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CITY OF SHEFFIELD
EDUCATION COMMITTEE


SCHOOL HEALTH SERVICE REPORT

OF THE

SCHOOL MEDICAL OFFICER,

HAROLD M. COHEN, M.D., D.P.H.

FOR THE YEAR ENDED 31st DECEMBER, 1946
[THIRTY-NINTH YEAR]



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	*WILLIAM INGMAN, M.B., Ch.B., D.O.M.S.
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Rheumatism and Heart Section	*CUTHWIN H. BÖSENBERG, M.B., Ch.B.

School Dental Surgeons.

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MARY M. PELLATT, L.D.S., R.C.S.	THOMAS B. HOSTY, L.D.S.
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OSWALD S. BENNETT, L.D.S., R.C.S.	(Two vacancies for School Dental Surgeons).

Child Guidance Clinic.

Medical Director—THE SCHOOL MEDICAL OFFICER.

NOEL E. WHILDE, B.Sc., A.B.Ps.S. (Educational Psychologist in charge).	ALICE M. McFARLANE, M.A., Ed.B., (Educational Psychologist).
MONA M. THOMSON, M.A., Ed.B. (Educational Psychologist).	*REGINALD WARNECKE, M.R.C.S., L.R.C.P., (Part-time Psychiatrist).
School Nursing Staff	(Two vacancies for Psychiatric Social Workers).
Bents Green Residential Special School	ELSIE C. CRUICKSHANK (Chief Nursing Sister) and 32 Nursing Sisters, and 12 Nursing Assistants.
Ash House School	MARGARETTA W. LYON (Matron).
Speech Therapists	ELSIE JOHNSON (Matron).
	JOAN POLLITT, L.C.S.T. (Senior Speech Therapist).
	CHRISTINE J. COLLIER, L.C.S.T.
After-Care Officer	WINIFRED STIRGESS.
Clerical Staff	REGINALD E. NORTH (Chief Clerk) and 27 Clerks.
Other Staff	2 Dental Assistants, 9 Dental Attendants, 1 Dis- penser and 1 part-time Orthoptist.

* Part-time Officers.

SCHOOL HEALTH SERVICE,

CENTRAL SCHOOL CLINIC: 7, Leopold Street, Sheffield, 1. (Telephone 26341).

SUMMARY OF WORK, 1946

	Children.	Attend- ances.
SCHOOL MEDICAL OFFICERS AT SCHOOLS—		
Visits to Schools— 2,373		
Routine Inspection—		
Primary and Secondary Schools	16,662	
Special Schools	508	
Nursery Schools and Classes	2,222	
Selected cases	3,872	
“Following up”	7,178	
Special visits	7,474	
SCHOOL MEDICAL OFFICERS AT SCHOOL CLINICS—		
Inspection Clinic	16,585	37,168
Minor Ailment Clinic	23,037	39,286
OPHTHALMIC CLINIC—		
Treated by the Surgeons	4,390	7,819
Dressed by Nursing Sisters	1,827	10,659
Orthoptic Treatment	363	2,321
AURAL CLINIC—		
Treated by the Surgeon	639	712
Dressed by Nursing Sisters	2,498	24,979
DENTAL CLINIC—		
Inspected at schools	42,971	
Inspected at clinics	5,875	
Treated	17,773	30,795
ORTHOPÆDIC CLINIC—		
Examined by the Surgeon	551	878
RHEUMATISM AND HEART CLINIC—		
Examined by the Physician	465	822
CHILD GUIDANCE CLINIC	421	2,267
SPEECH THERAPY CLINIC	186	1,899
IMMUNIZATION AGAINST DIPHTHERIA—		
At schools and clinics	7,744	10,262
SCHOOL NURSING SISTERS AND NURSING ASSISTANTS—		
Examinations of children in schools	218,914	
Visits to homes	3,972	
Minor dressings at clinics and schools	16,783	103,316
TOTAL ATTENDANCES OF CHILDREN AT SCHOOL CLINICS		273,183

CITY OF SHEFFIELD

GENERAL INFORMATION.

Population	500,400
Area	39,587 acres.
Density of Population	12.03 persons per acre.
Rateable Value	£3,424,283
Education Rate	68.189d.
Penny Rate produces	£13,400
Primary and Secondary Schools (including Nursery Schools)—	
Number of schools	126
Number of departments	208
Average number on rolls	64,808
Special Schools—	
Number of schools	12
Average number on rolls	1,110

CITY OF SHEFFIELD
EDUCATION COMMITTEE

SCHOOL HEALTH SERVICE

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE.

I have the honour to present for your consideration the report on the work of the School Health Service for the year ended 31st December, 1946.

As far as can be judged objectively by the medical officers, and by examination of the available information, it would appear that the general health and welfare of the children has been satisfactorily maintained during the year.

The incidence of diphtheria continues to fall. Furthermore, there have not been any deaths, fortunately, amongst the children who had been immunized. Accordingly the policy of immunization would appear to be justified.

Consideration has been given to the obligations imposed on the Authority under the Education Act, 1944, with particular reference to Section 48 (3) which refers to medical treatment. Circular 29 was issued by the Ministry indicating in detail the nature of these requirements to ensure free medical treatment other than domiciliary treatment.

The measures to be taken are concerned with the normal facilities of the School Health Service and with arrangements for hospital treatment. The services under the former heading are listed in the Circular and it is gratifying to report that these were already provided by the Authority. Measures to ensure the improvement of these arrangements have been taken. Sanction has been given for the appointment of a full-time ophthalmologist, a senior school dental surgeon, three nursing assistants, a part-time chiropodist, in association with the treatment of orthopaedic defects, and for the provision of orthodontic and other dental appliances.

All treatment facilities of the School Health Service are, of course, now free in accordance with the Act, together with the free provision of spectacles and surgical appliances.

