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Health and Social Services in Reading 1967 & 1968



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 years 1967 & 1968

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Reading Education Committee

(as at 31st December, 1967)

(" " " 1968)

THE RIGHT WORSHIPFUL THE MAYOR (Alderman Francis Taylor) 1967

" " " " " (Alderman Edith Morris) 1968

ALDERMEN

William Wykeham Edward Badnall - 1967/68	Edith Morris - 1967
Alice Jeannette Burrows - 1967/68	Francis Taylor - 1968
Edward Albert Busby - 1967/68	Edward Thomas Waltham - 1967/68
Edith Ella Lovett - 1967/68	

COUNCILLORS

Adelina Ethel Baker - 1967	John Rees Price - 1967/68
Charles Edward Buck - 1967	George Frank Robinson - 1967/68
Ronald James Day - 1967	Frank Neil Rowberry - 1968
Roy George Gregory - 1967/68	Charles Frederick Sage - 1967/68
Michael Frank Hooper - 1968	William Leslie Stansfeld-Taylor - 1967/68
John Edmund McNamara Lilley - 1968	David Leonard Stoddart - 1967/68
Sidney Thomas Michael Moon - 1967/68	Robert Leslie Towner - 1967/68

CO-OPTED MEMBERS

Dr. P.E. Axon, O.B.E.	Mr. F.G. Phillips (deceased)
The Reverend Father P.A. Collins	succeeded by Mr. E.F. Alwood, J.P., B.Sc.
Dr. W.C. Costin, O.B.E., M.C., M.A.	The Reverend A. Murray Smith, B.A., Ph.D.
Professor C.H. Dobinson, M.A., B.Sc. - 1967	Dr. S. Smith, B.A., F.R., Hist. S.
The Reverend J.G. Grimwade, M.A.	Mr. H.W. Turner
Mrs. H.D. Kay, M.Sc.	The Vice-Chancellor, University of Reading,
Mr. H. Marshall	Dr. H.R. Pitt, F.R.S.
	Professor R. Wilson, B.A. - 1968

Staff at 31st December, 1968

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. (Resigned 30.9.67)

D.F. ROWLANDS, M.B., B.S., D.P.H., D.Obst.R.C.O.G. (Commenced 1.11.67)

Senior School Medical Officer:

M.F.H. BUSH, M.B., B.S., M.R.C.S., L.R.C.P., D.C.H., D.P.H. (Resigned 31.5.67)

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

School Medical Officers:

B.D. COOPER, M.B., B.S., D.P.H. (Resigned 31.5.67)

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

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

M.G.H. ROGERS, M.A., B.A., M.B., B.Ch., D.C.H., D.P.H.

ELIZABETH FRANCES HILTON PARRY, M.B., B.S., D.P.H. (Commenced 2.1.67)

Principal Dental Officer:

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

Dental Officers:

D. BOLLAM, L.D.S., R.F.P.S. (GRGS.) (Commenced 14.2.68)

J.H. HARPER, B.D.S. (ED.) (Resigned 31.7.67)

D. MONNICHENDAM, L.D.S., R.C.S. (ENG.) (Part-time) (Commenced 16.10.67)

Mrs. F.E. O'BRIEN, L.D.S., R.C.S. (ENG.), (Part-time) (Resigned 2.1.67)

D. B. MAGURAN, B.D.S. (N.U. Irel.), (Part-time) (Resigned 30.11.67)

Mrs. C. CARTWRIGHT, B.D.S. (U.St.And.) (Part-time)

Mrs. J.T. GRIFFIN, L.D.S. (U.Durh.) (Part-time) (Commenced 15.2.67) (Resigned 30.4.68)

Principal Nursing Officer: (from 1.4.68)

Miss E.P. FEW, S.R.N., H.V., ADMIN. CERT.

Nursing Officer/Health Visiting:

Miss J. FOULDS (Commenced 1.8.68)

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. J. ACKROYD

* Miss J. BALDRIAN (Resigned 30.9.67)

* Mrs. M. BEATTIE (Part-time)

* Miss J. BOULTON (Appointed 29.11.68)

* Mrs. J. CRAWFORD (Resigned 31.10.67)

* Miss A. ELLIS (Appointed 11.9.67)

* Miss D. FICKNER (Appointed 11.12.67)

* Miss M. GRANT

Mrs. J. GRIFFIN (Part-time)

Mrs. A.C.H. GUY (Resigned 30.9.68)

* Miss S.C. HANSFORD

* Miss P. HONEYBALL

* Miss M. HOWELL

* Mrs. D. HOWMAN (Appointed 2.10.67

Part-time)

* Miss S. JONES

Mrs. M. KING

* Mrs. G. LANGDON (Appointed 9.9.68)

Mrs. J. LEWIS (Part-time)

Mrs. E. MABEY

Mrs. A. MASTERS (Resigned 28.2.67)

Mrs. I. NEWMAN

* Mrs. B. NEVITT (Resigned 10.3.67)

* Miss E. OVERTON (Resigned 31.3.68)

Miss M. PLATT

Mrs. T. PORTER (Part-time)

* Miss P. SPAIN (Appointed 11.9.67)

Mrs. J. SINGLETON (Appointed 13.2.67)

* Miss M. WILLIAMSON

Mrs. J. ELCOATE (Appointed 2.10.67

Part-time)

* 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. (Resigned 13.9.68)
- Mrs. C.R. RICHARDS, F.C.S.T. (Part-time) (Resigned 21.7.67)
- Mrs. A. HOPTON, L.C.S.T.
- Mrs. J.E. McNAIR, L.C.S.T. (Commenced 4.9.67)
- Miss J. MOOD, L.C.S.T. (Commenced 3.9.68)

Oral Hygienist:

Mrs. V. TAYLOR

Physiotherapists:

- Mrs. M. ANTSCHERL
- Miss J.E. BURGE

Chiropodist:

Miss D. LOCKLEY

Clinic Assistants:

Mrs. A. SMITH Miss B.J. McMANUS

Admin. Assistant:

Mr. N.A. MASKELL

School Clinics

QUEEN'S ROAD CLINIC

Special Examinations and Minor Ailments
Chiropody Clinic

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

Monday, 9a. m. - 10a. m.

Friday, 9a. m. - 10a. m.

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

Southcote Clinic

Reading School Health Service

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE :

Mr. Chairman, Ladies and Gentlemen,

The healthiness of the vast majority of the children in this country is one of the wonders of our age. Paradoxically, this happy state has led not to complacency but to a greater awareness of the child health problems still to be solved. While the main objective of a modern School Health Service continues to be to ensure a proper medical contribution towards the total development of potential in all children, increasingly the emphasis is turning towards the handicapped child and the co-ordination of services for him; to the early detection of children with emotional difficulties and the effective treatment of the maladjusted. In addition, there remains the constant challenge of encouraging in all children the habits of living which are conducive to future well-being. In this report, there is much evidence of considerable attention and effort being turned to these matters.

An essential part of forward planning is a review of present services and this report includes a brief survey of our well-established educational facilities for those with hearing defects. The achievements over the past years are impressive and reflect great credit on the pioneers and present staff.

The new Avenue School for the handicapped has now established itself as a leading example of the best that can be provided in special schools. The team work between health and education shows up brilliantly in this situation, and the resultant impact on the children is gratifying. A development of interest concerns the growing links between the physiotherapy and speech therapy staff and Borocourt Hospital, bringing hospital and community another step closer towards co-ordination of services.

Despite these and other aspects of services for handicapped children where progress was made, certain worries remain. For example, the waiting list for E.S.N. places was in 1968 more than twice the 1967 figure. Also, the child guidance clinic, now more appropriately named the Family and Child Guidance Service, is under great pressure, with a heavy case load and a growing waiting list. Every effort is now made to give priority appointments for certain children causing concern, especially cases of school refusal. But there remains an urgent necessity to consider the future development of the service. There are growing demands for help at an earlier stage from schools, and this should be encouraged. An exciting programme for the teaching of personal relationships in the schools has produced a number of skilled "counsellor" teachers who will help senior children with the wide range of personal problems which can interfere with the complex business of growing up. But any system which brings to attention new problems in this way will require some support from the professional social work services, and this must be available

if at all possible. Otherwise the great potential of the programme may not fully be achieved.

The school dental services made encouraging progress in 1967, with the provision of some new facilities and with a dental health education campaign. Rate of progress slowed in 1968 but the output of work done has been increased by the introduction of evening sessions.

The most alarming occurrence in the infectious diseases field was in 1967 and was an outbreak of tuberculosis at a primary school. The chance observation that two unrelated children in the same class at school were under the care of the chest clinic led to a full investigation of the school. A member of staff was found to have active tuberculosis, and a large number of the children produced evidence of exposure to infection and required therapy and close observation. The failure to notice a high rate of positives to skin testing in the B.C.G. scheme arose from the lack of analysing these results by primary school attended. This must be done in future as long as it is advisable to B.C.G. vaccinate children at secondary school age. One further important point must be added, and that is the real necessity for all those in contact with children to undertake a regular chest x-ray: a new system has been introduced with a clearer follow-up arrangement. Finally, it must be said that despite the considerable disturbance and anxiety created by this situation, the head teacher and her staff, the parents and indeed the pupils themselves, all co-operated to the full and with a calmness for which the health department staff were grateful.

The importance of health education in schools has been accepted by both Education and Health committees, and a joint development plan has been approved in principle, awaiting now the necessary finance. In the meantime, the Family Care Certificates scheme, organised in several schools in co-operation with the Adviser in Home Economics, continues to point the way for future action.

It is always greatly pleasing to include in this report details supplied by the School Meals and Physical Education organisers. Their steady contribution to health is of course considerable. It is good to note the expansion of swimming facilities in the town.

During 1967, Dr. Ethel Fisher accepted the post of senior medical officer responsible for the day to day running of the school health service and brings to this new challenge her exceptionally wide local experience.

There has always been a close and rewarding relationship between the school health service and the schools we are anxious to serve. This is due to the efforts of teachers and staff, but is greatly encouraged by the willing co-operation of the Chief Education Officer and his central department. To him and his colleagues, I would like to express the gratitude of the school health staff.

This report is experimental in that it covers a two-year period, and

is slightly longer in some sections. But there has been a saving in staff time and cost of production and there has been an opportunity to look at our services across a wider span.

