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CITY OF SHEFFIELD.
EDUCATION COMMITTEE.

SCHOOL MEDICAL SERVICE.

REPORT

OF THE

SCHOOL MEDICAL OFFICER,

THOMAS CHETWOOD, M.B. Lond., D.P.H.

For the Year ended 31st December, 1920.

[THIRTEENTH YEAR.]



CITY OF SHEFFIELD.

EDUCATION COMMITTEE.

SCHOOL MEDICAL SERVICE.

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SCHOOL MEDICAL SERVICE SUB-COMMITTEE.

COUN. A. NEAL, M.P. (Chairman).

REV. CANON HOUGHTON, M.A. (Deputy Chairman).

COUN. W. A. BANCROFT (from Nov., 1920). ALD. J. KNOWLES, J.P.

COUN. A. BARTON (to Oct., 1920).

MISS E. M. MAXFIELD.

MISS I. CLEGHORN, M.A., L.L.A.

MR. J. OAKLEY.

MR. J. H. DAVIDSON.

ALD. A. TRUELOVE.

MR. A. HARLAND, J.P.

COUN. C. H. WILSON, J.P.

MR. C. HOBSON.

together with the Chairman and Deputy Chairman of the Education Committee.

MEDICAL STAFF.

School Medical Officer.

THOMAS CHETWOOD, M.B. Lond., D.P.H., Oxford.

Assistant School Medical Officers.

B. LANGLEY MILLS, M.D., F.R.C.S. Edin., D.P.H. Edin.

ANNIE C. GREENEP, M.B., Ch.B. Edin., D.P.H. Manch.

JOHN G. HEATHCOTE, L.R.C.P., L.R.C.S. Edin.

ROBERT A. BARBER, M.D., M.Ch., B.A.O. Belf. Univ., L.M., J.P.

(Left March, 1920).

JAMES M. CLARKE, M.B., B.Ch. Manch. (Appointed January, 1920).

MARGARET M. MORTON, M.B., Ch.B. Glas. (Appointed February, 1920).

HELEN F. LINDSAY, M.B., Ch.B. Glas. (Appointed March, 1920).

JOSEPH H. CAMPAIN, M.B., B.S. Lond., D.P.H. Manch. (Appd. March, 1920).

Part-time Assistant School Medical Officers.

ARTHUR G. YATES, M.A., M.D., Ch.B. Edin., M.R.C.P. (Left February, 1920).

J. B. FERGUSON WILSON, M.B., M.S. Lond., F.R.C.S. Eng.

DOUGLAS GREEN, M.B., B.S. Lond., F.R.C.S. Eng.

In Charge of Skin Department.

E. FRETSON SKINNER, M.A., M.B., B.C. Cantab., M.R.C.P.

Ophthalmic Surgeons.

HERBERT EMMERSON, M.R.C.S. Eng.

PERCIVAL J. HAY, M.D. Edin.

Aural Surgeons.

GEORGE WILKINSON, B.A., M.B., B.C. Cantab., F.R.C.S. Eng.

VINCENT TOWNROW, M.B., B.S., F.R.C.S.

Tuberculosis Officer.

JOHN RENNIE, M.D. Aberdeen.

School Dental Surgeons.

WILLIAM J. PROUD, L.D.S. Glas.

TERESA CANDON, L.D.S. Manch. (Appd. June, 1920).

ALEX. RUSSELL, L.D.S. Glas. (Appd. August, 1920).

NURSING STAFF.

MARY E. MEE, R.R.C. (Chief Nurse).

ETHEL A. ALBOROUGH (Left Aug., 1920). EMMA J. HALL.

LILIAN M. ATTOE.

HILDA HAWES (Appointed April, 1920).

SARAH BAKER (Left Oct., 1920).

ETHEL IRVING, A.R.R.C.

EVELINE BANHAM (Appd. April, 1920). ETHEL JACQUES (Appointed August, 1920).

CLARA BARRETT.

ADA E. JUDGE.

MARY E. BENNETT.

DAISY KNOWLES.

BEATRICE M. BOOTH (Left Aug., 1920).

JESSIE LEE.

GLADYS M. BREWER (Appd. April, 1920). BERTHA POUND (Appointed April, 1920).

LILY BURNELL (Appd. April, 1920).

ALICE SHAW.

BEATRICE CLARK (Left Feb., 1920).

MARGARET A. SMITH

MARGARET COOK.

(Appointed February, Left August, 1920).

FLORY S. CROWDER.

MARY STIRGESS.

DOROTHY L. ELLIS (Appd. Aug., 1920).

RUTH THOMPSON.

FLORENCE M. GIBSON.

ISABELLA O. TORRENS.

NELLIE R. GREENWOOD

AGNES C. WATSON, A.R.R.C. (Appd. April, 1920)

(Appointed November, 1920).

Dental Dressers.

KATHLEEN M. COOKE.

ELSIE INGRAM.

LUCY SUNTER.

Dental Attendant.

LILY SIMPSON.

Dispenser at Clinics.

GLADYS C. PENROSE.

CLERICAL STAFF.

REGINALD E. NORTH (Principal Clerk and Sub-Committee Clerk).

BERNARD H. LOWE.

LEONORA C. HALL.

CHARLES E. MOULSON.

DORIS ROSE.

FRANK CROOKES.

JOHN T. HILL.

HARRY DODD (Transferred).

MARJORIE WOOD (Appointed March, 1920).

HENRY NICHOLSON, D.S.M.

GRACE L. TAYLOR (Appointed March, 1920).

ALEC. C. MORRIS.

MABEL DEWHURST (Appointed June, 1920).

ALFRED C. ANDERSON.

LILIAN SMITH (Appointed August, 1920).

FREDK. M. CROSSLAND.

CENTRAL CLINIC AND OFFICE : 123, Hawley Street (Telephone Central 3960)

December, 1920

SUMMARY OF WORK DONE DURING 1920.

SCHOOL MEDICAL OFFICERS AT SCHOOLS—

No. of visits to Schools	2,063
No. of children examined during Routine Inspection—	
Elementary Schools	24,488
Secondary Schools	1,383
Special Schools	513
No of children examined—Selected cases	6,580
" " " Following up "	7,773
" " Special Visits	4,000

SCHOOL MEDICAL OFFICERS AT SCHOOL CLINICS—

(I) Inspection Clinic :—

No. of cases	...	...	...	...	...	7,343
No. of attendances for examination...	...	...	...	...	...	19,739

(2) Minor Ailment Clinic :—

No. of cases	...	...	...	...	...	...	4,600
No. of attendances for examination...	...	...	...	...	...	...	18,038

DENTAL DEPARTMENT—

No. of children inspected by the School Dentists at Schools ...	12,784
" "	
" "	
No. of children treated	2,505
No. of attendances	7,349
No. of attendances	10,406

X-RAY AND SKIN DEPARTMENT—

No. of cases	...	...	...	...	...	...	9,003
No. of attendances	...	...	...	...	...	...	35,763
No. of children treated with X-Rays	...	...	...	...	...	...	195

OPHTHALMIC DEPARTMENT—

No. of children treated by the Ophthalmic Surgeons	...	3,849
No. of attendances	...	10,597
No. of cases dressed by Nurses for Sore Eyes, etc.	...	2,192
No. of attendances	...	58,339

AURAL DEPARTMENT—

No. of cases treated by the Aural Surgeon	...	...	...	1,015
No. of attendances	...	...	...	3,495
No. of cases dressed by Nurses	...	...	...	1,257
No. of attendances	...	...	...	39,115

SCHOOL TUBERCULOSIS DISPENSARY—

No. of new cases	730
No. of "contacts" examined	1,100
No. of attendances of all cases	11,212

SCHOOL NURSES—

No. of examinations of children in Schools	...	...	149,647
No. of visits to homes of parents	...	...	11,648
No. of minor dressings at Clinics and Schools	...	...	8,896
No. of children bathed at Cleansing Station	441

TOTAL NUMBER OF ATTENDANCES OF CHILDREN

AT THE SCHOOL CLINICS	215,600
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CITY OF SHEFFIELD.

GENERAL INFORMATION

Population (estimated)	492,570
Area	24,886 acres.
Density of Population	19·8 persons per acre.
Rateable Value	£2,188,469.
Education Rate	41·63d.
Penny Rate produces	£8,947.
No. of Schools (including Special Schools)...	115
No. of Departments	274
Accommodation	85,535
No. on Rolls	85,340
Average Attendance	72,651

Note.—Owing to Dr. CHETWOOD's illness, necessitating his absence from duty for some weeks previous to this Report being sent to press, I feel there are omissions, etc. that would not have happened had he been able to complete and revise this Report, and consequently the Report may not be up to its usual standard.

The Staff wish him an early recovery, and hope it will not be long before he is with them again.

ANNIE C. GREENEP,

May, 1921.

Acting School Medical Officer.

CITY OF SHEFFIELD.
EDUCATION COMMITTEE.

School Medical Service

REPORT

OF THE SCHOOL MEDICAL OFFICER,

THOMAS CHETWOOD, M.B. Lond., D.P.H.

FOR THE YEAR ENDED 31ST DECEMBER, 1920.

INTRODUCTION.

In presenting my seventh annual report on the School Medical Service in Sheffield, I wish at the outset to acknowledge my indebtedness to all members of my staff for their loyal co-operation and to thank the Chairman and the members of the Sub-Committee very heartily for their unfailing help and kindly direction in my task.

This report will be found to differ somewhat in form from those presented during the last few years, as it has been modelled as closely as possible on lines recently suggested by the Board of Education. Every school medical officer is required to make to the Local Education Authority an annual report concerned chiefly with the conditions and circumstances affecting the health of the school children and containing certain statistical records. Copies of this report must be sent to the Board of Education. It has been my endeavour to avoid the omission of any information of special interest and importance locally and at the same time to conform with the suggestions put forward by the Central Authority. Repetition of some parts of any annual record are unavoidable but I hope that efficiency has not been sacrificed in the effort to make the report concise. To construct the statistical tables very complete returns are essential and to meet these and other requirements I have this year started an index of all children inspected by the medical officers in the schools or in the clinics which constitutes a reliable medical record of the individual children. This index system will be amplified in the near future by the compilation of a medical register of all exceptional children.

The Service is still seriously handicapped by the want of adequate premises for a central clinic. There is no progress report in 1920 and the rooms in Hawley St., rented temporarily in 1910 and even at that time quite inadequate, are still being used.

STAFF.

Dr. J. M. Clarke commenced duty as an assistant school medical officer in January, Dr. Margaret M. Morton in February, Dr. Helen F. Lindsay in March and Dr. J. H. Campaign in April. Dr. R. A. Barber was unfortunately compelled by ill health to sever his connection with school work in March. The changes result in the addition of one assistant school medical officer to the staff. Two dental surgeons have been appointed, Miss T. Candon and Mr. A. Russell, so that the dental staff now is three dentists, three dental dressers and a dental attendant. Mr. Bartle, who was the first school dental surgeon appointed in this city in 1910, left in February, accepting a position as chief dental officer under the Durham County Council.

In October the Committee decided to engage a second aural surgeon and Mr. Vincent Townrow, who was formerly a part-time school medical officer, was appointed.

The nursing staff was strengthened by the addition of six more nurses in April and now numbers twenty-five. I appreciate very highly the loyal and valuable help given me by Miss Mee, R.R.C., the Chief School Nurse, both in the direction of the nursing duties and in other ways. Nurse Ethel Irving has been congratulated by her colleagues and by the Committee on the award of the Royal Red Cross for valuable service in a large general hospital during the War.

CENTRAL AND BRANCH CLINICS.

For school medical purposes the schools are divided into six groups or districts, each under the general supervision of its own medical officer. Every district has its corresponding centre, two at the central clinic and four at branch clinics where the inspection and treatment clinics are held. The Attercliffe Branch clinic which has been open for four years is being moved to new premises at the beginning of January, 1921.

The centre for the Pitsmoor district is at the present time held in the medical rooms at the Ellesmere Road Council School. In this district, as in all others, the work is constantly increasing,

and it will be necessary to find some more commodious premises or to arrange for some enlargement of the existing rooms.

The administrative centre and the special departments (Ophthalmic, Aural and X-Ray treatment) are at Hawley Street; the Tuberculosis clinic is held at the Municipal Tuberculosis Dispensary; and the Dental clinics are at Hawley Street (Central Clinic), Owler Lane Council School and Whitby Road Council School. At these schools the medical rooms are used.

The distribution of the work is shown in the following table:—

Attendances at Clinics.

	A	B	C	D	E	F	Spec- ialists' Cases at Central Clinic	Total
	Atter- cliffe	Pits- moor	Lang- sett Road	Heeley		Central		
FOR MEDICAL EXAMINATION—								
Inspection Clinic	7,218	2,982	3,882	2,210	2,396	1,051	—	19,739
Minor Ailment Clinic	6,418	2,858	3,002	2,323	2,472	965	—	18,038
Skin Clinic	12,854	4,517	6,662	3,396	2,423	1,047	4,864	35,763
Ophthalmic Clinic	—	—	—	—	—	—	10,597	10,597
Aural Clinic	—	—	—	—	—	—	3,495	3,495
Tuberculosis Dispensary	—	—	—	—	—	—	11,212	11,212
DENTAL EXAMINATION AND								
TREATMENT—								
Dental Clinics	—	—	—	—	—	—	—	10,406
REGULAR DRESSINGS BY NURSES—								
Minor ailments—Eyes	13,864	7,331	8,207	6,017	22,920	—	—	58,339
„ Ears	9,764	6,354	6,350	5,104	11,543	—	—	39,115
„ General Dressings	3,243	1,125	622	1,001	2,905	—	—	8,896
Totals	53,361	25,167	28,725	20,051	47,722	30,168	215,600	

The total of 215,600 attendances at clinics, shows a great increase on preceding years, having increased from 167,283 in 1919.

CO-ORDINATION WITH OTHER HEALTH SERVICES.

The School Medical Officer is also Deputy Medical Officer of Health, and is thus in close touch with all the work of the Health Committee. There is close co-ordination with the Health Authority with regard to the control of infectious disease and the supervision of uncleanly and verminous children. Mrs. Franks, Chief Woman Inspector, kindly arranged for special investigations with regard to complaints as to verminous and neglected families in 34 cases.

Babies from the Maternity and Child Welfare Centre needing treatment for minor ailments are sent to the school clinic. During 1920, the number of such cases dealt with at the clinics was 37. Other cases are sent to the general hospitals.

Delicate children under school age who are attending the welfare centre have special facilities for treatment similar to those provided for the elementary school scholars. For example, the

Health Committee have entered into an agreement with the Edgar Allen Institute for treatment of cases of infantile paralysis, cases of ophthalmia, etc., are treated at the general hospitals and nursing is arranged for cases of measles, whooping cough, and epidemic diarrhoea, through the Sheffield District Nursing Association.

The treatment and care of children suffering from tuberculosis is in the hands of the Tuberculosis Medical Officer and the Surgical Tuberculosis Officer, who is also the Medical Superintendent of the King Edward VII. Hospital. This work is closely co-ordinated with all other forms of treatment in the clinics.

SCHOOL HYGIENE.

Surroundings.

In this connection I welcome with enthusiasm a suggestion made by the Director of Education to provide places in a new school on the outskirts of the city for scholars dispersed from two old schools near the centre of the city which are to be closed shortly.

Ventilation.

The school medical officers have given close attention to this matter. Several useful reports have been received, and the recommendations have been forwarded to the inspector of buildings for attention. In some instances suggestions have been put forward that, where possible, more windows should be made to open to secure full ventilation and a thorough flushing of the classroom in the intervals. Other reports received call attention to an occasional instance of imperfect use of the ventilators provided.

Two council schools and the pupil teachers' centre are mechanically ventilated on the plenum system.

Lighting.

The serious effect of dirty school windows on the lighting of the classroom is a very important matter that the Authority are urged to consider seriously. A considerable proportion of the bad eyesight to which school children are liable has been attributed to the bad hygienic conditions to which they are subjected.

The Education Committee have decided that the lighting of all new schools and buildings to be erected by them is in future to be by means of electricity.

Warming.

Except for some temporary dislocation during the coal strike when fuel could not be obtained the warming of the schools has been in a satisfactory state. The system usually adopted is a low pressure system. I would like to repeat my conviction that at least in every babies' classroom and in one room in every school for physically defective children, there should be also an open fireplace.

