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County Borough of Reading.

Annual Report

OF THE

Medical Officer of health

AND

School Medical Officer

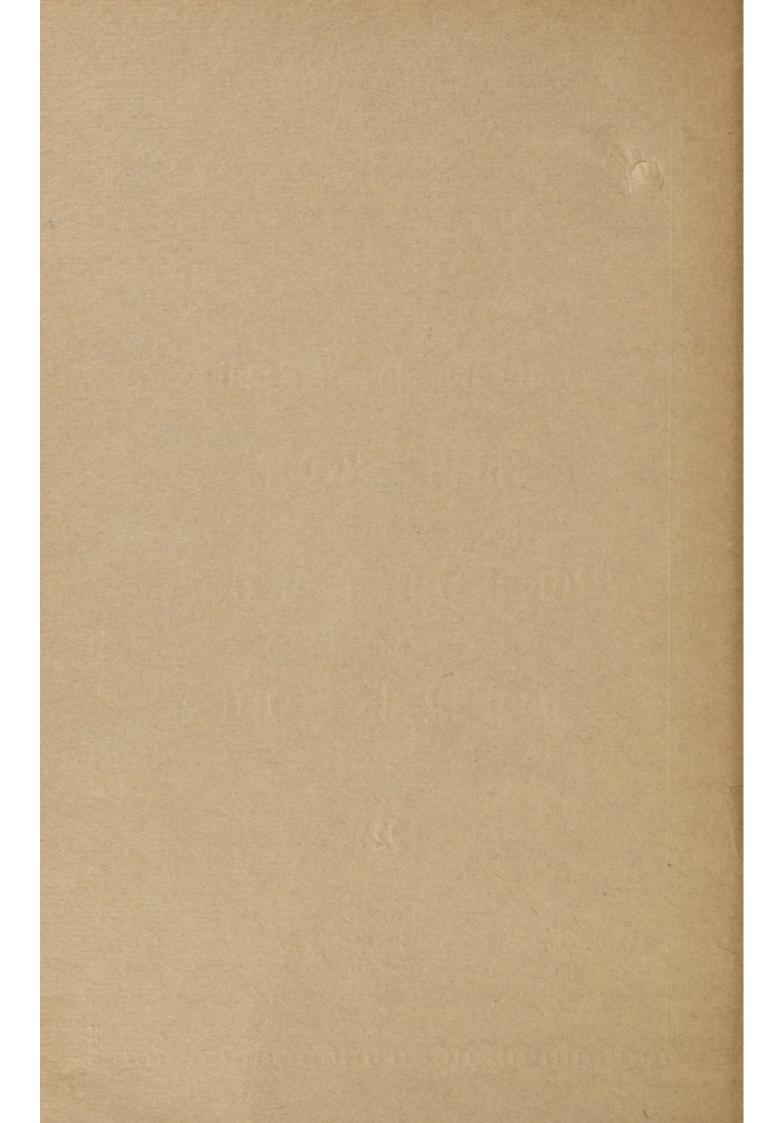
FOR THE YEAR

1924.

READING:

JOSEPH HAWKES, Branch of Greenslade & Co. (Reading) Ltd.,

STATION HILL.



COUNTY BOROUGH OF READING.

Annual Report

OF THE

Medical Officer of Health

FOR THE YEAR

1924.

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HEALTH COMMITTEE.

HIS WORSHIP THE MAYOR (Frederick Alfred Cox, Esq., J.P.).

Aldermen.

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MR. C. A. PHILBRICK.

MRS. M. A. JONES.

MISS M. MAPLESDEN. M.A.

MRS. K. SHORTER.

MRS. M. L. STANSFIELD. J.P.

OLD COLLEGE BUILDINGS, ST. LAURENCE'S CHURCHYARD, READING, April, 1925.

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

I beg to submit the Annual Report on the health and sanitary circumstances of the borough for the year 1924.

Vital Statistics.—The population at the middle of the year under review is

estimated by the Registrar General to have been 93,680.

The birth rate for the year was 17.1 per 1,000 of the population. This is considerably lower than in any year except the war years. Although the birth rate for Reading has always been lower than that of the whole country, the latter shows a proportionate fall.

The death rate was 10.7 per 1,000 of the population, which equals the

record low rate of the year 1921.

The infant mortality rate of 53.6 per 1,000 births has only once been

slightly excelled and that during the preceding year.

A statement on page 10 indicates that compared with other areas Reading more than maintains its favourable position in regard to health, in so far as this can be measured by death rates both general and from special diseases.

Cancer. The death rate from cancer still shews a tendency to increase. Amongst registered deaths cancer was the greatest single cause of death and more deaths have this year been assigned to cancerous diseases than in any previous year.

Infectious Diseases. The year 1924 has been exceptionally free from infectious diseases.

The epidemic of measles continuing from the previous year came to an end in the spring.

Scarlet fever has been less prevalent than in any year since 1918 and the

type of the disease continues to be mild.

The prevalence of diphtheria has been markedly below what can be regarded as the normal incidence. Not since 1901 has the borough been so free from this disease.

Though smallpox has been epidemic in various parts of the country, no

case has appeared in the borough.

The incidence of tuberculosis has remained practically stationary for the

past 10 years.

The returns from the clinic at the Royal Berkshire Hospital clearly indicate that both forms of venereal disease are steadily declining.

Maternity and Child Welfare. The low rate of infant mortality is being maintained. In this respect, Reading holds a position much superior to the rest of the country.

The number of patients treated at Dellwood and the attendances at the

clinics continue to be satisfactory.

Housing. The housing conditions in the borough remain very unsatisfactory. There is much overcrowding and dwellings in a ruinous condition have to remain in occupation for lack of alternative accommodation.

I desire again to express my indebtedness to all the staff of the department for the enthusiasm and loyalty which they have displayed in the performance

of their duties. I am,

Your obedient Servant,

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.

Chief Sanitary Inspector.
*†JAMES DODD.

Assistant Sanitary Inspectors.

* P. B. BROCK.

* W. E. BOND.

*†J. T. BRIGGS.

J. P. KINGSLEY.

Chief Clerk. *G. S. HAWTHORNE.

Clerks.

MISS J. R. SMITH (Tuberculosis Dispensary).

MISS D. M. EDMUNDS.

MISS N. HULBERT. G. GARDINER.

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

* MISS SARAH DUTTON.

Lady Health Visitors. \$MISS M. P. GREEN. \$MISS E. A. BODDON. *MISS E. F. WHEELER. *MISS G. WHITE.

Tuberculosis Nurses.

MISS M. B. WARD.
 MISS D. WATSON.

Matron Park Hospital. MISS SARA MELVIN.

Matron Dellwood Maternity Home. \$\pm\$MISS GERTRUDE L. BURNETT.

^{*} Certificate of Royal Sanitary Institute.

[†] Meat Inspector's Certificate.

[‡] Certificate of Central Midwives Board.

Statistical Summary, 1924.

Area of borough (in acres)				9,106
Population (Census 1921) (Revised)				92,278
Population (estimated mid-year, 1924) (Registrar	Gene	ral)		93,680
Number of inhabited houses (Census, 1921)				20,924
Number of families or separate occupiers (1921)				22,805
Rateable value (October 1924)				£538,696
Sum represented by a penny rate (October 1924)				£1,980
Number of births registered				1,603
Legitimate				1,535
Illegitimate				68
Nett birth rate (per 1,000 of the population)				17.10
Average birth rate, preceding ten years				18.7
Number of deaths registered				1,006
Nett death rate (per 1,000 of the population)				10.73
Average death rate, preceding ten years				12.59
Number of persons married				1476
Marriage rate (per 1,000 of the population)				15.7
Number of infant deaths (under one year)				86
Infant mortality rate (per 1,000 births):—				
Legitimate				53.4
Illegitimate				58.8
Total infant mortality rate (per 1,000 births)				53.6
Average infant mortality rate, preceding ten year	s			69.7
		All form	IS	1.03
Tuberculosis death rate (per 1,000 of the population		Pulmona	-	0.96
Average Tuberculosis death rate (preceding 10 year	rs) { /	All form	IS	1.23
				1.04
Number of women dying in, or in consequence of	, chile	l-birth:	_	
From sepsis	•••		•••	_
From other causes	•••	•••	***	5
Deaths from measles (all ages)	•••		•••	5
Deaths from whooping cough (all ages)			***	1
Deaths from diarrhoea (under 2 years of age)				4

County Borough of Reading.

Population. The total population of the borough, civil and military, as estimated by the Registrar General at mid-year 1924, is 93,680. The natural increase of population, that is, the majority of births over deaths, would indicate that the estimate is under the actual population, as I know of no reason to assume that emigration from Reading is greater than the inflow of new residents.

Rainfall and Water Supply. The rainfall for the year has been largely in excess of the average. The total fall during the year was 30.9 inches, which compares with an average for the past 40 years of slightly over 25 inches. The wettest month of the year was July with 3.93 inches, whilst only in the months of February and March did the fall fail to reach one inch.

VITAL STATISTICS.

Birth Rate. The total number of births registered in the borough during the year was 1,667. After correction for children of Reading parents, numbering 19, who were born elsewhere, and 83 children born in the town whose parents were not normally resident here, there remains 1,603 births properly assigned to Reading.

This represents a birth rate of 17.1 per 1,000 of the population which,

except for the war years, is the lowest ever recorded in the borough.

Illegitimate Births. Of the registered births, 68 or 4.2 per cent were illegitimate. This is a somewhat lower rate than the average of recent years.

Marriage Rate. Mr. W. H. Oliver, the Superintendent Registrar of births and deaths, etc., informs me that 1,476 persons were married during the year.

This gives a marriage rate of 15.7 per 1,000 of the population.

Death Rate. The deaths of 1,081 persons were registered during the year. Of this number 122 whose deaths principally occurred in public institutions were persons not ordinarily resident in Reading while intimation was received of the deaths of 47 Reading people which occurred in other areas. The nett number of Reading persons whose deaths occurred during the year was, therefore, 1,006, which represents a death rate of 10.7 per 1,000 of the population.

This rate shares with that of the year 1921 the distinction of being the

lowest death rate ever recorded in the borough.

Comment has been made in previous reports on the fact that with a constantly falling birth rate and the prolongation of the lives of elderly people, the age distribution of the population is changing, leaving a higher proportion of persons at the advanced ages.

Although a low birth rate tends to reduce the death rate, the general effect of the two factors together will in the main have the result of retarding the fall of the death rate.

Deaths in Public Institutions. Of the total deaths, 178 occurred in Battle Infirmary, 107 in the Royal Berkshire Hospital, 17 in Park Hospital, and 27 in various mental hospitals outside the borough.

Practically one death in every three occurred in public institutions.

Infant Mortality. During the year, 86 children died before attaining the age of one year. This represents an infant death rate of 53.6 per 1,000 children born. Except for last year, when the rate was slightly lower at 51.6, the present year's rate is lower than any hitherto recorded.

Comparative Mortality. It is always valuable to compare health progress in Reading over past years and to note year by year how we compare with other large centres of population.

Table I. appended, shows a continuous record of improvement since 1874, the earliest year for which we have records. The death rates shewn which are regarded as the best indications of the health of a community have steadily fallen, but it is ominous to note that over the same period the birth rate has fallen in even greater degree.

TABLE I.

Period.	Birth rate.	Death rate.	Infant mortality.	Death rate from pulmonary tuberculosis.
1874-83 (average)	36.5	18.1	131.6	1.99
1884-93 do.	32.0	16.5	127.9	1.47
1894-1903 do.	27.1	14.1	133.7	1.13
1904-13 do.	22.7	12.1	99.2	1.01
1914	20.1	12.0	88.5	1.09
1915	19.8	13.8	82.0	1.13
1916	19.3	14.4	80.8	1.05
1917	15.4	14.2	98 6	1.41
1918	17.1	15.9	72.7	1.40
1919	16.7	11.9	68.4	0.89
1920	24.8	11.0	66.7	0.82
1921	20.4	10.7	60.2	0.88
1922	18.5	12.2	63.0	0.87
1923	18.3	11.1	51.6	0.99
1924	17.1	10.7	53.6	0.96

Table II. following, gives a comparison of the principal vital statistics of Reading with that of England and Wales and other urban centres.

It will be seen that in each instance the death rates in Reading are lower than any of those quoted, even for the smaller towns where conditions are often more favourable. Our general death rate, the death rates from infectious diseases, and more particularly the infant death rate are markedly lower than any others included in the table.

TABLE II.

BIRTH RATE, DEATH RATE, AND ANALYSIS OF MORTALITY DURING THE YEAR 1924.

(Provisional figures. The rates for England and Wales have been calculated on a population estimated to the middle of 1924, while those for the towns have been calculated on populations estimated to the middle of 1923. The mortality rates refer to the whole population as regards England and Wales, but only to civilians as regards London and the groups of towns.)

e of hs.	Uncertified death	1.1	9.0	1.2	0.1
Percentage o total deaths.	cases Inquest	9.9	6.9	5.5	8.6
Pe	Causes of death certified by registered Medi- cal Practitioners	92.3	92.5	93.3	91.3
per births.	Total deaths under I year	75	08	71	69
Rate 1,000	Diarrhoea & Enteritis (under 2 yrs.)	7.3	9.2	6.2	8.4
	Уіодепсе	0.44	0.40	0.36	0.44
tion.	Influenza	0.49	0.45	0.50	0.36
nal Death Rate per 1,000 Population.	Diphtheria	90.0	80.0		0.12
r 1,000	Whooping	01.0	0.12	60.0	0.11
Rate pe	Scarlet fever	0.03	0.03	0.05	0.03
Death 1	Measles	0.12	0.18	80.0	0.29
Annual	Small-pox	00.00	0.00	0.00	11
	Enteric fever	0.01	0.01	0.01	0.01
	All causes	12.2	12.3	11.2	12.1
	Birth-rate per 1,000 total population	18.8	19.4	18.9	18.7
		England and Wales	105 County Boroughs and Great 19.4	Adjusted	London

Ward Mortality. I again append a table shewing the mortality in the different wards of the borough with the qualification previously mentioned that the more remote one gets from the census the less accurate are the ward populations and therefore the more liable to error are any figures based on them.

TABLE III.

DEATH RATES IN THE VARIOUS WARDS.

War	d.	Population (Census 1921)	Nett No. of deaths during the year 1924.	Death rate per 1,000 of the population.
Abbey		 3,733	43	11.51
Battle		 10,853	108	9.95
Castle		 5,800	59	10.17
Caversham	East	 6,118	82	13.40
Caversham	West	 4,257	46	10.81
Church		 8,734	101	11.56
East		 11,653	123	10.55
Katesgrove		 8,513	79	9.28
Minster		 4,324	55	12.72
Redlands		 5,792	61	10.53
Tilehurst		 8,379	91	10.86
Victoria		 6,145	80	13.02
West		 7,977	78	9.78
Whole	district	 92,278	1,006	10.76

CAUSES OF, AND AGES AT, DEATH.

As has been emphasised, the whole improvement of modern health conditions has tended to postpone the event of death. As many as 70 per cent. of the deaths occurred in two groups aged 45-65 years and 65 years and upwards. In point of fact the great majority of the former group more nearly approached the age of 65 and of the total number of persons who died, nearly half had passed their sixty-fifth birthday.

Table IV. on pp. 12 & 13 shews in detail the causes of deaths, the ages at which they occurred, and the ward distribution throughout the borough.

With the removal of many epidemic conditions and the diminution of many causes of death that are within our control, the causes of death each year tend to fall into definite categories which shew little variation.

