[Report 1926] / Medical Officer of Health and School Medical Officer of Health, Reading County Borough.

Contributors

Reading (England). County Borough Council.

Publication/Creation

1926

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County Borough of Reading.

Annual Report

OF THE

Medical Officer of Health

AND

School Medical Officer

FOR THE YEAR

1926.

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COUNTY BOROUGH OF READING.

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OF THE

Medical Officer of Health

FOR THE YEAR

1926.

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HEALTH COMMITTEE,

HIS WORSHIP THE MAYOR (William Henry Short, J.P.).

Aldermen.

SIR GEORGE STEWART ABRAM, B.A. M.B., J.P. (Chairman).

FREDERICK ALFRED COX, J.P.

EDWARD JACKSON, J.P. JOHN RABSON, J.P.

Councillors,

FREDERICK WILLIAM ALLWRIGHT.

ALBERT BALL.

GEORGE WILLIAM COOK.

HENRY DOWNING.

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

ALICE JENKINS. J.P.

EDWARD LANGSTON.

ALBERT JAMES MAKER.

LORENZO EDWARD QUELCH, J.P. (Vice-Chairman).

FRANCES ELLEN STILES.

EDITH MARY SUTTON, J.P.

RICHARD JAMES VENNER.

TOM JOHN WALDRON.

MATERNITY AND CHILD WELFARE COMMITTEE.

HIS WORSHIP THE MAYOR (William Henry Short, J.P.).

Aldermen.

FREDERICK ALFRED COX, J.P.

EDWARD JACKSON, J.P.

Councillors.

ARTHUR FRANK CLARK (Chairman).

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

ALICE JENKINS, J.P.

EDWARD LANGSTON.

WILLIAM MATHIAS NEWHAM.

LORENZO EDWARD QUELCH, J.P.

FREDERICK GEORGE SAINSBURY.

EDITH MARY SUTTON, J.P.

JOSEPH TAYLOR.

ALBERT WILLIAM TUDOR.

DOROTHY ELEANOR WHEELER.

Non-Members of the Council.

MR. A. H. GOOD.

MISS M. MAPLESDEN, M.A.

MRS. K. SHORTER.

MRS. F. F. WHITLEY,

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

March, 1927.

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

Ladies and Gentlemen,

I beg to submit the Annual Report on the health and sanitary circumstances of the borough for the year 1926.

Last year at the request of the Ministry of Health the report was more comprehensive than normally and embraced a full survey of sanitary progress in the borough during the preceding five years. For that reason certain matters have been omitted from the present report that would be mere repetition of previous statements.

In view of the fact that health surveys of this character lose much of their value the more remote they are from the period to which they relate an endeavour has been made to issue the present report at an earlier date than is usually possible.

Vital Statistics. Population.—Each year the office of the Registrar-General supplies estimates of the populations of the principal towns of the country. The estimates for Reading at the middle of the year 1926 are lower than those issued for the year 1925. It is not suggested that there has been a decrease in the population during the interval.

For the first time the Registrar-General in making his estimates has taken into account the additions to the electoral rolls throughout the country since the last census, as well as the natural increase of population resulting from the greater number of births than deaths. The result would indicate that the population of Reading is increasing at a slower rate than would appear from consideration of births and deaths alone. The suggested explanation of this fact is that Reading is gaining less by immigration than other large towns.

Birth Rate. The birth rate for the year was 17.6 per 1,000 of the population. This is a higher rate than that of the two previous years and is the first arrest of the downward trend since the years immediately following the war.

Death Rate. The death rate during 1926 was 12·2 per 1,000 persons living and is higher than those of the immediately preceding years. If this rate is corrected for age and sex distribution to render it comparable with other large towns and the whole country the "standardized" death rate becomes 10·6 per 1,000 of the population.

Attention is called in the report to the increased death rates from cancer and from tuberculosis.

Infantile Mortality. The infantile mortality rate of 50.5 infant deaths per 1,000 births was the lowest ever recorded in the borough. The improvement in the nurture of infants and young children as evidenced by the steadily decreasing rate of infantile mortality and by the improved physical condition of school children revealed at medical inspections is the outstanding feature of modern sanitary progress.

General Provision of Health Services in the Area. A short survey is given in the report of the agencies available in the area for the prevention and treatment of disease. The year has seen the addition of two new pavilions to the Park Hospital. Accommodation will now be available for cases of tuberculosis in women who require hospital treatment. The alterations and additions to Dellwood Maternity Home are nearing completion and will greatly add to the efficiency of that institution. The welfare of women will also be advanced by the new maternity department for complicated cases of labour which has been opened at the Royal Berkshire Hospital. The scope of the health services of the Corporation is worthy of the attention of every citizen of the borough. That they meet a definite want is clear from the numbers who attend the clinics and treatment centres now established in all quarters of the town.

Prevalence of, and Control over, Infectious Diseases. Except for an epidemic of measles the incidence of the common infectious diseases has been markedly below the normal. From the fact of the major portion of the epidemic occurring in the summer, cases of measles were less serious in type and attended by fewer deaths than is the common experience.

The freedom from smallpox has been maintained throughout the year. Attention is drawn to the increasing prevalence of the mild form of this disease in other parts of the country.

The numbers of notifications of tuberculosis and deaths from this disease shew an increase. The post-war incidence of tuberculosis shews no definite tendency to decrease.

From the returns of the venereal diseases clinic it will be seen that whilst the number of cases of the acute phase of syphilis continues to decline there has been an increase in the number of patients suffering from gonorrhoea.

Maternity and Child Welfare. The constantly declining rate of infantile mortality has been emphasised. The established success of the infant welfare centres is evident from the fact that at some sessions the attendances now average more than one hundred and at all of them the numbers continue to increase. The admissions to Dellwood Maternity Home are maintained at a rate to tax the home to its capacity. Reference is made in the report to the increased attention being given to the ante-natal aspect of the work both at the clinic and to expectant mothers in their own homes.

Inspection and Supervision of Food. Much recent legislation has been directed to improve the quality and the methods of handling of our food supplies. This fact, together with the attention given to the subject in the public press is undoubtedly having its effect in the greater care being given to the preparation and distribution of foodstuffs.

One disquieting feature of this branch of the subject is the very high percentage of samples of milk found to contain living tubercle bacilli. Notwithstanding the Tuberculosis Order 1925 there are still many dairy herds containing animals suffering from tuberculosis to such a degree as to be able to infect the milk. The method of detecting the infected milk samples and thereafter proceeding to examination of the herds will prove a long and tedious method of eliminating these infected animals. A more direct and probably more efficient method of arriving at this end would be the constant veterinary supervision and testing of herds.

Housing. The shortage of housing accommodation for working-class tenants remains acute. It is still impossible to deal with cases of overcrowding or with slum property in the absence of any alternative houses for people who might be displaced. It is gratifying, however, to record that the amount of new construction during the year has greatly increased. The number of new houses erected in the borough exceeded that in any year since 1905.

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

I am,

Your obedient servant,

H. J. MILLIGAN, Medical Officer of Health.

STAFF.

Medical Officer of Health.

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

Tuberculosis Officer.

H. R. MINKLEY, M.R.C.S., L.R.C.F.

Medical Officers (part time) Maternity and Child Welfare.

| AGNES BERNFELD, L.S.A., D.P.H. | SIDNEY GILFORD, M.B., Ch.B.

Visiting Medical Officer (part time) Park Hospital.

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

Public Analyst.

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

Chief Sanitary Inspector.

* † JAMES DODD.

Assistant Sanitary Inspectors.

- * P. B. BROCK.
- * W. E. BOND.
- * E. L. W. GEEN.

J. P. KINGSLEY.

Chief Clerk.

* G. S. HAWTHORNE.

Clerks.

MISS J. R. SMITH (Tuberculosis Dispensary). | MISS N. HULBERT (Maternity and Child Welfare MISS D. M. EDMUNDS. | G. GARDINER. | Department).

E. A. SELLAR.

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.

I * : MISS G. WHITE.

Tuberculosis Nurses.

*MISS M. B. WARD.

MISS D. WATSON.

Matron Park Hospital.

MISS SARA MELVIN.

Matron Dellwood Maternity Home.

| : MISS GERTRUDE L. BURNETT.

^{*} Certificate of Royal Sanitary Institute.

[†] Meat Inspector's Certificate.

Certificate of Central Midwives Board.

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

Statistical Summary, 1926.

Area of borough (in acres)			9,106
			92,278
	ral)—		
For birth rate			93,290
For death rate			93,090
Number of inhabited houses (Census, 1921)			20,924
(E 1 O-tabas 1005)			21,800
		••	22,805
			£560,260
		••	£2,100_
Number of births registered		••	1,642
Legitimate			1,563
Illegitimate		••	79
Nett birth rate (per 1,000 of the population)		••	17.6
		••	18.1
		••	1,139
Crude death rate (per 1,000 of the population)		••	12.2
			10.6
Average crude death rate, preceding ten years		••	12.1
		••	1226
Marriage rate (per 1,000 of the population)		••	15.1
Number of infant deaths (under one year)		••	83
Legitimate		••	43.5
Illegitimate		••	189.8
Total infant mortality rate (per 1,000 births)		••	50.5
Average infant mortality rate, preceding ten years		••	64.1
Table 1 is 1 ath rate (per 1 000 of the population) (All	forms		1.12
			0.99
Average tuberculosis death rate (preceding 10 years) f Al	l forms		1.19
			1.00
Number of women dying in, or in consequence of, child-l	oirth:—		
From sepsis			4
			1
			3
			2
Deaths from diarrhoea (under 2 years of age)			7
	Population (Census 1921) (Revised)	Population (Census 1921) (Revised)	Population (Census 1921) (Revised)

County Borough of Reading.

VITAL STATISTICS.

Population. The Registrar-General's estimate of the population of Reading at mid-year 1926 is for the birth rate 93,290 and for the death rate 93,090. These estimates are actually lower than those supplied for the corresponding period of the previous year and would indicate an actual decrease of the population during the interval. There is no evidence of which I am aware that any such decrease has taken place.

The difference is explained by the adoption of a new method of calculation

in the office of the Registrar-General.

It is presumed that with accurate knowledge of births and deaths and the more careful scrutiny of records of emigration and immigration to and from foreign countries, the population of the whole country is known with a fair degree of accuracy. There is, however, an absence of definite information of the movements of the population from one district to another within this country.

The only returns regularly received from all areas which indirectly bear

upon this internal migration are the successive registers of electors.

The rate of increase of the population of any area can, therefore, be compared with the rate of increase of the population of the whole country from two distinct aspects. The natural increase of population, that is, the majority of births over deaths, can be accurately measured in both. The annual additions to the rolls of electors can be similarly correlated.

It is found that the rate of increase is greater for the whole country

than for Reading in both cases.

The difference between the national and local rates of increase is greater, however, when the registers of electors are used as the measure than is the case when the natural increase of population alone is considered.

It has been assumed, therefore, that Reading has been the sufferer by the migration factor during the period that has elapsed since the last census. The plain fact appears to be that when we are removed some years from a

census, estimates of population are largely guesswork.

The fact of the population being estimated at a lower figure than for the year 1925 will result in an artificial increase in the birth rate and the death rate which are calculated on the estimated population. The difference is, however, in each case fractional and will not affect any deductions based on these rates.

In all the rates mentioned in the report correction has been made for inward and outward transfers. All deaths of Reading persons whose deaths have been registered in other areas have been added to the local returns and all deaths of strangers occurring within the borough have been deducted. The returns of births have been corrected in like manner.

Birth Rate. The total number of children born of Reading parents during the year was 1,642, representing a birth rate of 17.6 per 1,000 persons living. This is a higher rate than those of the two preceding years.

Illegitimate Births. Amongst the 1,642 births registered, 79 were those of illegitimate children, being 4.8 per cent. of the total, a proportion that appears to remain almost constant year by year.

Marriage Rate. Mr. W. H. Oliver, Superintendent Registrar, informs me that 1,226 persons were married during the year, giving a marriage rate

of 15.1 per 1,000 of the population.

Death Rate. The deaths of Reading persons during the year numbered 1,139, representing a crude death rate of 12·2 per 1,000 persons living. It has been mentioned in previous reports that the population of Reading owing to the inclusion of a more than average proportion of persons of advanced years is not strictly comparable with that of the country as a whole. The probability of death naturally increases with advancing years. To render the crude death rate of Reading comparable with that for the whole country it is necessary to apply a "factor of correction" which in the case of Reading is ·871. In a town whose population embraced an abnormal proportion of young persons a factor greater than unity would be applied in similar manner. If we make the appropriate correction for Reading the "standardized" death rate is 10·6 per 1,000 persons living.

Deaths in Public Institutions. Of the deaths registered, 187 occurred in Battle Infirmary, 132 in the Royal Berkshire Hospital, 20 in the Park Hospital, and 35 in other institutions, principally mental institutions, outside the borough. Approximately one-third of all deaths occurred in public institutions.

Infantile Mortality. During the year 83 children died before they attained the age of one year. This represents an infantile mortality rate of 50.5 per 1,000 births, and is the lowest rate ever recorded in the borough. Further reference to this subject is made in a later section of the report.

Ward Mortality. Owing to the difficulty of ascertaining the ward populations with any degree of accuracy, calculations of death rates in the various wards would only be misleading and have been omitted.

Comparative Mortality. Though isolated death returns are subject to fluctuations and therefore require scrutiny, a record over a long period of years of the vital statistics of any community do reflect in a fairly clear manner the health progress of that particular community. For that reason I append a summary of those rates that are regarded as being the best indications of the health progress of Reading during a period of over 50 years. It will be seen at a glance that the record, especially the record of infantile mortality, is one of practically unbroken improvement.

TABLE I.

Period.	Birth rate.	Death rate.*	Infantile mortality.	Death rate from pulmonary tuberculosis.
1874-83 (average)	36.5	18.1	131.6	1.99
1884-93 do.	32.0	16.5	127.9	1.47
1894-1903 do.	27.1	14.1	133.7	1.13
1904-13 do.	22.7	12.1	99.2	1.01
1914-23 do.	19.0	12.7	73.2	1.05
1924	17.1	10.7	53.6	0.96
1925	16.0	11.1	56.3	0.79
1926	17.6	12.2	50.5	0.99

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

In like manner the health record of Reading and those of England and Wales and the grouped towns show that in regard to deaths and the incidence of epidemic diseases, Reading maintains its position as a healthy town—Table II., page 12.

TABLE II.

BIRTH RATE, DEATH RATE, AND ANALYSIS OF MORTALITY DURING THE YEAR 1926.

(Provisional figures. The rates for England and Wales have been calculated on a population estimated to the middle of 1926, while those for the towns have been calculated on populations estimated to the middle of 1925. 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.)

-					
tage of leaths.	Uncertified causes of death	1.0	0.5	1.1	0.0
ercenta	cases	7.2	7.5	6.3	9.4
P. P.	Causes of death certified by registered Medi- cal Practitioners	8.16	92.0	92.6	90.6
per pirths.	Total deaths under I year	70	73	67	64
Rate 1,000 l	Diarrhoea & Enteritis (under 2 yrs.)	8.7	11.8	9.9	4.3
	Violence	0.47	0.43	0.40	0.48
ion.	Influenza	0.22	0.22	0.23	0.17
Death Rate per 1,000 Population.	Diphtheria	0.07	0.10	90.0	0.12
1,000	Whooping cough	0.10	0.10	0.11	0.05
date per	Scarlet fever	0.03	0.03	0.05	0.02
Death I	Measles	60.0	0.12	0.07	0.20
nnual 1	Small-pox	0.00	0.00	0.00	0.00
A	Enteric fever	0.01	0.01	0.01	0.01
	All causes	11.6	11.6	10.6	*10.6
I	Birth-rate per 1,000 tota population	17.8	18.2	17.6	17.1 17.6
		England and Wales	105 County Boroughs and Great	157 Smaller Towns (1921 Adjusted Populations 20 000-50 000)	London

* " Standardized " death rate.

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

CAUSES OF, AND AGES AT DEATH.

Much of the improvement that has been effected in general health conditions has been initiated and stimulated by the study of particular causes and the age incidence of death. When the registration and certification of deaths came to be carefully studied, the great mortality in infancy, for example, could not fail to be observed and measures to reduce this mortality naturally followed. In like manner attention was drawn to the ravages of tuberculosis and preventive and curative measures were undertaken. A study of death returns at the present time brings to notice the increasing importance of cancer.

Cancer. During 1926 a greater number of deaths were registered as due to cancer than in any previous year and the cancer death rate at 1.5 per 1,000 persons living reached a higher point than ever before attained. To express it otherwise, one in eight of all deaths was due to cancer, and one in six of all persons dying over the age of 45 died of cancer. In the absence of any definite knowledge of the causes of cancer the only means of attacking the disease is its early recognition and eradication. As the result of extensive researches undertaken by the Ministry of Health it is clear that early operative treatment does offer a much greater probability of complete cure than had previously been thought likely.

Organic Heart Disease. Deaths assigned to disease of the heart are in the main the deaths of people of advanced years and for that reason are not capable of prevention.

Pneumonia and Bronchitis. Diseases of the lungs, especially pneumonia, were more prevalent and more fatal than in recent years. The presence of influenza at the latter end of the year is one of the principal causes of the increase and as usual many of the victims were children and young persons.

Tuberculosis. The present year shews an increase in the number of deaths assigned to tuberculosis. The subject of tuberculosis is discussed in a later section of the report.

Ages at Death. Approximately one half of all deaths registered were deaths of persons who had attained the age of 65 years. The increased expectation of life which has occurred during recent years is another very valuable reflex of greatly improved sanitary conditions.

CATICEC	OF A	ND AGES	AT	DEATH	1006
CAUDED	OF. IN	TID TIGIES	224.	LATERAL III.	1020.