Insofar as hospital treatment is concerned, however, the negotiations with the local hospitals have not yet been completed. Local discussions which were arranged with the hospital representatives as soon as the Act came into force were deferred as the subject was being considered at national level. As a consequence Circular 102 was issued by the Ministry of Education setting out terms and conditions of hospital treatment and it is hoped that the local procedure will be soon agreed upon.

The interest and concern for the handicapped pupils continues and a brief indication of the future plans for meeting the requirements of these children is given in the appropriate section.

I wish to draw attention to the opening of "Fairthorn" during the year as the effect of the closure of this convalescent home was felt so acutely, during the war years.

It is with sorrow that we record the death of Alderman E. S. Nicholson. He was keenly interested in the physical education of children and gave much time to the consideration of plans for their welfare. We mourn the loss of a sincere and able member.

It is a pleasure again to acknowledge the continued support and keen interest of the Chairman and Members of the Committee in the welfare of the children; the consideration and ready help of Mr. Moffett, the Director of Education, and the staff of the various departments, their help in the preparation of certain sections of the report, and the continued keenness and loyal collaboration of the staff of the School Health Service during an eventful year.

H. M. COHEN;

June, 1947.

School Medical Officer.

STAFF

Dr. C. O. Greer returned to duty from H.M. Forces in January whilst Dr. E. M. Swallow, who had been seconded to the Tuberculosis Service, returned to the School Health Service in September. Accordingly Dr. Rhind, who had given valuable service since March 1942, resigned.

Mr. O. S. Bennett and Mr. A. E. Clarke, School Dental Surgeons, returned to duty from H.M. Forces in January and March respectively, whilst Mr. T. B. Hosty who had served as a temporary School Dental Surgeon before joining H.M. Forces returned in the same capacity in June.

There were several changes during the year amongst the part-time ophthalmic surgeons. Mr. Robinson joined H.M. Forces in February and Mr. Smith resigned in October. Mr. Ingman and Mrs. Warwick were appointed to fill these vacancies in November.

Sister H. Fehley retired on superannuation in December after 22 years' excellent service. Sister C. Hobson returned from military service in January. There were various resignations amongst the School Nursing Sisters but these vacancies were successfully filled.

Several changes occurred amongst the Nursing Assistants during the year and three new appointments were made.

At the Child Guidance Clinic Dr. R. Warnecke was appointed part-time Psychiatrist in October in the place of Dr. Cobb who had resigned in October 1945. Miss A. M. McFarlane was appointed as Educational Psychologist in April and Miss M. M. Thomson was appointed in a similar capacity in October in the place of Mrs. K. M. Bendall who had resigned in July.

Miss H. B. Hotson, the remaining Psychiatric Social Worker, resigned in July and the vacancies were not filled by the end of the year.

Miss C. M. Clemens, part-time orthoptist, resigned in June and the vacancy had not been filled by the end of the year.

Miss E. C. Bailey, After-care Officer, resigned in September and Miss W. Stirgess was appointed in her place in November.

Mr. J. Lockwood, Clerk, returned in May, after serving with H.M. Forces from the outbreak of war whilst Miss J. M. Sparling and Miss A. M. Watkin of the Clerical staff returned in August and March respectively after varying periods of service with H.M. Forces.

CO-ORDINATION

A full review of the inter-availability service between the Public Health Department and the School Health Service has been given previously.

Treatment of pre-school children at the various school clinics :—

Treatment given—				Cases	Attendances.		
Dental	...	...	...	85	...	...	95

A further extension of inter-availability facilities was arranged towards the end of the year when treatment at the school clinics was made available for pupils from the Junior Occupation Class under the Mental Health Service.

MEDICAL INSPECTION

Under the School Health Service Regulations, 1945, arrangements are to be made for the medical inspection of pupils—

- (a) as soon as possible after the date of their admission to a maintained school for the first time ;
- (b) during the last year of their attendance at a maintained Primary School ;
- (c) during the last year of their attendance at a maintained Secondary School.

During the past year the first and third group have been medically inspected. With the return of the medical staff during the year it was considered advisable to overtake the arrears in school visits and then take in the intermediate group in the following year. In the meantime the "survey system" of all the children was continued. The policy would appear to be justified as the number of systematic examinations in the two age groups shows a marked increase over those of the previous year—an increase of over 3,000 in the entrants or first group and 2,000 in the leavers or third group. In addition the number of possible educationally subnormal pupils awaiting ascertainment has been considerably reduced.

The main statistics on medical inspection will be found in Table 1, page 67.

The number of children (1945 figures in brackets) found to require treatment at the routine examination for various defects was 1994 (958) and 559 (303) letters were sent to parents, advising them of these conditions. The remainder were referred to the clinics. In addition, 1,713 (928) were referred for further medical supervision.

At the "follow up" examinations, which take place approximately six months after the routine medical inspections, 7,178 (4,201) children were examined.

There were 3,872 (3,531) cases selected at the survey inspection and 1,175 (805) were found to require treatment. Letters were sent to 510 (413) parents of these children advising them to obtain the requisite treatment, whilst further supervision was required for 873 (565).

The percentage of the two routine medical inspection groups referred for treatment (excluding defects of nutrition, uncleanliness and dental diseases) were as follows :—

Entrants	...	...	...	...	...	13.2	(11.6)
Leavers	...	...	...	...	...	10.3	(9.7)

NUTRITION

The evaluation of the nutritional state of the children examined as routines at the various age groups is shown below, compared with the figures for 1945 and 1938. The figures for England and Wales for 1938 which are the latest available are also given :

Age Groups.	Year.	Number examined.	Excellent.	Normal.	Slightly sub-normal	Bad.
			Per cent.	Per cent.	Per cent.	Per cent.
Entrants	1946	9,152	17.96	70.43	11.53	0.08
	1945	5,777	19.62	67.71	12.27	0.38
	1938	6,792	12.53	75.50	11.88	0.08
Intermediates ..	1946	903	13.95	77.08	8.97	0.00
	1945	181	14.91	72.37	12.70	0.00
	1938	6,657	12.96	70.68	16.18	0.18
Leavers	1946	6,607	17.39	71.20	11.26	0.15
	1945	2,968	21.66	63.47	14.55	0.30
	1938	6,698	18.59	68.78	12.58	0.04
Total	1946	16,662	17.51	71.09	11.28	0.10
	1945	8,926	20.21	66.40	13.04	0.34
	1938	20,341	14.64	71.68	13.57	0.10
Total for England and Wales	1938	1,674,023	14.50	74.20	10.80	0.50

These findings would seem to indicate that generally speaking the nutrition in these age groups of the children has been well maintained, although again the writer must emphasize that there is no absolute yardstick with which to measure nutrition, and that the assessment is clinical and individually subjective in its approach.

