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**COUNTY BOROUGH OF READING**



# **HEALTH SERVICES 1971-72**



**Part II**

**Health of the School Child**






COUNTY BOROUGH OF READING

ANNUAL REPORT of the  
PRINCIPAL SCHOOL MEDICAL OFFICER  
for the years 1971 & 1972

Bristol & West House, 173/4 Friar Street, Reading  
1973



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# Education Committee

1971

1972

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Alderman Mrs. I. S. Blagrove

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E. A. Busby (Chairman)  
Mrs. E. E. Lovett (Vice-Chairman)  
Mrs. E. Morris  
W. L. Stansfeld-Taylor

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A. E. Milward  
S. T. M. Moon  
Rev. Father P. O'Donnell  
Dr. H. R. Pitt  
Dr. S. Smith  
H. W. Turner  
Professor R. Wilson

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Dr. R. J. Elliott  
G. R. Mander  
H. Marshall  
Rev. J. G. McKechnie  
S. T. M. Moon  
Rev. Father M. Nugent (from Jan.1972)  
Rev. Father P. O'Donnell (resigned Jan.1972)  
Miss J. Payne  
Dr. H. R. Pitt  
H. W. Turner  
Professor R. Wilson



# Staff at 31st December, 1972

Medical Officer of Health and Principal School Medical Officer:  
A. GATHERER, M.D., F.F.C.M., D.P.H., D.I.H.

Principal Medical Officers:  
E. A. FISHER, M.Sc., M.B., B.Ch., B.A.O., D.Obst.R.C.O.G.  
M. G. H. ROGERS, M.A., M.B., M.F.C.M., B.Ch., D.C.H., D.P.H.  
E. F. H. PARRY, B.A., M.B., M.F.C.M., B.S., L.M.S.S.A., D.P.H.

School Medical Officers:  
V. FRASER, M.B., B.S., M.R.C.S., L.R.C.P.  
J. COHEN, M.B., Ch.B.  
A. D. WEDDERSPOON, M.B., B.S. (Resigned 31.8.72)

Part-Time:  
R. M. MOORE, M.R.C.S., L.R.C.P.  
M. P. COSHAM, M.B., Ch.B., M.R.C.G.P.  
C. V. BYRNE, M.B., B.S., M.R.C.S., L.R.C.P.

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)  
D. MONNICHENDAM, L.D.S., R.C.S.(ENG.) (Part-time)  
Mrs. E. A. WILLIAMS, B.D.S.(LOND.) (Part-time)

Director of Nursing Services:  
Miss M. E. LINDARS, S.R.N., S.C.M., H.V.Cert., Queens Cert.

Area Nursing Officer (West Reading):  
G. J. W. HUNT, S.R.N., Q.N.

Area Nursing Officer (East Reading):  
Miss E. M. CHRISTOPHER, S.R.N., S.C.M., H.V.Cert.

Nursing Officers (Health Visiting):  
Miss T. ORPIN, S.R.N., S.C.M., H.V.Cert.  
Miss S. HANSFORD, S.R.N., S.C.M., R.F.N., H.V.Cert.

Nursing Officers (Health Education):  
Miss B. WHITE, S.R.N., S.C.M., H.V.Cert.

Speech Therapists:  
Mrs. A. C. ELSBURY, L.C.S.T. (Senior) (Part-time)  
Mrs. A. HOPTON, L.C.S.T. (Resigned 8.9.72)  
Mrs. A. M. DENNY, L.C.S.T.  
Mrs. B. AUCKLAND, L.C.S.T. (Commenced 7.11.71, Resigned 31.7.72)  
Miss J. JOHNSTONE, L.C.S.T. (Commenced 1.9.72)  
Miss M. SUTTON, L.C.S.T. (Commenced 25.9.72)

Physiotherapists:  
Mrs. M. ANTSCHERL  
Mrs. J. SALMON (Part-time) (Commenced 15.9.71)  
Mrs. B. C. LEWIS (Part-time) (Commenced 28.6.71, Resigned 7.7.72)

Audiology Technician:  
Mrs. G. SHAW

Administrative Assistant:  
N. A. MASKELL

# School Clinics

ALL SAINTS SCHOOL CLINIC	By appointment
ASHMEAD SCHOOL CLINIC Special Examinations and Minor Ailments	Friday, 2 p.m. – 3 p.m.
CHRIST THE KING SCHOOL CLINIC	By appointment
COLEY SCHOOL CLINIC	By appointment
COLEY PARK SCHOOL CLINIC	By appointment
E. P. COLLIER SCHOOL CLINIC Minor Ailments	Alternate Wednesdays 9.30 a.m. – 10 a.m.
EMMER GREEN SCHOOL CLINIC Special Examinations and Minor Ailments	Friday, 9 a.m. – 10 a.m.
GEOFFREY FIELD SCHOOL CLINIC Special Examinations and Minor Ailments	Wednesday, 9 a.m. – 10 a.m.
HIGHDOWN SCHOOL Special Examinations and Minor Ailments	By appointment
THE HILL SCHOOL CLINIC Special Examinations and Minor Ailments	Wednesday, 9 a.m. – 10 a.m.
HUGH FARINGDON SCHOOL CLINIC Special Examinations and Minor Ailments	Thursday, 9 a.m. – 10 a.m.
KATESGROVE SCHOOL CLINIC Minor Ailments	By appointment
MEADWAY SCHOOL Special Examinations and Minor Ailments	By appointment
ST. MARY'S SCHOOL CLINIC	By appointment
ST. MICHAEL'S SCHOOL CLINIC Special Examinations and Minor Ailments	By appointment
SOUTHCOTE PRIMARY SCHOOL CLINIC Special Examinations and Minor Ailments	Monday, 2 p.m. – 3 p.m.
STONEHAM SCHOOL CLINIC Special Examinations and Minor Ailments	Tuesday, 9 a.m. – 10 a.m.
TILEHURST CLINIC Special Examinations	By appointment
WESTWOOD SCHOOL CLINIC Special Examinations and Minor Ailments	Monday, 9 a.m. – 10 a.m.
DENTAL CLINICS Queen's Road Clinic      Whitley Clinic      Tilehurst Clinic      Southcote Clinic	



# Reading School Health Service

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE:

In what may well be the last report of this series, it is particularly pleasing for me to be able to strike an optimistic note. Despite all the changes and uncertainties, 1971 and 1972 have been marked by some real achievements. The report which follows paints a picture of a service which is satisfactorily meeting at least most of the major demands placed on it, with only one or two exceptions where pressures on resources hold back new developments.

The selective approach to the medical examination of school children is now established and has proved to be as satisfactory as anticipated. It has in fact led to better communication between the schools and the school health team, and this must inevitably improve the service. While going selective in one way, we have increased the routine testing of vision and hearing because of their fundamental importance in child development. We are now testing vision annually in the primary schools, when visual acuity can change rapidly.

The early development of partially hearing units in Reading created much interest some years ago. Now further progress is being made, and the town is still contributing significantly to the developments in this field of special education.

The problems of the emotionally disturbed child have frequently concerned the school health service. The Child and Family Guidance service has had a period of stability as far as the medical side is concerned, and it is a pleasure to acknowledge the contribution which Dr. Williams makes not only to child guidance but throughout the whole school health service. We would like to introduce a system giving earlier detection of children who require help but so far there has not been the staff time available for this new approach. Sooner or later, we will have to re deploy our resources in this direction but it is difficult to do so while the pressures of acute problems are so great.

The handicapped school child in Reading on the whole has a wide range of medical, social and educational services available to help him. The biggest need now is probably for a simple but effective method of co-ordination of all the services on behalf of each child with problems. The medical and educational sides are coming together better now, and links between the special school and the hospital service have improved. The Avenue School continues to use new methods and opportunities to encourage the children to develop to their full potential. One worrying feature at present is the waiting list for admission to special school of educationally retarded children, and it is to be hoped that further facilities to meet the steady demand for places will soon be available.