							-
CAUSES OF DEATH.	All	Under	1-2	2-5	5 15	15—25	05
CAUSES OF DEATH.	Ages.	1 yr.	yrs.	yrs.	yrs.	yrs.	yrs.
				-	2	,	
All causes. Certified	1132	82	19	22	25	50	133
Uncertified	7	1	_	_	_	_	
1 Enteric Fever	-		-	-	-	-	-
2 Small Pox		-	2			_	-
3 Measles 4 Scarlet Fever	6	2		1	1		
5 Whooping Cough	2	2	-			_	
6' Diphtheria and Croup	2	_	-	-	1	-	1
7 Influenza	17		-	-	1	-	-
8 Erysipelas 9 Phthisis (Pulmonary Tuberc'sis)			_	3	1	24	40
10 Tuberculous Meningitis	4	_	1	1	î	1	
11 Other Tuberculous Diseases	8	-	-	1	1	2	3
12 Cancer (Malignant Diseases)	143	-	-	1			15
13 Rheumatic Fever 14 Meningitis	6	2	1	2	1	1	
15 Organic Heart Disease	145	_	_	_	2	1	7
16 Bronchitis	67	3	1	-	_	_	7 2 5
17 Pneumonia (all forms)	72	13	10	5	2	2	5
18 Other Diseases of Respiratory Organs	22	2	1	_		_	3
19 Diarrhoea and Enteritis	7	7		_			
20 Appendicitis and Typhlitis	12	-	-	2	2	3	1
21 Cirrhosis of Liver	6	-	-	_	-	-	1
21a Alcoholism 22 Nephritis and Bright's Disease	16		_	1	=	=	1
23 Puerperal Fever	4	_	_		_	_	4
24 Other Accidents and Diseases of							
Pregnancy 25 Congenital Debility & Malfor-	1		-	-	-	-	1
mation (including premature							
birth)	38	38	_	-	-	-	-
26 Violentdeaths (excluding suicide)	-	3	-	2	1	8	8
27 Suicide 28 Other defined diseases	10 402	10	2	3	9	- 8	32
28 Other defined diseases 29 Diseases ill-defined or unknown		10	1	-	-		4
Totals	1139	83	19	22	25	50	1338
Sub-headings included in above:	-						
Cerebro-spinal fever	2	1	_	1	_	_	_
Poliomyelitis		_	_		-	-	1
Broncho-pneumonia	40	13	9	2	2		
Venereal Disease Cerebral hœmorrhage	1 50	-			_	_	1
Arterio-Sclerosis	OF		_			_	1
Senile Decay	20	-	_	-		-	11
Tetanus	77	-	-		-		1
General Paralysis of Insane	0	_	_	_	_		4
Locomotor Ataxy	4.	_			_	_	-
Encephalitis Lethargica	1	_	-	-	1	_	1.1
	245	14	9	3	3		77
	410	14	3	0	3		
		-					-

 ¹⁸⁷ died in Battle Infirmary, 132 in Royal Berkshire Hospital, 20 in Park Hospital and 35 in various Mental and other Institutions outside the Borough.

			Allocated to Municipal Wards.										Deaths in Institutions.		
-65 s.	65 yrs. and up- wards	Abbey	Battle	Castle	Caversham	Church	East	Katesgrove	Minster	Redlands	Tilehurst	Victoria	West	Residents of Borough	Non-Residents of Borough.
33	538 3 — — 5 — 6 — 1 71 2 99 55	48	122 	89 1 6 1 10 4	106 - 1 1 1 1 7 - 1 20 1 - 7	115 1 — 1 — 1 10 1 1 1 9 — 2 18 4	131 2 — 1 4 — 9 — 2 19 1 — 16 5	94 1 — 1 — 1 1 6 — 9 1 — 9 18	65 1 	66 1 	120 1 2 3 9 2 8 15 4	87 1 ———————————————————————————————————	89 — — — — — — — 8 1 1 1 1 3 — — 16 5	1 1 1 1 31 31 3 5 51 4 42 17	- - 1 - - - - - 2 1 1 27 - - 3
5 - 4 4 - 3 -	16 11 - 2 - 11	1 - 1	8 1 1 1 2 -	9 1 2 1 1	6 1 1 1 1 1 1	9 2 2 2 - 3	10 4 — 1 — 2 1	4 -2 1 -1 1	6 2 1	4	10 1 5 1 — 2 1	5 2 2	3 -1 1 - 3 -	25 9 2 12 1 1 6 4	2 1 3 1 2
7 5 3 6	4 1 255 2	- 2 20 1	2 3 1 38 —	4 3 1 35 1	1 1 2 41 2	11 7 2 29 2	4 2 49 3	2 2 36 —	6 1 1 17 1	2 2 1 27 1	3 5 1 46 —	2 2 35 3	1 3 1 29	5 12 137 2	3 15 1 57
6	541	48	122	89	106	116	133	95	66	67	120	88	89	*374	†121
- 3 1 5 0 1 - 3 2 -	10 34 75 52 — 1 2	- 1 - 2 2 3 - - - 1	- 2 - 6 6 3 - 1 -	- 6 - 3 10 6 - - - 1	- 4 - 5 4 4 - 1 -	1 -7 -6 8 2 - - 1 -	- 1 - 6 13 9 - 1 1 -	- 1 10 6 4 - 1 -	- 6 - 1 4 2 - - - -	- 2 4 9 6 - - - 1	7 1 4 8 11 - 2 - 1	1 - 6 3 - - -	- 1 3 9 - 1 1	1 11 1 12 37 10 7 1 1 2	- - 1 - - - - - 1
5	174	9	18	26	18	25	31	22	13	22	34	12	15	82	3

^{† 1} died in Battle Infirmary and 120 in Royal Berkshire Hospital.

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

HOSPITALS PROVIDED OR SUBSIDIZED BY THE COUNTY BOROUGH COUNCIL.

(1) Tuberculosis.

- (a) Sanatorium. No sanatorium beds are definitely retained by the Local Authority. The majority of adult patients go to the Grosvenor Sanatorium at Ashford, Kent, and of children to Heath End Sanatorium, Farnham, Surrey. Cases of surgical tuberculosis are treated at the Wingfield Orthopaedic Hospital, Headington, Oxon. Only rarely has there been difficulty in obtaining a bed when necessary and the average number of patients maintained in sanatoria is between 25 and 30.
- (b) Hospital. There is a pavilion of 12 beds at the Park Hospital for advanced cases of tuberculosis amongst men. Hitherto there has been no corresponding provision for similar cases in women. With the additional beds now available it is expected that accommodation will be found for the more chronic tubercular infections in women when the beds are not urgently required for the treatment of acute infectious diseases.
- (2) Maternity. Dellwood Maternity Home provided by the Corporation has 12 beds to accommodate normal cases of labour. During the year new work has been undertaken with the object of providing better accommodation for the nursing staff and more efficient isolation beds for septic or infectious cases. The nursing staff previously most inadequately housed are now being accommodated in a new building, bungalow in type, in the garden. The isolation ward will consist of two separate beds divided from the main building by a ventilated passage. Advantage has been taken of the alterations to provide a larger and more convenient labour ward and a room for infants for whom previously there has been no special provision. The quarters vacated by the nursing staff will permit the use of one large ward of three beds for normal patients and one smaller room for ante-natal examination and treatment. The re-arrangements, when complete, will enable only one additional bed to be used for the admission of normal patients, but it is hoped that the comfort and convenience of both patients and staff will be greatly increased.
- (3) Children. Apart from cases of infectious disease there is no special hospital provision for children nor has the need for special provision been demonstrated.
- (4) Fever. The Park Hospital for the accommodation of infectious diseases has been enlarged during the year by the opening of two new pavilions. The original scheme provided a total of 40 beds—scarlet fever 26, diptheria 10, and isolation 4. Since then a special pavilion containing 12 beds was purchased from the war department and has been used for the treatment of tuberculous male patients. The two new pavilions contain 18 and 8 beds respectively. The former can now be used for tuberculous women patients when it is not required for cases of acute infection. The smaller pavilion which is comprised of eight separate cubicles has already been used for various types of infectious disease which can be nursed side by side.

Bridge Street Hospital which has in recent years only been used as an auxiliary hospital in times of stress has really outlived its usefulness. It is dilapidated and can no longer be used for hospital purposes. The final disposal of the structure is at present under consideration by the Health Committee.

(5) Smallpox. The Smallpox Camp at Whitley was designed to provide 9 beds for smallpox patients. Marquees have been retained with a view to extend the accommodation if necessary. This provision is unsuitable and would be inadequate in the event of an epidemic. In the present camp there is no provision for staff, the site is boggy and adjoins the sewage farm, the sanitary arrangements are primitive and the approach is bad. With the increasing prevalence of smallpox the question of suitable hospital facilities may become important.

The following summary shews the hospital accommodation provided by the Corporation :—

Conditions to	reat	ed.	Institution.	No. of beds.
Infectious disease tuberculosis		(including	Park Hospital	78
Tuberculosis	·		 Various Sanatoria	25-30
Maternity cases			 Dellwood Maternity Home	12
Smallpox			 Whitley Camp	9

OTHER HOSPITAL ACCOMMODATION AVAILABLE FOR THE DISTRICT.

(a) The Royal Berkshire Hospital with a total of 225 beds provides the general hospital accommodation for the borough and for the adjoining counties. A new maternity department of 7 beds, one 5-bed ward and two single bed wards, to deal with difficult and complicated cases of labour has been opened during the year. By a re-arrangement, the old isolation ward is now available for surgical cases and a house outside the building has been retained for isolation cases should it be necessary.

The number and classification of the beds now available are as follows:-

				Male.	Female.	Total.
Surgical			 	56	54	110
Medical			 	28	30	58
Children			 	-		20
Ophthalmic			 	-	_	16
Maternity			 		7	7
Venereal dis	seases		 	-	_	6
Ear, nose ar	nd thro	oat	 	-	-	8

(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.

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, employs 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.

Arrangements for the nursing of cases of ophthalmia neonatorum are at present under consideration by the Corporation and the Queen Victoria Institute.

Reading Council of Nursing Services. Through the agency of the Council, approved societies in the borough representing well over 10,000 persons provide skilled nursing as an additional benefit under the Insurance Act.

Reading Dispensary Trust. This is a charitable agency providing free medical attendance for such of the poor of Reading as are nominated to receive its benefits. Grants are also made toward the cost of dental treatment, surgical appliances, etc.

Borough of Reading Medical Society, Ltd. 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.

Reading Public Dental Service provides for the dental requirements of insured persons and also for the same classes of persons as stated above.

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

Clinics and Treatment Centres provided by the Corporation.

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

Infant Welfare Centre Star Lane, London St., Wednesday and Friday. Elm Park Hall Tuesday. ,, Weston Mead, Caversham, Thursday. St. Barnabas' Hall, Shinfield, Thursday. Park Institute Friday. Village Hall, Tilehurst, Monday.

Ante-Natal Clinic ... Star Lane, London St., Tuesday (two sessions). Tuberculosis Dispensary 1, London Street ... Daily.

Venereal Diseases Clinic Royal Berkshire

Hospital, Wednesday and Saturday

The Education Committee's clin	nics an	re:				
Inspection clinics, twice week	dy)	Held at
Minor ailments clinic, daily					!	Reading
Dental clinic, daily					\	Education
Clinic for errors of refraction,						Committee
X-Ray clinic for treatment of	f ring	worm, o	nce we	eekly		Offices,

Aural clinic, twice weekly Blagrave St.

Operating clinic for tonsils and adenoids, once monthly at the Royal
Berkshire Hospital.

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

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

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

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

LABORATORY WORK.

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

Positive.	Negative.	Total.
For the detection of the tubercle bacillus 102	251	353
For the detection of the diphtheria baccillus—Health Department and Park Hospital	322	420
		-
200	573	773
and the second s	-	-

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

Wasserman blood reactions	 	 	389
Examinations for spirochaetes	 	 	6
Examinations for gonococci	 	 	344

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

Chemical Work. The chemical work required for the purposes of the Sale of Food and Drugs Acts is carried out by Mr. James Thompson, D.Ph., F.I.C., Agricultural Analyst at Reading University, who is the Public Analyst for the borough. Details of the results of his examinations will be found on pages 46 and 47.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASE.

Except for an epidemic of measles, the past year has been one of freedom from infectious disease. The incidence of diphtheria has been amongst the lowest for many years and scarlet fever cases have been few in number and mild in character. The borough has again maintained its freedom from smallpox. The appended table on page 21 indicates the number, age incidence and ward distribution of all notified cases of infectious disease.

Smallpox. It is considerably over twenty years since smallpox occurred in Reading. It has, however, appeared in many other parts of the country. Throughout the N.E. coast, in certain parts of Lancashire, Cheshire, and Nottinghamshire, and more recently in the city of Sheffield, and in South Wales, there have been epidemics of the disease. The number of notifications throughout the country have been increasing year by year since 1920. The disease is still of the mild variety and appears to threaten little danger to life though certain of the cases cause considerable scarring. With the abundant foci of infection in other parts of the country and the ease of travelling, there is no longer any guarantee that the immunity of any particular town will be maintained. The very mildness of the cases is apt to facilitate its spread in the fact that persons suffering from the disease may travel in an infected state and cases of smallpox may remain for a time unrecognised or be mistaken for chickenpox.

Vaccination. The vaccination returns for the year 1925, for which I am indebted to Mr. W. H. Oliver, Clerk to the Guardians, are appended and differ little from those of recent years. As will be seen considerably less than 20 per cent. of children born are now successfully vaccinated. The great majority of the population of the borough is unprotected by vaccination.

TABLE IV.

icts.	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.	Removed to other districts.†	Removed to places unknown.	r	Number of births remaining naccounted for).
Districts.	Num Re	Numl succe vacci	Insus	Had	Died	Exemption vaccination Statutory tion of "C tious Objections	Postpon Medical	Removed other dist	Remov	No.	Rate per cent of total births
No. 1	635	86	-	_	30	392	9	1	40	77	12.1
No. 2	617	93	2	-	35	355	-	62	24	46	7.4
No. 3	323	54	2	_	11	203	-	3	14	36	11.1
Whole Borough	1575	233	4	_	76	950	9	66	78	159	10.2

[†] Vaccination Officer duly apprised.

CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1926. CLASSIFIED IN AGES AND LOCALITIES. TABLE V.

		Trates	Deaths in Isolation Hospital	111111100121111111	*20
		Notified	Removed to Isolation Hospital.	33 33 42 42 42 42 42 42 42 42 42 42 42 42 42	†217
Γ			West	1	191
	urd.		Victoria	80 80 3 90 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	123
l	I Wa		Tilehurst	191 7 7 9 9 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	256
١	nicipa		Redlands	21 4 0	5
1	Mur		Minster		79
١	Total Cases Notified in each Municipal Ward		Katesgrove	176 176 16 16 176 176 	218
	ed in		East	60	112
1	Votifi		Сритср	7 4 - 9 - 81 9 8 2	190
1	ses D		Сачетshат	8 1 2 1 2 1 1 1 1 1 1	79
1	al Ca		Castle	2 3 - 3 - 3 5 - 1 1 - 2 3 - 3	96
	Tot		Battle	156 156 157 158 159	200
			Appey	\$2 - 4 \oldsymbol{\pi} - \oldsymbol{\pi} - - -	42
ľ			65 years and upwards.		23
	pa		45 and under 65 years.	13 13 13 14 17 17 17 17 18 17 17 17 18 17 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18	14
	otific	os.	25 and under 45 years.	133 13 13 13 14 15 15 16 17 17 17 18 18 19 19 19 19 19 19	132
	Cases Notified	At Ages—Years.	15 and under 25 years.	18	123
	f Ca	ges	5 and under 15 years.	104 104	944
	Number of	At A	I and under 5 years.	1	331
	Num		Under I year,	121-1111-1128	37
200			At all ages.	1160 143 158 158 158 171 171 171 171 171 171 171 171 171 17	1631
CASES OF INFECTIOUS DISEASE			Notifiable Diseases.	Small Pox Diphtheria	Totals

† Includes 6 patients admitted suffering from "other diseases."

* Includes one other patient admitted and died from pyaemia.

Measles. The anticipated epidemic of measles occurred during the year, though contrary to usual experience, most of the cases occurred in the early summer. After an interval the prevalence again increased to epidemic proportions in the latter part of the year and was continued into the present year. The total number of cases notified was 1,160. It should be remembered that only first cases occurring in a household are notifiable so that the full extent of the epidemic is not to be completely measured by the number of notifications. The fact of the major portion of the epidemic occurring in the summer has the advantage of lessening the likelihood of serious bronchitis and pneumonia, and of allowing the children to make a good recovery without the enfeeblement which so often succeeds measles. It has in fact been found that all except one of the six deaths assigned to measles and its complications occurred in the colder months though the peak of the epidemic was reached in July and already during the present year there have been six deaths due to measles, though the total number of cases occurring was much smaller than in the summer.

Diphtheria. For the past three years the incidence of diphtheria has been low. The notifications during 1926 only numbered 43, the smallest return except one since the year 1901. Except for a small group of cases resulting in two deaths in the Tilehurst area, the general character of the

disease has again been mild and complications were few.

As in previous years anti-toxin is provided free by the Corporation to medical practitioners for the treatment of any patient who may require it. The use of the Schick test and subsequent immunization has not been practised in Reading. As these procedures must still be regarded as in the experimental stage it has not been considered that the prevalence of diphtheria in Reading in recent years would justify their use amongst the general population.

Scarlet Fever. Scarlet fever cases have been few in number and mild in character. A short note on the type of case and the incidence of complications is given in the report on Park Hospital.

Enteric Fever. Only two cases of enteric fever occurred during the year. One of the patients was a commercial traveller and had meals all over the country, the other was a girl who had just returned from abroad. It is fair to assume that in each case the infection was contracted outside the borough. Both made good recoveries.

Enteric fever is a disease that can be regarded as having been in effect

banished by efficient sanitation.

CEREBRO-SPINAL FEVER, ENCEPHALITIS LETHARGICA, POLIOMYELITIS.

These somewhat obscure infections of the nervous system have recently been given great prominence. They are all diseases of the gravest character. Each constitutes a serious threat to the lives of those attacked and hardly less serious is the fact that amongst patients who recover there is a very high incidence of sequelae effecting permanent mental or physical disability. They are all infectious and small epidemics or groups of cases have been reported

from many centres. The exact path of the infection has not been quite definitely ascertained, but the probable route in all is through the nose and throat. Only in the case of cerebro-spinal fever has the causative organism been discovered. The manner of infection appears to be directly from person to person perhaps in many cases by the medium of "carriers". A "carrier" may be defined as a person not himself suffering from the disease who nevertheless harbours the causative organism and is capable in this manner of conveying the disease to other susceptible persons. The existence of "carriers" has been definitely proved in the case of cerebro-spinal fever. It is also probable that these diseases can be conveyed by persons suffering from an attack so mild that its nature is unrecognised.