Heights and weights are associated with nutrition and perusal of the accompanying tables in the main corroborates these findings. There are several exceptions amongst the individual age groups however. The boys and girls of the five year old groups in 1946 were lighter and shorter compared with the similar groups in 1945. In the case of the five year old

children, the decrease in height only is significant both for boys and girls. For this reason it may well be that some teachers had already commented on the relatively "smaller" children of this age group. Whilst it is only possible to speculate on the causes of these decreases, at the same time it can be recalled that the period immediately before and after the birth of these children was a time of much stress and strain. Sheffield experienced its heaviest enemy bombing raids during that time and the periods spent in shelters during the alerts might have had a contributory effect.

It will be noted that there are decreases in the measurements of the boys and girls of the 13 year old group which are significant except for the decrease in the boys' height. Naturally with so many variables affecting nutrition it is very difficult to pin-point any one factor which may be responsible but at the time of the birth of these children Sheffield was only beginning to recover from the effects of the severe trade depression. The development of these children may have been affected through insufficient nutrients in the early years of their life but on the other hand the reason why this particular group was so affected is certainly obscure.

The heights and weights of the children over a number of years are also given. Whilst the Board of Education norms for 1928 are also given they must be used with some caution for comparative purposes. The Board's table for the five year old group, for example, is compiled from data grouped round children aged four years six months and over, but under five years six months. The Authority's figures for this group, however, are based on children over five years but under six years. The range is similar for all the other age groups.

HEIGHTS

SHEFFIELD PRIMARY AND SECONDARY SCHOOLS (OTHER THAN GRAMMAR SCHOOLS)

BOYS												GIRLS					
Age	Board of Education Standard 1928 Inches	1920 Inches	1928 Inches	1938 Inches	1944 Inches	1945 Inches	1946 Inches	No. Examined 1946	Age	Board of Education Standard 1928 Inches	1920 Inches	1928 Inches	1938 Inches	1944 Inches	1945 Inches	1946 Inches	No. Examined 1946
5	41.4	40.5	41.3	42.44	42.76	42.93	42.78	3,068	5	41.1	40.75	41.5	42.13	42.46	42.64	42.47	3,018
6	43.0	42.75	44.6	44.76	44.85	44.77	45.05	934	6	42.8	42.45	43.4	44.25	44.36	44.63	44.73	926
7	45.4	44.4	45.85	47.09	46.86	46.98	46.84	216	7	45.1	44.05	46.1	46.77	46.52	46.59	46.81	205
8	47.8	46.9	48.3	49.21	48.75	49.84	50.03	45	8	47.5	46.9	47.85	48.86	48.34	48.85	49.59	49
9	49.2	48.45	49.7	50.47	52.32	50.38	51.72	44	9	48.9	47.95	49.9	50.39	51.12	51.22	52.10	31
10	51.3	49.8	50.55	52.28	53.07	54.31	54.13	20	10	51.2	50.25	50.75	52.13	52.48	54.38	53.06	25
11	52.7	53.55	52.6	53.98	54.46	54.91	57.23	8	11	52.8	51.1	53.5	55.28	56.74	55.62	56.80	11
12	55.0	54.05	55.1	56.42	56.54	56.44	57.30	63	12	55.6	54.5	56.5	57.52	57.10	57.96	58.14	43
13	56.2	55.7	56.2	57.91	58.85	59.10	58.89	2,471	13	56.9	56.05	57.6	58.9	59.90	60.02	59.64	2,391
14	58.0	56.45	57.9	59.8	60.35	60.38	60.69	243	14	58.9	57.0	58.3	60.75	60.92	60.90	60.65	210

WEIGHTS

SHEFFIELD PRIMARY AND SECONDARY SCHOOLS (OTHER THAN GRAMMAR SCHOOLS)

BOYS										GIRLS							
Age	Board of Education Standard 1928	1920	1928	1938	1944	1945	1946	No. Exam- ined	Age	Board of Education Standard 1928	1920	1928	1938	1944	1945	1946	No. Exam- ined
	Pounds	Pounds	Pounds	Pounds	Pounds	Pounds	Pounds	1946		Pounds	Pounds	Pounds	Pounds	Pounds	Pounds	Pounds	
5	38.7	38.6	42.65	41.49	41.55	41.58	41.48	3,068	5	37.5	38.9	38.8	39.93	40.18	40.18	40.03	3,018
6	41.3	42.2	44.6	45.72	45.50	44.95	46.09	934	6	40.1	40.45	42.3	43.87	43.97	43.71	44.49	926
7	45.4	45.1	48.2	51.1	49.68	49.77	50.38	216	7	44.4	42.1	47.7	49.12	48.34	47.62	48.49	205
8	51.0	50.15	53.3	56.17	53.47	57.12	58.74	45	8	49.4	49.05	51.8	54.17	52.48	54.41	56.18	49
9	54.8	52.25	57.75	60.0	64.19	61.73	63.68	44	9	52.6	52.2	55.65	58.00	59.05	59.12	65.00	31
10	59.6	57.7	60.65	64.29	70.17	74.52	70.33	20	10	59.8	53.4	59.5	63.8	65.98	67.61	67.64	25
11	64.6	68.2	64.9	70.86	70.73	73.49	83.78	8	11	63.9	61.75	70.95	75.44	79.50	77.48	78.16	11
12	71.6	70.4	74.95	80.14	80.29	79.35	82.76	63	12	73.9	71.05	77.5	83.47	81.78	85.85	84.29	43
13	76.5	73.75	80.0	85.61	89.96	90.07	89.48	2,471	13	79.0	77.35	83.4	89.66	95.61	96.04	94.35	2,391
14	86.1	79.55	84.4	94.14	96.48	95.16	96.96	243	14	88.2	78.95	90.0	100.5	100.66	99.65	101.12	210

DETAILS OF 1945 MEASUREMENTS COMPARED WITH 1946

PRIMARY AND SECONDARY SCHOOLS (other than Grammar Schools).

