

[Report 1964] / School Medical Officer of Health, Reading County Borough.

Contributors

Reading (England). County Borough Council.

Publication/Creation

1964

Persistent URL

<https://wellcomecollection.org/works/bvrbud9d>

License and attribution

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

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

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



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



Library

County Borough of Reading

ANNUAL REPORT


OF THE

Principal School Medical Officer

FOR THE YEAR

1964

ALEXANDER GATHERER, M.D., D.P.H., D.I.H.



Digitized by the Internet Archive
in 2018 with funding from
Wellcome Library

<https://archive.org/details/b30031862>

COUNTY BOROUGH OF READING

ANNUAL REPORT

OF THE

Principal School Medical Officer

FOR THE YEAR

1964

INDEX

	<i>Page</i>		<i>Page</i>
Audiometry	10	Maladjusted	16
Avenue School	20	Medical Inspections	9
B.C.G. Vaccination	27	Minor Ailment Clinics	28
Blind	12	Nursery Nurse Training	24
Child Guidance Clinic	16	Oral Hygiene	27
Child Guidance Treatment	39	Orthodontics	26
Chiropody Clinic	28	Orthopaedic & Postural Defects	39
Clinics (School)	8	Partially Sighted	12
Deaf and Partially Hearing	13	Pediculosis	27
Deaths in School Children	27	Periodic Medical Inspections	36
Defects found by Medical Inspection (Table)	37, 38	Physical Education	30
Delicate Children	20	Physically Handicapped	18
Dental Service	25	Physiotherapy	22
Diseases and Defects of Ear, Nose and Throat	39	Population (School)	7
Education Committee	3	Pre-Nursing Course	24
Educationally Subnormal	15	Research Investigation	31
Employment Medicals	11	Ringworm	27
Enuresis Alarm	28	Road Accidents	29
Epilepsy	16	School Meals	28
Eye Diseases, etc.	38	Skin Diseases	39
Handicapped Children	11	Special Inspections	38
Health Education	24	Speech Defects	19
Home Teaching	21	Speech Therapy Clinics	9, 40
Infectious Diseases (School Children)	27, 40	Staff	4
		Statistical Data	36
		Tuberculosis	27
		Vermin Infestation	37
		Vision Testing	9

READING EDUCATION COMMITTEE

(as at 31st December, 1964)

HIS WORSHIP THE MAYOR (Alexandria Georgia Anderson Sturrock)

Aldermen:

ALICE JEANNETTE BURROWS
EDITH MORRIS

EDITH ELLA LOVETT
EDWARD THOMAS WALTHAM

Councillors:

REGINALD HARRY BRISTOW
CHARLES EDWARD BUCK (Vice-Chairman)
DOUGLAS IVOR BUCKLEY
EDWARD ALBERT BUSBY
RONALD JAMES DAY
JOHN HOWARD JACKSON

DENNIS HERBERT CHARLES JEFFERSON
HERBERT WILLIAM LEE
JOHN REES PRICE
CHARLES FREDERICK SAGE
DAVID LEONARD STODDART
FRANCIS TAYLOR (Chairman)

WILFRED JOHN WILD

Co-opted Members:

The Rev. Father P. A. COLLINS
The Rev. Dr. A. MURRAY SMITH
The Rev. R. S. PARKES
The Vice-Chancellor, University of Reading
Dr. H. R. PITT, F.R.S.
Professor C. H. DOBINSON

Mr. E. F. ALLWOOD
Dr. P. E. AXON
Mr. F. PHILLIPS
Dr. W. C. COSTIN
Mrs. H. D. KAY
Miss M. B. HOBBS

STAFF AT 31st DECEMBER, 1964

Acting Principal School Medical Officer:

G. V. GRIFFIN, M.B., B.S., D.P.H.

Deputy Principal School Medical Officer:

VACANT

Senior School Medical Officer:

J. BEASLEY, M.B., B.S., D.P.H.

School Medical Officers:

M. F. H. BUSH, M.B., B.S., M.R.C.S., L.R.C.P., D.C.H.

ETHEL AMY FISHER, M.Sc., M.B., B.Ch., B.A.O., D.(OBST) R.C.O.G.

VIOLET FRASER, M.B., B.S., M.R.C.S., L.R.C.P.

J. O. LLOYD-JONES, M.R.C.S., L.R.C.P., D.(OBST) R.C.O.G., D.P.H.

G. S. SORRIE, M.B., Ch.B., D.(OBST) R.C.O.G., D.P.H.

Principal Dental Officer:

J. CAMPBELL, L.D.S., R.C.S. (ED).

Assistant Dental Officers:

D. O. MALLAM, L.D.S., R.C.S. (Eng.)

J. H. HARPER, B.D.S. (ED). (Commenced 1.8.64)

Superintendent Health Visitor and School Nurse:

Miss M. WEBBER, S.R.N., S.C.M., H.V.

Group Advisors:

Miss E. FEW S.R.N., S.C.M., H.V.

Miss F. M. GATES, S.R.N., S.C.M., H.V.

School Nurses:

*Miss D. H. BAKER

*Miss J. FIELD

*Miss M. GRANT

Mrs. J. GRIFFIN (Part-time)

*Miss S. C. HANSFORD

*Miss P. HONEYBALL

*Miss M. HOWELL (commenced 1.8.64)

Mrs. H. J. IRVIN

*Miss S. JONES

Mrs. M. KING (commenced 19.5.64)

Mrs. J. LEWIS

Mrs. E. MABEY

*Miss H. MORTIMER

Mrs. B. NEVITT (commenced 8.6.64)

Miss M. A. PLATT

Mrs. T. PORTER

*Miss J. SMITH

*Miss G. THOMAS

*Miss J. WESTALL

*Miss B. WHITE

*Miss J. WILLIAMSON

*Denotes combined Health Visiting and School Nursing Duties

Speech Therapists:

Mrs. A. ELSBURY, L.C.S.T. (Senior) (Part-time)

Mrs. I. M. P. MARTIN, L.C.S.T.

Mrs. C. R. RICHARDS, L.C.S.T. (Part-time)

Oral Hygienist:

Mrs. V. TAYLOR

Physiotherapist:

Mrs. M. ANTSCHERL

Chiropodist:

Miss D. LOCKLEY

Clinic Assistants:

Mrs. D. BOXALL

Mrs. A. SMITH

Miss B. J. McMANUS

Senior Clerk:

Mr. N. MASKELL

READING SCHOOL HEALTH SERVICE

To the Chairman and Members of the Education Committee:

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the report on the School Health Service for the year ended December 31st, 1964.

The untimely death of Dr. Edward Hughes removed from the field of child health one of its most distinguished figures. Although notable in almost every branch of local authority health services, it was perhaps in school health that he achieved widest recognition. His early use of the "at risk" approach and the successful establishment with the Education Department of units at ordinary schools for partially hearing children, brought national and international attention to Reading. At a time when the value of the School Health Service was under question he felt strongly that what was required was in fact a strengthening of the service rather than hasty modifications which might in the long run weaken it. The sound services he established and the close relationships he had with head teachers all over the town will have lasting benefits for the school children of Reading for many years to come.

The year was also marred by the sudden death of Mr. Ross, then headmaster of the Avenue School. The town therefore lost within a matter of a few days two highly experienced and devoted exponents of the services for the handicapped child.

It is inevitable that with the continued change in the pattern of disease and handicap in school children the School Health Service will require periodic review and perhaps some re-organisation. In an interesting article in this report Dr. Fraser gives a personal account of the difference she has noticed over a period of twenty years in school health work in Reading. By looking closely in this way at what has been achieved so far, we shall be more able to understand the present needs and to plan the future service.

In next year's report I hope to refer to the results of our deliberations as to the steps necessary to maintain a modern and effective School Health Service.

As well as the considerable amount of day-to-day work undertaken by the school doctors, each has pursued, with success, certain aspects of particular interest.

For example, Dr. Fisher has continued her work on the emotional reactions of five-year old children on entering school, while Dr. Sorrie has considered some of the educational aspects of children with congenital handicaps.

On Dr. Griffin fell the considerable load of carrying on after the sudden death of Dr. Hughes, and the quantity and quality of the work referred to in this report is a great credit to him and to the rest of the staff.

Dr. John Beasley carried out the day-to-day responsibilities for the School Health Services and assembled and edited this report. Since then he has been promoted to a post in Bournemouth, and I would like to take this opportunity of putting on record my appreciation of the very sound work which he did while in Reading. As school doctors and nurses, we realise the importance of sound links with the teaching and other staff of the Education Department. It is a pleasure for me to refer to the happy state of co-operation which I found in Reading and to thank Mr. Thomas, Chief Education Officer and his staff for their excellent support.

In conclusion, I should like to thank the members of the Education Committee for the marked interest which they give to the work of the School Health Service.

I am,

Your obedient servant,

A. GATHERER,

Principal School Medical Officer

**ESTIMATES OF THE NUMBERS OF CHILDREN OVER 5 YEARS AND
UNDER 15 YEARS OF AGE IN THE NEXT FIVE YEARS**

	Secondary			Junior			Infants			Totals		
	Second- ary 11 to 14 years	Increase or Decrease	Cumu- lative Increase or Decrease	Junior 7 to 10 years	Increase or Decrease	Cumu- lative Increase or Decrease	Infants 5 & 6 years	Increase or Decrease	Cumu- lative Increase or Decrease	Totals 5 to 14 years	Increase or Decrease	Cumu- lative Increase or Decrease
31st August, 1964	6,680	—	—	6,744	—	—	3,602	—	—	17,026	—	—
31st August, 1965	6,629	—51	—51	6,893	+149	+149	3,686	+84	+84	17,208	+182	+182
31st August, 1966	6,624	—5	—56	7,054	+161	+310	3,819	+133	+217	17,497	+289	+471
31st August, 1967	6,595	—29	—85	7,268	+214	+524	3,978	+159	+376	17,841	+344	+815
31st August, 1968	6,744	+149	+64	7,421	+153	+677	4,225	+247	+623	18,390	+549	+1,364
31st August, 1969	6,893	+149	+213	7,664	+243	+920	4,441	+216	+839	18,998	+608	+1,972

These figures do not relate to any child over 14 years or under 5 years of age on the 31st August of the years shown.