From these observations it will be seen that the diagnosis of this group of diseases is often a matter of very considerable difficulty. Other conditions like tuberculous meningitis or non-specific affections of the brain or spinal cord can simulate one or other of them. The classical symptoms of encephalitis lethargica which have given the disease its name may be absent so that only after prolonged observation is the true nature of the disease recognized. In one or two cases in Reading the diagnosis has only been made after the acute manifestations of the disease have disappeared and the altered mental character of the patient has revealed the true nature of the attack. In other cases of this group the final diagnosis could only be definitely ascertained as the result of post mortem findings.

Cerebro-spinal Meningitis. This disease has been popularly named "spotted fever" and has occurred in sporadic form for many years but fortunately there is no indication of its recurrence in epidemic form. During the year four notifications were received. Further investigation caused a revision of the diagnosis in two of these patients one of whom was found to be suffering from tuberculous meningitis and one from meningitis the result of streptococcal infection. The two remaining patients were both proved bacteriologically to be suffering from true cerebro-spinal meningitis of a very acute character and both died after only a short illness.

Encephalitis Lethargica. This disease was first recognized as recently as 1917 and has been named in somewhat misleading fashion "sleepy sickness". Six notifications of encephalitis lethargica were received during the year. In three of these cases it was impossible to exclude other cerebral affections as the cause of the symptoms so that in the absence of post-mortem evidence the accuracy of the diagnosis ultimately remained in doubt. Of the remaining cases, one proved fatal and the diagnosis was confirmed post-mortem. A second patient was a young girl who came from the country and was treated at the Royal Berkshire Hospital. She recovered from the acute phase but shewed definite evidence of altered mental condition at the date of her discharge. The third patient was a man of middle-age who was treated at Battle Infirmary and appears to have made a complete recovery. The mental deterioration which so frequently follows encephalitis lethargica has already been recognized to constitute a serious problem. In London and other large centres special hospital provision has already been made for them. It seems clear that similar special arrangements will be required at some future time throughout the country.

Further reference to this subject is made in the report of the School Medical Officer, p. 78.

Poliomyelitis. Poliomyelitis has long been known and is generally

described under the name of "infantile paralysis".

Within the past year it has been given special prominence owing to the occurrence of small epidemics especially in certain residential schools in different parts of the country. Isolated cases have been reported year by year and at present there is no evidence to indicate the cause of its increased infectivity. Its importance arises from the fact that after the disappearance of the acute febrile symptoms it is frequently found that definite paralysis especially of the limbs remains permanently. Indeed since the features of the febrile stage of the disease differ little from other febrile attacks it is only with the onset of paralysis that the true nature of the disease can often be recognized. By early and efficient treatment on orthopaedic lines the worst effects of these paralytic conditions can be obviated and disabling contractures prevented. The only case notified during the year illustrates the difficulties of diagnosis. The child concerned was thought to have a mild influenza and after a few days at home she was allowed to return to school. Only then was it noticed that there was a definite paralysis of her leg. was admitted to Park Hospital and appropriately treated and finally discharged apparently completely cured. This child can be regarded as amongst the more fortunate cases.

PARK HOSPITAL.

The number and nature of the cases admitted to Park Hospital are shewn in the following table:—

TA	BI	LE	V	[.
-	2200	and the same		

Disease.	Remaining in hospital 1 Jan., 1926.	Since Admitted.	Since Discharged.	Died in hospital.	Remaining in hospital 31 Dec., 1926.
Scarlet Fever Diphtheria Tuberculosis Other Diseases	26 4 11	124 34 42 17	133 35 29 9	1 14 5	17 ' 2 10 3
Totals	41	217	206	20	32

Scarlet Fever. The mild character of the disease has been maintained throughout the year and all of the 124 cases admitted made a good recovery. The incidence of the common complications of scarlet fever has been lower than the average. For purposes of record the numbers of patients who suffer from these complications are noted annually. Of those admitted during 1926 it was found that 4.8 per cent suffered from purulent nasal discharge, 4 per cent had enlarged glands, 2.4 per cent albuminuria, whilst otorrhoea and cardiac complications each had an incidence of 2 per cent. The only patient whose condition gave rise to anxiety and in whom the aftereffects may be permanent was one suffering from cardiac disease.

Return Cases. Only one "return" case occurred during the year.

Diphtheria. Except for a very few cases the character of diphtheria was also mild. Three members of one family were all acutely ill, the mother dying shortly after admission. In two other cases there was severe toxaemia and paralysis of the palate but both recovered. It was necessary to perform tracheotomy on one other patient who also made a good recovery.

Other Diseases. With the additional accommodation available it has been possible to admit a certain number of patients suffering from diseases other than scarlet fever and diphtheria. Of these, three referred to elsewhere were suffering from cerebro-spinal fever or suspected cerebro-spinal-fever, and all died. Eight patients suffering from measles or its complications were also admitted, one of whom, a child, died from broncho-pnuemonia, the others all making good recoveries. The case of poliomyelitis is described elsewhere in the report.

DISINFECTION.

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

The following summary shows the extent of the work carried out during

the past year :-

			Number of	
	Houses.	Rooms.	Beds and Mattresses.	Miscellaneous Articles.
Reading district	400	395	362	2325
Adjoining districts	16	32	51	322
Dellwood maternity home Miscellaneous institutions in		15	429	340
Reading	_	19	17	87
Total	416	461	859	3074

TUBERCULOSIS.

The prevalence of tuberculosis as measured both by deaths and notifications of new cases this year indicates a position not altogether satisfactory. In previous reports it has been mentioned that since the war there has been little indication of any lessened incidence of tubercular disease. For the year 1925 the returns promised a hope that the annual improvement of earlier years might be resumed. That promise has not been fulfilled. The present year's notifications of new pulmonary cases numbering 142 has not been exceeded since 1918, and the number of deaths namely 92, has only once been excelled during the same period. The same general observations apply to cases of non-pulmonary manifestations of the disease. It has always been emphasised that the economic aspect of tuberculosis is of great importance. The disease is usually of a very chronic nature lasting over several years. It attacks and incapacitates people at the active period of life when they should be earning their maximum. More than two-thirds of the deaths from pulmonary tuberculosis during the year occurred between the ages of fifteen and forty-five. It is evident that such a disease must entail grave hardship on the families affected and often leaves poverty in its train.

The following table shews the annual number of notifications and deaths due to tuberculosis since 1918:—

TABLE VII.

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	
1925	119	11	74	12	
1926	142	27	92	12	

Notification. From whatever cause early knowledge of cases of tuberculosis is not received by the department. Of the 92 deaths due to pulmonary tuberculosis, 18 were not notified at all and information of their existence was only obtained from the death returns. Twelve cases were notified within one month of death, and 15 others within three months of death. That is to say in nearly half of the fatal cases information was obtained too late even to take steps to prevent infection of the members of the family and obviously too late to be of any permanent help to the patients themselves.

Table VIII. presents an analysis of notifications and deaths of new cases received during the year.

TABLE VIII.

	To	tal new ca			No. of these cases who died during the year.				
Age Periods.	Puln	nonary.	Non-p	ulmonary	Puln	onary.	Non-p	ulmonary	
	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	
Under 1 year 1 year to 5 years 5 years to 10 years 10 ,, 15 ,, 15 ,, 20 ,, 20 ,, 25 ,, 25 ,, 35 ,, 35 ,, 45 ,, 45 ,, 55 ,, 55 ,, 65 ,, 65 and upwards Totals	2 1 2 8 14	3 4 2 8 9 27 11 5 2 5	-6 1 1 2 2 1 -2 1 -2 1 18			3 -1 4 3 8 3 2 1 4	-3 1 -1 1 -1 1 8	- - - - - 1 - - - - - - - - - -	

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1912.

IABLE IA.

Summary of Notifications received during the year 1926.

							21																																									
ifications			Sanatoria	99	21	-	I																																									
No. of Notificati	0.7 110		Poor Law Institu- tions	14	18	8	1																																									
No. of Notifications on FormB. No. of Notifications	Total	Notifications. Notifications	including cases previously notified by other doctors	-	ı	1	1																																									
ificatio	T.A.	tions.	Total	1	1	1	1																																									
fNot	Primary		10 15	1	1	1																																										
No. o		No	5 10 10	1	1	1	1																																									
Total		Notifications	including cases previously notified by other doctors	88	67	13	15																																									
			Total	77	65	12	15																																									
Number of Notifications on Form A.				65 and up- wards	01	9	1	i																																								
s on]	s on 1		55 to 65	5	1	-	1																																									
ation		ons.	45 to 55	7	S	61	1																																									
otific		ficatio	ficatio	ificatio	ificatio	ificatio	ificatio	ificatio	ficatio	ficatio	ficatio	ficatio	fication	fication	fication	ificatio	ificatio	ificatio	ificatio	fication	fications	fications	fication	fications	fications	fications	fications	fications.	fications	ifications	ification	tification	tificatio	tificatio	otificatio	otificatio	Primary Notifications.	Votificat	otificati	otificatio	otificatio	otificatio	otificatio	35 to 45	20	6	1	-
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Nu		Pri	15 20 20	00	7	61	1																																									
			10 to 15	23	7	1	1																																									
			5 10 10	1	4	1	3																																									
			- 0 to	61	-	4	4																																									
			Under I year		1	1	1																																									
			Age Periods.	Pulmonary (males)	Pulmonary (females)	Non-Pulmonary (males)	Non-Pulmonary (females)																																									

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 3rd January. 1926, to the 1st January, 1927, 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.	0 to 1. 1 to 5. 5 to 10. 10 to 15.	10 to 15.	15 to 20.	20 to 25.	25 to 35.	35 to 45.	45 to 55.	55 to 65.	upwards.	Cases.
Pulmonary (males)	1		1			60	53	23		1	1	7
Pulmonary (females)	-	13	1	ı	1	1	4	61	1	1	I	11
Non-pulmonary (males)	1	5	1	i i	1	1	1	1	1	1	1	9
Non-pulmonary (females	1	1	I	1	-	1	1	1	1	1	1	1

N.B.-All of the cases shewn in the Suplemental Return were taken from the death returns.

The attention of medical practitioners is called to each case of apparent failure to notify.

The scheme for dealing with tuberculosis was set out in detail in the annual report for the year 1925. It was then mentioned that the only point in which the arrangements were seriously deficient was in the absence of accommodation for the nursing and isolation of the more advanced cases amongst women. With the extended accommodation available at the Park Hospital this need can now be met and the care of all cases of the disease at any age in either sex can be undertaken.

By the Public Health Act, 1925, power is given to local authorities to compel the removal to hospital of patients suffering from tuberculosis where the home conditions are unsatisfactory. This power is designed not only in the interests of the patient himself but not less in the interest of the other members of the household. It is gratifying to record that in no case in Reading has it been necessary to appeal for legal power as all patients recognize the advantages of isolation and hospital treatment.

Public Health (Prevention of Tuberculosis) Regulations, 1925.

By these Regulations persons suffering from pulmonary tuberculosis are prohibited from engaging in any employment in connection with a dairy which involves the milking of cows or the direct handling of milk or vessels used for containing milk. No such case has been brought to the notice of the Authority during the year and no action was therefore necessary under the Regulations.

Tuberculosis Dispensary.

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

"A summary of the work carried out at the Dispensary during the year 1926 is as follows:—

Number of new cases examined (including 22 re-admissions)	244
Transferred from other areas	1
	245
	243
Number of persons found to be suffering from pulmonary	
tuberculosis	108
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 observa-	
vation	30
Number of persons found to be not suffering from tuberculosis	94
Total number of attendances by patients during the 12 months	3404

Examination of Contacts. Of the 245 new patients noted above as coming under the cognizance of the Tuberculosis Officer during 1926, 72 attended

for the purpose of examination as having been more or less closely associated with known cases of tuberculosis, and as being therefore in increased danger of developing the disease. Amongst the "home contacts" so examined, four persons were found to have definite signs of pulmonary tuberculosis, two of non-pulmonary disease, nine presented symptoms or signs calling for continued observation, the remainder shewing no signs of clinical infection.

Home Supervision. The Tuberculosis Officer paid visits to their own homes in the case of 87 persons, sometimes in direct consultation with, and always in co-operation with the patient's medical practitioner.

The two tuberculosis nurses paid 2,597 visits to the homes of patients, of which number 145 were paid to the homes of ex-service men.

In general, the home conditions of tuberculous persons in the borough shew decided improvement in recent years; in many instances, however, it is still impossible to ensure that actively tuberculous persons should have each a separate bedroom, a measure which is always to be sought for and which if it could be universally adopted would, in all likelihood, have a markedly diminishing effect upon the spread of infection.

Shelter Treatment. The shelters provided by the Corporation for treatment of patients in suitable condition have again been in considerable use. At the close of the year 29 of these were still being regularly used, despite difficulties and discomfort due to the winter season.

Sanatorium Treatment.—Patients have received treatment at the following institutions during 1926:—

Grosvenor Sanatorium, Kennington, Ashford, Kent			45
Frimley Sanatorium, Surrey			1
Berks and Bucks Sanatorium, Peppard Common, Oxo	n		3
Church Army Sanatorium for Lads, Heath End, Farn	ham,	Surrey	5
Oak Bank Sanatorium and Residential Open Air School			
Sevenoaks, Kent			5
Wingfield Orthopaedic Hospital, Headington, Oxford			8
Alexandra Hospital, Swanley, Kent			1
The state of the s			_
			68

		Remaining in anatoria, Dec. 1925		Admitted during the year 1926.		Totals.	
	Males.	Females.	Males.	Females.	Males.	Females	
Adults	4	8	23	18	27	26	
Children	8	_	2	5	10	5	
Totals	12	8	25	23	37	31	

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

Disease quiescent	 	 	 7
Improvement maintained		 	 20
Disease progressive	 	 	 5
Died	 	 	 4
Remaining in sanatoria	 	 	 32
			-
			68

Tuberculosis Pavilion, Prospect 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 on December 31st, 1925. There were admitted 42 cases during 1926, making a total of 53 persons treated during the year. The following table shows the position at the end of the twelve months:—

Remaining in Pavilion, December 31st, 1926	 	10
Died in Pavilion during 1926	 	14
Died subsequently	 	2
Living (Dec. 31st, 1926) with progressive disease	 	3
Remainder shewing measurable improvement	 	24
		-
		53

It is hoped that similar accommodation for acute, advanced, and observational cases amongst women will shortly be available at Park Hospital.

Special Treatment. Artificial pneumothorax treatment has been proposed to several patients during their stay at sanatoria, but has been accepted by two only during the year, in both cases with partial success. One patient has been treated at the Royal Berkshire Hospital with violet-ray therapy and shewed marked general improvement. Some haemoptysis cases have again been treated with collosol calcium injections.

Examination	of St	becimens-	Sputum.

Number sent in by	doctor	S			 209
Dispensary specim	ens				 137
Other specimens			• • • •	•••	 7
					353

In 102 of these tubercle bacilli were found to be present, in 251 there were no tubercle bacilli.

Tuberculosis Dispensary Care Association. The valuable voluntary aid contributed to the work by the above-named association has continued as in former years. Through its Relief Sub-Committee 131 cases have been assisted. Of these, 50 were new cases and 31 were re-applications.

The assistance given in the majority of the cases takes the form of extra nourishment and grants of clothing when necessary. A very valuable part of the work, however, is the arrangement for the care of delicate and pretuberculous children in seaside and country homes. The marked improvement resulting gives the hope that these children may be enabled to ward off the onset of definite tuberculous disease. During the year 16 patients received convalescent treatment of this character. Occasionally the association is also able to render patients financial assistance in times of difficulty."

VENEREAL DISEASES.

From the returns furnished by Sir Stewart Abram, senior physician to the Royal Berkshire Hospital, the following short table has been prepared to show the number of persons attending the venereal diseases clinic at the hospital and the conditions from which they suffered:—

	Syphilis.		Gono	Total.	
	Males.	Females.	Males.	Females.	Persons
Total number of persons under treatment or observation on 1st January, 1926, for—	60	61	44	10	175
Number of persons treated for the first time during the year 1926, for—	45	34	66	14	159
	105	95	110	24	334

In addition to the numbers indicated in the table, 46 persons found to be suffering from conditions other than venereal diseases attended the clinic. It should be remembered that the clinic treats patients from the County of Berkshire and that many patients also come from other adjoining counties to Reading as their most convenient centre. It is part of the principal of the national scheme for the treatment of venereal diseases that every facility should be given to any person suffering from syphilis or gonorrhoea at any clinic in the country.

Of the new patients attending the clinic, 36 of those suffering from syphilis and 42 gonorrhoea patients were residents of the borough, that is approximately one-half of all the affected patients.

The total number of attendances at the clinic and the number of days of in-patient treatment were respectively 4,564 and 1,211, the former shewing an increase and the latter a decrease on the corresponding returns for the preceding year.

I am indebted to Dr. T. Skene Keith, the clinical officer of the department, for the following observations on the clinical aspect of the work:—

"The work of the venereal diseases clinic continues to increase after its initial fall, the record of work since the inception of the clinic being as follows:

Year	1918	1919	1920	1921	1922	1923	1924	1925	1926
New cases	303	_		291	240	150	155	186	205
Total cases	303	812	850	576	436	403	336	396	421

This increase is due to the greater number of cases of gonorrhoea who have come for treatment and to a less extent to the increase in non-venereal cases seen as will appear from the returns of the past three years:—

		1924	1925	1926
Non-venereal	 	 28	39	46
Gonorrhoea	 	 69	53	80
Syphilis	 	 58	94	79

Syphilis. If the cases of syphilis are differentiated into recent infections, old infections including nervous diseases, and congenital cases, it will be seen that the number of acute cases has decreased:—

		1924	1925	1926
Recent infections	 	16	11	7
Old infections	 	38	53	49
Congenital cases	 	4	31	23

Gonorrhoea. The general increase in the number of cases cannot be disregarded but to some extent it may be due to the fact that there is less quack treatment of gonorrhoea than was the case.