The establishment of a Health Education Unit jointly with Berkshire should be of some help in further developing the Health and Education departments partnership in health education in schools. The director of the unit Mr. Myatt was a teacher and has already built up good links with some schools. There is no lack of work to be done, and occasional meetings with head teachers and others

have emphasised the particular contributions which health staff especially health visitors and school doctors can make in a team teaching approach.

There has been very pleasing progress in the school dental side, both in surgery facilities and latterly also in dental and other staff. Dental health education has had a particular boost and is a much appreciated part of school life in the primary schools.

The senior medical staff position has changed, with Dr. Fisher handing over her overall administrative responsibility for the service to Dr. Hilton Parry. In addition, Dr. Rogers has taken over medical supervision for pre-school and child development work. The three principal medical officers in fact form an effective team and with the excellent support of the nurses, administrative and clerical staff the child health service as a whole is running smoothly.

The work of the staff is greatly encouraged by the support received from their colleagues in all sections of the Education Department. Together we are playing our part in promoting the health and progress of the school children in Reading.

The school health service can only operate successfully if it receives support from the Education Committee and especially from the Schools Welfare Sub-Committee. The obvious interest and the steady encouragement received from Chairman and members have been a major help in the past two years.

**A. GATHERER**

Principal School Medical Officer



## Medical Inspections

During the past year, there has been a change in the nature and timing of medical inspections, which commenced in the Summer Term of 1972. As usual the five year child was examined routinely during the second term at school. By which time, the child should have settled but if not, and if the child has problems which might inhibit his/her ability to fully benefit from education, then this would have a better opportunity of being observed by the parent and teacher. Difficulties could then be discussed and attempts made to solve the child's problems, which can often be very simple.

At this medical the child has a full physical examination. Eyes are tested and sometime during the year parents are informed when their child will have a hearing test. Should a child fail either of these tests further investigation and consultation are initiated. Discussion regarding the child settling at school, any specific emotional problems or physical problems and how these may best be dealt with ensue.

In previous years routine medicals were further undertaken at the ages of eleven and at school leaving. These are no longer mandatory and instead Reading now selects children for medicals at eight years and eleven years of age. Transfer of children into the Borough from other schools also necessitate a routine medical. However, this is not a rigid selection at these specific age groups, any child the school feels should be seen by a School Medical Officer is seen.

Eight is a good age at which to select children for by this time, a child should be developed neurologically and should be reading and doing simple abstract arithmetic. He should be settled at school and be socially and emotionally adjusted to his surroundings.

Eleven plus was the next age group selected for special examinations, so that children at the end of their first year of secondary education might be seen. It is most important that children undertake this transfer from primary to secondary school well in order to obtain maximum benefit from the facilities provided.

Meanwhile, children's eyes are tested yearly by the School Nurse until the age of eleven. They are then retested at thirteen years of age. Colour vision is now being tested at the eight year level as this may affect the child's choice of career. As soon as parents know their child has a problem with colour vision they can direct his interests unobtrusively away from careers which will not be suitable.

With regard to Audiometry, this is done routinely on all five year old children, but any child considered as possibly having developed hearing difficulties, may be referred for a hearing test by the school or parents.

An initial impression of the selective system is that it encourages much greater communication amongst all parties involved in the education of the school child and a greater appreciation of his needs.

## SPECIAL TESTING OF VISION

The following table gives the results of the vision sweeps in 1971 and 1972.

Age Group	Number Tested		Number with Defects		Number Referred	
	1971	1972	1971	1972	1971	1972
5 years		526		12		9
6 years		647		19		11
7 years	1,720	1,623	106	119	42	44
8 years	1,797	1,454	206	81	66	21
9 years	1,491	1,207	152	108	77	27
10 years	1,267	1,204	158	82	54	19
11 years		1,964		155		50
12 years		657		67		19
13 years		1,252		161		53
14 years		256		26		11
15 years		115		34		8
16 years		102		33		—
17 years		79		31		3
18 years		36		10		—



## RESULTS OF THE AUDIOMETRIC SURVEY IN 1971 AND 1972

<i>CHILDREN TESTED</i>	<i>1971</i>	<i>1972</i>
First tests and entrants 5 years old	2,492	2,560
Retests 6-7 years old	530	550
Total	3,022	3,110
Number failing sweep test	220	237
Percentage failing sweep test	8.9	9.2
<i>DISPOSAL OF FAILURES</i>		
(a) Treated and kept under observation by SMO to be retested	100	105
(b) Referred to G.P.	7	10
(c) Referred to E.N.T. Surgeon or receiving treatment at R.B.H.	79	85
(d) Awaiting examination by S.M.O. (including D.N.A.)	15	21
(e) Discharged on further examination	19	16
Total	220	237
In addition the following children were tested: -		
	<i>1971</i>	<i>1972</i>
Avenue School	58	40
Avenue Nursery	17	12
Total	75	52

The expansion and reorganisation of the Audiometric work has been considered and it has been decided that this would be improved by the testing of all first year Junior school children. Despite the increasing work load in the area for which we are responsible, it is hoped to implement this soon.



# Handicapped Children

The local authority has a duty to provide education suitable for all handicapped children who cannot benefit from attendance at an ordinary school.

Each handicapped child presents unique problems, but in practice the great majority are well placed educationally within Reading, either in normal schools or with a small range of special facilities. The latter include special schools for children with physical or mental handicap, and special units within normal schools for partially hearing children and some of those with special language difficulties.

The tradition of separate special schools for many types of handicap has been under critical review in recent years, and it is being asked whether more handicapped children would not be integrated into normal schools or attached to them in special units. The desire not to segregate is a healthy one, but the practical problems (such as negotiating steps and toilet doors with wheelchairs) are many and often need to be tackled at the drawing-board stage of school building planning. The ultimate criterion must be that of educational benefit in the broadest sense to the children concerned, and the present and likely future patterns of childhood disability indicate that our special schools will continue to be indispensable for many handicapped children.

## BLIND PUPILS

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

## PARTIALLY SIGHTED

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

## DEAF OR PARTIALLY HEARING PUPILS

There are seven deaf or partially hearing pupils attending residential schools.

## PARTIALLY HEARING CHILDREN

Mr. J. Wells, Organising Teacher reports:—

The period 1971–72 has been particularly significant in the development and expansion plans which have been made for the partially hearing units. By the end of 1972 the special educational placement facilities for hearing impaired children and children with additional language problems, within the Borough, came under nine teachers at eight schools.

The New Town Infant School has for several years been recognised as unsuitable for the integration of partially hearing children mainly because of the cramped conditions, particularly in the Nursery Unit. As a result it is planned that the Nursery Unit will be transferred to New Bridge Nursery School where better facilities will enable a more effective method of language teaching. The New Town Infant Unit, too, will be moving early in 1973 to Coley Park Primary School where the problems of integration will be much eased by the smaller classes and absence of linguistic problems in the normal school.

HANDICAPPED PUPILS - SUMMARY OF POSITION AT 31st DECEMBER, 1972 (1971 figures in brackets)

Type of Handicap	Number on Register 31st December		(a) Number in Residential School		Not in receipt of appropriate education but on waiting list (a) Residential School (b) Day Schools	
	M	F	M	F	M	F
(i) Blind	2 (2)	- (-)	(a) 2 (2) (b) - (-)	- (-) - (-)	(a) - (-) (b) - (-)	- (-) - (-)
(ii) Partially Sighted	6 (6)	7 (5)	(a) 4 (5) (b) 2 (1)	6 (5) 1 (-)	(a) - (-) (b) - (-)	1 (3) - (-)
(iii) Deaf	2 (2)	2 (1)	(a) 2 (2) (b) - (-)	1 (1) 1 (-)	(a) - (-) (b) - (-)	- (-) - (-)
(iv) Partially Hearing	24 (29)	20 (23)	(a) 2 (1) (b) 22 (28)	2 (2) 18 (21)	(a) 2 (2) (b) 1 (-)	2 (2) - (-)
(v) Physically Handicapped	44 (51)	33 (37)	(a) 2 (4) (b) 42 (47)	4 (3) 29 (34)	(a) - (2) (b) 1 (1)	- (-) - (-)
(vi) Delicate	18 (13)	3 (6)	(a) 3 (2) (b) 15 (11)	1 (1) 2 (5)	(a) - (3) (b) - (2)	- (1) - (-)
(vii) Maladjusted	34 (23)	9 (4)	(a) 20 (14) (b) 14 (9)	4 (2) 5 (2)	(a) 7 (8) (b) - (1)	2 (4) - (-)
(viii) Educationally Sub-normal	135 (128)	86 (73)	(a) 11 (10) (b) 124 (118)	2 (3) 84 (70)	(a) - (-) (b) 26 (28)	- (-) 7 (14)
(ix) Epileptic	10 (9)	6 (5)	(a) - (-) (b) 10 (9)	- (-) 6 (5)	(a) - (-) (b) - (-)	- (-) - (-)
(x) Speech Defect	11 (13)	20 (13)	(a) - (-) (b) 11 (13)	- (-) 20 (13)	(a) - (-) (b) - (-)	- (-) - (-)

