

**[Report 1966] / School Medical Officer of Health, Reading County Borough.**

**Contributors**

Reading (England). County Borough Council.

**Publication/Creation**

1966

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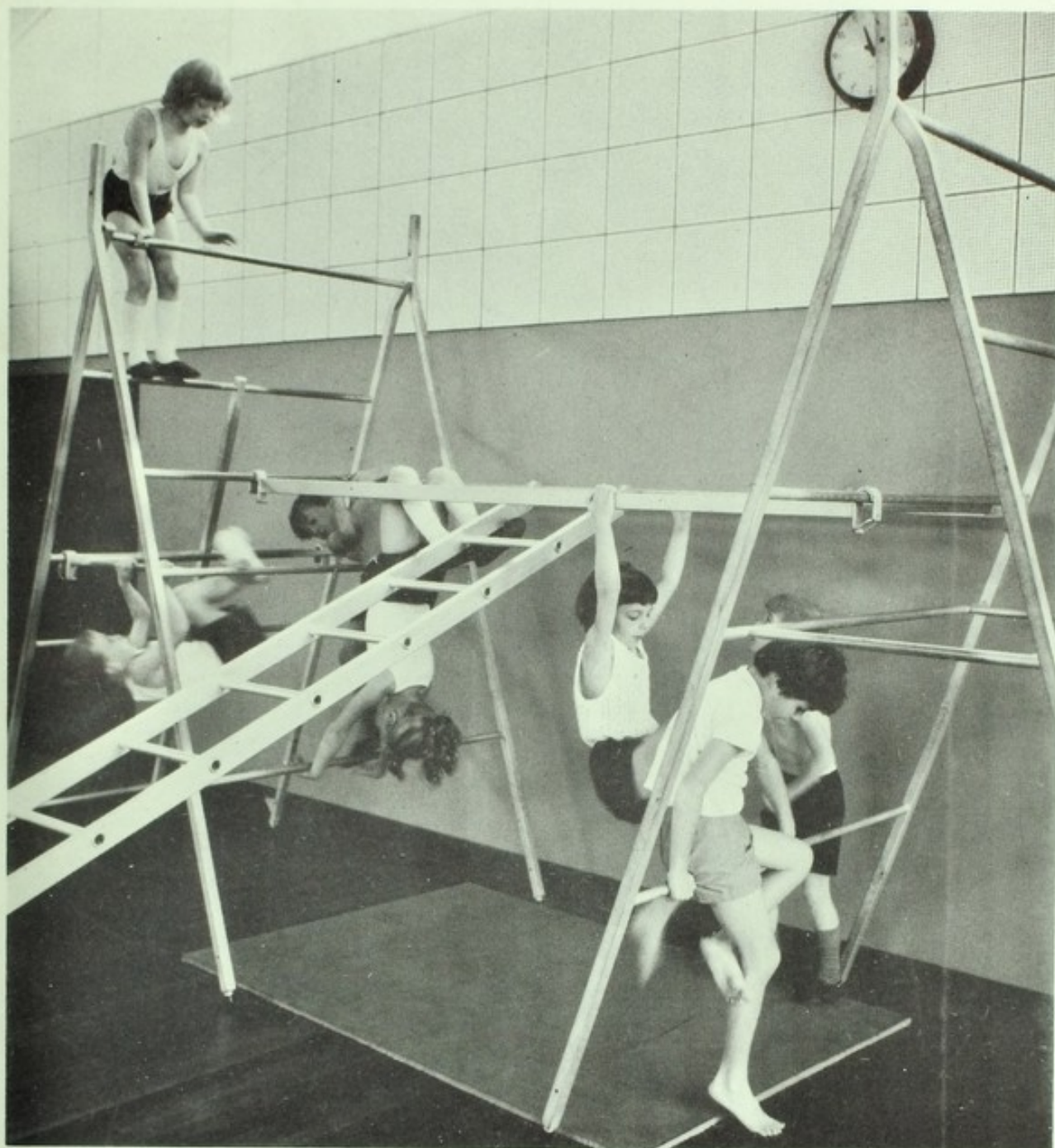
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Health and Social Services in Reading 1966



part II

**HEALTH OF THE SCHOOL CHILD**



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COUNTY BOROUGH OF READING

ANNUAL REPORT of the  
PRINCIPAL SCHOOL MEDICAL OFFICER  
for the year 1966

Bristol & West House, 173/4 Friar Street, Reading  
1967



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# Reading Education Committee

(as at 31st December, 1966)

HIS WORSHIP THE MAYOR (Alderman William John Allum)

## ALDERMEN

Alice Jeannette Burrows  
Edith Ella Lovett  
Edith Morris

Francis Taylor  
Edward Thomas Waltham

## COUNCILLORS

William Wykeham Edward Badnall  
Douglas Ivor Buckley  
Edward Albert Busby  
Roy George Gregory  
John Ernest Parsons  
John Rees Price

George Frank Robinson  
Charles Frederick Sage  
William Leslie Stansfeld-Taylor  
David Leonard Stoddart  
Alexandria Georgia Anderson Sturrock

## CO-OPTED MEMBERS

Dr. P. E. Axon, O. B. E.  
The Reverend Father P. A. Collins  
Dr. W. C. Costin, O. B. E., M. C., M. A.  
Professor C. H. Dobinson, M. A., B. Sc.  
The Reverend J. G. Grimwade, M. A.  
Miss M. B. Hobbs

Mrs. H. D. Kay, M. Sc.  
Mr. J. O. Murrey, B. Sc., Econ.  
Mr. F. G. Phillips  
The Reverend A. Murray Smith, B. A., Ph. D.  
Dr. S. Smith, B. A., F. R., Hist. S.  
The Vice-Chancellor, University of Reading  
Dr. H. R. Pitt, F. R. S.

# Staff at 31st December, 1966

## Principal School Medical Officer:

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

## Deputy Principal School Medical Officer:

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

## Senior School Medical Officer:

J. O. LLOYD-JONES, M.R.C.S., L.R.C.P., D.(OBST.) R.C.O.G., D.P.H. (Resigned 31.5.66)

M. F. H. BUSH, M.B., B.S., M.R.C.S., L.R.C.P., D.C.H., D.P.H., (From 1.6.66)

## School Medical Officers:

B. D. COOPER, M.B., B.S., D.P.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.

D. A. SCARISBRICK, M.B., B.S., (Resigned 31.3.66)

A. D. WEDDERSPOON, M.B., B.S.

M. G. H. ROGERS, M.A., B.A., M.B., B.Ch., D.C.H. (Commenced 8.8.66)

## Principal Dental Officer:

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

## Dental Officers:

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

Mrs. F. E. O'BRIEN, L.D.S., R.C.S. (ENG.), (Part-time)

D. B. MAGURAN, B.D.S. (N.U. Irel.), (Part-time)

## Superintendent Health Visitor and School Nurse:

Miss F. L. GATES, S.R.N., S.C.M., H.V. (Retired 8.8.66)

Miss P. E. FEW, S.R.N., H.V., ADMIN. CERT. (From 8.8.66)

## Group Advisers:

Miss T. ORPIN, S.R.N., S.C.M., H.V.

Miss. B. M. WHITE, S.R.N., S.C.M., H.V.

## School Nurses:

\* Mrs. M. BEATTIE (Part-time)

\* Miss J. FIELD (Resigned 8.10.66)

\* Miss M. GRANT

Mrs. J. GRIFFIN (Part-time)

\* Miss S. C. HANSFORD

\* Miss P. HONEYBALL

\* Miss M. HOWELL

\* Miss S. JONES

Mrs. M. KING

Mrs. J. LEWIS

\* Miss G. M. OVERTON

(Commenced 5.9.66)

Mrs. E. MABEY

Mrs. A. MASTERS

\* Miss H. MORTIMER

\* Mrs. B. NEVITT

Mrs. I. NEWMAN

Miss M. A. PLATT

Mrs. T. PORTER

\* Miss J. SMITH (Resigned 31.8.66)

\* Miss G. THOMAS (Resigned 31.1.66)

\* Miss J. WESTALL

\* Miss J. WILLIAMSON

Mrs. A. C. H. GUY (Commenced 18.4.66)

\*Denotes combined Health Visiting & 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, F.C.S.T. (Part-time)

Miss A. BINTCLIFFE, L.C.S.T. (Commenced 1.2.66)

Oral Hygienist:  
Mrs. V. TAYLOR

Physiotherapists:  
Mrs. M. ANTSCHERL  
Miss J. E. BURGE, (Commenced 13. 6. 66)