The support which is given to our activities by the Chairman and members of the Education Committee has been a significant factor in whatever progress has been made. On behalf of the staff, it is a great pleasure for me to record our appreciation.

A. GATHERER

Principal School Medical Officer.

October, 1969.

Year	1967	1968	1969	1970	1971	1972
1967	21	22	23	24	25	26
1968	27	28	29	30	31	32
1969	33	34	35	36	37	38
1970	39	40	41	42	43	44
1971	45	46	47	48	49	50
1972	51	52	53	54	55	56
TOTAL	175	182	189	196	203	210

Medical Inspections

The number of routine medical examinations of children carried out by school doctors during 1967 and 1968 was 10,033. These were mainly in the age groups of 5-6 years and 11-12 years. It is regretted that shortage of staff made it impossible for the doctors to examine more than a small proportion of school leavers, and also that the proposed schemes of selective examinations had to be abandoned because of clerical as well as doctor shortages.

School children in the borough are on the whole a very healthy set of people and this is borne out by the fact that, excluding defects of visual acuity and squint, out of over 10,000 children inspected, only 645 were found to have a physical condition which the examining doctor thought would require treatment of some kind. One sixth of these were children with septic tonsils, while postural and mild orthopaedic foot defects accounted for another one sixth. On the other hand, a fairly large number, nearly 340 of the school entrants examined, were regarded as psychologically immature or unstable and although the vast majority of these were not referred for treatment from a psychiatrist, the parents being given advice by the school doctor on how to handle the child, it is a sad thought that on this reckoning about 9% of children show some definite evidence of emotional disturbance that must prevent them from obtaining the full benefit of their education, at least during their first year at school.

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 1967 and 1968.

Vision Sweep Numbers

	Number tested		Number with defects		Number referred	
	1967	1968	1967	1968	1967	1968
7 years	1,774	1,865	131	208	51	96
8 years	1,709	1,777	186	178	29	44
9 years	1,834	1,843	243	252	49	35
13 years	1,549	1,380	259	244	46	50
TOTAL	6,866	6,865	819	882	175	225

SUMMARY OF THE AUDIOMETRIC ASSESSMENT OF SCHOOLCHILDREN IN READING

Reading was one of
the first Local
Authorities to

introduce audiometry into the School Health Service. In 1950 Dr. E. Hughes (late Medical Officer of Health) and Mr. P. S. Taylor (late Chief Education Officer) were stimulated by the work of the Ewings to realise the importance of this sphere of investigation.

At this early stage a liaison was established with Mr. R. H. Hunt Williams (senior E. N. T. Consultant, Royal Berkshire Hospital) who was particularly interested in the early detection of deafness. The relationship between the hospital service and the School Health Service proved a very rewarding one in terms of community health, and earned Reading a nation wide reputation for providing one of the best services in the country for those needing medical or educational help as a result of deafness.

In 1950 audiometric testing in schools was started by using a group gramophone audiometer. This necessitated the use of headphones but the results were not very reliable. This was soon replaced by pure tone audiometers used by School Medical Officers and Nurses. Sweep tests were carried out on selected groups of children with educational difficulties, also routine sweeps of the 8 years group of children.

In these early days the most gratifying results came particularly from children in the "C" streams. There was one particular child who was doing so badly in the "C" stream that the question arose as to whether she should be sent to an E. S. N. school. She was found to be deaf and when this was cured she rose rapidly to 8th in the "A" stream and later went to Grammar School.

Later Dr. David Kendall from Manchester University came to demonstrate how quickly and easily five year olds could be tested by individual pure tone audiometry.

In 1955 the appointment of Mr. Daniel Ling (now Professor at McGill University, Montreal) as organiser of special classes for deaf children in ordinary schools, established Reading as a pioneer in this field. The special experience of a trained Audiometrician who joined the staff in 1957 made it possible to test satisfactorily at the earlier age of 5 years.

We now look back on 10 years of screening tests of hearing in Reading infant schools and the progress made. Mrs. E. J. Stone began the work in its present form in 1957, leaving Reading in 1959. Mrs. G. M. Shaw, after working with Mrs. Stone for a year, has continued with the work.

The effect of severe deafness on education is easily understood, but not so the difficulties of the child in normal class with a slight or partial loss of hearing. Failure to progress in school and to attain satisfactory communication with their friends, leads to temper tantrums and anti-social behaviour. Because of this handicap the child is often considered to be backward, naughty, lazy or inattentive. These problems of the child in normal school with severe or partial deafness combined with the medical aspects, make it desirable that an early ascertainment of deafness should be made.

Mr. Hunt Williams attributes at least 25%, possibly up to 50%, of permanent deafness acquired in middle or late life and leading to the need of a hearing aid, to middle ear disease which started in childhood and which, if properly dealt with at that time, need not have resulted in loss of hearing.

With these points in mind early detection is the aim of the screening programme. Good screening is important to the doctor concerned; surgical and electronic advancements are of no use if the child in need of them is not discovered.

A pilot audiometric scheme was begun in a few selected schools in 1957 and extended to cover the majority in 1958; by 1959 routine 'sweep' testing of all 5-6 year old entrants was achieved. The method used for sweep testing and found to be quick (taking an average of 2 minutes to test each child) and effective, is as follows:-

The screening of infant school children takes place in school at 5-6 years and, where possible, again at 6-7 years. Parents are informed that the test is to take place and that if their child appears to have any defect of hearing the school doctor will arrange to see him/her and discuss the matter with the parent.

A pure tone portable transistor audiometer is used. Conditioning is very important in 'sweep' testing of such a young group. The child must understand the instructions, be familiar with the signal to be given and the response to be made. The children are conditioned in groups of 6-10, then each child is tested individually over the main speech frequencies - 500 c.p.s. to 4,000 c.p.s. at an intensity level of 20 db. Any child who fails at any one frequency in either ear is re-tested. If he/she then fails this second test, this child is seen alone later for a diagnostic test if conditions permit.

In screening, we are not saying that a child is deaf, but that he/she is not responding to certain stimuli at certain levels for some reason, and follow-up clinic and further tests will be needed.

Approximately 10% fail their school test and are referred to the School Medical Officer for further investigation. A breakdown of the 1967 and 1968 failures and comparison tables is shown below.

The co-operation of head teachers is good and much appreciated. They are interested in testing procedures. Their requests for tests of older children in their schools is of help, particularly where children have come into the Borough after screening age.

Conditions for testing, and the attitudes of teaching staff, vary considerably throughout the Borough and the Audiometrician has to adapt to these.

Ambient noise in school and passing traffic present the greatest difficulty, particularly when testing an immature or nervous child. To help overcome this problem, the audiometer currently in use for screening is equipped with an extra noise-reducing headset.

Where there is doubt about the response to Pure Tone Audiometry, the Michael Reed picture whispered voice test is used as an interim test. The child has usually matured enough in 6-12 months to test by P. T. A.

Records are kept at the Queen's Road Clinic of all children who fail their hearing tests and it should be emphasised here that audiometric testing is also undertaken of children of all ages where the need is made known.

The type of hearing loss detected by screening is usually of the conductive type, but previously undetected severe unilateral deafness often comes to light. Many have moderately severe conductive losses which, with medical treatment, will improve or return to normal. In addition, there are always a small number of the more severely deaf, whose final assessment will require the following provision:-

- (a) Special position in class.
- (b) The permanently hard of hearing who need a hearing aid, but who will work in normal school.
- (c) Those requiring an aid, but who will also need experienced teaching in the Partially Hearing Unit.

Some authorities carry out further testing at 10 years old.

In 1964 a small experimental sweep was carried out on children in Reading aged 10-11 years, using the same frequencies and intensities as for 5-6 year olds.

Out of 267 children tested, 12 failed. Of these, seven were already known to have impaired hearing and only one of the five newly discovered children had a significant hearing loss (bilateral 30-40 db. conductive loss) and has since responded to treatment. All the others, although failing, could be assessed as being within normal limits for all practical purposes.

The school audiometric service is greatly indebted to all those related services, especially the school medical officers who have co-operated so fully in all aspects of the work.

Audiometric Survey of Children in Infant Schools

Table of Comparison

	<u>1962</u>	<u>1963</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>	<u>1967</u>	<u>1968</u>
Percentage of children tested who failed the "sweep"	9.7%	9.9%	11.0%	9.9%	9.5%	10.4%	8.8%

The results of the Audiometric Survey in 1967 and 1968 were as follows:-

Children Tested	First Tests and Entrants 5 years old	Retests 6-7 years old	Total
Number tested 1967	2,088	612	2,700
" " 1968	2,278	553	2,831

	<u>1967</u>	<u>1968</u>
Number failing sweep test	216 (10.4%)	200 (8.8%)

Disposal	Entrants	
	<u>1967</u>	<u>1968</u>
(a) Treated and kept under observation by S. M. O. to be retested	112	92
(b) Referred to or under treatment by G. P.	4	5
(c) Referred to E. N. T. Surgeon or receiving treatment at R. B. H.	66	74
(d) Awaiting examination by S. M. O. (including D. N. A.)	27	12
(e) Discharged on further examination	7	17

In addition, tests were carried out on children at the Avenue School. One child tested through the Audiometric Survey has subsequently been issued with a hearing aid.

During both years a number of trainee nurses and health visitors, as well as interested visitors to the Audiology Unit, have attended audiometry sessions as observers.

Handicapped Children

Today the emphasis in Local Authority Infant Welfare Clinics is on the early diagnosis of children with mental and physical disabilities, so that treatment can be instituted as soon as possible and also so that provision can be made for the right kind of training or education later on.

It was thought that keeping an 'At Risk' register would ensure that most of the handicapped children would be identified during the pre-school years. Recently, however, it was shown by Dr. Michael Rogers - a member of the staff who has published the results of his researches - that the 'At Risk' register does not, in fact, help a great deal in the early identification of the handicapped child, and this has been corroborated by workers in other places.

A decision was therefore made to discontinue the register of babies exposed to adverse conditions before, during or immediately after birth. It is recognised that a careful examination of all babies is necessary during the first few weeks of life and that this should be repeated several times during the pre-school years. If this programme of developmental examinations can be carried out, most of the handicapped children will be recognised long before they require special educational placement and arrangements for them can be made accordingly.

Already a comprehensive list of handicapped children is being compiled and this includes mentally backward as well as physically defective children.