Cancer this year claims more victims than in any previous year. More than one death in every ten is due to this cause. In the present state of our knowledge, only early recognition of the disease and earlier recourse to the surgeon gives any hope of reducing cancer mortality.

As before, organic heart disease, and respiratory diseases like bronchitis and pneumonia, are the next most important causes of death. In so far as very many of these deaths occur at advanced years, they are not preventible, but much of the mortality at earlier years, especially that assigned to pneumonia, could probably be prevented.

The rapid fall in tuberculosis mortality has not been maintained during recent years. As tuberculosis is a disease largely dependent on social conditions, it is probable that the stress and general anxiety following the war are in measure responsible for this.

CAUSES OF, AND AGES AT, DE.	ATH.	1924.
-----------------------------	------	-------

CAUSES OF DEATH. All Under 1-2 2-5 5-15 15-25 25-43 1 1 1 1 1 1 2 2 3 3 119 1 1 1 2 3 3 119 1 1 1 3 3 3 119 1 1 1 3 3 3 119 1 1 3 3 3 3 1 1 3 3								
Uncertified 9 4	CAUSES OF DEATH.	and the second second						
Enteric Fever		100000000000000000000000000000000000000		18		24	33	119
2 Small Pox	1 Patonia Posson							
3 Measles	9 Cmall Day							1
4 Scarlet Fever 1 — 1 — — 1 —	0 35 1	=						
6 Diphtheria and Croup	4 Scarlet Fever	- 1	_	_		-	_	_
7			-		1	-	-	-
8 Erysipelas — <t< td=""><td></td><td>10</td><td></td><td></td><td></td><td></td><td></td><td>_</td></t<>		10						_
9 Phthisis (Pulmonary Tuberc'sis) 90						1		
10 Tuberculous Meningitis					_	3		200200000
12 Cancer (Malignant Diseases) 130	10 Tuberculous Meningitis			_	_	_		
13 Rheumatic Fever		land to the second	1	-	-	-		2
14 Meningitis	19 Phoumatic Force		-					- 70
15 Organic Heart Disease 125 -			-					
16 Bronchitis	15 Organia Heart Disease							
18 Other Diseases of Respiratory Organs	16 Bronchitis		5	3	_			
Organs 12 — 1 —		66	18	8	5	4	-	5
19 Diarrhoea and Enteritis 4 4 4 1 2 1 2 2 1 2 2 1 Cirrhosis of Liver 5		10						
20	10 Diambasa and Entantila		4	- 5	-	-		-
Cirrhosis of Liver							1	- 9
22 Nephritis and Bright's Disease 20 — — — 2 6 23 Puerperal Fever —	21 Cirrhosis of Liver		_					
23 Puerperal Fever			-	ross		_		
24 Other Accidents and Diseases of Pregnancy 5					-	-	2	6
Pregnancy	24 Other Accidents and Diseases of						-	
25 Congenital Debility & Malformation (including premature birth)		5	_				1	4
birth	25 Congenital Debility & Malfor-							
26	mation (including premature							
27 Suicide 10 — — — — 4 28 Other defined diseases 332 8 2 2 6 6 19 29 Diseases ill-defined or unknown 3 — — — — — — — Totals 1006 86 18 17 24 33 119 Sub-headings included in above : Cerebro-spinal fever 1 — — — — 1 Poliomyelitis — — — — 1 Broncho-pneumonia 42 15 6 4 2 — 3 Venereal Disease — <td< td=""><td></td><td></td><td></td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td></td<>				-	-	-	-	-
28 Other defined diseases 332	07 Cuinida	4.0	100000		4			
Totals 1006 86 18 17 24 33 119 Sub-headings included in above : Cerebro-spinal fever 1					2			
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Cerebro-spinal fever 1 — — — 1 Poliomyelitis — <	Totals	1006	86	18	17	24	33	119
Cerebro-spinal fever 1 — — — 1 Poliomyelitis — <	Sub-headings included in above							
Poliomyelitis — <		1			-		_	1
Venereal Disease <td>Poliomyelitis</td> <td></td> <td></td> <td>-</td> <td></td> <td>_</td> <td></td> <td>-</td>	Poliomyelitis			-		_		-
Cerebral hœmorrhage 45 — — Arterio-Sclerosis 78 — — Senile Decay 28 — — Tetanus — — — General Paralysis of Insane 1 — — — Aneurism 7 — — — Locomotor Ataxy 2 — — — Encephalitis Lethargica — — — —			200000	6	4	2	-	3
Arterio-Sclerosis 78					-	-		-
Senile Decay 28	A rtario Solarosio						-	
Tetanus	Conile Decays		_	_				
Aneurism 7	Tetanus		_	Marian				
Locomotor Ataxy 2	A		+-		-	-		1
Encephalitis Lethargica — — — — — — —	Locomotor Atoxxx		-					
		2	-					-
204 15 6 4 2 — 5	zacopanies zeningiea						-	
		204	15	6	4	2	_	5
							1-0-3-53	

Allocated to Municipal Wards.											Deaths in Institutions.				
45—65 yrs.	65 yrs. and up- wards	Abbey	Battle	Castle	Caversham	Church	East	Katesgrove	Minster	Redlands	Tilehurst	Victoria	West	Residents of Borough	Non-Residents of Borough.
238 — — — — — — — — — — — — —	466 5 ——————————————————————————————————	43 — 1 — 2 — 7 — 3 5 4	106 2 13 2 16 10 10	59 1 1 1 13 6 5 2	127 1 1 	100 1 — — — 1 — — 1 14 — — 16 3 11	122 1 — — — — — — — — — — — — —	79 1 1 2 9 1 19 12 8 8	54 1 	61 1 14 2 5 7 1	89 2 	79 1 ———————————————————————————————————	78 — — — — — — — — — — — — — — — — — — —	285 1 — — 1 — 14 — 36 — 2 26 12 25	91 — — — — — — — — — — — — — — — — — — —
4 3 5 - 5	7 7 -		1 1 - 4	1	2 - - 3 - 2	2 - 1 - 5 -	3 - 1 -	$\frac{1}{\frac{1}{1}}$	1 1 2 - 2	1 1	1 1	1 - 1	1 = = = = = = = = = = = = = = = = = = =	2 9 3 - 9	1 5 3 -1 2
-4 5 75 1	7 1 214 2	1 1 15 —	2 5 1 35	2 3 	10 1 1 38 3	3 1 1 33 —	5 5 1 45	2 2 	3 2 2 13	2 2 18	6 4 1 35	4 1 1 28 —	3 1 34 	3 11 - 126 -	3 8 40 1
238	471	43	108	59	128	101	123	79	55	61	91	80	78	285	91
7 13 7 - - 3 1	5 32 71 28 — 4 1	- - - - - - - - - - - - - - - - - - -	7 7 8 2 — 1 —	- 2 -6 3 2 - - -	1 -9 -1 6 8 	7 7 8 1 —	- 1 -6 13 4 - 1 4 -	5 - 4 5	- 1 6 2 - -	- - - 1 5 1 - -	- 5 8 2 - - 1 -	- 2 5 5 3 - 1 -	- - 2 - - 2 7 3 - - 1		
31	141	5	25	13	25	24	29	14	10	7	21	16	15	_	_

NURSING ARRANGEMENTS, HOSPITALS, AND OTHER INSTITUTIONS AVAILABLE FOR THE DISTRICT.

Professional Nursing in the Home.

(a) The Queen Victoria Nursing Institute, Reading. Employs the Superintendent, five general nurses, and one midwife.

The Reading Education Committee, through the agency of the

Institute, employ four additional nurses for their school work.

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

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

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

Midwives. There were 35 midwives practising in the borough during the year, of whom 15 were employed in Institutions.

Clinics and Treatment Centres Provided by the Corporation.

The following clinics and treatment centres are in operation in the borough:—
Six infant welfare centres with seven sessions weekly.

An ante-natal clinic with one session weekly.

A tuberculosis dispensary with daily consultations.

A venereal diseases clinic, subsidized by the Corporation, holds four sessions weekly at the Royal Berkshire Hospital.

The Education Committee's clinics are :-

Inspection clinics twice weekly.

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.

Reading Dispensary Trust. This is a charitable agency providing medical attendance for such of the poor of Reading as are nominated to receive its benefits.

Borough of Reading Medical Society. This is a limited company, conducted by the medical practitioners in the borough. Its object is by a weekly subscription to meet the medical requirements of dependents of insured persons and any other persons who are not eligible for medical benefit under the Insurance Act, and whose incomes do not exceed £250 per annum.

More than 10,000 persons are included under these arrangements.

Borough of Reading Dental Society, Limited, provides similarly for the dental requirements.

Hospitals Provided by the Local Authority :-

TABLE V.

Institution.	No. of Beds.	Conditions treated.
Park Hospital	40	Scarlet fever—26 beds. Diphtheria—10 beds. Isolation—4 beds.
Tuberculosis Pavilion, Park Hospital	12	Advanced cases of tuberculosis in adult males.
Small-pox Camp, Whitley	9	Small Pox.
Bridge Street Hospital	12	Emergency acommodation for infectious cases.
Dellwood Maternity Home	13	Maternity cases.

Other Hospital Accommodation available for the District.

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

Beds a	vailab	le.		Male.	Female.	Total.
Surgical			 	39	54	93
Medical			 	28	30	58
Children			 	-		20
Ophthalmic			 		_	16
Venereal dise	eases		 			12
Ear, nose an	d thro	at	 	_		8
Isolation			 	-		6

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

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

Ambulance Facilities. The Corporation has one motor ambulance and one auxiliary horse drawn vehicle for infectious cases. The Watch Committee has provided during the year a new motor ambulance for accident cases.

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

The British Red Cross Society has a motor ambulance for accidents and non-infectious cases.

LABORATORY WORK.

All pathological and bacteriological examinations, apart from venereal diseases work, are now carried out in the health department.

During the past year the following examinations were made:-

		Positive.	Negative.	Total.
For detection of tubercle bacilli	 	77	257	334
For detection of diphtheria bacilli	 	236	354	590

Bacteriological and blood examinations for venereal diseases are included in the venereal diseases arrangements with the Royal Berkshire Hospital. The following is a record of the number of examinations made at the hospital during the year, in regard to Reading patients:—

		To	otal	483
Examinations for gonococci	 			164
Examinations for spirochaetes	 ***			1
Wasserman blood reactions	 			318

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASES.

With the exception of an epidemic of measles which, beginning in the autumn of 1923 was continued into the earlier months of 1924, the latter year has been exceptionally free from the commoner infections.

Not for some years has the prevalence of scarlet fever and diphtheria

been so low.

The Table on page 17 shews the incidence and distribution of all cases of notifiable infectious diseases reported during the year.

Measles. During the year 731 cases of measles were notified. The total number of notifications received throughout the epidemic of 1923-24 was 1,840. Since only first cases in a household are notified this does not represent the whole extent of the outbreak which must have represented considerably over 2,000 cases.

During the year five deaths were assigned to measles and its accompaniments (bronchitis and broncho-pneumonia), which with eight in the preceding year makes a total of thirteen deaths during the epidemic. It will thus be

seen that the case mortality of the disease is small.

All but one of the deaths occurred in children under five, again emphasizing the fact that the younger the child the greater the danger and the greater

the necessity to protect young infants from infection.

It should be remembered that deaths are far from being the whole measure of the evil wrought by measles. Prolonged debility and tuberculosis frequently have their origin in an attack of measles.

Scarlet Fever. The incidence of scarlet fever was lower than in any year since 1918. Only 134 cases were notified, with one death. After the extensive epidemic of the two previous years it is only in accord with previous experience that there will be a lessened prevalence for a year or two.

Diphtheria. Like scarlet fever, diphtheria was not prevalent, indeed no year for the past twenty years has been so free from this disease, there being 42 cases notified and only one death.

Enteric Fever. Five cases of the typhoid group of diseases were notified. The probable source of infection in three cases was polluted water, one patient contracting the disease abroad. In the two remaining cases there was no obvious source of infection.

One case of true typhoid proved fatal.

CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1924. CLASSIFIED IN AGES AND LOCALITIES. TABLE VI.

		Total Deaths in Isolation Hospital	11-1-111-12111111	17
	Notified	Cases Removed to Isolation Hospital.	38 1	189
		West	4 1	138
1	rd.	Victoria	35 46 1 1 1 1 1 1 2 1 1 1 1 1 1 1 2 1 1 1 1	63
1	I wa	Tilehurst	141	211
	ncıpa	Redlands		89
1	Mun	Minster	£ 6 8 8	74
1	each	Katesgrove	1	63
1 5	III DO	East	18 82 1 2 3 1 2 3 1 2 6 7 1 1 1 8 8 1	123
977	Lotal Cases Notified in each Municipal Ward	Сритср		78
	ses I	Caversham	69 1 1 1 1 1 1 1 1 1	16
9	al Ca	Castle	1 9 9 1 1 9 1 1	74
6	TOT	Battle	06 28 4 +	138
		уpреу		26 1
		65 years and upwards.		15
P		45 and under 65 years.	-04	35
otifie		25 and under 45 years.	00 00 00 00 00 00 00 00 00 00 00 00 00	
SS No	lears	15 and under 25 years.		14 1
Casi	es_1	5 and under 15 years.	1416 168 189 199	528 114 104
er of	At Ages—Years.	I and under 5 years.	257 4 10 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	310 5
Number of Cases Notified	A	Under I year.		41 3
12		At all ages.		
_		10 11	2 2	1147
Number of Cases Notifi	Notifiable Diseases.		Small Pox Measles Diphtheria Erysipelas Scarlet Fever Typhus Fever Enteric Fever Puerperal Fever Cerebro-Spinal Meningitis* Pollomyelitis Pulmonary Tuberculosis Other Forms of Tuberculosis Ophthalmia Neonatorum Acute Primary Pneumonia Trench Fever Malaria Encephalitis Lethargica Dysentery	Totals

*Includes one case not belonging to borough, which was notified from the Royal Berkshire Hospital.

Cerebro - Spinal Fever, Poliomyelitis, and Encephalitis Lethargica. Four cases of this group of nervous infections were notified during the year. One of fulminating cerebro-spinal meningitis resulted in death in 48 hours, whilst one of acute anterior poliomyelitis recovered but with a slight degree of paralysis of the hand remaining.

The only case of encephalitis lethargica made a good recovery after a prolonged illness. One case of cerebro-spinal meningitis, a patient from

outside the borough, ended fatally at the Royal Berkshire Hospital.

Puerperal Fever and Ophthalmia Neonatorum, are referred to in the section of the report dealing with maternity and child welfare.

Small Pox and Vaccination. Although small pox has continued with increasing prevalence in other parts of the country the borough has enjoyed complete immunity from the disease. The vaccination returns supplied by Mr. W. H. Oliver again show that the practice of infant vaccination is much more honoured in the breach than in the observance. Only 16 per cent. of children born during the year were successfully vaccinated.

TABLE VII.

cts.	Number of births Registered.	Number of children successfully vaccinated.	Insusceptible of vaccination.	Small Pox.	un-vaccinated.	Exemption from vaccination by Statutory Declara- tion of "Conscien- tious Objection."	Postponement by Medical Certificate.	ved to † districts.	ved to s unknown.		Number of births remaining naccounted for).
Districts.	Numl	Number of successfull vaccinated	Insus	Had S	Died	Exemption vaccinatio Statutory tion of "C	Postpon Medical	Removed other dist	Removed places un	No.	Rate per cent of total births
No. 1	691	106	-	_	35	424	9	14	20	83	12.0
No. 2	697	127	1	_	28	392	_	52	38	59	8.5
No. 3	349	58	_	_	8	221	_	3	16	43	12.3
Whole Borough	1737	291	1	_	71	1037	9	69	74	185	10.6

† Vaccination Officer duly apprised.