Chiropodist:  
Miss D. LOCKLEY

Clinic Assistants:  
Mrs. A. SMITH      Miss B. J. McMANUS

Senior Clerk:  
Mr. N. A. MASKELL



# School Clinics

QUEEN'S ROAD CLINIC		
Special Examinations and Minor Ailments	Monday and Friday, 9a. m. - 10a. m.	
Chiropody Clinic	Friday, 10. 30a. m.	
WHITLEY CLINIC		
Special Examinations and Minor Ailments	Monday and Friday, 9a. m. - 10a. m.	
ASHMEAD SCHOOL CLINIC		
Special Examinations and Minor Ailments	Friday, 2p. m. - 3p. m.	
EMMER GREEN SCHOOL CLINIC		
Special Examinations and Minor Ailments	Friday, 9a. m. - 10a. m.	
GEOFFREY FIELD SCHOOL CLINIC		
Special Examinations and Minor Ailments	Wednesday, 9a. m. - 10a. m.	
GROVELANDS SCHOOL CLINIC		
Special Examinations and Minor Ailments	Monday, 9a. m. - 10a. m.	
(for Battle School)	Friday, 9a. m. - 10a. m.	
Special Examinations and Minor Ailments		
CAVERSHAM PARK SCHOOL CLINIC		
Special Examinations and Minor Ailments	Wednesday, 9a. m. - 10a. m.	
HUGH FARINGDON SCHOOL CLINIC		
Special Examinations and Minor Ailments	Thursday, 9a. m. - 10a. m.	
KENDRICK SCHOOL CLINIC		
Special Examinations and Minor Ailments	Wednesday, 9a. m. - 10a. m.	
ST. MICHAEL'S SCHOOL CLINIC		
Special Examinations and Minor Ailments	Wednesday, 9a. m. - 10a. m.	
SOUTHCOTE PRIMARY SCHOOL CLINIC		
Special Examinations and Minor Ailments	Tuesday, 9a. m. - 10a. m.	
STONEHAM SCHOOL CLINIC		
Special Examinations and Minor Ailments	Tuesday, 9a. m. - 10a. m.	
TILEHURST CLINIC		
Special Examinations	By appointment	
WESTWOOD SCHOOL CLINIC		
Special Examinations and Minor Ailments	Monday, 9a. m. - 10a. m.	

## DENTAL CLINICS

Queen's Road Clinic

Tilehurst Clinic

Whitley Clinic

# 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, 1966.

The tragedy is that a new enthusiasm for school health and a new appreciation of its potential has coincided with a whole series of difficulties—financial and staffing especially. Head teachers and their staff, encouraged by the emphasis placed by the Newsom and other reports on developmental and community factors in education and with the worry of fresh problems such as drug experimentation, are turning more and more to the school health team for advice and support. At the same time, the school physician is increasingly aware of the need to expand school health facilities, into, for example, the technical colleges and other further education establishments. The explosion of interest in the social sciences has given a fresh urgency for the spread of knowledge of human biology and the training of the doctor and school nurse can be of great value here. New opportunities arising from the "at risk" approach, from the possibilities of preventive psychiatry, and from the establishment of comprehensive services for handicapped children — these and other developments will falter and fail unless there is a strong re-statement of support for the maintenance of an active school health service, and a proper priority accorded to this essential branch of preventive medicine.

Locally, the promise of progress from the previous year's re-organisation was very far from fulfilled and 1966 proved a year of frustration and poor results. On the medical side, the rapid turnover in the Senior Assistant post had a serious impact on the introduction of the selective medical examination scheme, while a severe shortage of clerical and administrative staff at the beginning of the year practically brought the work of the section to a standstill. On the dental side, the good work of the new principal school dental officer and the opportunity to recruit dentists did not bring full advantage because of lack of premises and equipment. There was therefore yet again a clear demonstration that the professional skills of doctors and dentists just cannot be well used without the essential backing services of administration and supplies. The message for the immediate future is clear and urgent.

On the more optimistic side, it is pleasing to refer to such achievements as were possible during the year. The field of handicapped pupils fortunately produced the most pleasing progress — the new nursery unit for physically handicapped children at the Avenue School, the establishment of a small class for severely speech-handicapped children and the continued success of the day school units for partially hearing children



were the outstanding features of the year. Preliminary discussions on the further co-ordination of services for handicapped children were commenced but the process of discussion with all those involved and with colleagues in the hospital service and elsewhere proved a long one. Here again, priority must be given.

The Child Guidance Clinic is still under pressure. The available time of the consultant psychiatrist would be more efficiently used if more staff was available as psychiatric social workers and educational psychologists and these essential services require strengthening. The opening of a clinic at the hospital in addition to the Kidmore Clinic is proving of great value.

Only a little progress was made as far as health education is concerned. The Family Care certificates introduced last year have already become popular but the shortage of health visitors and the need for close co-ordination of their contributions with those of the teachers has prevented any real extension of the scheme. The report on the teaching of personal relationships in school produced by the working party on which the Health Department was represented is a valuable document and we look forward to exciting developments arising from it.

It is always a privilege to include in this report the annual contributions on the School Meals Service and on Physical Recreation. These two services, both very active in Reading, have probably a much greater effect on the health of the school child than we sometimes realise. In helping to promote good health their aims coincide closely with those of the school health service.

Despite the great difficulties in the organisation of the routine school health work, the medical staff have been extremely busy and have devoted significantly more of their time to the detailed assessment of handicapped children. Research also has not been neglected. In collaboration with the London School of Hygiene a survey of upper respiratory and chest diseases was made. Dr. Rogers and Dr. Wedderspoon undertook the clinical assessments working closely with Dr. Sorrie of the Department of Epidemiology, who, until 1965, was an assistant medical officer of health in Reading. This work forms part of a national study.

Dr. Cooper has undertaken a study of asthma in school children with special reference to its social and educational implications. The Reading Care Association generously provided financial help for this study.

Dr. Ethel Fisher has completed her study of emotional disturbance in five year olds.

Finally, for some sincere acknowledgments: to Dr. Bush for drafting and editing this report before his departure for a senior post elsewhere carrying with him the best wishes of all his colleagues here; to all the staff for their support during a difficult year; to the Chief Education

Officer and head teachers for much forbearance and to the Chairman and Members of the Education Committee for their understanding and support.

#### A. GATHERER

Principal School Medical Officer\*



# Medical Inspections

The School Doctors examined 3,235 children at periodic medical inspections during 1966. The implementation of a selective medical inspection scheme has been greatly hampered by difficulties in recruiting medical and administrative staff. It is necessary with such a scheme for special care to be taken to inspect all five year olds on admission to school and the medical staff have, during the year, concentrated on this age group. It is to be hoped that more progress will be made during the next year.

There were 123 special medical inspections and 853 re-inspections undertaken during the year. This important part of the department's work has gone on in spite of staff shortages. It indeed represents a most important part of any School Health Service as it is at special medical inspections and re-inspections that most of the children with abnormalities of health development are seen.

**SPECIAL TESTING OF VISION** In addition to the routine testing of vision at school medical inspections, pupils were seen by the school nurse with special responsibility for vision testing, at 7, 8, 9 and 13 years. Colour vision is tested by the Medical Officer during the course of a routine medical inspection. The following table gives the results of the vision sweeps in 1966 which can be compared with results in previous years.

1966 VISION SWEEP NUMBERS

	Number tested	Number with defects	Number referred
7 years	1,594	151	46
8 years	1,555	159	26
9 years	1,618	184	23
13 years	1,437	233	37
	<hr/>	<hr/>	<hr/>
TOTAL	6,204	727	132
	<hr/>	<hr/>	<hr/>

The following table shows the total number of pupils found to require treatment for defective vision in the last five years:-

	1962	1963	1964	1965	1966
Number of Special Tests	5,602	5,509	5,451	5,988	6,204
Children referred	102	146	146	162	132
Number of Routine Medical Inspections	5,331	5,902	7,280	5,353	3,235
Number of children found to require treatment at these	383 (7.2%)	279 (4.7%)	330 (4.5%)	292 (5.4%)	130 (4.0%)
Total requiring treatment	485	425	476	454	262

# AUDIOMETRIC SURVEY OF CHILDREN IN INFANTS SCHOOLS

As in previous years  
the audiometric survey  
was continued, the

results being shown in the following table:-

	1962	1963	1964	1965	1966
Percentage of children tested who failed the "sweep"	9.7%	9.9%	11.0%	9.9%	9.5%

The results of the Audiometric Survey in 1966 were as follows:-

Children Tested	First Tests and Entrants 5 years old	Retests 6-7 years old	Total
Number tested	1,989	646	2,635
Number failing sweep test (i. e. No response at 25 db. at any one frequency)	186 (9.5%)	60	

Disposal	Entrants	Retests
a. Treated and kept under observation by S. M. O. to be retested.	61	14
b. Referred to or under treatment by G. P.	5	4
c. Referred to E. N. T. Surgeon or receiving treatment at R. B. H.	73	27
d. Awaiting examination by S. M. O. (including D. N. A. )	32	10
e. Discharged on further examination	15	5

In addition 64 children were tested at the Avenue School. Two children tested through the Audiometric Survey have subsequently been issued with a hearing aid.