The last table is designed to show that there is still a lack of perseverence on the part of patients under treatment, who are too optimistic and cease to attend for treatment earlier than is justified.

		1925	1926
Non-venereal cases	Discharged	 39	46
Gonorrhoea cases	Discharged	 5	26
Gonornoea cases	Ceased to attend	 56	50
Syphilis cases	Discharged	 27	21
Syptims cases	Ceased to attend	 92	95

This failure to appreciate the seriousness of the diseases from which they suffer is not confined to this locality, but is recognized as being the most serious obstacle to the complete eradication of venereal disease."

MATERNITY AND CHILD WELFARE.

Infantile Mortality. With only occasional fluctuations the returns of deaths of infants under one year show a progressive fall year by year. The infant death rate for the year 1926 was 50.5 per 1,000 births and was the lowest ever recorded in the borough.

As in previous years it is found that a very large proportion of these deaths occur in the first month of life, indeed nearly one-third of the total occur in the first week. This emphasizes the importance of the ante-natal aspect of the work, details of which are given in other sections of this report. As in previous years, apart from ante-natal causes, pneumonia accounts for the largest number of deaths. It is not yet fully realized that young infants can with great advantage spend the greater part of their time in the open air at all times of the year. If this were the general practice it would probably do much to reduce their liability to disease of the respiratory system.

Gastro-intestinal diseases which used to play such a large part in infant mortality are now only a slight menace to the well-being of young children. The small table submitted shows the grouped causes of infant deaths over a period of years and the large table on pages 34 and 35 gives details of the causes of infant deaths and the ages in weeks and months at which they occurred during the year 1926.

Period.	Neo-natal Mortality.	Mortality from bronchitis and pneumonia.	Mortality from gastro-intestinal diseases.
1905-8	34.7	17.2	17.6
1909-12	37.3	10.1	11.9
1920-23	31.7	10.0	4.7
1924	26.2	14.9	2.4
1925	26.5	10.0	5.3
1926	24.3	9.7	4.3

Rates per

Still-births. The rules of the Central Midwives Board require midwives to notify still-births which they have attended. During the year 49 still-births were notified, being at the rate of 3 per cent. of live births. This rate maintains a fairly constant ratio.

Supervision of Midwives. There were 40 midwives who gave notice of their intention to practice in Reading during the year, of whom three were acting temporarily or have since left the district.

Of the total number, eleven were employed in institutions.

The Inspector of Midwives paid regular visits to supervise the work of midwives. She reports that the work is carried out satisfactorily, that the equipment is complete and well-kept, and registers are up to date. As mentioned elsewhere the Rules of the Central Midwives Board now require that midwives should maintain ante-natal records of their patients and conduct the necessary ante-natal examinations. The younger and more highly trained midwives do carry out the ante-natal supervision but it is probable that some of the older women will find it beyond their capacity to achieve a high standard in this work.

Records for Sending for Medical Help. The rules of the Central Midwives Board require midwives to send for medical assistance in certain defined emergencies. During the year intimation was received of a total of 246 such cases where medical assistance was sought, being approximately one-fifth of all cases attended. In 184 cases the assistance was required for the mother and in 62 cases for the child. The local authority is liable for the payment of fees to the doctor according to a scale prescribed by the Ministry of Health. The amount payable during the year was £220, of which £16 was recovered from the patients.

Notification of Births Act, 1907. Of the total of 1,642 births registered in the Borough, 1,438 or 88 per cent. were notified to the Medical Officer of Health. This is a slight improvement on the returns of previous years.

Midwives were responsible for 77 per cent. of the total notifications, the remainder being received from doctors and parents.

Infant Welfare and Health Visiting. The success of the various infant welfare centres in different parts of the town has been maintained.

The attendances at most of the centres continue to increase. At two of them the average weekly attendance exceeds one hundred whilst a third session falls just short of that number. At all the centres suitable infant foods are sold at practically cost price which no doubt increases their popularity, but the regular attendance and the constant supervision by the medical and nursing staffs cannot fail to have a beneficial effect on the infant and assist the education of the mothers in the care of children. That the purchase of infant foods is not the primary reason for attending the centres is seen from the fact that two-thirds of the infants brought there are breast fed. It is also noteworthy that an increasing percentage of entrants to school are now found on examination to have undergone treatment for conditions like enlarged tonsils and adenoids which in earlier years would have been neglected until a much later age.

INFANTILE MORTAL		926. (CAUSE	S OF I	EATH	under	one yea	r).
Causes of Death.	Under 1 week	1—2 weeks.	2—3 weeks.	3—4 weeks.	Total under 1 month.	1 month and under 3 mos.	3 months and under 6 mos.	6 months and under 9 mos.
All causes Certified Uncertified	24	9	4	3	40	14 1	9	12
Small Pox	-	_	_	_	-		_	
Chicken Pox	_	-	_	-	-	_	-	_
Measles	-	-	-	-	-	-	- 1	1
Scarlet Fever	-	-		-	_	-	-	
Whooping Cough	-		-	1	1	-	-	-
Diphtheria and Croup	_	-	-	_	-	-	-	-
Erysipelas	-	-	_	-	-	-	-	
Tuberculous Meningitis	-	_	-	-	-	-	-	-
Abdominal Tuberculosis	-	_	-	-	_	-	-	-
Other Tuberculous Diseases	-	-	-	-	-	-		_
Meningitis (not Tuberculous)	-	_	_	_	-	_	1	1
Convulsions	-	_	-	_	-	_	1	-
Laryngitis	-	_	-	-	-	-	_	-
Bronchitis	_	_	-	-	-	2	_	1
Pneumonia	_	-	-	-	-	4	_	6
Diarrhoea	_	-	-	-	-	-	2	1
Enteritis	-	_	-	-	-	1	-	1
Gastritis	_	_	-	_	-	_	1	-
Syphilis	_	-	-	_	-	-	-	-
Rickets	_	_	_	_	-	-	-	-
Suffocation (overlaying)	2	-	-	-	2	-	1	_
Injury at birth	1	_	_	-	1	_	_	_
Atelectasis	-	-	_	-	_	_	_	-
Congenital malformation	4	3	1	1	9	1	1	-
Premature birth	14	5	2	-	21	2	-	-
Atrophy, Debility, Marasmus	1	-	-	-	1	2	_	_
Other Causes	. 2	1	1	1	5	3	2	1
Totals	24	9	4	3	40	15	9	12

	Allocated to Municipal Wards.									3.					ths in utions.
	Total under I year.	Abbey.	Battle.	Castle.	Caversham.	Church.	East.	Katesgrove.	Minster.	Redlands.	Tileburst.	Victoria.	West.	*Residents of Borough.	Non-Resi- dents of Borough.
	82 1	2	7	7	3	19	8	2	9	3	14	5	3	_	=
	_	_	_	_	_	_	_	_	_	_	_	_			_
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	11	-	1	-	-	4	-	1	1	2	1	-	1	1	-
	23	-	_	3	1	6	4	1	4	-	2	2	-	6	3
	3	-	1	1	-	-	-	-	1	-	-	-	-	-	
	12	=	3	_	_	2	2	_	2	1	1	1	_	2	
	83	2	7	7	3	19	8	2	10	3	14	5	3	16	5

The following summary shews the details of the attendances at the various centres throughout the year:—

INFANT CONSULTATION CENTRES.

TABLE XI.

Centre.	Numbers Attending.	Re- attendances.	Average Attendances
Star Lane, Wednesday	309	4745	97
" Friday	133	2367	50
Elm Park Hall, Oxford Road	216	5096	104
Park Institute, Wokingham Road	223	4853	101
Caversham, Weston Mead	87	2447	48
Tilehurst (Village Hall)	49	1406	30
Shinfield, St. Barnabas Church Hall	77	1809	36
Totals	1094	22723	466

As in previous years we are much indebted to various ladies who give their services voluntarily and enthusiastically to assist the work of the centres.

Domestic Science Classes. During the year an endeavour was made to further extend the scope of infant welfare work by the institution of domestic science classes. By arrangement with the Education Committee the services of the head teacher of domestic science (Miss C. Williamson) were placed at the disposal of the Maternity Committee for one session weekly. During the first experimental term it was decided to give demonstrations in cookery including infant cookery to mothers attending the centres. Partly on account of particularly adverse weather conditions, the success of these demonstrations has been only qualified. It will be a matter for consideration whether the small attendances will justify the holding of another course.

The home supervision of infants and young children up to five years has been continued by the health visiting staff. The scheme of work is the same as in previous years. A summary of the extent and nature of the work is appended.

HEALTH VISITING SUMMARY.

First visits after receipt of notification	 	1418
Re-visits to children under one year	 	7324
Visits to children aged one to five years	 	12485
Special visits	 	974
Visits to expectant mothers	 	783
Special visits to cases of measles	 	1018
Special visits to cases of ophthalmia	 	158
Special visits in regard to still-births	 	27
Special visits in regard to infant deaths	 	86

24273

Ophthalmia Neonatorum. The care of the eyes of the new-born is always a matter of very great importance and the greatest care is taken to avoid infection and the occasional disastrous results which follow. During the year eleven notifications were received of ophthalmia neonatorum, three of which were of moderate severity, the remainder being mild. One case received treatment first at a nursing home and afterwards at the Royal Berkshire Hospital, one was wholly treated at the hospital, and one at home by a private doctor assisted by one of the lady health visitors. All the cases made good recoveries without any permanent damage to the eyes.

Cases. Treated.			Vision				
			un- impaired.		Total	Deaths.	
Notified. AtHome.	In Hospital.	impaired.	impaired.	Blindness			
11	9	2	11	_		-	

Puerperal Fever and Puerperal Pyrexia. During the year new Regulations have been issued by the Ministry of Health requiring the notification of slight rises of temperature—100·4° F. for 24 hours or recurring within 24 hours—in parturient women. It is also incumbent upon the local authority to provide specialist services for all such patients who require it. The object is to ensure adequate skill and attention at the earliest possible moment.

Puerperal Fever. During the year nine notifications of puerperal fever were received of which four ended fatally. This is a larger number both of notifications and deaths than the average of recent years. Three of the four fatal cases were in poor health before the arrival of the baby, and one of the remaining cases was suspected to be suffering from tuberculosis. It seems to become more clear that the condition of health of the mother antecedent to the birth is an important contributory factor in the causation of puerperal sepsis.

Puerperal Pyrexia. Since the introduction of the new regulations in October, nine notifications of puerperal pyrexia were received. Only three of these patients were seriously ill. On fuller investigation two were found to be suffering from pelvic cellulitis and one from breast abscess. All the patients made good recoveries.

Milk (Mothers' and Children) Order, 1919. The scheme for the grant of milk and other foods to necessitous nursing mothers and children under three has been continued as in previous years. The grants are made free or at part cost in accordance with an income scale drawn up by the Maternity and Child Welfare Committee and the incomes of all applicants are verified officially. The nett cost to the Council for the financial year is approximately £1,030.

ANTE-NATAL CLINIC.

The attendances at the Ante-Natal Clinic have been well maintained throughout the year. It has now been necessary to institute two sessions weekly for the clinic, the average attendance at each session being slightly over 20. The number of new cases attending during the year was 281, a number exceeded only in the year 1923, whilst the average attendance has been higher than in any previous year.

The number of new patients attending and the number of attendances at the clinics in each year since its inception are as follows:—

	1921	1922	1923	1924	1925	1926
New patients	247	258	283	266	245	281
Attendances	705	830	844	908	917	980

By attendance at the clinic the condition of many of the patients has been improved and subsequent complications at the confinement avoided, and it is also regrettable to record that in certain cases patients who had been advised to attend the clinic have suffered later for their non-compliance.

When any patient attending the clinic is found to require constant medical supervision or that the condition is such as to make the attendance of a doctor at the confinement advisable she is referred to her own medical attendant or to the hospital. During the year 34 patients were so referred for medical care. Two of the patients referred to the Royal Berkshire Hospital suffered from conditions sufficiently severe as to warrant operative treatment whilst a third suffering from syphilis was treated at the clinic there.

The less serious departures from the normal receive the necessary care and treatment at the clinic.

It is also pleasing to note that more expectant mothers are taking advantage of the treatment offered at the Education Committee's dental clinic. The importance of dental treatment is evidenced by the fact that one of the most serious cases recently dealt with at Dellwood Maternity Home suffered a very severe and prolonged illness arising in an infection of the gums. The importance of ante-natal care is being emphasised more and more each year. The Central Midwives Board has now placed the obligation on all practising midwives to maintain a careful ante-natal record of their patients' progress. For the past year or two Reading midwives have been encouraged to pursue this course.

Post-graduate instruction has been provided for them and each midwife has been supplied with a model ante-natal register in which to maintain records of their cases.

The clinic assists in teaching work by training the pupil midwives from Dellwood Maternity Home in the routine ante-natal examination of patients.

DELLWOOD MATERNITY HOME.

The number of patients admitted to Dellwood Maternity Home during the year was 261, a number rather in excess of that which the Home can conveniently accommodate. The arrangements for admission of patients to a small home like Dellwood are a source of considerable anxiety. Designed as it is for the poorer section of the population and for those whose housing circumstances make attention at home undesirable it is frequently found in

practice that it is just those sections of the population who delay longest in making arrangements for confinement. It is, therefore, on occasion incumbent upon those in charge to endeavour to arrange for the additional numbers.

It is also a consideration that with the careful scrutiny of costs there may be a temptation not to allow the number of admissions to fall too low because of the relative increase in the cost of maintenance.

It should also be remembered that it is quite impossible to forecast the exact dates of admission and with the consequent overlapping it is found that at times the Home is inconveniently crowded. Notwithstanding these difficulties the work of Dellwood has been uniformly successful and the appreciation of the patients is evident in the large proportion who return for the second and third time.

The following record shows the number of patients admitted since the opening of the Home:—

1921	1922	1923	1924	1925	1926
179	253	285	239	196	261

Of the cases dealt with during the year three were notified to be suffering from puerperal fever. Two of these patients suffered considerable local injury and were intensely ill. One of them who was also deaf and dumb was removed to the Royal Berkshire Hospital where she died. The second patient finally made a good recovery and was discharged well. The third patient recovered at once and it would appear that the fever had its origin in conditions apart from the confinement.

Two patients suffered from breast abscesses but ultimately made good recoveries. No serious complication occurred with any of the remaining patients.

As in previous years records have been kept of the home conditions and financial status of all patients admitted to the Home.

Of 259 patients who were delivered at the Home during 1926 it was found that—

68 occupied one room only.

90 occupied two rooms.

13 occupied more than two rooms.1 was resident in a lodging-house.

18 (including 4 single girls) lived with parents.

69 occupied separate houses.

Of those described as occupying separate houses twenty were admitted as private patients of doctors in the town.

As indicating the average financial status of patients it was found that the husbands in twenty-six cases were unemployed and nine were engaged on part-time work.

The average income of those employed was £2 10s. per week and the average fee paid £3 6s. or £1 13s. per week. On account of particularly poor circumstances, twelve patients were admitted free, the total sum paid by the remainder during the year being £785.

The extension to the Home will be completed during the year. The bungalow residence for the nursing staff will be complete and ready for occupation within a few weeks, when it will be possible to commence the structural alterations to provide additional isolation wards, a better labour ward, and a babies' ward in the Home itself. Only those who are familiar with the work of the Home during times of stress can appreciate the very real difficulties with which the staff have had to contend owing to lack of space and want of rest and facilities for recreation and study. During the period of alteration it will be necessary to reduce the number of patients admitted.

BLIND PERSONS ACT, 1920.

For very many years the care of the blind of Reading has been in the hands of the Reading Blind Aid Society, of which the moving spirit has been Mr. Hugh Walford. Until the passing of the Blind Persons Act the society was entirely dependent on voluntary contributions and on the enthusiasm of its officers and sympathizers. Since the passing of that Act although the Borough Council has assisted the society by the payment of a part-time home teacher and by slight financial assistance the effectual care of the blind has remained with the society until the present year. Owing to the death of Miss Burnett and the advancing years of Mr. Walford it was decided to wind up the Reading Blind Aid Society at the end of the financial year 1925-26. It is only fitting to record that in the hands of the society the care of the blind of Reading was maintained at a level not often achieved. In addition to weekly grants made to necessitous blind persons, a home-workers scheme embracing ten persons has been set on foot and maintained successfully and a handsome endowment fund has been raised which will be available for the blind of Reading in perpetuity.

At a public meeting it was decided to endeavour to maintain the voluntary principle by the creation of a new body, the Reading Association for the Welfare of the Blind, which would be responsible in conjunction with the Health Committee of the Council for the care of the blind of the borough. During the period of transition the new Association has decided to maintain the general direction of this work on the lines carried on for so many years by their predecessors. The register of the blind has been brought up to date and now contains the names of 140 persons.

A visitor has been appointed to supervise the ten home-workers, eight of whom have succeeded in earning the maximum Government grant during the first half of the present financial year.

The Association has had under consideration the appointment of a visitor to teach the reading of raised type and to instruct blind persons in pastime occupations. In view of the fact that a large proportion of our blind population are persons of advanced years and unlikely to acquire great proficiency in either pursuit it has meantime been decided that the present part-time teacher, himself a blind man, will be able to give the necessary instruction.

There are three persons under the care of the Reading Education Committee being trained in suitable occupations at which it is hoped they may in future be able to earn an independent livelihood.

There remains the large class of unemployable blind persons, many of whom are in poor circumstances. It is perfectly clear that in certain of these cases where the blind person is otherwise incapacitated and unable to care for himself or without any suitable relatives to care for him, the responsibility for his care and maintenance must meantime remain with the Board of Guardians. In a very considerable proportion of cases however the blind person can with a little assistance be enabled to remain at home with his friends or relations. During the present year the Association from voluntary sources has been able to pay grants amounting to approximately £20 per month and has formulated a scheme for submission to the Council with a view to providing regular allowances to blind persons according to a definite scale.

It is very gratifying to record that the interregnum between the passing of the old society and the formation of its successor has been bridged without any single blind person losing the allowance to which he was accustomed, indeed with the addition of a considerable number of new beneficiaries.

SANITARY CIRCUMSTANCES OF THE AREA.

Rainfall and Water Supply. In the survey report of last year the sources, means of purification and distribution of the water supply were given in some detail.