HEIGHT—BOYS (IN INCHES).

Age	No. of boys	1945 Mean \pm S.E.	S.D.	No. of boys	1946 Mean \pm S.E.	S.D.	Difference \pm S.E. 1946-1945	Ratio = $\frac{\text{Difference}}{\text{S.E.}}$
5	2019	42.93 \pm 0.045	2.01	3068	42.78 \pm 0.034	1.90	-0.15 \pm 0.056	-3
6	642	44.77 \pm 0.081	2.06	934	45.05 \pm 0.071	2.17	0.28 \pm 0.108	3
7	130	46.98 \pm 0.194	2.21	216	46.84 \pm 0.154	2.26	-0.14 \pm 0.248	-1
8	22	49.84 \pm 0.535	2.51	45	50.03 \pm 0.443	2.97	0.19 \pm 0.695	0
9	22	50.38 \pm 0.676	3.17	44	51.72 \pm 0.428	2.84	1.34 \pm 0.800	2
10	20	54.31 \pm 0.569	2.55	20	54.13 \pm 0.654	2.93	-0.18 \pm 0.867	0
11	36	54.91 \pm 0.358	2.15	8	57.23 \pm 1.269	3.59	2.32 \pm 1.319	2
12	103	56.44 \pm 0.252	2.55	63	57.30 \pm 0.397	3.15	0.86 \pm 0.470	2
13	1134	59.10 \pm 0.093	3.14	2471	58.89 \pm 0.065	3.22	-0.21 \pm 0.113	-2
14	182	60.38 \pm 0.244	3.29	243	60.69 \pm 0.214	3.33	0.31 \pm 0.325	1

PRIMARY AND SECONDARY SCHOOLS (other than Grammar Schools).

WEIGHT—BOYS (IN POUNDS).

Age	No. of boys	1945 Mean \pm S.E.	S.D.	No. of boys	1946 Mean \pm S.E.	S.D.	Difference \pm S.E. 1946-1945	Ratio = $\frac{\text{Difference}}{\text{S.E.}}$
5	2019	41.58 \pm 0.105	4.71	3068	41.48 \pm 0.083	4.62	-0.10 \pm 0.134	-1
6	642	44.95 \pm 0.204	5.16	934	46.09 \pm 0.189	5.77	1.14 \pm 0.278	4
7	130	49.77 \pm 0.522	5.96	216	50.38 \pm 0.443	6.50	0.61 \pm 0.685	1
8	22	57.12 \pm 1.421	6.66	45	58.74 \pm 1.548	10.38	1.62 \pm 2.101	1
9	22	61.73 \pm 1.841	8.63	44	63.68 \pm 1.448	9.61	1.95 \pm 2.342	1
10	20	74.52 \pm 2.532	11.32	20	70.33 \pm 3.629	16.23	-4.19 \pm 4.425	-1
11	36	73.49 \pm 1.950	11.70	8	83.78 \pm 6.731	19.04	10.29 \pm 7.008	1
12	103	79.35 \pm 1.078	10.94	63	82.76 \pm 1.716	13.62	3.41 \pm 2.027	2
13	1134	90.07 \pm 0.477	16.07	2471	89.48 \pm 0.308	15.32	-0.59 \pm 0.568	-1
14	182	95.16 \pm 1.349	18.20	243	96.96 \pm 1.065	16.60	1.80 \pm 1.719	1

PRIMARY AND SECONDARY SCHOOLS (other than Grammar Schools).

HEIGHT—GIRLS (IN INCHES).

Age	No. of girls	1945 Mean \pm S.E.	S.D.	No. of girls	1946 Mean \pm S.E.	S.D.	Difference \pm S.E. 1946-1945	Ratio = $\frac{\text{Difference}}{\text{S.E.}}$
5	1874	42.64 \pm 0.045	1.96	3018	42.47 \pm 0.037	2.05	-0.17 \pm 0.058	-3
6	588	44.63 \pm 0.085	2.07	926	44.73 \pm 0.069	2.10	0.10 \pm 0.109	1
7	118	46.59 \pm 0.186	2.02	205	46.81 \pm 0.172	2.47	0.22 \pm 0.253	1
8	25	48.85 \pm 0.499	2.49	49	49.59 \pm 0.430	3.01	0.74 \pm 0.659	1
9	27	51.22 \pm 0.537	2.79	31	52.10 \pm 0.435	2.42	0.88 \pm 0.691	1
10	15	54.38 \pm 0.650	2.52	25	53.06 \pm 0.474	2.37	-1.32 \pm 0.804	-2
11	14	55.62 \pm 0.839	3.14	11	56.80 \pm 0.829	2.75	1.18 \pm 1.179	1
12	85	57.96 \pm 0.297	2.74	43	58.14 \pm 0.411	2.70	0.18 \pm 0.507	0
13	1256	60.02 \pm 0.078	2.76	2391	59.64 \pm 0.056	2.75	-0.38 \pm 0.096	-4
14	194	60.90 \pm 0.197	2.75	210	60.65 \pm 0.194	2.81	-0.25 \pm 0.276	-1

S.E. = Standard error

S.D. = Standard deviation

PRIMARY AND SECONDARY SCHOOLS (other than Grammar Schools).
WEIGHT—GIRLS (IN POUNDS).

