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County Borough of Reading

ANNUAL REPORT

OF THE

School Medical Officer

FOR THE YEAR

1952

By

E. HUGHES, M.D., D.P.H.





COUNTY BOROUGH OF READING

ANNUAL REPORT

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(as at 31st December, 1952)

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School Medical Officer:
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Chief Dental Officer:
J. CAMPBELL, L.D.S., R.C.S. (Ed.)

Dental Officer:
(Mrs.) M. V. GODDARD, L.D.S., R.C.S.

Speech Therapist:
ROSEMARY RANBY, L.C.S.T. (commenced September 1st, 1952)

School Nurses:

Miss O. EDGAR	*Miss R. M. UPTON	Miss F. L. GATES
Mrs. I. E. WHITE	*Miss M. J. POUPARD	*Mrs. M. GALLAGHER
Miss M. PLATT	Mrs. H. KING	*Miss I. CALLON

* Combined Health Visiting and School Nurse duties.

Oral Hygienist:
Miss V. ANDERSON

Senior Clerk:
Miss W. M. DIX

READING SCHOOL HEALTH SERVICE

To the Chairman and Members of the Education Committee.

LADIES AND GENTLEMEN,

I have the honour to present the report of the School Health Service for the year ended 31st December, 1952. This report is the thirty-first in the series which have been submitted to the Local Education Authority, and the fourth which has been placed before you by me.

The work of the School Health Service has been aided by the policy of providing, as far as possible, facilities at branch or area clinics within easy reach of the schools they serve, viz., Whitley Clinic, and Caversham Clinic. In other areas, we are fortunate in having clinics situated on school premises, e.g., Battle School Clinic and Grovelands School Clinic which provide facilities not only for the schools in which they are situated, but also for other schools in their areas. Several of the more modern schools are indeed fortunate in having minor ailment and medical inspection facilities available on the premises. This applies to the following:—

Geoffrey Field Infant School,
Geoffrey Field Junior School,
The Hill Primary School, and
Emmer Green Primary School.

In the case of the latter, this accommodation is available for pupils from the Grove Secondary Modern School on Friday mornings at 9.15 to 10 a.m. Before leaving this subject, I would like to pay tribute to the good work being done in schools where premises are by no means modern, and for the co-operation of all head teachers and their staffs in assisting the work to proceed as smoothly as possible.

Early in the year, Dr. Chamberlain resigned to take up an appointment with the Home Office and Dr. Fisher commenced duties as Assistant School Medical Officer in March, 1952, and Dr. R. M. Piggot in May, 1952. There is no doubt that we really require the services of another assistant medical officer and I hope that this will be possible before very long.

The arrangement of the report varies slightly from that in previous years, and the text contains particulars which I hope will be of interest. In this introduction I would like to make special mention of the following matters.

CEREBRAL PALSY. A review on the provision of educational facilities for school children being unfortunate enough to suffer from cerebral palsy is presented in later pages. Unfortunately, there does not seem to be unanimity as to the best method of treatment for these children and the results to be expected from such treatment. My own feeling is that it is very unfair to anyone to give parents the

impression that if only enough money and staff were allocated to the treatment of these children they would grow up into normal self-supporting citizens; I fear that this is being done in some quarters today.

SPEECH THERAPY. Changes of staff have unfortunately prevented the provision of a continuous Speech Therapy Service throughout the year. The work of the Department has been carried out by Miss Rowley (resigned to get married in April) and Miss Rice, who ably carried on in a temporary capacity until the appointment of our present Speech Therapist, Miss Ranby.

It is therefore pleasing to report that it has been possible to further strengthen this service by the appointment of another Speech Therapist (part-time) from February 1st, 1953.

ULTRA-VIOLET CLINIC. Sunlight facilities are now available at Queen's Road Clinic and the Whitley Clinic (the latter commencing towards the end of the year), and it is good to note the benefit derived by the children in attendance at these clinics.

POSTURAL DEFECTS. A well-attended meeting was held at St. Laurence's Hall, on the 4th February, 1952, to discuss postural defects and their treatment. A series of films, talks and demonstrations of exercises by school children was arranged by the kindness of the Physical Education Instructor, Miss Allden. These were well received by the teaching staffs present, and I would report that Postural Exercise Clinics are now held at School Clinics.

CONTAGIOUS DISEASE. There has been a decrease in the incidence of all contagious diseases affecting school children in Reading. The most notable decrease is that relating to Scabies, the number dropping from 61 to 18.

HOME TEACHING. It is encouraging to note the good work being carried out by the Home Teaching Staff and also of the remedial teachers. Their work must be time-consuming and often frustrating, but it is encouraging to know that these facilities are available in Reading, for children who are unable to attend ordinary school because of physical and medical disabilities.

HANDICAPPED PUPILS. We were able to intensify our efforts in the ascertainment of children who require special forms of education, but I feel that we are still not abreast of our work here. A special section of this report is devoted to this subject.

I am,

Your obedient Servant,

E. HUGHES,

School Medical Officer.