## MEDICAL EXAMINATIONS FOR OUT OF SCHOOL ACTIVITIES

By-laws made under the Children  
and Young Persons Act 1933 require  
children undertaking part-time work

to be examined by the school doctor. In 1966, 857 children were examined and two boys and one girl were found to be unfit. It is questionable whether this examination serves any useful purpose in this day and age, and with the present shortage of staff it may be time to review the arrangements.



# Handicapped Children

The Local Authority have a duty to ascertain all children over the age of two years who may require special education. The 'At Risk' Register and the Register of Handicapped Pre-school Children have been maintained as in previous years.

## Register of Handicapped Pre-School Children

The function of this register is to keep track of those children who may need special educational treatment and to

co-ordinate their records so that a constructive plan for their future schooling can be made. There are at present 262 children on the register and the diagnostic classification is given below:-

Blind and partially sighted and ...	
other notable defects ...	18
Perceptive hearing loss ...	1
Conductive hearing loss ...	1
Mongolism ...	12
Severe subnormality ...	42
Mental subnormality ...	14
Cerebral palsy ...	16
Notable Epilepsy ...	22
Congenital heart disease ...	39
Orthopaedic abnormalities ...	48
Other abnormalities (metabolic diseases, speech disorders, other congenital abnormalities, etc) ...	96
Total	<u>309</u>

N. B. The total is greater than 262 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.

# HANDICAPPED PUPILS - SUMMARY OF POSITION AT 31st DECEMBER, 1966

Type of Handicap	Number on Register 31st December, 1966		Receiving Appropriate Education		(a) Number in Residential School		(b) Number attending Day Schools		Not in receipt of appropriate education but on waiting list for such	
	M	F	M	F	M	F	(a)	(b)	(a)	(b)
(i) Blind	2	1	2	1	(a) 2 (b) -	1	(a) 2 (b) -	(a) - (b) -	(a) - (b) -	- -
(ii) Partially Sighted	4	6	4	5	(a) 3 (b) 1	4 1	(a) 3 (b) 1	(a) - (b) -	(a) - (b) -	1 -
(iii) Deaf	1	1	1	1	(a) 1 (b) -	1	(a) 1 (b) -	(a) - (b) -	(a) - (b) -	- -
(iv) Partially Hearing	21	14	20	14	(a) 2 (b) 18	- 14	(a) 2 (b) 18	(a) 1 (b) -	(a) 1 (b) -	- -
(v) Educationally Sub-normal	137	59	115	48	(a) 5 (b) 110	1 47	(a) 5 (b) 110	(a) 2 (b) 20	(a) 2 (b) 11	- -
(vi) Epileptic	1	2	1	2	(a) - (b) 1	- 2	(a) - (b) 1	(a) - (b) -	(a) - (b) -	- -
(vii) Maladjusted	19	13	19	12	(a) 13 (b) 6	6 6	(a) 13 (b) 6	(a) - (b) -	(a) - (b) -	1 -
(viii) Physically Handicapped	45	17	45	16	(a) 3 (b) 42	1 15	(a) 3 (b) 42	(a) - (b) -	(a) - (b) -	1 -
(ix) Delicate	17	11	16	11	(a) 4 (b) 12	6 5	(a) 4 (b) 12	(a) - (b) 1	(a) - (b) 1	- -

PLUS Physically Handicapped children taught in hospital - 9 boys and 9 girls

Physically Handicapped children taught at home - 6 boys and 1 girl



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

There are 3 blind pupils from the borough attending residential schools.

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

There are 10 partially sighted pupils; all are attending residential school.

**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 the education special arrangements or facilities though not necessarily all the educational methods used for deaf pupils."

It is becoming less useful to draw a distinction between deaf and partially hearing pupils and for that reason I have decided to include them in this report under one heading. It is now more apparent, for example, that those children who in the past were said to be totally deaf frequently have some degree of hearing which could be used for educational purposes. We have found that profoundly deaf and partially hearing pupils have both benefitted from the day units attached to New Town, George Palmer and Cintra Schools. However, there is a small number of children who still require residential schooling, the need being decided on a variety of medical, psychological and social factors.

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

**Pre-School Children** There has been a 40% increase this year in the number of children seen because of retarded speech development. Again most referrals were from the Health Visitors speech progress investigation at 2½ years, though 12 were from clinic doctors. The increase reflects a greater awareness of the importance of the problem by all concerned.



## Pre-School Children Needing Special Education

There are three pre-school children attending New Town Nursery at present: M. B. aged

three years with congenital bilateral asymmetric deafness; D. C. aged three years with bilateral perceptive deafness; D. F. aged five with moderately severe bilateral perceptive deafness.

In addition there are two pre-school children who are awaiting admission M. H. who will be admitted in January C. K. who we hope to admit after Easter.

Five babies and their parents are receiving training in the home by the Organising Teacher. Four of them have a history of maternal rubella. It is interesting to note that these severely and profoundly deaf children have all been diagnosed during the last four months whilst during the previous three years only one severely deaf child had been discovered in the Borough.

The necessary use of the Nursery and Infant Units as diagnostic units means that the staff have to handle a number of children who are suffering from varying degrees of maladjustment. Several children, assessed on their hearing loss alone, could be expected to acquire speech and language in an almost normal way, but when a slight hearing loss has the addition of an emotional difficulty or a deprived home background, then a minor disability for learning becomes a problem requiring full time specialist treatment.

In January, 1967 the combined Infant/Nursery Unit will become two separate units, each with a qualified teacher of the deaf. It is hoped that they will shortly be able to have a Nursery Assistant each so that the teacher will be able to give a large proportion of her time to individual speech and language teaching.

## School Children

We are pleased to report that for the second year running a stable teaching staff has again led to improved standards of attainment. We are most fortunate in having a willing and co-operative staff who are ready to devote much of their free time to the interests of the children and to promote close co-operation with the parents. Regular home visits are a feature of our work and many aspects of child handling and social adjustment are discussed, as well as educational problems.

In August we extended the idea of a 'working holiday' and took a group of young children to Ventnor for a week. Their ages ranged from three to nine years and it is a tribute to the excellent relationships between the adults and children that there were no troubles over 'homesickness' especially as it was the first time that several of the children had been away from their mothers. The visit was so successful that we are hoping to make this an annual affair.

In our last report we mentioned the value of residential visits in improving relationships. They are also valuable in that they often enable teachers to diagnose the cause of emotional stress in certain children.



Later they are able to approach the parents and offer advice which may lead to the resolving of an emotional problem which has been affecting the child's work and behaviour.

One such problem we were able to tackle in this way and the boy's work so improved that he was able to enter the Mary Hare Grammar School in April as a second year pupil. Previously his work had been so poor that it had not merited a selective placement.

Earlier in the year Mr. Walsh and Miss Leggatt took a group of older children to Geilo in Norway for ski-ing instruction. It is intended to repeat this venture in early 1967 and that after that the children will be sufficiently proficient for the National Deaf Children's Society to organise ski-ing holidays.

During the summer these two teachers commenced the Palmer Club for the Partially Hearing children and their hearing friends. This has proved most successful with badminton being the most attractive aspect.

There are six children working in Newtown unit at this moment. S. T. who has communication difficulties in addition to her deafness was transferred from the E. P. Collier Speech Unit and is making reasonable progress under the unit's teaching system, but may have to be transferred to the John Horniman School where her communication disorder can receive more specific teaching.

M. B. who has a considerable handicap of spasticity in addition to his deafness has not made sufficient progress to enable him to proceed to the George Palmer unit and will ultimately be going to the Wilfred Pickles School.

Two children are awaiting admission to Newtown; P. W. aged  $5\frac{1}{2}$  years with bilateral conductive deafness, and D. G. aged 6 years with severe perceptive deafness in her right ear and a variable conductive deafness with slight perceptive in her left. This child has been working in normal class using an aid but finds it difficult to cope at times and is beginning to show signs of stress.