SCHOOL CLINICS

Queen's Road Clinic

Special Examinations and Minor Ailments Monday and Friday, 9 a.m.-10 a.m.
 Chiropody Clinic . . . Friday, 10.30 a.m.

Whitley Clinic

Special Examinations and Minor Ailments Monday and Friday, 9 a.m.-10 a.m.

Ashmead School Clinic

Special Examinations and Minor Ailments Friday 2 p.m.-3 p.m.

Emmer Green School Clinic

Special Examinations and Minor Ailments Friday, 9 a.m.-10 a.m.

Geoffrey Field School Clinic

Special Examinations and Minor Ailments Wednesday, 9 a.m.-10 a.m.

Grovelands School Clinic

Special Examinations and Minor Ailments
 (for Battle School) . . . Monday, 9 a.m.- 10a.m.
 Special Examinations and Minor Ailments Friday, 9 a.m.-10 a.m.

Caversham Park School Clinic

Special Examinations and Minor Ailments Wednesday, 9 a.m.-10 a.m.

Hugh Faringdon School Clinic

Special Examinations and Minor Ailments Thursday, 9 a.m.-10 a.m.

Kendrick School Clinic

Special Examinations and Minor Ailments Wednesday, 9 a.m.-10 a.m.

St. Michael's School Clinic

Special Examinations and Minor Ailments Wednesday, 9 a.m.-10 a.m.

Southcote Primary School Clinic

Special Examinations and Minor Ailments Tuesday, 9 a.m.-10 a.m.

Stoneham School Clinic

Special Examinations and Minor Ailments Tuesday, 9 a.m.-10 a.m.

Tilehurst Clinic

Special Examinations . . . By appointment

Westwood School Clinic

Special Examinations and Minor Ailments Monday, 9 a.m.-10 a.m.

Dental Clinics

Queen's Road Clinic Tilehurst Clinic Whitley Clinic

Speech Therapy Clinics

Alfred Sutton School . . .	$\frac{1}{2}$ Session	George Palmer School .	1 Session
The Avenue School . . .	4 „	Oxford Road School .	1 „
Battle School . . .	1 „	Queen's Road Clinic .	4 „
Caversham Nursery School .	$1\frac{1}{2}$ „	St. Anne's School .	$1\frac{1}{2}$ „
Caversham Park Primary School	$\frac{1}{2}$ „	St. Michael's School .	$\frac{1}{2}$ „
Caversham Primary School .	1 „	Tilehurst Clinic .	1 „
Caversham St. John's School .	$\frac{1}{2}$ „	Whitley Park School	2 „
Emmer Green School . . .	1 „	Wilson School . . .	1 „
English Martyrs' School .	$\frac{1}{2}$ „	Wakefield Lodge Junior	1 „
		Training Centre	

MEDICAL INSPECTIONS

The School Doctors examined 7,280 children (36.8% of the school population) at periodic medical inspections during 1964. As in 1963, only one child's physical condition was noted as "unsatisfactory". It is clear that such a subjective criterion is an anachronism which is no longer relevant.

Routine examinations are still carried out at 5 years of age in the second term at school, at 8 years, at 11 years, and at 14. Of recent years, many have begun to doubt the value of the intermediate inspections at 8 years and at 11. Some areas have done away with them and instead, have introduced a system of selective examinations. This does not imply less work, for it requires much closer association between the School Doctors and their schools. The main advantage lies in the fact that the Doctors see children who are likely to require attention rather than large numbers of those who almost certainly will not do so. The need for routine intermediate inspections has diminished because of the special testing of vision and hearing. In 1964 our arrangements for these tests have continued as before.

Special Testing of Vision

This is carried out with the Snellen Card Test Types and the Stycar method for those children who cannot read. Children are referred to an Ophthalmologist or to an Optician if their distant vision is 6/9 6/9 or less. The following table shows the number tested and the number of defects discovered in 1964:—

<i>Age</i>	<i>Number Tested</i>	<i>Number Referred</i>
7 years	1,497	32
8 „	1,102	21
9 „	1,468	37
13 „	1,384	56
	—	—
Total	5,451	146
	—	—

Mrs. H. J. Irvin, S.R.N., who does this work, also re-tested 431 children, sometimes because of previous doubt, and sometimes by special request. Her tests were

all in addition and complementary to those performed at routine medical examinations. 330 further children were discovered to require treatment at these.

Special testing was introduced in 1961. The following table shows the total number of pupils found to require treatment for defective vision in the last five years.

	1960	1961	1962	1963	1964
	—	—	—	—	—
Total No. of Special Tests	Nil	1,992	5,602	5,509	5,451
Children Referred	Nil	45	102	146	146
Total No. of Routine Medical Inspections	6,543	6,262	5,331	5,902	7,280
No. of children found to require treatment at these	326 (5.1%)	318 (5.1%)	383 (7.2%)	279 (4.7%)	330 (4.5%)
Total requiring treatment	326	363	485	425	476

Audiometric Survey of Children in Infant Schools

Mrs. G. M. Shaw continued the survey as in previous years. In contrast to the widely differing failure rates in different authorities, in Reading the percentage failure is very consistent. Our experience is shown in the following table.

	1960	1961	1962	1963	1964
	—	—	—	—	—
Percentage of children tested who failed the "sweep"	10.3%	11.2%	9.7%	9.9%	11.0%

Table to show the results of the Audiometric Survey in 1964

<i>Children Tested</i>	<i>First Tests and Entrants 5 yrs. old</i>	<i>Retests 6-7 yrs. old</i>	<i>Total</i>
Number Tested	1,930	782	2,712
Number failing sweep test (i.e. No response at 20db. at any one frequency)	213	69	
Per cent failing sweep test	11.03%		

<i>Disposal</i>	<i>Entrants</i>	<i>Retests</i>
a. Treated or kept under observation by S.M.O. to be retested	54	17
b. Referred to or under treatment by G.P.	1	3
c. Referred to E.N.T. surgeon or receiving treatment at R.B.H. . .	98	28
d. Awaiting examination by S.M.O. (including D.N.A.)	33	11
e. Discharged on further examination	27	10

In addition, 29 children were tested at The Avenue School.

There are 193 children in all age groups on the current list of pupils with defective hearing, requiring favourable class positions.

A further small experimental sweep has been carried out on 267 children aged 10-11 years using the same frequencies at the same intensity level. Twelve (4.5%) failed; seven of these were already known to have impaired hearing. It is interesting to note that only one of the five newly discovered children had a significant hearing loss (bi-lateral 30-40 db conductive loss). All the others could be assessed as being within normal limits for all practical purposes.

Bye-law Medical Examinations—Children and Young Persons Act 1933

In 1964 the School Doctors examined 675 children to make sure that part time work out of school hours would not adversely affect their health or education. One boy and two girls were found to be unfit.

HANDICAPPED CHILDREN

The Education Act of 1944 states that it is the duty of each Local Education Authority to ascertain all those children in their area who have attained the age of two years and who may require special educational treatment. It is best to discover the children who will need help at the very earliest opportunity, for in the rapid growth of early infancy, distortion of the normal pattern of development may well cause irremediable harm. For some years we have kept a "Risk Register" of those babies who have been exposed to some perinatal jeopardy, so indicating the children who are most likely to be handicapped. (The "Risk Register" was modified in 1964. It is described more fully in the Annual Report of the Medical Officer of Health).

Register of Handicapped Pre-School Children

It is axiomatic that the degree of handicap does not depend on the degree of disability, but more on other factors. To minimise these and to assist in management,

we keep another punch card register of those children whose disablement has already been discovered. The purpose of this register is three-fold:—

- (1) To assess the special educational need at an early age.
- (2) To make sure that parents receive counsel and advice about the facilities available.
- (3) To ensure the continuity of treatment if the family moves or if the child becomes lost between different hospital departments or separate social agencies.

To achieve its aims the register has to be kept under continuous review. At the end of 1964 there were 240 children on this "Observation Register". The following table gives a Diagnostic Classification:—

Blind and Partially Sighted	16	Notable Epilepsy	19
Perceptive Hearing Loss	3	Asthma	2
Conductive Hearing Loss	5	Congenital Heart Disease	43
Mongolism	14	Orthopaedic Abnormalities	40
Other Severe Mental Subnormality	16	Speech Disorders	22
Mental Subnormality	43	Other Abnormalities	41
Cerebral Palsy	16	N.B.—The total is greater than 240 because of multiple handicaps.	

Handicapped Pupils

The Handicapped Pupils and Special Schools Regulations 1959 and 1962 give a classification of the school children who require special educational help. Below is a series of reports about the children from the Borough, and about the special services provided for them.

Blind Pupils

"Pupils who have no sight or whose sight is or is likely to become so defective that they require education by methods not involving the use of sight".

There are two blind pupils. One is a girl aged 13 at Condoover Hall, and the other a boy of 6 at Dorton House.

Partially Sighted Pupils

"Pupils who by reason of defective vision cannot follow the normal regime of ordinary schools without detriment to their educational development, but can be educated by special methods involving the use of sight".

There are nine partially sighted pupils. Two girls continue at Exhall Grange. A girl of 14 years remains at the Barclay School, Sunningdale. She has been joined there by another girl aged 5. The fifth girl, who has asthma, is still at the West of England School at Exeter.

There are now four boys at Blatchington Court, Seaford. One boy left in September to work as a Stores Assistant. Two boys were admitted during the year, one aged 5 in April and another aged 9 in July.

Deaf Pupils

"Pupils who have no hearing or whose hearing is so defective that they require education by methods used for deaf pupils without naturally acquired speech or language".

Partially Hearing Pupils

"Pupils who have some naturally acquired speech and language but whose hearing is so defective that they require for their education special arrangements or facilities though not necessarily all the educational methods used for deaf pupils".