SCHOOL POPULATION

The following figures give particulars of the school population in the various age groups on December 31st, 1952, and an estimate of the increase over the next five years:—

31st December:	14 and 15	13 and 14	12 and 13	All children between				7 and 8	6 and 7	5 and 6	Totals	Increase	Cumulative Increase
				11 and 12	10 and 11	9 and 10	8 and 9						
1952 ...	1,556	1,491	1,464	1,461	1,512	1,646	1,788	1,694	1,919	2,133	16,664	—	—
1953 ...	1,491	1,464	1,461	1,512	1,646	1,788	1,694	1,919	2,133	1,802	16,910	246	246
1954 ...	1,464	1,461	1,512	1,646	1,788	1,694	1,919	2,133	1,802	1,739	17,158	248	494
1955 ...	1,461	1,512	1,646	1,788	1,694	1,919	2,133	1,802	1,739	1,622	17,316	158	652
1956 ...	1,512	1,646	1,788	1,694	1,919	2,133	1,802	1,739	1,622	1,636	17,491	175	827
1957 ...	1,646	1,788	1,694	1,919	2,133	1,802	1,739	1,622	1,636	1,588	17,567	76	903

The following table gives details of the distribution of children and the various types of school on December 31st, 1952:—

Grammar	Central	Independent	Primary and Secondary Modern	Not attending School	Awaiting New Term
556	743	1,325	13,790	61	189

A. PERIODIC MEDICAL INSPECTIONS

The following table gives particulars:—

A. Number of Inspections in the prescribed Groups:—

Entrants	2,069
Second Age Group	1,309
Third Age Group... ..	949
Total	4,327
Number of other periodic inspections	307
Grand Total	4,634

B. Other Inspections:—

Number of Special Inspections	1,814
Number of Re-inspections	3,075
Total	4,889

C. Pupils found to require treatment:—

Group (1)	For Defective Vision (excluding Squint) (2)	For any of the other conditions recorded in Table II (3)	Total Individual Pupils (4)
Entrants	66	253	280
Second Age Group	76	187	259
Third Age Group	56	165	157
Total (prescribed Groups)	198	605	696
Other Periodic In- spections	6	38	13
Grand Total	204	643	709

**Return of Defects found by Medical Inspection in the year
ended 31st December, 1952.**

Defect or Disease (1)	Periodic Inspections		Special Inspections	
	Number of Defects		Number of Defects	
	Requiring treatment (2)	Requiring to be kept under observation, but not requiring treatment (3)	Requiring treatment (4)	Requiring to be kept under observation, but not requiring treatment (5)
Skin	38	62	714	—
Eyes—				
(a) Vision	204	77	38	—
(b) Squint	46	22	—	—
(c) Other	13	22	257	—
Ears—				
(a) Hearing	7	34	20	—
(b) Otitis Media	19	59	49	—
(c) Other	10	18	144	—
Nose or Throat	126	356	123	2
Speech	15	19	5	—
Cervical Glands	4	93	35	—
Heart and Circulation	7	43	14	—
Lungs	21	106	25	1
Developmental—				
(a) Hernia	2	6	—	—
(b) Other	10	52	3	—
Orthopaedic—				
(a) Posture	62	39	3	—
(b) Flat Foot	210	75	13	—
(c) Other	35	125	21	—
Nervous System—				
(a) Epilepsy... ..	—	1	—	—
(b) Other	5	25	4	—
Psychological—				
(a) Development	—	15	12	1
(b) Stability... ..	3	23	10	1
Other	10	14	3,673	8

B. HANDICAPPED CHILDREN

There are children who suffer from certain defects which prevent them from being educated by ordinary methods in ordinary schools. These children are known in official parlance as "handicapped children." Ascertainment of such handicapped children is one of the most important parts of the work of the School Health Service. In this we work very closely with the Education Department and I am very much obliged by the help which has been given by Mr. Taylor and his staff in making appropriate arrangements for this special education. The accompanying table gives the position at 31st December, 1952:—

HANDICAPPED CHILDREN—SUMMARY OF POSITION AT DECEMBER 31st, 1952

Type of Handicap	Number on Register, 31st Dec. 1952		Receiving appropriate education		(a) Number in Residential Schools (b) Number attending Day Schools		Not in receipt of appropriate education, but on waiting list for such		Remarks
	M.	F.	M.	F.	M.	F.	M.	F.	
1. Blind	2	1	2	1	2 (a)	1	—	—	
2. Partially Sighted	1	3	1	3	1 (a)	3	—	—	
3. Deaf	7	8	7	8	7 (a)	8	—	—	
4. Partially Deaf	2	2	2	2	2 (a)	2	—	—	
5. Delicate Children	40	27	39	25	2 (a) 37 (b)	1 24	— 1 (b)	— 2	
6. Diabetic	—	—	—	—	—	—	—	—	
7. Educationally Sub-normal	75	36	57	26	2 (a) 55 (b)	— 26	3 (a) 15 (b)	— 10	
8. Epileptic	1	—	1	—	1 (a)	—	—	—	
9. Maladjusted	14	3	12	3	— (a) 12 (b)	1 2	2 (a) — (b)	— —	(b) in hostels
10. Physically Handicapped	40	20	36	17	— (a) 29 (b)	— 11	2 (a) 2 (b)	3 —	7 m. 6 f. being taught at home
11. Speech Defects	1	—	1	—	1 (a)	—	—	—	

The Avenue School. Throughout the year the roll of the school was maintained at a maximum, and while one or two children had a short period of waiting before admission, there was only one child on the waiting list of the Physically Handicapped Department and none for the Open-Air Department in December. This indicates the comparative adequacy of these two departments to meet the incidence of such physical defects among the children of the Borough. There was an increasing waiting list for the E.S.N. Department.