PARK HOSPITAL.

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

TABLE VIII.

Disease.	Remaining in hospital 1 Jan., 1924.	Since Admitted.	Since Discharged.	Died in hospital.	Remaining in hospital 31 Dec., 1924
Scarlet Fever	19	113	109	1	23
Diphtheria	4	36	37	1	1
Tuberculosis	11	30	19	14	8
Other Disease	_	10	9	1	_
Totals	34	189	174	17	32

Note-The patient certified dead of scarlet fever was admitted as a case of diphtheria.

Diphtheria. There were 38 cases admitted to hospital as diphtheria, of which two were re-diagnosed after admission. One a case of septic throat recovered. The other referred to below proved to be an acute septic case of scarlet fever and ended fatally. There were three patients with acute laryngeal symptoms who recovered without operation, and one for whom tracheotomy was necessary. The latter was unfortunately not relieved by the operation and died within 48 hours of admission. Of the remaining cases, eight were of the severe type but all recovered. Two patients with mixed infection of scarlet fever and diphtheria were admitted and made good recoveries.

Scarlet Fever. Of 120 cases admitted as scarlet fever during the year, seven were re-diagnosed. Six proved to be septic throat only and one german measles. One patient admitted as suffering from diphtheria proved to have a very severe septic scarlet fever which ended fatally. Amongst the common complications of scarlet fever occurring were four cases of otorrhoea, nine of nephritis, of which latter six showed the presence of the diphtheria bacilli, and four arthritis, of which one was severe. Twenty of the patients developed adenitis in greater or less degree. There was no case of true nephritis and only seven with transient albuminuria.

One case with rhinitis and positive to diphtheria bacillus developed acute meningeal symptoms. Thirty cubic centimetres of fluid under pressure were removed from the cerebro-spinal canal. The fluid was found to be bacteriologically sterile but the relief of the pressure greatly relieved the symptoms and the child made an uninterrupted recovery.

Amongst other patients admitted was one suffering from pneumococcal meningitis and pneumonia who died within a few hours of admission.

One nurse contracted scarlet fever and one diphtheria.

Return Cases. Amongst the patients discharged during the year were three who were presumed to be sources of infection to other members of the family. In two instances the second case occurred seven days after discharge and in the third infection appeared fourteen days after the infecting patient left hospital.

DISINFECTION.

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

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

Number of houses disinfected 363
Number of rooms disinfected 449
Number of beds and mattresses ... 791
Number of miscellaneous articles ... 3747

TUBERCULOSIS.

The prevalence of tuberculosis as measured by the number of deaths and by new notifications of the disease appears to remain stationary or even to show a slight tendency to increase. The number of new cases of pulmonary tuberculosis notified was higher and the number of deaths almost identical with those of last year. New cases of non-pulmonary tuberculosis and deaths from non-pulmonary tuberculosis were both lower than last year.

The following short table shows the progress of tuberculosis since the

war :-

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

The aftermath of war which embraces the housing shortage, unemployment, and the general uncertainty and anxiety of post-war conditions undoubtedly militate against the reduction of the disease.

Notification. The notification of tuberculosis still leaves much to be desired. Of the fatal pulmonary cases 29 were notified within three months of death, whilst in 33 instances the first intimation was received from the death returns.

One of the first essentials in the prevention and treatment of tuberculosis is early knowledge of the existence of the disease. The cure of any genuine tuberculous infection is a formidable task, however early the disease is recognised. When notification is received late not only is cure well night hopeless but already much damage may have been done in the infection of other persons. It is therefore much to be regretted that notification from whatever cause is received so late in such a large proportion of cases. The medical practitioners of the borough have again been circularised with a view to enlisting their co-operation, but a wider knowledge of the disease and its dangers is required among the general public to effect a real improvement.

The measures taken in the borough for dealing with tuberculosis are unaltered and embrace :-

(a) The tuberculosis dispensary with daily medical consultations.

(b) Sanatorium treatment for suitable cases in both adults and children.

(c) Hospital provision for cases of surgical tuberculosis.

(d) A pavilion for advanced cases of pulmonary disease in males. (e) The Whitley open-air school for "pre-tuberculous" children.

(f) Home supervision by trained nurses.

(g) The provision of additional food and drugs like cod liver oil in suitable cases, and of open-air shelters for home use.

(h) An after-care Association conducted on a voluntary basis and supported by voluntary contributions.

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1912.

TABLE IX.

Summary of Notifications received during the year 1924.

No. of Notifications on FormB. No. of Notifications	Total	Not	rotal previously tions to other doctors	2 53	9 27	4 - 4																																			
f Notii	Deimore	Notifications.	10 T to 1 T T T T T T T T T T T T T T T T T T	1	1	1	1																																		
No. 0	-	No	5 to 10	-	1	1	1																																		
Takana Asaman	Total	Notifications	including cases previously notified by other doctors	57	78	1	1																																		
	,	Total	54	70	9	10																																			
Form A	Number of Notifications on Form A. Primary Notifications.				65 and up- wards	1	1	1	1																																
on I					55 to 65	3	4	1	1																																
tions		ications.	fications.	fications.	fications.	fications.	fications.	fications.	fications.	fications.	fications.	fications.	fications.	fications.	fications.	fications.	fications.	fications.	fications.	fications.	fications.	fications.	fications.	fications.	fications.	fications.	fications.	ifications.	ifications.	Primary Notifications.	ifications.	fications.	fications.	fications.	ifications.	ifications.	45 to 55	9	10	1	1
otifica																																					ificatio	ificatio	ificatio	ificatio	ificatio
ol No		Notif	25 to 35	11	14	1	-																																		
nber		nary	20 to 25	9	16	1	1																																		
Nur		Prin	15 20 20	7	12	1	1																																		
			10 to 15	33	1	1	8																																		
			to 10	1	61	3	21																																		
			5 5 1	1	67	П	-																																		
			Under I year	61	1	-	1																																		
	Age Periods.			Pulmonary (males)	Pulmonary (females)	Non-Pulmonary (males)	Non-Pulmonary																																		

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

SUPPLEMENTAL RETURN.

New cases of Tuberculosis coming to the knowledge of the Medical Officer of Health or Chief (Administrative) Tuberculosis Officer during the period from the 30th December. 1923, to the 3rd January, 1925, otherwise than by notification on Form A or Form B under the Public Health (Tuberculosis) Regulations, 1912.

Age periods.	0 to 1.	1 to 5.	5 to 10. 10 to	15.	15 to 20.	20 to 25.	25 to 35.	35 to 45.	45 to 55.	55 to 65.	65 and upwards.	Total Cases.
nary (males)	2	1	1	1	1	61	9	4	5	3	1	21
oulmonary (females)	i	1	1	1	1	ı	3	1	53	1	1	00
Von-pulmonary (males)	1	ı	1	1	1	1	-	1	1	1	1	-
Non-pulmonary (females	1	1	1	1	1	1	1	1	П	I	1	3

The following is an analysis of all primary cases of tuberculosis and all other new cases which came to the knowledge of the department during the year. The latter include such cases as were found for the first time from the death returns or were intimated from other sources.

The deaths shewn in the second half of the table refer to the same persons and are therefore not comparable with the figures in Table IV, which include all deaths whenever notified.

TABLE X.

	Total new cases received during the year					Deaths.				
Age Periods.	Puln	nonary.	Non-p	almonary	Puln	nonary.	Non-pi	ılmonary		
	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females		
Under 1 year	4	1	1	1	3	1	1	1		
1 year to 5 years		2	1	1		1	-	_		
5 years to 10 years	-	2	3	2			-	-		
10 ,, 15 ,,	4 7	1		3	1	1	-	-		
15 ,, 20 ,, 20 ,, 25 ,,		13	-	1		4		-		
20 ,, 25 ,,	8	16		1	5	4				
25 ,, 35 ,,	17	17	1	1	9	6	1			
35 ,, 45 ,, 45 ,, 55 ,,	19	14	1	1	8	5	_	-		
45 ,, 55 ,,	8	7	-	1	6	3		1		
55 ,, 65 ,,	6	4	-		3	2	-	-		
65 and upwards	2	1		1	1	1	-	1		
Totals	75	78	7	13	36	28	2	3		

From Dr. Minkley's report which follows it will be seen that the number of patients sent to sanatoria during the year has increased.

Tuberculosis Dispensary.—The work carried on at the Tuberculosis Dispensary, 1, London, Street, during the year 1924 is shewn in brief by the figures below:—

Number of new cases examined (including 27	
re-admissions)	271
Number of persons found to be suffering from	
pulmonary tuberculosis	101
Number of persons found to be suffering from	
non-pulmonary tuberculosis	13
Number of persons presenting such symptoms and signs as occasioned suspicion and necessitated	
continued observation	72
Number of persons found to be not suffering from	
tuberculosis	85
Total number of attendances by patients during	
the twelve months	3651

Examination of Contacts. Of the 271 new patients noted above as having come under observation for the first time during 1924, 74 were examined as having been more or less closely in association with known cases of tuberculosis, and in whom therefore there had been increased liability to infection with the tubercle bacillus. Amongst the "contacts" so examined 4 persons were found to show definite signs of disease, 17 presented symptoms or signs calling for extended observation; the remaining 53 showed no signs of clinical infection.

Home Supervision. The Tuberculosis Officer paid visits to their own homes in the case of 59 persons, the majority of whom were persons

whose disease had been notified to the Medical Officer of Health and who were in unfit condition to visit the Tuberculosis Dispensary. In such cases the most appropriate treatment was decided upon after conferring with the patient's regular practitioner.

The two nurses attached to the dispensary paid 2,609 visits to the homes of patients, of which number 183 were paid to the homes of ex-service men.

Shelter Treatment. The shelters provided by the Corporation for use by persons in suitable cases have continued to be of great service and have enabled a considerable number of patients to put into practice at their own homes the principles of open-air treatment that they have learnt during their stay at sanatoria. At the close of the year, 26 of these were still being regularly used, despite the winter conditions. Much interest was taken in the specimen shelter shown at the Exhibition during Health Week, and it appears to have been not at all a matter of general knowledge that such means of treatment is available within the borough.

Sanatorium Treatment. The number of patients sent to various sanatoria shows a marked increase during 1924, especially amongst women, 24 women having been admitted during the twelve months as against 6 admissions during 1923. Fortunately this has been due to the more favourable type of disease presenting itself rather than to any formidable increase in the incidence of affection.

The following statement shows the numbers admitted to sanatoria during the year, and the condition at the end of the year of all patients treated in sanatoria during 1924:—

	Rema: Sanatoria	ining in , Dec. 1923		ted during ar 1924.	То	tals.
	Males.	Females.	Males.	Females.	Males.	Females
Adults	5	2	17	24	22	26
Children	10	3	13	6	23	9
Totals	15	5	30	30	45	35

Distribution of the patients has been as follows :	
At Burrow Hill Training Colony	1
At Lenham Sanatorium, Kent	1
At Grosvenor Sanatorium, Ashford, Kent	40
At Berks and Bucks Sanatorium, Peppard, Oxon	3
Church Army Sanatorium for Lads, Heath End,	
Farnham	17
Oak Bank Sanatorium and Open Air School for	
Girls, Sevenoaks, Kent	7
Wingfield Orthopaedic Hospital, Headington,	
Oxford (cases of surgical tuberculosis)	8
Alexandra Hospital, Swanley, Kent (surgical	
tuberculosis)	1
Pine Grove Sanatorium, Fleet, Hants' (Church	
Army Institution for Girls)	. 1
Mount Vernon Hospital, Northwood	1

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

Improvement maintain	ned	 	 38
Disease progressive		 	 7
Died (from intercurren			 1
Remaining in sanatoris	a	 	 32
Left the district	***	 	 2
			80

Tuberculosis Pavilion, Park Hospital, Reading. At this Institution, mainly for the treatment of more advanced cases of tuberculosis amongst men than are suitable for treatment on strictly sanatorium lines, 11 patients remained at the end of 1923. During 1924, 34 were admitted, of which number 8 were re-admissions, the number of persons receiving such treatment being 36. The following table shews the position at the end of the twelve months:—

Remaining in pavilion, December 31st, 1924		8
Died in pavilion during 1924		14
Living (December 31st, 1924) but with progress	ive	
disease		2
Remainder showing measurable improvement		12
•		-
		36

Of the cases showing improvement (12) four proceeded to sanatoria for extended treatment, three returned to their employment, one subsequently left the district, and four (discharged at their own request) returned to home treatment. Of these four, two being ex-service men are in receipt of full pension, one is receiving adequate assistance from his former employers, and one is in receipt of out-door relief from the Board of Guardians.

Of advanced cases of tuberculosis amongst women at least 20 are known who would be suitable for admission to a similar institution.

Special Treatment was only resorted to in a few instances during 1924. Injections of collosol calcium have continued to be used in cases in which haemoptysis has been a marked factor, and no serious haemorrhage has occurred during the course of such injections, but its effect in control appears to be transient, and such injections appear to have little or no inimical effect on the tubercle bacillus itself, as these continue to appear in apparently undiminished numbers in the sputum after a considerable number of injections

Examination of Specimens.	
Number sent in by doctors Dispensary specimens	182 152
Total	334

In 77 of these tubercle bacilli were found to be present and the remaining 257 proved not to contain tubercle bacilli, i.e., roughly one specimen in every five sent in shows the bacillus present.

Tuberculosis Dispensary Care Association. The aid given by the voluntary organisation has continued to be of a most valuable character. The Employment Advisory Sub-Committee has continued investigation as to the possibility of employment for tuberculous persons, and the conclusions arrived at as the result of enquiries by members of the sub-committee were to the effect that there is no opening for employment in window cleaning, brush making, or chopping firewood. Further, that application to employers showed existence of prejudice against the employment of tuberculous persons and difficulty of fixing hours of work and adequate pay.

Indirectly work has been obtained by seven patients on the recommendation of the Tuberculosis Officer, two gardening, one driving motor lorry, one building, one night watchman, one clerical, one parcel delivery, and in all

these cases the present condition of health is satisfactory.

The Association has experienced considerable financial strain during 1924, and it is a matter of serious difficulty that it has to face the year 1925 with a balance only of £16 at the commencement.

The Relief Sub-Committee have dealt with 51 new cases, 24 re-appli-

cations and continued assistance in 48 cases, making a total of 123.

analysis of assistance shews :—		
Granted extra nourishment		 97
Supplied with clothing and boots		 11
Children sent to seaside and country he	omes	 10
Adult sent to convalescent home		 1
		119
Assisted by British Red Cross Society		 2
Assisted by Council of Social Welfare		 1
Assisted by United Service Fund		 1
		123
VENEREAL DISEAS	SES.	

From the returns furnished by Sir Stewart Abram, Medical Officer of the Venereal Diseases Centre at the Royal Berkshire Hospital, it will be seen that the fall in the incidence of venereal diseases continues.

The number of persons attending the clinic at the Royal Berkshire Hospital and the conditions from which they suffer are set out in the following table:—

TABLE XI.

	Syp	hilis.	Gono	Total.	
	Males.	Females.	Males.	Females.	Persons
Total number of persons under treatment or observation on 1st January, 1924, for—	96	46	21	18	181
Number of persons treated for the first time during the year 1924, for—	37	21	55	14	127
	133	67	76	32	308

In addition to the numbers included in the table there were 28 persons who attended the clinic for diagnosis and were found not to be suffering from venereal disease.