PLUS Physically Handicapped children taught in hospital - nil (3 boys and 2 girls)  
 Maladjusted children taught at home - 1 girl (3 boys)  
 E.S.N. taught in hospital - 1 girl (nil)  
 Delicate children taught in hospital - nil (1 girl)



The provision at St. Michael's School of an additional primary unit has enabled us to separate children who have no obvious difficulties other than deafness from a group of children who are seriously handicapped in addition to other disabilities. These latter children are retained in the Infant Unit at New Town which consists of children suffering with varying degrees of hearing loss, some with additional language learning problems, mental retardation, emotional disturbance or personality disorders.

Early in 1971 it was agreed that additional facilities should be made available for primary school children, St. Michael's school was selected for a Unit. This unit is now established and fully equipped with the most modern apparatus suitable for teaching profoundly deaf children. We are grateful to many departments involved in the organisation that this Unit is now functioning most satisfactorily. Also at St. Michael's school, a Unit for partially hearing children with additional learning problems has been established. These children were previously under the auspices of the Audiology Unit but on reaching primary age it was essential that provision was made for them in one of the Local Authority Schools. Plans have been made for Cintra Secondary Unit to be enlarged and to include facilities for all types of language and hearing impairment. The new Secondary Partially Hearing Unit complex will be attached to Long Lane comprehensive school opening in September, 1975.

*The Paget Gorman Sign System.* Since 1969 the Paget Gorman Sign System has been used increasingly for improving communication with both Nursery and Infant children. The effect of this is shown in the much more natural language of the upper infant and lower junior children. Teachers, too, find teaching is more normal and relaxed because they are able to use more natural language. Indeed it has been postulated that many language problems of deaf children stem from the very restricted and rigid language patterns given by their teachers. A great deal of interest has been shown in the experiments by other teachers of the deaf and further experiments are being started in several other places. As yet there has been no lead from the Department of Education for controlled research into the use of this method in schools. The Organising Teacher submitted a paper on the system to the World Congress of the Deaf which was accepted but unfortunately was unable to be given.

*Research.* Our interest in the verbo-tonale method of teaching has been revived by a visit to Brussels of four of our staff in June, 1971 at the invitation of the Chairman of the Deaf Children's Parents' Association in Brussels. The verbo-tonale method, originally developed by Professor Guberina of Zagreb, obtains results superior to those obtained from methods at present used in England. What is less certain is the reason for the superiority except that the use of low frequency producing amplification; such as was pioneered in Reading, is an important factor.



*School Leavers.* In 1971 a profoundly deaf boy obtained a place on a transition course at Trowbridge Technical College. In 1972 a profoundly deaf girl took the Constance Spry course in flower arranging and is now a fully trained florist.

*Visitors.* Great interest is shown in the Partially Hearing Units in Reading and we receive large numbers of visitors from all parts of Britain and many countries overseas.

*Peripatetic Appointment.* In January, 1972 we made an appointment in a peripatetic capacity in order to carry out speech and hearing investigations before school age and during school age, this work has covered the following areas:—

*Pre School Testing.* This is one step in the screening process by which we aim to assure the essential early diagnosis of any speech and hearing problem, referred by health visitors or doctors for more comprehensive testing. Children in the Borough Nursery Schools and classes are also routinely visited.

*Breakdown of Referrals.* Of over one hundred children tested during this period, one four month old baby was referred to the Royal Berks Hospital for further tests. Four children were referred to Speech Therapy as primarily speech problems, and a number with suspected conductive deafness were referred directly to a Medical Officer for checking.

*Follow up of Children with hearing problems in Normal Schools.* At secondary level, of 18 children wearing aids, at least four were having difficulty. Concern was felt mainly about their school progress as all the children had very poor results for tests of speech discrimination, particularly against a background of classroom noise. In all cases parents expressed willingness to co-operate in encouraging the use of a hearing aid. The most frequent reasons given for the children not wearing the aid were (i) their embarrassment among their peer group (ii) they were not convinced it helped. More comprehensive hearing aid evaluation, intensive guidance and training at the initial stages of wearing the aid followed by frequent visits by a teacher of the deaf is indicated. Regarding the four children under consideration, the support of parents, due to contacts made by school staff, has proved invaluable in persuading the children to undertake a fresh trial of amplification.

Another cause of concern at Secondary level is the effect of a prolonged state of conductive hearing loss albeit of a temporary nature. This can cause problems of discrimination whilst the children are awaiting treatment, such as difficulty where tape recorders are used and in foreign language lessons. Two of these children were given a short period of individual help but the most essential and beneficial factor in all these cases was to ensure that both children and staff concerned were fully aware of the problems. Placement for optimal hearing and lip reading conditions was essential.



At primary level eleven children are wearing hearing aids with the likelihood of an increase in the near future. Four of these children began using aids in the latter half of 1972 and needed close supervision during the initial stages. Despite guidance on the daily management of the aids the children continued to need more specialised help on a weekly basis. Three of the children are educationally retarded, and in these cases remedial language teaching as well as specific auditory therapy together with an individual session *at least* once a week is essential.

Again at the primary level, the effects of sustained conductive hearing loss was a problem, it being evident that some children with poor speech discrimination scores and associated hearing loss, were also having difficulty in learning to read. Again the class teachers awareness and knowledge of ways in which they can help was the first essential.

*At the hospital* Miss White (Teacher of the Deaf) continued to work jointly with a number of children and the Speech Therapists. In particular she saw three deaf/blind children from Borocourt Mary Sheridan Unit weekly for joint therapy with the Senior Speech Therapist.

Time was also spent in analysis of material collected during the experimental class. This is now completed and the Senior Speech Therapist and Miss White hope to present a joint report in the near future.

**EDUCATIONALLY SUBNORMAL PUPILS** During the two years, 57 boys and 34 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 46 boys and 32 girls were placed on the waiting list for a Special Day School – Department of Educationally Subnormal Pupils. Six boys were recommended for special boarding school. Five boys and one girl were thought to be in need of remedial teaching in ordinary school, and one girl was recommended to hospital.

**EPILEPTIC PUPILS** Modern advances in drug control of fits enable most children with this disability to attend normal schools, and the remaining few attend the Avenue School.

#### **CHILD GUIDANCE SERVICE**

The Consultant Psychiatrist, Dr. C. E. Williams reports:—

The period under review has been remarkable because of the changes, evolution and progress that have taken place. The advent of the Department of Social Services involved a reappraisal of Clinic work and methods, which was made more pressing by the loss to that department of two psychiatric social workers. For a long period only two part-time social workers remained in the Clinic team, but by mid-summer 1972 a full complement of specialist social workers was appointed. The allocation (of social workers) to specific geographical



areas of the Borough has accelerated the establishment of good working relationships and liaison with others also working in the community, particularly colleagues from the Department of Social Services, Health Visitors, Education Welfare Officers and Probation Officers. An increasing number of visits have taken place in the evenings to enable all members of the child's family to be seen. As in past years, the attachment to the Clinic of social work students has continued. This benefits both the students and the Clinic, and we hope to develop these arrangements further in the years ahead. An important part of the social worker's task has been to maintain close contact with the staff of the two Hostels, and to strengthen the links with the families of children who are in the Hostels.