Mr. J. O. Wells, Organising Teacher of the Deaf, reports:—

Pre-School Children

Because of the importance of early diagnosis and because of the modification of the risk register, it has now proved possible to test all the babies in the new risk categories at seven or eight months. Testing by the Senior School Medical Officer and Organising Teacher is carried out in the home, normally taking only a few minutes. The tests used cover the speech frequency range.

One severely deaf child was found in 1964. She has been fitted with a commercial hearing aid, and since her parents are both deaf and dumb, another mother visits her on three mornings each week to encourage her speech and language development. This work is closely supervised by the Organising Teacher.

Advice has been given to a number of mothers whose children were suffering from a temporary conductive deafness.

Four pre-school children with impaired hearing are awaiting Nursery School placement:

P.W. aged 3½ years with persistent conductive deafness.

J.C. aged 4½ years with Treacher-Collins syndrome.

M.W., an immigrant aged 3 years with severe deafness in one ear and intermittent conductive loss in the other. There are difficulties in this case because of his unsuitable living conditions.

E.C. aged 3½ years who has a bilateral asymmetric perceptive deafness.

School Children

Once again there have been several staff changes. In September, Miss M. Philpott returned from Manchester University to become teacher in charge of the Nursery/Infant Unit; Miss J. Leggatt transferred to the Junior Unit following Mr. T. Ruggles' appointment to Brighton, and Miss C. Bartholomew took Miss M. Godfrey's place as Nursery Assistant. In spite of these changes the work in all the units has progressed well and should continue to do so if the staffing situation remains stable.

There has been only one admission to Newtown this year:

J.S. aged five years, who became deaf and lost her speech in March 1964, was accepted on a trial basis to assist in diagnosis. Her very considerable maladjustment has improved enormously in the unit but her speech has not returned.

At Easter, an immigrant newcomer to Reading, L.W., was transferred to Cintra Unit from normal school since her educational failure had been ascribed to impairment of hearing.

The Cintra Unit, operating fully from September 1963, is proving its worth. Already three children are being coached for subjects at G.C.E. level. This Secondary Unit is now fully equipped with a Linco Group Hearing Aid having individually adjusted frequency output; two Linco auditory trainers to be used by pupils in their own homes; a Ferrograph language laboratory tape recorder; two teaching machines and an oscilloscope. Film strip and film projectors are readily available. Seven children have received remedial help here which enabled them to reach their ability level in normal school by midsummer. They have now been discharged. During the winter term, five children working in normal school received thrice-weekly help.

It is common knowledge that the deaf child's greatest handicap is that he finds it difficult to express himself. This year we have started group visits to places of interest so as to stimulate the children and improve their experience. Ordinary hearing children have been taken too. In these circumstances one can expect the maximum urge to communicate.

It is not much good de-segregating deaf children in ordinary schools if they congregate together again after school and in the holidays. Efforts should be made to encourage friendships with hearing children.

Another new approach which has proved both successful and popular has been the introduction of selected school television broadcasts. Programmes shown included "Year in the Country", and "Merry-go-round". All were carefully prepared and followed up by the teacher. Unfortunately, no television set is yet available for the Cintra Unit.

An important part of the teacher's work consists of regular visits to the children's homes every week or so. Parents are advised on the current needs of the children, and in many cases, extra tuition is given.

In addition to the 26 children being taught in the three units, there are 49 children with hearing aids who are working in normal school. All these children receive some educational oversight. Eleven have weekly help and most of the others are visited at least once, and some as often as four times a term. Most schools keep a small stock of spares so that aids are always kept in working order. Repairs seldom take more than about four days. Meanwhile, spare aids are provided.

Ambient noise and reverberation are very considerable problems for children wearing hearing aids in normal classrooms. Both lower the intelligibility of speech. (It is not only the partially hearing children who suffer). To overcome these difficulties, one room in George Palmer School has been fitted experimentally with a loop powered by a Linco auditory training unit. The value of this is reflected in the improved test results of the children after only three months use. During the holidays the loop drive is used as an A.T.U. by one of the deafer children. Obviously, such an aid depends greatly upon the attitude of the teacher using it. We hope to have more classes fitted with similar aids during the next financial year.

School Leavers

In all cases the Youth Employment Officer is consulted at an early stage. Only two ex-unit children have left school during the year. One severely deaf girl entered the R.A.P.C. office as a civilian clerk and operates an accounting machine. The officer in charge of her section was so pleased with her work that he enquired if we had any more deaf children leaving school in the summer! The other, after a year's Commercial Course at her school, now works as a typist at Pulsometer Pumps.

The school leavers reported last year are still with their original firms and are progressing well. Their employers are all satisfied with their work.

Table of children receiving assistance because of hearing impairment.

<i>Stage</i>	<i>Unit</i>	<i>Weekly help</i>	<i>Continued observation</i>	<i>Special position in class</i>	
Nursery	1	—	4	—	5
Infant	7	3	11	30	51
Junior	7	4	16	57	84
Secondary	11	4	20	43	78
At work	—	2	4	—	6
Totals	26	13	55	130	224

Children in Special Schools

Two children remain at residential schools. One is at Woodford School in Essex, the other has been transferred from St. Thomas School at Basingstoke to Nutfield Priory on reaching secondary school age.

Educationally Subnormal Pupils

"Pupils who, by reason of limited ability or other conditions resulting in educational retardation, require some specialised form of education wholly or partly in substitution for the education normally given in ordinary schools".

One hundred and sixty-six pupils were classified as educationally subnormal at the end of the year. 115 boys and 34 girls attended the day special school and 4 boys and 2 girls were being educated at residential schools. There were 8 boys and 3 girls on the waiting list for admission to the Avenue E.S.N. Department.

In 1964 there was a large increase in the ascertainment of pupils requiring special education. School doctors specially trained and "approved" for this work make a full assessment consisting of a full medical examination, intelligence tests and a careful investigation of the social background.

Some children are found to require medical treatment or social assistance. However, in the majority of cases, an educational recommendation is needed. This year, 66 such recommendations were made, compared with only 29 in 1963.

The following table lists the recommendations made (1963 figures in brackets).

	<i>Boys</i>	<i>Girls</i>
Recommended for Day Special School	34 (16)	13 (3)
Recommended for Residential Special School	2* (1)	1* (0)
Recommended for Remedial Teaching at Ordinary School	6 (1)	0 (3)
Reported to the L.H.A. under Section 57 of the Education Act as being incapable of benefiting from education at school	4 (2)	6 (3)

*1 boy and 1 girl were recommended for Residential Special School for Maladjusted Pupils.

In last year's report, Dr. Hughes mentioned the need for earlier ascertainment of E.S.N. children so that they should not suffer the social failure caused by delay, and so that the education of normal children in large primary classes should not be hindered. Our facilities for early diagnosis continue to improve and no doubt will be coupled with facilities for earlier educational help.

Epileptic Pupils

"Pupils who by reason of epilepsy cannot be educated under the normal regime of ordinary schools without detriment to themselves or other pupils".

Many children have fits at some time during their childhood but few of them have persistent attacks. Of those who do, the vast majority are treated successfully with modern drug therapy. Most children with epilepsy are educated in the normal way at ordinary schools, many achieve grammar school places. However, a somewhat higher proportion of children who are unsuitable for education because of severe mental subnormality, also suffer from epileptic attacks which are more difficult to control.

Only five children are classified as epileptic pupils in Reading. Three children attend the Special Day School. A boy and a girl continue at Lingfield Hospital School.

Maladjusted Pupils

"Pupils who show evidence of emotional instability or psychological disturbance, and require special educational treatment in order to effect their personal, social or educational adjustment".

In early childhood most children develop in the small community of the family with close and individual parental care. The transition to the larger society of the school is needed as the child matures, but it seems unlikely that this critical advance is best carried out by admission to a class of forty. The grave shortage of infant teachers is a sad situation of misplaced priority only to be equalled by the central government's embargo on nursery school building.

Very often the benign character of school life helps those children whose home life is unstable and miserable. It is common experience for the child to show no behaviour disturbance at school while causing great concern at home.

However, educational failure is a potent source of emotional disturbance, especially if the failure is the result of some apparently unconnected or unsuspected disability. These are all fields in which the school health service can act to prevent future mental ill health.

Where the problems of management are great, school doctors can invoke the aid of the Child Guidance Clinic. Whenever possible, it is best for the children to be kept at home while the situation is remedied, but sometimes it is necessary for a child to be admitted to a hostel while still continuing to attend ordinary school. In other cases residential schooling may be required. At the end of the year there were five boys and three girls attending hostels, and eight boys and three girls attending residential schools.

Dr. Ward, Consultant Psychiatrist, reports:—

There have been several changes during the year, affecting the County Borough Child Guidance Service. The sudden death of Dr. Hughes, Principal School Medical Officer, was a great loss to the County Borough.

In February the new premises for the psychiatric department of the Royal Berkshire Hospital were opened at "Melrose", 73 London Road, Reading, and Dr. O'Gorman, with his Senior Hospital Medical Officer and Registrar, transferred his Monday afternoon Child Guidance session from the Caversham Clinic premises to the hospital. This accounts for the larger number (47 cases) transferred for hospital treatment.

Miss Pallant, who joined the clinic staff as Social Worker in September, 1963, resigned to take up her training as a Psychiatric Social Worker in September, 1964. Miss Pallant, a qualified Social Worker, was a great help to us during the time when we were unable to get a full time qualified Psychiatric Social Worker on the clinic staff. We were very fortunate to obtain the services of Miss Ewart, a senior experienced Psychiatric Social Worker, who joined the clinic staff in October, 1964. Miss Ewart was previously Psychiatric Social Worker to the combined Berkshire and Reading Child Guidance Clinic from 1949 to 1955, and later an Assistant Children's Officer for Berkshire County Council. We are delighted to have her back in Child Guidance work. The appointment of Miss Pallant and Miss Ewart has resulted in a considerable increase in the amount of psychiatric social work, the number of interviews and visits has been more than trebled. This has been a great help to the clinic work.