Equipment.

There is a gradual improvement slowly taking place in this respect, though in some schools there is still much to be desired. Old desks and seats are being replaced by newer models to the evident benefit of the children.

Sauitation.

On the whole good. Automatic flushes are being replaced by separate cisterns in each closet.

Water Supply—(a) for use.

I am of opinion that in some schools the facilities are quite inadequate. More clean towels should be provided, and in new schools at least, warm water should be laid on, particularly in the infants' departments.

(b) for drinking.

Drinking fountains are provided in the playgrounds, the town supply being laid on at every school.

Desks and Blackboards.

The value of cleaning the blackboards with a wet sponge in order to preserve the dark surface is again urged on all teachers. In order to avoid eyestrain every precaution should be taken so that the white chalk may show up clearly against the dark background.

Cleaning of Schoolrooms and Cloakrooms.

Again I would suggest that the classroom floors are not cleaned often enough. More frequent cleansing is necessary, not only in the interest of cleanliness, but also of health.

Arrangements for Drying Clothes.

There are no special drying rooms in the ordinary schools. In the newer schools cloakrooms are warmed and ventilated.

MEDICAL INSPECTION IN 1920.

ELEMENTARY SCHOOLS.

Routine medical inspection is medical inspection carried out on the lines of the approved schedule at the time when routine medical inspection is due and made on the school premises. The arrangements have not been varied, and all the three code groups approximately at the ages of 5, 8 and 12 years are examined. Details are shown in Table I, page 56. The total number examined in the elementary schools during the year was 24,488; the number of such children requiring treatment for one or more defects being 5,520, or 22.5% of those examined. The parents were notified by letter in 4,300 cases. A further number (1,433) were noted to be kept under observation by the medical officer either in the school or at the clinics.

Besides those submitted to routine inspection a very large number of other children described as "special cases" have been examined. These are children specifically referred to the medical officer and not due for routine medical inspection under the code at the time when so referred. They may be of any age, and may be referred to the doctor at the school or at the clinic by the committee, the medical officers, the school nurses, teachers, attendance officers, parents or otherwise. Some of them are examined in the schools at the time of the doctors' visit for routine medical inspection, the number so examined being 6,580, parents being notified of defects in 1,097 cases. Others are seen by the medical officers at the various clinics. The procedure varies slightly, but the object attained will be the same in that every case will be followed up (as described in a later section) until satisfactory treatment has been secured.

The school attendance officers help us very greatly in securing the early examination of children alleged to be unfit for school attendance. Those liable to attend school and who cannot do so are reported to me so that an opportunity may be taken to ascertain that all necessary curative measures are being adopted and that these efforts are not haphazard but continuous.

Routine inspection at the school must often cause some temporary dislocation of the work of the school, as it frequently entails

A FEW PLAIN FACTS DISCLOSED BY ROUTINE
MEDICAL INSPECTION, 1920.

In every hundred children inspected it was found that :—

98 had Good Clothing.

2 had Bad Clothing.

91·5 had Good Boots.

8·5 had Bad Boots.

10 had Excellent Nutrition.

79 had Average Nutrition.

11 had Nutrition below the average.

(·5 being regarded as Bad.)

76 had Clean Heads.

22·5 had Nits present.

1·5 had Head Lice present.

93 had Clean Bodies.

7 had Dirty Bodies.

25 had Sound Teeth.

44 had less than 4 Decayed Teeth.

31 had 4 or more Decayed Teeth.

3 had External Eye Disease.

1·6 had Discharging Ears.

18 had Enlarged Tonsils.

3 had Anæmia.

2 had Rickets.

the use of a classroom where no other apartment is vacant. In some instances the school doctor has been favoured by the use of the head teacher's room, but this is not always available and is not invariably suitable. For many reasons therefore, it appears eminently desirable that some particular provision for the medical care of the children should be made in planning a school, and in some of the newest council schools special rooms have been built. In previous reports I have called attention to some essential features which should be aimed at in framing plans for these medical rooms.

FINDINGS OF ROUTINE MEDICAL INSPECTION.

Some very interesting facts emerge from a careful study of the records of the year's inspection. There is still unhappily a very considerable number of defects, but in many directions there is some progress towards improvement. The facts may be considered conveniently under several headings.

(a) Uncleanliness.

Cleanliness of head.

			CLEAN.		NITS.		LICE.
Boys	...	...	93.85%	...	5.4%	...	.75%
Girls	...	...	57.69%	...	39.99%	...	2.31%

The above figures show a distinct all-round improvement on any previous year. The percentage of girls noted as clean (57%) has increased from 54% in 1914 and 48% in 1913 (the last available figures).

Cleanliness of body.

					CLEAN.		DIRTY.
Boys	...	...	...	...	94.66%	...	5.33%
Girls	...	...	...	...	91.74%	...	8.25%

The above shows an improvement on the last available figures when over 11% were classified as dirty.

The work of the nurses in connection with uncleanliness will be found on page 32.

(b) Minor Ailments.

The particulars relating to the Minor Ailments are noted in (e) Skin disease, (f) External eye disease, and (h) Ear disease and hearing.

(c) Tonsils and Adenoids.

3,434 children were noted with slightly enlarged tonsils (14%), and 1,144 children with markedly enlarged tonsils (4.6%). 1,114 had slight adenoids (4.5%), 61 marked adenoids (.24%).

(d) Tuberculosis.

216 children were found to be suffering from, or were suspected to be suffering from pulmonary tuberculosis. The majority of these cases were referred to the Tuberculosis Officer for further examination. 109 other children were suffering from non-pulmonary tuberculosis.

(e) Skin Disease.

772 children were noted as having some form of skin disease. Many of these children are treated at the school clinics.

(f) External Eye Disease.

The conditions noted were:—

Blepharitis	...	...	...	...	419
Conjunctivitis	...	...	...	...	156
Corneal Opacities	...	...	...	...	13
Other diseases	...	...	...	...	111

Many of these children are treated at the school clinics.

(g) Vision.

				NO.			
				EXAMINED.	NORMAL VISION.	DEFECTIVE VISION.	
Intermediate—Boys	...	...	...	2,230	...	88.52%	...
Girls	...	...	...	2,067	...	89.26%	...
Leavers—Boys	...	...	...	2,188	...	88.99%	...
Girls	...	...	...	2,026	...	89.14%	...

The above figures compared with those last available in 1914 show a very great improvement in the number of children (both boys and girls) with normal vision. It will also be noted that the percentage of boys and girls with defective vision are very similar, the girls showing a slightly lower percentage of defect than the boys. Previous years' figures invariably showed the girls to have a higher percentage of defect than the boys. The percentage of defect for both boys and girls may now roughly be calculated at 11%, the figures for 1914 being 21% boys, and 26% girls.

599 children were suffering from squint.

(h) Ear Disease and Hearing.

404 children were found to have discharging ears, and 777 defective hearing. Many of these children are treated at the school clinics.

(i) Dental Defects.

		NO.	SOUND	LESS THAN	FOUR AND
		EXAMINED.	TEETH.	FOUR	MORE
				DECAYED	DECAYED
				TEETH.	TEETH.
Entrants—Boys...	...	8,068	28.63%	37.96%	33.40%
Girls	...	7,909	29.02%	38.42%	32.56%
Intermediate—Boys	...	2,230	8.47%	47.22%	44.3%
Girls	...	2,067	10.16%	52.25%	37.59%
Leavers—Boys	...	2,188	24.86%	60.1%	15.04%
Girls	...	2,026	27.54%	58.39%	14.07%

An examination of these figures will be found interesting. At the age of 8 (intermediate groups) the percentage of children with sound teeth is very small. This of course is due to the decay of the milk teeth. By the time the children have reached the age of 12 (leavers' groups) this percentage has again improved, while the percentage of children with many decayed teeth is then very much less than at the other two periods. There is a fairly close similarity in the figures for the two sexes, but it will be noted that the boys appear to have more dental decay than the girls.

(j) Crippling Defects.

The following conditions were noted :—

Slight Rickets	...	...	369
Marked Rickets	...	...	146
Other Deformities	...	...	482

(k) Clothing and Footgear.

			SATISFACTORY.	UNSATISFACTORY.
Clothing	...	...	97.7%	2.2%
Footgear	...	...	91.5%	8.5%

It is satisfactory to note a very great improvement in these figures, the last figures showing that 7.2% had unsatisfactory clothing and 15.1% unsatisfactory footgear.

(l) Nutrition.

EXCELLENT.		NORMAL.		BELOW		BAD.
9.76%	...	78.9%	...	NORMAL.	...	52%
				10.8%		

It is pleasing to note a general improvement in the nutrition of the children.

(m) Other Conditions.

The following other conditions were noted :—

Enlarged Glands	...	...	6,885
Speech Defects	...	...	313
Heart Disease, Organic	...	...	113
" " Functional	...	...	385
Anæmia	...	...	716
Lung Disease (Non-Tubercular)	...	...	1,803
Diseases of the Nervous System	...	...	175
Other Defects	...	...	773

Average Heights of Sheffield Elementary School Children who have been submitted to routine medical inspection during the year.

AGE. YEARS.	No EXAMINED.	BOYS.				No. EXAMINED.	GIRLS.			
		AVERAGE.		ANTHROPOMETRIC STANDARD.			AVERAGE.		ANTHROPOMETRIC STANDARD.	
		CENTIMETRES.	INCHES.	CENTIMETRES.	INCHES.		CENTIMETRES.	INCHES.	CENTIMETRES.	INCHES.
3	77	94.40	37.15	93.52	36.8	73	92.32	36.35	92.02	36.2
4	661	98.62	38.8	97.68	38.45	558	98.63	38.85	97.2	38.25
5	3,940	102.90	40.5	101.6	40.00	3,850	103.59	40.75	99.1	39.00
6	3,185	108.60	42.75	109.2	43.00	3,183	107.84	42.45	106.7	42.00
7	205	112.80	44.4	116.8	46.00	245	111.09	44.05	111.8	44.00
8	1,297	119.12	46.9	119.4	47.00	1,220	119.18	46.9	118.1	46.5
9	897	123.09	48.45	126.4	49.75	806	121.80	47.95	123.8	48.75
10	17	126.50	49.8	131.4	51.75	28	127.60	50.25	129.5	51.00
11	19	136.10	53.55	135.9	53.5	13	129.84	51.1	134.6	53.00
12	1,192	137.21	54.05	139.7	55.00	1,127	138.48	54.5	141.00	55.5
13	977	141.47	55.7	144.8	57.00	882	142.42	56.05	146.7	57.75
14	19	143.42	56.45	150.5	59.25	17	144.76	57.00	151.8	59.75

NOTE.—In view of the small numbers examined for some ages, too much stress must not be laid on any comparison resulting therefrom.

Average Weights of Sheffield Elementary School Children who have been submitted to routine medical inspection during the year.

AGE. YEARS.	No. EXAMINED.	BOYS.				No. EXAMINED.	GIRLS.			
		AVERAGE.		ANTHROPOMETRIC STANDARD.			AVERAGE.		ANTHROPOMETRIC STANDARD.	
		KILOGRAMS.	POUNDS.	KILOGRAMS.	POUNDS.		KILOGRAMS.	POUNDS.	KILOGRAMS.	POUNDS.
3	77	15.24	33.6	15.42	34.00	73	14.54	32.05	14.33	31.6
4	661	16.41	36.2	16.91	37.3	558	15.94	35.15	16.37	36.1
5	3,940	17.51	38.6	18.14	40.00	3,850	17.63	38.9	17.69	39.00
6	3,185	19.13	42.2	20.18	44.5	3,183	18.35	40.45	18.94	41.75
7	205	20.45	45.1	22.56	49.75	245	19.08	42.1	21.55	47.5
8	1,297	22.75	50.15	24.95	55.00	1,220	22.25	49.05	23.59	52.00
9	897	23.70	52.25	27.44	60.5	806	23.67	52.2	25.18	55.5
10	17	26.17	57.7	30.62	67.5	28	24.23	53.4	28.12	62.00
11	19	30.93	68.2	32.56	71.8	13	28.02	61.75	30.84	68.00
12	1,192	31.94	70.4	34.82	76.8	1,127	32.23	71.05	34.7	76.5
13	977	33.45	73.75	37.42	82.5	882	35.07	77.35	39.46	87.00
14	19	36.09	79.55	41.74	92.00	17	35.82	78.95	43.88	96.75

NOTE.—In view of the small numbers examined for some ages, too much stress must not be laid on any comparison resulting therefrom.

INFECTIOUS DISEASE.

Information as to infectious disease occurring amongst school children reaches the school medical officer through several channels. The Medical Officer of Health sends prompt notice of the occurrence of scarlet fever or diphtheria, and himself issues instructions to the schools when the exclusion of children coming from houses where cases have recently occurred is required. This certificate holds good until authority is sent to the school that the children may be safely re-admitted.

Special measures have been agreed upon by the Medical Officer of Health and the School Medical Officer for the close supervision of diphtheria contacts. Five cases were dealt with during the year and homes were visited. Eight contacts were swabbed but no fresh cases were discovered. There were in addition three carrier cases found in school. Altogether 56 swabs were taken, of which 46 were negative and 10 positive.

Head teachers also make a weekly return to the School Medical Officer showing the number of cases of infectious and contagious disease among the scholars in their departments.

The information thus gained enables the School Medical Officer to at once investigate whenever there appears to be an epidemic. Thirty-six departments were specially visited during the year, five for scarlet fever, nine for diphtheria, twenty-one for measles, and one for mumps. Steps can then be taken to exclude individual children when their exclusion is desirable to prevent the spread of disease, and, in exceptional cases, to authorise the closure of the school or department. One infants' school was closed just after Easter on account of a local measles' epidemic.

FOLLOWING UP.

Adequate following up of the defects found at inspection is essential to the success of school medical work. Re-examination of these medical cases is necessary on several grounds ; in the first place, it helps to secure treatment in many cases ; secondly a fuller examination may be desirable than can conveniently be carried out at the school. Further, the medical officer is bound to keep himself informed of the progress of the case so that in the end he may be able to form a correct judgment of the results. It will thus be necessary for the school medical officer himself to take a big share in this process of following up. Its successful issue however, will not depend upon the doctor alone, but must be largely due to the co-operation between the medical officer, nurse, teachers, attendance officers and parents, and the effectiveness of the work will depend not only on the individual efforts of all those interested in the children but also on their proper co-relation. Over-lapping and the multiplication of visits are not only wasteful but annoying.

The preliminary steps for the following up of cases discovered at school inspections have been left unchanged and need not be again set out in detail. These have necessitated the sending of 2,610 second letters to the parents when the first letter has failed to have the desired effect. The number of final examinations made by the School Medical Officers reached the total of 7,773.

A summary of the work of the nurses shows that during the year they examined at the schools for following up 9,826 children and that they paid 3,636 visits to the homes of the children concerned. It must be understood that these visits were entirely independent of visits paid for other purposes which are not here included.

MEDICAL TREATMENT.

Children found with defects requiring medical treatment are referred in the first place to their family doctors, and facilities are also afforded for the granting of hospital "Recommendations" to parents who are found to be unable to pay for treatment by a private practitioner.

The number of "Recommendations" granted was 130 compared with 158 in 1919. The number granted has steadily declined as the treatment provided at the school clinics has progressed.

Treatment at the clinics is provided for many of the conditions which are most commonly met with among children of school age. In addition to the treatment clinics, inspection clinics are held regularly at the central and branch clinics. The inspection clinic, although not providing treatment, is instrumental in ensuring that each child inspected does actually receive any necessary treatment.

A reference to Tables IV. and V. in Appendix A will show the number of children actually treated for different defects. The percentage of defects treated is very satisfactory. If the figures for dental defects are ignored, as they should be, owing to the large number of children referred for treatment in 1920 who will not receive treatment until 1921, an increase on previous years is again recorded.

The figures for the last 13 years are given below :—

Year.	Percentage of children treated.	Year.	Percentage of children treated.
1908	34·	1915	69·4
1909	51·	1916	74·4
1910	52·8	1917	79·3
1911	53·9	1918	83·5
1912	63·5	1919	89·5
1913	66·	1920	91·
1914	66·8		

It will be noticed on referring to Table V. in Appendix A that the percentage of defects treated is largest for those conditions for which the Authority have provided treatment.

INSPECTION CLINIC.