The Hostels have continued their important contribution to the work of the Clinic. "Mockbeggar" Hostel was closed for a period following the resignation of the Warden and his wife in August, 1971, but re-opened early in 1972 when a new Warden was appointed. Fortunately, "Tree-Tops" Hostel remained open during the period and its pattern of care on a five day per week basis, with two days at home to maintain and cement family links, has proved it's worth.

Effective links with schools in the neighbourhood of the Hostels have been maintained and developed. The help given to the children by teaching staff has been most impressive. The opportunities for children in the Hostels have been further widened by the employment of assistants in the evenings, who help to develop a variety of hobbies and handicrafts.

There have been changes in the medical staffing. Consultant sessions have been reduced from five to three per week, to some extent compensated by the appointment of a Senior Registrar. Despite these problems, the number of cases seen and treated has remained high and the waiting period for assessment by the Clinic team has been reduced considerably, and is now on average just over one month. The Consultant Psychiatrist also visits regularly the Community Homes for consultation on disturbed children in Care; this work will develop considerably when the projected Assessment Unit and Community Homes for Mentally Handicapped Children are opened.

The period has seen a welcome improvement in accommodation. The conversion of the stable block at the Kidmore Clinic into a schoolroom for remedial teaching has helped considerably and has relieved the shortage of consulting rooms within the Clinic premises, Central heating has been installed. Improvements to the fabric of the Hostels are continuing.

Discussions are taking place to develop a means of establishing earlier and more complete identification of psychiatrically disturbed children in the Reading area. This will involve very close co-operation between educational, social work and medical agencies, with the objective of prevention and earlier treatment of childhood disorders.

It is to be hoped that the many staff changes over the past two years have now given way to a period of stability which will be most necessary if the adaptations and changes that will be inevitable with the forthcoming alterations

in Local Authority and Health Service administrations are to be met successfully in the interests of the clients we serve.

### *Statistics*

#### *Children seen at Reading Borough Clinic*

	1971	1972
No. of new cases referred	161	167
No. of cases re-opened during the year	5	6
Total no. of cases seen for consultation and treatment	212	235
No. of cases closed:—		
After consultation and advice only	—	5
Improved	23	121
Prematurely closed:—		
Lack of co-operation	3	4
Left the district	4	17
Withdrawn	3	20
Committed to approved school	2	—
Social work only	1	—
Over age	9	18
Transferred to hospital clinics, etc.	4	15
Deceased	—	1
No. of interviews:—		
For psychiatric examination	122	119
For psychological assessment	118	112
Psychologist and S.P.S.W. (for Constulation only.)	—	20 <sup>††</sup>
For treatment	293	379
No. of Social Worker interviews:—	†	
Clinic interviews	50	106
Home visits	389	663
School, hostels and hospitals	54	89
Other social agencies	12	4
Student training sessions	12	19
Committees and conferences	25	46
	<u>542</u>	<u>927</u>
Hostels for Maladjusted Children:—		
No. of children admitted	8	22
No. of children discharged	18	13
No. of children in hostels at end of year	8 *	17

\* *Treetops hostel only*

† *Complete figures not available due to Social Work re-organisation*

†† *Figures from April, 1972 after appointment of S.P.S.W.*



<i>Sources of Referral: -</i>	1971	1972
School Medical Officers	48	44
General Practitioners	50	54
Paediatric and Child Psychiatric Clinics	4	11
Chief Education Officer	14	13
School Psychological Service	25	31
Children's Officer	3	—
Probation Service	2	3
Other	8	3
Social Services Department	7	8
	<hr/> 161	<hr/> 167

**PHYSICALLY HANDICAPPED PUPILS** Dr. Stone (Paediatrician) and Mr. Squire (Orthopaedic Surgeon) attend the Special Day school regularly, and their advice and support is invaluable. The pattern of disabilities among children at the school has changed significantly over the years. Residual damage after illness (such as polio and rheumatic fever) is now very rare, and chronic disabling conditions of childhood predominate. The number of spina bifida children continues to increase.

71 physically handicapped children attended the Avenue School, and six children attended residential schools.

**DELICATE PUPILS** A few children are so physically and emotionally fragile that they are best placed in the sheltered educational environment of a special school. Seventeen such children attended the Avenue Physically Handicapped School, and four attended residential schools.

## PUPILS SUFFERING FROM SPEECH DEFECTS IN 1971 AND 1972

In 1971, 391 children (277 boys and 114 girls) and in 1972, 395 children (287 boys and 108 girls) were given speech therapy.

<i>Type of defect</i>	<i>Number of cases treated</i>	
	1971	1972
Dyslalia	280	333
Dyslalia due to hearing loss	6	18
Retarded speech development	58	76
Stammering	29	45
Stammering plus dyslalia	5	5
Cerebral palsy	2	3
Cleft palate	1	1
Dysarthria	4	5
Language disorder	6	11
Voice abnormality	—	3
<i>Result of treatment</i>		
Discharged — cured or improved	126	122
Discharged, having made no progress	1	3
Discharged for non-attendance	2	—
Left the district before completing treatment	10	5
Left school before completing treatment	3	—

Speech therapy examinations were held in Queen's Road, Tilehurst, Whitley, Emmer Green, and Southcote Clinics. Regular treatments were given in The Avenue School, Wakefield Lodge, E.P. Collier Speech Unit, St. Michael's Language Disordered Unit, several of the Partially Hearing Units and in a number of Primary Schools within the Borough.

### THE AVENUE SCHOOL

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

The activities undertaken at the Avenue School increase from year to year and during the years 1971/72 there has been a steady build up in the number of children taking part in horse riding at the Crosslanes Riding School, Arborfield. The initiative for this originally came from Mrs. Ashcroft, Assistant Branch Director Youth and Juniors, of the Red Cross, Mrs. Waterer, who runs the Riding School, and Mrs. Hargrove, Physiotherapist.

When the suggestion was first made to me about children from this school having the time to undertake this activity I had serious reservations, but I was prepared to see what time and experience would tell me. I am now quite convinced of the value that the children are getting, and not just for physically handi-



capped children. I can now see benefits for some of our quiet, shy and very reserved children, and I have come to regard the Monday morning riding sessions as an extremely valuable addition to the provisions we can make at this school.

Both parents and staff are very appreciative of the assistance that Mrs. Waterer and her team of lady helpers are giving to our children.

Another development of much interest is that last year for the first time the school accepted the opportunity of taking a mixed group of older pupils for a residential activity week-end at the Thamesfield Centre, Henley. The suggestion was greeted by many of the children with a great deal of apprehension and a certain amount of persuasion had to be used on pupils and their parents. This is, of course, significant when the youngster is from a non-stimulating home background and has never had the sort of experiences in early life that develops the confidence to face up to new people and new places. Indeed up to the very moment of departure it looked as if two of our group were going to shy out of it, but a very subtle "piece of kidnapping" finally made sure that all the bodies arrived at Henley.

The outcome of the week-end was that the children had a marvellous time taking part in Canoeing, Archery, Judo, Squash, Horse Riding and sampling the delights of what may be described as genteel living in a social group. The result, none of them wanted to come home.

This year when I announced we were going to have three days at Thamesfield there was no lack of boys and girls wanting to take part, the message from the previous year had got through. This will now, I hope, become an annual activity and in due course may well develop into residential exercises far afield.

The number of children in the school has remained steady at about 270, which is absolutely the maximum that can be accepted with the present buildings. Every square inch of which is used.

It was with considerable sorrow that I heard of the change of plans by the Education Committee for the development of secondary education in the Borough. I had been hoping for some time that when the new South Comprehensive School was built and Cintra School moved that more room would become available on the Avenue site, either in the classrooms that Cintra would vacate, or in part of the old original Special School if George Palmer School could withdraw children from there to the additional space they would have available.

Very interesting developments will be possible if these additional teaching areas ever become available for us, but alas for the foreseeable future we are confined within our existing premises.