There are seven children in the George Palmer unit and four working in normal school. One of the latter is an ex-unit child.

K. B. was transferred from John Horniman School to the George Palmer unit at the beginning of the year and has now proceeded to normal school where she is doing well. I. B. was transferred from Woodford School for the Deaf into the George Palmer unit and is progressing well. J. H. has been transferred from the unit to Basingstoke School for the Deaf where regular meals and sleep are already contributing to her learning ability.

Eleven children now attending Cintra School enter the unit for varying periods according to their need. This unit is run on tutorial lines.

Ten children were fitted with hearing aids during 1966. Three pre-school children, four nursery, two infant and one junior.

There are 38 children using hearing aids in normal classes whose progress is checked regularly. During the year two were transferred to unit schools where they are able to receive specialist help.



116 other children with slight or unilateral deafness are seated advantageously in class.

Interest in the organisation and working of the units continues to be shown by numbers of visitors from home and abroad, particularly from the medical and educational professions.

**School Leavers** All leavers from previous years are still working well with their original firms. One girl is engaged to a hearing boy and all have shown extremely good integration into hearing society. While there must have been problems or personal adjustments, no children have required any special help in adjusting to the transfer from school to work. Their employers, without exception, speak highly of their interest and standard of work.

Types of employment entered by the first ten children from our units are:-

Accounting Machine Programming	...	...	3
Draughtsman	...	...	2
Typist	...	...	1
Clerk	...	...	1
Hairdressing	...	...	1
Electrical component manufacture	...	...	1
Machinist with manufacturing tailors	...	...	1

**Future Plans** These are progressing well and we hope soon to have a modern and well equipped classroom for the Secondary unit.

The facility for teaching nursery children is to be improved with a radio-microphone connected to a loop system. Our present most inadequate teaching space is to be extended.

The group hearing aids in Newtown and George Palmer, which are badly outdated and continually breaking down, are to be replaced with the most modern electronic apparatus.

**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 substitute for the education normally given in ordinary school."

The medical staff of the department have continued the important work of ascertaining those children who require special educational treatment on account of educational subnormality.

During the year 39 boys and 15 girls were examined by Medical Officers and found to be in need of special schooling. The following is a summary of the recommendations made:-



	Boys	Girls
Recommended for Day Special School ... ..	38	12
Recommended for Residential School ... ..	1	1
Recommended for Remedial Teaching at ordinary school ...	-	2

Two children were reported to the L. H. A. under section 57 of the Education Act as being unsuitable for education in school.

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

Whilst epilepsy is a fairly common condition in childhood most seem to manage perfectly well in ordinary school and only four children are attending special residential schools for epileptic pupils.

**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."

Dr. Ward, Consultant Psychiatrist at the Kidmore Clinic reports as follows:-

The Berkshire Child Guidance Clinic which shared the Reading Child Guidance Clinic premises at 27 Kidmore Road, Caversham, moved to their new premises at Abbey Mill House, Reading, in February 1966, and the Reading School Psychological and Child Guidance Service has been able to expand to make fuller use of the clinic premises. The Clinic is open daily, psychiatric sessions are held Wednesday morning and afternoon and Friday morning. Two of the upstairs rooms have been converted to classrooms for the Remedial Unit under Mrs. Schardt. The Clinic has been renamed The Kidmore Clinic.

**Statistics**                      The number of new cases referred has increased from seventy two to ninety, and the increasingly heavy case load imposes a severe strain on all staff. All new cases referred are visited as soon as possible by Miss Ewart, Psychiatric Social Worker, but inevitably there may be some delay before the child can be seen for full examination. The facilities for regular treatment are even more limited. Far too many cases are seen for advice and supervision only because the staff have not the time to offer regular treatment which both parents and child may require. There is a need to increase the staff establishment to cope with this increasingly heavy case load. It has been most helpful to have the services of Mrs. Sadler as Assistant Educational Psychologist during the year. Plans are in hand for the part time

appointment of a Psychiatric Social Worker to assist in the Child Guidance Clinic and School Psychological Service.

Some cases, mostly children under school age and children referred mainly for psychosomatic or emotional problems, have been transferred to Dr. Ward's hospital psychiatric clinic which Miss Ewart attends fortnightly, thus relieving some of the waiting list on the Reading Clinic. The hospital clinic is used mainly for consultations as facilities for treatment there are limited.

**Hostel Care**            The number of Reading children under treatment in Child Guidance Hostels increased to twelve in December 1966, four in Mockbeggar, four in Field House, Wokingham (Adolescent Girls), one in Green Fields, Maidenhead, and three in Summerfield, Abingdon. The Reading Hostel at 2 St. Peter's Hill, Caversham, has remained closed throughout the year owing to major road improvements affecting the hostel grounds and out buildings. Plans are proceeding to re-open the hostel on a weekly boarding basis in 1967.

**Staff Changes**            Mrs. Sadler, Educational Psychologist, has been assisting on a part time basis in the School Psychological Service and Child Guidance Clinic, but has had to retire, we hope only temporarily, due to family reasons.

Miss Seamark was appointed as successor to Mrs. Horner as Clinic Secretary together with Mrs. Clark and Mrs. Riley as part time Clerical Assistants. The secretarial staff are a great asset to the smooth running and decor of the clinic premises.

**Training and Visitors**            Miss Ewart has supervised students from the General Course in Social Work Training at High Wycombe, the course for Medical Social Workers at the University of Edinburgh and from the London School of Economics. Talks and discussions have been held with groups of students from the Chiltern Nursery Training College and the Royal Berkshire Hospital. Doctors from the hospital and school medical services have visited to discuss individual cases and Child Guidance work, and the Reading County Borough Magistrates visited the clinic to meet the staff and discuss our mutual work with children brought before the Court.

### Report for the year ending 31.12.66

#### ALL CHILDREN SEEN AT READING BOROUGH CLINIC 1.1.66. to 31.12.66

No. of cases brought forward from 31.12.65.	...	...	124
No. of new cases referred	...	...	90
No. of cases reopened during the period	...	...	5
Total no. of cases seen for consultation and treatment	...	...	132



No. of cases closed:-					
After consultation and advice only	...	...	...	...	-
Improved	...	...	...	...	7
No change	...	...	...	...	1
Prematurely closed:-					
Lack of co-operation	...	...	...	...	3
Left district	...	...	...	...	2
Committed to Approved School	...	...	...	...	-
After consultation and social work	...	...	...	...	1
Not seen at the clinic, social work only	...	...	...	...	-
Social supervision	...	...	...	...	4
No. of interviews:-					
For Psychiatric examination	...	...	...	...	69
For Intelligence assessment	...	...	...	...	66
For Treatment	...	...	...	...	230
No. of P. S. W. Interviews:-					
Clinic Interviews	...	...	...	...	259
Home Visits	...	...	...	...	355
Interviews - Schools and Hostels	...	...	...	...	74
Interviews with other social agencies	...	...	...	...	85
Student Training Sessions	...	...	...	...	57
No. of children admitted to hostels for maladjusted children					5
No. of children discharged from hostels for maladjusted children					1
No. of children in hostels on 31. 12. 66.					12

SOURCES OF REFERRAL, CHILD GUIDANCE CLINIC, 1. 1. 66. - 31. 12. 66

School Medical Officers	...	...	...	...	33
General Practitioners	...	...	...	...	18
Hospital and other Psychiatric Clinics	...	...	...	...	2
Chief Education Officer	...	...	...	...	4
Educational Psychologist	...	...	...	...	10
Children's Officers	...	...	...	...	8
Probation Officers	...	...	...	...	5
Juvenile Court	...	...	...	...	1
Medical Officer of Health	...	...	...	...	7
Headmasters	...	...	...	...	2
Total					<u>90</u>

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 in the normal regime of ordinary schools."

57 physically handicapped children attended the Avenue Day Special School and again we have been fortunate in the frequent visits from Mr.C.M.Squire, Consultant Orthopaedic Surgeon, who has held regular clinics at the school.

The links between the C. P. Clinic at Battle Hospital and our own Nursery class for physically handicapped children have become closer so we are now able to offer a gradual introduction to school in children of pre-school age. The new nursery unit offers a further opportunity to make an accurate assessment of the child's future educational and medical needs.

Pupils Suffering From  
Speech Defects

"Pupils who on account of  
defect or lack of speech  
not due to deafness require

special educational treatment."