I am indebted to Mr. Leslie C. Walker, the Waterworks Engineer, for reports on the water supply during the past year. These reports indicate that the high level of purity has been maintained, the bacillus coli being constantly absent in 100 cubic centimetres of the filtered and chlorinated water.

Rainfall. I am also indebted to Mr. A. S. Parsons, Borough Surveyor, for the record of the rainfall as measured in the Forbury Gardens during the year. These records shew that 1926 was on the whole a dry year, the total rainfall being 24.5 inches, which is one inch below the average of the past 6 years.

It is rather astonishing to find that December with ·43 inches followed by March with ·46 inches were the driest months of the year. November with a fall of no less than 5·1 inches was easily the wettest month, followed by October, June, and January in that order. The remaining months had on the whole less than the average rainfall.

Drainage and Refuse Disposal. The activated sludge method of sewage disposal which has been adopted by the Council has now been in operation for over a year but the results leave something to be desired. By arrangement with the company alterations are now being carried out in the design of the plant which it is hoped will effect the desired improvement in the character of the effluent. In the meantime the efficiency of the process on a scale as large as that required for Reading must still be regarded as on its trial.

There are 28,491 water closets, 275 pail closets and 21 middens in the borough. There were 46 pail closets converted to the water carriage system

during the year. Arrangements are now in hand for connecting most of the remaining houses in the Tilehurst and lower Whitley areas with the sewer, the only areas where any considerable number of dry closets still exist.

The method of refuse disposal by tipping at Manor Farm still continues and complaints of nuisance arising from flies and rats appear to be well-founded. An endeavour to improve the situation has been made by covering over the tip with layers of fresh earth to a depth of about 18 inches.

The new bye-law requiring owners to provide standard-size dust bins has now been in operation for some time and has resulted in great improvement in many areas.

The collection of refuse from the houses is efficiently carried out twice weekly under the direction of the Borough Surveyor. The older type of open cart for refuse collection is gradually being replaced by a motor vehicle provided with a sliding cover and for those of the older vehicles remaining a temporary tarpaulin cover has been provided. This has the effect of mitigating an unpleasing sight and preventing what was apt to be a source of nuisance especially in windy weather.

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

TABLE XII.

Housing Acts				12,851
Number of complaints received and inve-		***		446
Number of informal notices served (on or				127
			***	38
Number of written notices (statutory) on	owners			6
Number of prosecutions		***	***	_
Number and nature of nuisances:-				
Dirty, damp or dilapidated houses			***	10
Overcrowded dwelling houses	***			34
Dirty tenants				5
Defective roofs, gutters or down spouts				30
nsanitary or defective scullery sinks and	wastepip	es		9
Defective drains and water-closets		***		70
Defective cesspools			444	_
Yards and areas, dirty or defective			***	21
Accumulation of refuse				3
Animals so kept as to be a nuisance			444	3
Miscellaneous			***	10

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

Twenty house drains were tested.

Smoke Abatement. Nuisance from smoke is not a serious menace to health in the area. In addition to the absence of any considerable number of large factories which would be likely to produce smoke in great quantities, the rapidly increasing number of gas cookers now being installed has done much to remove any likelihood of nuisance from domestic smoke, a much more important contribution to the smoke nuisance than has been generally realized.

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

- (a) Offensive Trades. There are four premises in the borough where offensive trades are carried on. These include blood drying, fat melting and bone boiling, tripe boiling, and gut scraping. All of these processes have been conducted during the year without complaint of nuisance.
- (b) Common Lodging Houses. There are four registered common lodging houses in the borough with accommodation for 172 persons—151 men, 5 married couples, and 11 women. On the whole the standard of accommodation provided in these houses leaves a good deal to be desired. The Inspectors made regular visits to these premises and arranged for the remedy of certain minor nuisances and infringements of the bye-laws. The supervision and maintenance of order in the lodging houses during the night are in the hands of the police.
- (c) Canal Boats. There are 15 canal boats registered in the area but they are commonly absent from the borough for long intervals and their supervision is consequently a matter of difficulty. Owing to the increase of motor traffic the water-borne trade is tending to decrease. It is also the usual custom for workers to live on shore and only rarely are families carried so that the inspection of canal boats is not now a matter of great importance.
- (d) Caravans. There are no bye-laws in force in regard to caravans. There are, however, a certain number of caravans used as permanent homes which occupy land belonging to the local authority. The number of these caravans varies at different times but there are always some present and the condition of the whole area is very unsatisfactory. Complaints have been received of the unclean condition of some of the children and the Committee concerned has now given the tenants notice to quit the area. With the removal of these caravans a source of complaint extending over many years will be obviated.

TABLE XIII.

FACTORIES, WORKSHOPS, WORKPLACES AND HOMEWORK.

(a) INSPECTION.

		Number of				
Premises.	Inspections.	Written Notices. (3)	Prosecutions.			
Factories (including factory laundries)	44	2	_			
Workshops (including workshop laundries)	429	-	-			
premises included in Part 3 of this report)	40	-	-			
Total	513	2	-			

(b) DEFECTS FOUND.

	N	efects.	Number	
Particulars.	Found.	Remedied	Inspector.	Prosecu tions.
(1)	(2)	(3)	(4)	(5)
Nuisances under the Public Health Acts:—				
Want of cleanliness	15	15	-	-
Want of ventilation	_	_		
Overcrowding	-	_	-	_
Want of drainage of floors	2	2		-
Other nuisances Sanitary accommodation :—	2	4	-	
Insufficient	1	1		_
Unsuitable or defective				_
Not separate for sexes	-	_	-	_
Offences under the Factory and Work- shops Acts:— Illegal occupation of underground				
bakehouse (s. 101)	_	-		*****
Breach of special sanitary require- ments for bakehouses Other offences (excluding offences	19	19	140	-
relating to outwork which are included in Part c of this report)	_	_		_
Totals	37	37	_	_

(c) HOMEWORK.

Lists received twice a year t	rom employ	vers	 			2
Number of outworkers	Contractor	S	 ***	2.11		2
	Workmen	445	 	4.00		8
Lists received once a year Number of outworkers			 			
Number of outworkers	Contractor	S	 			-
	Workmen	111	 			
Outwork in unwholesome p	remises		 			-
Notices served	444	433	 		1140	-
Outwork in infected premise	es		 			-

(d) REGISTERED WORKSHOPS.

Workshops on the Register at the end of the year. (1)									
Retail Bakehous	ses							50	
Tailoring								50 53	
Dressmaking ar		nerv						27	
Upholstery								9	
Laundries					111			5	
Photography		***			***	***		3	
Miscellaneous			1.1.1			***	***	139	
Total nun	nber of	worksho	ps on R	egister		***		286	

Rats and Mice (Destruction) Act, 1919. Arrangements have been made to assist owners to overcome nuisance arising from rats and mice on lines similar to those of previous years. The importance of vermin destruction is being increasingly recognized and the success of measures taken can be gauged by the progressively diminishing number of complaints in this regard.

Shops Act 1912 and Shops (Early Closing) Order, 1920. The administration of this Act and Order was carried out by the department and generally speaking there was little cause for comment. Police court proceedings were instituted on three occasions and small penalties were imposed in each case.

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

Kitchens and Ice Cream Shops. The Inspectors in the course of their duties have paid regular visits to the kitchens of hotels, restaurants, and to ice-cream factories. The premises were generally found to be well conducted and except for minor matters no adverse reports were received.

FOOD.

Sale of Food and Drugs Acts. The number of samples of milk reported by the analyst as not up to standard has fallen to approximately one-half of the average of recent years.

TABLE XIV.

Articles.			No. of Samples taken.	Number found to be genuine.	Not up to standard.	
Milk			265	250	15	
Apples			6		6	
Cream			10	9	1	
Butter			6	6	_	
Totals		287	265	22		

On two occasions the Health Committee interviewed persons who had sold milk not up to the standard of the Food and Drugs acts. After hearing the explanations offered the Committee decided not to institute legal proceedings.

Not all of the other samples found to be deficient were formal samples taken in accordance with the procedure required by the Acts, but in seven instances prosecutions were undertaken, of which the following table shews the circumstances and the result of the proceedings. Sample No. 203 was taken on delivery from the farmer as the result of the initial sample No. 197 being found to be deficient as sold by the retailer.

TABLE XV.

Milk.	Deficiency.	Defence raised.	Result.
Sample No. 31	28·3% of milk fat 3·65% milk solids	"As bought from farmer"	£3 fine. Costs £2 2s.
Sample No. 63	35-34% of milk fat	" As bought from dairyman"	Dismissed with costs, £2 2s.
Sample No. 126	31-66% milk fat	" As bought from dairyman"	£2 18s. fine. Costs £2 2s
Sample No. 135	15-67% milk fat	"As bought from farmer"	£2 10s. fine. Costs £2 2s
Sample No. 179	5.3% milk solids 4% milk fat	" As given by the cow" (Hunt v. Richardson)	Dismissed
Sample No. 197	8% milk solids 1.67% milk fat	"As given by the cow" (Hunt v. Richardson)	Dismissed
Sample No. 203	10·36% milk solids 4% milk fat	" As given by the cow" (Hunt v. Richardson)	Dismissed

Arsenic in Apples. Owing to the reports of the presence of arsenic in certain varieties of apples, mainly of American origin, six samples of apples were examined and arsenic in varying amounts was found in all of them. In view of the fact that there were no cases of illness traceable to this source and that the prevention of the presence of arsenic was a matter for the wholesale trader and the grower no prosecutions were undertaken against the retail vendors.

Steps were, however, taken by means of notices in the press to warn the public and local vendors of the facts, and to advise them in regard to minimizing any danger by cleansing the fruit especially round the stalk.

The Public Health (Milk and Cream) Regulations, 1912, Amendment Order, 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, 1926:—

TABLE XVI.

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

(a) Number of samples examined for the presence of a preservative.				ned	Number in which preservative wa reported to be present, and percenta of preservative found in each sample		
Milk		265	***		Nil.		
Cream		10	***		1 0.11 boric acid		

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 ... 8 (2) Statements incorrect 8 Total ... 8

(3) Percentage of preservative found in each sample 0.16, 0.28, 0.12, 0.15, 0.28, 0.12, 0.11, 0.4 boric acid.

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

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

The shopkeeper forgot to put a label on the receptacle containing the cream, and being an informal sample no further action could be taken. A formal sample was taken within 48 hours, when the receptacle was properly labelled.

INSPECTION AND SUPERVISION OF FOOD.

Milk Supply. The greater part of the milk supply of the borough is produced either in the borough or in the counties immediately adjoining. One large source of supply comes, however, from the counties of Wilts and Somerset and is subjected to a process of pasteurization before despatch.

Tuberculous Milk. Forty-two samples of milk were examined biologically for the presence of the tubercle bacillus, with a positive result in eight cases. One of these positive samples was a duplicate so that seven herds were in question. As these were average samples of the milk sold and taken at random it appears that 17 per cent. of the non-designated and non-pasteurized milk sold in the borough can be expected to contain tubercle bacillus. As this compares with the not dissimilar figure of 14 per cent. last year, the condition cannot be described as satisfactory.

The practice to be adopted to trace the source of the infection is set out in the Milk and Dairies (Consolidation) Act, 1915. The Medical Officer of Health of the County is notified and he arranges for the veterinary inspection of the herd. In the light of our experience over some years it is clear that the location of the offending animal in the herd is not so easy as one would expect. So many animals suffer from chronic lesions of the udder that the detection of tuberculous lesions amongst them often gives considerable trouble. In cases of doubt it is the practice in this area to take further samples of the milk of all suspicious animals for further examination, and in the meantime to suspend the sale of such milk.

Nothwithstanding these measures, in two of the cases above referred to, one in the county of Oxon and one in Hants, the source of the infection was not traced.

The units of these herds are frequently changing and it was believed that the affected animals had been sold for slaughter or otherwise.

Designated Milk. Under regulations issued by the Ministry of Health, certificates are issued to producers and retailers of milk for the sale of milks with guaranteed degrees of purity and in certain cases from tubercle-free herds.

Owing principally to the efforts of the National Institute for Research in Dairying, the sale of these milks has attained a greater degree of popularity in Reading than in other parts of the country and I am informed by traders that the demand continues to increase.

During the year one licence was issued for the production and sale of "Certified" Milk, the highest grade, and eleven for the sale of "Grade A (Tuberculin Tested)" milk. No licences were issued either for "Grade A" or pasteurized milk although in fact a considerable proportion of the milk is subjected to a process of pasteurization.

Samples of these milks are regularly examined bacteriologically in order to ensure that the standards prescribed by the regulations are maintained.

Retail Distribution of Milk. In addition to 35 wholesale traders and producers, the register contains the names of 196 purveyors of milk, of whom 17 reside outside the borough but retail from carts within the boundaries. The Milk and Dairies Order, 1926, which came into force on 1st October last,

has little effect on Reading as many of its provisions, especially those relating to structural requirements of dairies and cowsheds, were covered by regulations in force in the borough prior to that date.

Proceedings were, however, instituted against two traders for bottling milk in the street, a practice which only became an offence since the Order came into force. The object of the prosecutions was solely to draw the attention of both the trade and the public to their duties and rights respectively in this matter and it was also hoped that the publicity would have some effect in the direction of protecting the vendors of the graded milks.

The retail distribution of milk, especially from the small general shops, frequently leaves much to be desired, and their gradual elimination is hoped for.

Meat. The subjoined table shows the amount of meat and other food-stuffs destroyed as unfit for food during the year. The number of carcases of meat destroyed is considerably greater than in recent years. Although only 19 of a total of 64 tuberculous animals were slaughtered under the Tuberculosis Order, 1925, it is probable that the Order was responsible for the slaughter of others although the formal procedure was not strictly followed. The inspector draws attention to the considerable losses sustained as the result of Johne's disease which is now as important a cause of the destruction of carcases as tuberculosis. He also reports a considerable reduction in the number of pig carcases destroyed and suggests the possibility that the slaughter of tuberculous cows under the Order may be responsible in view of the fact that it was often the custom to feed the milk of these cows to the pigs.

TABLE XVII.

Unsound Food Seized o	For Tuberculosis.					
156 carcases of beef					64	92
26 parts of carcases of beef		***	***		11	15
25 carcases of veal						25
59 carcases of pork	4.4.4	***	***		32	27
48 carcases of mutton					_	48
702 heads or internal organs of				eep	417	285
208 lbs. of pork						208 lbs.
811 lbs of beef (imported)						811 lbs.
1172 tins of assorted foodstuffs	(impo	orted)				1172 tins
3 bushels of shellfish					-	3 bushels
1187 lbs. of fish						1187 lbs.
321 lbs. of bacon (imported)					-	321 lbs.
1221 eggs (imported)						1221 eggs
11 cwt. potatoes					name .	11 cwts.

The Public Health Meat Regulations, 1924, have on the whole had a good effect on the methods of the meat traders although differences of opinion have arisen as to the precise interpretation of certain sections.

Diseased meat and slaughterhouse offal are dealt with by a private trader under agreement with the Corporation. The plant is located in an isolated area, is modern and is managed without nuisance. The arrangement up-to-date has worked satisfactorily and effects a considerable saving to the Corporation.

Slaughterhouses. The number of slaughterhouses in the borough is 27, of which 14 are owned by the Corporation, 11 registered and 2 licensed being privately owned. Many of the slaughterhouses including those owned by the Council are antiquated and inconvenient.

Humane killing. The bye-law to enforce the humane killing of all animals except pigs has now been in force for some years. We are now in a position to state that no ill-effects on the meat as prepared for sale by the ordinary trade methods have resulted from the adoption of this method of slaughter.

Although pigs are expressly exempted from the operation of the bye-law many of these animals are in fact slaughtered by mechanical means without any resultant ill-effect on the meat.

During the course of five years in which the bye-law has been in operation accidents have been no more numerous or more serious than by other methods of slaughter.

Other Foods. There are in all 50 bakehouses, of which 18 are factory bakehouses, in the borough. For the most part they are of modern construction and hygienic in their methods.

There are four factories where sausages, pies and other similar products, are produced. The older methods of sausage making are now being rapidly supplanted in all establishments by the installation of electrical machinery. The standard of cleanliness and method in all of these factories and butchers establishments is rapidly advancing and the substitution of cold air chambers for the old-fashioned ice-box is also gaining ground.

The attention given to methods of preparation and handling of food in the public press and elsewhere is undoubtedly having its echo in the trades concerned.

HOUSING.

The housing shortage has not yet been overcome. It is still impossible to find a working-class house advertised to let. The number of applicants for Council houses still exceeds 1,200. This latter figure may not be a very faithful reflex of the situation in that many persons do not apply because of the large number of applicants known to be waiting, and equally from the fact that many of those on the waiting list would be unable to pay the rent of a Council or any other similar house.

Notwithstanding these unpleasing aspects of the question it is a fact that more has been achieved in the past year to remedy the situation than in any year since the war. The number of houses erected namely 522, has not in fact been equalled since 1905. Of the total, 173 were part of the municipal housing scheme, 231 were built with the aid of the Government subsidy, and 118 were erected by unaided private enterprise.

During these years of housing shortage it is a fact that landlords have suffered as the result of the excessive use of many houses occupied by two or three families and the consequent excessive sums expended on repairs.

During the year eight small houses forming part of a block of fourteen were demolished. The whole property was in a ruinous condition and would long since have disappeared but for the absence of any alternative accommodation for the occupants.

Overcrowding. Numerous specific instances of overcrowding were given in the report for last year and might equally be repeated in the present report. The absence of any available houses and the inability of many of those concerned to pay the rents of separate houses makes the remedy of overcrowding a matter of complete impossibility in many cases.

Another aspect of the overcrowding question that might be overlooked is the difficulty of undertaking the necessary repairs to houses in their overcrowded state and as a consequence the continued deterioration of their condition. There were 34 definite complaints of overcrowding received during the year but this in no way represents the actual state of overcrowding or the conditions found during house-to-house inspections.

Fitness of Housing. The general standard of housing in the area is good. There is of course a large number of houses which fall consideraby below modern standards of fitness and only the minimum requirements in the way of repairs are required of the owners. The rents of these houses vary from three shillings to six shillings a week, including rates, sums which obviously leave no very substantial margin for repairs at the present cost of labour and materials.