The intake of Spina Bifida children which started five years ago continues at a steady rate of about four a year. The oldest of these children has now reached class 10A, which covers the Upper Junior age range. They have thus moved from the Nursery through three more classes and brought great problems of staffing and provision for their physical and medical care. Plans have now been completed for a new suite of changing rooms at the Junior end of Lower School,



which together with a Macerator Disposal Unit, will enable us to deal with these problems far more effectively.

We are, of course, to some extent learning as we go as there is nowhere from which experience can be drawn to guide us in the education and development of these children, in numbers, in their secondary stage. It was said a few years ago that Spina Bifida Children would be an intelligent group covering a normal I.Q. span. Experience has shown, however, that although a few of them are like this, many have learning and developmental problems as a result of their physical condition, and they are going to require a great amount of help and encouragement.

Looking to the future, I am much concerned that the employment prospects for our leavers are becoming worse as the general employment situation in the country worsens. It has become quite obvious over the last two years that if our ex-pupils are to hold their own in taking employment and getting out, then we in school have got to do more than ever before to prepare them.

We have made a significant move in this direction through the development of our leavers programme and links which have been forged with the Technical College and the Adult Training Centre. To get the greatest benefit from our external contacts we need, however, a Workshop in which we can develop a programme so that the youngsters profit from the experience and situations which they may get when out and about.

Through the efforts of the staff, parents and children we have raised a considerable sum of money this year, and if planning permission is granted, we hope within the not too distant future to be able to provide this important facility ourselves.

For the first time for several years the school is now fully staffed and has Specialists in a number of subjects, providing a width of curricula activities such as we have never been able to offer the children before.

The years 1971/72 have to a great extent been years of development in the school, I hope that the next two years will be a time of consolidation.

*Physiotherapy.* Another busy and interesting period has passed swiftly. Once again there is a change in the pattern of admissions. Last year, the intake of children into the nursery group showed a greater number of Spina Bifida children above all other handicaps. A slowing down tendency followed toward the end of the year, after which the intake of Cerebral Palsy children began to increase.

The overall picture throughout the school shows that Cerebral Palsy cases are still the highest in number, with Respiratory cases in second place. Spina Bifida disabled cases are in third place, as shown in the table of treatments.

The therapy pool was repaired and the children are reaping the benefit of hydrotherapy. With this form of treatment much confidence is built up as freedom of movement in this medium is more easily produced than on land. The children get a great deal of fun and often refuse to leave when treatment time ends!



An increase in staff towards the end of the period, has made it possible to give more hydrotherapy sessions. It has also facilitated better timetabling making treatment more effective. This particularly applies in cases post operatively where daily treatments are essential.

Co-operation with Speech Therapists, has proved to be successful in some selected cases where vocalisation and speech need encouragement.

Parents of handicapped children have the opportunity to attend and discuss any problems which may arise. In this way a practical demonstration with the child is often helpful and an anxious parent can go home much less harrassed, with a positive approach to the child's rehabilitation.

Mr. M. Squire, Orthopaedic Surgeon, holds clinics at the school each term. More children than ever are provided with various aids and appliances to encourage mobility and walking. Surgery is carried out where necessary if it will improve a child's function.

Dr. Stone, Paediatrician, holds a school clinic once a term. The school Doctor is present, and much valuable information and advice is obtained.

Case conferences with medical and teaching staff have been interesting and worthwhile. It is at such meetings that selected children are discussed, from both the medical assessment and the teaching assessment. Exchange of information of this kind is useful and helpful. Getting to know the child as a "whole" person in this way, is the key to the introduction of treatment which will provide, one hopes, pleasure with progress.

TABLE OF CASES TREATED DURING 1971 AND 1972

	Girls		Boys		Total	
	1971	1972	1971	1972	1971	1972
Cerebral Palsy ... ..	17	13	18	20	35	33
Respiratory ... ..	3	4	10	12	13	16
Old Poliomyelitis ... ..	—	—	2	1	2	1
Cystic Fibrosis ... ..	—	—	1	1	1	1
Post op. tumour ... ..	1	—	—	—	1	—
Arthrogryposis ... ..	2	2	—	—	2	2
Post Orthopaedic op. ... ..	—	—	—	—	—	—
Fragilitas Ossium ... ..	—	—	1	1	1	1
Posture ... ..	—	2	—	—	—	2
Hemiplegia ... ..	—	—	—	—	—	—
Muscular Dystrophy ... ..	3	—	—	3	3	3
Perthes Disease ... ..	—	—	1	—	1	—
Spina Bifida ... ..	7	7	9	8	16	15
Congenital Heart Disease ... ..	—	—	—	—	—	—
Multiple Congenital Deformities	4	2	1	2	5	4
Achondroplasia ... ..	—	—	—	—	—	—
Thalidomide ... ..	—	—	—	—	—	—
Post Accident ... ..	—	—	—	—	—	—
	37	30	43	48	80	78



## Health Education in Schools

It is generally accepted today that while Health Education can stand on its own rather than being a fringe development of biology, it should be regarded as an integral part of the school curriculum. It is best achieved when considered in relation to the physical, mental and social development of the school child.

In his "History of Health Education in the United States", Richard K. Mears says – "If the school is to educate children for their place in the world, it must be concerned with physical and social as well as academic development. A child must be helped to take his proper place in his home and his community, and to appreciate not only his responsibility for his own health but for that of the community as well".

In Reading teaching in schools by Health Visitors began about 14 years ago. It was started following discussions between the Home Economics Adviser and the then Superintendent Health Visitor. Classes were called "Parentcraft" and included subjects such as Personal Hygiene, Feeding the Baby, Bathing, Accident Prevention, and Vaccination and Immunisation. At first only one or two Health Visitors participated and between them covered a few secondary girls schools. This has been gradually expanded and for a short time one Health Visitor taught the boys of one school with a measure of success.

Today this has been further developed so that all the secondary girls schools, except one have a Health Visitor teaching on a regular basis. Some of the schools run a Family Care Certificate Course. This is covered jointly by the Health Visitor and the school teaching staff working together. There is no examination and certificates are awarded on the satisfactory completion of the course, the system being one of continuous assessment.

The Course includes the normal parentcraft subjects, baby and child care, management and development, maintenance of health, avoidance of infection and general hygiene, first aid, accident prevention and the care of the family generally. The Health Visitor deals with these subjects while the teaching staff deal with home making, budgeting, hire purchase, making soft toys, making and laundering baby garments, preparing and serving toddlers meals. The subject of sex education, family relationships and venereal disease are dealt with as and when appropriate.

In the year 1971/72 three schools were using the Family Care Certificate Course. The other five secondary girls schools had Health Visitors teaching parentcraft but not as part of an integrated course. Unfortunately not all the more academic girls have these talks by a Health Visitor as there is not time for the inclusion of this subject in the higher academic syllabus.

All children should have the opportunity to take part in Health Education Programmes in primary as well as secondary schools, boys as well as girls. Due to the many other calls on the Health Visitors' time, it has not been possible to involve them in primary school teaching so far, except in the case of one school. At this school, Morlands Primary, a Health Visitor participates in group work with ten year olds. The children are first shown a Sex Education Film in the



B.B.C. "Merry-go-Round" Series, they are then divided into groups of nine or ten. One group is led by the Health Visitor and the others by members of the teaching staff. They then discuss points either arising from the film or brought up by members of the group.

It is to be hoped that development in Health Education in schools will continue to progress until the aim of bringing it to all children is realised.

The establishment of the joint Berkshire/Reading Health Education Unit, in September, 1972, will result in an increased and wider service being offered to schools.

Mr. Myatt, head of the Unit, is himself a teacher and has already established close contacts with the Education Department: Mrs. M. Gallagher, assistant H.E. Adviser has been involved with school health education programmes for many years.

Work in this field will be one of the units priorities, and the resources of the unit will be available to co-ordinate and support the work of all disciplines involved in school health education.

## School Dental Service

Since the last report on the School Dental Service at the end of 1970, considerable progress has been made.

