. It is to meet the needs of such children that child guidance clinics have arisen, first in America and more recently in the large towns of this country. The "team" of a clinic consists of a doctor, a psychologist and a social worker. The usual procedure is for the mother on her own initiative or advised by the teacher to bring the child to the clinic on account of some abnormality of behaviour. A social worker visits the home and sees the parents and other members of the family. Perhaps several visits

may be paid before all the necessary information is obtained. The teacher is also asked to report on the child. The psychologist next tests the child's mentality and the doctor conducts a physical examination. Afterwards a conference of the team is held to discuss the case and determine the course of action. This procedure may seem somewhat involved but in actual practice it works out quite simply and as a rule one finds that treatment effects at least some amelioration of the conduct of the child—an essential factor being the co-operation of the parents.

During the past year we have tried out a number of cases with more or less success. The following cases have been dealt with :—Sleep-walking, 1 ; nervous mannerisms, 4 ; nervous instability and stammering, 1 ; pilfering, 1 ; stammering children referred from the speech clinics, 3 ; misbehaviour and cruelty, 1.

Valuable assistance has been obtained from the reports on home conditions supplied by Mr. Winning, the welfare superintendent, and from notes supplied by the teachers.

### NURSERY SCHOOLS.

There are no nursery schools in Reading but the practice has been continued during the past year of admitting children under five years where it was considered advisable owing to exceptional family conditions ; 231 under fives were on the school registers. These children are medically inspected as entrants and again when they reach the age of five years. A few cases of minor ailments amongst children under five who do not attend school are treated at the minor ailments clinic.

### SECONDARY SCHOOLS.

The results of the examinations of the Reading school and the Kendrick girls' school are set out in the table on page 98. At the Kendrick school there are examined all entrants and children aged 12 and 15 years and yearly after 15. At Reading school the entrants are examined and boys aged, 8, 12 and 15 years. 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 21 boys and 17 girls at the education committee's clinic and 12 boys and 35 girls attended the ophthalmic clinic.



TABLE I.

**A.—Routine Medical Inspections.**

Number of code group inspections :—

Entrants	...	...	...	...	...	...	1,386
Second age group			...	...	...	...	1,498
Third	„	„	...	...	...	...	1,664
Total							<hr/> 4,548

Number of other Routine Inspections. ... 68

**B. Other Inspections.**

Number of special inspections	...	...	...	1,437
Number of re-inspections	...	...	...	5,723
Total				<hr/> 7,160

TABLE II.

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION  
IN THE YEAR ENDED 31st DECEMBER, 1932.

Defect or Disease.						Routine Inspections, No. of Defects.		Special Inspections No. of Defects.	
						Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.
(1)						(2)	(3)	(4)	(5)
Malnutrition	...	...	...	...	...	92	...	3	
Skin	{	Ringworm { Scalp	...	...	2	...	16	...	
		Body	...	...	...	...	31	...	
		Scabies	...	...	...	...	5	...	
		Impetigo	...	...	6	...	91	...	
		Other Diseases (Non-tuberculous)	...	...	37	...	88	...	
Eye	{	Blepharitis	...	...	21	1	16	...	
		Conjunctivitis	...	...	5	...	24	...	
		Keratitis	...	...	...	...	3	...	
		Corneal Opacities	...	...	...	...	...	...	
		Defective Vision (excluding squint)	...	...	158	199	34	2	
		Squint	...	...	29	34	7	...	
		Other Conditions	...	...	5	2	25	...	
Ear	{	Defective Hearing	...	...	53	16	10	...	
		Otitis Media	...	...	32	2	40	1	
		Other Ear Diseases	...	...	4	1	11	...	
Nose and Throat	{	Enlarged Tonsils only	...	...	25	127	13	1	
		Adenoids only	...	...	1	2	...	...	
		Enlarged Tonsils and Adenoids	...	...	26	11	1	1	
		Other Conditions	...	...	71	35	38	...	
Enlarged Cervical Glands (non-tuberculous)						2	3	8	...
Defective Speech						25	...	4	4
Heart and Circulation	{	Heart Disease :—Organic	...	...	...	16	1	1	
		Functional	...	...	...	7	...	...	
		Anæmia	...	...	1	...	2	...	
Lungs	{	Bronchitis	...	...	1	...	2	...	
		Other Non-Tuberculous Diseases	...	...	12	23	5	...	
Tuberculosis	{	Pulmonary :—	Definite	...	...	...	...	...	
		Suspected	...	...	2	1	1	...	
		Non-Pulmonary :—	Glands	...	3	2	2	...	
		Spine	...	1	...	...	...		
		Hip	...	...	1	...	...		
		Other Bones and Joints	...	...	...	...	...		
		Skin	...	...	...	...	...		
		Other forms	...	...	...	...	...		
Nervous System	{	Epilepsy	...	...	4	2	...	...	
		Chorea	...	...	2	...	6	1	
		Other Conditions	...	...	2	18	4	5	
Deformities	{	Rickets	...	...	...	...	...	...	
		Spinal Curvature	...	...	7	1	1	...	
		Other Forms...	...	...	33	47	3	2	
Other Defects or Diseases. (Excluding uncleanliness and dental diseases).						39	36	818	8