The loss of the Monday afternoon session with Dr. O'Gorman and his staff has resulted in some decrease of the total number of cases seen and total attendances, but this has not been serious. The number of cases referred to the Child Guidance Clinic from the School Medical Officers, General Practitioners and "School Psychological Service" shows no significant decrease and can be adequately managed with the present number of sessions held at the clinic. There is no undue delay in seeing new cases or arranging treatment, most new referrals are seen within a month.

We were very sorry to lose the services of Mr. Pick, Warden of 2 St. Peter's Hill Guidance Hostel in August, 1964. Mr. Pick resigned to take up his appointment to the Home Office Inspectorate. Mr. Pick's appointment to this post, for which there is considerable competition, reflects the high opinion the Home Office have of his work at 2 St. Peter's Hill Hostel. Mr. and Mrs. Pick together have run the Child Guidance Hostel at 2 St. Peter's Hill, Caversham, for over 15 years and we are very grateful for their skilled, devoted treatment of a large number of severely disturbed children. Mrs. Pick is staying on as Matron in charge of the hostel until the end of the summer term, when she will be joining her husband. Mr. Eke and Mr. Kissi have been appointed temporarily as Deputy and Assistant to Mrs. Pick.

All children seen at Reading Borough Clinic 1.1.64-31.12.64

No. of cases brought forward from 31.12.63	155
No. of new cases referred	54
No. of cases re-opened during the period	5
Total number of cases seen for consultation and treatment	141

No. of cases closed:—

After consultation and advice only	10
Improved	19
No change	5
Transferred for hospital treatment	47
Prematurely closed:	
lack of co-operation	2
left district	7
deceased	1
Not seen	8
After consultation and social work only	2

No. of interviews:—

For psychiatric examination	39
For intelligence assessment	38
For treatment	358

No. of P.S.W. and S.W. Interviews:—

Clinic Interviews	201
Home visits	498
Total	699

No. of children admitted to hostels for maladjusted children 4

No. of children discharged from hostels for maladjusted children 3

No. of children in hostels on 31.12.64 6

Source of referral, Child Guidance Clinic Cases, 1.1.64-31.12.64

Probation Officer	1
School Medical Officers	23
General Practitioners	15
Educational Psychologist	5
Court	5
Hospitals and other Psychiatric Clinics	4
Children's Officer	1
Total	54

Physically Handicapped Pupils

"Pupils not suffering solely from a defect of sight or hearing who by reason of disease or crippling defect cannot, without detriment to their health or educational development, be satisfactorily educated under the normal regime of ordinary schools".

Thirty-six physically handicapped children attended the Avenue Day Special School. Each of them poses a different problem educationally, and each has a different form of mechanical disability. We are fortunate that Mr. C. M. Squire, F.R.C.S., Consultant Orthopaedic Surgeon, attends the school several times each term so that there can be combined planning of surgical measures, of special teaching, of physiotherapy and of aids and appliances.

This table gives a diagnostic classification of the 36 children:

Cerebral palsy	19	Dermatomyositis	1
Poliomyelitis	3	Achondroplasia	1
Congenital Heart Disease	5	Osteogenesis Imperfecta	2
		Others	5

One boy remains away at Hospital Special School. Another left special residential school during the year on reaching the leaving age. Now he attends the Occupational Therapy Centre in Bath Road.

Pupils Suffering from Speech Defects

"Pupils who on account of defect or lack of speech not due to deafness require special educational treatment".

One girl attends John Horniman School at Worthing.
Mrs. Elsbury, Senior Speech Therapist, reports:

Speech Defects 1964

237 children were on the register in 1964—173 boys and 64 girls.

113 cases of dyslalia

7 cases of dyslalia due to hearing loss

68 cases of retarded speech development

27 cases of stammering

6 cases of stammering plus dyslalia

6 cases of cerebral palsy

3 cases of cleft palate

1 case of dysarthria

5 cases of disordered vocal resonance

1 case of supra-bulbar palsy

65 discharged cured or greatly improved

8 discharged for non-attendance

2 left the district before treatment was completed

3 left school before treatment was completed

159 continued into 1965

Clinics were held at the Queen's Road and Tilehurst centres, and at Alfred Sutton, The Avenue, Battle, Caversham Nursery, Caversham Park Primary, Caversham Primary, Caversham St. John's, Emmer Green, English Martyrs, George Palmer, Oxford Road, St. Anne's, St. Michael's, Whitley Park and Wilson Schools and at Wakefield Lodge Training Centre. A certain amount of school and home visiting was undertaken.

The main problem confronting the Speech Therapy department during 1964 has been shortage of staff. For the greater part of the year the staff has consisted of one full-time and one part-time speech therapist, although we now have two part-time therapists again. As a result, clinics previously held at the Whitley and Southcote centres, and at six schools, have had to close during the year, and 35 children who were on the register on January 1st, 1964, have been unable to receive continuous treatment. In addition, numerous potential patients have not been referred by the schools because no treatment has been available. It is difficult to assess the exact effect of this lack of treatment on the speech of the children concerned, but the fact that most of those coming up for review after as long as eighteen months without speech therapy are still in need of treatment, suggests very strongly that more help is needed.

The shortage of speech therapists is a country-wide problem and seems to be a result of the high marriage rate. Unfortunately, the conditions of service are not sufficiently attractive to encourage the part-time return of many married therapists with families. As far as Reading is concerned, we are on paper almost fully staffed, for the official allocation is one therapist to every 10,000 school children. The prevalence of speech defect here is approximately 1.5% as opposed to the average of 1%. This, I am sure, can be explained by the fact that Reading is more "speech conscious"

than many areas, because speech clinics are held in so many schools. It is still common practice in many districts for the speech therapist to remain comparatively unknown, because she works in a clinic some miles from many of the schools. It does seem particularly unfortunate in a town such as this, where teachers are so co-operative in referring speech defective children, that we are unable to cope adequately with our speech problems. May I put forward the hope that in 1965 we may return to the fortunate position current some years ago, when the department employed two full-time and two part-time speech therapists. Thus, we may be able to cope with most of the demands made upon us.

Delicate Pupils

"Pupils not falling under any other category, who by reason of impaired physical condition need a change of environment and cannot, without risk to their health or educational development, be educated under the normal regime of ordinary schools".

Thirteen boys and five girls attended the Avenue Day Special School. Another seven pupils are at residential schools; six of them are asthmatics.

The Avenue School

In May, Mr. Ross, the Headmaster, died. For many years he worked for the handicapped children of the Borough. Reading has been fortunate in having had several such men. None did more to maintain and improve the services available, nor did he neglect to lay the foundations for further advance. He was widely respected and so brought cohesion to the scattered efforts of many who worked in different fields. He was a good friend to the children and to all his colleagues.

Mr. W. A. Goodworth, Headmaster, reports:—

Since the last report was written, several changes have occurred in the staffing and organisation of the Avenue School. In May last, Mr. Ross, the Headmaster, who for so many years had written this report, died in hospital after a heart attack. Many are the tributes that have been paid to him, and perhaps it was only at the time of his passing that a real assessment of his great contribution to the education and well-being of handicapped children in Reading was made. In the course of his seventeen years as Headmaster, he had been responsible for the transformation of the Avenue School from what in the old days had been the "daft" school, one fancied of an occupational character, to a modern progressive educational establishment producing each year a batch of healthy well adjusted leavers able to take their place, with little difficulty, as good working citizens of our Borough.

He was proud indeed of the fine physically handicapped department that had been built some six years ago, and he had a very deep and sympathetic understanding of the educational and social problems of physically handicapped children. He designed a number of pieces of apparatus for these children and during the last two years of his life he had been the chief instigator and planner of the new nursery unit for severely handicapped children which, together with the swimming pool for learners and the hydro-therapy pool, will shortly be built as an extension to the Physically Handicapped department.

It can well be imagined that his sudden death had a very deep and profound effect on the staff and children of the school, and there was a widespread wish that a Memorial Fund be established. This has met with a wonderful response and from the sum of well over £200 that has been subscribed, it has been decided that a nursery

playground shall be erected to his memory in the school and an investment fund set up, the interest from which will be used to benefit the pupils of the school.

It has been my privilege to be appointed as Mr. Ross's successor, and I look forward to the continuation of the growth and development of the work of the school.

For many years this report has contained a number of references to the work of the panel of home teachers who were attached to the Avenue School. It is a further tribute to Mr. Ross that this service has grown from one teacher, who in the first year taught six children, to a panel of nine teachers who between them were undertaking the teaching of nearly 100 children a year in their homes or in hospital wards. It has now been considered by the Chief Education Officer to be worthy of a separate administration. I shall not, therefore, be so intimately linked with home teaching as was Mr. Ross, but nevertheless the Avenue School will always continue with the very close co-operation that is sometimes necessary in the weaning from home and into this school of those children for whom this transitional stage is often very difficult, and requires a lengthy period of patient and sympathetic handling by the home teacher, the school staff, and the Medical Officers in closest association.

During the last few years there has been throughout the country a growing awareness of the urgent need for the early ascertainment of E.S.N. children. Far too many children had been left too long in ordinary schools, struggling to hold their own in an environment not really suited to their needs, which slowly built up inner defence mechanisms against constant failure. Each passing year made stronger the feeling of failure and reduced the time which was left to help the child, if at last he was fortunate enough to be placed in a school specifically geared to meet his educational, physical, social, and emotional requirements. During the last twelve months, however, there has been a significant lowering of the average age of intake to the E.S.N. department of this school. In this, the "Risk Register" administered by the Medical Officer of Health, and the awareness of the School Medical Officers that these children must be found as early as possible, appears to be playing an important part.