In September, 1971 a part-time Dental Health Education Officer was appointed to co-ordinate and extend the teaching of oral hygiene that had previously been undertaken by the Dental Officers, Health Visitors and School Nurses. A year later the success of this side of the service and the demands by the schools made it necessary to extend the part-time post to a full-time one.

During the year, a toothbrush, mug and a tube of toothpaste was supplied to every child in infant and primary schools. With the aid of films, posters, talks and demonstrations the children were taught the proper way to clean their teeth as well as sensible eating habits.

Towards the end of the year Reading schools were challenged by the schools of Birmingham to a balloon race in the interests of promoting dental health. Any child who could produce signed evidence of dental fitness was eligible to take part. Of the several hundred competitors from both towns a pupil from Reading was declared the winner. This year by way of a return match Reading is challenging Birmingham to a treasure hunt.

Birmingham is one of the more enlightened progressive towns when flouride is added to the drinking water and therefore has an advantage over Reading which is going to become more pronounced each year.



Unfortunately in Reading, no progress towards this vital public health measure seems to have been made. However, it is hoped that to some small extent this deficiency may be slightly ameliorated by the sale of flouride tablets. These are now available in all the clinic welfare food shops.

At Whitley the existing dental surgery was redecorated and re-equipped with a modern dental unit and earlier this year a new dental surgery was completed adjoining the modernised one.

An entirely new dental surgery was also built at Tilehurst clinic adjacent to the present dental suite.

Two additional full-time dental officers were recruited and were able to commence work from the day of completion of the new surgeries.

Work is now in hand to modernise and re-equip the dental surgery at Southcote clinic.

Plans are also being drafted for a dental suite of a temporary nature in Caversham so that The School Dental Service may be established in that area pending the building of the health centre.

The following tables supply details of treatment:—

Age Group	Number Treated	Fillings		Extractions		General Anaesthetics
		Permanent	Deciduous	Permanent	Deciduous	
5-9 years – 1971	2,632	1,337	1,705	87	765	214
1972	3,093	1,562	2,001	112	901	251
10-14 years – 1971	3,280	2,875	147	301	230	122
1972	3,853	3,375	172	365	271	143
15 and over 1971	687	919	—	93	—	24
1972	802	1,081	—	109	—	28

Amongst all age groups:—

	1971	1972
Orthodontic appliances fitted ...	61	70
Root Fillings ...	29	34
Crowns Fitted ...	18	21
Dentures Fitted ...	3	2
Inlays Fitted ...	5	5
X-rays taken ...	352	411
Sessions devoted to dental treatment ...	1,171	1,372
Sessions devoted to dental inspection ...	69	81
Sessions devoted to dental health education ...	—	8

## Infectious Diseases

**B.C.G. IMMUNISATION** B.C.G. injection is offered to all children, subject to parental consent, in Reading schools between the ages of 12–13 years. This is a method of giving a higher degree of immunity to a child who has had no contact with Tuberculosis.

	No. Selected	No. Accepted	%	Absent	Skin Tested	Pos	Neg	Abs	% Pos.	Received BCG
1971	1,533	1,415	92.30	123	1,292	125	1,085	82	10.33	1,085
1972	2,123	1,805	85.02	135	1,670	192	1,325	153	12.65	1,325

**RUBELLA IMMUNISATION** German Measles (Rubella) contracted particularly during the first trimester of pregnancy, can result in the delivery of a severely damaged child both physically and mentally. It is believed that many more of our handicapped children may be the result of this unfortunate yet simple infection, being caught by their mother before they were born. In view of this a Rubella immunising injection is offered to all Reading school girls at the age of 11 years.

It is a simple safe injection which has been tried out on a very large scale in America and Germany. Rarely a child has a reaction and then it is of a simple nature. Within the next year it is hoped to have organised a scheme whereby, all young teachers in primary school particularly, where Rubella is rampant at certain times of the year, will also be offered this injection which they may obtain at present on request.

In 1971 there were 1,546 cases of Rubella and in 1972 there were 851 cases.

## Deaths in School Children

In 1971 twelve Reading school children died - four from road accidents, three from other accidents, two from inhalation of vomit, one from haemorrhage, one from broncopneumonia and one from congenital abnormalities. Six school children died in 1972. One of these was a victim of cancer, another of asthma, and a third of gastro enteritis. The fourth died from drowning, the fifth from inhalation of vomit and the sixth as a result of a road traffic accident.



# Report of the School Meals Organiser

Mrs. P. E. Cook reports:—

The daily number of children attending maintained schools taking meals in October, 1971 was 13,514 which is 63.63% of those present, and in October, 1972 was 16,108 which is 75.64% of those present.

**THE PRICE OF THE MEALS** The years 1971 and 1972 were ones of change in the School Meals Service. In April, 1971, the price of the meal was increased from 1/9 (9p.) to 2/5 (12p) and a great deal of publicity was given to this fact which may have influenced some parents. The number of children taking meals in Secondary Schools dropped considerably. The drop in the Primary Schools was small, with the exception of one school. This seems strange because the price of the meal is the same for children of primary school age as for pupils of Secondary Schools. The meals for Secondary School pupils always cost more to provide than for those in primary schools.

**EXPERIMENTS** During the period experiments were carried out to see if a meal of completely convenience foods was acceptable to the children and teachers — but it was felt that they would tire of the standard flavours.

The use of foil dishes was also tested but found to be much too expensive.

The use of dish washers was investigated and it was decided to instal these machines in new kitchens.

'Food trays' for use where continuous cafeteria service is in operation are being tried, and so far are proving simpler for the pupils than a tray, two plates, a beaker and cutlery. These trays are recessed to hold the meat course and pudding, as well as cutlery and beakers.

**CHANGES THAT HAVE PROVED SUCCESSFUL** Choice of dishes at meals have been provided at many secondary schools. At some schools the pupils like a filled roll plus salad as a change from the traditional meal. Care is taken, however, to ensure that the nutritional standard is reached when the meals are planned. However the pupil's choice is often extraordinary! The cold buffet style meals are popular at some girls schools, soup or coffee are made with milk and help to ensure that enough protein is provided.

A new VI Form Unit Kitchen has been provided at Alfred Sutton Schools. The meals there are different in order to attract the pupils and keep them in the schools. There is a wide choice of three or four items for each course. Pupils place their orders on one day for the next, and this is, at present proving popular.

The use of dehydrated vegetables has proved successful, and has been extended to all new schools, as it has helped to solve the problem of getting kitchens adequately staffed. Vitamin 'C' is now included in dehydrated potatoes. In addition, fresh chipped and roast potatoes are provided each week, as well as salads at least once a week.



## ONE-DAY FOOD HYGIENE COURSES

The Chief Public Health Inspector has arranged for a member of his staff to organise one-day courses in Food Hygiene and a large number of school meals staff have attended and obtained their certificates. This has proved very helpful to Kitchen Supervisors as it means at least some of their staff understand why certain procedures etc. are necessary. It has also proved popular with the staff.

## TRAINING UNIT

After various setbacks, Mrs. G. Ridgus was appointed Training Organiser in the Summer of 1971, and the Unit finally opened for the first course for cooks in February, 1972.

Since the opening of the Unit, four Cooks Courses and one Kitchen Management Course have been completed. Thirty-eight students have attended the courses to date.

These courses have proved their worth when staff are promoted to the post of Cook/Supervisor or Supervisor of a kitchen. The Cooks courses have become popular and it is fascinating to see what they have learnt put into practice. It is hoped to arrange for all senior staff to attend in due course.

Where the Service is successful, it is due not only to the efforts of the School Meals staff, but particularly to the interest and hard work of Head Teachers and their staff who support them, and I should like to express my thanks to everyone concerned.