HANDICAPPED PUPILS - SUMMARY OF POSITION AT 31st DECEMBER, 1968 (1967 figures in brackets)

Type of Handicap	Number on Register 31st December.		Receiving Appropriate Education		(a) Number in Residential School		Not in receipt of appropriate education but on waiting list for such	
	M	F	M	F	M	F	M	F
(i) Blind	2 (2)	- (1)	2 (2)	- (1)	(a) 2 (2)	- (1)	(a) - (-)	- (-)
					(b) - (-)	- (-)	(b) - (-)	- (-)
(ii) Partially Sighted	4 (4)	5 (5)	4 (4)	5 (5)	(a) 4 (4)	5 (5)	(a) - (-)	- (-)
					(b) - (-)	- (-)	(b) 1 (-)	- (-)
(iii) Deaf	1 (1)	1 (1)	1 (1)	1 (1)	(a) 1 (1)	1 (1)	(a) - (-)	- (-)
					(b) - (-)	- (-)	(b) - (-)	- (-)
(iv) Partially Hearing	12 (19)	11 (10)	12 (19)	11 (10)	(a) 2 (3)	1 (-)	(a) - (-)	- (-)
					(b) 10 (16)	10 (10)	(b) - (-)	- (-)
(v) Educationally Sub-normal	150 (133)	67 (55)	114 (118)	52 (48)	(a) 6 (6)	2 (1)	(a) 2 (2)	1 (-)
					(b) 108 (112)	50 (47)	(b) 34 (13)	14 (7)
(vi) Epileptic	3 (2)	4 (2)	3 (2)	4 (2)	(a) - (-)	- (-)	(a) - (-)	- (-)
					(b) 3 (2)	4 (2)	(b) - (-)	- (-)
(vii) Maladjusted	36 (26)	12 (13)	36 (20)	12 (12)	(a) 15 (19)	6 (12)	(a) 2 (6)	1 (1)
					(b) 19 (-)	4 (-)	(b) - (-)	- (-)
(viii) Physically Handicapped	40 (51)	26 (24)	40 (51)	26 (24)	(a) 1 (2)	- (-)	(a) - (-)	- (-)
					(b) 38 (39)	25 (18)	(b) - (-)	- (-)
(ix) Delicate	14 (14)	6 (7)	12 (13)	6 (7)	(a) 4 (4)	- (1)	(a) - (-)	- (-)
					(b) 8 (8)	6 (6)	(b) 2 (1)	- (-)

(b) In Pt. Hg. Unit.

PLUS Physically Handicapped children taught at home - 1 boy (2 boys)
 Delicate children taught at home - - (1 boy)
 Maladjusted children taught at home - 1 girl (1 boy)

BLIND PUPILS

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

PARTIALLY SIGHTED PUPILS

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

DEAF AND PARTIALLY HEARING PUPILS

There are five deaf and partially hearing pupils attending residential schools.

PARTIALLY HEARING CHILDREN

Pre-School Children. Owing to the pressure of work on a depleted staff of S.M.O's. the testing of seven month old children, most of whom are in the "at risk" category has been carried out by the organising teacher only. A quick and effective technique has been evolved using toys emitting sounds of known frequency and intensity. Testing is carried out in the home and usually takes about five minutes. No cases of severe impairment have been found. During 1968 the regular testing of "at risk" seven months old children has no longer been carried out by the Health Service. Instead, children listed under a revised "at risk" schedule have been referred to the Royal Berkshire Hospital for a complete paediatric check. Young babies are still referred for audiometric testing to the organising teacher, by Health Visitors and doctors where a hearing loss is suspected. So far no severe or profound deafness has been ascertained from such referrals.

100 children were referred in 1967 and 80 have been referred in 1968 by the Health Visitors or clinic doctors because of suspected hearing loss, usually arising from retarded speech development. A number of children in the Borough Nurseries were also tested at the request of the head-mistresses concerned. No cases of significant perceptive loss were found, though a number of 'conductive' cases were referred to the G.P. or the clinic doctors. In all cases of retarded speech development an investigation is carried out to ascertain if possible the cause. Advice on how she can help the speech development of her child is given to the mother. About one third of the cases need a further visit but only about three per cent require speech therapy.

Pre-School and Infant Children Needing Special Education. Our facilities at Newtown were considerably improved in 1967 by the addition of the following:-

(i) The composite Infant/Nursery Unit became two separate entities when Mrs. Walsh was appointed teacher in charge of the Infant Unit and Miss Philpott became responsible for the Nursery and pre-school children. Mrs. Jones was appointed Nursery Assistant to the new Infant Unit and an additional Nursery assistant was appointed to the normal Nursery staff to provide extra help with the partially hearing children. This has not really been satisfactory since no one person is responsible to Miss Philpott for working directly with the partially hearing children, and it has been planned to hold periodic meetings of nursery staff and teachers of the deaf

during 1969 in an attempt to provide a better understanding of the needs of the deaf children in a free play situation.

(ii) The small cupboard used previously for individual teaching has been expanded into a pleasant unit large enough for a small group of children to be taught. Normal hearing children are encouraged to join in some lessons, one effect of which is to stimulate the P. H. children.

(iii) With the help of the National Deaf Children's Society a radio microphone feeding a loop drive has been installed in the main play area. This installation gives the teacher and children complete freedom of movement as well as eliminating ambient noise, thus increasing considerably the value of the language reinforcement given during the informal play periods.

Our five young pre-school children have all benefitted from an operation carried out at the Royal Berkshire Hospital by Mr. R. H. Hunt-Williams. Briefly, the middle ear is opened and cleaned of "glue". A grommet is inserted in the drum to prevent complete closure so that any further mucus can be assisted to drain through the Eustachian tube without the formation of a vacuum due to a closed drum. In the four "rubella" cases the hearing returned to almost normal limits and has been fairly well maintained during the last year. We have found these children, however, are extremely susceptible to conductive overlay. When this condition occurs during the period of early language development the effect on this appears quite dramatic and the child suffers a serious setback. Even with improved hearing unfortunately other manifestations of the syndrome, for instance, learning difficulties may still prevent the acquisition of language in the normal manner and therapy is being continued in all cases. With early diagnosis and effective therapy one child was only about three months retarded in her language development and therapy was intensified in order to correct this retardation. Unfortunately during the winter 1967/68 after a cold, the deafness of a conductive overlay produced a traumatic effect and her language suffered a severe relapse. We are pleased to report that during 1968 with further medical treatment and therapy she has progressed considerably and now attends normal nursery.

Another pupil did not respond to therapy because of hyperkinesis and a probable language disorder. The first problem was treated by sedation and intensive therapy given in an attempt to assess the extent of his language difficulty. In spite of this practically no progress was made with speech or language until we were able to accept him into Newtown Nursery. With stimulating play facilities and firm discipline we found that sedation was no longer necessary and he is beginning to appreciate oral communication though his progress is extremely slow. We are now certain his lack of progress is due to a severe language disorder and he is being taught with this in mind.

A third child, has also benefitted from this operation and his hearing has improved from a loss of about 80 db. to that of 50 db. He is now working in the Nursery Unit and is making good progress.

Counselling and therapy were given to all these children and their parents by the organising teacher and the specialist nursery teacher until

they became old enough to be admitted to Newtown Nursery. During 1968 parents of the pre-school and infant children met monthly with the teachers to discuss various problems arising during the upbringing of a young deaf child. Different parents were the hosts each time and the meetings were well attended.

With the formation of the two units we were able to absorb our waiting list and there are no children at present awaiting unit placement. Six pre-school children attended Newtown Nursery including two children from Berkshire. They are now making good progress in the Infant Unit. One child whose slight hearing loss is not her main disability is receiving help at Nursery level while waiting a probable placement at E.P. Collier speech unit. Two children aged seven with a moderately severe bilateral perceptive deafness, have been placed at Larchmoor school for maladjusted deaf children after a period in the unit when it became obvious that because of emotional difficulties and deprived home backgrounds they would not be able to be educated in a unit situation. One of these has responded well to the therapy given there and is now ready to be transferred to an ordinary school for the deaf. Another child whose hearing has benefitted considerably from a myringotomy and a grommet but whose additional problems make it most unlikely that she will be able to cope with a unit education, will probably be transferred to the Avenue School. At the end of 1967 only three children were working in the Infant Unit and this gave us the opportunity to give some rather more formal work to some of the older nursery children. These are gradually integrated in to the Infant Unit.

In September, 1968 a child with physical handicaps went to the Avenue School for a year, prior to his being admitted to Wilfred Pickles School where his education will be geared to both his physical and hearing disability.

A boy who came to us from normal school had only a slight conductive loss but his behaviour difficulties made it impossible for him to continue in the normal class. It has taken him a considerable time to settle down but the individual help he has been able to receive in the unit is having its effect and he is at last beginning to respond, though still considerably retarded, he is now able to work full time in normal class. A girl with a similar history, though her maladjustment was comparatively small, has also responded to the help given. One difficulty we are encountering with this type of child is that of placement in normal class where numbers are extremely large and difficulties are increased by a high proportion of immigrant children.

One of the boys from the unit has continued to work in normal class and has now transferred to Newtown Junior School where he is progressing well.

Again we have been able to take advantage of the generosity of St. Catherine's Home, Ventnor, in allowing us the use of part of their premises for a summer school. Each year children from the Nursery and Infant units have spent a valuable week living, working and playing with their teachers and other staff. Arrangements have already been made to visit St. Catherine's again in 1969.

Junior and Secondary Children. We were fortunate in having had a stable team of experienced teachers for three years. This stability has shown itself, not only in the improved standards of work of the children but also in their maturing of behaviour and acceptance of responsibility. At last we are really seeing the benefits of the comprehensive programme of rehabilitation in which the teachers have spent hours out of school time with the children on expeditions and in the Palmer Club and also discussing various problems with the parents. Only when there is close co-operation between the parents and the teaching staff in all aspects of the child's development is it possible for a responsible and mature personality to emerge. It is not sufficiently realised even yet, how much the ability of the child to develop at an "academic" level depends upon the developing also of a well adjusted personality, and parents who force feed their children on a diet of purely academic work while neglecting their emotional and social needs are ultimately defeating their own object.