Changes in the roll are shown in the following table:—

	E.S.N.		P.H.		Delicate	
	Boys	Girls	Boys	Girls	Boys	Girls
On Roll, January, 1952	50	30	30	9	32	27
Transferred to Ordinary School	—	—	1	3	6	5
Transferred to E.S.N. Dept. ...	—	—	—	—	1	—
Transferred to P.H. Dept. ...	—	—	—	—	1	—
Left for Employment	9	8	6	2	3	2
Admitted to Hospital or Residential School	5	1	—	—	1	1
Excluded	4	—	—	—	—	—
Admitted during year	23	5	6	7	17	5
On Roll, December, 1952 ...	55	26	29	11	37	24

Of the fifteen children who returned to ordinary school, two girls and one boy were accepted in a selective central school.

Four boys and five girls of the seventeen E.S.N. children who left were placed under statutory supervision, but all were found suitable employment. Three boys and one girl of the P.H. children who left were placed under supervision and one boy and one girl were so severely handicapped as to be temporarily unemployable. In the six other P.H. cases and in all the Delicate, appropriate employment was found with the co-operation of the Youth Employment Officers who have continued their interviews at school, several weeks before the date of leaving, with the parents, children, welfare officer and headmaster.

The general standard of school work was well maintained. The year in the school garden and in the individual plots of the boys was again most successful, although the dry, early summer restricted results.

Splendid work was again produced in crafts, and several of the paintings of the children were retained in the local art association's collection of children's paintings. Examples of the children's efforts in woodwork, bookcraft, painting and modelling, fabric printing, leatherwork, feltwork, weaving, raffia and beadwork were exhibited at a course in London. The development of dancing in the older E.S.N. girls' class was most satisfactory and a great benefit as well as pleasure to them. So, too, was the opportunity of domestic science training for ten of the girls on one afternoon of the week at Alfred Sutton School, for which indebtedness is due to the headmaster and staff of that school.

Swimming in the indoor pool continued to be both popular and successful, especially with the boys. Thirty E.S.N., five P.H. and three Delicate boys, and one P.H. and three Delicate girls participated, and all but ten E.S.N. boys qualified to receive certificates. A one-legged P.H. boy of fifteen years of age reached the final six of the Open Championships of Reading Schools and in addition he was awarded all six certificates of the Reading Schools' Swimming Association. A fourteen-year-old P.H. boy, suffering from cerebral palsy and who walks only a few steps, received the Association's First Certificate.

Football and cricket again held the major interest of the E.S.N. boys, and those able to participate from the other two departments, and two inter-school matches were played.

The provision of three meals each school day for all children in the Open-Air School and of supplementary nourishment for all delicate children in the other departments continued satisfactorily. There was a reduction of two to a total of three children receiving special diets—two obesity and one coeliac. The provision and service of all meals and the preparation of school milk—milk cocoa, hot or cold milk—was maintained at a very high and efficient standard. The installation of sterilisers in both kitchens has greatly improved service. The kitchen staff are to be congratulated, too, on the provision made for the day's outing to the seaside last June when all the children attending school were taken by coach to Hayling Island, and once again for the splendid Christmas dinner and tea party.

Home Teaching. Five children suffering from cerebral palsy continued to receive instruction from their home teacher and satisfactory progress was made with this most difficult group of children. Another girl, a victim of Fragilitis Ossium, received teaching at home and in hospital, and her progress was distinctly encouraging. Except for visits to hospital for physiotherapy, the cerebral palsied children are "at school" all day.

A second home teacher paid daily visits to a boy suffering from haemophilia and again the boy made very good progress. This boy will be admitted to the P.H. Department shortly.

In addition, fifteen others, suffering from a wide variety of physical handicaps, have received individual tuition from a third home teacher in their homes or in hospital for varying periods during the past year.

Parents and children both welcome the home teachers, and mothers have been most co-operative in providing facilities and privacy for lessons. The children are very eager to learn, and most of them, however young, work well and independently between visits. Although the hours of tuition for any individual child cannot exceed six in a week, it has been found possible to link their work in the basic subjects with enjoyable activities in many fields, including natural history, music, art, crafts, literature, geography and history. Visits have been made to the public library and museum, to lunch-hour concerts and to the river, woods and commons. Parents and children have been brought together at times and the children have now formed into a club which is producing its first journal and is exchanging work and news.

Home background and mental capacity vary even more widely than the age range of six to fifteen years, and while some children make rapid strides—helped by informed parents and by schools' broadcasts—others, lacking these advantages, work bravely and patiently with results highly rewarding to child and teacher. All whose handicaps permit, read with enjoyment and keep diaries or "write books" about their work.

This home teaching may prosaically be termed "meeting a great need"; but it is not too much to say that the experience transforms the children's lives and has the incalculable effect of reducing the anxiety and tension of parents.

Cerebral Palsy. It should be noted that this account relates to those pupils of school age who are the responsibility of the Education Authority, and shows in what manner the problem of providing educational facilities for those children have been accomplished in Reading.

In recent years the attention of Medical and Education Authorities has more and more been drawn to those children affected by a condition known as cerebral palsy, and who are commonly called spastics. It should be recorded that the National Spastics Society and British Council for the Welfare of Spastics have done much, not only to promote interest in this problem, but also to encourage the formation of Parent Associations whose object is to give all assistance to children afflicted in this manner. It is not surprising therefore, to find that Reading has an active Association.

Ordinary School. It should not, however, be thought that this is the only education provision for children of school age who are

suffering from cerebral palsy. The condition naturally occurs in all its infinite variety and varying degrees, and it is encouraging to record that there are at least five children in attendance at ordinary schools receiving education as normal children.

Home Teaching. During the year under review, home teaching facilities have been offered to six such children, but with the kind and generous help of Mrs. Minchin, it has proved possible for four of these children to attend Minchin's Farm and to receive tuition together.