The response by owners to informal notices requiring repairs to property is uniformly good and only in six out of a total of over six hundred houses was it necessary to issue a subsequent statutory notice.

The following table shews in detail the work carried out under the Housing Acts:—

TABLE XVIII.

	Inspection.	
(1)	Total number of dwelling houses inspected for housing detects (under Public Health or Housing Acts)	936
(2)	Number of dwelling-houses which were inspected and recorded under the Housing (Consolidated) Regulations, 1925	800
(3)	Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	*
(4)	Number of dwelling-houses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation	559

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

II. Remedy of defects without service of formal notices.

I. Unfit Dwelling Houses.

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers. ... †634

† Including 102 from 1925.

III. Action under Statutory Powers. A. Proceedings under Section 3 of the Housing Act, 1925. Number of dwelling-houses in respect of which notices were served 5 requiring repairs (2) Number of dwelling-houses which were rendered fit after service of formal notices :-*42 (a) by owners (b) by Local Authority in default of owners 3 (3) Number of dwelling-houses in respect of which closing orders became operative in pursuance of declaration by owners of intention to close B. Proceedings under Public Health Acts. (1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied 1 (2) Number of dwelling-houses in which defects were remedied after service of formal notices :-(a) by owners 1 (b) by Local Authority in default of owners * 40 were still outstanding from 1925. C. Proceedings under Sections 11, 14 and 15 of the Housing Act, 1925. (1) Number of representations made with a view to the making of closing orders (2) Number of dwelling-houses in respect of which closing orders were (3) Number of dwelling-houses in respect of which closing orders were determined, the dwelling-houses having been rendered fit ... (4) Number of dwelling-houses in respect of which demolition orders were made (5) Number of dwelling-houses demolished in pursuance of demolition orders

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

A complete list of all local Acts, bye-laws and sections of general adoptive Acts in force in the borough were set out in the survey report for the year 1925. Bye-laws regulating the conduct of Maternity Homes, which were framed under the Midwives and Maternity Homes Act, 1926, have been adopted and constitute the only addition during the year.

GAS REGULATION ACT, 1920.

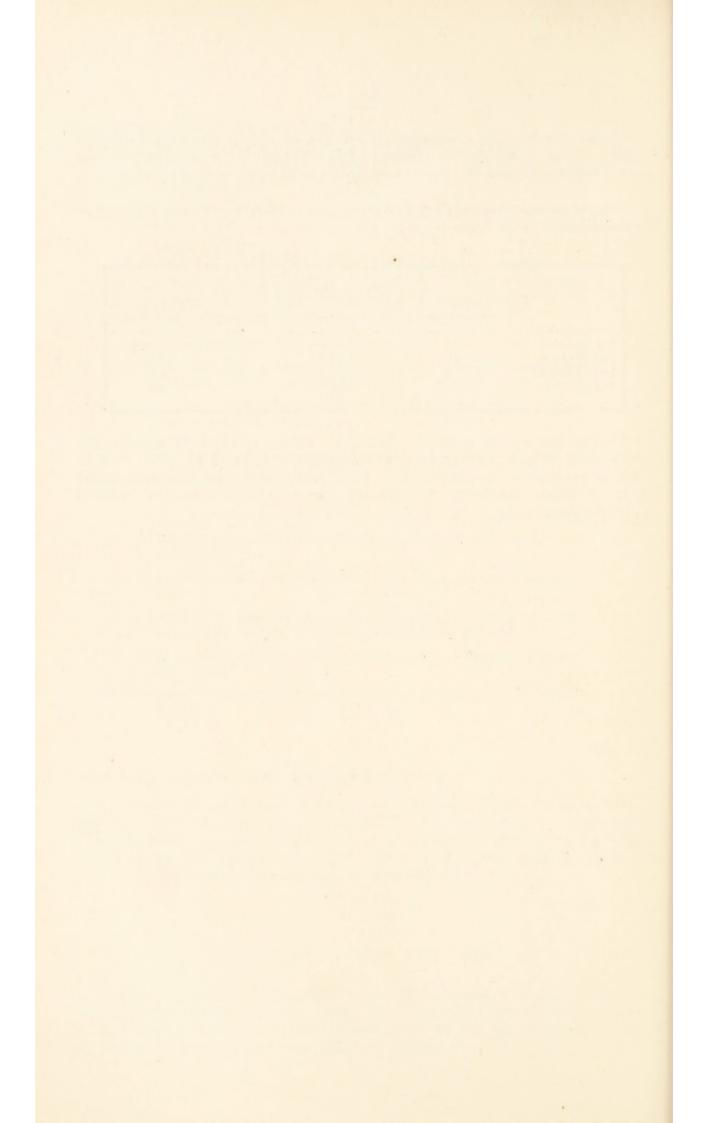
The Medical Officer of Health is also the officially appointed Gas Examiner under the Gas Regulation Act, 1920. In accordance with the prescription of the Gas Referees a weekly examination of the gas supplied by the Reading Gas Company has been made throughout the year.

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

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

		Average number of British Thermal Units per cubic ft.	in inches	Sulphuretted Hydrogen.
1st Quarter	13	464.7	5.5	No trace.
2nd Quarter	13	457.5	5.5	do.
3rd Quarter	13	462.2	5.7	do.
4th Quarter	13	462.0	5.6	do.

During the second quarter when the Company failed to achieve the guaranteed calorific value, the Coal (Emergency) Directions, 1926, were in force on account of the coal strike. The Gas Referees have therefore issued their certificate absolving the Reading Gas Company from any liability under the Act.



COUNTY BOROUGH OF READING.

Annual Report

OF THE

School Medical Officer

FOR THE YEAR

1926.

READING EDUCATION COMMITTEE.

HIS WORSHIP THE MAYOR (William Henry Short, J.P.).

Aldermen.

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

Councillors.

ARTHUR FRANK CLARK.
FREDERICK WILLIAM DORMER.
WILLIAM ROLAND HOWELL.
THOMAS NORRIS.
WILFRED GORDON PALMER.
LORENZO EDWARD QUELCH, J.P.

FREDERICK ARTHUR SARJEANT, C.B.E., J.P. EDITH MARY SUTTON, J.P. LEONARD GOODHEART SUTTON, C.B.E., J.P. (Chairman).
ARTHUR WILLIAM ALFRED WEBB. FRANK WINTER.

Co-opted Members.

MISS L. ASHCROFT. REV. F. J. KERNAN, B.A.
MR. WILLIAM MACBRIDE CHILDS, M.A., J.P. MR. HUGH MACILWAIN LAST, M.A.
MR. HERBERT SAMUEL COOKE, M.A. MISS HELEN ELIZABETH MUSSON, M.A., J.P.
MR. WILLIAM EDWARD SIMKINS, B.Sc.

SCHOOL MEDICAL SERVICES SUB-COMMITTEE.

HIS WORSHIP THE MAYOR (William Henry Short, J.P.).

Aldermen.

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

Councillors.

ARTHUR FRANK CLARK (Vice-Chairman).

WILFRED GORDON PALMER.

LORENZO EDWARD QUELCH, J.P.

FRANK WINTER.

EDITH MARY SUTTON, J.P.

LEONARD GOODHEART SUTTON, C.B.E., J.P.

ARTHUR WILLIAM ALFRED WEBB.

Co-opted Members.

MISS L. ASHCROFT.

MISS HELEN ELIZABETH MUSSON, M.A., J.P.

MR. WILLIAM EDWARD SIMKINS, B.Sc.

COUNTY BOROUGH OF READING.

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

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE.

Ladies and Gentlemen,

I beg to submit the Annual Report on the work of school medical inspection and treatment during the year 1926. The form of the report and the statistical tables in which the extent and results of inspection and treatment are set out are in accord with the recommendations of the Board of Education.

The general scheme provides for the medical examination of each child at three definite intervals during its school life and the remedy of any disease

conditions which are found as the result of the examination.

When the results are compared over a period of years it will be found that there is a small but definite improvement in the physical condition of children examined. This is evidenced by the continuous improvement in the stature of children of like ages during this period and the continuous fall in conditions the result of neglect which are the common accompaniment of malnutrition.

The greater care bestowed on young children can also be seen from the larger numbers who have undergone remedial measures before the date

of their first school medical examination.

The result of special inquiries in regard to nutrition and to the incidence of heart disease which have been carried out by Dr. Taylor are included

Details of the medical treatment of children at the various clinics are set out in full. The treatment of ear discharges by ionic medication has been

successfully continued by Dr. Bernfeld.

Increasing attention is being given to the dental supervision of all school children and the Committee has under consideration the extension of this service.

Mention has frequently been made of the grave results that so frequently follow an attack of encephalitis lethargica. The after-histories of some of these children whose condition is reported upon shows the complete change in mental and moral character which may result.

A special report of the work of the special school which has been contributed

by Dr. Price is included.

I wish to express my indebtedness to my medical colleagues and to the nursing and clerical staffs for their loyalty and co-operation in the work of the department.

I am.

Your obedient servant,

H. J. MILLIGAN, School Medical Officer.

March, 1927.

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 R. Attwood.

Miss E. Fitzgibbon.

Miss K. Russell.

Miss J. Stimson.

Clerical Staff.

Miss W. M. Dix. Miss M. C. Dalziel.

SUMMARY.

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

Children in average attendance at elementary school	ols	 11,458
Elementary school children examined		 4,384
Examined at secondary schools		 339
Miscellaneous examinations (employed boys, etc.) .		 320
Treated at minor ailments clinic		 1,075
Treated at ringworm clinic		 55
Treated at eye clinic		 422
Treated at ear clinic		 73
Examinations by school dentist		 5,904
Treated by school dentist		 3,224
Total attendances at various clinics		 23,046
Total examinations by nurses for cleanliness .		 32,293
Home visits by nurses		 3,471
Number of baths given to children		 152
Number of meals provided for school children .		 38,666

COUNTY BOROUGH OF READING.

CO-ORDINATION OF HEALTH SERVICES.

The Medical Officer of Health is also School Medical Officer for the borough and the lady assistant school medical officer devotes part of her time to attendance at infant welfare centres and at the ante-natal clinic. All tubercular and pre-tubercular children are referred to the Tuberculosis Officer for examination and all children considered suitable for admission to the open-air school are examined by him. The records of crippled children and all children with serious physical defects which are kept by the lady health visitors are placed at the disposal of the assistant school medical officers when the children attain the age of five years. In like manner particulars of the children treated at the Park Hospital who suffer from complications of scarlet fever or diphtheria are passed on to the school medical department.

There are no nursery schools in the area.

THE SCHOOL MEDICAL SERVICE IN RELATION TO PUBLIC ELEMENTARY SCHOOLS.

School Hygiene.

Details of the hygienic condition of the schools have been given in previous reports. Improvements in many respects, for example in artificial lighting, are constantly being effected. The Tilehurst schools have been re-organized, Norcot being set apart for the older scholars and Park Lane for the younger. At Norcot a handicraft room has been provided and arrangements made for supplying hot water for a mid-day meal. Improved facilities for providing water for drinking and washing purposes have been arranged.

The surfaces of the playgrounds in both schools are unsatisfactory and permit

the transport of mud into the school rooms in wet weather.

The attention of the managers of Lower Whitley School has been drawn by the sanitary authority to the continued use of pail closets there and notice to couple up with the sewers will be served. Additional heating has been provided in two of the north-east class rooms of the junior department of Edward Philip Collier School.

School Baths. A description was given in last year's report of the valuable arrangements made for school baths by the managers of St. Giles'

School. There are no baths in any other schools in the borough.

Medical Inspection.

The number of children on the rolls of the elementary schools is 13,008, with an average attendance of 11,458.

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

from the numbers of the preceding year.

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

(a) Those admitted to school during the year. Children who are admitted at 3 years of age are again examined on reaching the age of 5.

- (b) Those between the age of 8 and 9 years. This group is smaller than that of last year partly owing to the birth rate of the corresponding period being exceptionally low and partly owing to a considerable number of the children being absent from sickness towards the end of the year.
- (c) Those between the age of 12 and 13 years and all older children who have not been examined after attaining 12 years. In the Central schools the 15 year age group is also examined.

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

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

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

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

The Board's schedule of medical inspections has been adopted in its entirety. Table I. on page 79 shews the numbers and the groups of children inspected.

The scheme of examination contemplates that each child will be examined three times in its school life. The numbers examined this year represent 35 per cent. of the average attendance. The subjoined table shews the numbers examined in each group of routine and special cases and the numbers of re-examinations each year since 1921:—

	1921	1922	1923	1924	1925	1926
"Routine" examinations	5,024	4,386	4,445	4,264	4,465	4,384
"Special" examinations	2,137	1,450	1,781	1,554	1,685	1,552
Re-examinations	4,403	2,798	8,507	9,470	10,586	9,336

Findings of Medical Inspection.

The results of the medical inspections are set out in detail in the form prescribed by the Board of Education in the tables at the end of this report. Table IIB on page 81 is specially valuable as shewing the percentage of children in each age group who stand in need of medical treatment.

As many as 10.2 per cent. or one child in every 10, requires some form of medical treatment and for this purpose defects like uncleanliness and dental defects are disregarded.

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

(a) Uncleanliness. Four per cent. of the children were found at the routine medical inspections to have unclean heads and 1.5 per cent. were found to have unclean bodies. In both instances there is a marked improvement compared with the numbers of the preceding years. There still remains a number of chronic offenders against cleanliness and no amount of advice of doctor, teacher or nurse seems to have much effect. Prosecutions were undertaken against five parents as a result of which fines were inflicted

on them. It would appear that when action is taken under the Education Act a better result follows than when the proceedings are instituted under the bye-laws for non-attendance. In the former case in addition to being fined the offenders receive a reprimand from the magistrate which has a salutary effect.

- (b) Minor Ailments. These complaints which comprise impetigo, ringworm and sores, have shewn a steady fall during the past few years. Details of their extent will be found in the report of their treatment.
- (c) Tonsils and Adenoids. The total number of cases requiring treatment or observation was 174 or 4·0 per cent., compared with 4·3 per cent. in 1925. It must be borne in mind that a considerable percentage of children have already undergone an operation for this defect before medical inspection. It was found that in the different age groups this year 11·3 per cent. of the leavers 10·1 per cent. of the intermediates and 5·0 per cent. of the entrants had already been operated on.
- (d) Tuberculosis. There were 11 cases of suspected pulmonary tuberculosis and 6 non-pulmonary found at the routine inspections. Pronounced cases of pulmonary tuberculosis are not likely to be found at the schools and details of the known incidence in Reading will be found in Table III. on pp. 82 and 83.
- (e) Skin Diseases. Forty-three cases or just over 1 per cent of those examined were found to be suffering from skin diseases. This compares with 48 cases found last year.
- (f) External Eye Disease. There were 21 cases (chiefly blepharitis) as against 34 cases in 1925.
- (g) Vision. The number of children with defective vision was 393 or 9.0 per cent. It should be noted that the vision of entrants is not tested unless they have a squint, so that the actual percentage of children with defective vision would be much larger than 9.0. In the previous year the percentage was 9.3.
- (h) Ear Disease and Hearing. Cases of defective hearing amounted to 1.3 per cent. and of discharging ears to .75 per cent. These figures are slightly smaller than last year's in both instances.
- (i) Dental Defects. At the medical inspections, cases of dental caries are reported only if the disease is extensive or if it is considered that affected permanent teeth are capable of being saved. The results of the inspections by the dentist are shown elsewhere.
- (j) Crippling Defects. Under deformities, 46 cases were noted at the routine inspections. These are for the most part cases of slight lateral curvature, round shoulders, and flat foot. In 1925 the number was 97.

NUTRITION.

The tables given below shew the average height and weight of the children examined at routine inspections during the year, with comparative figures for previous years.

ELEMENTARY SCHOOLS.

Height in Inches.

		1926					
A	ge.	No. of children.	Av. height of Reading children.	Reading children, 1923.	Reading children, 1924.	Reading children, 1925.	
5%	(boys) (girls)	569 506	41½ 42½	$\frac{41\frac{1}{2}}{41\frac{1}{4}}$	41 41	41½ 41	
84	(boys) (girls)	490 502	48 48	$\begin{array}{c} 46\frac{3}{4} \\ 46\frac{1}{2} \end{array}$	47½ 47¼	473 46	
12ta	(boys) (girls)	685 708	55¼ 55½	54 ³ / ₄ 54	55 53	54½ 55	

Weight in Pounds.

	1926				
Age.	No. of children.	Av. weight of Reading children.	Reading children, 1923.	Reading children, 1924.	Reading children, 1925.
5% (boys) (girls)	569	403	38 ³ / ₄	39½	39¾
	506	391	38 ³ / ₄	39	39¼
8½ (boys)	490	53	52	52 ³ / ₄	53
(girls)	502	514	50	50 ¹ / ₂	503
12% (boys) (girls)	685	76	73	73½	73½
	708	763	741	71¾	74½

The figures indicate that there has been a small but definite increase in the height and weight of children during the period under review, a result that has been noted in other parts of the country.

This can be more clearly demonstrated if the three age groups are taken collectively over a period of years.

The average heights and weights of boys aged 5 for the four years 1922-25 inclusive are respectively $41\frac{1}{4}$ inches $39\frac{3}{4}$ pounds. The corresponding averages for boys aged 8 are $47\frac{1}{2}$ inches and $52\frac{1}{2}$ pounds, and for boys aged 12 are $54\frac{3}{4}$ inches and $73\frac{1}{2}$ pounds. In like manner the heights and weights for girls are at 5 years 41 inches and $38\frac{3}{4}$ pounds, at 8 years $46\frac{1}{2}$ inches and $50\frac{3}{4}$ pounds, and at 12 years 54 inches and $73\frac{1}{2}$ pounds.

If the heights and weights for these three age groups are added together and compared with the similar figures for 1926 it will be seen that the balance is emphatically in favour of the latter year:—

		1922-25.	1926.
Boys	 	 1431-ins.	 144 ³ -ins.
Girls	 	 141½-ins.	 146-ins.
Boys	 	 165\frac{3}{4}-lbs.	 169_{4}^{3} -lbs.
Girls	 	 1623-lbs.	 167½-lbs.