In June, 1968 Mrs. Welch resigned from the Junior Unit. Unfortunately we were unable to obtain a permanent specialist teacher and the effect of two staff changes in a short period was quickly noticeable in the children's lack of stability and growing immaturity. Fortunately in October we were able to obtain a permanent non-specialist teacher and by the end of the term the children were much more settled. The organising teacher is now taking speech with the children and the arrangement is working well. It would seem, certainly with the younger children, that where permanent specialist staff cannot be engaged, it is preferable to have one permanent qualified teacher than several short term specialists.

In addition to local excursions the older children completed their two year skiing course by another visit to Geilo in Norway. This visit organised by Mrs. Welch and Mr. Walsh was greatly appreciated by the children and one boy has already benefitted from his skill by joining a ski party of Scouts.

In 1968 these units enjoyed a week's journey on a narrow boat along the Northamptonshire canals. Living conditions on the boat were far from luxury and all the children learned to take responsibility for some of the daily chores. The experiences of the trip were used by the teachers to enlarge the children's understanding of their environmental studies. In connection with these studies the secondary children also visited a number of factories and works including the Reading 'Evening Post', Burberrys, the British Motor Corporation and the British Aircraft Corporation where they saw part of the Concorde being made.

Since 1963 the Cintra secondary unit had been housed in a small utility room between floors, but in the summer of 1967 we moved into a new pre-fabricated building with adequate room for group teaching and the mounting of small exhibitions of geographical or historical material. We are slowly expanding the library here and many more books are now available for the more backward readers. While units do not require the large duplication of books that a normal class needs they do demand a much wider range to cater for the varying abilities of the children.

In September, 1967 this unit formed the background of a film shot by

an American Company, depicting oral methods of educating the deaf. Children from the Infant, Junior and Secondary units all took part. In 1968 we also had a visit from the film team of the Central Office of Information who were filming the facilities in England for educating handicapped children.

Because of the difficulty of bringing all the secondary children together in a group, Mr. Walsh has been holding a number of Saturday morning sessions for teaching Science and Maths. The success of these can be judged by the high rate of attendance.

The presentation of a Minibus by the National Deaf Children's Society early in 1967 has meant we have been able to link classroom work with experience of actual situations much more easily. The younger children have made visits to the seaside, zoo and farm as well as local places of interest, while the older ones have been on geography and history journeys. But the bus has not only been used for work. Pleasure trips to barbecues, swimming, the pantomime and weekly club outings during the summer have also been undertaken. Some of the parents converted the bus into 'Snow White's House' and with the children playing the parts of Snow White, the wicked queen and the seven dwarfs, won first prize in the Woodley carnival.

During 1968 two girls have been admitted to the Junior Unit from nearby counties. One came from St. Thomas's, Basingstoke, and the other transferred from the High Wycombe Unit. At the end of the year six children were working in the George Palmer unit and three in normal school.

Cintra unit now has a small group of profoundly deaf children who need to spend a large proportion of their time in the unit, integrating only for the more practical subjects. Nine children requiring special educational treatment are now working in this unit.

There are about twenty children using hearing aids who work in normal classes, apart from those supervised directly by the units. This figure is under two thirds of the previous years total, and while some of the children can be accounted for by removals, most of them no longer require their aids because of a return to normal hearing from a conductive loss. This improvement is due in the main to the effective work of the Ear, Nose and Throat Department of the Royal Berkshire Hospital.

110 other children with slight or unilateral deafness are seated advantageously in class. A number of these are kept under close observation to ensure that their hearing loss does not affect their education. Nine children have been issued with hearing aids during the two year period.

Interest in the working and organisation of the units has continued and we have welcomed a large number of visitors from abroad as well as those from our own country. Mr. A. Parnham who has been our H.M.I. for a number of years has retired and been succeeded by Dr. D. C. Wollman who visited us at the beginning of 1968.

School Leavers. We are pleased to report good progress and integration by all leavers from the units. Only one boy, who left in 1967, with total adventitious deafness and poor social adjustment, had difficulty in

settling to work and after a trial period in a light engineering factory he transferred to a building firm where he has settled well. This boy successfully completed the R.A.C. motor cycling course where help was given in communication.

A profoundly deaf boy, was appointed school prefect in his final year and passed C.S.E. in Mathematics, Technical Drawing, Metalwork and English. He started work at the University as a technician and was granted day release to attend school to take his G.C.E. course, in which good passes were obtained in Metalwork and Technical Drawing.

Another totally deaf boy, passed G.C.E. in Technical Drawing and Metalwork and C.S.E. in English, Maths., General Science, Geography, Technical Drawing and Metalwork.

A discussion of the school-leaver's abilities, ambitions and attainments takes place some six months or earlier before the time to leave. This is attended by the Youth Employment Officer, the parents, unit teacher, organising teacher and the child. Possible jobs are discussed and the Y.E.O., with these suggestions in mind is able to consider placements when suitable opportunities arise. Works interviews are usually attended by the child and parents, but the unit teacher or the organising teacher would be present if required.

EDUCATIONALLY SUBNORMAL PUPILS During the two years, 83 boys and 38 girls were given an intelligence test by one or other of our doctors qualified to do this work. These children were all found to be in need of special education or training.

The names of 52 boys and 24 girls were placed on the waiting list for the Special Day School - Department of Educationally Subnormal Pupils. Four boys and one girl were recommended for special boarding school; 14 boys and three girls were thought to be in need of remedial teaching in ordinary school; and 13 boys and nine girls were recommended for the Junior Training Centre. One girl was unsuitable for education at school but the parents chose to employ a private tutor.

EPILEPTIC PUPILS Only four children are at present being educated in special residential schools for epileptic pupils. There are, of course, many children who have occasional fits who are in ordinary schools. In these, treatment with sedative drugs is effective, and the children can join in most of the ordinary school activities.

MALADJUSTED PUPILS Dr. Ward, consultant psychiatrist at the Kidmore Clinic, retired in December, 1968. She worked in this clinic for a considerable number of years, and many parents and children have reason to be very grateful for the skilful and devoted way in which she carried out her duties. All good wishes for a long and happy retirement are extended to her.

Following Dr. Ward's retirement, arrangements were made for Dr. O'Gorman to take one session weekly on Monday mornings and for Dr. C. E. Williams to take three sessions weekly - Wednesday a. m. and p. m. and Friday a. m.

During 1968 there has been an increase in the waiting list for diagnostic interview, and this has limited the number of children who can be taken on for regular psychiatric treatment.

A number of cases referred to the Kidmore Clinic have been seen at the Psychiatric Out-patients Clinic at Melrose House, where, up to the end of December, 1968, the Senior Psychiatric Social Worker also attended fortnightly on Friday afternoons, thus reducing the waiting list for new cases at the Kidmore Clinic. However, throughout 1968 it was found that the total case load for treatment and supervision remained too heavy for adequate psychiatric care.

A new development during 1968 has been the arrangement, through the School Medical Department, for the Senior Psychiatric Social Worker to use the Tilehurst Welfare Clinic once a week to see parents in that district, and to discuss cases with the School Medical Officer and Health Visitors for the Tilehurst area. This arrangement has proved to be a helpful liaison and is much appreciated by Tilehurst parents.

Hostels. In 1967 the Child Guidance Hostel at 2 St. Peter's Hill was re-opened on a weekly boarding basis. Mr. and Mrs. Mulqueen were appointed as Warden and Matron of this hostel and new children were admitted from September, 1967. The children have appreciated returning home at week-ends. The Psychiatric Social Worker's treatment of the family is facilitated by the child's closer contact with the family, who are beneficially involved in the child's treatment and progress. Unfortunately, the Hostel has been handicapped by the ill health of the Warden, and has, therefore, not been filled to capacity. The majority of the children admitted have made satisfactory progress.

The Child Guidance Hostel at Mockbeggar, 25 Whiteknights Road, Reading, re-opened in April, 1968, having been closed since the previous July when Mr. and Mrs. Dempster, Warden and Matron, were appointed to a similar hostel in Dorset. Mr. and Mrs. Jackson were appointed in their place, and they have done excellent work during the summer and autumn terms, and close co-operation has been re-established with the neighbourhood, schools, churches and clubs, including the local policeman, who has become a friend of the children. The children at this hostel return home for school holidays and also spend three week-ends at home during term.

In co-operation with the Educational Psychologist, a remedial teacher has visited the hostels to see some of the children for individual treatment and remedial education. The children's progress so far suggests that this form of hostel treatment offers definite advantages for selected cases.

Staff. Mrs. Treadgold was appointed as a part-time Social Worker to assist Miss Ewart, Senior Psychiatric Social Worker, in September, 1967. This has been of great assistance to the Clinic work.

Other Staff Activities. The Clinic Staff have given lectures and talks to a number of groups, such as W.E.A. courses, Nursery courses, Student Health Visitors, and Courses for Teachers of Backward Children. A

demonstration diagnostic interview recorded on tape (with the consent of the child and family) was given at a conference at Reading University on "Co-operation in Child Health", organised by the Institute of Education in the Spring of 1968. The Clinic Staff have also participated in the practical work supervision of students from the College of Further Education at High Wycombe and from the University of Edinburgh. Groups of students have visited from the Chiltern Nursery Training College and from the Royal Berkshire Hospital.

Statistics. There has been a significant increase in the total number of attendances and we continue to be concerned about the heavy case load at the Kidmore Clinic, which has resulted in children having to wait 2-3 months before an initial interview with the Psychiatrist, and occasionally six months before psychiatric treatment can be arranged. A number of cases are transferred to the Senior Psychiatric Social Worker or Social Worker for supervision, but case loads are far too heavy to make adequate regular supervision possible. More treatment sessions are required, and an additional part-time Psychiatric Social Worker or experienced graduate Social Worker is also needed. The position will no doubt be reviewed during 1969 when Doctors O'Gorman and Williams have had time and opportunity to assess the situation.