Avenue School. The Avenue School has six such children who receive appropriate hospital treatment and are under the care of the appropriate hospital consultant. They are seen and examined at least every term by one of the assistant Medical Officers.

Pre-School Children. Children under school age attend Battle Hospital under the care of Mr. Squire, the Consultant Orthopaedic Surgeon, in order that their condition may receive appropriate attention and treatment at the earliest possible moment.

The table below gives a summary of the position enumerated above:—

Number of Pupils receiving Home Teaching Facilities	...	6
Number of Pupils at the Avenue School	... ..	6
Number of Pupils at Ordinary School	... ..	5
Children under School Age	... ..	5

Speech Defects. The following report has been received from Miss Ranby concerning the work carried out during 1952:—

88 children attended the Speech Clinic during 1952.

19 discharged cured or greatly improved.

3 taken off register for non-attendance.

4 left the district before treatment was complete.

1 left school before treatment was complete.

61 continued into 1953.

41 cases of defective articulation.

20 cases of stammering.

2 cases of stammering and defective articulation.

7 cases of cleft palate.

4 cases of disorder of vocal resonance.

4 speech disorders due to mental backwardness.

Clinics were held at Queen's Road, Grovelands, Battle, Geoffrey Field and The Avenue Schools.

One home visit was made weekly to treat two cerebral palsied children unable to attend the clinic.

One morning a week was kept for school and home visits, interviewing parents and for correspondence.

The tape recording apparatus has again proved invaluable for recording the child's progress, and in the actual treatment of certain cases.

Some other essential equipment has been procured.

Delicate Children. Children who require special education on account of their being generally debilitated are taught at the Open-Air Department of the Avenue School or at residential schools. A nurse is in attendance at this department.

We would hope that the general improvement in nutrition, child care, school buildings and housing will result in a decreased need for a special department of this nature.

Deaf and Partially Deaf Children: Audiometric Survey. Unfortunately, Dr. Chamberlain left Reading early in the year and it was not possible to resume work on this survey until the summer. The work has been carried out under the supervision of Dr. E. A. Fisher, assisted by one of the school nurses. Dr. Fisher has had the great advantage of working in the E.N.T. Department of the Royal Berkshire Hospital with Mr. Hunt Williams, F.R.C.S., and I am very grateful to him for the facilities which he has offered to us and for the interest which he has shown in the cases we have referred to him.

The type of work undertaken in 1952 varied somewhat from that undertaken in 1951. It was thought that it might be of interest to investigate the hearing of children who have failed to achieve average scholastic attainment. The following groups of children were selected for investigation:—

- (1) "C" stream classes, age eleven to twelve years at the Battle School.
- (2) A group of children attending the speech therapy clinic.
- (3) Children at the E.S.N. Department of the Avenue School.

The following is a summary of the results which were found:—

- (1) "C" Stream Classes 11-12 years at the Battle School.

This age group was chosen because it was thought that children younger than this—who are already somewhat retarded—might find difficulty in performing the test.

The children were first tested with the gramophone audiometer and those who failed were re-tested on the pure-tone audiometer; if hearing was still found to be subnormal, they were invited to

attend at the Royal Berkshire Hospital for examination by Mr. Hunt Williams.

The following is a summary of this investigation:—

60 children tested with the gramophone audiometer.

14 of these failed this test and were re-tested on the pure-tone audiometer.

6 of the 14 were found to have satisfactory hearing.

8 of the 14 with apparent unsatisfactory hearing were selected for examination at the Royal Berkshire Hospital; 7 of them ultimately attended.

Disposal of the cases was as follows:—

Hearing Aid prescribed	...	...	...	...	...	1
For removal of Tonsils and Adenoids	...	...	...	...	...	2
To sit in the front of the class only	...	...	...	...	...	1
For re-testing in one year—? otosclerosis	...	...	...	...	...	1
For re-testing in six months	...	...	...	...	...	2

i.e., five children were classified as partially deaf.

(2) *Children attending the Speech Therapy Clinic.*

This work was begun in the summer holidays and only 7 children were persuaded to attend for pure-tone audiometry. Two children were found to have defective hearing, their disposal being as follows:—

For right mastoidectomy	...	...	1 (general dyslalia)
For DXR to nasopharynx and to attend allergy clinic	...	...	1 (hyperrhinophonia)

(3) *The E.S.N. Department at the Special School.*

Here the "sweep" method of testing with the pure-tone audiometer was used as a preliminary sieve. The gramophone audiometer was not used.

79 children were tested.

9 of these failed the test and were selected for audiometric and E.N.T. examination at the Royal Berkshire Hospital.

The results of these examinations were as follows:—

Hearing found to be satisfactory	...	...	...	...	5
Recommended removal of Tonsils and Adenoids	...	...	...	...	2
For treatment to both ears (C.S.O.M.)	...	...	...	...	1
For re-testing in six months (an "island of deafness" was found here in the higher frequency range)	...	...	...	...	1

In addition to the cases referred to above, 43 children were sent from minor ailment clinics, school inspections, etc. Twelve of these were considered to have a significant degree of deafness and were examined by Mr. Hunt Williams at the Royal Berkshire Hospital.