Provision for these children has been improved by the addition to the staff of a qualified nursery nurse whose work is with the teacher of the reception class which now has a number of children in the five to seven age range, many of whom are of nursery mental age and habits, often maladjusted and with communication difficulties. The advantages of having children so early in their school life, instead of breaking in half way through, are fairly obvious, but of course the final judgment can only be made in the quality of the school leavers. More and more is success in these children being judged in terms of their social adjustment, their self-confidence, the cheerful way in which they conduct their lives, their ability to concentrate on the job in hand, and the way in which they "get on" with not only their workmates, but their playmates. These are the criteria which seem to be every bit as important as making the best use of limited academic potential, and it is in these terms that I hope Special Education will be both considered and judged.

The Physically Handicapped department of the school is slowly changing. During the last few years the number of children in the school suffering from Cerebral Palsy has gradually increased, and now two-fifths of our children come into this category. A number of these children are now using typewriters for their little compositions, some with quite marked success. It is surprising to find that the hand that is not strong enough or stable enough to use a pencil with effect, can often hit the typewriter key with unerring aim. The school has two electric typewriters and two rather ancient machines, and very great use could be made of more machines which have perhaps reached the end of their commercial lives, but are otherwise in reasonable working order.

For some time, one of the art teachers in the school has been looking for new techniques and new media for use with cerebral palsied children, both to give them the satisfaction of achieving some success in their creative activities and to find ways of encouraging them, perhaps unthinkingly, to make use of arms and hands in which

there is a degree of spasticity. Some very interesting results have been achieved and it is hoped that this experimental work will lead to even more usefulness being derived by the children from their art and craft work.

It has been felt in the school for a long time that we must try to take our youngsters as far as possible through the normal developmental phases that ordinary children experience. It is a joy to see the physically handicapped children enjoying cricket, football, rock and roll and the more graceful movements that can be achieved to music. One of the pleasures of having a school with two departments is that an interchange of staff is possible for various activities, and gives our youngsters the opportunity of making relationships with a fair cross section of our adults. This offers them as well, a weekly programme with a more interesting variety of pursuits and activities.

The future is an exciting one. By the time next year's report is being written I hope that the nursery extension to the Physically Handicapped department will, if not complete, be well under way and the plans for the re-building of the E.S.N. department in the 1966-7 programme will have been finalised.

Physiotherapy

Mrs. M. Antschel, physiotherapist at the Avenue School, reports:—

This past year has shown good steady all-round progress. The children are growing up and becoming increasingly ambulant and active. New admissions have entered the school and physiotherapy is bursting at the seams. Fortunately, the new Physiotherapy Wing is already under construction. This will include excellent facilities for pool therapy and swimming, two nursery classes and a medical inspection room with changing space and a rest corner. Washing and drying equipment will be available for the nursery class children and the present children.

Speech therapy too, will be housed within this structure, which will enable co-operation between speech therapy and physiotherapy to continue.

The death of Mr. Ross, Headmaster of the Avenue School, and Dr. Hughes, Medical Officer of Health, within a few days of each other last year, was a sad period.

Mr. Ross did not live to see his dream realised, although the plans of the new Therapy block had been submitted to him. Our present Headmaster, Mr. Goodworth, formerly the Deputy Headmaster, has taken over this exciting new project. He has also inaugurated a Memorial Fund to the late Headmaster which will furnish the handicapped children with items for their enjoyment and development.

As before, parents of the children receiving treatment continue to keep in touch with physiotherapy. If they are in any doubt at any time, they know they can "iron" out problems by getting in touch. In this way progress and function achieved at school can be gradually improved by home encouragement and practice.

A team spirit exists within the school. This is vital to the hard won progress and happiness of the children. I would like to thank all the staff, whose co-operation and keen observation have made it possible to pattern each child's treatment individually to its needs.

To all the School Doctors, whose knowledge, advice and help is available always, I am most grateful.

A special mention for Mr. M. Squire, Orthopaedic Surgeon, Battle Hospital, who visits the school several times each term. The School Doctors attend and surgery or aids are discussed. Increasing numbers of our handicapped children receive home aids such as walking machines, tricycles or wheelchairs when they reach a suitable age.

There is good liaison between the Hospital departments concerned with many of our children, and our Physiotherapy department, although communication is made somewhat difficult for lack of a telephone in the department itself.

1964 has been a busy year, and 1965 it seems, may be even busier. There is much impatience and anticipation over the new and exciting prospect ahead. The handicapped children are hoping it won't be long before we can start off with a really big splash!

Table of Cases receiving Treatment

Physically Handicapped and Delicate

	<i>Girls</i>	<i>Boys</i>	<i>Total</i>
Cerebral Palsy	10	13	23
Respiratory	3	6	9
Muscular Dystrophy	—	1	1
Congenital Deformities	3	—	3
Undiagnosed encephalopathy	—	1	1
Dermatomyositis	—	1	1
Old polio cases	2	3	5
Supra bulber paresis	—	1	1
Spina Bifida	—	1	1
Exs. & G.C.P. after skin grafts	—	1	1
Spinal fusion after progressive scoliosis due to polio in infancy	—	1	1

E.S.N. (Educationally Subnormal)

Postural	2	3	5
Foot, knee and leg treatments	1	8	9
Respiratory	—	2	2
	<hr/> 21	<hr/> 42	<hr/> 63

The above figures include one C.P. boy from the George Palmer Junior School, who attends the Partial Hearing Unit and receives treatment at the Avenue School.

Fluctuating "first aid" short term cases are included too.

<i>School Leavers</i>	<i>Girls</i>	<i>Boys</i>	<i>Total</i>
Old polio cases	—	2	2
C.P.	1	1	2
I Knee injury (recovered)	1	—	1
Congenital deformity	1	—	1
Spina Bifida	1	—	1
	<hr/> 4	<hr/> 3	<hr/> 7

Transfers

To Occupation Training Centre 1 E.S.N. Boy and 1 Congenitally deformed Girl	1	1	2
Returned to Jamaica C.P. (Battered baby syndrome)	—	1	1
	<hr/> 1	<hr/> 2	<hr/> 3

HEALTH EDUCATION

Much disease, and particularly mental illness, would be prevented if modern discovery and understanding were freely available to everyone, and if complex facts and relationships could be made simple and attractive to all. In childhood there is an eagerness to learn and a lack of self deception which give teachers and doctors their greatest opportunity to promote the complete physical, mental and social well-being, which is health. The school health service, being closely associated with teachers and children, is bound to have a growing role in this field.

In Reading, there was not much change in 1964, mainly due to the death of Dr. Edward Hughes, and to the illness of Miss Webber, the Superintendent Health Visitor.

Miss Few, Group Advisor, reports:—

Courses on Parentcraft to teenage schoolgirls have continued throughout the year in nine Secondary Modern Schools. The course entitled "Your Health and Your Happiness" published in the report for last year, has been given at Battle School each term with growing appreciation and success. In other schools the syllabus has been extended and broadened according to need and time available. The inclusion of classes on Human Relationships and discussion on the transition from schoolgirl to working girl have shown the need for these teenagers to present and talk out their problems. The Health Visitors are in a unique position to conduct such classes in schools for, although it is recognised that they may have a limited knowledge of teaching technique, they are able to speak with considerable authority.

The fact that Health Visitors are Nurses is readily accepted by the teenage girls, and encourages freedom of discussion on their more personal problems of growing up. It is unfortunate that the shortage of Health Visitors has limited the amount of teaching that has been offered to schools. It is hoped that this service will expand and that more schools will ask for Parentcraft classes to become an integral part of the school syllabus.

Westwood Secondary School for Girls—Pre-Nursing Course

One Health Visitor has again helped with this course and classes on Elementary First Aid were given during the year.

Technical College, Reading—Nursery Nurse Training

Two Health Visitors have given a total of twelve talks on First Aid, Prevention of Accidents in the Home, Home Nursing and Childhood Ailments to the Nursery Nurse Students. These students have also visited Infant Welfare Clinics and Immunisation Clinics in the Borough.

General

We have continued to give talks as requested to various Clubs, Youth Organisations and Young Wives' Groups and the British Red Cross throughout the year.

THE SCHOOL DENTAL SERVICE

Mr. J. Campbell, L.D.S., R.C.S., reports:—

Staffing

At the commencement of the year, there was one full-time and one part-time officer, in addition to myself.

A second full-time officer commenced duty at the beginning of August.

The part-time officer left the service at the end of December.

Inspection

Twelve hundred and sixty-one entrant infants were inspected and five hundred and seventy-six were found to require treatment. This is much too high a percentage requiring treatment, in this age group.

Routine school inspections again show a small increase, and the numbers found to require treatment a slight decrease. Unfortunately, one still finds a number of children who have had no treatment at all, although very much in need of it.

Children treated in the early part of the year are being recalled later in the year for inspection and further treatment if necessary.

A new surgery in the Southcote area would be a great asset. It would obviate a great deal of travelling for the children, and in my opinion, would increase the rate of acceptance in the schools concerned. This would necessitate the appointment of another full-time officer.

Dentures

Ten children were supplied with dentures, one being fitted with both upper and lower part dentures. Five repairs were necessary during the year.

Orthodontics

Twenty-three new cases were fitted with appliances. Full details are given in the appended table. Repairs numbered seven.

The following tables supply details of treatment:—

(a)	(1)	Number of pupils inspected by Dental Officers:					
		Periodic	.	.	.	.	13,585
		Specials	.	.	.	.	869
						Total	14,454
<hr/>							
	(2)	Number found to require treatment					7,285
	(3)	Number offered treatment					5,625
	(4)	Number actually treated					3,743
(b)	(1)	Number of attendances					7,381
	(2)	Half-days devoted to:					
		Periodic Inspections	.	.	.		71
		Treatment	.	.	.		994
						Total	1,065

(3)	Fillings:				
	Permanent Teeth	.	.	.	5,563
	Temporary Teeth	.	.	.	872
				Total	6,435
(4)	Number of Teeth filled:				
	Permanent Teeth	.	.	.	4,499
	Temporary Teeth	.	.	.	842
				Total	5,341
(5)	Extractions:				
	Permanent Teeth	.	.	.	487
	Temporary Teeth	.	.	.	1,419
				Total	1,906
(6)	Administration of General Anaesthetics				616
(7)	Number of Pupils supplied with dentures				15
(8)	Other operations	.	.	.	1,962

(c) Orthodontics:

(1)	Number of attendances	.	.	.	409
(2)	Half days devoted to orthodontic treatment				10
(3)	Cases commenced during the year	.			23
(4)	Cases brought forward from 1964	.			36
(5)	Cases completed during the year	.	.		10
(6)	Cases discontinued during the year	.			9
(7)	Number of pupils treated by means of appliances				23
(8)	Number of removable appliances fitted				15
(9)	Number of fixed appliances fitted	.	.		8
(10)	Cases referred to and treated by Hospital Orthodontists	.	.	.	—

The following table details treatment given to scholarship pupils attending non-council schools, patients from the Training Centre and the Spastic Unit.