All children seen at Reading Borough Clinic

	<u>1967</u>	<u>1968</u>
No. of cases brought forward from 31.12.66.	201	-
No. of cases brought forward from 31.12.67.	-	277
No. of new cases referred	103	118
No. of cases re-opened during the period	4	3
Total no. of cases seen for consultation and treatment	135	195
No. of cases closed:-		
After consultation and advice only	1	9
Improved	14	50
No change	-	5
Prematurely closed:-		
Lack of co-operation	4	8
Left district	7	15
Committed to Approved School	2	3
After consultation and social work	-	-
Not seen at the Clinic, social work only	-	1
Social supervision	-	1
Over age	2	4
Deceased	1	-
Transferred	-	10
No. of interviews:-		
For psychiatric examination	83	99
For psychological assessment	64	84
For treatment	245	275

All children seen at Reading Borough Clinic (continued)

	<u>1967</u>	<u>1968</u>
No. of P.S.W. interviews:-		
Clinic interviews	334	318
Home visits	437	693
School and Hostels	71	113
Other social agencies	59	118
Student training sessions	78	72
No. of children admitted to hostels for maladjusted children	10	20
No. of children discharged from hostels for maladjusted children	5	5
No. of children in hostels at 31st December	10	20

Sources of Referral, Child Guidance Clinic

	<u>1967</u>	<u>1968</u>
School Medical Officer	47	44
General Practitioners	21	28
Hospital and other Psychiatric Clinics	4	9
Chief Education Officer	-	3
Education Psychologist	7	13
Children's Officers	10	16
Probation Officers	5	5
Medical Officer of Health	6	-
Headmasters	3	-
Total	<u>103</u>	<u>118</u>

PHYSICALLY HANDICAPPED PUPILS Sixty-three physically handicapped children attended the Special Day School and there were two children attending residential schools for physically handicapped children. Mr. Squire held his usual clinics at the Avenue School when physiotherapists, nurses, headmaster and doctors were present; and the progress of the young patients was reviewed.

DELICATE PUPILS Fourteen of these pupils attended the Avenue School during the year. Most of them have chest complaints. Five children were at residential schools, and these are mainly asthmatics.

PUPILS SUFFERING FROM SPEECH DEFECTS - 1968

In 1968 406 children were treated - 289 boys and 117 girls.

- 269 cases of dyslalia
 - 9 cases of dyslalia due to hearing loss
 - 70 cases of retarded speech development
 - 18 cases of stammering
 - 14 cases of stammering plus dyslalia
 - 12 cases of cerebral palsy
 - 5 cases of cleft palate
 - 2 cases of dysarthria
 - 3 voice cases
 - 4 cases of language disorder
- 95 discharged, cured or improved
 - 1 discharged after making no progress
- 11 left school before treatment was completed
- 8 left the district before treatment was completed
- 286 continued into 1969

Clinics are held at many of the primary and infant schools and also at some of the nursery schools, the Avenue School and Wakefield Lodge. In 1967 we started a new venture in the form of a joint scheme with Borocourt Hospital. The Speech Therapists of the Department provide five sessions a week at Borocourt and this is proving to be very interesting and beneficial to all concerned.

Our speech unit at E.P. Collier School continues to run successfully. One child is now speaking normally and has returned to his original school and all the others, apart from one who has been transferred to the Avenue School, continue to make progress.

THE AVENUE SCHOOL Mr. W. A. Goodworth, Headmaster, reports:-

The year 1967 will be remembered as the year in which the Avenue School took on a completely new look. For three years builders have been at the school, first the extension to the P.H. Department was being built, to be followed immediately by the new building to replace the original Special School in Northumberland Avenue.

It is, of course, easy to say that the new building has replaced the E.S.N. Department. In fact, this is not strictly true. It has, for a long time, been the policy of my staff and myself to try to eliminate, except for sheer administrative purposes, the need to label children E.S.N., P.H., or anything else. To the outside world we attempt to present the Avenue School as a school for handicapped children. All the facilities of the school, be they educational or medical, are available equally for all children, whatever their handicap. Thus you will find, every day, physically handicapped children using the facilities of the new building and E.S.N. children doing likewise in the P.H. Department or its extension. Considerable thought was given as to how it might be possible, in ordinary daily parlance, to eliminate the need for referring to the E.S.N. or the P.H. Departments and

we have decided that the two buildings shall be called the Upper School and Lower School respectively, the relevance of these names being entirely limited to their geographical height above sea level. It is perhaps significant that the changing pattern of life in the school, the better facilities and the wider range of experiences that can be offered to the children, are showing up more and more in the quality of our end-product, i.e., our leavers. During recent years, the boys and girls who have gone into employment have settled very well and it is a joy to have so many return to the school, happy and well turned-out, to tell us how they are getting on.

In May a very happy function was arranged at which the staff and children were able to show their appreciation of the work and interest of Mr. and Mrs. C. F. Taylor, when they were invited to school to be presented with an album of photographs of the new Nursery, Swimming Pool and Physiotherapy rooms in actual use.

In June a very successful and highly profitable fete was held to raise money to purchase a 16 mm. film projector for the Visual Aids Room which was being provided in the new building. A wonderful effort by the staff, assisted by some parents and children, enabled us to overcome a day of shocking weather and still exceed the financial target we had set ourselves, so that ultimately we were able to purchase a better projector than we had first considered.

The school was closed for a day on the 29th September, 1967 so that a Conference on the Education of Spastic Children could be held here. This was organised by the Spastics Society and a number of speakers were specialists of the Society. Over a hundred people from within our Authority attended, mainly, but not all, teachers and a most interesting and stimulating programme filled the day.

The artistic work of the school has been of a high standard for some time, but during the year it was decided to enter some of our work in Art Competitions open to our children. We were all very thrilled when awards were won in the Brooke Bond Art Competitions, one award being at County level, the I.C.A.A. Competition held at Westminster Hall, the entries for which were afterwards displayed at a number of Art Galleries; and the Finart Crayon Competition. It is a great incentive for our children's work to receive recognition outside the school.

I should also mention the links that have been developed during the year with a number of secondary schools in the town. A lot of help has been received from senior girls who are interested in our work and the Home Economy Department has arranged a number of two-way lunch engagements which have been very valuable in giving our girls confidence.

At the end of the summer term a number of experienced staff left the school for promotion or retirement. Mr. Denys Brown, the Deputy Head, moved to Gravesend to become Head of the new E.S.N. school there, and I would like to pay tribute to Miss F. M. James who retired after twenty years of loyal service, and has returned to her native Wales. Mrs. B. Hancock also retired, regrettably because of her health, after twelve years on the staff, during which time she had taught children in all parts of the school, including the new Nursery. I am pleased to say that although it is difficult to find teachers who wish to work in Special Education, I have been able to

fill all the vacancies and the school is settling down again. It is not easy, however, in a school like this, where stability is a very important factor, for a number of newcomers to establish relationships with the children. The new Deputy Head is Mr. G. C. Lamb who has come from the Lichfield area after a number of years in residential Special Schools. Mr. Lamb's work programme is so arranged to allow him to concentrate particularly as Careers Master and he is developing a programme designed to bring the special schooling of our children to fruition by successful placement in employment.

The use of the swimming pool was extended to Wakefield Lodge, Boro-court Hospital Training Centre and to Braybrook School, Bracknell, all of whom have lunch-time or afternoon sessions. Coupled with the use made by the C.P. Unit at Battle Hospital, the Dolphin Club and the Spastics Society, the pool is now having the maximum use that is possible.

In 1968 the Hall of the Upper School was fitted with three pieces of wall-mounted gymnastic equipment to which has been added portable apparatus, with the final result that we now have a spacious and well-equipped gymnasium which can beneficially be used by the youngest, the oldest and even the most handicapped children.

Whilst this development has been taking place, the Hall of the Lower School has been redecorated by good friends of the school and very beautiful ceiling-to-floor curtains have been provided from monies raised at the School Fete last year. The transformation has pleased everybody, and this pleasant and comfortable place is now where the more social activities of the school are concentrated.

For a long time, the possibility of forming a Youth Club at the Avenue School has been discussed without anything positive being done. This was, I think, because the old buildings simply did not lend themselves to a venture of this sort. However, now that the school has completed its re-building, it was thought that this was a development that should be seriously considered. The majority of our pupils and ex-pupils find it very difficult to fit into normal Youth Clubs, but before starting a club for them it was felt that first-class equipment would be needed to make a positive appeal to them with a wide choice of activities. Consequently, last autumn the Avenue School girded its loins for another big money-raising event, and by the all-out efforts of the Staff and many parents and friends of the school, a most successful Autumn Fayre was organised which raised a considerable sum with which to start planning the Club. During the winter months, table tennis tables, a billiard table, badminton, and all sorts of small games equipment were purchased and it is planned to open the club in February, 1969.

There has been a significant increase in the number of spina bifida children coming into the school, and although they have all started in the Nursery, four of them have now progressed to the Infant Class and two or possible three more will be coming into the Nursery very shortly. An additional Nursery Nurse has been added to the staff because of the tremendous amount of personal attention required by these children. Academically, most of these children are making good progress and in the course

of the next few years the average intellectual level in the Department will no doubt rise because of their presence.

Physiotherapy. In 1967 our services were extended to the mentally handicapped children at Wakefield Lodge and Borocourt Hospital. Some suitable cases who have been referred from the Avenue School will benefit from continuity of treatment in these places. Other cases have been included for therapy in both schools.

A great deal of benefit and pleasure has been given to the children by the use of our swimming pool and therapy pool. The same facilities are extended to the pre-school children from the C.P. Unit, Battle Hospital who come twice a week. By the time a child is ready for admission to the school's Nursery Unit, surroundings are familiar and the staff are old friends.

Mr. Squire, Orthopaedic Surgeon of Battle Hospital, has held clinics at school each term. Through his hospital many appliances and machines have been provided for the handicapped children and we are most grateful. We look forward to his clinics which will, we hope, be more frequent in the future and we thank him for his continued interest in the children.