The result was as follows:—

DXR to nasopharynx	...	...	...	...	...	1
Recommended removal of Adenoids	...	...	...	...	...	1
„ hearing aid	...	...	...	...	...	2
„ removal of Tonsils and Adenoids	...	...	...	...	...	1
„ periodic Politzerisation and X-ray mastoids	...	...	...	...	...	1
„ to sit at the front of the class; no medical treatment	...	...	...	...	...	2
Hearing found to be satisfactory	...	...	...	...	...	4

It will be seen from the foregoing that we have given up use of the gramophone audiometer in favour of the pure-tone “sweep” test.

I must admit that I have not quite made up my mind about the place of the audiometric examinations of school children in the work of the School Health Service. The audiometer is like many electrical instruments in that defects may take place without any obvious signs; furthermore, there appears to be no universally accepted method of calibration. It has also been noted that the audiogram sometimes suggests a degree of deafness which is not borne out by the child's inability to hear conversation.

At the moment I am inclined to think that a pure-tone “sweep” test should be carried out as part of the periodic medical examination of children at the second and third age groups. It is also desirable that an examination should be arranged at the age of eight years. I am not quite convinced about the reliability of the test in the entrants' group.

All this is, of course, subject to there being an adequate staff.

It also seems very desirable that a preliminary test of hearing should be made on children who are referred on the grounds of lack of educational progress, as should children with certain types of special defects. I hope that work along these lines will be continued in 1953, and that I shall be in a position to report more fully on the matter.

Maladjusted Pupils and Child Guidance Clinic. The work of the child guidance clinic continued on existing lines and calls for no special comments. Fifty-one children were treated during the year.

C. NUTRITION

The following table gives the classification of the pupils infected during the year in the various age groups:—

Age Groups	Number of Pupils Inspected	A (Good)		B (Fair)		C (Poor)	
		No.	% of col. 2	No.	% of col. 2	No.	% of col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	2,069	1,278	61·7	777	32·7	14	·6
Second Age Group ...	1,309	722	55·1	581	44·4	6	·4
Third Age Group ...	949	490	51·6	455	47·9	4	·4
Other Periodic Inspections	307	178	58·	128	41·6	1	·3
Total	4,634	2,668	57·6	1,941	41·9	25	·5

It is pleasing to be able to record such a low percentage of category C pupils which were found at examination, and to note that the numbers tend to decrease in the higher age groups.

School Meals Service. The following report has been received from Miss P. E. Hall, School Meals Organiser:—

“ The average number of meals served daily rose during the year, reaching a maximum of 7,800 a day and the percentage number of children taking school meals rose from 40·43% to 42·55%.

Two new canteens were opened during the year, one at Emmer Green Primary School and one at Ashmead Secondary School.

During the year the Ministry of Education took sample stock sheets from eight canteens and the food values of the meals were calculated on four weeks' menus during each of the three terms in the year. The results which are set out below appear to be satisfactory:—

*Ministry of Education—
Recommended Amounts.*

Protein ...	26·0 grams ...	...	20·25 grams
Fat ...	31·8 ,, ...	...	30·00 ,,

Salads are becoming more and more popular and are served most of the year, once a week and during the summer and hot weather, twice or three times. The winter salads include the following ingredients: watercress, celery, apples, cabbage heart, raisins, dates, beetroot, carrots and mustard and cress.

The canteens have had an allocation of fresh eggs, which make the menus more interesting. Meringue mixtures are used to give an interesting finish. The tastes of the children continue to be educated through the teachers' persistent efforts, and many more second vegetables are now being served and enjoyed, for example parsnips, onions, broad beans, runner beans and marrow."

Milk in Schools.—At the end of the year 12,384 children were receiving milk in schools. All milk is pasteurised and subjected to regular bacteriological testing and proved to be of satisfactory quality.

D. PHYSICAL EDUCATION

During the year 1951-52 there has been an all-round improvement in Physical Education in the Reading schools. The Physical Training lessons, in both Primary and Secondary departments, continue to develop along modern lines designed to suit the individual child and her/his capabilities and physical make-up. This is in marked contrast to the uniform lesson of a few years ago when the tendency and result of the 1933 Syllabus mainly emphasised uniformity of standards and mass movements. We look forward to the publication of the Ministry's new Syllabus of Physical Education to stimulate, still further, the modern lesson and the use of climbing apparatus in Primary Schools.

Most Primary schools have been supplied with a limited amount of elementary climbing apparatus, a certain amount of which has been improvised by the teachers. It is feared, however, that the severe cuts in the estimates for 1952-53 will curtail the developments planned for the future.

Games. During the post-war years great strides have been made in all schools in coaching and training for games. To maintain this progress it has been necessary to conduct courses for teachers during the year and also to ensure that schools had available larger stocks of games equipment than before. This increase in supplies was costly mainly due to the higher prices which had to be paid for equipment.

A reasonable standard of equipment has been reached in schools other than Girls' Secondary Departments where summer games are still handicapped by lack of equipment and facilities. A system of repair and replacement has been introduced to guarantee a constant level of serviceable apparatus for games. Here again, however, it is feared that the cut in the Estimates will not allow this standard to be maintained. The quality of the games equipment issued to schools has been reduced to meet rising prices, but this has resulted in higher costs for maintenance.

Playing Fields. The emphasis on games has meant greater demands for playing fields and to meet these we are grateful to the

Parks Committee for their co-operation. We have every sympathy with their decision to limit the use of public parks for organised school games and will make every endeavour to assist the Parks Committee in this matter. We appreciate the extent of the expansion of school games during the past few years and the resulting wear and tear on limited playing spaces. Meanwhile, the school playing fields are being used to capacity. The efforts of the ground staff and the expenditure on maintenance are ensuring that these fields are a credit to the Committee. The opening of the playing fields at the new schools during 1952-53 will relieve the congestion on existing playing fields to some extent. It is hoped that work will begin soon to prepare the playing fields at Geoffrey Field School and Emmer Green Primary School. It is unfortunate that most of the sites for new playing fields are on sloping ground and that in consequence their preparation is costly and their use will be limited.