	Number Treated	Number Atten- dances	Number Extract- ions	Number Fillings	Number Anaes- thetics	Number Dentures	Number Dis- charged
St. Joseph's Convent	5	25	4	12	1	—	3
Presentation College	1	1	—	—	—	—	1
Training Centre	14	31	14	—	6	3	12
Spastic Unit	2	2	1	—	—	—	2
Christ's Hospital	1	3	—	1	—	—	1

Dental Health Education

The Health Visitors are extremely active in the teaching of Oral Hygiene and give valuable assistance to the Dental Department. As stated previously, the Hygienist gives instruction to all children who attend her department. She also attends the special "Health Months" at Infant Welfare Clinics and by this means makes contact with the mothers of young children.

INFECTIOUS DISEASES

A table showing the number of children who had notifiable infectious diseases during 1964 appears in the statistical data at the end of this report. There were fifty-nine cases of whooping cough—more than double the number reported last year.

1. Tuberculosis in Schoolchildren

Ten children, 4 boys and 6 girls who attend maintained schools, were notified as cases of pulmonary tuberculosis in 1964. There was no evidence that any of these infections had been acquired at school.

2. B.C.G. Vaccination

The School Health Service has continued to take part in the scheme to assess the potency of batches of British Freeze-dried B.C.G. Vaccine under the direction of Dr. K. Neville Irvine. We are indebted to him again for his advice and encouragement. During the year 1,092 children received B.C.G. The table below shows the details of the programme:

No. selected	No. accepted	%	Absent	Skin tested	Pos.	Neg.	Abs.	% Pos.	Received B.C.G.
* 1,685	1,357	80.2	95	1,262	72	1,092	98	6.2	1,092

* 13 year olds (i.e. those born in 1950 and 1951, and including absentees from previous years)

3. Ringworm

Only three cases were treated in 1964.

4. Pediculosis

During the year 29,546 head inspections were carried out. 310 pupils were found to be infested. This is a considerably greater number than in any of the past five years.

DEATHS IN SCHOOLCHILDREN

One Reading schoolboy was killed accidentally during the year. A Berkshire girl who attended a Reading school died because of a cerebral haemorrhage.

SPECIAL CLINICS

1. Minor Ailment Clinics

445 minor conditions such as cuts and bruises were treated in these clinics in 1964.

2. Chiropody Clinic

Miss Lockley reports:

Thirty-three children received treatment at the clinic during the year. Several visits were again made to the Avenue School, where regular foot inspections are held by the resident nurse.

3. Enuresis Alarms

Nineteen children were loaned an alarm during the year. There is no doubt that the apparatus is very successful in many junior children though not usually so helpful with infants.

REPORT OF THE SCHOOL MEALS ORGANISER FOR 1964

Mrs. G. E. Cook reports:

No new kitchen accommodation was provided during 1964, but the pressure on the service continued to increase. This is hardly surprising when it is realised that a good meal is provided for the 1/- charged to parents.

On a day in September, 1964, the percentage of children present who consumed meals was 61.7%. This is 3.2% more than the previous year. The total number of meals served on that day was 12,939, an increase of 1,064 more than in 1963.

The number of meals which have to be transported to schools without kitchens, has increased from:

3,587 in May, 1963 to

3,920 in September, 1964

There has been an increase of almost 10% in the last 7 years. It seems most unfortunate that this should now be happening when the aim has always been for each school to have its own kitchen.

During the year, quite a number of schools having transported meals have started two or three sittings, in order to accommodate the children requiring meals. Trolley service has been provided for Katesgrove Infants', E. P. Collier Central and Wilson Secondary Schools.

Redlands Primary School has had a small servery provided, complete with stainless steel sterilising sink unit. This is a great improvement, and much more hygienic than the previous arrangements, where all equipment had to be carried across the playground to be washed up.

It was decided to use the old housecraft room at New Town Infants' School as a dining room, until the new kitchen and dining room is provided. Although very little money could be spent because of the temporary nature of the scheme, it has proved very successful and is a great improvement on the old arrangements.

Following the outbreak of typhoid at Aberdeen, all stocks of corned beef were withdrawn from use, as a safety precaution. Most of this stock was from New Zealand and authority has now been given to use it. The Acting Principal School Medical Officer arranged for a film show and talk to all School Meals Service staff on "Food

Hygiene" at the Town Hall on the 25th September, 1964. Two meetings were arranged, and both were well attended.

The Authority is most fortunate to have such capable Supervisors in their kitchens; these women have a very responsible job—the health of all the children and teachers they serve is "in their hands". They have had difficulties in providing the large number of meals required, obtaining and keeping their staff, and yet always being ready to co-operate with every school they supply.

Head Teachers and their staffs are thanked for all the help, thought and extra time that many have given to assist in the smooth running of the School Meals Service.

ROAD ACCIDENTS

We are indebted to Mr. A. Iveson, the Chief Constable, for the information upon which the following table and remarks are based:—

*Table to Demonstrate the Numbers of Schoolchildren
Injured on the Roads in 1964*

Month	Boys	Girls	Cy- clists	Pedes- trians	Pass- engers	Injury			Total
						Slight	Severe	Fatal	
January	4	2	2*	3	1	4	2	—	6
February	4	5	5	4	—	5	4	—	9
March	6	5	4	7	—	9	2	—	11
April	10	3	4	7	2**	11	2	—	13
May	8	3	2	6	3	9	2	—	11
June	9	3	5	7	—	9	3	—	12
July	6	6	6	3	3	11	1	—	12
August	5	3	2	6	—	6	2	—	8
September	7	5	8	3	1	9	3	—	12
October	8	3	3	6	2	10	1	—	11
November	11	4	8	6	1	12	3	—	15
December	9	3	2	7	3	8	4	—	12
Totals	87	45	51	65	16	103	29	—	132

* 1 Motor Cyclist aged 16 years

** 1 Rider of home made trolley

As usual, there was an increase in the number of children injured compared with previous years:—

1960	93 (14)	1962	111 (22)
1961	96 (18)	1963	115 (31)
		1964	132 (29)

The figures in brackets refer to those seriously injured.

An analysis of the causes of the incidents shows that:—

1. Seven cyclists were injured, three seriously, because adults heedlessly opened their car doors as the child passed.
2. Nearly half the children were injured whilst crossing the road. Three were actually on pedestrian crossings. One was hit by a motor cycle, one by a van and one by a car.

Forty-three children ran out into the road and collided with a passing vehicle. Fifteen of them ran from behind or between stationary vehicles, and two more from gateways.

REPORT ON PHYSICAL EDUCATION 1963-1964

The Organisers of Physical Education report:—

On previous occasions we have mentioned the difficulties that have arisen in establishing a satisfactory transition from primary to secondary work in physical training. During the year we have endeavoured to bring our colleagues together from the primary and secondary schools to view and discuss indoor work in particular. We aim to encourage these joint meetings in the future and are planning several of particular appeal and interest. To ensure that each department is aware of the purpose of the others and that there is a smooth transition from one to the other, we shall continue to include teachers from all schools in our training programme. This has already been done with success in swimming, athletics, sailing and other activities.

The appointment of young specialist teachers in their first year out from training college has brought stimulating ideas and a modern outlook to the work in secondary schools. This is particularly so in boys' classes, where, with the younger children, work similar to that developed in our primary schools is now readily accepted. These young teachers are helping to extend the range of activities for the older pupils. They are of great assistance to their older, experienced colleagues in that their personal example and prowess is a source of positive encouragement and achievement to the more venturesome boys and girls.

The sailing venture at Theale has continued to make progress and the results to be seen at the Centre are indicative of the industry and ability of all concerned. The site has been improved, largely by self-help with the limited funds available, and work is in hand now to provide lavatories and to extend the runway for launching dinghies.

The Reading Schools' Sailing Association has been formed and includes youth organisations. All are working happily together to improve the facilities on land and personal ability on the water. Courses of instruction have been held for Teachers, and an Instructor's Certificate, covering most aspects of sailing on inland waters, has been introduced for those wishing to use the Centre with groups of children.

Looking to the future, more sailing dinghies are needed, a suitable rescue craft should be provided, general facilities could be improved further, and winter storage for boats would be helpful.

Several secondary schools are building canoes and sailing them on the Thames. While there is no intention to curb such ventures, it must follow that some provision should be made near the river for the storage and maintenance of these craft. To this end the extension of the Youth Centre at the Warren might be considered for the use of school groups.

While the scope of activities widens in the programme of physical education, team games are not neglected, and throughout the year, playing fields and tennis

courts were heavily used. During school hours in games periods, the emphasis is placed on practices to acquire basic skills, while after school, inter-school matches are played mainly in the competitions organised by the various voluntary Associations. We are indebted to all those teachers who give an ever-increasing amount of their leisure time to this work for the children.

Additional games facilities at certain schools are recommended. As yet, no boys' school has been provided with special tennis courts. It is hoped that special consideration may be given to the provision of courts at Ashmead School where general facilities for physical education are limited for this large school.