A very large number of children attend the inspection clinics.

The total number of cases dealt with was 7,343, and these made a total of 19,739 attendances. The following is a summary of the inspections :—

CONDITION.	A		B		C		D	
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
Malnutrition ...	6	6	6	3	5	4	3	3
Eye—								
Defective Vision ...	92	123	47	63	57	58	51	46
Squint ...	64	40	23	12	23	23	18	13
Ear—								
Deafness ...	46	45	40	43	13	14	20	21
Deaf Mute ...	—	—	—	—	1	—	1	1
Nose and Throat—								
Enlarged Tonsils ...	88	115	17	19	35	30	10	10
Adenoids ...	16	16	28	20	16	13	10	16
Tonsils and Adenoids ...	31	32	9	16	14	36	1	5
Tonsillitis ...	40	42	11	6	6	9	4	12
Pharyngitis ...	1	1	—	—	1	1	—	—
Nasal Discharge ...	4	4	—	—	—	2	—	—
Nasal Obstruction ...	3	1	3	5	7	6	4	4
Polypus ...	—	—	—	—	—	—	—	—
Goitre ...	1	9	1	3	4	31	1	5
Laryngitis ...	2	2	2	—	2	2	1	1
Enlarged Glands ...	37	55	20	23	17	22	17	11
Speech Defects ...	3	2	4	2	3	1	2	3
Bad Teeth... ..	23	24	11	12	11	16	14	9
Heart and Circulation—								
Organic Disease ...	17	15	3	5	11	10	9	17
Functional Disease ...	20	22	6	2	5	3	1	1
Anæmia ...	50	114	23	46	22	44	12	28
Lungs—								
Bronchitis, etc. ...	74	76	38	31	47	46	53	54
Other Non-Tubercular Diseases ...	2	1	—	—	—	2	—	—
Tuberculosis—								
Pulmonary—								
Definite ...	4	11	2	2	3	1	1	—
Suspected ...	33	25	8	11	19	8	16	8
Non-Pulmonary—								
Glands ...	10	6	9	8	4	3	2	5
Spine ...	1	2	3	4	1	3	2	4
Hip ...	3	6	5	5	1	3	3	4
Other bones and joints	6	5	7	3	—	1	—	6
Skin ...	—	—	—	—	—	—	—	—
Other forms ...	13	14	6	3	4	5	1	2
Nervous System—								
Epilepsy (major or minor) ...	22	19	13	29	18	20	9	14
Chorea ...	24	33	9	9	11	25	7	7
Other Disease ...	—	—	4	11	3	7	9	4
Deformities—								
Rickets ...	43	66	20	13	17	19	14	17
Lateral Curvature ...	1	1	1	2	2	2	—	—
Infantile Paralysis ...	18	24	7	10	9	6	7	3
Other Forms ...	10	5	7	5	4	5	6	5
Mental Defects—								
Dull and Backward ...	2	1	—	1	3	—	—	—
Feeble Minded ...	2	—	9	7	5	1	4	7
Idiot and Imbecile ...	1	—	2	2	1	—	1	3
Debility ...	42	43	69	87	63	64	46	50
Rheumatism ...	17	37	17	23	7	24	10	10
Still's Disease ...	—	—	—	1	—	1	—	—
Disorders of the Digestive System ...	29	32	7	15	10	29	18	21
Hernia ...	9	3	1	2	3	—	1	—
Disorders of the Genito-Urinary System ...	17	30	8	15	14	18	6	12
Incontinence ...	6	7	—	—	—	—	—	—
Infectious Diseases ...	33	33	9	18	8	3	18	17
Development Defects ...	—	3	4	1	7	2	—	2
Other Defects and Diseases	49	42	21	26	31	19	21	18
No appreciable Defect ...	41	61	7	8	7	7	8	7
Total Cases ...	1056	1254	547	632	555	649	442	486
Total Examinations...	3236	3982	1327	1655	1857	2025	1059	1151

TOTAL CASES, 7,343.

TOTAL EXAMINATIONS, 19,739

E		F		TOTAL.		CONDITION.
Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	
6	7	4	2	30	25	Malnutrition.
76	73	51	50	374	413	Eye—
24	17	12	16	164	121	Defective Vision.
						Squint.
8	15	6	11	133	149	Ear—
1	3	—	1	3	5	Deafness.
						Deaf Mute.
9	12	10	20	169	206	Nose and Throat—
8	7	4	1	82	73	Enlarged Tonsils.
11	9	3	1	69	99	Adenoids.
8	11	2	3	71	83	Tonsils and Adenoids.
1	2	—	—	3	4	Tonsillitis.
1	—	—	—	5	6	Pharyngitis.
3	2	2	2	22	20	Nasal Discharge.
—	—	—	—	—	—	Nasal Obstruction.
1	1	—	2	8	51	Polypus.
1	4	1	—	9	9	Goitre.
9	18	4	8	104	137	Laryngitis.
1	1	—	—	13	9	Enlarged Glands.
4	8	1	—	64	69	Speech Defects.
						Bad Teeth.
13	17	7	10	60	74	Heart and Circulation—
2	1	2	—	36	29	Organic Disease.
26	38	19	29	152	299	Functional Disease.
						Anæmia.
28	27	13	13	253	247	Lungs—
1	1	—	1	3	5	Bronchitis, etc.
						Other Non-Tubercular Diseases.
2	2	2	1	14	17	Tuberculosis—
24	16	6	2	106	70	Pulmonary—
						Definite.
12	10	4	1	41	33	Suspected.
7	7	—	1	14	21	Non-Pulmonary—
10	4	7	5	29	27	Glands.
10	3	1	2	24	20	Spine.
—	—	—	—	—	—	Hip.
8	3	3	—	35	27	Other bones and joints.
						Skin.
						Other Forms.
14	12	4	6	80	100	Nervous System—
8	11	5	4	64	89	Epilepsy (major or minor).
3	3	3	1	22	26	Chorea.
						Other Disease.
27	30	9	7	130	152	Deformities—
—	—	—	—	4	5	Rickets.
15	12	12	7	68	62	Lateral Curvature.
5	7	—	5	32	32	Infantile Paralysis.
						Other Forms.
1	1	1	1	7	4	Mental Defects—
15	6	3	7	38	28	Dull and backward.
2	4	—	2	7	11	Feeble Minded.
33	54	34	42	287	340	Idiot and Imbecile.
7	7	2	6	60	107	Debility.
—	—	—	—	—	2	Rheumatism.
						Still's Disease.
11	20	5	2	80	119	Disorders of the Digestive System.
1	—	2	—	17	5	Hernia.
6	8	1	—	52	83	Disorders of the Genito-Urinary System.
2	1	—	—	8	8	Incontinence.
13	13	7	6	88	90	Infectious Diseases.
2	5	4	2	17	15	Development Defects.
31	14	10	9	163	128	Other Defects and Diseases.
32	71	10	16	105	170	No appreciable Defect.
543	598	276	305	3419	3924	TOTAL CASES.
1090	1306	497	554	9066	10673	TOTAL EXAMINATIONS.

TREATMENT CLINIC.

(1)—MINOR AILMENT CLINIC.

Regular clinics are held for the treatment of minor ailments, e.g. sore eyes, discharging ears, and various minor surgical conditions. The Assistant School Medical Officer in charge of the appropriate district clinic is responsible for these cases, and he may refer such cases to the Committee's Ophthalmic or Aural Specialists. Nearly all these children are treated regularly at the clinics by the nurses and their attendances are carefully supervised.

There is again a large increase in the number of cases dealt with in the minor ailment clinic.

CONDITION.	A		B		C		D		E		F		TOTAL.	
	Attercliffe.		Pitmoor		Langsett Road.		Heeley.		Central.					
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Eye—														
Blepharitis ...	172	130	83	47	122	103	57	59	103	93	41	52	578	484
Conjunctivitis ...	134	127	51	52	109	102	68	72	136	139	41	34	539	526
Corneal Ulcers ...	9	11	2	1	17	12	5	6	4	4	2	4	39	38
Keratitis ...	—	3	—	3	2	—	1	—	—	—	—	2	3	8
Other Eye Conditions	92	86	20	15	27	45	7	15	19	26	6	7	171	194
Ear—														
Discharging Ears ...	285	192	85	90	142	115	112	76	122	73	61	42	807	588
Obstruction ...	—	6	6	11	8	7	7	8	8	11	7	2	56	45
Minor Surgical Dressings ...	203	119	60	39	31	17	20	21	12	11	2	1	328	208
No appreciable Defect	—	—	—	—	—	1	—	—	1	5	1	—	2	6
TOTAL CASES ...	895	674	307	258	458	402	277	257	405	362	161	144	2503	2097
TOTAL EXAMS. ...	3526	2892	1503	1355	1623	1379	1165	1158	1277	1195	486	479	9580	8458

TOTAL CASES, 4,600.

TOTAL EXAMINATIONS, 18,038

(2)—DENTAL DEPARTMENT.

The dental inspection and treatment at the school clinics has been carried out as outlined in my previous report.

The Committee obtained the services of a third dental surgeon during the year. The need for dental treatment amongst the school children is still great, as the three dentists and three dental dressers now working are only able to cope with a small proportion of the school population. It will be seen that out of 12,784 routine examinations of children in the schools, no less than 10,858 needed treatment of some sort. To conserve in a healthy state the teeth of the rising generation is to make a substantial contribution to the building up of a physically fit manhood and womanhood. We

look forward to the time when an adequate dental staff will be available so that every child needing it will receive treatment.

The work is undertaken at three different Centres, one at the Central Clinic and the other two in the Medical Inspection Rooms at Owler Lane and Whitby Road Council Schools.

The three dental dressers completed their training at the end of December, 1919, and since that time each dental dresser has been working under the direct supervision of one or other of the dental surgeons.

The dental dressers have done their work—assisting the dentist and performing the simpler dental operations—in a very satisfactory manner. Nearly all the inspection at the schools has been done by the dressers and undertaken on those mornings when the dentists were busy with anæsthetics. Owing to the small number of such mornings available for this work the inspection of a school was prolonged over an unnecessarily long period, and in future the inspection will be done by the dentist and dresser together on days set apart for the purpose. In this way it is hoped to lessen considerably the interval between inspection and treatment.

The evening clinic for the treatment of casual cases, which was discontinued in October, 1919, was recommenced in October, 1920, when the dental staff had been strengthened. This casual clinic is held on three evenings per week, and is intended for the treatment of toothache and other urgent cases. A large number of children are dealt with.

The following is a statement of work carried out under the routine scheme and also of the work carried out in the casual clinic.

	ROUTINE.		CASUAL.
No. of half-days'—Inspection	491	...	—
Treatment	1,476	...	120
No. of Children (a) Inspected at Schools	12,784	...	—
" Clinic	—	...	2,505
" (b) Referred for treatment	10,858	...	2,479
" (c) For whom treatment is accepted	7,569	...	—
" (d) Actually presented for treatment	4,874	...	2,475
" (e) Children re-treated	2,062	...	—
No. of extractions—Temporary Teeth	6,477	...	2,404
" fillings	3	...	—
" extractions—Permanent Teeth	431	...	819
" fillings	7,665	...	—
Other operations—Temporary	616	...	144
" Permanent	1,945	...	236
No. of General anæsthetics	2,590	...	2,014
" major	5	...	—
" attendances of children for treatment	7,901	...	2,505

NOTE.—The total number of teeth filled was 6,638. This number does not agree with the number of fillings as some teeth required more than one filling.

Of the 10,858 letters sent to parents calling attention to dental defects, replies were received from parents as follows:—

(a) Requesting treatment at the Clinic	7,569
(b) Promising to obtain treatment from private dentists	1,361
(c) Refusing treatment	925

No reply was received in 1,003 cases.

Particulars of the special duties carried out by the School Dentists will be found in Appendix D, page 73.

The School Dental Surgeons have given the following observations on their work:—

Mr. W. J. Proud, L.D.S.:—

"The state of the mouths of the school children is on the whole very good, but there is evidence in too many cases of failure to brush the teeth. Most of the patients suffering from oral sepsis—due almost entirely to neglect of the teeth—do not possess a tooth brush and to improve existing conditions it is suggested that brushes be provided at the clinics at cost price. In the open air schools where brushing the teeth is part of the routine a dirty mouth is rare."

Miss T. Candon, L.D.S.:—

"Since taking up duties here as School Dentist in June last, I have experienced no difficulty in obtaining the consent of parents for the necessary extractions, while conservative treatment in several cases has been refused. This, no doubt, is due to a great extent to the indifference of the parents since the child is not actually suffering from toothache, and also to their inability to understand that it is one of the prime instances of prevention being better than cure. I have furthermore experienced some little difficulty in endeavouring to assure the parents that the six-year molars are not temporary teeth and hence their conservation is of very great importance to the child's health."

Mr. A. Russell, L.D.S.:—

"At the present time we are giving Nitrous Oxide Gas to about 300 children every week. The procedure is made as pleasant as possible for the comfort and welfare of our little patients. There is neither pain nor painful after-effect in the extraction of sometimes very troublesome teeth. The children like the idea of the easy removal of what if allowed to remain would, in a great number of cases, seriously affect their health. In only about 2 or 3 per cent. do we meet with intractable children; those who are spoilt and those of a very nervous disposition. In these cases only do we find it inadvisable to administer the anæsthetic."

Dr. Morton reporting on a school, which has for some years received regular attention from the school dentists, states:—

“During my routine examination this week I have been greatly impressed by the splendid condition of the teeth of the older boys. The majority of these received treatment from our Dental Department last year, and only in a few cases were there now more than one or two decayed teeth.”

(3)—X-RAY AND SKIN DEPARTMENT.

Dr. E. F. Skinner is the medical officer in charge of this department and is still carrying out X-Ray treatment of ringworm together with the examination of ringworm and other special cases referred to him. The X-Ray treatment during the past year has again been interfered with by defects in the apparatus, which are now remedied.

195 cases of ringworm of the scalp were treated by X-Rays compared with 167 in the previous year. 949 exposures were used for the 195 cases, an average of 4.87 per patient.

The number of cases of ringworm of the scalp under treatment at the clinics at the end of the year was 377 and of ringworm of the body 94.

The following is a summary of the conditions dealt with at the various clinics during the year:—

Condition.	A		B		C		D		E		F		Specialist Cases.		TOTAL.	
	Attercliffe.		Pitts-moor.		Langsett Road.		Heeley.				Central.				Boys	Girls
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Ringworm Head	123	81	107	66	82	75	90	55	40	48	58	48	103	117	603	490
„ Body	112	117	66	52	68	55	42	38	44	40	24	17	39	26	395	345
Impetigo	654	482	183	158	303	258	164	147	97	127	66	96	101	85	1568	1353
Sore Head	150	272	62	103	85	187	61	108	98	84	30	34	73	79	559	867
Scabies	239	204	78	50	147	144	87	87	67	53	42	37	112	146	763	761
Eczema	31	32	7	6	27	12	11	12	5	5	3	2	6	6	90	75
Psoriasis	19	15	1	3	10	4	2	5	—	1	1	1	4	2	37	31
Alopecia	6	9	3	5	7	8	14	7	1	4	1	3	12	6	44	42
Seborrhoea	9	11	4	4	20	45	13	8	—	1	1	—	5	3	52	72
Lupus	1	—	—	1	1	2	1	1	—	—	—	—	1	2	5	9
Misc.																
Dermatoses	143	96	52	49	78	64	37	36	17	21	9	10	47	29	383	305
No Lesion	30	22	10	10	1	5	16	9	1	4	3	1	21	21	82	72
Total Cases	1508	1341	573	547	829	859	538	513	370	388	238	250	525	524	4581	4422
Total Examinations	6988	5866	2275	2242	3762	2900	1643	1753	1037	1386	446	601	2505	2359	18656	17107

Total Cases ... 9003 Total Examinations ... 35763

The arrangements made for the treatment of scabies at the cleansing station of the Health Authority have been continued as described in previous reports, and 441 children were so treated during the year. This form of treatment is found to be most effective.

Dr. Skinner has sent the following report :—

“ During the last year a complete new X-Ray plant has been installed for the treatment of ringworm, comprising two new coils and the necessary switchboards, and it is hoped in consequence that the treatment of ringworm will be made much more satisfactory than during the last twelve months.