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 ... ..	1386	115	8.3
Second Age Groups ... ..	1498	176	11.7
Third " " ... ..	1664	202	12.1
Total (Code Groups) ... ..	4548	493	10.8
Other routine inspections ... ..	68	4	5.9

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

				Boys.	Girls.	Total
Children suffering from the following types of Multiple Defect, <i>i.e.</i> , any combination of Total Blindness, Total Deafness, Mental Defect, Epilepsy, Active Tuberculosis, Crippling as defined in penultimate category of the table, or Heart Disease (see note below) ...				2	—	2*
Blind (including partially blind).	(i) Suitable for training in a School for the totally blind.	At Certified Schools for the Blind ...	...	—	1	1
		At Public Elementary Schools ...	...	—	—	—
		At other Institutions ...	...	—	—	—
		At no School or Institution ...	...	—	—	—
	(ii) Suitable for training in a School for the partially blind.	At Certified Schools for the Blind or Partially Blind ...	...	4	1	5
		At Public Elementary Schools ...	...	—	—	—
		At other Institutions ...	...	—	—	—
		At no School or Institution ...	...	—	—	—
Deaf (including deaf and dumb and partially deaf).	(i) Suitable for training in a School for the totally deaf or deaf and dumb	At Certified Schools for the Deaf ...	...	7	4	11
		At Public Elementary Schools ...	...	—	—	—
		At other Institutions ...	...	—	—	—
		At no School or Institution ...	...	—	—	—
	(ii) Suitable for training in a School for the partially deaf.	At Certified Schools for the Deaf or Partially Deaf ...	...	—	1	1
		At Public Elementary Schools ...	...	—	—	—
		At other Institutions ...	...	—	—	—
		At no School or Institution ...	...	—	—	—
Mentally Defective.	Feeble-minded.	At Certified Schools for Mentally Defective Children ...	...	59	39	98
		At Public Elementary Schools ...	...	—	—	—
		At other Institutions ...	...	1	1	2
		At no School or Institution ...	...	—	—	—
	Notified to the Local Mental Deficiency Authority during the year.	(See form 307 M on page 99.)				

\* { 1 boy, feeble-minded and with birth paralysis attends Whitley Special Day School.  
1 boy, feeble-minded, and with pseudo-hypertrophic paralysis, attends Whitley Special Day School.



TABLE III. (continued).

			Boys.	Girls.	Total
Epileptics	Suffering from severe epilepsy	At Certified Schools for Epileptics ...	—	2	2
		At Certified Residential Open Air Schools	—	—	—
		At Certified Day Open Air Schools ...	—	—	—
		At Public Elementary Schools ...	—	—	—
		At other Institutions ...	—	—	—
		At no School or Institution ...	1	1	2
	Suffering from epilepsy which is not severe.	At Public Elementary Schools ...	1	1	2
		At no School or Institution ...	—	—	—
	Active pulmonary tuberculosis (including pleura and intrathoracic glands).	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ...	1	—	1
		At Certified Residential Open Air Schools	—	—	—
		At Certified Day Open Air Schools ...	3	4	7
		At Public Elementary Schools ...	—	—	—
		At other Institutions ...	—	—	—
		At no School or Institution ...	—	—	—
Physically Defective	Quiescent or arrested pulmonary tuberculosis (including pleura and intrathoracic glands).	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ...	—	—	—
		At Certified Residential Open Air Schools	—	—	—
		At Certified Day Open Air Schools ...	—	1	1
		At Public Elementary Schools ...	—	—	—
		At other Institutions ...	—	—	—
		At no School or Institution ...	2	1	3
	Tuberculosis of the peripheral glands.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ...	—	—	—
		At Certified Residential Open Air Schools	—	—	—
		At Certified Day Open Air Schools ...	—	—	—
		At Public Elementary Schools ...	—	—	—
		At other Institutions ...	—	1	1
		At no School or Institution ...	—	—	—
	Abdominal tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ...	—	—	—
		At Certified Residential Open Air Schools	—	—	—
		At Certified Day Open Air Schools ...	1	—	1
		At Public Elementary Schools ...	—	—	—
		At other Institutions ...	—	—	—
		At no School or Institution ...	—	—	—

TABLE III. (continued).