This is a numerically small group of children especially in Reading, where defects of communication are looked for at an early age. Many children who would perhaps need special educational treatment are treated in the Audiology Unit or by our own Speech Therapists and encouraged in their speech development by attendance at Nursery school so that they arrive at statutory school age with sufficient speech to benefit from ordinary infant schooling. For those who are more handicapped, the special unit established early in this year at E. P. Collier Infant School serves a useful purpose and it is only for a very few children with the most severe defect of speech that attendance at a residential school is now found to be necessary. In fact only one child attended John Horniman School at Worthing during the year.

Mrs. Elsbury, Senior Speech Therapist, reports:-

### Speech Defects 1966

293 children were on the register in 1966 - 221 boys and 72 girls.

183 cases of dyslalia

8 cases of dyslalia due to hearing loss

52 cases of retarded speech development

21 cases of stammering

1 case of stammering plus dyslalia

6 cases of cerebral palsy

8 cases of cleft palate

6 cases of dysathria

4 cases of dysphasia

1 case of supra-bulbar palsy

1 case of cerebral palsy plus deafness

2 voice cases

68 discharged, cured or greatly improved

3 discharged for non-attendance

3 left school before treatment was completed

3 left the district before treatment was completed

4 discharged after making no progress

1 refused treatment

1 transferred to partially hearing unit

210 continued into 1967



Our congratulations are extended to Mrs. Richards who has obtained her Fellowship of the College of Speech Therapists for a thesis entitled "A Test of Understanding the Spoken Word".

The unit for severely speech defective children has now been in existence since February 1966 and Miss Bintcliffe, who gives the four children there daily speech therapy, has submitted the following brief reports on their progress:-

(a) An eight year old boy with a moderately severe language learning disorder. On entry to the Unit spontaneous speech was very limited, he was profoundly lacking in self-confidence and was over-dependent on his mother. Progress has been good and he is now a much happier and better adjusted child. Language patterns are still inadequate, but he shows no hesitation in initiating conversations and is no longer severely handicapped in communication. Educational progress has been fair but he is still experiencing considerable difficulties in the manipulation of number. He also received speech therapy at the Audiology Unit of the Royal Berkshire Hospital until September, 1966.

(b) A six year old boy with a repaired cleft palate. Progress here has been minimal and emotional problems are still preventing educational progress. This boy's speech fluctuates considerably, sometimes being within normal limits and at other times being very poor.

(c) A six year old boy with retarded speech development. On entry to the Unit language abilities were slightly retarded and articulation was so poor that connected speech was virtually unintelligible. He was also very much lacking in self-confidence and found it impossible to develop relationships with other children. Progress has been excellent and speech is now normal in a strongly controlled situation or when reading aloud. Spontaneous speech, however, does not yet reach this level. Language abilities are normal and personal adjustment is good. He is a very much happier child.

(d) An eight year old boy with a severe articulation defect, which made his speech frequently unintelligible. At first, progress was extremely slow, partly due to his lack of co-operation. This boy had reacted badly to his speech failures and was afraid of the possibility of further failure. He was also hampered by severe difficulty in analysing his own speech efforts. His attitude is now much better and his speech has improved considerably during the last few months.

The Unit was opened as very much of an experiment and the results have been most encouraging. The children in the Unit are all extremely happy at E. P. Collier School and the harmonious relationships and willing co-operation between speech therapist, headmistress and staff have combined to achieve these most encouraging results. There is no doubt in my mind that the experiment has been fully justified.



## 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."

12 boys and 5 girls in this category attend the Avenue Special School and 10 children attend residential schools for delicate pupils. The biggest single category consists of children with asthma and chronic respiratory disease but here again advances in medical treatment are making it less necessary to make special educational provision for these children. There continues a trend to educate some children who are even heavily handicapped in ordinary schools, and this again makes this group less numerous. However, for children with more than one handicapping condition, each of which may be slight but combined together make education in an ordinary school an undue strain, transfer to the day special school can be a highly satisfactory solution.

## The Avenue School

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

The highlight of 1966 was undoubtedly the opening of the new unit built by the Reading and Berkshire Spastics Society as an extension to the physically handicapped department of the school. The opening ceremony on May 17th 1966, at which the unit was officially handed over to the Reading Education Committee, was a very happy occasion attended by some two hundred guests. The facilities that have been provided in the form of a nursery classroom, swimming pool, and changing rooms, hydro-therapy pool, physiotherapy room, medical room, cloakrooms and staff room were greatly admired and many complimentary remarks were paid to Mr. C.F. Taylor who had so generously taken on the responsibility of building the unit at cost for the Spastics Society. We have now had nearly twelve months experience of operating the unit and considering it was an entirely new venture things have settled down remarkably well.

The first small intake of children to the nursery on the 9th May has gradually been added to and during the last term or so an average of sixteen children have been attending. These include spastics, thalidomide cases, a spina bifida and two cases of congenital deformity or abnormality, the youngest so far being a child of  $3\frac{1}{2}$  years. Four of our first intake have now graduated to the infant class of the physically handicapped department and no difficulty at all has arisen in this transition.

This addition to the school has necessitated the engagement of additional medical staff and I have been pleased to welcome Miss Burge, physiotherapist and Mrs. Lewis as nurse of the P.H. children. This has enabled Miss McManus to concentrate on looking after children in the completely full E. S. N. department.

The younger P.H. children are deriving great benefit from the



hydrotherapy pool in which the water is warmed to between 95°F. and 98°F. and it is remarkable how much movement can be obtained in reluctant limbs when they are warmed and supported in the water of this pool. The swimming pool, which is warmed to just over 80°F, is an absolute joy and delight to the whole school.

Much thought and consultation took place in trying to plan the pool to meet such a wide range of requirements as being safe for little 4 and 5 year olds and yet give an opportunity for the older children to have a good swim. The final design has proved to be very satisfactory and no problems have arisen other than one or two children in the first few weeks diving too deeply and bumping their heads. There has, however, been no repetition of this for many months and it seems that our children quickly learned their lessons in this respect even though for one or two it has been through the hard way.

The addition of the water facilities to the school brought many problems in undressing, dressing and drying the children for swimming and hydrotherapy and the need had been apparent for a long while for someone to assist in preparing the children for physiotherapy. The Reading Education Committee have assisted in overcoming this problem by providing an additional full-time general assistant whose duties are entirely concerned in this way and in coping with the washing of towels, nappies etc. in our own little laundry equipped with washing machine and tumbler dryer.

It has been possible to so arrange the time table that two afternoons a week the swimming pool is available for the use of the C. P. unit at Battle Hospital. Many of their little children, escorted by physiotherapists, nurses, mums and voluntary helpers use our facilities on Mondays and Fridays. I welcome this link with the hospital as some of these children will eventually come into the nursery class and it is a very good introduction to the school for them. It becomes a known place with known faces and really very little difficulty has been experienced when children are admitted to the nursery class.

For the first term the children went to swimming in classes but it proved almost impossible to muster sufficient adults when the P. H. classes had swimming if the multi-handicapped children were with the others. This has been resolved by having a swimming morning for the very handicapped when the P. E. teacher, Mrs. Hodge, and Miss Burge, physiotherapist, are in the water and about a dozen children during the morning have individual sessions. The dressing and undressing of these youngsters is very hard work and besides the general assistant another part-time helper has been engaged to help on that morning. The effect of this is that these children are helped considerably in the water and when the rest of their class have their swimming sessions these children continue with their school work.

The pool is also used on Wednesday evenings by the Dolphin Club whose members appreciate the warm water, some of them having found that Arthur Hills bath at times is a bit too cold for them.

The general health of the school has been remarkably high this winter except for one disastrous week when, in common with the University and



other sections of the populace, the school was hit by a virus suddenly and on one particular day no fewer than seven members of staff were ill and some of the children, necessitating others being returned home as it was impossible to adequately supervise or teach them. Fortunately, however, this cleared quite quickly and it is most pleasing to be able to report that the percentage attendance averaged round ninety which I think is very encouraging considering the children's handicaps and the travelling that many of them have to undertake to get to school. It is also much to the credit of the staff that they have maintained their own health and there have been few absences indeed.

I have been much concerned during the last two years with the problem of what follows when schooling is finished for the multi-handicapped leaver who is not able to go out to open employment. Two such children have recently left school having remained here until the age of 17½ years and attended part-time at the Bath Road Centre for the last twelve months or so. It is difficult to assess whether this transition stage of gradually weaning from school to workshop is a good thing or not. On the one hand it does give the youngsters time to mature a little longer at school and to move chronologically a little closer to the age groupings at the centre, on the other hand school on the whole is a more entertaining place to attend and these children have tended not to settle to their work shop routine. I am very hopeful that in the overall plan to provide adequately for handicapped children in Reading it will be possible to establish an intermediate course for those roughly in the 17 - 21 age group, divorced from school yet having some similar aspects. I would envisage that possibly half the day would be spent at work, in a similar fashion to that undertaken in the adult workshop, but that the rest of the day would be utilised in providing possibly some further education, further physio-speech therapy and some social activities. I feel that the young people, although they are few in number, would be much happier to go through such a stage as the present jump from school, where the average age in the leaving class is round about fifteen, to the work centre, where the average age is considerably higher, is very difficult for them to make. It needs to be remembered also that these young people who on the whole have lived fairly sheltered lives mature much more slowly. They could definitely be helped in this way if part of the course was planned with it in view.