It should be noted that the patients referred to in the table include all those coming from the adjoining counties as well as persons resident in Reading. The actual distribution of the 127 new cases was 66 from Reading, 51 from Berkshire county, and the remaining 10 from other areas.

The following record shows the rise and fall of the wave of venereal disease which succeeded the war. The numbers are of all persons attending the clinic since its establishment.

1918	1919	1920	1921	1922	1923	1924
303	812	850	576	436	403	336

The attendances at the clinics during the year totalled 4,038 and the number of in-patient days 1,068. With the fall in the number of new cases both these totals naturally shew a decline from previous years.

The least satisfactory feature of the report of the Medical Officer of the Centre is that many persons still cease to attend the clinic before completing their treatment. Though most of these patients have probably ceased to be sources of infection, it is regrettable that they do not carry their treatment to a completion if only to avoid the dangerous sequelae that may follow, especially in the case of syphilis.

The Incidence of Venereal Diseases in Reading. The progress of these diseases in Reading itself will be best measured by the record of new cases of each form of the disease occurring during the same period.

	1918	1919	1920	1921	1922	1923	1924
Syphilis	90	153	141	82	58	32	30
Gonorrhoea	a 54	168	103	67	61	46	36

The lessened number of new cases not only in Reading but in other areas is a matter for congratulation as I am convinced that it represents a real diminution in the prevalence of venereal disease.

MATERNITY AND CHILD WELFARE.

Infant Mortality. During the year there were 86 deaths of children under one year, representing an infant mortality rate of 53.6 per 1,000 births, which except for the year 1923, is the lowest ever recorded. Of these infants, 29 died within the first week and 42 in the first month of life. It is now a constant feature of infant mortality returns that 50 per cent. of the children die soon after birth from causes operating before birth.

One quarter of the deaths are this year assigned to pneumonia and bronchitis and only four to gastro-intestinal diseases. The adverse weather conditions probably affected both of these returns increasing the number of deaths due to the former group and decreasing those due to the latter, although the danger of alimentary disorders even in hot summers is now much lessened as the result of the improved education of mothers in the care of their children and the improvement in the quality of

artificial foods. The death rate per 1,000 births from each of these groups of morbid conditions is shewn for different periods during the past twenty years in the following short table:—

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

Neo-natal mortality means deaths under one month. Although in single years variation occurs in these groups the general trend is indicated by the table. From representing each one-third of the mortality, group, one the neo-natal mortality tends to remain stationary; group two is diminishing slowly, the present year being exceptional; group three is responsible for a large percentage of the reduction in the total infantile mortality.

Stillbirths. The number of stillbirths notified by midwives was 49, being a rate of 3 per cent. of live births. So far as possible inquiry is made to ascertain the cause of stillbirths. In 11 cases prematurity was the cause, in 8 difficulties incidental to the labour resulted in the death of the child, and in 12 there was a definite history of illness of the mother prior to the confinement. In the remaining 18 cases no ascertainable cause was discovered.

Supervision of Midwives. There were 35 midwives who gave notice of their intention to practice during the year, only 25 of whom were in regular practice. Thirteen of the midwives were employed in institutions. Four left the district, 3 ceased to practice, and 1 died during the year, leaving 27 still on the register at the end of the year.

The Inspector of Midwives paid 57 visits to these midwives during the year and reports that the rules of the Central Midwives' Board were well observed and the general standard of work satisfactory. Their equipment was in good condition and methods employed were good. One midwife was interviewed by the Medical Officer of Health and cautioned in regard to noncompliance with the rules of the Central Midwives' Board.

Records of Sending for Medical Help. In 254 instances midwives required the assistance of doctors, 180 calls being on account of the mother and 74 for the child.

In accordance with the Midwives' Act, 1918, the Local Authority became liable for £136 for fees payable to practitioners on this account. The grants of £20 to the Caversham District Nursing Association and £10 to the Queen Victoria Institute were continued.

Causes of Death.	Under 1 week	1—2 weeks.	2—3 weeks.	3—4 weeks.	Total under I month.	I month and under 3 mos.	3 months and under 6 mos.	6 months and under 9 mos.
All causes Certified Uncertified	27 2	5	4	4	40 2	15 1	8	12
Small Pox	_	_	_	-	_		_	
Chicken Pox	_	_	_	-		_		_
Measles	_	_	_		_		_	_
Scarlet Fever	_	_	_		_	_	_	_
Whooping Cough	_	_	-	_	_	_	_	_
Diphtheria and Croup	_	_	-		-	-	_	-
Erysipelas		_	_	_	_	_	_	_
Tuberculous Meningitis	_	_	_	_	_	_		
Abdominal Tuberculosis	_	_	_	-	_	_		-
Other Tuberculous Diseases	_	_	_	-	_	_		3
Meningitis (not Tuberculous)	-	_	_	_	-		1	
Convulsions	1	_		_	1	1	1	-
Laryngitis	_	-	_	_	_	_	_	_
Bronchitis	_	_	_	_	_	2	2	-
Pneumonia	_	_	1	1	2	4	2	8
Diarrhoea		-	_	-	_	-	_	-
Enteritis		-	_	_	-	2	2	-
Gastritis		_	_		_	_	_	_
Syphilis	-	-	_		_	_	_	_
Rickets	-	-	_	-	_	_	-	_
Suffocation (overlaying)		-	_		-		_	-
Injury at birth	_		_	_		_	_	
Atelectasis		_		_	-	_	_	-
Congenital malformation	4	1	1	1	7	2	-	_
Premature birth	16	1	_	1	18	1	1	-
Atrophy, Debility, Marasmus	4	3	2		9	4	_	1
Other Causes	4		_	1	5		_	-
Totals	29	5	4	4	42	16	9	12

				Allo	cate	l to l	Munio	cipal	Ward	ls.				11	ths in utions.
9 months and under 12 mos.	Total under 1 year.	Abbey.	Battle.	Castle.	Caversham.	Church.	East.	Katesgrove.	Minster.	Redlands.	Tilehurst.	Victoria.	West.	*Residents of Borough.	Non-Residents of Borough.
7	82 4	3	7	4	12	11	8	9	6	2	9 2	6	5	16	6
_	_	-	_	_	_	_	_	_	_	_	_	_	_	_	
_	_	_	_	_		_	_	_	_	_	_	_	_	_	_
1	1	_	_	_	_	_	_	_	1	_	_	_	_	_	
_	-	_		-		_	_	_	_	-	_	-	_	_	_
_	_	-	_	_	_	_	_	-	_	_	_	_	_	_	_
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_	_	_	_	-	-	_	-	-	_	-	-	-	_	-	_
1	1	-	-		1	_	-	-	-		-	-	-	-	-
-	-	-	-	-	-	-	-	-	-		-	-	-	-	-
2	5	-	-	-	-	2	-	1	1		-	1	-	2	-
-	1	-	-	-	-	-	-	1	-	-	-	-	-	-	1
-	3	-	-	-	-	-	-	1	1	-	1	-	-	-	-
-	-		-	-	-		-	-	-	-	-	-	-	-	-
1	5	1	-	-	-	-	3	1		-	-	-	-	1	-
2	18	1	4	-	2	5	-	3	_	-	2	-	1	8	1
-	-	-	_	-	-	-	-	-	_	-	-	_	-	-	-
-	4	-	1	-	-	-	-	-	1	_	1	_	1	2	-
_	_	-	_	_	-	_	_	_	-	_	_	_	-	-	-
· -		-		_	_		_	_	_	_		_	_	_	-
									_	_					_
			_	_	_						_	_			
	9	_	1	1	1	_	1	_	1	1	1	1	1		_
_	20	1	1	_	5	3	2	1	2	1	3	1	_	2	3
	14	_		2	3	_	2	1		_	2	2	2	1	_
_	5	_	_	1	_	1	1		_	_	1	1	_		1
7	86	3	7	4	12	11	9	9	7	2	11	6	5	16	6
						-		-							

^{*}Includes 14 deaths in Royal Berks Hospital. The remain Workhouse Infirmary.

Notification of Births Act, 1907. In accordance with the terms of this Act, 1,380 of the total of 1,603 registered births belonging to the borough were notified to the Medical Officer of Health. This represents 86 per cent. of the births, a number that cannot however be regarded as satisfactory. Midwives were responsible for 78 per cent. of the notifications received, the remainder coming from doctors and parents.

Infant Welfare Centres and Health Visiting. I am of opinion that the enormous amount of work carried on at the infant welfare centres is not so well known in many circles of the town as it might be. That as many as 1,000 mothers attend the centres with their children for the purpose of ascertaining the progress of the infants by weighing and to receive advice from the medical and nursing staffs, cannot fail to have a beneficial influence on the well-being of both mothers and infants. That the interest is not spasmodic is seen from the fact that the average attendance maintained throughout the year at the centres is 361 weekly.

Last year an additional centre was opened at Tilehurst and during the last six months of the present year a further clinic has been maintained at Shinfield.

Unfortunately from lack of premises the latter has had to be closed during the early part of 1925 and no other premises appear to be available in the meantime. The details of attendance at the various centres is seen from the following table.

TABLE XIII.

INFANT CONSULTATION CENTRES.

Centre.	Numbers	Re-	Average
	Attending.	attendances.	Attendances.
Star Lane, Wednesday	346 140	4477 2134	87
Elm Park Hall, Oxford Road	218	4476	89
Park Institute, Wokingham Road	164	3638	
Caversham, Weston Mead	67	1568	31
Tilehurst (Village Hall)	37	1027	
*Shinfield, The Hut, Sycamore Road.	27	364	17
Totals	999	17684	361

^{*} Opened July 24th, 1924

The scheme of health visiting has been maintained on lines similar to those of previous years. Children from the ages of one to five years are kept under supervision whilst expectant mothers are also visited where possible and given such advice and assistance as may be possible.

The subjoined summary shews the work carried out during the year.

HEALTH VISITING SUMMARY.

First visits after receipt of notification	 1,495
Re-visits to children under one year	 5,644
Visits to children aged one to five years	 10,467
Special visits	 883
Visits to expectant mothers	 734
Special visits to cases of measles	 873
Special visits to cases of ophthalmia	 4
Special visits in regard to still births	 37
Special visits in regard to infant deaths	 89

Puerperal Fever and Maternal Mortality.. During the year five notifications of puerperal fever were received. One was a complicated case occurring in the Royal Berkshire Hospital. The remaining four, of which three were attended by midwives and one by a doctor, occurred on the

district. All five fortunately made good recoveries.

There were, however, five deaths registered which were immediately connected with child-birth. Three of these deaths were due to eclampsia. As careful ante-natal supervision and treatment can frequently prevent the occurrence of this very fatal complication of child-birth, it is much to be regretted that advantage is not always taken of the facilities available. Of the remaining two deaths, one was due to a ruptured uterus and one to disease of the heart which was unable to support the strain of labour.

Ophthalmia Neonatorum. Only three notifications of ophthalmia neonatorum were received during the year. One was a case of moderate severity, the other two being very mild. All three made perfect recoveries without injury to either eye.

Milk (Mothers and Children) Order, 1919. The supply of milk to expectant and nursing mothers and to children under three has been continued as in previous years since the passing of the Order. The financial circumstances of each applicant are verified in each case before milk is granted and periodically thereafter. In this work the co-operation of employers, the Clerk to the Guardians, and the Authorities of the Labour Exchange, have been of the greatest assistance. From the information derived from these sources it can only be rarely that milk is supplied otherwise than according to the income scale laid down by the Committee. The nett cost during the year ending March, 1925, was approximately £1,149.

DELLWOOD MATERNITY HOME.

The number of patients admitted to Dellwood during the year was 239. In the light of the experience of previous years it was determined to limit the numbers admitted to 240 per annum.

Although a certain number of patients had to be refused admission during the year, in view of the greatly reduced number of births in the borough, the Home has broadly been able to keep pace with the demands

tor accommodation. In certain respects, however, the present available accommodation has not met requirements. The rooms available for the isolation of severe or septic cases are so inconvenient from the point of view of removal and nursing as to make their use a very severe task on the staff. The accommodation for the nursing staff has also proved inconvenient and inadequate. With three nurses housed in one room and the sister in the room designed as a reception ward it has been found that the staff did not receive the rest necessary if they were to carry on their work successfully. In a small Home where work goes on day and night it becomes essential that the staff should be housed outside the building if they are to receive adequate rest and opportunities for study.

To meet these requirements the Committee has approved an extension of the Home, providing a pavilion in the garden for staff sleeping and sitting rooms and an extension of the main building to provide isolation wards.

The general progress of the patients treated in the Home during the year was satisfactory, with one exception.

The patient referred to developed severe eclamptic seizures and died within twelve hours of the birth of her child.

There were no cases of puerperal sepsis and no other serious maternal complications. At the latter end of the year an unfortunate infection of "pemphigus neonatorum" gained entrance to the Home which necessitated its closure during January of the present year. Although a considerable number of the babies were infected, fortunately no adverse effect developed in regard to their general growth and well-being.

The scheme for the training of pupil midwives was continued and seven pupils successfully passed the examination of the Central Midwives Board during the year.

As in previous years a careful record has been maintained of the housing circumstances and economic status of patients admitted to the home.

The housing shortage which still remains acute has made accommodation for maternity cases a necessity.

That Dellwood does meet a large part of the difficulty will be seen from the following facts relating to patients admitted during the year.

62 occupied one room.

93 occupied two rooms.

14 occupied more than two rooms.

10 resided with parents.

60 occupied separate houses.

Of the 60 occupying separate houses, 32 were admitted as private patients of doctors in the town. Amongst the 14 referred to as occupying more than two rooms one was the wife of a soldier living in barracks, whilst of the 10 included as living with their parents, seven were unmarried.

That the Home provides for the less favoured amongst the population will be seen from the fact that the husbands of 43 of the applicants were unemployed, and 7 were partially employed, whilst the average income of the remainder was £2 13s. 0d. per week. The average fee paid was £2 18s. 0d. or £1 9s. 0d. per week. Owing to extreme poverty the fee was remitted in 21 cases which were admitted free.

ANTE-NATAL CLINIC.

Dr. Agnes Bernfeld, Assistant Medical Officer, has continued the antenatal clinic at Star Lane on one afternoon weekly throughout the year. Having regard to the smaller total of births in the borough and the reduction of numbers admitted to Dellwood the number of new cases and the attendances at the clinic have been well maintained.

The record of the attendance at the clinic since its inception is as follows:—

	1921	1922	1923	1924
Number of new cases	247	258	283	266
Number of attendances	705	830	844	908
Average attendance	16	16	17	18

The patients who attended the clinic were :-

Patients waiting admission to Dellwood	 208
Patients attending clinic for the second time	 15
Patients referred by Lady Health Visitors	 13
Patients referred by friends who attend clinics	 19
Patients referred by midwives	 5
Patients referred by doctors	 6

It will be seen that the large majority of the patients examined at the clinic are awaiting admission to Dellwood.

The clinic thus plays an important part in the work of the Home and will tend to obviate the risk of possible serious complications being overlooked.

The educational value of both the home and the clinic have been previously emphasised.

The Ministry of Health has recently issued a report dealing with maternal mortality in child-birth. They, with all other authorities, emphasize the necessity for more extended and more continuous supervision during the period of expectancy. During the past year three of the five deaths occurring in connection with child-birth might have been saved if extended supervision and treatment had been carried out before the birth of the child.

Of the patients attending the clinic during the year, 32 were referred to their own medical advisers for conditions that made medical supervision and attendance at the confinement advisable, and four were advised to attend the Royal Berkshire Hospital. Many other patients were found to be suffering from disorders, the correction of which not only improves their general health but increases the prospect of a normal healthy confinement.