Age	No. of girls	1945 Mean \pm S.E.	S.D.	No. of girls	1946 Mean \pm S.E.	S.D.	Difference \pm S.E. 1946-1945	Ratio = Difference S.E.
5	1874	40.18 \pm 0.113	4.91	3018	40.03 \pm 0.092	5.05	-0.15 \pm 0.146	-1
6	588	43.71 \pm 0.232	5.62	926	44.49 \pm 0.187	5.69	0.78 \pm 0.298	3
7	118	47.62 \pm 0.492	5.35	205	48.49 \pm 0.415	5.94	0.87 \pm 0.644	1
8	25	54.41 \pm 2.027	10.14	49	56.78 \pm 1.275	8.93	2.37 \pm 2.395	1
9	27	59.12 \pm 1.566	8.14	31	65.00 \pm 2.178	12.13	5.88 \pm 2.683	2
10	15	67.61 \pm 3.289	12.74	25	67.64 \pm 2.441	12.20	0.03 \pm 4.096	0
11	14	77.48 \pm 3.880	14.52	11	78.16 \pm 3.179	10.54	0.68 \pm 5.016	0
12	85	85.85 \pm 2.020	18.62	43	84.29 \pm 2.174	14.25	-1.56 \pm 2.968	-1
13	1256	96.04 \pm 0.474	16.80	2391	94.35 \pm 0.348	17.03	-1.69 \pm 0.588	-3
14	194	99.65 \pm 1.150	16.01	210	101.12 \pm 1.259	18.25	1.47 \pm 1.705	1

S.E. = Standard error

S.D. = Standard deviation

The criterion of statistical significance adopted in these analyses is that any difference to be real—*i.e.* unlikely to have occurred from the play of chance—must exceed twice its standard error. This value is shown in the column headed "Ratio."

Furthermore, the conjecture has arisen from time to time as to the measurements of the children falling into the various nutritional groups at the various age levels.

The figures which follow are specially interesting as they would appear to corroborate the subjective groupings of the children by the school medical officers.

It has also been suggested that the findings in the "excellent" groups should be regarded as the norms.

PRIMARY AND SECONDARY SCHOOLS (other than Grammar Schools). HEIGHT—BOYS (IN INCHES).

Age	EXCELLENT NUTRITION			NORMAL NUTRITION			SLIGHTLY SUBNORMAL NUTRITION			BAD NUTRITION		
	No.	Mean \pm S.E.	S.D.	No.	Mean \pm S.E.	S.D.	No.	Mean \pm S.E.	S.D.	No.	Mean \pm S.E.	S.D.
5	562	44.11 \pm 0.072	1.70	2190	42.69 \pm 0.037	1.73	313	41.06 \pm 0.096	1.69	3	40.03 \pm 1.293	2.24
6	216	46.57 \pm 0.130	1.91	644	44.75 \pm 0.076	1.94	74	43.14 \pm 0.264	2.27			
7	43	48.39 \pm 0.371	2.43	156	46.58 \pm 0.164	2.05	17	45.37 \pm 0.416	1.71			
8	15	51.21 \pm 0.738	2.86	28	49.62 \pm 0.550	2.91	2	46.85 \pm 0.394	0.56			
9	10	52.64 \pm 0.728	2.30	32	51.49 \pm 0.537	3.04	2	50.79 \pm 0.787	1.11			
10	4	57.38 \pm 0.760	1.52	12	53.51 \pm 0.841	2.91	4	52.76 \pm 0.804	1.61			
11	2	60.04 \pm 0.197	0.28	5	57.48 \pm 1.168	2.61	1	50.39 \pm —	—			
12	3	60.37 \pm 2.693	4.66	48	57.76 \pm 0.434	3.01	12	54.69 \pm 0.456	1.58			
13	320	62.05 \pm 0.167	2.99	1813	58.81 \pm 0.068	2.89	334	56.36 \pm 0.143	2.62	4	57.68 \pm 1.072	2.14
14	63	62.94 \pm 0.382	3.04	147	60.25 \pm 0.257	3.12	32	58.35 \pm 0.413	2.34	1	58.66 —	—

PRIMARY AND SECONDARY SCHOOLS (other than Grammar Schools). WEIGHT—BOYS (IN POUNDS).

Age	EXCELLENT NUTRITION			NORMAL NUTRITION			SLIGHTLY SUBNORMAL NUTRITION			BAD NUTRITION		
	No.	Mean \pm S.E.	S.D.	No.	Mean \pm S.E.	S.D.	No.	Mean \pm S.E.	S.D.	No.	Mean \pm S.E.	S.D.
5	562	46.18 \pm 0.161	3.81	2190	41.08 \pm 0.081	3.81	313	35.95 \pm 0.174	3.07	3	33.07 \pm 1.273	2.20
6	216	51.27 \pm 0.377	5.54	644	45.08 \pm 0.181	4.58	74	39.80 \pm 0.541	4.66			
7	43	56.40 \pm 1.066	6.99	156	49.36 \pm 0.437	5.46	17	44.48 \pm 0.634	2.61			
8	15	65.55 \pm 2.793	10.82	28	55.98 \pm 1.577	8.34	2	46.30 \pm 2.205	3.12			
9	10	70.11 \pm 2.272	7.19	32	62.07 \pm 1.718	9.72	2	57.32 —	—			
10	4	89.84 \pm 12.930	25.86	12	66.32 \pm 2.747	9.52	4	62.83 \pm 2.295	4.59			
11	2	100.31 \pm 5.512	7.79	5	82.89 \pm 7.431	16.62	1	55.12 —	—			
12	3	100.68 \pm 10.288	17.82	48	84.19 \pm 1.905	13.20	12	72.57 \pm 1.661	5.75			
13	320	110.31 \pm 0.857	15.31	1813	88.50 \pm 0.287	12.21	334	75.07 \pm 0.464	8.48	4	74.41 \pm 3.412	6.82
14	63	112.05 \pm 1.953	15.50	147	94.06 \pm 1.071	12.99	32	81.16 \pm 1.802	10.19	1	77.16 —	—

S.E. = Standard error

S.D. = Standard deviation

PRIMARY AND SECONDARY SCHOOLS (other than Grammar Schools). HEIGHT—GIRLS (IN INCHES).