## Road Accidents

Schoolchildren injured on the roads 1972 (1971 figures in brackets)

Month	Boys	Girls	Cyclists	Pedestrians	Passengers	Injury			Total
						Slight	Severe	Fatal	
January	9 (7)	2 (7)	— (2)	10 (12)	1 (—)	7 (11)	4 (3)	— (—)	11 (14)
February	6 (3)	2 (3)	2 (—)	5 (6)	1 (—)	7 (5)	1 (1)	— (—)	8 (6)
March	8 (7)	3 (4)	1 (—)	9 (10)	1 (1)	7 (8)	4 (3)	— (—)	11 (11)
April	6 (5)	4 (6)	— (2)	8 (9)	2 (—)	6 (8)	4 (3)	— (—)	10 (11)
May	12 (9)	6 (8)	2 (5)	13 (11)	3 (1)	10 (15)	7 (2)	1 (—)	18 (17)
June	7 (12)	3 (4)	3 (3)	7 (10)	— (3)	4 (9)	6 (7)	— (—)	10 (16)
July	11 (7)	3 (3)	6 (2)	8 (8)	— (—)	8 (7)	6 (2)	— (1)	14 (10)
August	7 (9)	6 (3)	5 (5)	7 (3)	1 (4)	9 (6)	4 (6)	— (—)	13 (12)
September	8 (5)	4 (2)	3 (1)	7 (5)	2 (1)	6 (3)	6 (4)	— (—)	12 (7)
October	9 (10)	3 (2)	2 (1)	10 (10)	— (1)	11 (7)	1 (5)	— (—)	12 (12)
November	12 (7)	2 (1)	3 (2)	9 (6)	2 (—)	11 (4)	3 (3)	— (1)	14 (8)
December	4 (8)	8 (8)	— (1)	9 (9)	3 (6)	12 (12)	— (4)	— (—)	12 (16)
Totals	99 (89)	46 (51)	27 (24)	102 (99)	16 (17)	98 (95)	46 (43)	1 (2)	145 (140)



# Physical Education

*Report on Physical Education 1971/72:—* Raising of the school leaving age puts pressure on the facilities for physical education, especially with older pupils. Our reports for several years have referred to the changing interests and needs of teenagers; a growing departure from the traditional organised games programme to the individual pursuit. Perhaps, of course, this is nothing new! Certainly nowadays we consider more carefully and sympathetically the opinions and wishes of our pupils rather than involve them willynilly in complicated team situations all too often for the personal satisfaction of adult enthusiasts. It is not intended to detract in any way from the untiring efforts of so many of our teachers for team games and the many hours of work out of school spent with children in their organisation. But perhaps the time has come to 'stop and think'.

One of the most exciting developments in education for Reading must be the acquisition of Ufton Court during the year under review and we are pleased to have played some part in this project. The scope for physical activities at Ufton Court are very limited indeed but nevertheless there is a very real opportunity here to develop an integrated educational programme including Leisure and Recreation both physical and cultural. This aspect of education was a subject dealt with at the Secondary Head Teachers' Conference at Thamesfield in June when Mr. J. M. Munn, Principal Recreational Planning Officer for Monmouthshire gave an address on "Joint Planning — Joint Management — Dual Use". These terms are certainly not new in Reading; they have appeared in our reports regularly for many years.

The Meadway Sports Centre will create a community provision for physical recreation in Tilehurst and is a praiseworthy example of integrating the education service within the overall structure of local government. Reading's example has created a great deal of interest throughout the country.

In some respects it is unfortunate that the Centre at Rabson's will not develop as originally envisaged. Here the philosophy was to widen the scope of the provisions as much as possible and co-ordinate fully the requirements of all age groups, from the toddler to the pensioner, in a wide range of cultural recreational and social situations. The school would become the hub of community activity in the area. The re-siting of the school to the West makes it necessary to revise plans for the Rabson project. Perhaps the original scheme could be applied to Ashmead where additional building expenditure is already approved. A joint scheme here could benefit both school and community especially in an area where, for the latter, services are fragmented.

Closer involvement of school and community might help to reduce the present upsurge of vandalism on school premises. Playing fields, especially those off-site, are particularly open to misuse and damage. It would appear that to continue to provide fences to enclose certain school grounds is a questionable expenditure under present arrangements.

As already mentioned earlier in this report, there is an increasing demand for a fuller programme of activities in our schools, and many of these activities



call for special skill and training — swimming, canoeing, sailing, judo, climbing, trampolining, diving, to mention but a few. We ask that teachers introducing such activities should be qualified at least to the standards set out by the National Governing Body of the sport concerned. To obtain these qualifications, teachers are encouraged to attend appropriate courses over a period of time but unfortunately the time factor involved in training often results in deleting certain activities from the timetable through lack of competent instructors. Again the scope of interest amongst pupils in our large schools makes it impossible for staff to cope with the demands for a complexity of activities and here it may be possible — and certainly desirable — to recruit part-time non-professional instructors. It may be necessary to finance their further training in the handling of children and, should that be necessary, it is hoped that funds will be available to provide this service.

#### **HARD SURFACES — PLAYGROUND AND TENNIS COURTS**

It is not always appreciated that hard surfaces are teaching spaces for physical education and re-

quire to be maintained to the same level as other facilities. Unfortunately, annual maintenance has been limited for several years with the result that the general state of playgrounds (and to a lesser extent, tennis courts) is below acceptable standards. It is appreciated that renovation is costly but “putting it off” is uneconomical in the end and presents the schools with problems during the interim period. During the current financial year the estimate for the re-surfacing of tennis areas permitted only one court to be treated. With over forty courts to be maintained we must hope for something better than one per year!

However, all is not complaint and it is gratifying to report that at long last we seem to have found a suitable material for the construction of new and the renovation of old playgrounds. Drainage is much improved on these new areas and permits earlier use by children after wet weather.

**SWIMMING** For many years our reports on swimming have referred to ever-increasing demands for facilities. During this time the Central Pool has been opened, the Arthur Hill Bath has been put at the disposal of our schools for exclusive use during term time, five baths have been provided in secondary schools and fourteen learners pools have been built through voluntary funds in our primary schools. At the present time a pool is being constructed at Manor Junior School. All this effort has increased the popularity of swimming and we are faced with further demands for facilities. Nor is the enthusiasm confined to school time.

A great deal of swimming is carried on out of school hours for both adult and children's classes. We continue to provide classes for life-saving, personal survival and competitive swimming on week-day evenings and it has been necessary to extend the programme to Highdown School.

Since our evening classes began approximately 400 children have gained life-saving awards and 5,000 have passed personal survival tests of the Amateur Swimming Association.

We acknowledge the continued industry and enthusiasm of all the teachers and instructors involved in this success and thank the Head Teachers concerned for the use of the swimming facilities in their schools.

In conclusion, the Advisers wish to thank all who have encouraged and supported their work during the year.



# Statistical Data

## PART I

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

### PERIODIC MEDICAL INSPECTIONS

1971

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	Unsatisfactory		for defective vision (excluding squint)	for any other condition recorded at Part II	Total individual pupils
		No.	No.		(6)	(7)	(8)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1967 and later	29	29	-	-	1	8	7
1966	590	590	-	-	12	36	41
1965	1,460	1,460	-	-	39	113	139
1964	233	233	-	-	1	21	18
1963	133	133	-	-	5	1	5
1962	135	135	-	-	4	6	8
1961	96	96	-	-	3	2	4
1960	456	456	-	-	8	29	33
1959	282	282	-	-	3	15	16
1958	61	61	-	-	3	4	7
1957	109	109	-	-	2	4	6
1956 and earlier	174	174	-	-	6	3	8
Total	3,758	3,758	-	-	87	242	292

1972

1968 and later	-	-	-	-	-	-	-
1967	539	538	1	-	10	52	44
1966	1,499	1,497	2	-	30	113	110
1965	219	219	-	-	5	12	12
1964	333	333	-	857	2	17	18
1963	205	205	-	385	3	9	10
1962	87	87	-	-	1	5	6
1961	68	68	-	-	1	-	1
1960	310	310	-	51	19	17	32
1959	189	189	-	33	10	11	19
1958	45	45	-	-	1	3	4
1957 and earlier	83	83	-	-	4	-	4
Total	3,577	3,574	3	1,326	86	239	260