SANITARY ADMINISTRATION.

The following report on the sanitary inspection of the district and action taken to remedy nuisances has been prepared from information supplied by Mr. J. Dodd, Chief Sanitary Inspector:—

TABLE XIV.

Total number of visits to premises			13,401
Number of complaints received and investigate	ed	***	501
Number of informal notices served (on owners)	4.00	***	167
			74
Number of written notices (statutory) on owne	rs	***	9
Number of prosecutions			
Number and nature of nuisances:—			
Dirty, damp or dilapidated dwelling houses			47
Overcrowded dwelling houses	***		12
Defective gutters or down spouts			8
Insanitary or defective scullery sinks and waste	epipes		6
Defective drains and water-closets		6.61	70
Defective cesspools			2
Yards and areas, dirty or defective			33
Accumulation of refuse			8
Animals so kept as to be a nuisance			6
Miscellaneous		***	38

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

Thirty-two house drains were tested during the year.

Closet Accommodation. There were 27,174 water closets, 389 pail closets and 21 middens in use at the end of the year. During the year 16 pail closets and one midden were converted to the water carriage system.

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

(a) Slaughter Houses. There are 14 private slaughterhouses in the borough in addition to the public abattoirs, which comprise 15 slaughterhouses, owned by the Corporation. During the year the registration of one private slaughterhouse lapsed, and the local authority granted a licence for the use of a slaughterhouse to a firm of bacon curers who have erected suitable premises and made provision for killing 1,000 pigs a week. Regular visits were made to all the slaughterhouses.

Humane Killing. Bye-law 9b of the model series of bye-laws is in operation for all animals slaughtered with the exception of pigs, and it is interesting to note that even in the case of pigs, butchers frequently use mechanical means for slaughter. No complaints were received during the year on account of meat being rendered unfit for consumption through the use of a mechanically operated instrument, nor was any meat seized for such reasons. This is important in view of the fact that over 20,000 animals including probably over 1,000 pigs are slaughtered annually by mechanical instruments.

(b) Offensive Trades. There are four premises where offensive or allied trades are carried on in the borough, viz., one blood drying, one fat melting and bone boiling, one tripe boiling, and one gut factory. One of these premises converts the waste products of the slaughter houses and

diseased meat into a commercial article at a financial saving to the town. From the point of view of sanitation the new process is a distinct improvement on the method of burial previously used. The premises where these trades are conducted were regularly visited.

(c) Common Lodging Houses. There are four common lodging houses in the borough, but only one of these might be classed as a model one. There is registered accommodation for 172 persons—154 men, 5 married couples and 8 women.

These houses were systematically inspected and in general were found to be well conducted. One hundred and sixty-four visits were paid during the year. Three nuisances were found and abated after verbal notice. On two occasions the bye-laws were infringed and the necessary warnings were given.

- (d) Canal Boats. There are 15 boats on the local register. The number of registered boats is smaller than in former years. It appears that road transport is taking the place of canal boats as the latter fall out of commission. Thirty-eight inspections were made and beyond one or two minor matters the Acts and Regulations were well observed.
- (e) Caravans. No bye-laws are in force in regard to caravans, but 334 were inspected. No case of infectious disease occurred in them. The number of caravans is increasing by reason of the house shortage.

TABLE XV.
FACTORIES, WORKSHOPS, WORKPLACES AND HOMEWORK.

(a) INSPECTION.

	Number of							
Premises. (1)	Inspections.	Written Notices. (3)	Prosecutions (4)					
Factories (including factory laundries)	238	1	_					
laundries) Workplaces (other than outworkers'	391	6	_					
premises included in Part 3 of this report)	41	-						
Total	670	7	_					

TABLE XV.—(continued).

(b) DEFECTS FOUND.

	N	umber of D	efects.	Number
Particulars.	Found.	Remedied	Referred to H.M. Inspector.	Prosecu- tions.
(1)	(2)	(3)	(4)	(5)
Nuisances under the Public Health Acts:— Want of cleanliness Want of ventilation Overcrowding Want of drainage of floors Other nuisances Sanitary accommodation:—	10	10		
Insufficient Unsuitable or defective	1	1		
Not separate for sexes Offences under the Factory and Workshops Acts:— Illegal occupation of underground	-	-	=	-
bakehouse (s. 101)	-		_	-
Breach of special sanitary require- ments for bakehouses Other offences (excluding offences relating to outwork which are	22	22	-	-
included in Part 3 of this report)	_	_	_	_
Totals	36	36	-	_

(c) HOMEWORK.

I ista usasimad turina a man i	from employ						1
Lists received twice a year f	nom empio	vers	***	69.5	***	4.4.4	
Number of outworkers	Contractor	'S					
	Workmen		***	***			(
Lists received once a year			***				
Number of outworkers	Contractor	S					-
	Workmen				***	***	
Outwork in unwholesome p	remises	***			444		-
Notices served							-
Outwork in infected premis	es						-

TABLE XV .- (continued).

(d) REGISTERED WORKSHOPS.

Workshops on the Register at the end of the year. (1)										
Retail Bakehou	ses		-11					53		
Tailoring	144	***				***		72		
Dressmaking ar	nd Milli	nery						19		
Upholstery								7		
Laundries		****		***				7		
Photography								3		
Miscellaneous								157		
Total nun	nber of	worksho	ps on R	egister				318		

Rats and Mice (Destruction) Act, 1919. Each year it is being more clearly recognized that the only effective way of achieving freedom from rats is to render premises rat-proof and more and more frequently measures are being taken towards this end. The National Rat Destruction week was again observed by circularizing and visiting all premises likely to harbour rats. One hundred and twenty visits were paid to 80 premises, and 181 rats were actually found dead. In all cases information and advice is given and it is satisfactory to note that public interest in rat destruction is increasing. Traders now arrange demonstrations of apparatus designed to get rid of these vermin.

Shops Acts, 1912, and Shops (Early Closing) Order, 1920. Generally speaking the Acts and Orders were well observed, but in seven instances legal proceedings were instituted. Fines to the total value of £3 10s. were imposed in respect of infringements.

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

Theatres, Cinemas, etc. Eighteen visits were made to places of public entertainment, all of which were found to meet reasonable sanitary requirements.

FOOD.

Sale of Food and Drugs Acts. Appended is a statement of the nature and number of samples taken by the Inspector under these Acts with the results of the examinations by the Public Analyst. Sixty of the samples were taken informally, the remainder being taken in accordance with the procedure prescribed by the Acts:—

TABLE XVI.

Articles.	No. of Samples taken.	Number found to be genuine.	Not up to standard.
Milk Butter Cream Whole Meal Bread	263 8 4	235 8 (See separate 4	28 report)
Totals	275	247	28

All but 28 of the samples were found to be genuine and up to the required standard.

Of the defective samples, 11 were taken informally. On three occasions proceedings were instituted against vendors of samples found to be deficient in some respect, of which the details are appended:—

TABLE XVII.

Milk.	Deficiency.	Defence raised.	Result.
Sample No. 53 (separated).	8.6% of milk solids	" Nothing added to milk."	£1 fine. Costs £3 3s. 0d. An appeal to the Quarter Sessions was upheld on a technical point.
Sample No. 205 (separated).	52.9% milk solids	Pleaded guilty	£5 fine. Costs £1 1s. 0d.
Sample No. 224	13.3% milk solids (other than milk fat), also 13.53% milk fat.	"As bought from dairyman."	£1 fine. Costs £1 1s. 0d.

One conviction obtained during the year 1923 was the subject of an appeal to Quarter Sessions during the present year. The appeal was dismissed.

In certain other cases proceedings were not taken owing to various factors

which did not suggest adulteration.

It is the practice of the local authority in some cases to interview vendors of milk or cream where samples fail to meet the requirements of the Regulations in order to afford them an opportunity of explaining any deficiency that may have been found. During the year three traders were interviewed and advised or warned in regard to methods. This is especially valuable in the case of small traders to whom the sale of milk is only an adjunct to other business. On several occasions undertakings have been given to abandon milk selling in what are generally unsuitable surroundings.

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

The following table shews the result of these examinations for the year

ended 31st December, 1924 :-

TABLE XVIII.

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

	s examin ce of a ve.	report	ted to	n which I be presentative found	t, and p	ercen	tage			
Milk Cream		263 5			Nil. One sa One One One One	imple	containii ;; preserva	0.4 0.39 0.41	,, ,,	12

Nature of preservative in each case in column (b) and action taken under the regulations in regard to it.

Cream sold as preserved cream.

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

(1) Correct statements made 3

(3) Percentage of preservative found in each sample 0.19, 0.155, 0.04 boric acid. Percentage stated on statutory label 0.4 boric acid.

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

(1) Above 35 per cent. of fat 3 (2) Below 35 per cent. of fat ... -

Total ... 3

- (c) Instances where (apart from analysis) the requirements as to labelling or declaration of preserved cream in Article V. (1) and the proviso in Article V. (2) of the Regulations have not been observed. . . . 4
- (d) Particulars of each case in which the Regulations have not been complied with, and action taken.
- Statutory label not placed on receptacle. In this case the seller of the cream appeared before the Health Committee and the explanation given being satisfactory he was warned, and no legal proceedings were instituted.
 - 2. Sample No. 175 being an informal one, no action could be taken.
- 3. A formal sample taken two days later (No. 180) was also found to contain 0.41 per cent. of boric acid. Legal proceedings were instituted and the defendant was fined 20/- and £3 3s. 0d. costs.
- 4. Sample No. 111 was found to contain 0.55 per cent. of boric acid and was also not labelled. Police Court proceedings were instituted and the

defendants were fined £8 0s. 0d. for the offence in respect of labelling, £5 for excess of boron preservative, and £3 13s. 6d. costs.

Milk and Dairies (Amendment) Act, 1922 and Dairies, Cowsheds and Milkshops Order. One farmer in the borough has been issued a licence for the production of "Certified" milk. Eleven licences have been issued to vendors of Grade A (Tuberculin Tested) milk.

During the year 15 samples were examined with a view to testing the maintenance of the standard and it is pleasing to find that on no occasion did the samples fall below the standard.

The premises and books of the vendors of these milks are under the inspection of the local authority.

Twenty-eight samples of milk were tested during the year for the presence of tubercle bacilli. In two instances were living organisms found. Further specimens were examined in the first case which proved negative. It was known that certain suspicious animals had been removed in the interval between the taking of samples, and the negative report on the later samples permitted the hope that the infected animals had been removed.

In the second case steps were immediately taken to have the herd clinically examined and tuberculin tested. The milk from four animals was forbidden to be sold for human consumption until such time as it had been bacteriologically examined.

In both of these cases the farms were situated outside the borough which added to the difficulty of investigation. Further legislation appears necessary to empower authorities to deal with animals yielding tuberculous milk.

There are 42 wholesale traders and producers and 173 retail purveyors of milk registered in the borough. The sale of milk in small general shops is discouraged as far as possible for the reason that it is difficult to conduct the trade satisfactorily, but these places are required in working class areas where the milk is purchased in small quantities and at times when dairies are closed.

Two hundred and two visits were paid to dairies and milkshops, and 103 to cowsheds. There are 35 registered cow-keepers in the borough and their premises were visited at least twice during the year. Twenty-six notices were served and complied with, i.e., want of limewashing, 21; yard paving defective, 1; accumulation of manure, 4.

Meat Inspection. Not less than 75 per cent. of the English meat used in the borough is slaughtered at the Corporation abattoirs, where all meat comes under the supervision of the Chief Sanitary Inspector who is also the meat inspector. Where circumstances permit, meat slaughtered at private slaughterhouses is also inspected. The following table shews the amount of unsound meat and other food destroyed during the year:—

TABLE XIX.

Unsound Food Seized	or Sur	rend e re	ed.		For Tuberculosis.	For other causes
72 carcases of beef					37	35
13 parts of carcases of beef					7	6
10	***				1	16
121 carcases of pork	***				40	81
27 carcases of mutton					_	27
656 heads or internal organs of			or sh	eep	273	383
146 lbs. of pork					_	146 lbs.
359 lbs of beef (imported)					_	359 lbs.
126 lbs. of beef	***				-	126 lbs.
1246 tins of assorted foodstuffs	s (impo	orted)			_	1246 tins
2 barrels of shellfish					-	2 barrel
2061 lbs. of fish					_	2061 lbs.
287 lbs. of bacon (imported)					_	287 lbs.
388 eggs (imported)						388 eggs
16 geese					_	16 geese
10 turkeys					_	10 turke
43 rabbits					-	43 rabbi
40 lbs. tripe (imported)		***	***		_	40 lbs.
18 lbs. ox kidney (imported)						18 lbs.

HOUSING.

The housing situation remains practically unaltered and the demand for new houses is still as insistent as ever.

During the year 252 new houses were erected of which 70 were part of the municipal housing scheme, 83 were assisted by subsidy, and 99 were built by unaided private enterprise. There are still no houses suitable for occupation by the working classes to let and the number of applicants for houses remains far in excess of the supply. The number of houses occupied by two families is still high and the numerous cases of overcrowding cannot be dealt with for lack of alternative accommodation.

The systematic inspection of houses under the Housing Acts continues and in the great majority of cases defects found are remedied by the owners without resort to statutory powers, which were only used in 9 of a total of 893 cases. As previously reported it has been found impossible to deal with insanitary property by closure. During the present year certain houses were so dangerous as to require demolition and it was found necessary to provide shelter for one of the families in Bridge Street Hospital. The subjoined table shews in detail the work done under the Housing Acts during the year:—

TABLE XX.

	(3)	Number of dwelling-houses found to be in a state so dangerous or injuri-	
	(4)	ous to health as to be unfit for human habitation Number of dwelling-houses (exclusive of those referred to under the	*
	(4)	preceding sub-heading) found not to be in all respects reasonably	
		fit for human habitation	893
		e standard of fitness of dwelling houses at the present time is very low on tage, this in no way represents the true conditions.	accoun
II.	Ren	medy of defects without service of formal notices.	
	Nun	nber of defective dwelling-houses rendered fit in consequence of in- formal action by the Local Authority or their officers	†857
†Inc	ludi	ng 32 from 1923.	
III.	Ac	tion under Statutory Powers.	
		A. Proceedings under Section 28 of the Housing, Town Planning, etc. Act, 1919.	7.,
	(1)	Number of dwelling-houses in respect of which notices were served	-
	(2)	requiring repairs	7
		(a) by owners	7
	(3)	(b) by Local Authority in default of owners Number of dwelling-houses in respect of which closing orders became	
		operative in pursuance of declaration by owners of intention to	
	743	B. Proceedings under Public Health Acts.	
	(1)	Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	‡2
	(2)	Number of dwelling-houses in which defects were remedied :-	
		(a) by owners	1
‡O1	ne St	ill Outstanding.	
		C. Proceedings under Sections 17 and 18 of the Housing, Town Plan etc., Act, 1909.	ning,
	(1)	Number of representations made with a view to the making of closing	
	(2)	Number of dwelling-houses in respect of which closing orders were made	_
	(3)	Number of dwelling-houses in respect of which closing orders were determined, the dwelling-houses having been rendered fit	_
	(4)	Number of dwelling-houses in respect of which demolition orders were made	
	(5)	Number of dwelling-houses demolished in pursuance of demolition orders	_
Loca	1 A	cts, Adoptive Acts, Byelaws, etc.	
1	1.	Local Acts There are numerous local acts and orders dealing m	ore or

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

The Reading Corporation Act, 1914.

Section 51 requires food storage accommodation in new houses.

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

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

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

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

Section 71 regulates the manufacture and sale of ice cream.