Further, we wish to recommend the preparation of an experimental all-weather surface for games for the joint use of boys and girls at Stoneham and Westwood. Such areas, if successful, might provide the answer to the provision of games facilities for new schools where high costs for land tend to reduce acreages for play. Also, all-weather areas might make it possible to extend the use of our fields to outside organisations.

Swimming continues to be an established subject on the timetable. Full use has been made of the limited opportunities in Reading and approximately 58,000 attendances at the baths were recorded during the year under review. We are grateful for the facilities put at our disposal at Queen Anne's School and St. Joseph's Convent where classes can be conducted without interference or interruption. Unfortunately, there is much cause for complaint where public facilities are used, in particular at the Arthur Hill Bath.

We hope that the Committee will support our representations to the Parks Committee that, at least during the afternoon sessions, our schools be granted exclusive use of the Arthur Hill Baths while lessons are in progress.

Additional areas of playing fields have been taken over at Caversham Primary, Emmer Green, St. Anne's and Alfred Sutton Girls' Schools. A third mobile unit was provided to assist with the maintenance programme and this has been operated as required by a member of the existing ground staff. It is now necessary to make more permanent arrangements for this unit, and approval is asked to appoint a man for the job.

During the year, shortage of labour and absence of two members of staff through long illness have created difficulties in maintaining our grounds. Credit is due to the Supervisor and his depleted staff for their efforts to keep up with the demands from schools. The start of the Alfred Sutton Boys' School in 1966 will make it necessary for the Committee to provide alternative accommodation for the vehicles and equipment of the grounds maintenance staff at present housed in buildings on Oliver Dixon field.

In concluding our Report we wish to thank the many teachers who attended the courses arranged in sailing, modern dance, English folk dance, percussion for dance, basic movement, games for different age groups and rugby football. Also, we wish to record our appreciation of everyone who has assisted us in our work during the year.

TWENTY YEARS ON

*Some observations on the School Health Service in Reading
over the period 1945-1965, by Dr. V. Fraser*

The system whereby routine medical inspections are carried out by school medical officers on all school children in the statutory age groups has changed little over the past two decades, although during this time there has been a significant improvement in their state of health. Children today are more robust and less vulnerable.

Routine medical inspections have always formed the basis of the School Health Service. Many now argue that children no longer need to be examined periodically if they are healthy, but these inspections provide the statistical evidence indicating the need for extensions to, or modifications of, existing services. Also they afford the examining doctors an opportunity for noting trends and for making their own personal assessments of health conditions in specific schools or areas. They also gain a unique experience in dealing with healthy children, which makes them sensitive to any deviation from the normal, whether physical or mental. Moreover, since the object of the work is the promotion of good health, it is logical that they should meet all parents and commend those whose endeavours have been rewarded by healthy children.

Now that there is less pre-occupation with disease, more time can be given to the assessment of individual children with problems in relation to their school work, thus the alliance between the Health Department and Education Department has been strengthened. I believe that most Head Teachers no longer regard the visit of the School Medical Officer as a nuisance, but rather as a useful occasion for discussing those pupils who are unable to derive full benefit from the education provided because of some physical defect or psychological disturbance.

The outstanding impression of school children today is of their improved physique, and it is rare to note the previously common combination of pallor, poor posture and undernourishment. The reasons for these advances are threefold. Firstly, the introduction of the National Health Service; parents are no longer deterred by lack of money from seeking medical advice in the early stages of childhood ailments, so more serious conditions are averted. Secondly, the increased prosperity at nearly all levels of the community has resulted in a more adequate dietary, also in the replacement of "slum" areas by housing-estates and the provision of new school buildings with increased facilities for athletic activities. Finally, although not least in importance, the Public Health Service with its extensive immunisation programmes and ante-natal and infant welfare supervision can claim to have made an invaluable contribution to the state of school children's health at the present time.

The standard of hygiene is noticeably better too. As many schools now have showers or swimming pools, which necessitate undressing in public, an ancillary result has been that the parents and older children pay more attention to the state of their clothing and personal cleanliness. In secondary schools, soiled garments and unwashed bodies are now an unfamiliar sight and in primary schools the smelly child is so exceptional that he is immediately brought forward by the Head Teacher for investigation. Verminous conditions are likewise rare, though nits are seldom completely absent from any large school. The difference in the situation here, however, is that it is now usual for the parent to seek help before the school nurse has time to discover the condition. In some cases "nitty" pupils are the offspring of parents who were themselves infected in their school-days and suffered the ignominy of being sent home with "a note from Nurse". Doubtless they wish to spare their children similar embarrassment.

Scabies has shown an even more marked decline, another beneficial result derived from the present vogue for aquatic activities in schools, but this same situation has, unfortunately, led to the development of another plague, namely, of veruccas, which are rapidly on the increase. Although less objectionable on aesthetic grounds, they are much more resistant to treatment, and therefore to be avoided if possible.

Examination of children's vision within the School Health Service now takes place more frequently than in the past, as sweep tests are carried out between the early routine medical inspections. The ophthalmic situation has probably changed less than any other, and parents as a whole are very good about ensuring attendance at the Orthoptic Clinic and for obtaining the glasses prescribed for their children. There remains a small hard core of non-co-operators, almost invariably involving children with severe strabismus and confined to the same family groups as twenty

years ago. A new class of non-co-operators has developed within the past few years as a product of the Welfare State, namely, people who regard elaborate spectacle frames as a status symbol. The parents allow themselves to be "bullied" by their children (usually girls) into ordering frames of a type outside the National Health Service range, and then find they cannot pay for them. So the pupils continue without any spectacles at all until pressure is brought to bear.

The introduction of audiometry as a large scale routine investigation has focused more attention on children's hearing since the mid-50s than hitherto. It is ironic that the advent of this valuable service should have coincided with the advance in antibiotic treatment for minimising the severity of infective conditions of the ears.

Perforated ear-drums are still seen fairly frequently, but the distressing state of chronic suppurative otitis media is relatively uncommon now. However, it may be argued that with the present absence of gross signs of disease, audiometry is all the more useful as a diagnostic aid because antibiotic treatment may have masked auditory damage. As a result of the sweep tests, large numbers of children are referred to hospital for a further check and many with only a slight degree of deafness have tonsillectomy and normal hearing is subsequently restored.

With pioneer schemes of this kind, the result cannot be evaluated as in controlled experiments and one cannot help speculating on the sequelae of mild catarrhal deafness cases if undiscovered and untreated. While in no way decrying the value of this important service, I must comment that in pre-audiometry days it is doubtful if many pupils with significant degrees of deafness slipped through the School Health Service net. It might be interesting to assess the number of young adults in the area who have an appreciable hearing loss which was undiagnosed when at school.

Chest conditions in the school population have probably changed more than any others. Almost every primary school can produce a child showing the scars of cardiac surgery. Despite greatly improved health following the operations for congenital heart lesions, most of the children continue to have gross murmurs and one must speculate on what the ultimate prognosis will be regarding their activities. I remember a secondary school boy (in the early '50s), who was one of the first cases to have an operation for patent septal defect; he still had an alarming murmur afterwards, yet he was in the school's athletic team for track events and was apparently symptomless. "Rheumatic hearts" are now few and far between, thanks to the availability of free medical care and also the increased alertness of all doctors to the early warning signs and symptoms.

Parents too, are now more knowledgeable about these conditions through watching T.V. programmes, whether genuinely scientific or only pseudo-medical. This awareness is a good thing, even though it can provoke misguided reasoning in some instances, and the School Medical Officers have a difficult task in correcting these misconceptions.

The Reading (Thames Valley) area is notoriously bad for bronchial catarrh, and although vast numbers of school children have "chesty coughs" as concomitants of the common cold, few now develop bronchiectasis because of antibiotic treatment in the initial phase of infection. Primary tubercle usually comes to light as a result of x-ray investigation of contacts where there is an infected adult in the household, proving that close vigilance can prevent more serious developments in young children. Again, new drugs have revolutionised the course of the illness and few children are off school for long, if at all, and there have been no cases of meningeal involvement for some years.

Abdominal conditions which arise for discussion in school medical inspections are now, as in the past, more often of psychological or functional origin rather than organic, enuresis being by far the most common. Encopresis is surprisingly frequent too, though not on the same scale as enuresis.

Dysmenorrhoea has almost disappeared. Twenty years ago the visiting School Medical Officer invariably found a suffering female pupil prostrated in the medical room and often another on a chaise-longue in the waiting room. Now this is such a rare occurrence that I have not experienced it for more than five years. The explanation is the changed mental attitude fostered to a great extent by advertisements in women's magazines which excel in illustrating the smart young woman who remains poised and "with it" throughout all stages of the menstrual cycle. Isolated cases of severe dysmenorrhoea or menorrhagia are sometimes reported, but almost invariably the mother has already consulted the general practitioner as abnormalities in this function quickly give rise to maternal apprehension.

Postural defects are now almost negligible. Minor degrees of round shoulders are still seen occasionally, but most can safely be left to the supervision of the P.E. teacher, few require remedial exercises or hospital physiotherapy. Flat feet are also less prevalent than twenty years ago or even ten years ago, although hallux valgus persists to almost the same extent. Parents usually blame this on "heredity" though it is noticeable that these pupils (mainly adolescent girls) are nearly always unsuitably shod. Consequent on these skeletal improvements, it is no longer necessary to have remedial exercise classes in the Clinics. The Minor Ailment Clinics and Special Clinics, once such a feature of the School Clinics activities, have practically dried up. Sepsis is now unusual in schools, one rarely sees impetigo, and we no longer have to distribute cod liver oil and Parrish's Food at the height and weight checking sessions.

Likewise, ultra-violet light classes for category "C" pupils have petered out, although these were always of doubtful value except for reassuring parents.

Emotional problems take up more time now in discussions with parents during inspections, because today they are usually more complex. The increased pressures of modern life lead to a multiplication of the causes such as the building up of tensions in adults surrounding the children, and lack of stability in the environment. The children's reaction is to break down in some respect, the manifestations being psychosomatic illness or anti-social behaviour. It is seldom possible to change the home wherein the trouble usually lies, so efforts must be concentrated on helping the children to come to terms with their difficulties. It is with pupils like these that Head Teachers do such valuable "salvage" work by their sympathetic management. Cases are too numerous for all to attend the Child Guidance Clinic so referral is limited to those who are severely distressed or show signs of delinquent behaviour.