There has been a somewhat surprising increase in the number of ringworm cases recently, the cause of which is uncertain as it is by no means confined to children in Elementary Schools.

There has been a corresponding diminution in the incidence of scabies, which is undoubtedly due to the waning of the wave of infection from military sources.”

(4)—OPHTHALMIC DEPARTMENT.

Owing to the increase in the number of cases referred to the ophthalmic surgeons, it has been necessary to give additional time to this work. During the year 1,023 new cases attended, 1230 were discharged and 2907 remained under treatment or observation at the end of the year.

DISCHARGED—

After treatment	...	...	...	...	...	385
Spectacles obtained	...	...	...	...	...	316
Old spectacles satisfactory	...	...	...	...	...	285
Over school age	...	...	...	...	...	126
Left district	...	...	...	...	...	31
Transferred to Hospital	...	...	...	...	...	66
To School for Blind	...	...	...	...	...	1
Deceased	...	...	...	...	...	3
No appreciable defect	...	...	...	...	...	17
					—	1230

STILL UNDER TREATMENT 630

STILL UNDER OBSERVATION—

Treatment cases due for re-examination	...	240
Refraction cases due for re-examination :—		
Cases first examined in 1920	...	402
Cases from previous years	...	1347
	—	1749
	—	1989
		—
		3849
		—

NOTE.—288 refraction cases under observation were not due for re-examination in 1920.

The following is a list of the cases dealt with by the ophthalmic surgeons during the year:—

Diagnosis.	Boys.	Girls.	No. of Attendances
Hypermetropia	156	145	638
Myopia	57	47	238
" High	22	24	88
Astigmatism, Hypermetropic	522	612	2,402
" Myopic	48	98	400
" Mixed	70	130	450
Anisometropia	31	50	269
Strabismus, Convergent (right)	230	210	764
" " (left)	320	276	1,285
" Alternating Convergent	38	21	116
" Divergent	12	8	47
Conjunctivitis, Acute Catarrhal	84	78	827
" Subacute	14	15	129
" Phlyctenular	25	20	306
" Mucopurulent	6	4	57
Keratitis, Strumous	4	4	25
" Phlyctenular	8	4	118
Cornea, Phlyctenular Ulcer of	55	68	1,033
" Foreign Body on	1	—	2
" Nebulae	23	29	224
" Leucoma Adherens	7	4	23
" Opacities of	—	1	4
" Abrasion of	1	1	4
" Old Perf. Wound of	—	1	2
Marginal Catarrhal Ulcer	1	4	21
Blepharitis	42	34	721
Albinism	—	1	3
Cataract, Congenital	5	7	26
" Lamellar	2	1	3
Chalazion... ..	4	1	15
Coloboma Iridis	2	3	9
Dacryocystitis	2	1	3
Dermatitis, Exfoliative of Lids... ..	—	1	15
Dislocated Lens	3	2	9
Dyslexia (Congenital)	—	1	1
Epiphora	—	1	1
Glioma of Retina	1	—	1
Hordeolum	1	3	13
Iritis, Tubercular	—	1	7
Microphthalmos	1	—	2
Nystagmus (Congenital)	11	9	43
Optic Atrophy	1	—	2
Oedema of Lids	—	1	1
Ptosis	3	3	14
Socket, Inflamed	—	1	5
Trachoma	1	—	21
No defect... ..	31	31	87
Not yet diagnosed	24	24	123
	1,869	1,980	10,597

3,849

The work in the ophthalmic department includes the examination of the eyesight by the ophthalmic surgeons, the prescribing of suitable spectacles and the treatment of eye diseases. It also provides for the regular re-inspection of these cases, in most instances until a child is exempt from school attendance.

Several cases of sore eyes have been recommended by the ophthalmic surgeons for admission to the open-air schools, and the results have been most satisfactory.

The ophthalmic surgeons advise as to children found suitable for admission to the Myope School, and the children attending the Myope School are examined by the surgeons at frequent intervals.

Provision of Spectacles.

A large number of children for whom spectacles are prescribed by the Committee's Ophthalmic Surgeons or the Hospitals, obtain them through the agency of the school clinic. 357 pairs of spectacles were provided free of charge, 361 orders were granted on condition of repayment by the parents, and 517 were supplied at a specially reduced rate by the firm of opticians with whom the Committee have a contract. The total number provided during the year was 1235 compared with 1164 in the previous year.

The names of children who are ordered to wear glasses regularly are sent to the head teachers at the time the glasses are first fitted, with a request that they will endeavour to ensure that the children wear their glasses.

(5)—AURAL DEPARTMENT.

Owing to the larger number of children referred to the aural surgeon for treatment, Mr. Vincent Townrow was appointed additional part-time aural surgeon in October. The work is now carried on in two sessions each week.

At the beginning of the year, there were 429 cases remaining under treatment and 586 new ones were subsequently added. Of these 1015, 360 were discharged, leaving 655 still under treatment at the end of the year. The total number of attendances for examination by the aural surgeons was 3,495.

						Discharging Ears.	Deafness without discharge.
Number of cases	...	...	...	...	...	513	502
Discharged cured	...	...	...	...	...	75	101
„ improved	...	...	...	...	...	20	70
„ incurable	...	...	...	...	...	2	8
„ discontinued to attend	...	...	...	...	...	16	10
„ over age	...	...	...	...	...	35	8
„ transferred to hospital	...	...	...	...	...	2	3
„ no appreciable defect	...	...	...	...	...	1	6
Deceased	...	...	...	...	...	1	2
Remaining under treatment	...	...	...	...	...	361	294
Attendances	...	...	...	...	...	2,244	1,251

In cases in which an operation is advised parents are recommended to take their children to one of the general hospitals. 262 children attending the Aural Clinic have been operated upon for enlarged tonsils and adenoids, and in 71 cases operation was recommended but refused. After the operation children are re-examined and further treatment ordered if necessary.

11 children were recommended for admission to deaf institutions.

Most of the children with discharging ears attend the aural clinic twice a week for treatment by the nurse.

Dr. Wilkinson, aural surgeon, writes as follows :—

“Several cases have occurred during the year of serious infection to the nose and ears in children attending the swimming baths. The danger of this infection is mostly to children who already have some discharge either of the ears or the nose. It has long been recognised that the entrance of unsterilised water into the ears in cases of otitis media constitutes a grave danger. That this is so in cases of nasal discharge is not so generally recognised, but it is fully as important.

The heads of various schools in the district have been circularised with a view to again bringing this danger before their notice.

During the war there was a great increase in cases of pus infections of the skin, boils, impetigo, etc. These conditions are still very prevalent, and are very apt to give rise to reinfection of the nose and the ears in cases which are clearing up under treatment. The infection is conveyed from one part to another mostly by the fingers, scratching or picking the sores. Chronic septic conditions of the skin of the ear result in cases with discharging ears from children poking with the fingers into the orifice of the ear. So long as such a condition persists the cure of the discharge is impossible. Teachers of hygiene in schools have been asked to point out these risks in their lessons to the children.”

(6)—SCHOOL BRANCH OF THE TUBERCULOSIS DISPENSARY AND THE SURGICAL TUBERCULOSIS CLINIC.

The supervision and treatment of children suffering from Tuberculosis is undertaken by the Medical Officers appointed by the Tuberculosis Sub-Committee of the Health Committee of the Sheffield City Council. Help is given by the School Medical Officers regularly every week at the Dispensary at the time set apart for the

examination and treatment of school children. Both the work at the Tuberculosis Dispensary and the supervision and after-care of the non-pulmonary cases under the charge of the Surgical Tuberculosis Officer are carried on in the closest co-operation with the School Medical Department.

Dr. Rennie's report for the year is :—

The work of the Tuberculosis Dispensary amongst tuberculous children is carried on in close co-operation with the School Medical Department, and one of the School Medical Officers assists at the Dispensary on Wednesday mornings and afternoons.

The routine examination of contacts has been resumed, and the regular treatment and supervision of tuberculous children has been carried out. Of the 1,100 "Contacts" of school age examined, 301 were retained on treatment and supervision at the Tuberculosis Dispensary.

During the year 1920, 11,212 attendances (exclusive of new cases) were made by school children, 4,500 by notified cases and 6,712 by observation cases.

NEW CASES.—35 notified cases of Tuberculosis of the Lung were examined; 1,100 "Contacts," and 695 suspicious cases. (Of the latter 369 were sent up by the School Medical Officers).

It is encouraging to note the increase in the number of suspicious cases which has been sent to the Dispensary for diagnosis and treatment; there being an increase of 106 on the year 1919.

During the year 160 notified and 182 suspicious cases were admitted into the Sanatoria for observation and treatment.

The number of notifications of Tuberculosis in school children received was :—

Pulmonary : Males, 96	Non-Pulmonary : Males, 52
Females, 116	Females, 59

Twenty places at the Whiteley Wood Day Open-Air School were reserved for children selected by the Tuberculosis Medical Officer. The children selected had signs of infection of the chest glands without marked invasion of the lung tissue, and were, therefore, in a non-infectious condition. Eleven were at the end of the year declared able to resume attendance at the ordinary schools.

In addition eighteen places were reserved at the Springvale House Open-Air School for children selected by the Tuberculosis Medical Officer. In all 42 children were admitted during the year, of whom 22 were discharged fit for ordinary school.

Twenty-two places were reserved at Fir Vale Sanatorium for school children to the beginning of November, when the accommodation was increased to 70.

Tubercle Bacilli were found in the sputum of twelve children whose names were, therefore, taken off the school register. Five of these children have since died.

ORTHOPÆDIC TREATMENT.

The Committee provide or help to provide surgical appliances and splints for necessitous crippled children. In crippling due to Tuberculosis the necessary appliances can be arranged for by the Surgical Tuberculosis Officer.

The treatment at the Edgar Allen Institute consists of remedial exercises, mechanical gymnastics, massage and appropriate electrical treatment. Suitable cases are recommended by the School Medical Officer, and the Committee undertake responsibility for the whole or part of the payment. Eighteen new cases were dealt with in 1920, six Lateral Curvature of the Spine, nine Infantile Paralysis, two Talipes, and one Still's Disease.

The Medical Superintendent has sent me a report on the work from which the following is extracted :—

" During the year 19 children attended the Institute who have been recommended by the School Medical Department. By the end of the year three of these cases had improved and were fit to be discharged. The remaining 16 cases are still receiving treatment, and their condition is improving."

In some other areas similar work is being carried on in close association with the cripple schools. Children requiring individual treatment are admitted to the day school and the treatment centre is in the same building. The treatment which is under the direction of a surgeon is carried out by a remedial gymnast suitably qualified. This arrangement has in its favour all the advantages of treatment at a clinic. The treatment can be carried out at convenient times, its continuity can be secured and it can be prescribed and personally supervised by the doctor who has been responsible perhaps for the operative treatment of the case in its earlier stages.

The recent inauguration of an Orthopædic Department at the Royal Hospital is welcome news. There is now an out-patient morning especially reserved for the consideration of Orthopædic cases. It is intended primarily for such cases as congenital clubfoot, congenital dislocation of the hip, infantile and spastic paralyses, etc., but cases of joint disease, and similar conditions are also seen. Arrangements are made for simple operations as tenotomies, and for the fitting of plaster casts, etc.

The cases are seen in the Massage Department, but, as the staff is limited, those requiring prolonged special treatment by massage and electricity are at present referred to the Edgar Allen Institute.

The majority of the patients are children of school age or below school age.

One of the Surgeons in charge, Mr. Ferguson Wilson, has been a member of the School Medical Staff as a part-time officer for a very considerable time. He has always taken a very practical interest in the physically defective children, and a large number of those attending the Cripple Schools owe much to his active intervention on their behalf.

SCHOOL NURSES.

The nursing staff now consists of a chief School Nurse, and 25 school nurses, 6 additional nurses having been added to the staff during the year.

Four of the nurses continue to devote practically the whole of their time to work in the treatment clinics, and the remainder give about half time service at the clinics, the rest of their time being occupied with routine duties in the schools either in attendance with the medical officer or in the work in connection with the cleansing scheme.

The full details of the duties of the nurses were given in the report for 1919. As far as possible each nurse continues to work in the same district so that she acquires intimate knowledge of the conditions prevailing and is thoroughly in touch with individual children.

When necessary nurses visit the homes to ensure that treatment will be obtained. The advice and help thereby given is usually genuinely appreciated. Practical arrangements are made when possible for those cases, who, through force of circumstances would otherwise drift. These visits are a real asset in the gradual education of the people to the value of early and preventive treatment.

Systematic inspections with regard to uncleanness and verminous conditions with the necessary following up is carried out by the school nurses. During the year there were 133,858 examinations in connection with this work, and instructions were given to the parents in 27,257 cases in which the presence of nits was detected. 5,236 notices were sent to the parents of children found to have verminous heads and 405 to parents of children found to have verminous clothing.

Summary of Nurses' Work :

IN THE SCHOOLS—

Children examined at school under cleanliness scheme ...	133,858
" " for following up ...	9,828
" " for investigation of out- breaks of infectious disease, etc. ...	5,961
No. of visits to schools ...	4,856

IN THE CLINICS—

Inspection—attendance daily with the medical officers.

Treatment.	Atter- cliffe.	Pits- moor.	Langsett Road.	Heeley.	Hawley Street.	Total.
Eye—						
Cases ...	428	182	486	297	599	2,192
Attendances ...	13,864	7,331	8,307	6,017	22,920	58,339

Ear—

Cases ...	274	168	254	138	423	1,257
Attendances ...	9,764	6,354	6,350	5,104	11,543	39,115

General—

Dressings, etc.	3,243	1,125	622	1,001	2,905	8,896
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Children bathed at Cleansing Station—441.

IN THE HOMES—

Visits for following up ...	3,636
" neglect, uncleanness, etc. ...	5,452
" various duties ...	2,560

OPEN-AIR EDUCATION.

Now that the value of life in the open-air is so generally admitted, no apology is needed for this constantly repeated reminder in the School Medical Officer's report. While it is not possible to provide places in open-air schools for all children who might benefit from admission thereto, still it is possible to provide some facilities of a much simpler nature without the expenditure of any large sum of money. These facilities are often at hand but it is comparatively rarely that advantage is taken of them.

Open-Air Class Rooms.

I hope to see in all new schools that consideration has been given to the question of the provision of open-air class rooms. Practically the only requirement is that one side of the room should be open to the outside area and due provision of a screen of some kind to be used in rainy weather. The building of new schools has now been so long in abeyance that there has been no opportunity of building a new class room on these lines. While the present conditions obtain, possibly the only course open is to consider the question of converting existing rooms.

Day Open-Air Schools.

There are now two of these schools recognised under the Special Schools Regulations :—

- (1) Whiteley Wood Open-Air School (100 places), open from Easter till Christmas only.
- (2) Springvale House Open-Air School (90 places), open all the year round except for two weeks at Christmas.

These two Schools afford examples of two entirely different types of buildings. The Whiteley Wood School was opened in some existing school premises in a country district which were adapted for their new function, while the Springvale House Open-Air School was started in a private house with a large garden in which an open-air class room was erected to give the necessary shelter.

Special arrangements have to be made for conveying the children to and from Whiteley Wood at considerable expense, but Springvale House is, on the other hand, easily accessible, being situated at no great distance from the centre of the city.

The children admitted to both schools are selected by the School Medical Officer from a number who are referred to him by doctors, teachers, nurses or other workers. Children suffering from open tuberculosis are not admitted although 20% of the places in both schools are placed at the disposal of the Tuberculosis Officer, who admits children with signs of hilum tuberculosis and similar conditions. These latter children remain under the clinical care of the Tuberculosis Officer.

After selection all the children are examined and if necessary treated by the school dentist.

The Medical Officer visits the schools once a week, and the children are examined and weighed at frequent intervals.

A nurse is attached to the staff of both these schools, and she, in addition to supervising the hygiene and cleanliness of the children, carries out the treatment of minor ailments and visits the homes of children absent from school.

Three meals a day are provided and these are all prepared on the premises. The kitchen staff at each school consists of a cook, and two helpers.

The mid-day rest of about two hours is an important part of a day's programme. Suitable clothing is one of the most important matters to be considered if the best results from open-air education are to be obtained. Many of the children are insufficiently clothed, and have bad boots. The head teachers make great efforts to provide for the needs of the necessitous either through voluntary assistance or through gifts specially assigned for the purpose.