Another comparison can be made by noting the incidence of such conditions as commonly occur amongst the poorer and less well-nourished sections of the population. It will be seen that these conditions mainly the result of want of care have markedly diminished.

		1	922-25.	1926.
Average attendances at minor ailments clinic			1,293	1,075
Average attendances for impetigo at clinic			393	269
Average cases of ringworm of scalp			99	70
Average percentage of unclean heads at routine	exam	ination	ns . 7	4

The general conclusion to be drawn is that the condition of children in the schools is steadily improving.

As a guide to physical conditions in different parts of the borough the heights and weights of children in two groups of schools are appended in the following table:—

GROUPED SCHOOLS.

Age.	Schools.	No. of Children.	Boys.		No. of Children.	Girls.		
			Hgt. in Ins.	Wgt. in lbs.	Cindien.	Hgt. in Ins.	Wgt. in lbs	
5	Group A. B.	79 147	$\begin{array}{c} 40\frac{1}{4} \\ 41\frac{3}{4} \end{array}$	39 42	74 103	40 41	37 ³ / ₄ 40	
8	Group A. B.	59 116	47 48	51 54	60 124	461 49	48 53½	
12	Group A. B.	53 205	54 55½	$72\frac{1}{2}$ $76\frac{1}{2}$	42 237	54½ 56	70 79	
12	Kendrick	-	-	_	33	57	83	
12	Reading School	40	573	821	-	-	-	

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.

Infectious Diseases. There was an epidemic of measles in the early part of the year reaching its peak in the summer and recurring again towards the end of the year. The incidence of both scarlet fever and diphtheria were however much below the average. The principle of exclusion of patients suffering from infectious diseases and contacts of such patients are those recommended in the revised memorandum of the Board of Education. In no case during the year was the closure of any school recommended. As in previous years the teachers have furnished the medical staff with returns of absence due to non-notifiable diseases like mumps and chicken-pox.

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

			1	Patients.	Contacts.
Scarlet fever			 	102	 139
Diphtheria			 	15	 33
Measles			 	810	 _
Scabies			 	10	
Verminous co	nditions	etc.	 	520	

Following-up.—Parents of all children with defects are notified and recommended to obtain medical advice. A "following-up" card is made out for each of these children and a list is also sent to the head teachers. In the case of parents who cannot afford to send their children to a private doctor an invitation is sent for them to attend the school clinic. Twice a year children with defects are re-inspected in the schools, and when necessary the nurses visit the homes. During the year, 3,471 visits to the homes were made by the nurses.

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

MEDICAL TREATMENT.

(a) Minor Ailments. The school clinic is open every morning from 8.30 a.m. till 12 noon. As will be seen from the treatment table, Group I., the total number of cases treated, namely 1,075, is somewhat less than last year, when 1,111 children came under treatment. The cases dealt with in addition to skin diseases include the majority of the external eye defects, minor ear defects, and minor injuries. There was a decrease in all cases, apart from a slight increase in ringworm and scabies.

The total number of cases attending the ringworm of the scalp clinic during the year was 55, of which 51 were new cases. Of the new cases, 20 were treated by X-rays, the remainder being dealt with by local applications.

(b) Tonsils and Adenoids. The Authority's scheme for the operative treatment of enlarged tonsils and adenoids at the Royal Berkshire Hospital has been continued during the year. Seventeen children were operated on. None of the children were detained in hospital.

Forty-nine children received operative treatment apart from the special arrangements made by the Committee and 22 of the less severe cases were treated by means other than operation.

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

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

VISION.

A Clinic for the diagnosis and treatment of defects of vision holds two sessions weekly one of which is conducted by Dr. Price and one by Dr. Taylor. During the year, 422 children, including 222 new cases, attended.

The total number of attendances was 1,132.

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

Myopia	 	 	63
Myopic astigmatism	 	 	30
Hypermetropia	 	 	57
Hypermetropic astigmatism	 	 	83
External eye disease	 	 	9

Thirty-one children were found not to require glasses and five were

referred to the Royal Berkshire hospital.

Spectacles are provided through the agency of the Education Committee the parents contributing to the cost in accordance with the terms of an income scale. Table IV. (Group II.) on page 84 sets out in detail the numbers of children dealt with at the clinic or otherwise and the agency through which their defects of vision were remedied.

EAR DISEASE AND HEARING.

An ear clinic is held every Saturday morning under the charge of Dr. Bernfeld.

The following are the particulars of the work of the clinic during the year :-

EAR CLINIC.

No of attendances		 	608	
No of new cases		 	73	
New cases classified :—				
Otorrhoea		 	51	
Deafness without discharge		 	15	
Nasal disease		 	6	
Nothing abnormal detected		 	1	
Summary and result of treatment:	_	Cured.	Still a	ttending.
Otorrhoea		 35		6
Deafness without discharge		 7		4
Nasal disease		 2		3
No. of cases referred to R.B.H		 6		
Tonsil and adenoid operation		 4		
Nasal polypus		 1		
Aural polpyus		 1		
No. of cases nothing abnormal		1		
No. of cases ceased attending		 9		
9				**

Treatment of Otorrhoea by Ionisation.

A full report of this method can be seen in the report of the School Medical Officer for 1923.

Last year all the cases treated since the commencement were followed up and an analysis given as to the success of the treatment.

Owing to so many children leaving school each year and also leaving the district it is not in future proposed to follow up these cases after the children have left school.

The statement to be found in the 1925 report shows that this method of treatment has proved to be an established success.

This year, fourteen cases only were selected for treatment, thirteen of which can at present be regarded as cured.

DENTAL CLINIC.

Miss Marion Smith Mackinnon has continued the dental inspection and treatment during the year. As in previous years it is found that it is beyond the capacity of one dentist to overtake the whole work suggested by the model scheme of the Board of Education.

"Dental inspections were carried out in twenty-one schools during 1926, leaving eight schools still to be inspected, this being the same number as last year.

The percentage of children found to require treatment was 68 per cent as against 73 per cent last year and it is satisfactory to note that this percentage is decreasing steadily each year, as more and more mouths are made sound.

Of those children requiring treatment, 49 per cent accepted treatment at the clinic, being an increase of 2 per cent over last year, but this number still leaves much to be desired.

As noted in previous years, children in the poorest neighbourhoods do not avail themselves of treatment, as much as those more fortunately situated. For instance, only 15 per cent of the children attending St. Mary's and Coley Schools accepted treatment.

One hundred and seventy three children, for whom treatment had been refused after the school dental inspection, afterwards attended the clinic for treatment, either on account of toothache or after the school medical inspection.

During the year, 606 children were absent at dental inspections, 354 being missed during the first three months, when attendances were very bad, owing to epidemics of mumps and measles. The attendances at the clinic were also considerably affected during this period.

The number of permanent teeth extracted shews a slight decrease from last year, and the number of these is relatively very much higher for special or casual cases than for inspected children, being 52 per 100 children in the former, and 19 per 100 children in the latter."

Details of the numbers inspected and treated and the nature of the treatment carried out will be found in Table IV. (Group IV.) on page 85.

CRIPPLING DEFECTS AND ORTHOPAEDICS.

A register is kept of all children known to be suffering from crippling defects and they are constantly kept under observation. These children as soon as they come of school age are notified to the school medical department by the health visitors and by the welfare officers. The contributory scheme of the Royal Berkshire hospital is very comprehensive, so that with few exceptions the children have had and most are still under treatment at the orthopaedic department of the hospital. This year three of the entrants had been victims of infantile paralysis and had received efficient hospital treatment. The School Medical Officers keep in touch with these children and when necessary advise their further attendance at the hospital.

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

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

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

OPEN-AIR EDUCATION.

Arrangements are made in nearly all schools to hold classes in the playgrounds when the weather permits. In certain of the older schools where
the playgrounds abut on the public streets such classes would not be easily
practicable. Nature study walks are also frequently arranged especially
for the younger children and school journeys to places of interest in London
and to seaside places like Bognor are undertaken by some of the classes.
For the past year or two it has not been possible to arrange school camps
for the scholars of any of the schools.

There are no open-air classrooms expressly designed as such and the only open-air day school is the Whitley Special School, a report on which appears elsewhere.

PHYSICAL TRAINING.

I append the following report by the Assistant Organizers of Physical

Training (Miss Naylor and Mr. Thomas):-

"The Physical Education as carried out in the Primary Schools of the borough again gives evidence of steady improvement during the year. The increased interest displayed in the subject has led to greater alertness on the part of the scholar as well as a better 'finish' in the performance of the

work as a whole. Thus, besides catering for the physical well-being of the scholar the physical training has also been of great value in assisting in the mental and moral uplift of the child, aiding it to acquire habits of thought and manner necessary to the maintenance of self-discipline.

The 'Team System' is gradually gaining ground. In quite a number of schools this system is working well, resulting in an increased enthusiasm on the part of the scholar. The value of the 'Team System' and 'Class Leagues' cannot be over-estimated.

An outstanding feature during the year was the "Demonstration of Modern Methods of Physical Education" in Palmer Park on the occasion of the visit of H.R.H. the Prince of Wales. Three thousand scholars from the primary schools of the borough took part in the various activities, all types of schools being represented. The demonstration was based on the Board of Education syllabus and consisted of:—

- (a) Organised Games (girls and boys)— Circle dodge ball, captain ball, net ball, rounders, stool ball, cricket, bat and trap.
- (b) Physical Training Lessons (girls, boys and infants)— Twenty-five classes each taken by Class Teacher.
- (c) Country and Maypole Dances.
- (d) Athletic Events.

Arrangements have been made with the Parks and Pleasure Grounds Committee whereby 24 football pitches in the public parks have been allocated to the schools on four afternoons each week during the winter months. Thus over 2,000 boys from the upper standards are able to take part in 'organised football' each week. Unfortunately there are no net ball pitches available for the senior girls—this is a serious lack in so progressive a borough.

A short Organised Games' Refresher Course was held during January and February at the request of the women members of the teaching staff. The course was well attended, 110 teachers being registered. H.M.I. (Miss Ash) paid a friendly visit on the 21st February and expressed her appreciation of the enthusiasm of the staff in this branch of educational work.

The Course was unofficial in character, and thanks are due to the Vice-Chancellor of the University for granting the use of the University Gymnasium. Refresher courses do more to raise the standard of the work in the schools than any individual effort on the part of the organisers."

PROVISION OF MEALS.

During the year, 339 children received meals through the agency of the Committee, 38,666 meals in all being supplied. Dinners were in each case provided.

Except in special cases the selection is made by the teachers and the Committee has fixed a maximum income scale for parents of children who may receive free meals. The school medical inspectors are also authorized

to recommend children for meals. The dietaries are approved by the School Medical Officer and are varied and sufficient. The meals are cooked at the central kitchen in Southampton Street and distributed to two additional centres at Newtown and Redlands. Heat retaining containers are used in the carriage of the meals.

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

It is very interesting to report that arrangements have been made in many schools to supply the children of the infant departments with a glass of milk in the middle of the morning. The teachers are able to purchase "Grade A (Tuberculin tested)" milk at a reduced price so as to enable them to supply it to the children at a halfpenny per glass. This arrangement is one of great value to the children and the teachers are to be congratulated on their work in this direction.

CO-OPERATION OF PARENTS.

The interest of parents as evidenced by their attendance at the inspections shows a continuous improvement. The parents are always notified by the teachers of the day and hour of inspection. During the past seven years those attending have increased from 43 per cent. in 1920 to 57 per cent. in 1924 and 64 per cent. in 1926. Fifty-nine parents, representing 1.3 per cent. objected to the medical inspection of their children (68).

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

CO-OPERATION OF TEACHERS.

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

CO-OPERATION OF SCHOOL WELFARE VISITORS.

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

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

CO-OPERATION OF VOLUNTARY BODIES.

In addition to prosecutions for uncleanliness and neglect undertaken at the instance of the Education Committee the National Society for the Prevention of Cruelty to Children have had a large number of cases affecting school children under their supervision. During the year 51 cases of this nature have been dealt with embracing 106 children. At the end of the year 32 of these had been completed as satisfactory and 19 were still under the care of the Inspector of the Society.

Reference has also been made to the orthopaedic clinic and the voluntary agency connected therewith, which has been instrumental in providing the necessary appliances for crippled children whose parents were unable to meet

the cost.

BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

A weekly clinic conducted by Dr. Price is held for the purpose of examining all mentally and physically defective children. During the year 75 such children referred by school medical officers, teachers, and welfare visitors were examined with the results shewn in the following summary. Such of the cases as were found suitable were admitted to the various sections of the Whitley Special School as vacancies occurred.

					Boys.	. G	irls.
Dull and backw	ard			 	6		4
Feeble-minded				 	15		11
Moral imbecile				 	1		-
Idiot				 	-		-
Physically defec	tive			 	5		7
Phthisis and sus	pected	phthis	is	 	3		6
Deaf and dumb				 	1		
Imbecile				 	6		3
Epileptic				 	1		_
Non-pulmonary	tuberc	ulosis		 	1		1
Various				 	2		2
					-		_
					41		34

SPECIAL SCHOOLS.

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

"The work in and the general management of these schools have been carried out on the lines of previous years and your Medical Officer has visited them at least twice weekly; the visits being devoted to examination of special cases and the routine examination of the children in each of the schools. At the moment of writing this report there are no vacancies in any of the schools. Further accommodation is most needed in the open-air school as there are now several children awaiting admission for whom no accommodation exists.

During the past year the extension of the kitchen premises has been carried to completion.

A further supply of rest couches is needed for the physically defective school and the desks and chairs in the open-air school should be replaced by more suitable furniture."

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

	Ment Defective	ally. School.	Physically. Defective School.		Open-air School.	
Walter History	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
On roll January, 1926 Admitted during the year Left during the year On roll December, 1926	 50 14 9 55	35 8 9 34	30 6 8 28	19 6 4 21	29 4 5 28	29 8 3 34

LEAVERS.

				Physically. Defective School.		School.
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
For employment (industrial)	5	5	1		1	1
For employment (domestic)	1	1		1	1	
Returned to ordinary school			1		3	1
Too ill to attend			1			
Left the district		***			1	
Sent to deaf and dumb school						
Deceased						
Mentally unfit			2	1		
Sent to an institution	1	2				
Reported to Local Authority for care of mentally defective						
and kept under observation	2	1				***
Sent to sanatoria				1		1
Removed at desire of parent						
Sent to cripples home				***		
Left at 16 years of age				1		
Transferred to physically de-						
fective school			2	***		
Left for hospital treatment			1	1		

THE PHYSICALLY DEFECTIVE SCHOOL.

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

Defective visi	on			 	 2
Defective hea				 	 3
Tuberculosis				 	 5
Tuberculosis	(other than	OSSE	eous)	 	 -

Infantile paralys	is						17
Spinal caries							2
Lateral curvatur	е						2
Congenital disloc	cation	of hip					2
Defective develo	pmen	t of upp	er lim	bs			1
Nervous disorder	s (inc.	luding 3	cases	of post	enceph	alitis	
lethargica)							13
Heart disease							7
Other disorders							7

The cases of deformities from infantile paralysis, spinal caries, tuberculosis and other joint diseases have received treatment at the Royal Berkshire hospital or at Headington or by private practitioners; 25 children are still attending the Royal Berkshire hospital, some twice weekly, others weekly, fortnightly, monthly, or at longer intervals according to the directions of the hospital surgeon under whose care they are. The teachers make arrangements for their attendances. The majority of the crippled cases owe their attendance at the hospital to the care and vigilance of the school medical officers who conduct the entire medical inspection.

THE OPEN-AIR SCHOOL.

At this school are admitted children suffering from pulmonary tuberculosis in the quiescent state—39 in all; of those in the so-called pre-tubercular or delicate stage 31 in all. The cases admitted are mainly those recommended by the Tuberculosis Officer for the borough (Dr. Minkley), and during their stay at the school are under his observation and care. Charts of temperature and weight are kept, the temperature being taken twice daily and the weight once weekly. Breakfasts, dinners, teas, and a pint of "grade A" milk are supplied to each child daily; in addition, malt and cod liver oil are provided when required.

MENTALLY DEFECTIVE SCHOOL.