The modern style of dress and elaborate attention to hair style (in both sexes), gives "leavers" a veneer of sophistication in excess of their psychological development which is belied by their social behaviour. In my opinion the 15-year-old "leaver" of today is seldom more prepared to undertake the responsibilities of adult life than the 14-year-old "leaver" of 1945. It is usual to ask pupils in this age group, who are often within a few months of completing their time at school, what work they intend to do, and the majority of those in the "C" streams (and many in the "B" streams), have no idea. If the mother is present, the average response to this question is for her to ask her son or daughter, "What do you want to do?" This may indicate a singular lack of communication within the family circle.

Health Education programmes since 1955 have included sporadic attempts to introduce some form of sex education into the schools, but many have come to what may aptly be described as an abortive end. In any event we have been overtaken by the "march of time" and any projects which seemed suitable a few years ago would appear superfluous, even ridiculous, now. Nearly all children in secondary schools are acquainted with the facts of life, T.V. programmes, the cinema and magazines having paved the way to early enlightenment. Even the word "contraception" is understood by most teenagers. In this changing civilisation the best effort School Health Service workers can make is to educate towards responsible parenthood and, in so doing, attempt to create an atmosphere of more healthy and sober regard for chastity.

Smoking among school children preoccupies us all. Pamphlets and posters are

useless as deterrents, even the horrific ones. I believe the only way of making any sort of impact on teenage boys is by reducing "the smoker" image to the level of ridicule, for example, by branding the cigarette as a symbol of inadequate personality.

Despite all the improvements in the health services and the results, there is still a number of handicapped children and it remains the duty of the School Medical Officer to ascertain them, often also to explain the situation to the parents. However, the anguish involved in this procedure is to some extent mitigated nowadays by the fact that one is nearly always able to offer help. There has been a revolutionary advance in the educational measures available for handicapped pupils in schools of all types and in the provision of various kinds of day attendance centres.

Finally, may I make a plea for a revision of the School Medical Record Card, the 10M, which becomes virtually useless after the pupil leaves school. Now that we have embarked on the age of computers, would it not be possible to devise some form of recording permanently all findings throughout a child's school and pre-school life which subsequently could be passed on to the family doctor? This information might be invaluable for future diagnosis of the individual, and on a larger scale, could be used for statistical surveys of environmental health.

As I remarked at the beginning, much adverse criticism is being levelled at the present outmoded structure of the School Health Service, and in particular the periodic inspections, but a great deal of re-thinking and research into our aims is needed before these are changed. In the words of Abraham Lincoln:—

"If we could first know where we are and whither we are tending, we could better judge what to do and how to do it".

STATISTICAL DATA

PART I

Medical Inspection of pupils attending maintained and assisted Primary and Secondary Schools (including Nursery and Special Schools).

(A) Periodic Medical Inspections

Age Groups Inspected (By year of birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected			
		SATISFACTORY		UNSATISFACTORY	
		No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)
1960 and later	267	267	100	—	—
1959	791	791	100	—	—
1958	1069	1069	100	—	—
1957	169	169	100	—	—
1956	1437	1436	99.9	1	.10
1955	215	215	100	—	—
1954	100	100	100	—	—
1953	403	403	100	—	—
1952	977	977	100	—	—
1951	278	278	100	—	—
1950	437	437	100	—	—
1949 and earlier	1137	1137	100	—	—
Total	7280	7279	—	1	—

(B) Pupils found to require treatment at Periodic Medical Inspections

Age Groups Inspected (By year of birth)	For defective vision (excluding squint)	For any of the other conditions recorded at Part II	Total individual pupils
1960 and later	—	15	13
1959	19	81	72
1958	19	128	108
1957	5	17	20
1956	55	131	145
1955	11	22	24
1954	3	3	6
1953	32	44	63
1952	44	48	76
1951	13	22	30
1950	42	24	62
1949 and earlier	87	64	126
Total	330	599	745

(C) Other Inspections

Number of Special Inspections	...	...	...	56
Number of Re-inspections	...	...	...	1505
Total				1561

(D) Infestation with Vermin

(a)	Total number of individual examinations of pupils in schools by school nurses or other authorised persons	29,546
(b)	Total number of individual pupils found to be infested	310
(c)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	2
(d)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	—

PART II

Defects found by Periodic and Special Medical Inspections during the year.

(A) Periodic Inspections

Defect or Disease	PERIODIC INSPECTIONS							
	Entrants		Leavers		Others		Total	
	(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)
Skin	31	62	15	30	28	47	74	139
Eyes— <i>a.</i> Vision	95	159	120	73	115	121	330	353
<i>b.</i> Squint	38	42	8	8	41	41	87	91
<i>c.</i> Other	6	8	2	5	4	11	12	24
Ears— <i>a.</i> Hearing	30	124	3	12	22	95	55	231
<i>b.</i> Otitis Media	24	96	4	11	12	58	40	165
<i>c.</i> Other	8	25	1	5	3	29	12	59
Nose and Throat	92	183	4	28	34	109	130	320
Speech	16	62	—	2	16	57	32	121
Lymphatic Glands	2	33	—	6	1	21	3	60
Heart	3	44	1	20	3	37	7	101
Lungs	10	76	3	17	6	26	19	119
Developmental— <i>a.</i> Hernia	3	10	—	—	2	8	5	18
<i>b.</i> Other	3	68	4	13	8	60	15	141
Orthopaedic— <i>a.</i> Posture	2	20	2	9	4	34	8	63
<i>b.</i> Feet	12	54	4	10	18	43	34	107
<i>c.</i> Other	5	50	14	34	16	53	35	137
Nervous System— <i>a.</i> Epilepsy	4	6	1	2	5	15	10	23
<i>b.</i> Other	—	14	2	2	1	31	3	47
Psychological— <i>a.</i> Development	—	42	1	3	4	124	5	169
<i>b.</i> Stability	1	39	1	5	1	50	3	94
Abdomen	4	22	—	1	2	17	6	40
Other	1	11	1	—	2	14	4	25

(T) = Treatment

(O) = Observation

(B) Special Inspections

Defect or Disease	SPECIAL INSPECTIONS	
	Pupils requiring Treatment	Pupils requiring Observation
Skin	1	—
Eyes— <i>a.</i> Vision	—	1
<i>b.</i> Squint	—	—
<i>c.</i> Other	—	—
Ears— <i>a.</i> Hearing	—	1
<i>b.</i> Otitis Media	—	—
<i>c.</i> Other	—	—
Nose and Throat	1	—
Speech	—	—
Lymphatic Glands	—	—
Heart	1	—
Lungs	—	—
Developmental— <i>a.</i> Hernia... ..	—	—
<i>b.</i> Other	1	—
Orthopaedic— <i>a.</i> Posture	—	—
<i>b.</i> Feet	—	—
<i>c.</i> Other	—	1
Nervous System— <i>a.</i> Epilepsy	—	—
<i>b.</i> Other	—	—
Psychological— <i>a.</i> Development	—	—
<i>b.</i> Stability	—	—
Abdomen	—	—
Other	—	—

PART III

Treatment of pupils attending maintained and assisted Primary and Secondary Schools (including Nursery and Special Schools)

(A) Eye Diseases, Defective Vision and Squint

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	—
Errors of refraction (including squint)	853
Total	853
Number of pupils for whom spectacles were prescribed ...	388

(B) Diseases and Defects of Ear, Nose and Throat

	Number of cases known to have been dealt with
Received operative treatment:—	
(a) for diseases of the ear	185
(b) for adenoids and chronic tonsillitis	211
(c) for other nose and throat conditions	28
Received other forms of treatment	25
Total	449
Total number of pupils in schools who are known to have been provided with hearing aids:—	
(a) In 1964	7
(b) In previous years	72

(C) Orthopaedic and Postural Defects

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments ...	6
(b) Pupils treated at school for postural defects	—
Total	6

(D) Diseases of the Skin

	Number of cases known to have been treated
Ringworm—(a) Scalp	—
(b) Body	3
Scabies	6
Impetigo	11
Other skin diseases	109
Total	129

(E) Child Guidance Treatment

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics	141

(F) Speech Therapy

	Number of cases known to have been treated
Pupils treated by speech therapists	273

(G) Other Treatment Given

	Number of cases known to have been treated
(a) Pupils with minor ailments	445
(b) Pupils who received convalescent treatment under School Health Service arrangements	—
(c) Pupils who received B.C.G. vaccination	1092
(d) Other than (a), (b) and (c) above	—
Total	1537

Cases of Infectious Disease in School and Pre-School Children for the year 1964

Disease	At All Ages	Under 1 year	1 and under 3 years	3 and under 5 years	5 and under 10 years	10 and under 15 years
Scarlet Fever... ..	16	—	1	5	9	1
Whooping Cough	59	11	16	10	18	4
Measles	316	9	81	101	118	7
Acute Pneumonia (Primary or Influenzal) ...	1	—	1	—	—	—
Acute Poliomyelitis (Paralytic) ...	—	—	—	—	—	—
Acute Poliomyelitis (Non-Paralytic)	—	—	—	—	—	—
Diphtheria	—	—	—	—	—	—
Paratyphoid	—	—	—	—	—	—
Enteric or Typhoid Fever (excluding Paratyphoid) ...	—	—	—	—	—	—
Food Poisoning	—	—	—	—	—	—
Erysipelas	—	—	—	—	—	—
Dysentery	14	3	4	2	5	—
Meningococcal Infection	1	—	1	—	—	—
Acute Encephalitis (Infective) ...	—	—	—	—	—	—
Acute Encephalitis (Post-Infectious)	1	—	—	—	1	—
Totals	408	23	104	118	151	12



GREENSLADES (READING) LTD.