WHITELEY WOOD OPEN-AIR SCHOOL.

Open for the twelfth year from April 12th to December 17th, 1920.

Head Mistress—Miss W. H. REOCH.

In 1920 there were 141 children recommended as suitable candidates for this school. Ninety of the most urgent cases were picked out and these with twenty cases selected by the Tuberculosis Officer were admitted when the school was re-opened on Monday, 12th April, 1920. The total number who passed through the school was 53 boys and 69 girls.

Fifteen children left the school before the end of the year for the following causes :—

				Boys.		Girls.	
Transferred to Sanatorium	...	...	...	2	...	2	
Transferred to ordinary school	...	...	...	1	...	2	
Admitted to Hospital	...	...	...	—	...	1	
Failure to comply with regulations	...	...	...	1	...	1	
Over age	...	...	...	3	...	—	
Left city	...	...	...	—	...	1	
Died (Uræmia)	...	...	...	1	...	—	

Condition on Admission.

				Boys.		Girls.	
Anæmia and Malnutrition	...	...	...	12	...	29	
Bronchial Catarrh	...	...	...	5	...	1	
Hilum Tuberculosis and Bronchial Glands	...	...	...	13	...	9	
Tuberculosis of other Glands	...	...	...	4	...	1	
„ Spine	...	...	...	—	...	1	
„ Peritoneum	...	...	...	2	...	—	
“ Contacts ”	...	...	...	—	...	1	
Eye Conditions	...	...	...	4	...	8	
Rheumatism and Heart Disease	...	...	...	1	...	3	
Old Pleurisy, Empyema, etc.	...	...	...	3	...	2	
Rickets	...	...	...	2	...	—	
Enlarged Glands	...	...	...	—	...	3	
Other conditions	...	...	...	4	...	5	

Results.

The usual final inspection when all the children were carefully examined was held just before the school closed in December.

			Average increase in height.				Average increase in weight.
BOYS	...	...	4.73 cms. (1.85 ins.)	...	2.38	kilos. (5.3 lbs.)
GIRLS	...	...	4.01 cms. (1.6 ins.)	...	2.93	kilos. (6.45 lbs.)

Every single child gained weight, the greatest individual increase in a boy being 8.3 kilos. (18.3 lbs.), and in a girl 5.5 kilos. (12.1 lbs.).

Excluding the children under the care of the Tuberculosis Officer the estimate formed was as follows:—

				Boys.	...	Girls.
Cured or much improved	...	...	...	19	...	27
Improved	...	...	...	10	...	22
In the same condition	...	...	...	—	...	1

30 boys and 39 girls were found fit to return to ordinary school, 1 boy and 5 girls were transferred to other special schools, 5 boys and 2 girls were referred to the Clinics for further examination before being allowed to return to school, 4 boys and 3 girls under the care of the Tuberculosis Officer were not found fit to return to ordinary school and 16 others were over age.

The children who leave the school at Christmas are examined about three months later and it is invariably found that many who were previously unfit to attend ordinary schools have been enabled by their stay in the open-air to return to ordinary schools.

SPRINGVALE HOUSE OPEN-AIR SCHOOL.

Opened 1st September, 1919. Head Mistress—Miss L. CALVERT.

Children have been selected for admission to this school in the same manner as for Whiteley Wood, and 18 places were assigned to cases selected by the Tuberculosis Officer.

From the date of opening to the end of December, 1920, there have been 186 admissions (105 boys and 81 girls), and in the same period 89 children (51 boys and 38 girls) left the school for the following reasons:—

				Boys.	...	Girls.
Improved and fit to attend ordinary school	...	...	...	42	...	26
Over 14 years of age	...	...	...	1	...	2
Unfit for school attendance	...	...	...	3	...	1
Failure to comply with regulations	...	...	...	1	...	3
Transferred to Hospital or Sanatorium	...	...	...	2	...	3
Transferred to other Special Schools	...	...	...	1	...	1
Left city	...	...	...	—	...	2
Died	...	...	...	1	...	—

The majority of the children were suffering from Anæmia and Malnutrition and similar conditions, with a certain number of chronic eye cases and cases with ear discharge, who were specially recommended by the medical officers. All the children were selected on definite medical grounds, and the improvement both physically and mentally after a stay of at least six months under open-air conditions has been most marked. The ordinary school curriculum must be modified and the time table varied sometimes to suit weather conditions. Physical exercises and singing receive considerable attention at this school and I am convinced that the good effects of the latter when properly taught under such conditions are not as generally appreciated as they should be.

The mid-day rest and the regular meals, both important parts of the open-air school time-table, are included in the day's programme and personal hygiene takes its place in the day's doings. Unfortunately there are no shower baths on the premises, but I hope that it will be possible to make arrangements for this deficiency to be met.

In the house there is one excellent class room, light and well ventilated, and two dining rooms where the children take their meals. The class room accommodation for the rest is provided in a spacious open-air building erected in the garden. The garden itself affords scope for practical teaching and the children have raised a considerable amount of produce for use in the school. They take much pleasure too in keeping the grounds in good order.

I am quite persuaded that the Committee may congratulate themselves on this new departure which was at first regarded to some extent as a justifiable experiment. It must give them pleasure to see the benefit the children gain in health and in other ways, and encourage them to use to the utmost the facilities already at hand and to develop new schemes for extension of the open-air school system. They will find in return not only substantial improvement in the health of the individual children, but they will be helping also in the prevention of illness and consequent improvement of the health of school children in general.

PHYSICAL TRAINING.

That there should be a close relationship between the School Medical Service and the organisation of physical training is obvious. Physical training directly influences development, helps to produce strength and vigour in the children and in some instances is in fact a part of medical treatment.

In Sheffield remedial treatment has for some years been conducted by arrangement with the Edgar Allen Institute for medico-mechanical treatment. Suitable cases are recommended by the School Medical Officer and the Committee bear the whole or part of the cost according to the circumstances of the family.

Physical training in the schools is superintended by the Medical Department of the Board of Education, who require that the report of the Organiser of Physical Training shall be included in the Report of the School Medical Officer.

The Annual Report of the Chief Superintendent of Physical Training (Mr. H. A. Cole) which has been presented to the School Management Committee is printed in Appendix C, page 68.

PROVISION OF MEALS.

The work undertaken by the Committee under the Provision of Meals Acts is administered by the School Medical Service Sub-Committee and is thus associated as closely as it can be with the other branches of the Service.

Feeding centres are visited by the medical officers, the arrangements made are inspected and reported on and any changes in the dietaries are submitted for approval.

The medical officers may themselves recommend children whom they deem to be in need of school meals, and they will examine any child in whose case there is any question as to its need.

Early in the year the number of children receiving free meals was rather high owing to a strike among the steel workers in the city.

During the year 142,967 dinners were served at Centres, and 33,299 at the Schools. The total number of breakfasts served in the Schools was 189,111. Teas were also provided to the most necessitous children, a total of 97,049 being given during the year.

Mid-Day Meals at Special Schools.

Mid-day meals are provided at all the special schools under the supervision of the head mistress. As many of the children live at a considerable distance from the schools, this arrangement saves a double journey in the middle of the day. The arrangements are under the general direction of the Superintendent of Domestic Subjects and an assistant to help with the preparation and cooking of the meals, is appointed for each school. The meals are provided at cost price, except in certain cases which are excused payment after it has been ascertained that the parents are not able to pay.

SCHOOL BATHS.

Installations of shower baths have been built in four council schools and are in regular use. Each set provides for the simultaneous bathing of twenty children under separate sprays. Batches of children from schools in the neighbourhood attend in turn under arrangements controlled by the Inspectors of schools. About 4,000 children are by this means given a bath each week.

There is also a small installation at the Highfield Special School available only for the scholars in this school, which has proved a great asset and works admirably. At one of the schools for mentally defective children there is a bath room with a single bath which is in constant use and meets an obvious need. Shower baths are also installed at the Whiteley Wood open-air school and are in constant use during the time the school is open.

As I have before pointed out, the effects of these baths are in every way good and they appear to be very popular with the children.

An efficient ventilation of the buildings in which shower baths are fitted in my experience has not proved to be easy. I have discovered that the difficulty which arises can only be overcome by arranging that the hopper openings at the top of the windows shall be inclined outwards instead of inwards as they are usually fitted. Otherwise the steam fails to escape and the atmosphere in the chamber cannot be kept clean and fresh.

Instruction in swimming at the public baths in the city is given to a considerable number of children as part of the scheme of physical training.

CO-OPERATION OF PARENTS.

Parents are always invited to attend the routine medical inspection of their children at the elementary schools, and they are likewise asked to come with their children when the latter are due for examination at the clinics.

At the inspection of the entrants group 60·8% of the parents were present, but at the examination of the older children fewer parents accepted the invitation, 41·5% juniors and 25·5% seniors. This shows a total percentage of 50·1 and is an improvement on all previous years, showing a fuller interest and appreciation on the part of the parents in the work done on behalf of their children. The presence of the parents is, of course, a great help to the Medical Officer and they are encouraged in their attendance by the head teachers.

Many parents at once take steps to secure treatment for their children when they receive a letter from the Doctor. Later on, if no treatment has been secured, the nurses visit the home. It is frequently found then that the parents are very willing to do what they can to remedy defects that have been pointed out, but are faced with difficulties which appear to them to be unsurmountable. These difficulties can frequently be obviated by the nurse. One very encouraging feature of the School Medical work in Sheffield is that parents much more frequently bring their children to the clinics on their own initiative than they used to do. The school clinic is now recognised as one of the established agencies for the treatment of the ailments of childhood.

CO-OPERATION OF TEACHERS.

Once again I have the pleasure of acknowledging on behalf of the School Medical staff the valuable assistance afforded us by many of the teachers.

I am grateful for a number of recommendations from head teachers of children whom they think may be suitable for the special schools.

The necessary preliminary arrangements for medical inspection entail some clerical work for the teachers, and, although this is kept within the narrowest possible limits, in a large school it will take a considerable time. At the actual inspection most head teachers attend personally and help the medical officer by their special knowledge of the children and their circumstances. This knowledge and their influence with the parents renders their co-operation in following up the cases of great importance and they further help by sending reports on the progress of the cases.

In the matter of treatment, teachers can and do help in various ways. They may, in the first place, personally send children to the clinics for inspection, and, if necessary, treatment. In some cases they also take steps to ensure the regular attendance of children who should be receiving treatment at the clinics and they are asked to keep under observation all those children who have been ordered to wear spectacles, or who require to be specially dealt with in other respects, reporting any cases of difficulty to me. Beyond all this, the attention that they give to the hygiene of the school and of the scholars in such matters as ventilation of the rooms and the personal cleanliness of the children make further claims on their time.

To all the teachers who so willingly help us in our common task of improving the physical condition of the children we acknowledge our indebtedness and tender our appreciative thanks.

CO-OPERATION OF SCHOOL ATTENDANCE OFFICERS.

The help given by the school attendance officers co-ordinated with the work of the school nurses is an effective factor in the supervision of children absent from school and in the process of following up.

Through the attendance officer, the school medical officer obtains knowledge of all children not in attendance at school. This includes children who, through physical or mental infirmity, are totally incapacitated for ordinary school. This is the chief way in which these children are brought to our notice, and thereby in some cases arrangements are made for special education according to their needs.

They also visit the homes of children absent from Clinics, make fresh appointments and report the cause of absence; they give further assistance by reports on other matters, *e.g.*, home circumstances, change of address, present school, etc. Following up, except in the direction already indicated is not the duty of the school attendance officer. One school nurse attendance officer is appointed by the Committee and has special duties in supervising the attendance at the eight day special schools. Certificates as to fitness for school attendance are sent regularly to the attendance officers as well as to the head teachers for all children examined by the school medical officers.

The following gives particulars as to the visits made by attendance officers for the School Medical Officer :—

	Houses visited.		Children concerned.
Visits in connection with investigation of financial circumstances...	209	...	209
Visits in connection with medical enquiries, <i>e.g.</i> , clinic absentees, etc.	21,436	...	21,660

CO-OPERATION OF VOLUNTARY AGENCIES.

Various voluntary agencies give us assistance which is very valuable in the care of the school children.

The Sheffield Cripples Aid Association (Sunbeam Club) has for many years befriended the crippled children in the city. Since the day schools for physically defective children were opened, the Club's activities have been almost entirely concerned with

children below school age and with the after-care of those who have left school. Useful information as to these children is willingly put at our disposal when this is called for in the interests of the children.

The Association has now added to its operations the maintenance of a convalescent home at Loxley House with about thirty beds. Cripple children of school age are admitted and preliminary steps are being taken for the provision of suitable education.

The Sheffield Voluntary Association for the Care of the Mentally Defective undertake for the Education Committee the supervision, visitation and care of those ex-pupils of the day special schools who are not notified to the Local Control Authority but are in need of after-care. Reports on their progress are made to the Committee twice a year.

The National Society for the Prevention of Cruelty to Children.—The Officers of this Society are now in regular communication with the School Medical Officer. Interviews are arranged with the object of inter-change of information regarding cases which have called for special attention. Much valuable work has been done by the N.S.P.C.C. for the School Medical Service in dealing with difficult and obstinate cases.

BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

All children alleged to be permanently unfit to attend the elementary schools are at once reported to the School Medical Officer by the attendance officer, as also are others who come into the area from outside. Children who, by reason of their physical defect appear to be incapable of receiving benefit from instruction in an ordinary school, are reported by head teachers.

The School Medical Officers in the course of their duties discover other children similarly affected.

The Tuberculosis Officer and the Surgical Tuberculosis Officer frequently report to the School Medical Officer children who appear to be suitable for education in a special school.

Children with high degrees of myopia and other serious defects of vision are recommended by the Specialists in charge of the ophthalmic clinic for admission to the school for the partially blind.

Further, all cases recommended for Residential Blind and Deaf Schools are examined and reported on by the appropriate Specialist.

MENTALLY DEFECTIVE CHILDREN.

Day Schools.

The three special schools at Highfield, Newhall, and Lancasterian for mentally defective children have accommodation for 205, and at the end of the year there were 248 children on the registers. There are many children waiting admission to these special schools and the Committee are considering the question of the provision of further accommodation.

During the year 92 children were examined :—

- 51 were recommended for admission.
- 19 were certified fit to remain at ordinary school.
- 22 were certified unfit for either ordinary or special day schools.

Of the 52 children who left the special schools :—

- 30 were allowed to leave to go to work.
- 1 was transferred to ordinary school.
- 1 „ „ temporarily to open-air school.
- 4 were admitted to private school.
- 3 were transferred to the care of the Guardians.
- 4 left on attaining the age of 16.
- 9 left on or before attaining age of 16 and were notified to Statutory Committee.

Each school is under the immediate supervision of an assistant school medical officer who pays regular visits. Routine medical inspection of all the children is carried out annually, 216 children being submitted to this inspection during the year.

Statutory Committee.

34 cases were notified to the Local Control Committee under the Mental Deficiency Act, 9 from the special schools, and 25 who were not attending any school.

After-Care.

Children who leave the day special schools on or before reaching the age of 16 may be notified to the Statutory Committee or be recommended for after-care. If notified to the Statutory Committee, that Committee takes complete charge of the case from that time. If notified for after-care the children are not notified under the Act and remain as school after-care cases. The Committee have an arrangement with the Sheffield Voluntary Association for the Care of the Mentally Defective for the visitation of these cases, and regular reports are made to the Education Committee on their progress.

Eighty-five ex-pupils are now on the after-care list of the Voluntary Association, fifteen new cases being introduced during 1920 and three cases were closed. During the year the Committee decided to make an Annual Grant to the Association for this work.

Dull and Backward Children.

No provision is yet made for dealing with this important group. In large classes these children are quite unable to compete with their fellows. If individual attention is devoted to them it is to the detriment of the rest of the class. If left alone they become apathetic and dispirited, and their school life is mostly wasted.

In some of the less densely populated districts there are schools where it is still possible to arrange for an additional class. If some of the dull and backward children could be drafted to a special class provided in such a school, it would be a real economy. It would help to relieve the problem of finding school places, as well as making large classes more teachable on account of the weeding out of the most backward children; and this, in addition to solving the problem so far as the individual backward child is concerned.

Post-Graduate Lectures.