Section 72 prohibits blowing or inflating of carcases by mouth.

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

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

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

(b) General Adoptive Acts.

Infectious Disease (Prevention) Act, 1890, except Sections 6, 15 and 19. Public Health Acts (Amendment) Act, 1890, Part 3.

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

(c) Byelaws.

Common Lodging Houses					4 - 1		1886
Offensive Trades							1886
Cleansing of Footways and Pa Privies, Prevention of Nu rubbish, and Prevention	isances f of keepi	rom si	now, fil	th, dust	t, ash	es and	1000
to be injurious to health				• • •	• • • •		1886
Public Baths							1903
Attendance of Children at Scho	ool						1905
Sanitary Conveniences							1910
Good Rule and Government							1911
Unauthorised Persons on Elem	nentary S	School	Premi	ses			1912
Means of Escape in case of Fir		ain Fa	actories	s and W	orks	hops	1913
	e in cert			and W	orks 		1913 1920
Means of Escape in case of Fir	e in cert Street Ti	ading					1920
Means of Escape in case of Fir Employment of Children and S	e in cert Street Ti	ading					1920 1923
Means of Escape in case of Fir Employment of Children and S Slaughter houses	e in cert Street Ti the Corp	rading oratio	 n			 1921 and 1921 and	1920 1923
Means of Escape in case of Fir Employment of Children and S Slaughter houses Slaughter houses provided by	e in cert Street Ti the Corp	rading oratio	 n			 1921 and 1921 and	1920 1923 1923
Means of Escape in case of Fir Employment of Children and S Slaughter houses Slaughter houses provided by to New Streets and Buildings (d) Regulations.	e in cert Street Tr the Corp 	ading oratio 	 n			 1921 and 1921 and	1920 1923 1923
Means of Escape in case of Fir Employment of Children and S Slaughter houses Slaughter houses provided by to New Streets and Buildings	e in cert Street Ti the Corp	rading ooratio	 n 			 1921 and 1921 and 	1920 1923 1923 1923
Means of Escape in case of Fir Employment of Children and S Slaughter houses Slaughter houses provided by New Streets and Buildings (d) Regulations. Drainage	e in cert Street Tr the Corp ops	rading oratio	 n			 1921 and 1921 and 	1920 1923 1923 1923 1896



COUNTY BOROUGH OF READING.

Annual Report

OF THE

School Medical Officer

FOR THE YEAR

1924.

STAFF.

Medical Officer of Health and School Medical Officer.

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

Senior Assistant School Medical Officer.

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

Assistant School Medical Officer.

Agnes Bernfeld, L.S.A., D.P.H.

Assistant School Medical Officer (part time)
and Certifying Officer under the Mental Deficiency Act,
J. A. P. PRICE, B.A., M.D.

Dental Surgeon.

MARION SMITH MACKINNON, L.D.S.

Nursing Staff.

Miss S. Evans.

Miss O. Hemingway.

Miss V. M. Scott.

Miss J. Stimson.

Clerical Staff.

Miss W. M. Dix.

Miss P. L. Day.

COUNTY BOROUGH OF READING.

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

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE.

Ladies and Gentlemen,

I beg to submit the Annual Report of the School Medical Department for the year 1924.

The work of medical inspection under the regulations of the Board of Education has now reached a stable form and the numbers inspected, representing rather more than one third of the average attendance, vary little from year to year.

It is also found that though a gradual improvement is recorded year by year, certain defects like errors of vision and enlargement of tonsils and adenoids occur in much the same proportions. Until more accurate information is available as to the precise causes of such defects it will not be possible to prevent their incidence and our efforts will continue to be directed to removing their ill effects.

A standard has been adopted which has regard to the relation of height to weight as a measure of the nutrition of school children. This has the advantage of removing the personal predilection of the examiners and will provide a reliable basis for comparison over a period of years. Owing to the adoption of the standard and not to any deterioration of the condition of school children, the numbers shewn as undernourished are considerably in excess of those recorded in previous years. Dr. Taylor contributes a special note on this subject.

The work of the various clinics is set out in Tables as required by the Board of Education.

The electrical treatment of ear discharges initiated last year by Dr. Bernfeld continues to give very satisfactory results.

The report of Miss MacKinnon, the School dentist, indicates that the public are becoming more alive to the need for the greater care of the teeth of their children.

Your special attention is drawn to Dr. Price's report on the work of the Special School during the year.

I wish to express my indebtedness to my medical colleagues and to the nursing and clerical staffs of the department and particularly to Dr. Taylor for the preparation of the details of this report.

I am.

Your obedient servant,

H. J. MILLIGAN, School Medical Officer.

READING EDUCATION COMMITTEE.

HIS WORSHIP THE MAYOR (Frederick Alfred Cox, Esq., J.P.).

Aldermen.

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

Councillors.

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FREDERICK ARTHUR SARJEANT, C.B.E., J.1. WILLIAM HENRY SHORT. EDITH MARY SUTTON, J.P. LEONARD GOODHART SUTTON, C.B.E., J.P. ARTHUR WILLIAM ALFRED WEBB. FRANK WINTER.

Co-opted Members.

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MR. WILLIAM MACBRIDE CHILDS, M.A., J.P. MISS HELEN ELIZABETH MUSSON, M.A., J.P.

SCHOOL MEDICAL SERVICES SUB-COMMITTEE.

HIS WORSHIP THE MAYOR (Frederick Alfred Cox, Esq., J.P.).

Aldermen.

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

Councillors.

ARTHUR FRANK CLARK (Vice-Chairman). EDITH MARY SUTTON, J.P. EDWARD OLIVER FARRER, J.P. ALICE JENKINS, J.P. LORENZO EDWARD QUELCH, J.P.

LEONARD GOODHART SUTTON, C.B.E., J.P. ARTHUR WILLIAM ALFRED WEBB. FRANK WINTER.

Co-opted Members.

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

* Ex-officio.

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 el	ementa	ary sch	ools		 11,929
Elementary school children examine	d				 4,264
Examined at secondary schools					 332
Miscellaneous examinations (employ	ed boy	s, etc.)			 230
Treated at minor ailments clinic					 1,278
Treated at ringworm clinic					 56
Treated at eye clinic					 334
Treated at ear clinic					 82
Examinations by school dentist					 4,337
Treated by school dentist					 2,755
Total attendances at various clinics					 17,621
Total Examinations by nurses for cl	eanline	ess			 36,051
Home visits by nurses					 4,939
Number of baths given to children				• • •	 370
		_			
Number of meals provided for school	l child	ren		***	 15,558

COUNTY BOROUGH OF READING.

SCHOOL MEDICAL INSPECTION (Elementary Schools).

The number of children on the rolls of the elementary schools is 13,259, with an average attendance of 11,929.

Both the number on the rolls and the average attendance show a decline

from the numbers of the preceding year.

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

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

The examinations are carried out on the school premises, either in a

special room or in a class-room.

CO-OPERATION OF PARENTS, TEACHERS, AND WELFARE VISITORS.

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

The latter figure is the highest vet attained.

In arranging for the inspections as well as in all other matters connected with medical inspection, the school medical staff have invariably been able

to rely on the whole-hearted support of the teachers.

As in previous years the results of medical inspections are always available for the welfare visitors who bring large numbers of children to the clinics for examination. The Medical Officers are also often able to complete medical histories of children by entering on the record cards information acquired from the medical certificates obtained by the welfare visitors.

SCHOOL HYGIENE.

During the year very great improvements have been effected in the artificial lighting of many of the schools by the introduction of suitable incandescent burners, and in the heating arrangements at Alfred Sutton Junior School and the School Clinic.

In some schools where the desks were found to be too small for the

bigger children more suitable ones are being installed.

Many minor improvements have been effected which in a general way have improved the hygienic conditions in the schools.

MEDICAL INSPECTION.

The present requirements of the Board of Education are similar to those of the immediately preceding years. Each child is examined three times during its school life:—

(a) During the year of admission to school. Children who are admitted at three years of age, are again examined on reaching the age of

five.

(b) Between the ages of 8 and 9 years.

(c) 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.

The requirements of the Board have been complied with in each particular.

The following tables set out the numbers of children examined and the results following on examination:—

TABLE I.

A. Routine Medical Inspections.

Number of Code	Group	Inspection	ns :-	_				
Entrants								1489
Intermedia	ites							1293
Leavers								1402
						Т	otal	4184
Number of other	Routi	ne Inspec	tions	s-80				
		B. Or	ther	Inspe	ctions			
Number of	special	inspectio	ns					1554
Number of	re-insp	pections						9470
						Т	otal	11024

The number of routine examinations is slightly less than last year, but represents 35 per cent. of the average attendance, the same figure as in the preceding year. The whole scheme contemplates that approximately one third of the school population will come up for examination each year.

The number of children re-inspected is larger than during 1923.

The subjoined statement shows the work of each year since the reorganization of the school medical service. The number of routine examinations which bears a definite relation to the average attendance is not likely to vary materially:—

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

PHYSICAL DEFFCTS.

Tables IIa. and IIb. on the succeeding pages set out in a comprehensive manner in the form required by the Board of Education the defects found by the medical inspectors at the examinations. The numbers in Table IIa. since they record defects and not children, might easily be misleading, and are principally of technical interest for comparison with other areas.

Table IIb., however, shows in a concise manner the proportion of school children who suffer from defects requiring treatment.

Uncleanliness, dental defects, and all slight degrees of defect which are marked for observation only are excluded, and at the same time children "specially" reported as suffering from definite ailments are disregarded for the purposes of this table.

From the examinations, therefore, it appears that 11.5 per cent. of the "normal" school population suffer from defects sufficiently serious as to require immediate treatment. This number compares with 9.3 during the preceding year, but such difference might easily be accidental. What can be assumed is that at any moment one tenth of the children in the schools are in need of medical treatment.

As last year, I append a further small table which sets out the nature of these defects and the extent of their incidence:—

Defect or Disease.	No. of children referred for treatment or observation.	Percentage of total "routine" examinations.		
Malnutrition			885	20.75
Defective vision (including squint)			342	8.02
Enlarged tonsils or adenoids, or both			199	4.67
Defective hearing			58	1.36
Otitis media, or running ears	***		27	0.63
Skin diseases			62	1.45
Tuberculosis, definite or suspected			30	0.70

TABLE II.

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1924.

					Routine I	nspections. Defects.		Specials. No. of Defects.		
	Defect or Dise		Requiring treatment.	Requiring to be kept under cobservation, but not referred for treatment.	Requiring treatment.	Requiring to be kept under observation, but not referred for				
	(1)				(2)	(3)	(4)	(5)		
Malnutrition 1					12	873	35	3		
Uncleanliness	(Head (Bo d y				221 113	4 5	14 5			
	Ringworm Scalp				2		54			
cu. t	(Body				2		51			
Skin	- Scabies Impetigo			***	13		6 375			
	Other Diseases (No	n-tubercula	r)		42	1	111			
	Blepharitis				42	2	54			
	Conjunctivitis				4		48			
	Keratitis Corneal Ulcer						5 1			
Eye ·	Corneal Opacities	***		***	***	***		1.6		
	Defective Vision (c				167	115	2			
	Squint		***		25	35	4			
	Other Conditions				5	5	4	***		
	Defective Hearing			***	48	10	12			
Ear	Otitis Media				23	4	35 12			
	Other Ear Disease		***	**	1	***	12			
	Enlarged Tonsils o	nly		***	42	103	10	2		
Nose and	Adenoids only		***	***	4	12	1			
Throat	Enlarged Tonsils a Other Conditions	nd Adenoid	8	***	27 28	11 123	61	i		
E-1								1		
Defective Spe	vical Glands (non-tul	and the second second	***		7	7	13	***		
	d Disease			***	227		14			
	(Heart Disease : C)reanie				12	1			
Heart and Circulation		Functional				8	1	1		
Circuistion	1	Anæmia			1		2			
Lungs	f Bronchitis					1	1			
Dungs	Other Non-Tuberc	ulous Diseas	es	* ***	2	29	6	***		
	, Pulmonary :-	Definite			2					
		Suspected	200		12	7	4	***		
	Non-Pulmonary :-		***		1	1	2	***		
Tuberculosis	{	Spine Hip				2				
		Other Bon								
		Skin								
	1	Other form	ns	***	3	2				
Nervous	(Epilepsy				3	5		1		
System	Chorea			***	2		2			
	Other Conditions			***	4	1		1		
Deformities	Spinal Curvature				2	38	***	1		
	Other Forms				. 8	125				
	Other Defects or I	Diseases			61	32	672	5		
	Other Delects of 1	Processos	**	**	0.1	02	072	9		

TABLE II. (continued)

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

				Number of	of Children.	Dorgonto so of
	Grou	р.		Inspected.	Found to require treatment. (3)	Percentage of children found to require treatment. (4)
Code Groups—		-				
Entrants			 	1489	125	8.3
Intermediates			 	1293	199	15.3
Leavers			 	1402	160	11.4
Total (code groups)			 	4184	484	11.5
Other routine i	nspect	ions	 	80	8	10.0

NUTRITION.

Like everything else ideal, the child with perfect nutrition is hard to find. Even those that we designate excellent in that respect are few in number. They have chosen healthy parents and good environment and have been fortunate enough to steer clear of any serious illness.

The great bulk of our children are of average nutrition. Their parents have been more or less healthy, their homes and surroundings more or less satisfactory and they have endured the usual ailments of childhood.

The remaining group is that which falls considerably below the average—the undernourished. As will be seen from Table II., it was found that 20 per cent. of the children examined during the year at the routine medical inspections were regarded as under nourished, that is to say, they were 7 per cent., or more under the average weight for their height.

It should be explained that this is the standard that we have used in the judging of nutrition—the estimation of nutrition by means of the relation of weight to height, on the theory that a child of a certain height requires a certain weight to support it and that, if its weight is 7 per cent. or more under the average, it should be classed as undernourished.

It must not be supposed that in using this standard we are merely dividing the children into two classes—fat and thin. When a child's weight declines to that percentage under the average, it can fairly easily be shown to exhibit many of the symptoms of undernourishment. It has usually a dull expression, is pale and flabby, flat-chested and round shouldered, with subcutaneous fat almost absent and is generally lacking in the alertness and vigour of the healthy child.

The opinion has been formed that this method of judging nutrition is on the whole very satisfactory. The only occasions when it seems to err are in the instances of the very tall and the very short children, the latter tending to escape inclusion in the undernourished category and the former to be unduly included. Although even in the case of the tall children who are 7 per cent. under weight one usually finds some tendency to round shoulders or lateral curvature requiring attention.

One advantage of setting up this standard is that it enables us to get in touch with a group of children who require more attention than others. Being singled out and placed on the following-up registers, they are periodically weighed and kept under observation. We can thus get more in touch with them as individual children and can bring to bear on them the several influences of parent, teacher, doctor and nurse.

It was rather instructive at the time of the examination to learn that many of these children kept very late hours. The multiplicity of tasks which face the children after a long day at school is rather alarming—to mention a few—home lessons, music lessons, choir practice, house-work, Scouts, Guides, and the rest. It is no wonder that they are often loth to get up in the morning.

We have not entered into the causes of this undernourishment but have tried to show the necessity for setting up a standard of nutrition and that the test of relative weight to height is a reasonably good one.

HEIGHTS AND WEIGHTS OF READING CHILDREN.

The following tables show the heights and weights of the elementary school children examined at the routine medical inspections. With the exception of the twelve-year girls, who show a fall both in average height and weight, the results are rather higher than they were in the previous year.

The third table shows the heights and weights of the children attending two separate groups of elementary schools in the borough and of Kendrick and Reading School.