Age	EXCELLENT NUTRITION			NORMAL NUTRITION			SLIGHTLY SUBNORMAL NUTRITION			BAD NUTRITION		
	No.	Mean \pm S.E.	S.D.	No.	Mean \pm S.E.	S.D.	No.	Mean \pm S.E.	S.D.	No.	Mean \pm S.E.	S.D.
5	496	44.02 \pm 0.079	1.76	2110	42.39 \pm 0.041	1.87	408	40.98 \pm 0.099	1.99	4	40.26 \pm 0.886	1.77
6	181	46.00 \pm 0.127	1.71	649	44.61 \pm 0.079	2.02	95	43.15 \pm 0.197	1.92	1	43.31	—
7	39	47.67 \pm 0.401	2.51	141	46.76 \pm 0.183	2.17	25	45.75 \pm 0.693	3.47			
8	8	51.43 \pm 1.188	3.36	40	49.26 \pm 0.455	2.88	1	48.03	—			
9	9	52.84 \pm 0.618	1.85	19	52.22 \pm 0.573	2.50	3	49.08 \pm 0.731	1.27			
10	4	54.43 \pm 0.900	1.80	19	53.27 \pm 0.439	1.92	2	48.23 \pm 1.378	1.95			
11				10	56.73 \pm 0.914	2.89	1	57.48	—			
12	1	61.81	—	37	58.29 \pm 0.423	2.57	5	56.30 \pm 1.335	2.99			
13	461	61.29 \pm 0.109	2.33	1642	59.58 \pm 0.063	2.54	285	57.38 \pm 0.169	2.86	3	57.22 \pm 0.656	1.14
	61	62.81 \pm 0.255	1.99	122	60.00 \pm 0.220	2.42	25	58.50 \pm 0.636	3.18	2	61.42 \pm 0.394	0.56

PRIMARY AND SECONDARY SCHOOLS (other than Grammar Schools). WEIGHT—GIRLS (IN POUNDS).

Age	EXCELLENT NUTRITION			NORMAL NUTRITION			SLIGHTLY SUBNORMAL NUTRITION			BAD NUTRITION		
	No.	Mean \pm S.E.	S.D.	No.	Mean \pm S.E.	S.D.	No.	Mean \pm S.E.	S.D.	No.	Mean \pm S.E.	S.D.
5	496	45.80 \pm 0.212	4.72	2110	39.69 \pm 0.087	4.00	408	34.83 \pm 0.159	3.20	4	31.97 \pm 1.423	2.85
6	181	49.54 \pm 0.381	5.13	649	43.96 \pm 0.191	4.87	95	38.62 \pm 0.426	4.15	1	33.07	—
7	39	53.02 \pm 0.930	5.81	141	48.30 \pm 0.439	5.22	25	42.51 \pm 0.820	4.10			
8	8	65.59 \pm 4.385	12.40	40	55.28 \pm 1.112	7.03	1	46.30	—			
9	9	72.26 \pm 4.615	13.85	19	63.70 \pm 2.299	10.02	3	51.44 \pm 1.470	2.55			
10	4	74.96 \pm 8.679	17.36	19	68.11 \pm 2.242	9.77	2	48.50	—			
11				10	79.37 \pm 3.253	10.29	1	66.14	—			
12	1	119.05	—	37	84.79 \pm 2.157	13.12	5	73.63 \pm 5.245	11.73			
13	461	114.23 \pm 0.787	16.89	1642	91.95 \pm 0.306	12.39	285	76.30 \pm 0.541	9.14	3	71.28 \pm 3.674	6.36
14	61	118.62 \pm 1.904	14.87	122	97.33 \pm 1.140	12.59	25	78.13 \pm 2.266	11.33	2	85.98	—

S.E. = Standard error

S.D. = Standard deviation

The present interest in the subject of feeding and adequate nutrients gives point to the findings which have been enumerated in this section. Doctors Bransby and Magee¹, of the Ministry of Health, in a recent review discuss the nutritional needs of all sections of the population in relation to the available rations. The nutrients derived from these are compared with the requirements suggested by the Technical Commission of the League of Nations which is regarded as the appropriate scale for the population of this country.

As far as children are concerned the comparison shows that the rationed foods provide enough or more

- (a) of calories, proteins and iron up to 10 years ;
- (b) of vitamins A and C up to 5 years ; and
- (c) of calcium up to 2 years.

The gap between the rations and needs is next considered, and the authors state up to school-leaving age the feeding of the school child should present no problems. Furthermore between 5 and 10 years the rations alone yield more calories than are needed. The gap between rations and needs is about 300 calories between 11 and 13 years. This gap could be more than made good by the school meal which is scheduled to supply up to 1,000 calories. For adolescents between 14 and 17 years the gap is of the order of 800 calories or more. Adolescents who remain at school up to 18 and partake of the school meal should have no difficulty in satisfying their requirements.

Accordingly an analysis which has again been undertaken this year to ascertain the effect of school meals on growth rate is timely. A full description of the factors entering into the statistical survey has been given in previous reports and it may be recalled that the boys and girls were separately classified in the following main groups :—

" Young "	..	..	..	..	ages	5—8
" Medium "	..	..	..	..	ages	9—11
" Old "	..	..	..	..	ages	12—15

Each of these six main groups was further subdivided into a number of groups according to the weight attained in 1945. For each subgroup a comparison was made of the average weight increase of the children who had " Paid meals " with that of the children who had " No meals " during 1945-46.