The school seems to have been inundated with builders for a very long time but everyone is hopeful that in September the original Avenue School premises will be vacated and the move will have been successfully made to the new E.S.N. department. There are many joys to be anticipated, not the least of which is that once again the school will be compact and integrated as was the pattern sixty years ago when the Reading Education Board saw fit to provide for the handicapped children of the town.

Mrs. M. Antscherl, physiotherapist at the Avenue School, reports:-

Physiotherapy	This has been an eventful year. In May 1966 the Cyril Taylor Unit was opened officially which provided spacious classroom accommodation for the handicapped nursery
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children, adequate medical room, laundry and toilet facilities, a large swimming pool and changing rooms, a small hydrotherapy pool and a physiotherapy room with "cupboard" office and cloakroom.

Installed in a cubicle is the "Closomat" automatic toilet which, at the press of a foot button operates a washing and drying system for the very handicapped children who are unable to manage a normal toilet.

The Education Officer provided a general assistant for undressing and helping the children during the physiotherapy and hydrotherapy sessions. This has been of great value due to the increased number of treatments in the new wing.

As children are being admitted at an earlier age the advantage of earlier treatment will mean a better start and brighter long term results. Although the older handicapped children have done very well and maintained reasonable progress, many of them did not have the opportunities and services which are available today to help the family as a unit, and the disabled child within its framework.

Much praise goes to the School Medical Officers for their information, guidance and advice at all times.

Contact with Mr. C. M. Squire, Orthopaedic Surgeon, Battle Hospital, has been constant, but unfortunately owing to great pressure of work he has been unable to hold regular clinics at the school.

We appreciate very much the help which has been given in the surgical field where indicated, and for the appliances, aids and special footwear so essential to the progress and well being of our disabled children.

Many thanks to all the teachers and staff at the Avenue School for their continued observation and helpful comments.

#### TABLE OF CASES TREATED DURING 1966

##### PHYSICALLY HANDICAPPED AND DELICATE

	Girls	Boys	Total
Cerebral Palsy ... ..	11	15	26
Respiratory ... ..	4	6	10
Old Poliomyelitis ... ..	2	-	2
Cystic Fibrosis ... ..	-	1	1
Progressive Degeneration of C. N. S. ... ..	-	1	1
Post op. brain tumour ... ..	1	1	2
Arthrogryposis ... ..	-	1	1
Post operation to elbow ... ..	-	1	1
Achondroplasia. Spinal operation ... ..	-	1	1
Undiagnosed encephalopathy ... ..	-	1	1
Fragilitis Ossium ... ..	-	1	1
Dermatomyositis ... ..	-	1	1
Supra Bulbar Paresis ... ..	-	1	1
Posture ... ..	-	2	2
Haemiplegia after hyperpyrexia ... ..	1	-	1
	<u>19</u>	<u>33</u>	<u>52</u>

# E. S. N. (EDUCATIONALLY SUB NORMAL)

Posture	....	...	...	...	...	-	5	5
Respiratory	...	...	...	...	...	-	1	1
Foot, Knee & Leg cases			...	...	...	2	3	5
						<u>21</u>	<u>42</u>	<u>63</u>

# SCHOOL LEAVERS

						Girls	Boys	Total
Cerebral Palsy	...	...	...	...		2	-	2
Old Polio & partial hearing		...	...	...		-	1	1
Undiagnosed encephalopathy		...	...	...		-	1	1
Congenital foot case E. S. N.		...	...	...		-	1	1
						<u>2</u>	<u>3</u>	<u>5</u>
Unlikely to return to school								
Progressive Degeneration of C. N. S.			...	...		-	1	1
Moved out of District								
Respiratory case	...	...	...	...		-	1	1
Treatment discontinued								
C. P. Partial hearing from George Palmer Unit				...		-	1	1
Transferred to E. S. N. Dept. from the P. H. Dept.								
Post operative brain tumour		...	...	...		-	1	1

# NURSERY UNIT

						Girls	Boys	Total
Cerebral Palsy	...	...	...	...		-	7	7
Spina Bifida	...	...	...	...		-	1	1
Arthrogryposis	...	...	...	...		-	1	1
Thalidomide	...	...	...	...		1	1	2
Congenital deformity of lower limbs		...	...	...		1	-	1
Congenital absence of forearm	...	...	...	...		1	-	1
Haemiplegia after accident		...	...	...		-	1	1
						<u>3</u>	<u>11</u>	<u>14</u>

# TRANSFERRED FROM NURSERY UNIT TO P. H. DEPT.

Arthrogryposis	...	...	...	...		-	1	1
C. P.	...	...	...	...		-	2	2
						<u>-</u>	<u>3</u>	<u>3</u>

Short term cases and fluctuating treatments for minor cases are not included in the above figures, nor are "once termly" check ups and maintenance treatments.



# Health Education

Miss E. P. Few, Superintendent Health Visitor, reports:-

One hundred and thirty five Parentcraft classes have been given to schoolgirls in their final year at Secondary schools. The syllabus for these has followed that of previous years but a new venture was begun in January in two schools. In co-operation with Head Teachers and the Housecraft section of the Education Department a course in Family care was initiated in Alfred Sutton Secondary and Southlands Secondary schools. The syllabus covered many aspects of child care and preparation for family life, including personal relationships and was devised to allow free application to the individual needs of pupils and their schools. Observation visits to nurseries and Infant Welfare Clinics were an integral part of the course and the schoolgirls were encouraged to make baby clothes and toys and to prepare meals for toddlers, thus incorporating other studies such as needlework, cookery and science into the course and applying such knowledge to the instruction they were receiving from the Health Visitors.

At the end of the course a certificate in Family Care was given to each girl who had completed the course. Miss Gates and Miss Mason were largely responsible for this successful pilot scheme which, it is hoped, will prove attractive to other Head Teachers and will thereby be extended to other schools.

One Health Visitor and one School Nurse again lectured to the Nursery Nurse Students and Domestic Science Students of the Reading College of Technology in Child Care, Hygiene and First Aid. One School Nurse gave a course of First Aid classes to pupils taking the Pre-Nursing Course at Westwood School and also to pupils at Alfred Sutton Secondary Girls School.

The Department was also represented on the Working Party to consider Education in Personal Relationships, set up by the Education Committee.

The Principal School Medical Officer and the Superintendent Health Visitor are now on the Standing Steering Committee to implement the recommendations of this Working Party.

## School Dental Service

Mr. D. O. Mallam, Principal Dental Officer, reports:-

The School Dental Service is staffed at present by the equivalent of four full-time Dental Officers and one full-time oral hygienist. This uses to capacity our present very limited number of surgeries. We have had to refuse several applications from other dentists wishing to join the staff, for lack of any further accommodation. This is particularly unfortunate in view of the ever increasing demands for dental treatment within the school service. The need for additional dental surgeries is urgent, particularly do we need a dental clinic in the Caversham area.

Mr. Harper continues to undertake the orthodontic treatment for the whole school service and has this year attended a post graduate course at the London Hospital Dental School in order to make a further study of the most advanced techniques of this highly specialised and exacting subject.

Mrs. Taylor attended a symposium of oral hygiene at the Institute of Dental Surgery and has been very energetic in passing on the benefit of her advice to mothers and children at the sector clinics as well as visiting many of the infant and primary schools to talk to the pupils in their classrooms.

Mrs. McLaren, our head dental nurse, visited the Kodak Laboratories in order to keep abreast of the most recent developments in dental radiography, a science which is becoming increasingly important as a diagnostic aid to more advanced dental treatment.

In June we received a visit from the Chief Dental Officer of the Ministry of Education and Science who subsequently wrote making several recommendations with regard to improving the staffing position, modernising the clinics and recruiting more dentists into the school service. Unfortunately, owing to the financial squeeze, we have only made slow progress in implementing his suggestions.

During the year, 9,179 children were inspected, of which 5,352 were found to require treatment. This is just over 58%.