A week's post graduate course in Mental Deficiency, attended by medical officers representing many Local Authorities was held at the University of London (Imperial Institute, South Kensington), in October, 1920. The Committee gave facilities to three medical officers, who were certifying officers under the Mental Deficiency Act, 1913, to attend this course. It is expected that arrangements will be made later for other assistant school medical officers to attend a similar course.

In future, the Board of Education will require evidence of special knowledge in Mental Deficiency before approving of an appointment as Certifying Officer. The course proved to be most valuable and instructive especially from a practical point of view.

Each medical officer duly received the certificate of attendance issued in connection with the classes.

PHYSICALLY DEFECTIVE CHILDREN.

Day Schools.

There are four special schools—at Darnall, Firth Park, Greystones and Highfield—for physically defective (crippled) children, with accommodation for 227 children. At the end of the year there were 307 children on the registers. Assistant school medical officers visit these schools regularly, and the nurses are in frequent attendance to carry out the treatment of minor ailments. Routine medical inspection of all the children is carried out annually, 230 children being submitted to this inspection during the year.

Residential School.

The King Edward VII. Hospital for Cripple Children is recognised as a residential school by the Board of Education. There is accommodation for 130 patients, and children up to 13 years of age are admitted. The teaching arrangements at this school are directed by the Education Committee, but the general management of the hospital is in the hands of a standing Committee of the City Council. There is, however, close co-operation between the school medical officer and the medical superintendent of the hospital, who has also been appointed surgical tuberculosis officer for the City. All cases of the so-called surgical forms of tuberculosis are therefore under his supervision. Many of the children discharged from the hospital are admitted or re-admitted to one or other of the day special schools, and on the other hand, the school medical officers are often able to bring early cases to the notice of the surgical tuberculosis officer.

After-Care.

After-care of physically defective children continues to be exercised by the Cripples' Aid Association. Those cases discharged from the King Edward VII. Hospital and many others attending the Surgical Tuberculosis Clinic are kept under observation by the Surgical Tuberculosis Officer for as long as is deemed necessary in the interest of the child.

BLIND CHILDREN.

Nineteen children (8 boys and 11 girls) are being maintained by the Committee at residential schools, 17 at the Sheffield School for the Blind, and 2 in schools at York and Leeds.

Myope School.

There is accommodation for 55 children in the Meersbrook Valley Road Special School for partially blind children, and there are 80 names on the registers. Children attending this school are under regular observation of the Committee's Ophthalmic Surgeons. In addition, an annual routine medical inspection is conducted at the school, 67 children being submitted to this inspection during the year.

DEAF CHILDREN.

Accommodation for 60 deaf children is to be provided at the proposed Northfield Road Special Centre. Until this centre is built, deaf children are sent to residential schools in other towns. At the end of the year, there were 31 at Leeds, 27 at Doncaster, 10 at Manchester, 2 at Boston Spa, and 1 at Derby.

AFTER-CAREERS OF BLIND AND DEAF CHILDREN.

Special enquiry has recently been made into the after-careers of boys and girls who have been maintained by the Authority at Blind and Deaf Institutions, and who have left such Institutions since January, 1915.

The following is a summary of the result :—

AFTER CAREERS OF SHEFFIELD CHILDREN WHO HAVE LEFT BLIND INSTITUTIONS.

	Boys.	Girls.	Total.
1.—Number who have left Blind Institutions since January, 1915	4	7	11
2.—Number who are employed as—			
Labourer	2	—	2
Basket-making, Brush-making, etc.—			
at Institution	2	2	4
at home	—	2	2
Stenographer	—	1	1
3.—Number who are not employed—			
Too ill (Epilepsy)	—	1	1
Gone to Institution (Surrey)	—	1	1
4.—Summary of Earnings—			
Under 10/- per week	2	1	3
Between 10/- and £1	—	2	2
Between £2 and £3	2	—	2
Unknown...	—	2	2

AFTER CAREERS OF SHEFFIELD CHILDREN WHO HAVE LEFT DEAF INSTITUTIONS.

	Boys.	Girls.	Total.
1.—Number who have left Deaf Institutions since January, 1915	22	14	36
2.—Number who are employed as—			
Cutlers	3	—	3
Labourers, etc.	7	—	7
Silver Burnishers, Finishers, etc.	1	3	4
Bootmaking	3	—	3
Cabinet Case Making, Joiners	5	—	5
Dental Mechanic	1	—	1
Liner for Cabinets	—	2	2
Dressmakers	—	2	2
Cigar Maker	—	1	1
3.—Number who are not employed—			
Left Institution recently	2	—	2
Ill health	—	2	2
Domestic duties at home	—	2	2
Married a deaf boy	—	1	1
Gone to Private School	—	1	1

4.—Summary of average earnings—

Under £1 per week	...	...	...	7	...	3	...	10
Between £1 and £2	...	...	...	6	...	5	...	11
Between £2 and £3	...	...	...	3	...	—	...	3
Over £3	...	...	...	2	...	—	...	2
Unknown...	...	...	...	2	...	—	...	2

SECONDARY SCHOOLS.

Routine Medical Inspection is now undertaken at all the Secondary Schools as follows:—

BOYS.	GIRLS.
Central Secondary.	Abbeydale Secondary
Pitsmoor Secondary.	Central Secondary.
Pupil Teacher Centre.	Pupil Teacher Centre.
King Edward VII. School.	

During the year under review scholars were inspected at the above-named schools whose age corresponded with set groups:—

- (a) Those between 12 and 13 years of age.
- (b) Those between 15 and 16 years of age.
- (c) Those who had been admitted during the year.

Other selected "special" cases are examined as necessary.

In addition, arrangements have been made for one of the medical staff to visit each Secondary School at least once each term, and the recommendations of the Board of Education as set out in Circular 1153, dated 31st March, 1920, are being followed as closely as practicable.

A special schedule for medical inspection has been drawn up for Secondary Schools on the lines suggested by the Board, this schedule varying in several respects from that used in connection with Elementary Schools. It is therefore necessary for a new schedule to be made out when children are admitted from Elementary to Secondary Schools, but the child's old schedule is available at the Secondary School for reference.

The Head Teachers take a very great interest in the inspection and give very valuable assistance to the doctors. Lady medical officers conduct the inspections in the girls' schools.

Statistical Tables relating to Secondary Schools will be found in Appendix B, page 65.

Of the 1,383 scholars submitted to Routine Medical Inspection 287 were noted with defects requiring medical treatment or requiring to be kept under observation.

Findings of Routine Medical Inspection.

NUTRITION—						Boys.	Girls.
Number examined	...	...	...	...	...	736	647
Excellent	...	...	...	...	...	202	29
Normal	...	...	...	...	...	377	577
Below normal	...	...	...	...	...	157	40
Bad	...	...	...	...	...	—	1
TEETH—							
Perfect	...	...	...	...	...	200	207
3 and under decayed	...	...	...	...	...	435	355
4 and over decayed	...	...	...	...	...	101	85
NOSE AND THROAT—							
Enlarged Tonsils—slight	...	...	...	...	...	29	55
„ marked	...	...	...	...	...	35	8
Adenoids—slight	...	...	...	...	...	4	7
„ marked	...	...	...	...	...	1	—
Enlarged Glands	...	...	...	...	...	46	40
EYE—							
Defective Vision	...	...	...	...	...	44	60
Squint	...	...	...	...	...	5	6
External Eye Disease	...	...	...	...	...	8	9
EAR—							
Discharging Ear	...	...	...	...	...	7	1
Defective Hearing	...	...	...	...	...	10	23
Speech Defects	...	...	...	...	...	10	4
HEART—							
Organic	...	...	...	...	...	4	1
Functional	...	...	...	...	...	11	16
Anæmia	...	...	...	...	...	27	26
Lung Disease (Non-Tubercular)	...	...	...	...	...	18	6
Disease of the Nervous System	...	...	...	...	...	3	26
Deformities	...	...	...	...	...	28	48
Other Defects and Disease	...	...	...	...	...	25	77

Average Heights of Sheffield Secondary School Scholars who have been submitted to routine medical inspection during the year.

BOYS.					GIRLS.						
Age Years.	No. Ex- amined.	Average.		Anthropometric Standard.		Age Years.	No. Ex- amined.	Average.		Anthropometric Standard.	
		Centimetres.	Inches.	Centimetres.	Inches.			Centimetres.	Inches.	Centimetres.	Inches.
8	4	133.25	52.5	119.4	47.	8	—	—	—	—	—
9	18	132.1	52.	126.4	49.75	9	—	—	—	—	—
10	34	135.55	53.35	131.4	51.75	10	3	138.33	54.45	129.5	51.
11	88	138.53	54.55	135.9	53.5	11	57	141.22	55.6	134.6	53.
12	268	143.05	56.3	139.7	55.	12	188	144.10	56.75	141.	55.5
13	168	146.19	57.55	144.8	57.	13	238	148.4	58.4	146.7	57.75
14	11	157.45	62.	150.5	59.25	14	23	153.	60.25	151.8	59.75
15	103	165.32	65.1	158.2	62.25	15	85	157.03	61.8	154.9	61.
16	42	164.	64.55	163.2	64.25	16	53	158.25	62.3	156.9	61.75

Average Weights of Sheffield Secondary School Scholars who have been submitted to routine medical inspection during the year.

Age Years.	No. Ex- amined.	BOYS.				Age Years.	No. Ex- amined.	GIRLS.			
		Average.		Anthropometric Standard.				Average.		Anthropometric Standard.	
		Kilograms.	Pounds.	Kilograms.	Pounds.			Kilograms.	Pounds.	Kilograms.	Pounds.
8	4	28.32	62.45	24.95	55.	8	—	—	—	—	
9	18	26.61	57.35	27.44	60.5	9	—	—	—	—	
10	34	29.9	65.9	30.62	67.5	10	3	29.7	65.45	28.12	62.
11	88	32.18	70.95	32.56	71.8	11	57	32.03	70.6	30.84	68.
12	268	34.75	76.6	34.82	76.75	12	188	35.01	77.2	34.7	76.5
13	168	37.56	82.8	37.42	82.5	13	238	38.83	85.6	39.46	87.
14	11	46.96	103.55	41.74	92.	14	23	43.7	96.35	43.88	96.75
15	103	53.47	117.85	46.6	100.75	15	85	47.32	104.3	48.18	106.2
16	42	54.34	119.8	53.98	119.	16	53	49.17	108.4	51.26	113.

Medical Treatment.

Every case requiring treatment is notified by letter to the parents which is sent through the Head Teacher.

263 first letters and 69 second letters were sent.

It is satisfactory to note that a large number of children receive the necessary medical treatment. A few necessitous cases have received treatment through the agency of the School Clinic, but the large majority go to their own doctor.

88.6 per cent. of the scholars received treatment.

A satisfactory feature noticed in connection with secondary Schools is the readiness with which this class will obtain dental treatment. This is partly due to their better appreciation of the value of this treatment, but is no doubt also influenced by the fact that a number of such scholars are candidates for scholarships and bursaries, and these are not granted until a satisfactory medical examination has been passed.

EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

New Bye-Laws for regulating the employment of children and young persons under the Employment of Children Act, 1903, and the Education Act, 1918, have been adopted by the Education Committee and the City Council, and are awaiting the formal approval of the Home Office.

In the examination of the "leaver" code group, any special recommendations are added as to the child's fitness for particular forms of employment.

Welfare supervisors are furnished on application with the school medical history of a child employed or about to be employed.

The Central Clinic is now used by the certifying surgeons as an examination centre on one morning each week so that there is opportunity for co-operation.

SPECIAL ENQUIRY INTO ABSENCES FROM SCHOOL.

At the request of the Board of Education special enquiry has been made into the principal causes of absence of school children.

An enquiry was made into six selected schools comprising 16 departments, and I am indebted to the head teachers of these schools for their very willing and valuable help in enabling us to ascertain these results.

A special form was drawn up so that particulars could be recorded on such form each half-day by each class teacher, and the forms were sent in to the office each week, so that the number of forms sent in for a particular school agreed with the number of classes in that particular school. This form having been completed by each class teacher saved head teachers' time in connection with the enquiry as the whole of the totalling was done in the office.

These forms were sent in for a period of eight weeks commencing with the week-ending 4th February, 1921.

As will be seen by reference to the accompanying table, some very interesting facts are recorded.

	CENTRAL CITY DISTRICT.			RESIDENTIAL DISTRICT.			RESIDENTIAL AND INDUSTRIAL DISTRICT.		
	Mixed and Infants' Dept.	Senior Mixed Dept.	Infants' Dept.	Total of both Depts.	Boys' Dept.	Girls' Dept.	Junior Mixed Dept.	Infants' Dept.	Total of all four Depts.
Total Number of Possible Attendances	38,248	19,228	10,535	29,763	26,107	28,818	27,114	27,320	109,359
Total Attendances Lost	4,831	1,786	1,590	3,376	1,753	3,315	3,328	5,771	14,167
Percentage of Attendance Lost	12.6	9.3	15.1	11.3	6.7	11.5	12.3	17.4	12.9
ABSENCES DUE TO ILLNESS OF CHILD—									
Inflections Disease	389	8.1	73	4.7	47	2.7	98	2.9	954
Contagious Disease (Ringworm, Scabies, Impetigo, etc.)	196	4.1	109	6.9	258	13.6	335	10.1	991
Vermicious Conditions	51	1.1	—	—	—	—	—	—	7
Discharging Ears	31	.6	5	.3	7	.4	14	.4	146
Sore Eyes	154	3.1	29	1.7	7	.4	88	2.7	216
Teeth (Toothache, etc.)	57	1.2	13	.7	—	—	13	.4	98
Rheumatism, Chorea	213	4.7	5	.3	7	.4	37	1.1	179
Heart affections	107	2.2	75	4.2	102	5.8	77	2.3	182
Gastric Disorders	327	6.7	60	3.4	75	4.3	19	.6	498
Coughs, Colds, Bronchitis, etc.	1025	21.3	584	32.7	147	4.4	258	7.8	238
Accidents, Injuries	104	2.1	1085	68.2	588	33.6	1320	39.7	750
Attending Hospitals	214	4.7	23	1.3	75	4.3	132	4.1	5303
Sore Throats	191	3.9	59	3.3	61	3.5	34	1.6	338
Debility and Anæmia	108	2.2	103	5.8	48	2.7	295	8.9	426
Other causes	258	5.3	150	8.2	114	6.5	198	6.1	600
TOTAL	3425	70.9	1414	79.2	1435	81.9	2989	89.8	88.0
ABSENCES DUE TO ILLNESS AT HOME—									
Illness of mother	88	1.9	64	3.6	98	5.5	5	.2	404
Infectious disease at home	24	.5	—	—	2	.1	21	.6	165
Other illnesses at home	10	.2	14	.8	4	.2	3	.1	30
TOTAL	122	2.6	78	4.4	104	5.9	29	.9	529
ABSENCES UNCONNECTED WITH ILLNESS—									
TOTAL	1284	26.5	294	16.5	215	12.2	310	9.3	1159

	INDUSTRIAL DISTRICT.					POOR INDUSTRIAL DISTRICT.					INDUSTRIAL DISTRICT (from wide area).					SIX SCHOOLS.
	Boys' Dept.	Girls' Dept.	Infants' Dept.	Total of all three Depts.	Attendances Lost.	Boys' Dept.	Girls' Dept.	Infants' Dept.	Total of all three Depts.	Attendances Lost.	Boys' Dept.	Girls' Dept.	Infants' Dept.	Total of all three Depts.	Attendances Lost.	
Total Number of Possible Attendances...	54,753	36,767	41,382	112,902	25,117	23,212	31,303	79,632	8,589	7,964	9,134	25,687	395,591			
Total Attendances Lost ...	2,925	4,939	7,013	14,877	2,889	3,169	4,178	10,236	1,131	1,320	1,331	3,782	51,269			
Percentage of Attendance Lost ...	8.4	13.4	16.9	13.2	11.1	13.7	13.3	12.8	13.2	16.6	14.6	14.7	13.			
ABSENCES DUE TO ILLNESS OF CHILD—																
Infectious Disease ...	88	72	2757	2917	34	172	546	901	8.8	5.7	—	—	5189	10.1		
Contagious Disease (Ringworm, Scabies, Impetigo, etc.) ...	242	178	328	748	279	54	450	108	34	313	145	492	3437	6.7		
Vermineous Conditions ...	1	88	42	131	14	10	110	26	134	1.3	—	—	472	—		
Discharging Ears ...	18	56	108	182	33	6	43	82	5	—	—	—	587	1.1		
Sore Eyes ...	31	12	72	103	55	10	129	31	194	1.9	—	—	641	1.3		
Teeth (Toothache, etc.) ...	22	28	63	113	91	47	67	166	205	2	9	127	702	1.4		
Rheumatism, Chorea ...	73	275	105	453	—	3	51	54	5	—	12	22	1240	2.4		
Heart affections ...	43	40	37	120	—	10	—	10	1	—	—	57	607	1.2		
Gastric Disorders ...	162	231	47	705	267	34	31	332	3	—	11	58	2370	4.4		
Coughs, Colds, Bronchitis, etc. ...	1089	1448	293	4502	388	749	1061	254	2198	21.4	291	257	15586	30.4		
Accidents, Injuries ...	154	63	42	269	264	37	133	32	434	4.2	14	14	1216	2.4		
Attending Hospitals ...	116	4	78	213	368	47	253	61	668	6	26	2	180	4.8		
Sore Throats ...	63	22	191	815	34	85	50	149	1	—	15	15	1940	3.8		
Debility and Anemia ...	15	5	107	373	14	161	5	195	1	—	38	29	1827	3.6		
Other causes ...	197	490	266	953	235	482	669	16	1386	13.5	183	162	4110	8.		
TOTAL ...	2314	3791	6564	12669	2076	1853	3593	859	7522	73.5	873	772	41619	81.2		
ABSENCES DUE TO ILLNESS AT HOME—																
Illness of mother ...	88	354	35	477	145	321	61	527	5.1	—	33	2.5	1764	3.4		
Infectious disease at home ...	14	57	42	113	16	26	30	72	7	—	60	4.6	374	7		
Other illnesses at home ...	34	37	—	71	4	27	—	31	5	—	—	—	164	3		
TOTAL ...	136	448	77	661	165	374	91	630	6.2	—	93	7.1	2302	4.5		
ABSENCES UNCONNECTED WITH ILLNESS—																
TOTAL ...	475	700	372	1547	648	942	494	118	2084	20.3	223	19.7	7548	14.3		

Attendances Lost.