One hundred and seven children have attended during the year. The family history of these, as far as can be ascertained, is interesting as throwing some light on the causation of their mental deficiency. Enquiry revealed in parents, grand-parents or in other near relatives, a history of:—

Tuberculosis		 	 	3
Alcoholism		 	 	1
Backwardness		 	 	9
Epilepsy		 	 	8
Not known or no	rmal	 	 	59
Dementia		 	 	12
Amentia		 	 	15

In the 59 cases where no family history of the forebears was forthcoming, brothers and sisters in many instances were feeble-minded and had in the past been admitted to this school. Many of the children exhibit, in addition to their mental defect, physical defects as shown by the following table:—

 3 4
- 7
 1.4
14
 2
1
 2
1
Î
 1
 2

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:—

			Men	tally	Phys	ically		
							Oper	n-Air
			Sch	ool.				ool.
			Boys	Girls	Boys	Girls.	Boys	Girls
Number of children who have left sch	hool sine	e 1910	130	80		- Deliver - Control - Cont	THE PARTY NAMED IN	104
Number who—							101	101
(a) have since died			6	9	7	15	2	2
(b) are known to be incapable by r	reason of	mental					-	-
or physical defect of undertak	ing empl	oyment	13	19	1	5		
(c) are in attendance at an institu	ation for	further						***
education			9	10	5	4		
the state of the s			7	2	1			
	100		***				2	2
(f) Left for hospital treatment					1	1	1	1
Number who are employed in—								
(a) Industrial or manual occupati	ons		57	22	14	9	20	21
(b) Agricultural or rural occupati	ons				141	1	5	
(c) Domestic occupation, includin	g those	who are						
helping in the domestic work	at home		2	7	2	15	3	21
	derical w	ork	***		100000	10	4	5
(e) Blind alley or other precarious	s occupa	tions			6		9	***
(1) Married and remaining at hon	ne .		***			6		5
Number who have left the neighbourh	ood who	se after-		2				
	111	***		7	12	8	10	12
	111		7					
Transferred to other engist asked			***					16
Children unfit to attend school	0.00							4
	***			1.77		8		12
	***	***	14	3	5		4	2
200 miegunar to benent	***	***	***				***	1
		Totals	130	80	80	92	124	104
	Number who— (a) have since died (b) are known to be incapable by a or physical defect of undertak (c) are in attendance at an institution education (d) are in any other institution (e) Transferred to sanatoria (f) Left for hospital treatment Number who are employed in— (a) Industrial or manual occupati (b) Agricultural or rural occupati (c) Domestic occupation, includin helping in the domestic work (d) Commercial, professional or c (e) Blind alley or other precarious (f) Married and remaining at hor	(a) have since died (b) are known to be incapable by reason of or physical defect of undertaking emple (c) are in attendance at an institution for education (d) are in any other institution (e) Transferred to sanatoria (f) Left for hospital treatment Number who are employed in— (a) Industrial or manual occupations (b) Agricultural or rural occupations (c) Domestic occupation, including those of helping in the domestic work at home (d) Commercial, professional or clerical work (e) Blind alley or other precarious occupations (f) Married and remaining at home Number who have left the neighbourhood who careers have not been traced In the services or pensioned Returned to ordinary schools Transferred to other special schools Children unfit to attend school Unemployed Too irregular to benefit	(a) have since died (b) are known to be incapable by reason of mental or physical defect of undertaking employment (c) are in attendance at an institution for further education (d) are in any other institution (e) Transferred to sanatoria (f) Left for hospital treatment Number who are employed in— (a) Industrial or manual occupations (b) Agricultural or rural occupations (c) Domestic occupation, including those who are helping in the domestic work at home (d) Commercial, professional or clerical work (e) Blind alley or other precarious occupations (f) Married and remaining at home Number who have left the neighbourhood whose aftercareers have not been traced In the services or pensioned Returned to ordinary schools Transferred to other special schools Children unfit to attend school Unemployed Too irregular to benefit	Number of children who have left school since 1910 Number who— (a) have since died	Number of children who have left school since 1910 Number who— (a) have since died (b) are known to be incapable by reason of mental or physical defect of undertaking employment (c) are in attendance at an institution for further education (d) are in any other institution (e) Transferred to sanatoria (f) Left for hospital treatment Number who are employed in— (a) Industrial or manual occupations (b) Agricultural or rural occupations (c) Domestic occupation, including those who are helping in the domestic work at home (e) Blind alley or other precarious occupations (f) Married and remaining at home Number who have left the neighbourhood whose aftercareers have not been traced Returned to ordinary schools Transferred to other special schools Children unfit to attend school Too irregular to benefit	Number of children who have left school since 1910 Boys Girls Boys Bo	Number of children who have left school since 1910 Boys Girls Boys Boys	Number of children who have left school since 1910 Number who—

SECONDARY SCHOOLS.

The results of the examinations of the Reading School and the Kendrick Girls' School are set out in the table on page 86. It will be seen that the main defects to which attention is drawn in both schools are carious teeth and errors of refraction. Attention has also been given to minor deformities,

the result chiefly of defective carriage and to conditions of sub-nutrition arising from insufficient rest. The much more extended knowledge of common disorders of childhood is revealed in the fact of the large number of boys and girls who had already been operated on for defects of throat and nose and the number already provided with suitable glasses.

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

EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

In accordance with the bye-laws, 198 children (193 boys and 5 girls) engaged in the distribution of milk or newspapers were examined at the clinic, and 73 (69 boys and 4 girls) engaged in other occupations were examined in the schools. Three of the children were found unfit for employment. All employed children are kept under supervision and are weighed periodically in the schools. Four employers were interviewed with regard to their employing boys beyond the legal number of hours.

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

SPECIAL INQUIRIES.

Prevalence of organic heart disease, rheumatic fever and allied conditions amongst Reading elementary school children.

The number of cases of organic cardiac disease in the elementary schools so far as is known is 57 (boys 21, girls 36). This number gives an average of 4.3 cases per 1,000 of the school population. In the 1925 Report of the chief Medical Officer of the Board of Education the average for London and 24 large Areas was stated to be 7 per 1,000. Rheumatism and heart disease is very often associated with dampness, and Reading from its situation in the valleys of the Kennet and Thames might be considered a rather favourable situation for such diseases. Other conditions, however, must influence their prevalence, as, for instance, density of population and cleanliness of dwellings and streets. A spot map of the town showing the situation of the cases makes it clear that the great bulk of the cases are in the close vicinity of the Kennet and on the north bank of the Thames in the low lying part of Caversham.

Forty-seven of the cases of heart defect attend the elementary schools, seven the physically defective department of Whitley Special school and three the mentally defective department.

The following are particulars of the 57 cases and of other cases of rheumatism and chorea on the following-up registers:—

Cardiac	disease	associated	with	chorea	 6
"	,,	,,	,,	acute and sub-acute rheumatism .	 27
,,,	,,	,,,	,,		2
"	,,,	,,,	,,	severe measles and whooping cough	2
**		.,,	,,	severe scarlet fever	 3
				no history of severe illness	 17

There have also been found rheumatic conditions with no apparent heart defect to the number of 27:—

Rheumatic fever			 	 2
Chorea			 	 8
Chorea and rheumatic f			 	 2
Chorea and sub-acute rl	neuma	tism	 	 6
Sub-acute rheumatism			 	 9

From the whole investigation it would appear that girls are more susceptible to these conditions than boys, but it is not believed that we have succeeded in tracing all of the cases of rheumatic and allied conditions in the schools. Many of these heart affections are serious conditions and their prevention is at present the subject of important inquiries in different parts of the country.

INQUIRY INTO PHYSIQUE, ETC., OF SCHOOL CHILDREN.

The Board of Education have appointed a Committee to enquire into certain factors governing the growth and development of healthy children from infancy up to the age of 18 years and living under varied conditions, with a view to obtaining a series of anthropometric figures (norms) from all parts of the country which would be of value to School Medical Officers and others in the estimation and comparison of nutrition, physique, etc. This investigation comprises the collection of records of height, weight and chest measurement.

There also will be a supplementary investigation, particularly in respect of racial characteristics and their effect on the physique of the population.

In connection with these investigations, various measurements and particulars of 100 Reading elementary school boys were taken during the past year. The boys were measured without boots and, in the case of the weights, wore only trousers and stockings. The following are the results and a comparison is given with some figures from the routine examinations:—

37 43				Inquiry.	Routine.
No. of boys examined				 100	685
Average age				 124 yrs.	$12\frac{3}{12}$ yrs.
,, stature				 $55\frac{7}{8}$ -ins.	551-ins.
,, sitting heigh	t			28½-ins.	_
" weight				 74-lbs.	76-lbs.
,, chest measur				25%-ins.	_
,, antero-poster	rior head r	neasure	ement	 18.3 cm.	
,, lateral	,,	,,		 14.2 cm.	
,, circumferent	ial ,,	,,		 53·3 cm.	

It will be noted that the boys specially measured were $\frac{5}{8}$ -ins. taller, but their average age was somewhat more than that of boys examined at routine examinations. Again, with regard to their average weight it is seen to be 2-lbs. less than that of the routines, but at the same time their clothing was considerably less.

One object of the inquiry of which this small survey is a part is as indicated to estimate the proportion of the various racial strains of which our nation is comprised and the effect if any of these racial characteristics on the physique of the component parts.

A broad distinction could be made into the long-headed group with dark hair whose racial origin as far as is known is amongst the early Mediterranean races and the short-headed fair-haired group whose origins are amongst the northern European tribes.

The following table shows the birth-place of the parents of the children. It will be seen that the population of Reading probably contains very few aliens.

The measurements of the heads of the boys indicate that they conform to the "long-headed" type.

The colour of hair and eyes shew that they belong mainly to the "dark" type.

age.
ige.
age.

ENCEPHALITIS LETHARGICA.

The unfortunate after-effects of encephalitis lethargica have been previously referred to. All children in the borough who are known to have suffered from this disease are kept under continuous observation.

The following notes indicate their after-history and present condition:—

	Sex.	Date of Birth.	Date of Onset.	
C.E.G.	М.	29/7/14	-/3/1924	Attended Whitley Special School for a time but found unsuitable; now awaiting admission to Residential School.
F.B.	М.	15/2/15	-/2/1924	Attends Whitley Special School; "is making good progress and behaviour is good."
S.T.	М.	18/2/15	-/9/1925	Attended Whitley Special School for a time but found unsuitable; now in asylum.
H.D.	М.	30/4/15	-/1/1922	Attends ordinary school. Makes little progress; inclined to be mischievous.
R.P.	М.	4/5/15	-/3/1925	Attends ordinary school; not now troublesome and making good progress.
E.H.	М.	18/3/16	-/3/1924	Attends ordinary school; making good progress at school.
w.w.	М.	1/7/18	-/7/1924	Attends ordinary school; making some progress.
J.J.	М.	12/7/19	? 1924	Attends ordinary school. Came recently from Leeds; troublesome in school.

MISCELLANEOUS.

Forty-nine pupil teacher and scholarship candidates were examined. Four boys were examined for admission to the "Warspite" training ship.

B shery

TABLE I.

A. Routine Medical Inspections. Number of Code Group Inspections:— Entrants 1,667 Intermediates 1.066

Intermediates 1,066
Leavers 1,386

Total ... 4,119

Number of other Routine Inspections—265.

B. Other Inspections.

Number of special inspections	 	 	1,552
Number of re-inspections	 	 	9,336

Total ... 10,888

TABLE II.

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1926.

					Routine No. of	Inspections, Defects.		ecials. of Defects
	Defect or D	disease.			Requiring treatment.	Requiring to be kept under cooperation, but not referred for treatment.	(F) Requiring treatment.	Requiring to be kept under cobservation, but not referred for
Malnutrition					1	623	4	6
Uncleanlines	Head	***			175		29	
Oncieannines	s (Body				63	3	4	
	Ringworm Scal				4		64	
Skin	Cashies				2		58	***
Ditti.	Impotion	***			1.5	***	10	***
	Other Diseases (1	Non-tubercula	ir)		15 22	1	254 110	
			-			1.	*10	
	Blepharitis		***		14		28	***
	Conjunctivitis Keratitis	***	***		6		48	
	Corneal Ulcer	***			1		7	
Eye	Corneal Opacities	***		500	***		***	
	Defective Vision	(eveluding se	mint)	**	147	100		198
	Squint			***	147	182	7	
	Other Conditions			***	22 7	42	3 22	
				***	,	'	22	
	Defective Hearing		4.4		47	8	13	
Ear	Otitis Media			***	26	7	66	
	Other Ear Disease		***	***	1		11	
	Enlarged Tonsils	only			16	0.5	10	
Nose and	Adenoids only	····	***	***	46	95	12	1
Throat	Enlarged Tonsils	and Adenoid	8	***	18	9	1 8	***
	Other Conditions				32	50	77	1
Enlayed Con	micel Claude (over to	1 1 1						
Defective Spe	vical Glands (non-tu	berculous)	114	***	1	7	22	1
Teeth—Dent	al Diagona		***	***	3	8	1	1
reem bene	at Disease	***			167		14	1
Heart and	Heart Disease :-	Organie				19	1	
Circulation	1	Functional				13	1	***
Circulation		Anæmia		***	9	2	9	
	(D. 124)							
Lungs	Bronchitis	1 70			***		2	
	Other Non-Tuber	culous Diseas	es	***	5	34	5	1
	Pulmonary :-	Definite						
		Suspected		***	7	;	1	
	Non-Pulmonary :-	-Glands		**		4	1	***
Tuberculosis	1	Spine			**		1	***
A doct curosis		Hip				1	1	
		Other Bone		Joints				
	1	Skin			1		***	
		Other form	8	***	3	2	2	
Namuous	(Epilepsy							
Nervous	Chorea	***	**	***	9			
System	Other Conditions			***	5	3	4	
	(Rickets	***				3	2	
Deformities	Spinal Curvature			***	1	3	***	
	Other Forms	***			3	39	4	***
	Other Defects or I	Disancon						1
	Count Dereces of I	PISCASUS		***	53	25	725	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.	Deventors of
	Grou	p.		Inspected.	Found to require treatment. (3)	Percentage of children found to require treatment. (4)
Code Groups—						
Entrants			 	1667	133	7.9
Intermediates			 	1066	105	9.9
Leavers			 	1386	181	13.06
Total (code groups)			 	4119	419	10.2
Other routine i	nspect	ions	 	265	24	9.05

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

			Boys.	Girls.	Total.
Blind (including	(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	3	1 1	4 2
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 2	1 1	 2 3	
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	2 1	8 1	10 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	 3 		3
Mentally Defective.	Feeble-minded (cases not noti- fiable to the Local Control Authority).	Attending Certified Schools for Mentally Defective Children	55	33	88
	Notified to the Local Control Authority during the year.	Feeble-minded Idiots	2 3 	2 2 	4 5
Epileptics.	Suffering from severe epilepsy	Attending Certified Special Schools for Epileptics In Institutions other than Certified Special Schools Attending Public Elementary Schools At no School or Institution			
	Suffering from epilepsy which is not severe.	Attending Public Elementary Schools (including Whitley Special School) At no School or Institution	5	5	10

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		ӕ 	 1
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	3	1 7	4
		At Public Elementary Schools At other Institutions At no School or Institution	3	3	6
	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	24 54 5	28 59 3 9	52 113 3 14
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 2	 2	3 4
	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	1 24 22 5	20 24 6	1 44 46 11

TABLE IV.

Return of Defects treated during the Year ended 31st December, 1926.

TREATMENT TABLE.

Group I.-Minor Ailments

(excluding Uncleanliness, for which see Group V.).

					Number of Defects treated, or under treatment during the year.			
Disease of D					Under the Authority's Scheme. (2)	Otherwise (3)	Total.	
Skin :— Ringworm—Scalp					55	15	70	
Ringworm—Body					36	24	60	
Scabies					10	_	10	
Impetigo					234	35	269	
Other Skin Diseases					. 68	55	123	
Minor Eye Defects:— (External and other, bein Group II.)	ut excl	uding o	ases fa	lling	78	50	128	
Minor Ear Defects					101	39	140	
Miscellaneous :— (e.g., minor injuries, bru	ises, so	ores, chi	ilblains	, &c.)	493	433	926	
			Tota	1	1075	651	1726	

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

	Number of defects dealt with.							
Defect or disease. (1)	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)	413	5	3	421				
Other Defect or Disease of the Eyes (excluding those re- corded in Group I.)	9	_	-	9				
Total	422	5	3	430				

Total number	of children	for w	hom s	spectacle:	s wer	e prescr	ibed :—
(a)	Under the	Auth	ority's	scheme			233
(b)	Otherwise						8
Total number	of children	who	obtain	ed or rec	eived	l specta	cles :-
(a)	Under the	Auth	ority's	scheme			202
(b)	Otherwise						8

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)	number
17	49	66	22	154

1 7					
17	49	66		22	
(1) Number of chi (a) Inspected by		ects.			
Aged :— Age Groups	$ \begin{cases} 5 & \dots & 113 \\ 6 & \dots & 923 \\ 7 & \dots & 650 \\ 8 & \dots & 589 \\ 9 & \dots & 647 \\ 10 & \dots & 784 \\ 11 & \dots & 668 \\ 12 & \dots & 482 \\ 13 & \dots & 372 \\ 14 & \dots & 144 \\ 15 & \dots & 8 \end{cases} $ Total—	-5,380			
Specials	524				
G	rand Total 5,904				
(c) Actually trea (d) Re-treated as	the result of periodical exa	 umination		3655 2344 880	
(2) Half-days deve	oted to inspection 51 treatment 375	} Total		426	
(3) Attendances n	ade by children for treatr	nent		3926	
(4) Fillings { perm	panent teeth 1813 Total 63 Total			1876	
(5) Extractions	permanent teeth 535 temporary teeth 3728	Total		4263	
(6) Administration	is of general anaesthetics:	for extrac	tions		
(7) Other operation	ons {permanent teeth 26 temporary teeth 2	Total		284	
	Group V.—Unclean				
(a) Average number	er of visits per school ma	de during	g the	0	
year by the sch	ool nurses f examinations of children	in the sc	hools	6	
by school nurse	s			32,293	
(c) Number of indiv	vidual children found uncle dren cleansed under arran	an	made	4,754	
by the local edu	ication authority			202	
(i) Under th	s in which legal proceeding e Education Act, 1921	s were tak		4	
	hool attendance bye-laws			1	

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TABLE V.
FIURN OF DEFECTS FOUND IN THE COURSE OF M

RETURN OF DEFECTS INSPECTION IN		EDICAL
THE RESERVE AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO		
		and the same of th

			Reading Boys' School. 214 Number referred for		KENDRICK GIRLS' SCHOOL. 125 Number referred for	
Number Examined Defect or Disease.		***				
		Treatment.	Observation	Treatment.	Observation.	
Malnutrition			27		12	
Uncleanlines	(III.a.)		***	***		
Oncieammes			1			
	Ringworm {Head :					
	(Dody .			***		
Skin	Scabies		***			

	Other Disease (Non-tub.	,		4 10.		
	(Blepharitis			1	***	
	Conjunctivitis .		149	1	***	
Eye						
		14	23	7	16	
	Squint		110		***	
	Other Conditions .		1874			
Ear	Defective Hearing .			3	***	
	Otitis Media					
	Other Ear Disease .			***		
,	Enlarged Tonsils .	. 1	2		2	
Nose and	Adenoids			***		
Throat	Enlarged Tonsils & Adenoid	ls 1	3			
-	04 0 110		6	1	1	
Enlarged Cer	vical Glands (non-tuber.) .	1	1			
Defective Sp			1			
,, Те	eth	26	1	30	***	
Heart and	Organie				1	
Circulation	Functional		1		***	
Circulation	(Anæmia					
	(Propolitie					
Lungs	Bronchitis		3		***	
	(Other non-tuber, disease		.,	***		
	Pulmonary:—Definite					
	Suspected.					
	Non-Pulmonary :- Gland					
Tuberculosis	Spine				***	
	Other bones and joints .				***	
	01.1		***	***		
	Other forms					
Nervous						
System	Chorea					
	Other Conditions .		1		***	
	(Rickets					
Deformities	Spinal ourveture		2	2		
	Other Forms .		10	8	2	
Other Defect	or Disease	. 1	2	1		
Action Thereco	or Disease	. 1	4	1	111	