Swimming. The teachers and instructors are deserving of the highest praise for the standard of swimming that was attained during the year. Approximately 35,250 attendances were recorded—an improvement of some 5,250 on the previous year.

Visits and Courses. An interesting visit was made to Eversley C. of E. School, Hampshire, to see in use the large amount of climbing apparatus there. All the teachers present greatly appreciated the help and kindness shown by the Headmistress and our subsequent discussions proved the value of this visit.

In both Primary and Secondary schools matches were played covering all the major games and there were triangular Athletic Meetings between school teams and also inter-school National Dance events.

In conclusion, the Organisers wish to thank all those who helped, directly and indirectly, the furtherance of physical education in Reading during the year.

Postural Exercises. The importance of good posture in children in promoting a state of positive health in adults is becoming increasingly apparent and so attention must be focussed on the early detection of postural defects and their treatment by remedial exercises. As the existing arrangements for postural exercises to be held daily in the schools was not successful, due to shortage of teachers and lack of sufficient accommodation, a new scheme was put into operation during 1951, whereby the responsibility for its success rested jointly on the School Health Service personnel and the parents of the children concerned.

The scheme is briefly as follows:—

Two illustrated card leaflets have been prepared by the Organiser of Physical Education, one explaining suitable exercises for round shoulders, the other for flat feet. Any children found

at a school medical inspection to have these conditions are then given the appropriate booklets and the exercises are demonstrated to the children, in the presence of the parents, by a Health Visitor or School Nurse who has herself received instruction on the subject from the Organiser of Physical Education. The teachers concerned are also told about any of their children who are supposed to be doing the exercises.

Some children are also referred for exercises by the Paediatrician at the Royal Berkshire Hospital and by general practitioners in the district.

The cases are reviewed periodically by the Assistant School Medical Officers and already a considerable number of children have improved sufficiently to be discharged.

In order that the school teachers might be kept informed of the work being done by the School Health Service, the scheme was inaugurated by a lecture-demonstration and film show, introduced by a paediatrician, and about 150 teachers were present.

E. RINGWORM OF THE SCALP

During the year 18 cases of Ringworm of the Scalp occurred, of which 15 were of school age and 3 of pre-school age.

It is encouraging to note that there is an overall decrease of 7 in the number of cases compared with the previous year and it is to be hoped that this trend continues.

It is remarkable to record that 7 cases occurred at one school. Two were of animal infection (*microsporon canis*), whilst five were of human origin (*microsporon audouini*). The latter infection being unfortunately, much more resistant to treatment.

It is interesting to note:—

1. That Pupil A, responsible for a localised outbreak, had been under treatment at home for some time without the possibility of ringworm of the scalp considered.
2. The contacts who were infected proved to be boys who were friends of A and spent much time in the home of A. The pupils concerned were, therefore, in different classes. Class mates of A were not affected, showing perhaps that out of school activities can play a very real part in the spreading of contagious disease.
3. Surveys were undertaken at the school with Wood's Light. The co-operation of the Headmistress and the teaching staff was much appreciated as the visits were essentially of an emergency nature and were important from the point of view of ensuring that no other cases occurred.
4. The resistant nature of the human infections (*microsporon audouini*) necessitated four boys being referred to the hospital

for X-ray treatment and two of these relapsed later, but fortunately responded to other treatment.

The cases occurred at the following schools:—

George Palmer ...	...	...	...	...	7
Geoffrey Field ...	...	...	...	...	2
Norcot ...	...	...	...	...	2
Grovelands ...	...	...	...	...	2
Newtown ...	...	...	...	...	2

The following table summarises the various details concerning those amongst whom this condition occurred and it will be noted that boys were pre-dominantly affected.

RINGWORM OF THE SCALP

	Total	School Age	Pre-School Age	Boys	Girls
Number of Cases treated ...	18	15	3	15	3
Report of Specimens sent to:— The London School of Hygiene and Tropical Medicine ...		Audouini 5	Canis 7	No. of Specimens not sent 6	
Referred to Royal Berkshire Hospital for X-ray Treatment ...				...	4
Average Absence from School ...	...	...	...	...	53 days

F. ULTRA-VIOLET LIGHT CLINIC

Throughout the year Ultra-violet Light Sessions have been held at Queen's Road School Clinic, whilst towards the end of the year it proved possible to provide these facilities also at the Whitley Clinic. There is no doubt this was a great advantage to the school population of this area.

There was a total of 150 children who were responsible for 1,262 attendances at the sessions concerned.

The following tables give further details concerning these children.

QUEEN'S ROAD SCHOOL CLINIC.

Number of Children:

Number of Boys ...	...	...	...	...	49
Number of Girls ...	...	...	...	...	58
Pre-school Children ...	...	...	...	...	19
Total ...	...	...	...	...	126

Number of Attendances ... 1,075

Average Age of Children: 5 to 8 years.

WHITLEY SCHOOL CLINIC.

Number of Children:						
Number of Boys	...	...	...	...	...	15
Number of Girls	...	...	...	...	...	12
Pre-school Children	...	...	...	...	...	7
						<hr/>
Total	...	...	...	...	...	34
						<hr/>
Number of Attendances...	...	...	...	...	...	187
Number of Hours given...	...	...	...	...	...	29½

Children referred for ultra-violet light treatment suffered from the following conditions: pulmonary catarrh, asthma, general debility, recurring nasal catarrh, under weight, anorexia, glands of neck, etc.