			Boys.	Girls.	Total
Physically Defective (continued)	Tuberculosis of bones and joints (not including deformities due to old 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 ...	-	-	-
	Tuberculosis of other organs, (skin, etc.).	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board ... ..	-	-	-
		At Public Elementary Schools ...	-	-	-
		At other Institutions ...	-	-	-
		At no School or Institution ...	-	-	-
	Delicate Children, i.e., all children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open Air School.	At Certified Residential Cripple Schools ...	-	-	-
		At Certified Day Cripple Schools ...	-	-	-
		At Certified Residential Open Air Schools ...	-	-	-
		At Certified Day Open Air Schools ...	30	19	49
		At Public Elementary Schools ...	28	16	44
		At other Institutions ...	-	-	-
		At no School or Institution ...	-	-	-
	Crippled Children (other than those with active tuberculous disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life.	At Certified Hospital Schools ...	-	1	1
		At Certified Residential Cripple Schools ...	3	-	3
		At Certified Day Cripple Schools ...	13	11	24
		At Certified Residential Open Air Schools ...	-	-	-
		At Certified Day Open Air Schools ...	-	-	-
		At Public Elementary Schools ...	24	14	38
		At other Institutions ...	-	-	-
		At no School or Institution ...	1	1	2
	Children with heart disease, i.e., children whose defect is so severe as to necessitate the provision of educational facilities other than those of the public elementary school	At Certified Hospital Schools ...	-	-	-
		At Certified Residential Cripple Schools ...	-	-	-
		At Certified Day Cripple Schools ...	10	3	13
		At Certified Residential Open Air Schools ...	-	-	-
		At Certified Day Open Air Schools ...	-	-	-
		At Public Elementary Schools ...	-	-	-
		At other Institutions ...	-	-	-
		At no School or Institution ...	2	-	2



TABLE IV.

Return of Defects treated during the Year  
ended 31st December, 1932.

## 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 ... ..	11	10	21
Ringworm—Body ... ..	21	10	31
Scabies ... ..	5	...	5
Impetigo ... ..	82	15	97
Other Skin Disease ... ..	49	76	125
Minor Eye Defects :— (External and other, but excluding cases falling in Group II.) ... ..	66	33	99
Minor Ear Defects ... ..	89	61	150
Miscellaneous :— (e.g., minor injuries, bruises, sores, chilblains, &c.)	638	200	838
Total ...	961	405	1366

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) (operations for Squint should be recorded separately in the body of the report).	799	1	...	800
Other Defect or Disease of the Eyes (excluding those re- corded in Group I.) ...	5	1	...	6
Total ...	804	2	...	806

Total number of children for whom spectacles were prescribed :—

(a) Under the Authority's scheme ... .. 308  
(b) Otherwise ... .. 1

Total number of children who obtained or received spectacles :—

(a) Under the Authority's scheme ... .. 254  
(b) Otherwise ... .. 1

**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)
21	84	105	88	193

**Group IV.—Dental Defects.**

(1) Number of children who were :—

(a) Inspected by the dentist.

Aged :—

Age Groups	3	...	7	Total—7,017
	4	...	109	
	5	...	601	
	6	...	641	
	7	...	707	
	8	...	759	
	9	...	788	
	10	...	797	
	11	...	874	
	12	...	915	
	13	...	562	
	14	...	190	
	15	...	67	
Specials	...	...	745	

Grand Total 7,762

(b) Found to require treatment ... 5,917

(c) Actually treated ... 4,318

(2) Half-days devoted to { inspection 56 }  
  { treatment 833 } Total ... 889

(3) Attendances made by children for treatment ... 10,423

(4) Fillings { permanent teeth 4049 }  
                  { temporary teeth 612 } Total ... 4,661(5) Extractions { permanent teeth 1524 }  
                      { temporary teeth 8479 } Total ... 10,003

(6) Administration of general anaesthetics for extractions 1

(7) Other operations { permanent teeth 345 }  
                              { temporary teeth 38 } Total ... 383**Group V.—Uncleanliness and Verminous Conditions.**

(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 ... 34,029

(c) Number of individual children found unclean ... 1,354

(d) Number of children cleansed under arrangements made by the local education authority ... 194

(e) Number of cases in which legal proceedings were taken—

(i) Under the Education Act, 1921 ... —

(ii) Under school attendance bye-laws ... 8



TABLE V.