Out of a total of 395,591 possible attendances, 51,269 (13%) were lost for all causes. In each school it is also to be noticed that the attendance of the boys is better than that of the girls and that the worst attendance is, as will be expected, in the infants' departments.

Absences due to Illness of Child.

In arriving at these figures account had to be taken of alleged illness in addition to actual illness, owing to difficulty in determination, so that probably a percentage of absences recorded as due to illness of child may be for other causes. Of the total absences 81% are recorded as due to illness of the child. It will be noticed that the percentage of absences under this heading is larger for the boys than for the girls.

The principal conditions causing absences are coughs, colds, bronchitis, etc., infectious disease, contagious disease, and gastric disorders. Of the 10% of absence caused by infectious disease, it will be seen that most of such absence takes place in the Infants' Schools.

It is interesting to note that the largest percentage of illness is caused by coughs, colds, etc., and that this percentage of absence is lowest in an industrial district school, and gradually increases to a much higher percentage in a residential district school. Probably this is an index of greater parental anxiety and possibly "coddling."

Absences due to Illness at Home.

4.5% of all absences is recorded as being due to illness at home, and it will be observed that the absence under this heading is chiefly caused in the girls' departments. This is not to be wondered at when the figure given for illness of mother is as high as 3.4%.

Only .7% of the absences is due to infectious disease in the home.

Absences unconnected with Illness.

No cause is assigned for 14% of the total absences. On reference to the table it will be noted that the percentage of such absence is far greater in an industrial district school than in a residential district school, and that the senior scholars are responsible for a larger percentage of such absence than the junior and infant scholars.

LECTURES ON SCHOOL HYGIENE.

The School Medical Officer holds the post of lecturer at the University Training College, and has given a course of twenty lectures and demonstrations on School Hygiene. Special lectures to the students belonging to the City Training College for teachers have also been arranged at the Open-Air Schools and the central school clinic. The teaching of Hygiene at the Training College should be in close relationship with other parts of the curriculum. Medical lecturers, especially those conversant with the problems of School Hygiene, are usually appointed to lecture on part of the syllabus.

The students who attend the Training Course which has been instituted for men organisers in physical training have all of them paid visits to the central school clinic, and have in this way had an opportunity of becoming familiar with the objects and methods of school medical inspection and school clinics.

INDUSTRIAL SCHOOL.

The Sheffield Short-Term Industrial School for Boys is situated at Hollow Meadows about $6\frac{1}{2}$ miles from the city. The School Medical Officer is responsible for medical attendance on the staff and the boys, and the school dentists visit the school periodically to treat the boys' teeth. A quarterly medical inspection at the school is required by the Home Office and a report is sent to the Chief Inspector of Reformatory and Industrial Schools. Twenty visits were paid by the School Medical Officer during 1920. 62 boys were examined prior to their re-admission to the school on revocation of their licenses and also 26 new admissions.

SPECIAL EXAMINATIONS.

121 bursars, and 103 pupil teachers have been examined by the medical staff during the year. Certificates of fitness for appointment are withheld until any defects noted have received the requisite treatment.

The School Medical Officer is asked to advise occasionally on the question of the health of teachers and to examine candidates for appointment in other capacities on the Committee's staff.

51 children have been examined during the year with regard to the granting of Stage Licenses.

THOMAS CHETWOOD.

SCHOOL MEDICAL DEPARTMENT,
123, HAWLEY STREET,
MAY, 1921.

APPENDIX A—Statistical Tables.

ELEMENTARY SCHOOLS.

(PREPARED IN ACCORDANCE WITH THE REQUIREMENTS
OF THE BOARD OF EDUCATION).

TABLE I.

NUMBER OF CHILDREN INSPECTED 1st JANUARY, 1920,
TO 31st DECEMBER, 1920.

A—ROUTINE MEDICAL INSPECTION.

AGE.			ENTRANTS.					
			3	4	5	6	Other Ages.	Total.
BOYS	...	...	77	661	3,940	3,185	205	8,068
GIRLS	...	...	73	558	3,850	3,183	245	7,909
TOTALS	...	...	150	1,219	7,790	6,368	450	15,977

AGE.				INTER- MEDIATE GROUP.		LEAVERS.			Other Ages.	Total.	Grand Total.
				8	9	12	13	14			
BOYS	...	...	...	1,297	897	1,192	977	19	36	4,418	12,486
GIRLS	...	...	...	1,220	806	1,127	882	17	41	4,093	12,002
TOTALS	...	...	...	2,517	1,703	2,319	1,859	36	77	8,511	24,488

B—SPECIAL INSPECTIONS.

Age.				Special Case.		Re-examinations (i.e., No. of Children re-examined).	
BOYS	...	...	...	14,789		17,549	
GIRLS	...	...	...	14,655		17,388	
TOTALS	...	...	...	29,444		34,937	

C—TOTAL NUMBER OF INDIVIDUAL CHILDREN INSPECTED
BY THE MEDICAL OFFICER

(No child being counted more than once in one year).

No. of Individual Children inspected.
42,213

TABLE II.

RETURN OF DEFECTS FOUND IN THE COURSE OF
MEDICAL INSPECTION IN 1920.

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.		SPECIALS.	
	Number referred for treatment.	Number requiring to be kept under observation, but not referred for treatment.	Number referred for treatment.	Number requiring to be kept under observation, but not referred for treatment.
(1)	(2)	(3)	(4)	(5)
Malnutrition	32	12	48	17
Uncleanliness—	(Dealt with by School Nurses).			
Head				
Body				
Skin—				
Ringworm—				
Head	60	5	1,037	—
Body	14	1	727	—
Scabies	168	7	1,375	—
Impetigo	157	23	2,804	3
Other Diseases (non-Tubercular)	155	29	3,133	2
Eye—				
Blepharitis	208	30	1,022	—
Conjunctivitis	73	11	1,182	4
Keratitis	3	1	31	—
Corneal Ulcer	3	—	272	—
Corneal Opacities	4	1	2	—
Defective Vision	760	40	1,173	37
Squint	294	45	791	20
Other conditions	7	—	502	—
Ear—				
Defective Hearing	372	64	629	23
Otorrhœa	284	31	1,640	9
Other Ear Diseases	18	2	3	—
Nose and Throat—				
Enlarged Tonsils	850	160	404	124
Adenoids	395	57	171	28
Enlarged Tonsils and Adenoids	403	29	504	32
Other Conditions	140	22	246	7
Enlarged Cervical Glands (Non-Tubercular)	36	71	210	59
Defective Speech	2	24	38	19

TABLE II.—continued.

DISEASE OR DEFECT.	ROUTINE INSPECTIONS.		SPECIALS.	
	Number referred for treatment.	Number requiring to be kept under observation, but not referred for treatment.	Number referred for treatment.	Number requiring to be kept under observation, but not referred for treatment.
(1)	(2)	(3)	(4)	(5)
Teeth—Dental Diseases ...	1,236	33	13,060	14
Heart and Circulation—				
Heart Disease—				
Organic	28	85	65	42
Functional	28	95	171	21
Anæmia	348	80	507	31
Debility	4	5	548	70
Lunge—				
Bronchitis... ..	151	117	376	55
Other Non-Tubercular Diseases	52	54	17	3
Tuberculosis—				
Pulmonary—				
Definite	—	—	6	2
Suspected	144	34	288	18
Non-Pulmonary—				
Glands	44	16	12	6
Spine	2	2	30	5
Hip	2	10	39	20
Other Bones & Joints... ..	—	6	38	6
Skin	—	1	15	1
Other Forms	6	9	57	3
Nervous System—				
Epilepsy	12	13	170	22
Chorea	8	12	148	20
Other Conditions	—	2	41	10
Deformities—				
Rickets	115	68	278	81
Spinal Curvature	14	13	2	5
Other forms	23	54	174	48
Other Defects and Diseases ...	327	170	992	508

Number of Individual Children having Defects which required Treatment or to be kept under observation 28,384

TABLE III.

NUMERICAL RETURN OF ALL EXCEPTIONAL CHILDREN
IN THE AREA IN 1920.

				Boys.	Girls.	Total
Blind (including partially blind)		Attending Public Elementary Schools	—	—	—	
		Attending Certified Schools for the Blind	8	11	19	
		Attending Myope School	30	50	80	
		Not at School	—	1	1	
Deaf and Dumb (including partially deaf)		Attending Public Elementary Schools	—	—	—	
		Attending Certified Schools for the Deaf	44	27	71	
		Not at School	1	1	2	
Mentally Deficient.	Feeble Minded.	Attending Public Elementary Schools	11	8	19	
		Attending Certified Schools for Mentally Defective Children...	153	95	248	
		Notified to the Local (Control) Authority during the year ...	14	10	24	
		Not at School	8	12	20	
	Imbeciles.	At School	—	—	—	
		Notified to the Local (Control) authority during the year ...	5	5	10	
		Not at School	29	25	54	
	Idiots.	—	8	4	12	
Epileptics.		Attending Public Elementary Schools	32	25	57	
		Attending Certified Schools for Epileptics	—	—	—	
		In Institutions other than Certi- fied Schools	—	—	—	
		Not at School	23	38	61	
Physically Defective.	Pulmonary Tuber- culosis.	Attending Public Elementary Schools	No return made by Tuberculosis Officer			
		Attending Certified Schools for Physically Defective Children				
		In Institutions other than Certi- fied Schools				
		Not at School				
	Crippling due to Tuber- culosis.	Attending Public Elementary Schools	42	31	73	
		Attending Certified Schools for Physically Defective Children	117	100	217	
		In Institutions other than Certi- fied Schools	—	—	—	
		Not at School	31	37	68	

TABLE III.—continued.

			Boys.	Girls.	Total
Physically Defective—continued.	Crippling due to causes other than Tuberculosis, i.e., Paralysis, Rickets, Traumatism.	Attending Public Elementary Schools	51	52	103
		Attending Certified Schools for Physically Defective Children In Institutions other than Certified Schools	67	43	110
		Not at School	14	23	42
	Other Physically Defectives, e.g., delicate and other children suitable for admission to Open-Air Schools; Children suffering from severe Heart Disease.	Attending Public Elementary Schools	11	13	24
		Attending Open-Air Schools ...	102	100	202
		Attending Certified Schools for Physically Defective Children other than Open-Air Schools...	27	47	74
		Not at School	9	5	14
Dull or Backward.*					
Retarded 2 years		1122	1062	2184	
Retarded 3 years		240	284	524	

* Judged according to age and standard.

TABLE IV.

TREATMENT OF DEFECTS OF CHILDREN DURING 1920.

A—TREATMENT OF MINOR AILMENTS.

DISEASE OR DEFECT.		NUMBER OF CHILDREN.			
		Referred for Treatment	TREATED		
			Under Local Education Authority's Scheme.	Otherwise.	Total.
Skin—					
Ringworm—Head	...	1,097	1,093	3	1,096
Body	...	741	740	—	740
Scabies	... ..	1,543	1,524	15	1,539
Impetigo	... ..	2,961	2,921	31	2,952
Minor Injuries	... ..	545	544	1	545
Other Skin Disease	... ..	2,743	2,711	22	2,733
Ear Disease	... ..	2,946	2,484	288	2,772
Eye Disease (external and other)	... ..	3,309	3,254	30	3,284
Miscellaneous	... ..	42	—	20	20

TABLE IV.—continued.

TREATMENT OF DEFECTS OF CHILDREN DURING 1920.

B—TREATMENT OF VISUAL DEFECT.

NUMBER OF CHILDREN.									
Referred for Refraction	Submitted to Refraction.				For whom Glasses were prescribed.	For whom Glasses were provided.	Recommended for Treatment other than by Glasses.	Received other forms of Treatment.	For whom no Treatment was considered necessary
	Under Local Education Authority's Scheme (Clinic).	By Private Practitioner or Hospital.	Other-wise.	Total.					
3,018	1,749	934	2	2,685	2,179	2,073	114	104	28

C—TREATMENT OF DEFECTS OF NOSE AND THROAT.

NUMBER OF CHILDREN.				
Referred for Treatment.	Received Operative Treatment.			Received other forms of Treatment.
	Under Local Education Authority's Scheme-Clinic or Hospital.	By Private Practitioner or Hospital.	Total.	
3,113	—	1,408	1,408	595

D—TREATMENT OF DENTAL DEFECTS.

1—Number of Children dealt with.

	AGE GROUPS.										Spec'ls	Total.
	5	6	7	8	9	10	11	12	13	14		
(a) Inspected by dentist ...	—	2183	2368	2364	1345	1300	1304	1160	739	21	2505	15289
(b) Referred for treatment ...	*10858										2479	13337
(c) Actually treated	* 4874										2475	7349
(d) Re-treated ... (Result of periodical examination)	2062										—	2062

Of 959 other cases referred for treatment by agencies other than the Clinics, 353 received treatment.

*—A large number of children inspected and referred for treatment in 1920 are awaiting treatment in 1921.

2—Particulars of time given and of operations undertaken.

No. of Half-days devoted to Inspection.	No. of Half-days devoted to Treatment.	Total No. of attendances made by the Children at the Clinic.	No. of Permanent Teeth.		No. of Temporary Teeth.		Total number of Fillings.	No. of Administrations of General Anaesthetics included in (4) and (6)	No. of other Operations.	
			Ex-tracted.	Filled.	Ex-tracted.	Filled.			Per-manent Teeth.	Tempor-ary Teeth.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
491	1596	10406	1250	7427	8881	3	7668	4604	2181	760

F—TREATMENT OF ALL OTHER DEFECTS.

DISEASE OR DEFECT.	NUMBER OF CHILDREN.			
	Referred for treatment.	TREATED		
		Under Local Education Authority's Scheme.	Otherwise.	Total.
Malnutrition	80	—	54	54
Enlarged Glands	246	—	214	214
Speech Defects	40	—	18	18
Heart Disease—				
Organic	93	—	80	80
Functional	199	—	129	129
Anæmia	855	—	668	668
Debility	552	—	533	533
Lungs—				
Bronchitis... ..	527	—	442	442
Other Non-Tubercular Diseases	69	—	35	35
Tuberculosis—Pulmonary—				
Definite	6	—	4	4
Suspected	432	369	45	414
Tuberculosis—Non-Pulmonary				
Glands	56	—	50	50
Hip	41	—	37	37
Other Bones and Joints... ..	70	—	70	70
Skin	15	—	14	14
Other Forms	63	—	61	61
Nervous System—				
Epilepsy	182	—	165	165
Chorea	156	—	146	146
Other Conditions	41	—	40	40
Deformities—				
Rickets	393	—	287	287
Spinal Curvature	16	—	10	10
Other Forms	197	—	173	173
Other Defects	1,277	—	1,060	1,060

TABLE V.