It was gratifying to note the improvement in those receiving sunlight treatment, in particular the gain in weight and increase in appetite. Treatment appeared to have particularly good effect in the case of asthma and pulmonary catarrh, whilst most cases of debility showed a good general response. Conditions such as acne and boils tended to show slow improvement.

G. SPECIAL INVESTIGATIONS

Tuberculin Testing. Due to the changes of medical staff it proved possible to pursue this investigation only on a limited scale. As far as practicable, five-year-old entrants were Tuberculin-tested during the autumn term, using either:—

- A. Mantoux Test with O.T. Tuberculin 1 in 1,000, or
- B. The Patch Jelly Test with O.T. Tuberculin.

The results obtained from the town of Reading showed no great variation from area to area of the town. In all cases where a positive result was obtained to the test (whether A or B was used) the parents and all members of the family were advised to have their chest screened at the Chest Clinic, including, of course, the school child concerned. Co-operation of the families on the whole was good, although there is still a residual fear and apprehension concerning Pulmonary Tuberculosis amongst the population at large, and some parents; a small minority do refuse the patch test or Mantoux test.

The family circumstances are thoroughly investigated, including milk supply.

Although no cases of active and suspected tuberculosis were discovered in school children or in parents, a number of children including those above, were kept under observation for several months by the chest clinic.

The table below summarised the position with regard to the findings obtained in Reading schools during the autumn term.

AUTUMN TERM, 1952
SUMMARY OF T.B. JELLY PATCH TESTS

Name of School	Number Examined	Number Negative	Number Positive	No. of Families referred to Chest Clinic	No. of Homes Visited
Alfred Sutton Primary ...	28	25	3	3	3
Battle Infants' ...	9	9	Nil	Nil	Nil
Coley Primary ...	12	12	Nil	Nil	Nil
E. P. Collier Primary ...	15	15	Nil	Nil	Nil
Grovelands Infants' ...	32	32	Nil	Nil	Nil
Caversham Primary ...	9	8	1	1	1
Katesgrove Infants' ...	19	15	4	4	4
New Town Infants'... ...	58	56	2	2	2
Oxford Road Infants' ...	27	26	1	1	1
Reading St. John's ...	3	3	Nil	Nil	Nil
St. Anne's R.C. ...	10	10	Nil	Nil	Nil
St. Mary's ...	3	2	1	1	1
St. James' R.C. ...	10	10	Nil	Nil	Nil
Wilson Infants' ...	9	9	Nil	Nil	Nil
Totals ...	244	232	12	12	12

AUTUMN TERM, 1952
SUMMARY OF MANTOUX TESTS

Name of School	Number Examined	Number Negative	Number Positive	No. of Families referred to Chest Clinic	No. of Homes Visited
Christchurch	11	10	1	1	1
Geoffrey Field	51	49	2	2	2
George Palmer Infants' ...	24	24	—	—	—
Redlands Primary	15	15	—	—	—
Ridgeway	13	13	—	—	—
Whitley Park Infants' ...	23	22	1	1	1
Totals	137	133	4	4	4

H. MASS MINIATURE RADIOGRAPHY

During the course of the year two cases of Pulmonary Tuberculosis came to light, the schools affected being Alfred Sutton Central School and Newtown Junior School.

Arrangements were made for the facilities of the Mass Miniature Radiography Unit of Reading to be made available to the schools concerned.

The table below gives details of those children, also parents who took advantage of these arrangements:—

	Alfred Sutton Central School	Newtown School
Number of Pupils X-rayed by M.M.R. Unit	186	72
Number of Pupils recently checked by Chest Clinic with M.M.R. Unit ...	4	—
Number not taking advantage of X-ray Facilities	24	9
Total	214	81

The Medical Director of the M.M.R. Unit, Dr. James, reports:—

“No cases of tuberculosis were found in children or staff examined.

“Two examinees only were recalled for clinical examination. These were both from Alfred Sutton School.

“1. *Girl, aged 15 years.*—X-ray showed left basal fibrosis. No evidence of active disease. After clinical examination, no further action considered necessary, but a report sent to the family doctor for information.

“2. *Boy, aged 15 years.*—X-ray showed bilateral basal bronchiectasis. Report sent to family doctor for appropriate action.

“All other children and staff examined from both schools were satisfactory.”

I would like to express my appreciation of the excellent co-operation of the Head Teachers and teaching staff of the schools concerned, since the above-mentioned arrangements were made at very short notice and involved much time and energy on the part of all concerned. An encouraging feature was the response of the teaching staff in this matter of Miniature Mass Radiography.

I. SCHOOL DENTAL SERVICE

Mr. J. Campbell, L.D.S., reports as follows:—

The staffing position during the year remained at two Dental Officers. We have been unable to secure any additional assistance in spite of repeated advertisements.

The total number of inspections, routine and special, has risen since last year but, unfortunately, the major portion still comes under the heading of specials.

In all other respects, there is an appreciable increase in the amount of work performed, as compared with 1951. The actual number of children treated has gone up by 214 and the attendances by 623. Fillings have risen by 827, extractions by 349. I would point out that the average number of fillings, for school and pre-school children is 1,784 per Dental Officer. This figure is quoted as the average annual output, per Dental Officer, in 1938 (Dr. Wynne in the *British Dental Journal* of July 2nd, 1948).