### OTHER INSPECTIONS

	1971	1972
Number of Special Inspections (carried out at the special request of a parent, doctor, nurse, teacher or other person) ... ..	19	25
Number of Re-inspections (arising out of one of the periodic medical inspections or out of a special inspection) ... ..	613	938
Total	632	963

### INFESTATION WITH VERMIN

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons ... ..	23,288	32,872
(b) Total number of individual pupils found to be infested ... ..	183	306
(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 1971

Defects or Diseases	PERIODIC INSPECTIONS										Special Inspection	
	Entrants		Leavers		Others		Total					
	(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)
Skin ... ..	(21)	(105)	(1)	(1)	(2)	(3)	(24)	(109)	(—)	(—)	(—)	(—)
Eyes — a. Vision ...	(71)	(82)	(5)	(4)	(11)	(12)	(87)	(98)	(—)	(—)	(—)	(—)
b. Squint ...	(27)	(30)	(1)	(—)	(6)	(4)	(34)	(34)	(—)	(—)	(—)	(—)
c. Other ...	(4)	(13)	(—)	(—)	(1)	(1)	(5)	(14)	(—)	(—)	(—)	(—)
Ears — a. Hearing ...	(18)	(115)	(—)	(1)	(—)	(3)	(18)	(119)	(—)	(—)	(—)	(—)
b. Otitis Media ...	(11)	(97)	(—)	(—)	(—)	(—)	(11)	(97)	(—)	(—)	(—)	(—)
c. Other ...	(1)	(14)	(—)	(—)	(—)	(1)	(1)	(15)	(—)	(—)	(—)	(—)
Nose and Throat ...	(37)	(229)	(—)	(—)	(2)	(1)	(39)	(230)	(—)	(—)	(—)	(—)
Speech ... ..	(19)	(41)	(—)	(—)	(4)	(2)	(23)	(43)	(—)	(—)	(—)	(—)
Lymphatic Glands ...	(2)	(28)	(—)	(—)	(—)	(—)	(2)	(28)	(—)	(—)	(—)	(—)
Heart ... ..	(1)	(36)	(—)	(1)	(—)	(5)	(1)	(42)	(—)	(—)	(—)	(—)
Lungs ... ..	(7)	(72)	(—)	(—)	(1)	(5)	(8)	(77)	(—)	(—)	(—)	(—)
Developmental — a. Hernia	(4)	(16)	(—)	(—)	(—)	(—)	(4)	(16)	(—)	(—)	(—)	(—)
b. Other ...	(4)	(28)	(—)	(—)	(—)	(1)	(4)	(29)	(—)	(—)	(—)	(—)
Orthopaedic — a. Posture	(8)	(32)	(—)	(—)	(2)	(1)	(10)	(33)	(—)	(—)	(—)	(—)
b. Feet ...	(19)	(32)	(5)	(1)	(8)	(2)	(32)	(35)	(—)	(—)	(—)	(—)
c. Other ...	(2)	(52)	(—)	(—)	(2)	(8)	(4)	(60)	(—)	(—)	(—)	(—)
Nervous System — a. Epilepsy	(3)	(8)	(—)	(—)	(—)	(1)	(3)	(9)	(—)	(—)	(—)	(—)
b. Other ...	(1)	(21)	(—)	(—)	(1)	(—)	(2)	(21)	(—)	(—)	(—)	(—)
Psychological — a. Development	(3)	(31)	(—)	(2)	(1)	(5)	(4)	(38)	(—)	(—)	(—)	(—)
b. Stability ...	(2)	(66)	(—)	(—)	(1)	(8)	(3)	(74)	(—)	(—)	(—)	(—)
Abdomen ... ..	(4)	(23)	(—)	(—)	(—)	(5)	(4)	(28)	(—)	(—)	(—)	(—)
Other ... ..	(6)	(19)	(—)	(—)	(—)	(1)	(6)	(20)	(—)	(—)	(—)	(—)

(T) = Treatment (O) = Observation

(Figures not available for 1972)



## 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	
	1971	1972
External and other, excluding errors of refraction and squint ... ..	—	920
Errors of refraction (including squint) ... ..	860	119
Totals	860	1,039
Number of pupils for whom spectacles were prescribed	256	312

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

	Number of cases known to have been dealt with	
	1971	1972
Received operative treatment:—		
(a) for diseases of the ear ... ..	8	25
(b) for adenoids and chronic tonsillitis ... ..	271	272
(c) for other nose and throat conditions ... ..	—	42
Received other forms of treatment ... ..	—	50
Totals	279	389
Total number of pupils still on the register of schools at 31st December, 1971 known to have been provided with hearing aids:—		
(a) during the calendar year 1971	5	9
(b) in previous years ... ..	56	40

## (C) ORTHOPAEDIC AND POSTURAL DEFECTS

	Number known to have been treated	
	1971	1972
(a) Pupils treated at clinics or out-patients departments ... ..	—	—
(b) Pupils treated at school for postural defects ... ..	—	2
Totals	—	2

## (D) DISEASES OF THE SKIN

	Number known to have been treated	
	1971	1972
Ringworm		
(a) Scalp ... ..	—	2
(b) Body ... ..	1	2
Scabies ... ..	19	47
Impetigo ... ..	17	35
Other skin diseases ... ..	648	420
Totals	685	506

(E) CHILD GUIDANCE TREATMENT

	Number known to have been treated	
	1971	1972
Pupils treated at Child Guidance Clinics ... ..	325	312

(F) SPEECH THERAPY

	Number known to have been treated	
	1971	1972
Pupils treated by speech therapists ... ..	391	495

(G) OTHER TREATMENT GIVEN

	Number known to have been treated	
	1971	1972
(a) Pupils with minor ailments ... ..	1,370	1,467
(b) Pupils who received convalescent treatment under School Health Service arrangements ...	3	4
(c) Pupils who received B.C.G. vaccination ...	1,085	1,325
(d) Other than (a), (b) and (c) above ... ..	—	—
Totals	2,458	2,796



Cases of Infectious Diseases in School and Pre-School Children -- 1972 (1971 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 ... ..	16 (17)	- (-)	1 (-)	5 (4)	8 (12)	2 (1)
Whooping Cough ... ..	5 (44)	1 (4)	2 (8)	1 (14)	1 (18)	- (-)
Measles ... ..	62 (630)	6 (32)	10 (136)	6 (182)	39 (258)	1 (22)
Acute Poliomyelitis (Paralytic) ...	- (-)	- (-)	- (-)	- (-)	- (-)	- (-)
Acute Poliomyelitis (Non-Paralytic)	- (-)	- (-)	- (-)	- (-)	- (-)	- (-)
Diphtheria ... ..	- (-)	- (-)	- (-)	- (-)	- (-)	- (-)
Paratyphoid Fever ... ..	- (-)	- (-)	- (-)	- (-)	- (-)	- (-)
Typhoid Fever ... ..	2 (1)	- (-)	- (-)	- (-)	2 (1)	- (-)
Food Poisoning ... ..	- (-)	- (-)	- (-)	- (-)	- (-)	- (-)
Dysentery ... ..	4 (3)	1 (-)	3 (3)	- (-)	- (-)	- (-)
Acute Meningitis ... ..	- (2)	- (1)	- (1)	- (-)	- (-)	- (-)
Acute Encephalitis (Infective) ...	- (-)	- (-)	- (-)	- (-)	- (-)	- (-)
Acute Encephalitis (Post-Infectious)	- (-)	- (-)	- (-)	- (-)	- (-)	- (-)
Ophthalmia Neonatorum ... ..	1 (1)	1 (1)	- (-)	- (-)	- (-)	- (-)
Infective Jaundice ... ..	- (26)	- (-)	- (1)	- (1)	- (15)	- (9)
Tuberculosis (Pulmonary) ... ..	(1)	- (-)	- (-)	- (-)	- (-)	(1)
Tuberculosis (Non-Pulmonary) ...	(1)	- (-)	- (-)	- (-)	(1)	- (-)
Totals	(726)	(38)	(149)	(201)	(305)	(33)