In the table below the difference in weight increase between these two classes of children is set out as a weighted average over the subgroups and the results are summarised for the six main groups, giving number of children involved and the standard errors of the difference :—

	Boys.			Girls.		
	No.	Average.	Standard error.	No.	Average.	Standard error.
Young ..	2,139	·234	·081	1,998	·176	·082
Medium ..	1,546	·057	·129	1,508	·758	·160
Old ..	689	·259	·291	664	·153	·379

The results this year show that for girls taken as a whole the effect is significant but not so for boys.

Amongst the individual groups " Young " and " Medium " girls and " Young " boys show a significantly beneficial effect of school meals on weight increases.

For height difference no significant superiority could be detected.

¹ *British Medical Journal*, April 19th, 1947.

SCHOOL MEALS

A full description of the arrangements for school meals has been given in previous reports. The dietetic principles remain of foremost importance and need no emphasis in view of the discussion in the preceding section.

The following statistics for the year are indicative of the continued high proportion of children partaking of school meals.

Particulars of the average number of meals supplied daily in respect of each calendar month from January to December 1946 :—

1946	Primary and Secondary Schools (Not including Grammar Schools)		Grammar Schools		Totals
	Free	Paid	Free	Paid	
January* ..	5,565	20,388	155	5,182	31,290
February ..	5,840	20,572	185	5,628	32,225
March	5,953	22,545	143	4,459	33,100
April	5,954	23,594	113	3,532	33,193
May	5,993	23,399	155	4,794	34,341
June	5,981	23,359	145	4,800	34,285
July	5,900	24,070	140	4,892	35,002
August† ..	—	—	—	—	—
September ..	5,239	24,470	138	5,452	35,299
October	5,825	25,151	134	5,894	37,004
November ..	5,459	25,635	151	5,837	37,082
December ..	5,550	26,878	134	5,654	38,216

* Influenza prevalent.

† All schools closed during August, except for holiday meals.

	1944.	1945.	1946.
Number of dinners supplied on payment ..	4,960,312	5,120,560	5,752,761
Number of dinners supplied free	943,774	1,096,871	1,176,008

The number of children on free meals in December of the following years is also given for comparison :—

1940.	1941.	1942.	1943.	1944.	1945.	1946.
342	1,061	3,100	4,200	5,064	5,712	5,968

MEALS DURING SCHOOL HOLIDAYS

Meals are supplied during all holidays, but as the numbers who indicate their desire to attend are comparatively small, certain kitchens only in suitable centres remain open.

The holiday figures for 1946 are shown below :—

Holiday Period	Percentage of usual demand	Average daily attendance
Easter	4.0	1,528 (1,216 free)
Whitsuntide ..	3.5	1,349 (1,026 free)
Midsummer ..	5.4	2,115 (1,481 free)
Christmas	4.6	1,959 (1,256 free)

PROVISION OF MILK

The high percentage of children partaking of milk has been well maintained. It is a pleasure to acknowledge the help and encouragement given by teachers who work hard to make the scheme effective.

The following information gives the number of bottles of milk, on payment and free, supplied daily to school children for each month in 1946.

Milk has been supplied free of charge to all children requiring it, since 6th August, 1946. The supply at present is limited to one-third-pint bottle per day for each child.

1946	Primary & Secondary Schools (Not including Grammar Schools)		Grammar Schools		Totals	Number of children having 2 bottles daily up to August
	Free	Paid	Free	Paid		
January*	6,242	46,388	114	3,592	56,336	4,694
February	6,217	49,012	135	3,873	59,237	4,936
March	6,547	49,338	106	3,173	59,164	4,930
April	6,570	49,400	92	3,439	59,501	4,960
May	6,300	49,567	116	3,476	59,459	4,955
June	6,359	49,629	110	3,389	59,487	4,957
July	6,350	49,619	120	3,392	59,481	4,956
	<i>Free</i>		<i>Free</i>			
August†	—		—		—	—
September	56,965		3,384		60,349	—
October	57,284		4,080		61,364	—
November	56,251		4,396		60,647	—
December	56,725		3,912		60,637	—

* Influenza prevalent.

† All schools closed during August.

The number of children receiving milk on one day during the week commencing 14th October, 1946, in all schools except special schools was 56,941. The average attendance in such schools was 59,978 so that 95 per cent. of the children received milk on that day.

During the year ended 31st December, 1946, 11,626,012 one-third pints of beverage milk, representing 484,417 gallons, were supplied to pupils in Sheffield Schools.

All milk supplied to the schools is pasteurized.

"Nutrition Bulletin" for May 1947 gives an interesting account of the weekly distribution of milk among types of consumers. The information is taken from a reply given in the House of Commons on October 28th, 1946, and refers to that season of the year :

Type of Consumer	NON-PRIORITY	PRIORITY				TOTAL
		Children 0-18 years	Expectant and Nursing Mothers	Invalids	Hospital and Milk in Schools	
Milk in Million Gallons ..	9.5	6.2	0.9	1.3	2.1	20.0
Percentage ..	47.5	31.0	4.5	6.5	10.5	100.0

The following extract from the Ministry of Education Statistical Return of meals and milk for a day in June 1946 when milk was purchased by pupils, is also of sufficient interest to be placed on record.

	PRIMARY SCHOOLS		SECONDARY SCHOOLS	
	Percentage of those present who received—		Percentage of those present who received—	
	Milk	Dinners	Milk	Dinners
	Sheffield	90·8	52·0	75·1	71·7

Compared with the large Authorities generally, it is gratifying to note that Sheffield takes the first* place in all sections.

CLEANLINESS

The figures obtained from inspections at the routine examinations, following due notice, are given below, and show some slight deterioration on last year's figures. The percentage of infested heads found during the unannounced cleanliness surveys shown on page 44 are higher than those shown below but are an improvement over the comparable figures for last year.

The figures indicate the serious nature of the problem and the need for the unremitting attention given to this aspect of personal hygiene, which has been fully described in previous years.