SUMMARY OF TREATMENT OF DEFECTS AS SHOWN
IN TABLE IV. (A, B, C, D, AND F).

DISEASE OR DEFECT	NUMBER OF CHILDREN.				
	Referred for treatment	TREATED.			
		Under Local Education Authority's Scheme.	Otherwise.	Total.	Percent- age treated.
Minor Ailments ...	15,927	15,271	410	15,681	98.46
Visual Defects ...	3,018	1,749	1,040	2,789	92.41
Defects of Nose and Throat ...	3,113	—	2,003	2,003	64.34
Dental Defects* ...	14,296	7,349	353	7,702	53.8
Other Defects ...	5,606	369	4,335	4,704	83.9
Total ...	41,960	24,738	8,141	32,879	78.3*

*—A large number of children inspected by the School Dentists and referred for treatment are awaiting treatment in 1921. If the percentage of defects treated is calculated without including Dental defects it will be found that the percentage of all defects treated is 91.

TABLE VI.

SUMMARY RELATING TO CHILDREN MEDICALLY
INSPECTED AT THE ROUTINE INSPECTIONS
DURING THE YEAR 1920.

(1)—The total number of children medically inspected at the Routine Inspections	24,488
(2)—The number of children in (1) suffering from—	
Malnutrition	127
Skin Disease	772
Defective Vision (including Squint)	1,438
Eye Disease	699
Defective Hearing	777
Ear Disease	404
Nose and Throat Disease	5,753
Enlarged Cervical Glands (Non-tubercular)	6,885
Defective Speech	313
Dental Disease—	
Less than 4 decayed teeth	10,733
More than 4 decayed teeth	7,649
Heart Disease—	
Organic	113
Functional	385
Anæmia	716
Lung Disease (non-tubercular)	1,803
Tuberculosis—Pulmonary—	
Definite	14
Suspected	202
Tuberculosis—Non-Pulmonary	109
Disease of the Nervous System	175
Deformities... ..	997
Other Defects and Diseases	773
(3)—The number of children in (1) suffering from defects (other than uncleanliness or defective clothing or footgear) who require to be kept under observation (but not referred for treatment)	1,433
(4)—The number of children in (1) who were referred for treatment (excluding uncleanliness, defective clothing, etc.) ...	5,520
(5)—The number of children in (4) who received treatment for one or more defects (excluding uncleanliness, defective clothing, etc.)	4,978

APPENDIX B—Statistical Tables.

SECONDARY SCHOOLS.

(AS REQUIRED BY THE BOARD OF EDUCATION).

TABLE I.

NUMBER OF CHILDREN INSPECTED 1st JANUARY, 1920,
TO 31st DECEMBER, 1920.

A—ROUTINE MEDICAL INSPECTION.

AGE.	8	9	10	11	12	13	14	15	16	Grand Total.
BOYS ...	4	18	34	88	268	168	11	103	42	736
GIRLS ...	—	—	3	57	188	238	23	85	53	647
TOTALS	4	18	37	145	456	406	34	188	95	1383

B—SPECIAL INSPECTIONS.

Age.	Special Case		Re-examinations (i.e., No of children re-examined)
BOYS	11	94
GIRLS	26	199
TOTALS]	...	37	293

C—TOTAL NUMBER OF INDIVIDUAL CHILDREN INSPECTED
BY THE MEDICAL OFFICER

(No child being counted more than once in one year).

No. of Individual Children Inspected.

1406

TABLE II.

RETURN OF DEFECTS FOUND IN THE COURSE OF
MEDICAL INSPECTION IN 1920.

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.		SPECIALS.	
	Number referred for treatment.	Number requiring to be kept under observa- tion, but not referred for treatment.	Number referred for treatment.	Number requiring to be kept under observa- tion, but not referred for treatment.
(1)	(2)	(3)	(4)	(5)
Skin Conditions ...	3	—	7	—
Eye—Defective Vision ...	103	—	15	—
Other Conditions ...	2	4	1	—
Ear Conditions ...	13	3	5	—
Nose and Throat ...	45	4	3	1
Teeth—Dental Diseases ...	113	—	—	—
Other Conditions ...	20	16	1	2

Number of Individual Children having Defects which required Treatment
or to be kept under observation 294

TABLE V.

SUMMARY OF TREATMENT OF DEFECTS.

DISEASE OR DEFECT.	NUMBER OF CHILDREN.			
	Referred for treatment.	TREATED.		
		Under Local Education Authority's Scheme.	Otherwise.	Total.
Minor Ailments ...	17	11	4	15
Visual Defects ...	119	17	86	103
Defects of Nose and Throat ...	48	—	40	40
Dental Defects... ..	113	—	93	93
Other Defects ...	34	4	26	30
Total	331	32	249	281 (88.6%)

TABLE VI.

SUMMARY RELATING TO CHILDREN MEDICALLY
INSPECTED AT THE ROUTINE INSPECTIONS
DURING THE YEAR 1920.

(1) The total number of children medically inspected at the Routine Inspections	1,383
(2) The number of children in (1) suffering from—	
Malnutrition	1
Skin Disease	11
Defective Vision (including Squint)	115
Eye Disease	17
Defective Hearing	33
Ear Disease	8
Nose and Throat Disease	44
Enlarged Cervical Glands (Non-Tubercular)	87
Defective Speech	14
Dental Disease—	
3 and under decayed	790
4 and over decayed	186
Heart Disease—	
Organic	5
Functional	27
Anæmia	53
Lung Disease (Non-Tubercular)	24
Tuberculosis—	
Pulmonary—Definite	—
" Suspected	—
Non-Pulmonary	4
Disease of the Nervous System	29
Deformities	76
Other Defects and Diseases	102
(3) The number of children in (1) suffering from defects (other than uncleanness or defective clothing or footgear) who require to be kept under observation (but not referred for treatment)	31
(4) The number of children in (1) who were referred for treatment (excluding uncleanness, defective clothing, etc.)	256
(5) The number of children in (4) who received treatment for one or more defects (excluding uncleanness, defective clothing, etc.)	230

APPENDIX C.

PHYSICAL TRAINING.

REPORT OF THE CHIEF SUPERINTENDENT OF
PHYSICAL TRAINING.

Since the last report the Staff has been re-organised in accordance with decisions arrived at by the School Management Sub-Committee.

The authorized Organising Staff now consists of :—

- 1 Chief Superintendent.
- 4 Women Assistant Organisers.
- 3 Men Assistant Organisers.
- 1 Instructor (Man).

The Chief Superintendent has now resumed his general work of supervision. This has been made possible by the appointment of an extra Tutor at the Training College and Pupil Teacher Centre.

By the re-arrangement of the Staff the Assistant Organisers are also relieved from part-time teaching at the Training College, Pupil Teacher Centre and the Pitsmoor Secondary School. They still, however, train the students in the Education Department of the University, and this duty takes one Man Organiser one day per week and one Woman Organiser half a day per week. Each Secondary School has one or more fully qualified Physical Training Tutors.

The Organising Staff is incomplete owing to the appointment of our Assistant Organisers to more responsible positions elsewhere, and the difficulty in securing suitable women candidates for the vacant posts.

The following promotions have been secured :—

- Mr. A. HOBSON, Chief Organiser of Physical training, Derbyshire.
- Miss J. BENNETT, Chief Woman Organiser under the Portsmouth Education Committee.
- Mr. H. STIMSON, Chief Organiser of Physical Training, Cardiganshire.
- Miss E. WILLMER appointed to the Staff of the Chelsea Physical Training College.
- Mr. J. J. TIFFIN, Organiser of Physical Training, Rotherham.

TABLE OF VISITS PAID BY THE ORGANISING STAFF
FOR THE YEAR ENDING 31st DECEMBER, 1920.

1.	Boys' Schools	...	...	...	...	...	591
2.	Girls' Schools	...	...	...	...	...	482
3.	Mixed Schools	...	...	...	...	...	656
4.	Junior Schools	...	...	...	...	...	273
5.	Infants' Schools	...	...	...	...	...	465
6.	Play Centres ...	...	...	...	...	...	80
7.	Secondary Schools	...	...	...	...	...	163
8.	Evening Schools	...	...	...	...	...	216
9.	Special Schools	...	...	...	...	...	40
10.	Industrial School	...	...	...	...	...	4
11.	Pupil Teacher Centre	...	...	...	...	...	102
12.	Training College	...	...	...	...	...	434
13.	University ...	...	...	...	...	...	110
14.	Teachers' Classes	...	...	...	...	...	187
15.	Baths ...	...	...	...	...	...	103
16.	Playing Fields	...	...	...	...	...	52
17.	Recreation Grounds ...	...	...	...	...	...	21
18.	Special Visits and Duties	...	...	...	...	...	156
							4,135

PHYSICAL TRAINING IN THE ELEMENTARY SCHOOLS.

The closest co-operation exists between the School Medical Officer and the Physical Training Department.

Team System and Class Leagues.

This is now practically universal in the Schools and in many Schools Class Leagues have been formed. The consensus of opinion amongst the teachers is that the time devoted to this section of the school activities is more than compensated for by the increased application to the class-room subjects and by an alertness and eagerness to uphold the honour of the team within the class-room. In some schools the parents are taking an interest in the organised games and sometimes visit the playing field.

The Schools' Athletics Association.

This Association has continued its good work and the response to its efforts is manifest in the increased numbers of entries for the various competitions organised by it.

During the last season 63 Departments entered 83 teams for the 3 Football Shields; 38 Departments entered 46 teams for the 2 Cricket Shields; while 17 Departments entered teams for the Rounders' Shield. The preliminary matches are played mostly during the school time allotted for organised games in the Parks but Finals and Semi-Finals are usually played on Saturdays or during the evenings.

Swimming.

The Baths Sub-Committee of the Health Committee of the City Council apportion a liberal use of the Public Baths to the service of the Schools. From June to September inclusive the boys attending the Elementary Schools have the use of six baths for five half-days per week, and of one bath for six half-days. During the period October to May, Glossop Road Bath is available for eight half-days and the remaining six baths for six half-days per week. The girls have the use of six baths for two half-days per week during the whole year. Glossop Road Bath is available for six half-days from June to September inclusive and eight half-days from October to May inclusive.

In spite of the liberal use the demand for accommodation by School children is in excess of the supply and this is especially so with the girls. In order to reduce the number of disappointed children, Head Teachers have been asked to replace good swimmers by non-swimmers. School children who can swim are entitled to admission to the baths at half-price after school hours and an increasing number take advantage of this privilege.

During the year 1919-1920 no less than 159,010 free visits to the baths were made in school hours and 7,820 children from 119 Departments received instruction. Privilege tickets were used by 14,116 scholars who paid 125,108 visits to the baths out of school hours. During the same period of time 2,147 certificates of proficiency were awarded, the number for the previous year being 1,646, showing an increase of 501.

Life Saving Classes were formed in 32 Departments; 462 Elementary and 274 Proficiency Certificates were awarded by the Royal Life Saving Society. The reduction of Swimming Classes from 60 to 40 has made for efficiency. There is now less confusion and better instruction is possible. Swimming Instructors are adopting the more sensible view that their chief responsibility lies in teaching a large number of children to swim rather than in coaching those who are already good swimmers. A series of Swimming Galas have been organised during September by the Schools Swimming Association which continues to render loyal and exceptionally good service.

Games Apparatus.

The Committee spent over £750 during the year 1919-1920 in purchasing Footballs, Rubber Balls, Bean Bags, Ropes, Rounders, Bats, Hockey Sticks, and Football equipment. There has been very great difficulty in securing goods and delivery was often delayed. It is very difficult to secure equipment in large quantities. A sum of £745 has been voted for the current year and it is hoped to extend and renew the equipment as far as possible. It is worthy of note that many schools continue to provide games materials by means of subscriptions, etc., raised amongst the children themselves.

Playgrounds and Open Spaces.

In the last report reference was made to the value to be gained by the marking out of pitches in the Parks and Recreation Grounds, and the Chief Superintendent was instructed to confer with the Improvement Surveyor, concerning the advisability of doing this. Three conferences were held and Endcliffe Park was critically examined. The Improvement Surveyor did not advocate the marking out of pitches for the following reasons :—

- (1) Cost of labour.
- (2) The right of the general public to play on the pitches which would probably attract more adults during school time. (This would apply especially to men and youths who are free during the afternoons owing to the operation of the Shift System). Should a pitch be occupied the children could not claim any priority over other citizens.
- (3) Permanent pitches would mean that areas round goals would become bare patches in Summer and quagmires in the Winter.
- (4) Expense of fitting up and keeping in repair the necessary posts.

However, a scheme is now being prepared which will obviate overlapping of Classes which may attend for games.

Several schools have secured the use of privately owned fields and these always provide better facilities for the purpose of School Games. The Committee has established a very wise precedent in arranging to pay a nominal rent of £2 per year for the use of a very suitable playing field for Shiregreen Council School. There is, however, an urgent need for more open spaces upon which school children may play.

Shoes.

The need for shoes was explained in the last report. The question of cost has been considered. To provide a suitable pair of shoes for each child in the schools would cost £21,000. It is therefore evident that children must be encouraged to make their own. The Head Mistress of a Non-Provided School in a poor district reports as follows:—

“ The girls attending this School are not generally provided with slippers or games shoes. This is an obstacle in carrying out the indoor work of physical training especially as there is no hall or spare room. To overcome this difficulty,—

- (1) Some girls have made cloth or felt slippers with an extra layer of cloth for the soles. The scarcity of material however, has limited the making of these.
- (2) Others have been encouraged to bring a second pair of stockings to replace boots. At first the girls were diffident about this, but that has largely been overcome.
- (3) Girls are now being asked to bring odd pence which the teachers will save for them. When sufficient for a pair has been brought, it will be returned and the girl will be advised as to the best market. Many girls have joined this club.”

One Council school has 112 pairs of shoes to its credit and many others are gradually increasing the numbers.

Teachers' Classes of Instruction.

Since the last report twelve classes of instruction have been conducted by the Physical Training Staff as follows:—

	No. of Classes.	No. Enrolled.
INSTRUCTION IN PHYSICAL TRAINING—		
Head and Assistant Masters	3	55
Assistant Mistresses (Senior Schools)	2	56
Assistant Mistresses (Infant Schools)	2	71
Evening School Teachers (Male)	1	14
Evening School Teachers (Women)	1	41
CLASSES OF INSTRUCTION IN FOLK DANCING—		
Head and Assistant Teachers (Men and Women)...	3	90
		—
		327
		—

APPENDIX D.

DENTAL DEPARTMENT—SPECIAL DUTIES.

Open-Air Schools.

The children selected for admission to the Open-Air Schools were examined by the school dentists. It is a condition of admission to open-air schools that children should undergo any necessary dental treatment. The following is a statement of the work undertaken for these children :—

					Spring-		Totals.	
					Whiteley Wood	vale House.		
No. of Fillings	...	...	...	...	173	246	...	419
„ Extractions—								
Temporary Teeth	...	...	...	...	40	95	...	135
Permanent Teeth	...	...	...	...	10	20	...	30
„ Anaesthetics	...	...	...	...	28	44	...	72
„ Dressings	...	...	...	...	15	16	...	31

Industrial School.

Regular visits are paid to the Industrial School by the school dentists. During the year 102 boys were examined and 65 treated as follows :—

No. of Fillings	...	...	...	...	38
„ Extractions	...	...	...	...	66
„ Anaesthetics	...	...	...	...	33
„ Dressings	...	...	...	...	92

King Edward VII. Hospital.

The school dentists attended at the Hospital on five days when 149 children were inspected and the following treatment undertaken :

No. of Children treated	...	...	...	...	72
„ Fillings	...	...	...	...	28
„ Extractions—					
Temporary Teeth	...	...	...	...	51
Permanent Teeth	...	...	...	...	9
„ Nitrous Oxide Anaesthetics	...	...	...	...	29
„ Other Dressings	...	...	...	...	64