TABLE OF CASES TREATED DURING 1968 (1967 figures in brackets)

PHYSICALLY HANDICAPPED AND DELICATE

	Girls	Boys	Total
Cerebral Palsy	10 (10)	18 (16)	28 (26)
Respiratory	3 (5)	9 (7)	12 (12)
Old Poliomyelitis	2 (2)	- (-)	2 (2)
Cystic Fibrosis	- (-)	1 (1)	1 (1)
Post op. tumour	2 (1)	- (1)	2 (2)
Arthrogryposis	- (-)	1 (1)	1 (1)
Post Orthopaedic op.	- (1)	- (2)	- (3)
Fragilitas Ossium	- (-)	1 (1)	1 (1)
Dermatomyositis	- (-)	1 (1)	1 (1)
Supra Bulbar Palsy	- (-)	- (1)	- (1)
Posture	- (1)	- (3)	- (4)
Hemiplegia	1 (1)	1 (-)	2 (1)
Muscular Dystrophy	- (-)	1 (-)	1 (-)
Perthes Disease	- (-)	1 (-)	1 (-)
Spina Bifida	2 (-)	2 (-)	4 (-)
Congenital heart	- (-)	1 (-)	1 (-)
Post accident	1 (-)	- (-)	1 (-)
Multiple congenital deformities	2 (-)	- (-)	2 (-)
	<hr/> 23 (21)	<hr/> 37 (34)	<hr/> 60 (55)

E. S. N. (EDUCATIONALLY SUB NORMAL)

Respiratory	- (-)	- (1)	- (1)
Posture	- (-)	- (1)	- (1)
Orthopaedic cases	- (-)	1 (2)	1 (2)
	<hr/> - (-)	<hr/> 1 (4)	<hr/> 1 (4)

NURSERY UNIT						Girls	Boys	Total
Congenital Heart	...	...	...	...	...	- (-)	2 (-)	2 (-)
Spina Bifida	...	...	...	...	...	2 (2)	1 (2)	3 (4)
Cerebral Palsy	...	...	...	...	...	1 (2)	3 (7)	- (9)
Congenital deformity of lower limbs	...	...	...	...	...	1 (1)	1 (-)	2 (1)
Congenital absence of forearm	...	...	...	...	...	1 (1)	- (-)	1 (1)
Hemiplegia	...	...	...	...	...	- (1)	2 (-)	2 (1)
Cystic Fibrosis	...	...	...	...	...	1 (-)	- (-)	1 (-)
						<u>6 (7)</u>	<u>9 (9)</u>	<u>15 (16)</u>

TRANSFERRED FROM NURSERY UNIT TO RECEPTION CLASS

Thalidomide	...	...	...	...	...	1 (1)	1 (1)	2 (2)
Congenital Heart	...	...	...	...	...	- (-)	- (-)	- (-)
Cerebral Palsy	...	...	...	...	...	- (-)	- (6)	- (6)
Cerebral Palsy transferred to Borocourt	...	...	...	...	...	1 (1)	- (-)	1 (1)
						<u>2 (2)</u>	<u>1 (8)</u>	<u>3 (10)</u>

Transferred to Wakefield Lodge from Reception Class - (-) 1 (1) 1 (1)

SCHOOL LEAVERS

Cerebral Palsy	...	...	...	...	...	3 (1)	4 (1)	7 (2)
Posture	...	...	...	...	...	- (-)	3 (1)	3 (1)
Post op. tumour	...	...	...	...	...	2 (-)	- (1)	2 (1)
Supra Bulbar Palsy to Training School	...	...	...	...	...	- (-)	1 (-)	1 (-)
Dermatomyositis	...	...	...	...	...	- (-)	1 (-)	1 (-)
						<u>5 (1)</u>	<u>8 (4)</u>	<u>13 (5)</u>

Health Education

PARENCRAFT IN SCHOOLS Classes have been held in Secondary Modern Schools and the Avenue School for handicapped children. In addition sessions were given by Miss Hansford to a class of boys in Cintra Secondary Modern School. These were most successful and the boys enormously enjoyed learning how to bath and feed a baby and to change napkins in addition to learning about the social service and child development. It would be pleasing to provide more such classes.

The Family Care Certificate Course has continued in three schools and certificates were awarded.

Discussion groups were held at Kendrick School for girls on the choice of a career when they leave school. These were led by the Medical Officer of Health and other members of the department.

School Dental Service

Early in 1967 there was great activity in the Clinic at Southcote as painters and plumbers prepared a new dental suite, which was ready for use in February. A new Dental Surgeon was appointed and the surgery has been in continuous full time operation since and is proving a great success.

In April, 1967 the "Symposium on Child Dental Health" given by the British Paedodontic Society in London was attended. Delegates from all over the world were present and we were able to obtain a broad picture of the problems, methods and advances in the dental treatment of children, that are taking place in many countries including those of Eastern Europe.

An intensive dental health campaign was again carried out. The prelude was a visit by Miss Land of the Oral Hygiene Service who came down from London to advise us on a programme and then she demonstrated films and teaching aids to the health visitors and dental staff. Subsequently a lecture tour of 24 infant and primary schools was undertaken and a series of films on the importance of healthy teeth were shown.

At Queen's Road clinic, the second surgery has been partially re-equipped and modernised so that it can now be used for conservation and orthodontic treatment in addition to prophylactic treatment as hither-to.

The necessity to increase the dental surgery accommodation at Whitley Clinic is more apparent now that new housing estates are being opened up in the area and the schools are expanding. A second surgery at this clinic could perhaps be staffed initially by a dental auxilliary.

Of the 11,390 children inspected in 1967, 60% were found to require treatment.

During 1968 the School Dental Service has been staffed by two full-time dental officers, one part-time dental officer working two days a week and a full-time oral hygienist. This is less than full establishment and has resulted in two of the dental clinics being worked only part-time.

In May the dental officer from the Ministry of Health - Department of Education and Science - paid an official visit in order to review the School Dental Service here. He commented on the unfavourable ratio, in this Authority, of 8,300 school children to each dental officer, which is nearly twice the average throughout the nation.

In view of the government's decision to raise the school leaving age to 16, it must now become a matter of urgency to increase both the dental staff and the surgery accommodation. Additional surgeries will be necessary at both Whitley and Tilehurst clinics. These could be used either by dental auxiliaries or by dentists and even without full-time staff, could result in more than double the output of work on the days that they were in use.

Dental health education has been an important part of the year's work, the burden of which has fallen mostly on the hygienist. A series of teaching models were obtained on loan from the General Dental Council and, during the course of a month at each clinic, talks and demonstrations were given to both mothers and children. "Dental Morphology in Association with Diet" was the theme of a display given at the teachers training college. This aroused considerable interest and was seen by pupils and parents as well as teachers. It will be appreciated that the preparation and delivery of these lectures is very time consuming and that it reduces very considerably the time spent on clinical dentistry. It would be well worth while if a Dental Health Education Officer with teaching experience were to be appointed to take over these duties.

The following tables supply details of treatment:-

Age Group	Number Treated	Fillings		Extractions		General Anaesthetics	Prophylactic Treatment & instruction from Oral Hygienist
		Permanent	Deciduous	Permanent	Deciduous		
5-9 yrs. 1967	2,086	1,374	1,015	123	1,614	561	583
1968	1,521	1,006	744	90	1,185	408	972
10-14 yrs. 1967	1,626	3,199	115	470	319	80	591
1968	1,190	2,316	84	345	233	59	1,024
Over 15 yrs. 1967	371	1,019	-	130	-	24	72
1968	272	745	-	95	-	18	25

Amongst all age groups:-

	1967	1968
Orthodontic appliances fitted	26	17
Root Fillings	14	-
Crowns Fitted	41	31
Dentures Fitted	10	8
Inlays Fitted	2	-
X-rays taken	234	172
Sessions devoted to dental treatment	1,665	1,347
Sessions devoted to dental inspection	84	65
Sessions devoted to dental health education	54	39

Infectious Diseases

A table showing the number of children who have suffered notifiable infectious diseases during 1967 and 1968 appears in the statistical data at the end of this report.

Apart from an expected increase in the number of measles notifications, there were no serious epidemics of infectious disease among school children in 1967, except for those cases of primary tuberculosis found in connection with the outbreak in a school described below and elsewhere in this report.

In 1968, only 83 cases of measles were notified. A programme of vaccination was begun in June and by December over 2,000 Reading children had been given an injection of measles vaccine. The results of this programme will be seen, it is hoped, when the next epidemic of measles is due.

TUBERCULOSIS IN SCHOOLCHILDREN

Twelve children were notified as cases of pulmonary tuberculosis in 1967.

In May 1967, the Headmistress of a Primary School (578 pupils) informed the School Medical Officer that one of her pupils was in Peppard Chest Hospital with pulmonary tuberculosis (case 1, girl, 9 years) and that another child from the same age group was attending the Chest Clinic for observation. Therefore, it was decided to advise the teachers on the staff to be X-rayed and arrangements were made with the Mass Miniature Radiography Centre for this to be carried out. All attended and one teacher, without any previously recorded X-ray result, was found to have long-standing extensive pulmonary tuberculosis.

In consultation with Dr. Karlsh at the Chest Clinic, all the pupils were given a Heaf tuberculin skin test during June, excluding only absentees, those known to have been vaccinated against T. B. and those already attending the Chest Clinic. A considerable number of children tested gave early exaggerated reactions, the highest proportion being in the class of the infected teacher during the current year and the previous year (9 and 10 years age group). One child was so unwell that she was immediately X-rayed and then admitted to Peppard Chest Hospital as a notified case (case 2, girl, 9 years). The Mass Miniature Radiography mobile unit visited the school in July to X-ray all children with positive skin tests. As a result, another case of primary T. B. was found though not admitted to hospital (case 3, boy, 10 years).

A repeat skin test on all pupils was done in July to test the validity of the original results and did in fact confirm the positive cases. There was some discrepancy in numbers but this was because of the inclusion of absentees from the first session and omission of others since found to have been vaccinated with B. C. G. Another boy giving an abnormally strong reaction was admitted to Peppard Chest Hospital as a case of notified tuberculosis (case 4, boy, 9 years).

At this stage the responsibility for surveillance of this school passed to Dr. Karlsh. All pupils with positive Heaf tests were given further examinations at the Chest Clinic and those found to have a positive Mantoux test (1-10,000) were referred back to their family doctors with advice on

chemotherapy as a prophylactic measure. Fifty children in all (excluding the notified cases) were put on Isoniazid for periods of six to twelve months. They were in the age range $8\frac{1}{2}$ to 11 years.

In September the Mass Miniature Radiography mobile unit again visited the school to X-ray all pupils in attendance and also all who had left the previous term to transfer to Grammar or Secondary Schools. The results were negative. In November a third Heaf testing session was carried out by the Chest Clinic staff and as a result another child was found to have primary tuberculosis (case 5, boy, 9 years). Subsequently in late 1967 another girl developed primary tuberculosis and was admitted to Peppard Chest Hospital (case 6, girl, 8 years). However, as her mother had already been notified as a case of primary infection a few weeks earlier and a neighbouring girl pupil of five years became Heaf positive for the first time at this stage, the source of this infection is in doubt.