The following tables supply details of treatment:-

Age Group	Number Treated	Fillings		Extractions		General Anaesthetics	Prophylactic Treatment & instruction from Oral Hygienist
		Perman-ent	Decidu-ous	Perman-ent	Decidu-ous		
5-9 yrs.	1605	1057	781	95	1242	432	689
10-14 yrs.	1251	2461	89	362	246	62	784
Over 15 yrs.	286	784	-	100	-	19	76

Amongst all age groups:-

Orthodontic appliances fitted	...	...	45
Root Fillings	...	...	11 Teeth
Crowns Fitted	...	...	32 "
Dentures Fitted	...	...	8 Children
Inlays fitted	...	...	2
X-rays taken	...	...	180 Children
Sessions devoted to dental treatment	...	...	1021
Sessions devoted to dental inspection	...	...	65
Sessions devoted to dental health education	...	...	10



# Infectious Diseases

A table showing the number of children who have suffered notifiable infectious diseases during 1966 appears in the statistical data at the end of this report.

It will be seen that there were no serious outbreaks of infectious disease. The number of cases of measles is substantially lower than in the previous year, the disease continuing to follow its pattern of biennial peaks.

**TUBERCULOSIS IN SCHOOLCHILDREN** Four children were notified as cases of pulmonary tuberculosis in 1966, but there is no evidence that they are connected in any way or that the infection had been acquired at school.

**B. C. G. VACCINATION** The School Health Service has continued to offer B. C. G. Vaccination to 13 year olds and has continued to participate in the scheme to assess the potency of British Freeze Dried B. C. G. Vaccine under the direction of Dr, K. Neville Irvine. During the year, 1892 children in secondary schools were offered vaccination, 1501 accepted. The table below shows details of the programme:-

No. selected	No. accepted	%	Absent	Skin tested	Pos.	Neg.	Abs.	% Pos.	Received B. C. G.
1,892	1,501	79.33	141	1,360	124	1,142	94	9.79	1,142

**INFESTATION** The school nurses carried out 15,909 head inspections and found 171 pupils to be infested with pediculosis. This again shows a drop from 1965 and 1964 when 231 and 310 were found to be infested respectively.

## Deaths in Schoolchildren

Seven Reading school children died during the year. Three were accidental deaths, including one accidental gas poisoning in the home. One child died of cancer, one of muscular dystrophy, one from a congenital disease of the lung tissue. There was one case of self administered carbon monoxide poisoning in a school child.

## Report of School Meals Organiser

Mrs. P. E. Cook reports:-

During the year 1966, the percentage of children having dinner at school has again increased, and on a day in September it was 67.71%. This shows



a 20% increase since 1959.

The total number of meals served on a day in September, 1966, was 14,700 which is an increase of 1,055 over the previous year.

Approximately 660 staff were employed in the School Meals Service. Two new school kitchens have been opened during the year. Southcote School had a kitchen built in place of the servery, which opened on the 14th March, 1966, and provided approximately 350 meals daily. This kitchen was built without a service hatch, having two doors to provide a trolley service. This makes the dining room much quieter and therefore more useful when it is not being used for dining purposes only.

On the 6th September, 1966, Moorlands School Canteen was opened, and served meals for approximately 300 daily. Of these approximately 100 meals were sent to the English Martyrs R.C. Primary School, whose demand for meals could not be met by the kitchen there. In addition 24 meals were sent daily to Blagrove Nursery. Moorlands School Kitchen was also constructed with two doors to each dining room instead of a service hatch. A trolley service is used.

When the new building at the Avenue Extension was opened in November, 1966, new arrangements were made to send meals on a trolley to the nursery for physically handicapped children, so that the children would not have to move from their own rooms.

A new dining room was provided at George Palmer School canteen to seat 64 children at a sitting. This has helped to ease the problem of the dining arrangements for the three schools who share the use of this canteen. It has proved a great asset, as the smaller number dining in a group is very much quieter.

Several schools have requested trolley type service and this has been started during the year. Owing to the demand for meals in some schools, it has been necessary either to have three sittings or serve some meals in classrooms. The latter, in most cases, has proved very successful, particularly with the youngest children.

In January, 1966, the Department of Education & Science issued a report on "The Nutritional Standard of the School Dinner" and issued Circular 3/66, which laid down slightly altered nutritional standards for school meal. The previous circular was issued in 1955. There was no great change in the policy. The total quantity of animal protein has been reduced slightly, which obviates using so much dried milk powder. The total number of calories has been reduced from 1,000 to 880, which is more realistic, and the fat increased from 25-30 grammes to 32 grammes. Special provision for the adjustment of these nutrients is not thought necessary as the variations in the size of the portions served to children of different age and sex, automatically regulates the protein and calorie value of the meals served.

The freedom of the Authority to deviate slightly from the recommended weights and specified cuts of meat, fruit and vegetables, was emphasized. This Authority has always taken advantage of this freedom and as long as the cost comes within the limit set by the precise recommended amounts,



it has always been considered satisfactory, (as long as the nutritional standard of the meal is upheld).

Sausages and Cod Bites have been served for the first time following Circular 3/66. Both have proved extremely popular with the children. On the advice of this circular, fresh butchers' meat is normally served 3 times a week and other ingredients used for the main dish on the other 2 days, such as eggs, cheese, fish, ham, tinned meat and sausages.

In some secondary schools, as an experiment, the older children were served with cheese and biscuits and coffee instead of a sweet. This was welcomed as a change from the normal sweet, but there does not appear to have been any persistent demand for this since.

In spite of the need to bring the nutritional standard of the meal up to date, it is interesting to note that there are still 100 children who partake of free meals during every holiday. These children attend one centre in the town at all main holidays. If they live some distance from the centre chosen, (and this varies from holiday to holiday), they are given bus tickets. These children are mainly the children of widows or women who have been left on their own to look after them or, in some cases, where the father is suddenly taken ill and is not earning for a few weeks.

Breakfasts are provided at the Avenue School only, for those children specially recommended by the Medical Officer. During 1966 approximately 23 children had breakfast daily. They are given rather special treatment at breakfast time and, within the limits of what is available, they are given alternatives in the main dish and in what they choose to have on their bread and butter - condensed milk is one of the popular items! These children seem to thrive on the special attention they get at this meal time.

The method of serving meals in each school varies, so that there is not one single method for the whole Borough, but each school's requirements are considered before the method of service is decided. It is delightful to see the happy atmosphere that is encouraged in some schools where both teaching staff and kitchen staff work together for the benefit of the children, and I should like to thank all the teachers and School Meals staff who have helped in this way.

# Road Accidents

We are indebted to the Acting Chief Constable for the following road accident statistics. The total number of children injured has again fallen for the second consecutive year. This may be regarded as encouraging but no reason for complacency.

## Schoolchildren injured on the roads in 1966

Month	Boys	Girls	Cy-clists	Pede-strians	Pass-engers	Injury			Total
						Slight	Severe	Fatal	
January	6	1	2	2	3	7	-	-	7
February	5	7	3	8	1	9	3	-	12
March	8	3	7	3	1	8	3	-	11
April	5	8	3	9	1	9	4	-	13
May	5	2	2	5	-	6	1	-	7
June	4	4	1	4	3	8	-	-	8
July	7	3	3	5	2	8	2	-	10
August	6	2	2	5	1	6	2	-	8
September	3	5	3	5	-	5	3	-	8
October	10	8	8	8	2	10	8	-	18
November	3	4	-	7	-	4	3	-	7
December	9	2	1	10	-	7	4	-	11
Totals	71	49	35	71	14	87	33	-	120

The following figures indicate the severity, or otherwise, of the accident according to the category of the victim.

Cyclists			Pedestrians		
Slight	Serious	Fatal	Slight	Serious	Fatal
23	12	-	52	19	-

# Physical Education

The Physical Education Organisers report:-

In previous reports the organisers have drawn attention to the changing concepts of physical education and have outlined what has been done in Reading to encourage modern thoughts and ideas. Unfortunately progress has been limited for reasons of finance and the lack of facilities for the older pupils in particular. The advent of the raising of the school leaving



age will increase these problems unless steps are taken now to ensure that the provisions for the subject are suitable and adequate to cope with the changing situation.

We suggest that the present gymnasium is out-dated; certainly its use out of school hours by youth groups and adults is very limited. Sports halls and swimming baths will provide more suitable accommodation for the general requirements of schools and other users. They are admirably suited for use for a wide variety of recreational activities.