Elementary Schools.

Height in Inches.

	1924				
Age.	No. of children.	Av. height of Reading children.	Reading children, 1921.	Reading children, 1922.	Reading children, 1923.
5 to (boys) (girls)	353 306	41 41	$40\frac{3}{4}$ $40\frac{3}{4}$	$\begin{array}{c} 40\frac{3}{4} \\ 40\frac{1}{4} \end{array}$	$41\frac{1}{2}$ $40\frac{1}{4}$
8% (boys) (girls)	580 518	47 ³ / ₄ 47 ¹ / ₄	$\frac{47}{46\frac{3}{4}}$	47½ 46¾	46 ³ / ₄ 46 ¹ / ₂
12% (boys) (girls)	542 620	55 53	54 ² 53 ²	54 ³ 54	54 ³ / ₄ 54

Weight in Pounds.

	1924				
Age.	No. of children.	Av. weight of Reading children.	Reading children, 1921.	Reading children, 1922.	Reading children, 1923.
5½ (boys) (girls)	353 306	39½ 39	40 38‡	41 38	38 ³ / ₄ 38 ³ / ₄
8 ³ (boys) (girls)	580 518	$52\frac{3}{4}$ $50\frac{1}{2}$	$\frac{51\frac{3}{4}}{50}$	52½ 51½	52 50
12% (boys) (girls)	542 620	$73\frac{1}{2}$ $71\frac{3}{4}$	73 74	74½ 73½	73 74 ¹ / ₄

Grouped Schools.*

Ama	No. of Children.]	Boys.	No. of Children.	Girls.		
Age.	Children.	Hgt. in Ins.	Wgt. in lbs.	Children.	Hgt. in ins.	Wgt. in lbs.	
5 Group A Group B	70 82	40½ 41	38 ³ / ₄ 39 ¹ / ₂	52 73	40¼ 41	37½ 40	
8 Group A Group B	90 123	46 ³ / ₄	50 53½	87 122	46 ³ / ₄ 47 ¹ / ₄	50 54½	
12 Group A Group B	71 137	54¼ 55¼	713 75½	65 191	54½ 55½	72½ 76¼	
12 Kendrick	_	-	_	34	573	803	
12 Reading School	34	58½	841	-	-		

^{*}Group A Schools are St. Laurence's, Coley, Greyfriars, St. Giles' and St. Mary's.

Group B Schools are Alfred Sutton, Wilson and George Palmer.

CONTROL OF INFECTIOUS DISEASES.

It was not found necessary to close any of the schools during the year on account of infectious disease and the exclusions necessary were much below those of the previous year, as will be seen from the following summary:

					Pat	ients.	Con	tacts.
					1923	1924	1923	1924
Scarlet Feve	er				176	74	 234	128
Diphtheria					36	16	 80	39
Measles					793	354	 _	
Scabies, ver	minou	s cond	itions,	etc.	390	433	 -	

THE CHILD WITH SPECIAL DEFECT.

The Chief Medical Officer of the Board of Education in his report for 1924 lays emphasis on the necessity for having a clear idea of the numbers of physically and mentally defective children in each area as a primary step to dealing adequately with this important problem. From an analysis of the returns of a number of areas and of London in particular, he has given us an approximate estimate of the numbers comprising the various groups.

In Reading we have been completing the ascertainment of the numbers of these children during the past few years and may claim that at the present time the great majority of them are known. The following is a table showing the estimate and the numbers so far ascertained in this area.

				Estimated Numbers.	
Blind—Totally				 5	 3
Partially				 12	 2
Deaf— Totally				 11	 11
Partially				 4	 4
Mentally Defective (no	n-noti	fiable)		 106	 97
Epileptics—severe				 7	 6
not severe				 	 8
Physically Defective—					
Pulmonary and glan		tubercul	losis		
Infectious				 9	 -
Non-infectious, bu	t activ	ve		 21	 62
Active non-pulmonary				 18	 10
Delicate children				 190	 124
Crippled children				 123	 99
* *					

It will be seen that the Reading numbers approximate to the estimate in the majority of the classes. In one or two instances there is considerable divergence which may be explicable to some extent. Under partially blind which comprises mainly defective vision due to high myopia and corneal opacity we seem to have very little in Reading, though possibly a few cases may have escaped notice. Again in the matter of active tuberculosis of the lungs there are no cases of an infectious nature known at present, but, of course, it rarely happens that the tubercle bacillus is found in the sputum of children. The two groups "non-infectious but active pulmonary tuberculosis" and "delicate children" are apt to overlap, owing to the difficulty of diagnosing tuberculosis in children and although the former group in Reading considerably exceeds the estimate, it errs on the safe side. It would appear wiser to treat these doubtful cases as active tuberculosis and so put the child under the best conditions for recovery.

As regards the education and treatment of these children, the Committee has already made generous provision. The totally blind and the totally deaf are, as occasion arises, sent to the special institutions outside the borough, whilst as far as possible the partial cases are dealt with in the Whitley Special Day School. The great majority of the mentally defectives and some of the cases of pulmonary tuberculosis, delicate and crippled children, are also admitted to Whitley Special School. Through the Tuberculosis Department of the Corporation, provision is made for the sanatorium treatment of cases of pulmonary tuberculosis.

For the actual treatment of the "crippled" children much is being done at the excellent orthopaedic clinic at the Royal Berkshire Hospital and at the Wingfield Hospital at Oxford. In necessitous cases the Authority has given financial assistance for the provision of surgical boots.

All the known cases are kept under observation and when necessary, advised to obtain further medical advice.

It remains now to make the survey of the children complete by discovery of any defective children that may have escaped notice and to consider questions that must arise for future solution—more open-air education for the considerable numbers of delicate children and the care of epileptics.

A detailed statement of all known exceptional children in the area will be found on pp. 58 and 59.

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

111	BLE III. Ke	turn of all Exceptional Children	in the	Alta	
			Boys.	Girls.	Total.
Blind	(i) Suitable for training in a School or Class for the totally blind.	Attending Certified Schools or Classes for the Blind Attending Public Elementary Schools At other Institutions At no School or Institution	1	2 	3
(including partially blind).	(ii) Suitable for training in a School or Class for the partially blind.	Attending Certified Schools or Classes for the Blind Attending Public Elementary Schools (including Whitley Special School) At other Institutions At no School or Institution	 1 	 1 	2
Deaf (including deaf and	(1) Suitable for training in a School or Class for the totally deaf or deaf and dumb.	Attending Certified Schools or Classes for the Deaf Attending Public Elementary Schools (including Whitley Special School) At other Institutions At no School or Institution	1 2 	8	9 2
dumb and partially deaf).	(ii) Suitable for training in a School or Class for the partially deaf.	Attending Certified Schools or Classes for the Deaf Attending Public Elementary Schools (including Whitley Special School) At other Institutions At no School or Institution	 2 1	2 1 8 	 3 1
Mentally Defective.	Feeble-minded (cases not noti- fiable to the Local Control Authority).	Attending Certified Schools for Mentally Defective Children	58		97
	Notified to the Local Control Authority during the year.	Feeble-minded Idiots	3 2 	2	11 3
Epileptics.	Suffering from severe epilepsy	Attending Certified Special Schools for Epileptics In Institutions other than Certified Special Schools Attending Public Elementary Schools At no School or Institution			6
Teach line	Suffering from epilepsy which is not severe.	Attending Public Elementary Schools (including Whitley Special School) At no School or Institution	4	4	8

TABLE III. (continued).

			Boys.	Girls.	Total.
	Infectious pul- monary and glandular tuber- culosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board At other Institutions At no School or Institution			
Physically Defective.	Non-infectious but active pul- monary and glandular 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 At Public Elementary Schools At other Institutions At no School or Institution	4 22 6	2 21 7	6 43 13
	Delicate children (e.g., pre-or latent tubercu- losis, malnutri- tion, debility, anaemia, etc.)	At Certified Residential Open-Air Schools At Certified Day Open-Air Schools At Public Elementary Schools At other Institutions At no School or Institution	 11 39 10	 7 47 10	18 86 20
Physically Defective (cont.)	Active non-pul- monary tuber- culosis.	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	3 5	 2	3 7
	Crippled children (other than those with active tuber-culous disease), e.g., children suffering from paralysis, etc., and including those with severe heart disease.	At Certified Hospital Schools At Certified Residential Cripple Schools At Certified Day Cripple Schools At Public Elementary Schools At other Institutions At no School or Institution	 16 26 3	 17 35 2	 33 61 5

MEDICAL TREATMENT.

Records of all treatment carried out under arrangements provided by the Committee are set out in the following series of Tables in the form required by the Board of Education.

TABLE IV.

Return of Defects treated during the Year ended 31st December, 1924.

TREATMENT TABLE.

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

Discour on D	Number of Defects treated, or under treatment during the year.						
Disease or D (1)	Under the Authority's Scheme. (2)	Otherwise (3)	Total.				
Skin :—							
Ringworm—Scalp					56	18	74
Ringworm—Body					39	14	74 53
Scabies					4	4	8
Impetigo					363	25	388
Other Skin Diseases					75	82	157
Minor Eye Defects :							
(External and other, b	ut excl	uding	cases fa	lling			
in Group II.)					119	69	138
Minor Ear Defects					138	18	156
Miscellaneous :— (e.g., minor injuries, br	uises, s	ores, ch	nilblain	s, &c.	484	333	817
			Tota	ı	1278	563	1841

The total number of minor ailments treated was 1,278 an increase of 57 over the previous year. It is satisfactory to note that ringworm and impetigo show a considerable decline. There was an increase under the "miscellaneous" heading. This was mostly due to cases of septic sores of which there was a considerable number in the late autumn and was attributed to the children being out of condition, perhaps owing to the absence of sunshine during the year.

The number of cases of scabies, eight in all, can be regarded as almost negligable in view of the large number of children under consideration.

RINGWORM OF SCALP CLINIC.

The total number of cases attending the clinic during the year was 56, of which 42 were new cases. Of the new cases 17 were treated by X-rays, the remainder being dealt with by local applications.

It will be seen from the following numbers of new cases treated at the clinic during the past five years, that the incidence of ringworm of the scalp is diminishing.

The numbers for 1924	were	less than	a third of	those	occurring in	1921 :
		1920	1921	1922	1923	1924
No. of New Cases		114	128	102	69	42

At the end of the year nine children were still undergoing treatment at the clinic and five were being treated by their own doctor.

The frequent head inspections carried out by the nurses to which reference is made elsewhere, contribute largely to the fall in the number of cases. As ringworm is frequently a very obstinate and disagreeable complaint its gradual elimination is particularly satisfactory.

EAR CLINIC.

The special clinic for ear diseases under the charge of Dr. Bernfeld has been continued during the year. The continued success of the ionisation method of treating chronic ear discharges is especially gratifying. It will be noted that no recurrence of the discharge has occurred in the cases treated during 1923.

No. of attendances			617
No. of new cases			82
New cases classified :-			
Otorrhoea			42
Deafness without otorrhoea			33
Nasal disease			5
No. referred to School Dentist			1
No. suffering from external ear diseas	е		1
Summary of result of treatment :— Cu	red.	Still	attending.
Deafness without discharge			8
Otorrhoea			11
Nasal disease			3
No. cases referred to own doctor			3
No. cases referred to Royal Berkshire	Hos	pital	3
No. cases ceased attending		-	9

Treatment by Ionisation.

The number of children selected for ionisation treatment was 32, of whom 24 or nearly 73 per cent. can be regarded as cured and the others show marked improvement. Of 28 cases of otorrhoea treated by ionisation during 1923, 20 were then regarded as cured. The present condition shows that the cure has been permanent in 19 of these, the condition of the remaining child being unknown.

In cases treated by the ionisation method and cured, the risk of deafness is reduced to a minimum. By the older methods, treatment was often prolonged and the destruction of tissues greater, thereby greatly increasing the risk of deafness.

A full report of the method will be found in the report of the School Medical Officer for 1923.

DEFECTS OF NOSE AND THROAT.

The Authority's scheme for the operative treatment of enlarged tonsils and adenoids at the Royal Berkshire Hospital has been continued during the year. Thirty-three children were operated on. Two of the children were detained in hospital on account of excessive homorrhage, 1 for six days and the other for one night.

No untoward symptoms developed in the remaining cases.

Thirty other children received operative treatment apart from the special arrangements made by the Committee and 70 of the less severe cases were treated by means other than operation.

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)		Received other forms of Treatment. (4)	
33	30	63	70	133

ENLARGED THYROID.

Acting on the initiation of the Chief Medical Officer of the Board of Education, the examination of boys and girls of 12 years of age for the presence of enlargement of the thyroid gland was carried out during the year. The number of children examined was 964 (413 boys and 551 girls). It was found that 9 or 2.1 per cent of the boys, and 34 or 6.1 per cent. of the girls had some enlargement of the thyroid gland.

In order that the examination should be carried out on uniform lines, the Board's suggestion was adopted that only those children should be counted "in whom the thyroid is sufficiently enlarged for the increase in the size of the neck to be noticed on casual inspection (without measurement or palpation)."

Enlargement of the thyroid gland or goitre is a condition which occurs throughout the country. Very few districts are entirely free from it, although it is much more common in certain localities, particularly in Derbyshire, where it is known as "Derbyshire Neck."

The cause of the enlargement is somewhat uncertain, but the prevalent view is that it is due to some quality of the drinking water which prevents the absorption of iodine into the system.

A certain amount of thyroid enlargement appears to be normal in young girls as they approach the age of puberty and tends to disappear in later life.

The condition does not as a rule endanger life and the majority of the cases seen amongst the Reading children examined were very slight.

OPHTHALMIC CLINIC.

Two sessions are held weekly, one conducted by Dr. Price and one by Dr. Taylor.

During the year, 334 children, including 271 new cases, attended.

The total number of attendances was 1,154.

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

Myopia		 	 27
Myopic astigmatism		 	 31
Hypermetropia		 	 76
Hypermetropic astig	gmatism	 	 85
External eye disease		 	 8

Twenty-two children were found not to require glasses and 8 were referred to the Royal Berkshire Hospital.

At the re-inspections in the schools, 420 children, for whom glasses had been prescribed, came under observation during the year. Of that number 84 or 20 per cent. were found not to be wearing their glasses at the time of inspection.

The following table shows the scope of the work carried out during the year.

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

		Number of defects dealt with.						
Defect or disease.	Under the Authority's scheme. (2)	Submitted to refraction by private practitioner or at hospital, apart from the Authority's scheme. (3)	Otherwise.	Total				
Errors of Refraction (including Squint)	263	11	2	276				
Other Defect or Disease of the Eyes (excluding those re- corded in Group I.)	8	4	-	12				
Total	271	15	2	288				

Total number of children for whom spectacles were prescribed :-

- (a) Under the Authority's scheme 219
- (b) Otherwise 8

Total number of children who obtained or received spectacles :-

- (a) Under the Authority's scheme ... 190
- (b) Otherwise 8

DENTAL CLINIC.

I am indebted to Miss Marion Smith MacKinnon, L.D.S., for the following record of dental work carried out during the year. Owing to serious illness, Miss MacKinnon was absent for three months of the year during which period three dental colleagues in the town carried on the clinical work, each devoting one half-day per week.

Principally for this reason it was not possible to carry out the usual dental inspections in eleven of the schools.

Inspections were carried out in eighteen schools in which 4,206 children were examined. Owing to the rapid increase each year in the numbers to be inspected due both to including new children of the 6 year old group and to following up the special cases treated at the clinic during the preceding year, it is impossible to inspect all schools in any one year.