The number of dentures supplied to school children has shown a slight increase.

As I have reported, in earlier years, orthodontic treatment continues to be in demand, but only selected cases, where a functional disorder is present, can be undertaken at the moment.

The group talks, given by the Oral Hygienist at schools, are having a beneficial effect and this was quite marked in the older pupils attending the Avenue School.

It has been the custom in the past to give complete treatment to every child attending the clinic, either as a result of school inspection or as a special, requesting an appointment or attending with toothache. As a result of the large number of specials attending voluntarily, the number of school inspections has remained at a

low level. As the result of criticism from the Ministry of Education that this policy does not give the best value of the Dental Officer's time, we have modified it in an endeavour to reduce the number of specials. This will be done by concentrating primarily on extraction, with restriction of conservative work for the time being.

The appended tables give details of the work of the year. This is in addition to that done for children under school age, as reported under the heading "Dental Care of Expectant Mothers and Young Children" in the report of the Medical Officer of Health:—

TABLE V

Dental Inspection and Treatment carried out by the Authority

(1) Number of pupils inspected by the Authority's Dental Officers:						
(a) Periodic	1,490
(b) Specials	3,244
Total						4,734
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(2) Number found to require treatment	4,104
(3) Number referred for treatment	4,104
(4) Number actually treated	3,785
(5) Attendances made by pupils for treatment	8,331
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(6) Half-days devoted to: Inspection	10
Treatment	914
Total						924
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(7) Fillings: Permanent Teeth	3,136
Temporary Teeth	324
Total						3,460
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(8) Number of teeth filled: Permanent Teeth	2,808
Temporary Teeth	312
Total						3,120
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(9) Extractions: Permanent Teeth	1,061
Temporary Teeth	3,466
Total						4,527
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(10) Administration of General Anaesthetics for Extraction	1,612
(11) Other operations: Permanent Teeth	1,223
Temporary Teeth	2,022
Total						3,245
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J. ROAD ACCIDENTS

No apology is made for making reference in this annual report to Reading accidents, with particular reference to school children. This is a matter in which all members of the Education Authority and School Health Service can by instruction and example do much to bring home to the children of Reading the importance of observing a simple road safety routine at all times.

Inspector Attrill's comments:—

“ In the preparation of the figures of casualties to school children I had to be mindful of the fact that you would be primarily interested in Reading school children. Our complete official figures include all school children of school age injured in accidents in Reading, whether they reside in the Borough or come from outside. I mention this in case at some time or other you should see a different figure published to those which are quoted herewith.

“ It is again pleasing to report that no child was fatally injured during the year for the fourth year in succession, and indeed there has only been one such fatal accident since 1947.

“ With reference to the column ‘ Other Persons,’ this means a general classification of children injured when boarding or alighting from buses, holding on to vehicles, etc.”

Children of School Age, attending Schools in Borough, injured as a result of Traffic Accidents, 1952

Month	Pedestrians	Pedal Cyclists	Other Persons	Total
January ...	1	4	Nil	5
February ...	4	3	1	8
March ...	4	2	1	7
April ...	1	7	2	10
May ...	3	4	Nil	7
June ...	5	6	2	13
July ...	3	1	Nil	4
August ...	2	4	1	7
September	1	3	Nil	4
October ...	4	5	Nil	9
November...	5	2	1	8
December ...	1	Nil	Nil	1
Total ...	34	41	8	83

K. MISCELLANEOUS TABLES
Eye Diseases, Defective Vision and Squint

	Number of cases dealt with	
	By the Authority	Otherwise
External and other, excluding errors of refraction and squint	123	—
Errors of refraction (including squint) ...	520	—
Total	643	—
Number of pupils for whom spectacles were—		
(a) prescribed	345	—
(b) obtained	245	—

Child Guidance Treatment

	Number of cases treated	
	In the Authority's Child Guidance Clinics	Elsewhere
Number of pupils treated at Child Guidance Clinics... ..	51	—

Speech Therapy

	Number of cases treated	
	By the Authority	Otherwise
Number of pupils treated by Speech Therapists	88	—

Other Treatment given

	Number of cases treated	
	By the Authority	Otherwise
(a) Miscellaneous minor ailments... ..	3,193	61
(b) Other than (a) above (specify:—		
1. Eye Disease (external)... ..	279	3
2. Ear Defects	181	6
3.		
4.		
5.		
Total	3,653	70

Infestation with Vermin

(i) Total number of examinations in the schools by the school nurses or other authorized persons	44,550
(ii) Total number of individual pupils found to be infested	464
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)... ..	95
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)... ..	4

No legal proceedings were instituted against parents under provisions of Section 54 of the Education Act.

Diseases of the Skin (excluding Uncleanliness)

	Number of cases treated or under treatment during the year	
	By the Authority	Otherwise
Ringworm—		
(i) Scalp	14	1
(ii) Body	46	—
Scabies	18	—
Impetigo	105	1
Other Skin Diseases	444	10
Total	627	12

The following table summarises examinations undertaken in connection with the ascertainment of Handicapped Pupils during 1952:—

Assessment of E.S.N., Etc., Pupils

	Boys	Girls
Total number examined	107	69
Average Intelligence	22	6
E.S.N.	65	35
Maladjusted	3	—
E.S.N. and Maladjusted	3	1
Epileptic	1	—
Ineducable	3	6
Statutory Supervision	2	3
E.S.N. and P.H.	1	2
E.S.N., Maladjusted and Delicate	2	—
Delicate... ..	14	11
Physically Handicapped	8	8