RETURN OF DEFECTS FOUND IN THE COURSE OF MEDICAL  
INSPECTION IN 1932. SECONDARY SCHOOLS.

Number Examined ...				READING BOYS' SCHOOL.		KENDRICK GIRLS' SCHOOL.	
				252		192	
				Number referred for		Number referred for	
Defect or Disease.				Treatment.	Observation.	Treatment.	Observation.
Malnutrition	...	...	...	...	6	...	1
Uncleanliness	{ Head...	...	...	...	...	...	...
	{ Body..	...	...	...	...	...	...
Skin	{ Ringworm	{ Head	...	...	...	...	...
		{ Body	...	...	...	...	...
	{ Scabies	...	...	...	...	...	...
	{ Impetigo	...	...	...	...	...	...
	{ Other Disease (Non-tub.)	...	...	1	1	...	...
Eye	{ Blepharitis	...	...	...	...	1	...
	{ Conjunctivitis	...	...	...	...	...	...
	{ Keratitis	...	...	...	...	...	...
	{ Corneal Ulcer	...	...	...	...	...	...
	{ Corneal Opacities	...	...	...	...	...	...
	{ Defective Vision	...	...	15	27	11	39
	{ Squint	...	...	1	2	...	...
Ear	{ Other Conditions	...	...	...	3	1	...
	{ Defective Hearing	...	...	...	5	1	...
	{ Otitis Media...	...	...	...	...	1	...
Nose and Throat	{ Other Ear Disease	...	...	...	...	...	...
	{ Enlarged Tonsils	...	...	...	1	...	...
	{ Adenoids	...	...	...	...	...	...
	{ Enlarged Tonsils & Adenoids	...	...	...	...	...	...
Enlarged Cervical Glands (non-tuber.)	{ Other Conditions	...	...	...	1	6	1
	...	...	...	...	...	...	...
Defective Speech	...	...	...	...	1	...	...
„ Teeth	...	...	...	49	1	41	...
Heart and Circulation	{ Organic	...	...	...	1	...	...
	{ Functional	...	...	...	...	...	...
	{ Anæmia	...	...	...	...	...	...
Lungs	{ Bronchitis	...	...	...	...	...	...
	{ Other non-tuber. disease	...	...	...	11	1	...
Tuberculosis	{ Pulmonary :—Definite	...	...	...	...	...	...
	{ „ „ „ Suspected...	...	...	...	...	...	...
	{ Non-Pulmonary :—Glands	...	...	...	...	...	...
	{ „ „ „ Spine	...	...	...	...	...	...
	{ „ „ „ Hips...	...	...	...	...	...	...
	{ Other bones and joints	...	...	...	...	...	...
	{ Skin	...	...	...	...	...	...
Nervous System	{ Other forms	...	...	...	...	...	...
	{ Epilepsy	...	...	...	...	...	...
	{ Chorea	...	...	...	...	...	...
Deformities	{ Other Conditions	...	...	...	2	...	...
	{ Rickets	...	...	...	...	...	...
	{ Spinal curvature	...	...	...	...	...	...
Other Defect or Disease	{ Other Forms	...	...	5	13	17	2
	...	...	...	2	3	2	1

## FORM 307/M.

**Mental Deficiency (Notification of Children) Regulations, 1928**

Statement of the number of children notified during the year ended  
31st December, 1932, by the Local Education Authority to the  
Local Mental Deficiency Authority.

Total number of children notified ... 22  
—

*Analysis of the above Total.*

Diagnosis.	Boys.	Girls.
1.—(i) Children incapable of receiving benefit or further benefit from instruction in a Special School :—		
(a) Idiots ... ..	1	1
(b) Imbeciles ... ..	2	2
(c) Others ... ..	—	—
(ii) Children unable to be instructed in a Special School without detriment to the interests of other children :—		
(a) Moral defectives ... ..	—	—
(b) Others ... ..	—	—
2. Feeble-minded children notified on leaving a Special School on or before attaining the age of 16 :—		
For friendly supervision ... ..	7	3
For statutory supervision ... ..	4	2
3. Feeble-minded children notified under Article 3, i.e., "special circumstances" cases ... ..	—	—
<i>Note.</i> —No child should be notified under Article 3 until the Board have issued a formal certificate (Form 308 M) to the Authority.		
4. Children who in addition to being mentally defective were blind or deaf ... ..	—	—
<i>Note.</i> —No blind or deaf child should be notified without reference to the Board—see Article 2, proviso (ii)		
Grand totals ... ..	14	8