Invitations to attend the clinic for treatment were sent to the parents of children found to require it. In 45 per cent. of cases the invitation was accepted. After a visit from the nurse the number of acceptances was increased so that nearly 67 per cent. of children referred for treatment actually received it.

Attendances at the clinic were satisfactory, 86 per cent. of appointments being kept. Owing to illness or to particularly inclement weather it is not always possible to bring young children to the clinic at the time appointed.

It is interesting to note that of a total of 522 special cases, 101 were children of 5 years of age or under, showing the need there is for treatment at an early age. A certain number of these children were referred from the infant welfare centres. It is also noteworthy that these small children are very good patients.

It is unsatisfactory to record the large number of permanent teeth extracted. There is still a considerable degree of prejudice against having teeth filled, but the principal reason is ignorance of the fact that the six-year old molars are permanent teeth. It is sometimes difficult to convince parents that these molars belong to the permanent set.

Full details of inspections, attendances and treatment are given in the following table:—

Group IV.—Dental Defects.

(1) Number of children who were :-

(a) Inspected by the dentist. Aged :-346 7 570 602 9 646 Age Groups 10 599 Total-3,815 11 418 12 256 13 226 14 113 (15 39 Specials 522 Grand Total 4337

(b) Found to require treatment 3045	
(c) Actually treated 2009	
(d) Re-treated as the result of periodical examination	746
(2) Half-days devoted to {inspection treatment 298} Total	337
(3) Attendances made by children for treatment	3181
(4) Fillings {permanent teeth 1059} Total	1123
(5) Extractions { permanent teeth 500 } Total	3321
(6) Administrations of general anaesthetics for extractions	_
(7) Other Operations { Permanent Teeth Temporary Teeth Temporary Teeth Total	272

Group V.-Uncleanliness.

- (a) Average number of visits per school made during the year by the School Nurses, 6.
- (b) Total number of examinations of children in the schools by School Nurses, 35,051.
- (c) Number of individual children found unclean :— Heads dirty ... 4,322 Verminous ... 429
- (d) Number of children cleansed under arrangements made by the Local Education Authority, 370.
- (e) Number of cases in which legal proceedings were taken :—
 - (i) Under the Education Act, 1921 —
 - (ii) Under School Attendance Bye-laws... ... —

The conditions in the schools in regard to uncleanliness on the whole show an improvement on those of last year, although the number of children found to be actually verminous and to require cleansing is greater.

The average of cleanliness, however, as reflected by the conditions of the heads of children, is better than in previous years. The decline of ringworm and scabies as mentioned elsewhere as well as the raising of the general standard of cleanliness must be in many respects attributable to the frequent visits of the doctors and nurses to the schools.

I am indebted to Inspector F. W. Dunn for the following details of cases dealt with by the Reading branch of the N.S.P.C.C. during the year.

There were 48 cases in all, including neglect, abandonment, ill-treatment, and exposure for begging purposes.

No prosecutions were undertaken, most of the cases being dealt with satisfactorily without resort to the court.

CLINIC FOR MENTAL AND PHYSICAL DEFECTIVES.

At this clinic, 78 children were inspected with a view to their admission to Whitley Special School. All those found suitable have been admitted to the school. The following are the details of those examined:—

The Towns of the Control of the		CRO-Deserve O'A		O CERC		
					Boys.	Girls.
Dull and backwa	rd				10	 4
Feeble-minded					9	
Physically defect	ive				14	 7
Phthisis and susp	ected	phthisis			7	10.00
Imbecile					2	 1
Epileptic					-	 1
Moral defective						 1
					-	
			Tota	al	42	36
					_	

PHYSICAL TRAINING.

I am indebted to the Assistant Organisers of physical training for the following report on their work during the year:—

The steady progress mentioned in our report of last year is still being maintained as far as the educational gymnastic lesson is concerned. The inclement weather has somewhat interfered with outdoor work, and in consequence progress in organised games has not been so marked as in previous years.

During "Health Week" demonstrations were given in the Large Town Hall, when the following programme of work was carried out:—

- Free gymnastics and ball-work to instrumental music by girls from the primary schools.
- (2) Free gymnastics and competitive games by boys.
- (3) A primary lesson from the Board of Education syllabus for children under seven years of age.

The primary schools were open to the public in order that the physical work might be seen under normal conditions. The parents showed their appreciation by attending in large numbers both the demonstrations in the Town Hall and the work in the schools.

His Majesty's Staff Inspector of Physical Education gave a lecture in the Large Town Hall on the work in primary schools.

A mass display was again given on the occasion of the annual sports. Over 300 boys took part in the display in Palmer Park, the work again being based on the Board of Education syllabus.

Many girls are now adopting the gymnastic tunic as a school uniform.

This is a great asset in getting effective freedom in the work.

During the winter a special instructor has been teaching "swimming land drill" to the boys in many of the schools. Practically 1,000 boys have received a course of instruction and it will now be interesting to see the result when the swimming season comes round.

SPECIAL SCHOOLS.

I am indebted to Dr. J. A. P. Price for the following report on the work of the Special Schools:—

Under the headship of Miss Hickson, who succeeded Miss Darker at the end of 1923, the work at these schools has been very thoroughly carried on during the past year. Vacancies as they have arisen have been promptly filled and now at the beginning of this year (1925) there are no vacancies in the Open-Air and Physically Defective Schools and three only in that of the Mentally Defective. The time is close at hand when further accommodation will be needed.

During the year the passage between the two classrooms of the Open-Air School has been greatly improved by the laying down of a tarred flooring and during the Christmas holidays the same treatment of the playground has been, in part, carried out, thereby lessening the amount of mud and dirt carried into the classrooms on the children's boots after play-hours.

In the school kitchen, further accommodation is needed to meet the increased demand of the cooking department now that the total number of dinners cooked daily amounts to over 200. This defect is, I understand, at present under consideration by the Education Authority.

The proposed new motor ambulances will enable the children in the out-lying districts of the borough to attend the school as these will cover the long distances from Tilehurst, Caversham and Lower Whitley more expeditiously than the present horsed vehicles.

During the year two visits weekly have been paid by me to the school and all the children therein have been subjected to routine examination.

The numbers in attendance and those admitted and discharged during the year are as follows:—

	Ment Defective			cally. e School.	Open-air School.	
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
On roll January, 1924 Admitted during the year Left during the year	 57 10 9	36 9 7	24 6 6	23 6 5	28 10 5	23 11 6
On roll December, 1924	 58	38	24	24	33	28

LEAVERS.

	Mentally. Defective School.		Physic Defectiv	cally. e School.	Open-air School.		
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	
For employment (industrial)	6		2	3	1	1	
For employment (domestic)							
Returned to ordinary school					1	2 2	
Too ill to attend			2	1		2	
Left the district		1					
For deaf and dumb school							
Deceased			1	1			
Mentally unfit							
Sent to an institution	1	3					
Reported to Local Authority for care of mentally defect- ive and kept under observa-							
tion	2	3		700	10 2000	1000	
Transferred to sanatoria					2	1	
Removed at desire of parent					ī		
For Cripples Home			1				

PHYSICALLY DEFECTIVE SCHOOL.

Fifty-nine children attended during the year, and their physical defects are as below:—

Defective vision				 			3
Defective hearing				 			3
Tuberculosis (osseous				 			9
Tuberculosis (other t	han os	seous)		 			2
Deformities			***	 			18
Nervous disorders				 			7
Heart disease				 			10
Other disorders				 	***	144	1

The majority of the deformities are due to infantile paralysis—the result of poliomyelitis (a microbic infection of early life)—the early diagnosis and treatment of which disease would diminish, and, in some cases, prevent the serious deformities which otherwise invariably follow.

I must here express my great obligation to the staff of the Orthopaedic Department of the Royal Berkshire Hospital for their valuable collaboration in the treatment of so many of the children attending this school.

It is desirable that additional chairs and couches should be supplied to this school, similar to those in use at the Open-Air School.

OPEN-AIR SCHOOL.

Into this school are admitted children suffering from pulmonary tuberculosis in a quiescent condition as well as those in the so-called pre-tubercular stage. There are at present in addition, 4 cases of tuberculosis of organs other than the lungs. Those admitted are recommended by the Tuberculosis Officer (Dr. Minkley) and during their stay at school are under his observation. During the year 2 children left for employment, 3 returned to an ordinary school, and 3 were sent to sanatoria. The chart of temperature and weight has been kept as in previous years. Breakfasts, dinners and teas and 1 pint of Grade "A" milk are supplied to each child daily. Malt and cod-liver oil, when required, are provided.

MENTALLY DEFECTIVE SCHOOL.

One hundred and twelve children have attended during the year; the family history of these, as bearing on the mental condition of the child, is interesting and reveals the existence in the forebears of various neuroses:—

							Boys.	Girls.
Tuberculosis							3	 1
Syphilis							1	 _
Alcoholism								 2
Backwardness			,				6	 4
Mentally defect	ive (i	ncludin	g amer	itia and	l demei	itia)	14	 19
Epilepsy							5	 4
Not known and	l norr	nal					16	 37

In addition to mental deficiency many of these children exhibit physical defects as follows:—

Nasal obstruction (to	nsils a	nd ade	noids)		 	6
Defective vision				 	 	22
Defective hearing				 	 	7
Rickets				 	 	1
Infantile paralysis				 	 	2
Heart disease				 	 	2

There are 9 moral defectives at present in this school. These are the most troublesome and difficult of all cases to deal with, as they require constant supervision to prevent their exercising an evil influence over other children.

Seeing that such cases continue to be admitted to a day school, it is, I am convinced, desirable that classrooms separate from those for the merely feeble-minded children should be provided and the sexes kept apart. The ideal treatment, however, would be to send these children to a residential school and so remove them from the recurrent infection due to the moral atmosphere of their homes.

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

					Mentally Defective School.		Physically Defective School.		Open-Air School.	
					Boys.	Girls	Boys.	Girls.	Boys	Girls
1.		ildren who have left sc	hool sinc	e 1910	108	65	67	80	110	98
2.	Number who-					-				
	(b) are kr	since died lown to be incapable by:			6	7	6	10	2	2
		vsical defect of undertak attendance at an instit			8	19	2	3		
	educat				14	9	4	4		
		any other institution			3 -	2				
	(e) Trans	ferred to sanatoria							2	1
		or hospital treatment								1
3.		are employed in-								
		trial or manual occupat			43	12	10	6	18	21
		ultural or rural occupati					1	1	5	
		stic occupation, including								11100000
	helpin	g in the domestic work	at home		2	10	2	23	3	20
	(d) Comr	nercial, professional or o	elerical v	work	***		6	9	2	5
		alley or other precariou		itions			2		7	
		ed and remaining at hor								5
4	Number who	have left the neighbourh	good who	ose after-						
	careers hav	e not been traced			10	5	12	7	10	12
5.	In the service	s or pensioned			6				3	
6.		rdinary schools					9	3	42	14
7.		o other special schools			2	1	2	6	5	3
8.		to attend school	***	***			6	8	7	12
9.	Unemployed				14		5		4	1
0.	Too irregular	to benefit		***						1
				Totals	108	65	67	80	110	98

PROVISION OF MEALS.

During the year the Provision of Meals Sub-Committee provided 15,558 breakfasts to necessitous school children. The meals were served at three centres—Caversham, Newtown and Southampton Street. The manner of service and the quality and variety of food supplied continues to be very satisfactory.

SECONDARY SCHOOLS.

Medical inspection was carried out in Reading School and the Kendrick Girls' School with the results shewn in the appended table:—

71
TABLE IIA.

RETURN OF DEFECTS FOUND IN THE COURSE OF MEDICAL INSPECTION IN 1924. SECONDARY SCHOOLS.

Defect or Disease.	Number Examined		2	ovs' School.	KENDRICK GIBLS' SCHOOL.		
Malnutrition Goservation			Number r	eferred for	Number referred for		
Uncleanliness Head Body Body Scabies Conjunction Belantis Conjunctivitis	D	efect or Disease.	Treatment.	Observation.	Treatment.	Observation.	
Skin	Malnutrition	*** *** ***	***	32		29	
Skin	Uncleanliness			***	***	***	
Skin	Chemini	/ Body				***	
Skin		(Head					
Skin		Kingworm (Dode					
Cother Disease (Non-tub.) Cother Disease (Non-tub.) Conjunctivitis Conjunctivitis Conjunctivitis Conjunctivitis Corneal Opacities Defective Vision 14 19 7 7 7 7 8 7 7 7 8 7 7	Skin	Qualitary					
Eye							
Conjunctivitis Keratitis Corneal Opacities Defective Vision 14 19 7 7 7 7 7 7 7 7 7		(Other Disease (Non-tub.)			1 %.		
Conjunctivitis Keratitis Corneal Opacities Defective Vision 14 19 7 7 7 7 7 7 7 7 7		Blankanitia	0		,		
Keratitis					1	***	
Corneal Opacities		Wavatitie.					
Defective Vision 14 19 7 7 7	Eye	Corneal Opacitics					
Defective Hearing Cottis Media Cother Ear Disease Cother Ear		Defective Vision	273				
Ear Defective Hearing			*17		2.55	-14	
Nose and Cher Ear Disease		Other Conditions	***	2			
Nose and Cher Ear Disease		(Defective Hearing					
Nose and Adenoids	Ear						
Nose and Adenoids	3,000	Other For Disease					
Nose and Adenoids				377			
Throat Enlarged Tonsils & Adenoids 2 2 2 3 4	. (2	1		1	
Other Conditions 2 2 4			1				
Enlarged Cervical Glands (non-tuber.)	Throat						
Defective Speech	,	Other Conditions	2	2		4	
Teeth	Enlarged Cer	vical Glands (non-tuber.)	***	1		144	
Heart and Circulation Corganic Functional Anæmia Heart and Manæmia He	Defective Spe	eech	3				
Heart and Circulation Functional	Те	eth	33		1.4		
Tuberculosis Functional Anæmia	,,		00	***		***	
Circulation	Heart and	Organie					
Lungs Separation Separati				4			
Tuberculosis Pulmonary:—Definite Suspected Sus	Circumuon	(Anæmia	***				
Tuberculosis Pulmonary:—Definite Suspected Sus		(Propohitio					
Tuberculosis	Lungs					***	
Non-Pulmonary :—Glands Spine Hips Skin Other forms System Spine Chorea Other Conditions Spine Chorea Chorea Other Forms Spinal curvature Chorea Cother Forms		Comment and the control of the control					
Non-Pulmonary :—Glands Spine Hips Skin Other forms System Spine Chorea Other Conditions Spine Chorea Chorea Other Forms Spine Chorea Ch							
Tuberculosis Spine Hips		Suspected					
Nervous System Epilepsy			***			3	
Other bones and joints	Tuberculosis			1			
Skin Other forms		Other hones and joints			***	4.4.8	
Nervous Epilepsy .		Cit :				111	
Nervous System Epilepsy							
Chorea C						.,	
Chorea	Nervous	Epilepsy	144			1000	
Deformities Rickets			***			11.	
Deformities Spinal curvature 6 15 3		Other Conditions	***	***	•••		
Deformities Spinal curvature 6 15 3		(Rickets					
Other Forms 24 5	Deformities					4	
		Other Forms					
Other Defect or Disease 2 1					100		
Other Detect of Discuss	Other Defect	or Disease	2	1	***	3	

EMPLOYMENT OF SCHOOL CHILDREN.

In accordance with the bye-laws, 190 school children were examined in regard to their physical fitness for employment. Only 8 were refused the necessary certificate of fitness.

MISCELLANEOUS EXAMINATIONS.

Twelve student teachers and 40 scholarship candidates were examined.