Out of doors the provision of playing fields for the major team games has tended to be the limit of the provisions in this sphere. Unless adequate (and costly) drainage systems can be installed when areas are prepared it is doubtful if extensive grass pitches are suitable teaching spaces. Playing fields are out of use for many weeks during the year and, when available, the extent of their use is limited by the condition of the turf. All-weather surfaces and playgrounds, suitably placed in relation to buildings and grass areas, are to be recommended. With adequate flood-lighting such areas can be used extensively out of school hours by clubs for a variety of purposes.

During recent years in our larger schools the modern system of "optional" choice of activity has been introduced and where necessary schools have joined forces for certain pursuits for reasons of economy and efficiency. To a lesser extent this system has been tried in the secondary modern schools with sufficient success to encourage Head Teachers to extend it to classes for younger age groups. It is evident that this system will be adopted generally throughout the town by the specialist teachers especially in view of the fact that children will be remaining at school for a longer period of time. We envisage a demand from schools for facilities for a wider range of activities. While some attempt has been made to cope with this situation, requests for places on the time-table at the canoeing and sailing centres are greater than can be provided at either. A similar situation prevails for other activities.

Courses have been held locally to help all young teachers and we are grateful to them and their more experienced colleagues for the support they have given us by attending classes of instruction.

**Sailing** The facilities at Theale have been extensively used during the year mainly after school hours and at weekends. The opportunity to use the Centre during the day is limited by the availability of boats and until such time as a Warden can be appointed it is evident that this popular activity cannot be developed fully for educational purposes.

The Centre has been improved greatly on a self-help arrangement. The entire park for dinghies has been laid in concrete by the combined efforts of staff, children and youth members.

The Hall Seamanship Trophy Contest was held in November and was won by Stoneham School after a long and exacting competition in a wide variety of the skills of sailing. The standard of seamanship shown by all contestants was indicative of the thoroughness and competence of the members of staff concerned.



**Canoeing**        The extension of the facilities at Wychcotes for the use of schools was completed during the summer term. At that time a course of instruction was held to prepare teachers for an Instructors Certificate, the minimum requirement for members of staff wishing to use the Centre with parties of children.

**Swimming**       This is the most popular activity in physical education; the demand far exceeds the opportunities both during and after school hours. The use of the Cyril Taylor Pool at Kendrick on certain evenings has been some compensation for the limited programme that has been possible at the public baths. There is no doubt, however, that the exclusive use of the latter during four mornings each week has been most beneficial from every point of view.

We look forward to the opening of the new bath to help to solve the difficulties of finding places on the time-table for all the schools wishing to take part. We hope to be able to give some preference to learners and in this respect intend to ask the junior schools to consider making swimming a necessary subject for every child. We cannot hope to ensure that every child will be able to swim before passing on to our secondary schools but at least we should welcome the opportunity to try to do so.

**Playing Fields**       All credit is due to the Supervisor and his staff for their efforts to maintain the high standard of our grounds; playing fields and gardens. Sickness and resignations have seriously depleted the labour force during the year and in this area of full employment it is difficult to find replacements.

As has been mentioned earlier, drainage schemes to improve existing fields is to be encouraged. Work on this has been completed at Stoneham and Westwood and it is intended to include for consideration the necessary costs in next year's Estimates to carry out similar schemes at Ashmead, George Palmer Junior and Park Lane.

In conclusion the Organisers wish to express their thanks to everyone who assisted them in their work during the year.



# Statistical Data

## PART I

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

Age Groups inspected (By year of Birth)	No. of pupils who have received a full medical examination	Physical Condition of Pupils Inspected		No. of Pupils found not to warrant a medical examination	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory No.	Unsatisfactory No.		For defective vision excluding squint)	For any other condition recorded at Part II	Total individual pupils
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1962 & later	106	106	-	-	2	5	5
1961	554	554	-	-	6	37	38
1960	1094	1093	1	-	22	98	100
1959	164	164	-	-	3	17	17
1958	307	307	-	144	19	43	50
1957	87	87	-	-	3	14	14
1956	62	62	-	-	7	6	11
1955	211	211	-	-	20	13	25
1954	182	182	-	-	13	7	19
1953	121	121	-	-	11	14	21
1952	72	72	-	-	8	8	13
1951 & earlier	275	275	-	73	16	17	30
Total	3235	3234	1	217	130	279	343

#### OTHER INSPECTIONS

Number of Special Inspections	...	...	123
Number of Re-inspections	...	...	<u>853</u>
Total			<u>976</u>

#### INFESTATION WITH VERMIN

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	...	...	...	15,909
(b) Total number of individual pupils found to be infested	...	...	...	171
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	...	...	...	Nil
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	...	...	...	Nil

## PART II

Defects found by Periodic Medical Inspections during the year.

Defects or Diseases	PERIODIC INSPECTIONS								Special inspection	
	Entrants		Leavers		Others		Total			
	(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)
Skin ... ..	9	44	5	3	14	10	28	57	1	-
Eyes - a. Vision ... ..	83	59	11	14	36	6	130	79	3	3
b. Squint ... ..	29	20	-	2	12	5	41	27	-	-
c. Other ... ..	-	1	-	1	3	1	3	3	-	-
Ears - a. Hearing ... ..	13	71	1	4	11	19	25	94	4	1
b. Otitis Media ... ..	8	47	1	-	6	6	15	53	1	-
c. Other ... ..	1	10	-	3	1	-	2	13	1	-
Nose and Throat ... ..	50	162	1	7	13	28	64	197	4	1
Speech ... ..	11	35	-	2	7	8	18	45	2	7
Lymphatic Glands ... ..	3	11	-	-	1	4	4	15	-	1
Heart ... ..	2	18	-	3	1	5	3	26	-	1
Lungs ... ..	7	51	-	-	3	13	10	64	-	1
Developmental - a. Hernia ... ..	7	10	-	-	1	5	8	15	-	-
b. Other ... ..	1	56	-	2	4	6	5	64	1	1
Orthopaedic - a. Posture ... ..	3	13	-	1	1	5	4	19	-	-
b. Feet ... ..	9	34	-	-	-	7	9	41	-	-
c. Other ... ..	6	23	-	1	3	10	9	34	1	1
Nervous System - a. Epilepsy	-	9	2	-	1	2	3	11	-	-
b. Other	-	15	2	1	-	1	2	17	-	-
Psychological - a. Development	1	45	-	-	1	7	2	52	1	2
b. Stability	9	87	-	1	1	13	10	101	1	3
Adbomen ... ..	1	15	-	-	-	-	1	15	1	-
Other ... ..	10	21	-	-	3	7	13	28	1	2

(T) = Treatment

(O) = Observation



### PART III

#### Treatment of pupils attending maintained 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) ... ..	834
Total	<u>834</u>
Number of pupils for whom spectacles were prescribed	309

##### (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 ... ..	45
(b) for adenoids and chronic tonsillitis ... ..	302
(c) for other nose and throat conditions ... ..	39
Received other forms of treatment ... ..	1
Total	<u>387</u>
Total number of pupils in schools who are known to have been provided with hearing aids ... ..	
(a) In 1966 ... ..	9
(b) In previous years ... ..	60

##### (C) ORTHOPAEDIC AND POSTURAL DEFECTS

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

## (D) DISEASES OF THE SKIN

					Number known to have been treated
Ringworm					
(a) Scalp	...	...	...	...	-
(b) Body	...	...	...	...	1
Scabies	...	...	...	...	27
Impetigo	...	...	...	...	10
Other skin diseases		...	...	...	355
Total					<u>393</u>

## (E) CHILD GUIDANCE TREATMENT

		Number known to have been treated
Pupils treated at Child Guidance Clinics	...	155

## (F) SPEECH THERAPY

		Number known to have been treated
Pupils treated by speech therapists	... ..	293

## (G) OTHER TREATMENT GIVEN

		Number known to have been treated
(a) Pupils with minor ailments	... ..	1164
(b) Pupils who received convalescent treatment under School Health Service arrangements	...	4
(c) Pupils who received B. C. G. vaccination	...	1140
(d) Other than (a), (b) and (c) above	...	-
Total		<u>2308</u>



# Cases of Infectious Diseases in School and Pre-School Children

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 ... ..	33	1	2	8	21	1
Whooping Cough ... ..	11	1	6	2	2	-
Measles ... ..	658	22	175	208	248	5
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 ... ..	12	-	4	2	4	2
Meningococcal Infection	-	-	-	-	-	-
Acute Encephalitis (Infective) ... ..	-	-	-	-	-	-
Acute Encephalitis (Post-Infectious) ... ..	-	-	-	-	-	-
Ophthalmia Neonatorum	-	-	-	-	-	-
Totals	715	24	187	221	275	8