One of the 50 pupils on chemotherapy was considered to have contracted the infection in 1966 when she was ten years of age, as hospital investigations at this time showed a positive Heaf test. A boy who was at the school in 1964, aged eight, was admitted to hospital then for investigation and found to have pulmonary tuberculosis. Four former pupils of the school who have recently had routine Heaf tests on reaching their 13th year have given strongly positive results, with chest X-ray signs in one case, and have been recommended for prophylactic treatment.

During the school summer holiday, Public Health Inspectors took samples of dust from the school but there was no evidence of residual infection. Arrangements for the periodic X-ray review of staff members have been re-enforced.

B. C. G. VACCINATION During 1968, several private schools in the town were brought into the B.C.G. vaccination scheme, and this accounts for the increase in numbers compared with 1967.

This scheme has previously been carried out under the direction of Dr. Neville Irvine who was in charge of the B.C.G. Control Centre.

This Centre has now been discontinued and the B.C.G. programme for Reading school children continues as before, but without the necessity to repeat skin testing after the vaccination has been performed.

	No. selected	No. accepted	%	Absent	Skin tested	Pos.	Neg.	Abs.	% Pos.	Received B. C. G.
1967	1,612	1,290	80.02	112	1,178	92	1,018	68	8.29	1,018
1968	2,410	2,126	88.21	163	1,963	112	1,746	105	6.03	1,746

Deaths in School Children

Two Reading school children died during 1967. One child died from a head injury sustained in a road accident and one from status asthmaticus. In 1968 there were 9 deaths among school children. Two of these were the result of road accidents, two were due to drowning. Two children died as a result of congenital heart disease. One child was the victim of malignant disease and another succumbed to a chest infection. There was one case of progressive degeneration of the brain.

Report of School Meals Organiser

Mrs. P. E. Cook reports:- The percentage of children taking meals increased to a maximum of 70.08% on a day in October, 1968. This was partly due to new legislation which provided free meals for the fourth and subsequent child in a family from 1st April, 1968 without reference to financial hardship. During the year, the Minister of Education sent a leaflet to every parent showing how financial hardship was assessed, and all the allowances that can be deducted before arriving at the weekly net income. The number of children taking free meals increased from 925 to 2,562.

The total number of meals served on a day in -

September, 1966	was	14,700
September, 1967	was	15,364
September, 1968	was	16,111

During 1967 and 1968 six new kitchens were opened and one kitchen was closed. This provided additional capacity of 1,350 meals per day, but the extra capacity did not keep pace with increased demand of 1,411 meals per day.

Unfortunately the building of new kitchens still lags behind demand; in September, 1968 there was still an over capacity working of 3,390 meals per day. This causes staff problems when women have to work in kitchens without adequate space and equipment.

Modern cooking equipment is now installed in all new kitchens. It is known as LASMEC; the specifications being drawn up by a consortium of Local Authorities, Department of Education and Science and the manufacturers of large scale equipment.

Grovelands Annexe was moved to new premises in September, 1968, and a good servery was provided which now serves 85 meals daily.

Improvements were made to serveries at several schools including Redlands Primary School and Christ Church C. E. Primary School.

Owing to increases in the number of children taking meals, three sittings were arranged in some schools. This was found to be an advantage in some schools, and even when it was not necessary, it was decided to retain the three sittings. More requests came from schools for the trolley type of service. In some infant schools it was found necessary to start

classroom dining in one or two rooms. This has also proved so successful that it has been continued rather than have two crowded sittings.

Changes in the tastes of the older girls are being met by the provision of the 'Adult' meal. This is their name for a type of snack meal. Considerable thought and planning has had to be given to this type of meal in order to supply the quantity and types of nutriment laid down by the Department of Education and Science. So far this is very popular with the girls. A sample meal consists of:- Cheese, Bread rolls and Butter, Tomato, Apple and Coffee.

A pilot training scheme was started early in 1967 in the kitchen of Alfred Sutton Secondary Girls' School. Mrs. Sherwood was appointed the Training Supervisor. These courses were particularly designed to train existing staff as Supervisors of School Meals Kitchens. It was proved to be a great success, and the students have gained promotion. It would not have been possible to provide the additional Kitchen Supervisors without this scheme. The Committee decided to convert the dining room vacated by Alfred Sutton Secondary Boys' School into a permanent training unit.

A Circular issued by the Department of Education and Science on the 15th August, 1968 informed Local Education Authorities of the amended Regulations of the Provision of Milk and Meals Regulations so as to remove, with effect from 16th August, their powers to require teachers to undertake supervision of pupils taking the school meal. All Head Teachers were consulted about their requirements, and great efforts were made to appoint the necessary Children's Supervisors. Fifty new Children's Supervisors were appointed by the beginning of the new term. With the help and co-operation of the teachers, these women have proved a great asset and have eased the work of the teachers at dinner time.

My thanks to everyone who has helped the work of the School Meals Service throughout these two eventful years.

Road Accidents

I am indebted to the Police Authority and the Borough Surveyor for the following road accident statistics.

Schoolchildren injured on the roads 1968 (1967 figures in brackets)

Month	Boys	Girls	Cyclists	Pedestrians	Passengers	Injury			Total
						Slight	Severe	Fatal	
January	3 (1)	3 (2)	- (2)	6 (1)	- (-)	3 (3)	2 (-)	1 (-)	6 (3)
February	7 (4)	3 (4)	7 (-)	3 (8)	1 (-)	9 (5)	1 (3)	- (-)	10 (8)
March	7 (5)	5 (8)	4 (6)	6 (5)	2 (2)	9 (6)	3 (6)	- (1)	12 (13)
April	10 (2)	1 (-)	2 (-)	9 (1)	- (1)	9 (2)	1 (-)	1 (-)	11 (2)
May	6 (6)	6 (4)	4 (4)	8 (4)	- (2)	8 (7)	4 (3)	- (-)	12 (10)
June	9 (9)	6 (4)	5 (7)	6 (6)	4 (-)	13 (10)	2 (3)	- (-)	15 (13)
July	6 (7)	5 (3)	3 (3)	7 (6)	1 (1)	8 (7)	3 (3)	- (-)	11 (10)
August	10 (4)	3 (1)	1 (1)	7 (3)	5 (1)	10 (4)	3 (1)	- (-)	13 (5)
September	2 (12)	2 (2)	1 (6)	3 (8)	- (-)	3 (10)	1 (4)	- (-)	4 (14)
October	11 (11)	8 (2)	7 (6)	10 (7)	2 (-)	15 (8)	4 (5)	- (-)	19 (13)
November	8 (5)	3 (5)	3 (3)	8 (6)	- (1)	8 (8)	3 (2)	- (-)	11 (10)
December	4 (2)	1 (-)	2 (1)	2 (1)	1 (-)	4 (2)	1 (-)	- (-)	5 (2)
Totals	83 (68)	46 (35)	39 (39)	75 (56)	16 (8)	99 (72)	28 (30)	2 (1)	129 (103)

The following figures indicate the severity, or otherwise, of the accident according to the category of the victim. (1967 figures in brackets).

Cyclists			Pedestrians		
Slight	Serious	Fatal	Slight	Serious	Fatal
30 (32)	9 (6)	- (1)	55 (32)	18 (24)	2 (-)

Physical Education

Report on Physical Education 1967/68:- Physical Education has continued satisfactorily during this period with little change in the pattern as mentioned in previous reports.

It is recognised that there is, in Reading, insufficient provision for sport and recreation for the general public. During 1968, therefore, the use of school recreation facilities by members of the community at large has been under consideration. One obvious advantage of such joint schemes is that there would be a saving of public money. Also, school leavers would be encouraged to continue active participation in sport.

We have in mind the development of the West Secondary School and the possible adaptation of existing single sex schools to provide for out of school use by youth groups and adult organisations. Possible planning difficulties may arise especially in "timing" new projects and it is clearly essential to ensure that joint consultation begins at an early stage.

Choice of activities in our secondary schools is now established practice. The range of optional subjects widens and the general scheme is being developed at an earlier age. In the past we have mentioned the difficulties experienced in providing facilities for this wider programme in out-dated buildings and the need to offer attractive premises for all concerned. Fortunately we have been able to accomplish this in some measure at Alfred Sutton Boys' School where a sports hall has replaced the traditional gymnasium. Unfortunately we have been forced by regulations and finance to revert to less suitable provisions for the North Secondary School.

SWIMMING At Christchurch School a learners pool has been provided in a pleasant site beside the school. We are grateful for the additional swimming facilities offered at Kendrick, Reading, St. Joseph's and Queen Anne's.

The opening of the Central Pool has had a marked effect on organised swimming in schools. Without exception every junior and secondary school conducts lessons throughout the year with the result that attendances have exceeded 100,000 for the first time. The exclusive use of the Arthur Hill Baths is proving to be a worthwhile privilege much appreciated by the schools concerned. The sessions at the new baths shared with the public are successful also and only on certain occasions do schools and public disturb each other. We are grateful to the Baths Manager and his staff who ensure that there is as little interference as possible with the instruction of school classes.

The success of swimming instruction can be measured to some degree by the improvement in the general standard of swimming at the annual galas. This is not to say, however, that competitive swimming is placed high in our order of priorities when the programme of instruction is prepared. Our primary purpose is survival; to encourage as many children as possible to learn to swim in order that in an emergency they may save themselves and, perhaps, others. Plans for swimming facilities in schools are considered with this in mind. Secondly the recreational possibilities are considered, not only those directly concerned with swimming but also activities such as sailing and canoeing for which ability to swim competently is an essential condition of participation. Lastly comes competitive swimming which receives less attention in organised lessons mainly for reasons of the time and training required to gain success. The higher the competition the fewer children are able to take part. This is not to say that competition is neglected - our children are gaining national success in events which heretofore were outside their reach.

We are grateful to the many teachers and instructors who conduct classes for life-saving, personal survival and competition after school

hours and to St. Joseph's Convent and Queen Anne's School for the use of their private pools for these activities.

CANOEING The reorganisation of the facilities at Wychcotes Canoe Centre has enabled a larger number of schools to enjoy this activity. The Centre is used most mornings and afternoons by secondary children and under the circumstances the small cost expended on repairs and maintenance to the equipment speaks well of the training carried out by the teachers concerned.

SAILING Three additional schools use the Centre at Theale during school hours and at week-ends. Such is the standard of instruction now that schools are prepared to share privately owned craft to enable larger numbers of children to take part. A maintenance programme is carried out on certain evenings throughout the year at Katesgrove School. Boats are dealt with in rotation and necessary repairs are carried out by pupils under the guidance of teachers.

To take part in sailing (and several other activities encouraged under the "optional" scheme) involves travelling. This presents problems and time spent on reaching the centres could be more profitably utilised in practising the activity. Certain schools have purchased mini-buses and others are being advised to try to copy this example.

DANCE Considerable interest is being shown for Modern Educational Dance by men and women teachers. Enthusiasm has been created by visits of the Orchesis Dance Group whose high standard of performance is stimulating both to our teachers and their pupils.

Teachers have formed a local dance group and meet regularly throughout the winter months and courses have also been held during the year in an effort to introduce and improve the teaching of dance in our schools.

A growing number of teachers now feel confident to introduce this difficult subject in our primary schools while there are specialist teachers of dance in several of our secondary departments.

PLAYING FIELDS Regretably we must report that the standard of maintenance on our fields is declining. This is due entirely to the shortage of labour and at no time throughout the year has a full labour force been available.

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).

1967

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)
1963 & later	70	70	-	-	-	1	1
1962	770	770	-	-	21	74	78
1961	1,375	1,375	-	-	20	114	116
1960	260	260	-	-	6	17	20
1959	153	153	-	-	5	7	9
1958	144	144	-	-	5	9	14
1957	132	132	-	-	5	10	13
1956	780	780	-	-	36	50	71
1955	707	707	-	-	35	29	46
1954	410	410	-	-	9	13	19
1953	86	86	-	-	6	2	8
1952 & earlier	134	134	-	-	3	8	9
Total	5,021	5,021	-	-	151	334	404

1968

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)
1964 & later	13	13	-	-	-	1	1
1963	873	873	-	-	11	80	73
1962	1,009	1,009	-	-	15	74	77
1961	163	163	-	-	2	9	11
1960	161	161	-	-	1	8	9
1959	128	128	-	-	2	5	7
1958	148	148	-	-	3	10	13
1957	877	877	-	-	49	49	84
1956	660	660	-	-	29	29	52
1955	266	266	-	-	7	5	10
1954	248	248	-	-	6	9	14
1953 & earlier	666	666	-	-	31	32	57
Total	5,212	5,212	-	-	156	311	408

OTHER INSPECTIONS

		1967	1968
Number of Special Inspections	... ..	38	16
Number of Re-inspections	... ..	944	769
	Total	982	785

INFESTATION WITH VERMIN

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	... ..	28,166	24,776
(b) Total number of individual pupils found to be infested	...	122	90
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)		Nil	Nil
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)		Nil	Nil

PART II

Defects found by Periodic Medical Inspections 1968 (1967 figures in brackets).

Defects or Diseases	PERIODIC INSPECTIONS								Special inspection	
	Entrants		Leavers		Others		Total			
	(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)
Skin	14(17)	72 (58)	3(3)	14 (3)	9 (7)	24 (8)	26 (27)	110 (69)	-(-)	-(-)
Eyes - a. Vision	82(98)	101(132)	30(1)	22(11)	44(52)	25(40)	156(151)	148(183)	-(-)	-(-)
b. Squint	33(41)	44 (37)	1(-)	6 (2)	6 (8)	11 (4)	40 (49)	51 (43)	-(-)	-(-)
c. Other	11(10)	10 (10)	-(-)	4 (-)	- (-)	3 (2)	12 (10)	17 (12)	-(-)	-(-)
Ears - a. Hearing	16(18)	99(131)	1(-)	7 (2)	3 (1)	27(24)	20 (19)	133(157)	-(-)	-(-)
b. Otitis Media	4(12)	47 (57)	3(1)	7 (-)	1 (1)	13 (2)	8 (14)	67 (59)	-(-)	-(-)
c. Other	4 (8)	18 (13)	-(-)	3 (-)	1 (-)	- (-)	5 (8)	21 (13)	-(-)	-(-)
Nose and Throat	43(53)	150(200)	-(-)	17 (5)	7 (3)	36(17)	50 (57)	203(222)	-(-)	-(-)
Speech	26(21)	46 (90)	-(-)	- (-)	3 (2)	11(15)	29 (23)	57(105)	-(-)	-(-)
Lymphatic Glands	2 (1)	15 (27)	-(-)	- (-)	- (-)	6 (2)	2 (1)	21 (29)	-(-)	-(-)
Heart	3 (3)	39 (70)	1(-)	10 (4)	1 (-)	14(20)	5 (3)	63 (94)	-(-)	-(-)
Lungs	6(12)	24 (44)	3(-)	5 (1)	2 (1)	17(11)	11 (13)	46 (56)	-(-)	-(-)
Developmental - a. Hernia	3 (2)	23 (12)	1(-)	2 (-)	2 (-)	5 (6)	6 (2)	30 (18)	-(-)	-(-)
b. Other	8(14)	44 (74)	3(-)	18 (1)	3 (1)	16(24)	14 (15)	78 (99)	-(-)	-(-)
Orthopaedic - a. Posture	3(13)	22 (30)	5(-)	- (-)	5 (9)	10 (4)	13 (22)	32 (34)	-(-)	-(-)
b. Feet	22(27)	63 (67)	9(-)	33 (-)	7 (8)	42 (9)	38 (35)	138 (76)	-(-)	-(-)
c. Other	10(10)	57 (28)	1(-)	9 (1)	1 (-)	24 (1)	12 (10)	90 (30)	-(-)	-(-)
Nervous System - a. Epilepsy	2 (5)	9 (14)	-(-)	2 (1)	- (-)	1 (1)	2 (5)	12 (16)	-(-)	-(-)
b. Other	- (-)	12 (12)	-(-)	2 (-)	- (-)	5 (5)	- (-)	19 (17)	-(-)	-(-)
Psychological - a. Development	- (3)	65 (87)	-(-)	2 (-)	3 (-)	16(17)	3 (3)	83(104)	-(-)	-(-)
b. Stability	2(10)	78 (97)	1(-)	4 (-)	1 (-)	19 (6)	4 (10)	101(103)	-(-)	-(-)
Abdomen	2 (2)	27 (30)	1(-)	2 (-)	- (1)	15 (5)	3 (3)	44 (35)	-(-)	-(-)
Other	2 (5)	21 (42)	3(-)	4 (-)	3 (-)	8 (1)	8 (5)	33 (43)	-(-)	-(-)

(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	
	1967	1968
External and other, excluding errors of refraction and squint	-	-
Errors of refraction (including squint)	968	1,109
Total	<u>968</u>	<u>1,109</u>
Number of pupils for whom spectacles were prescribed	271	354

(B) DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with	
	1967	1968
Received operative treatment:-		
(a) for diseases of the ear	10	17
(b) for adenoids and chronic tonsillitis	348	242
(c) for other nose and throat conditions	3	13
Received other forms of treatment	2	7
Total	<u>363</u>	<u>279</u>
Total number of pupils in schools who are known to have been provided with hearing aids		
(a) In 1967	5	3
(b) In previous years	58	52

(C) ORTHOPAEDIC AND POSTURAL DEFECTS

	Number known to have been treated	
	1967	1968
(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	
	1967	1968
Ringworm		
(a) Scalp	-	-
(b) Body	3	2
Scabies	35	85
Impetigo	30	42
Other skin diseases	417	1,366
Total	<u>485</u>	<u>1,495</u>

(E) CHILD GUIDANCE TREATMENT

	Number known to have been treated	
	1967	1968
Pupils treated at Child Guidance Clinics	194	96

(F) SPEECH THERAPY

	Number known to have been treated	
	1967	1968
Pupils treated by speech therapists	311	406

(G) OTHER TREATMENT GIVEN

	Number known to have been treated	
	1967	1968
(a) Pupils with minor ailments	2,278	1,204
(b) Pupils who received convalescent treatment under School Health Service arrangements	8	21
(c) Pupils who received B.C.G. vaccination	1,018	1,331
(d) Other than (a), (b) and (c) above	-	-
Total	<u>3,304</u>	<u>2,556</u>

Cases of Infectious Diseases in School and Pre-School Children - 1968
(1967 figures in brackets)

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	11 (38)	- (-)	- (5)	4 (12)	6 (17)	1 (4)
Whooping Cough	37 (81)	6 (3)	11 (25)	8 (15)	6 (30)	6 (8)
Measles	83 (1,141)	5 (54)	27 (346)	27 (371)	21 (359)	3 (11)
Acute Pneumonia (Primary or Influenzal)	- (1)	- (-)	- (-)	- (-)	- (-)	- (1)
*Acute Poliomyelitis (Paralytic)	- (-)	- (-)	- (-)	- (-)	- (-)	- (-)
*Acute Poliomyelitis (Non-Paralytic)	- (-)	- (-)	- (-)	- (-)	- (-)	- (-)
*Diphtheria	- (-)	- (-)	- (-)	- (-)	- (-)	- (-)
*Paratyphoid	- (-)	- (-)	- (-)	- (-)	- (-)	- (-)
*Enteric or Typhoid Fever (excluding Paratyphoid)	- (-)	- (-)	- (-)	- (-)	- (-)	- (-)
Food Poisoning	1 (-)	- (-)	- (-)	- (-)	- (-)	1 (-)
*Erysipelas	- (-)	- (-)	- (-)	- (-)	- (-)	- (-)
Dysentery	6 (2)	- (1)	1 (-)	1 (1)	2 (-)	2 (-)
*Meningococcal Infection	- (-)	- (-)	- (-)	- (-)	- (-)	- (-)
*Acute Encephalitis (Infective)	- (-)	- (-)	- (-)	- (-)	- (-)	- (-)
*Acute Encephalitis (Post-Infectious)	- (-)	- (-)	- (-)	- (-)	- (-)	- (-)
*Ophthalmia Neonatorum	- (-)	- (-)	- (-)	- (-)	- (-)	- (-)
Infective Jaundice	1 (-)	- (-)	- (-)	- (-)	- (-)	1 (-)
Tuberculosis	3 (12)	- (-)	- (-)	- (-)	2 (9)	1 (3)
Totals 1967	(1,275)	(58)	(376)	(399)	(415)	(27)
1968	142	11	39	40	37	15

* There were no cases of these infectious diseases during 1967 and 1968.