CLEANLINESS OF HEAD

			CLEAN per cent.	NITS per cent.	LICE per cent.
Boys ..	1935 ..		98.43	1.50	0.035
	1945 ..		97.03	2.81	0.15
	1946 ..		96.66	3.21	0.13
Girls ..	1935 ..		84.43	15.39	0.17
	1945 ..		83.23	15.83	0.93
	1946 ..		82.57	16.81	0.62

CLEANLINESS OF BODY

			CLEAN per cent.	* DIRTY per cent.	BODY LICE per cent.
Boys ..	1935 ..		99.38	0.61	0.00
	1945 ..		99.55	0.41	0.03
	1946 ..		99.57	0.43	0.00
Girls ..	1935 ..		99.55	0.44	0.009
	1945 ..		99.64	0.30	0.05
	1946 ..		99.74	0.24	0.02

BATHS AND CLEANSING

The shower baths at Maltby Street and Whitby Road Schools have served the children from the schools in the neighbourhood. The children at Wincobank School continue to use the shower baths at Wincobank Bath.

CLOTHING AND FOOTGEAR

		SATISFACTORY.			UNSATISFACTORY.		
		1935	1945	1946	1935	1945	1946
		per cent.	per cent.	per cent.	per cent.	per cent.	per cent.
Clothing ..		99.61	99.71	99.63	0.38	0.29	0.37
Footgear ..		97.57	99.51	99.29	2.43	0.49	0.71

The figures show slight deterioration in the standard of clothing and footgear during the past year on the evidence of the inspections at the Routine Examinations. At the special (unannounced) examinations noted on page 44 however, the figures show some improvement on those of the previous year.

Amongst the articles of clothing provided by the Authority during the year under the Education Act, 1944, were 1,280 pairs of boots for boys together with 780 items of clothing, and 1,014 pairs of shoes for girls together with 786 items of clothing.

SCHOOL HYGIENE

At the close of the routine medical inspection the school medical officers make a rapid examination of the hygienic condition of the schools. Any structural defects are reported and any environmental problems such as the position of desks in relation to lighting are discussed with the teachers.

During the year 1946 the following additions, and alterations and improvements to buildings were effected.

WORK COMPLETED

Owler Lane County School ..	School Meals Kitchen.
High Storrs Grammar School ..	School Meals Kitchen.
Wadsley Bridge Special School	Conversion of cloakrooms to showers and dressing room.
Meynell Road County School ..	Provision of staff cloakroom and staff room to existing hutment.
Western Road County School ..	Conversion of ablutionary baths to handicraft room.
Whitby Road County School ..	Rehabilitation of ablutionary baths.
Darnall Road School	Adaptation as annexe to Whitby Road County School.
Upper Heeley School	Adaptation as annexe to Cartfield County School.
Norton Playing Field	Conversion of Air Raid Shelter to Dressing Room and Groundsman's Store.

WORK IN PROGRESS

Abbeydale Grammar School ..	Stage 2 of rehabilitation after war damage.
Hurlfield Grammar School ..	Hutments for additional classrooms, kitchen-dining-room and sanitary block.
Salmon Pastures County School	Repair of war damage and conversion to a School of Building.
Ash House School	Provision of new portion of water-course.
Highfield Special School ..	Adaptation of former kitchen into meals kitchen.

HUTS FOR KITCHEN-DINING-ROOMS FOR SCHOOL MEALS.

Hucklow Road County School.
 Hatfield House Lane Secondary School.
 Hatfield House Lane County Junior and Infants' School.
 Beck Road County School.
 Wincobank County School.

HUTS FOR RAISING OF SCHOOL LEAVING AGE

Meynell Road County School.
Gleadless County School.
Heeley Bank County School.
Hunter's Bar County School.
Nether Green County School.
Wybourn County School.
Handsworth County School.

Provision of Electric and Gas Hot Cupboards and Gas Water Heaters for School Meals sculleries for various schools.

Three Maycrete Huts at Myers Grove Lane playing fields were acquired from the Ministry of Works, and they are to be converted into changing-room pavilions.

INSPECTION CLINICS

The purpose and function of the Inspection Clinics have been fully described in previous reports. Parents and children continued to avail themselves of the facilities afforded to them at these clinics by the medical officers.

The accompanying tables record the nature of the consultations during the year.

INSPECTION CLINICS.

Condition	Atter-cliffe	Pits-moor	Hills-borough	Heeley	Central (E)	Central (F)	Hands-worth
Malnutrition	79	18	12	—	—	1	1
Eye—							
Defective Vision	90	120	83	103	80	110	23
Squint	30	59	21	21	12	10	9
Other conditions	9	14	2	—	1	1	—
Ear—							
Deafness	19	46	20	48	20	10	9
Other Ear Diseases ..	7	7	—	—	1	—	—
Nose and Throat—							
Chronic Tonsillitis ..	55	37	12	57	37	41	9
Adenoids	12	25	9	3	1	4	5
Chronic Tonsillitis and Adenoids	6	26	23	8	12	35	—
Other Conditions	655	320	302	166	64	64	45
Enlarged Glands (Non-Tuberculous) ..	83	80	30	37	17	20	6
Defective Speech	3	13	4	6	3	3	2
Teeth	21	14	12	4	5	4	3
Heart and Circulation—							
Organic Disease	5	26	—	7	6	1	3
Functional Disease ..	—	3	—	4	2	7	1
Anæmia	6	11	20	8	3	5	—
Rheumatism	16	48	40	30	45	38	12
Debility	146	79	162	87	171	109	65
Lungs—							
Bronchitis	228	93	94	85	105	89	70
Other Non-Tuberculous Diseases	24	39	35	31	5	3	—
Tuberculosis—							
Pulmonary—							
Definite	2	5	4	2	1	1	—
Suspected	1	1	—	2	6	2	4
Non-Pulmonary—							
Glands	1	—	—	—	—	1	1
Spine	—	—	—	—	—	—	—
Hip	—	—	—	—	—	—	—
Other Bones and Joints ..	—	—	—	—	—	1	—
Nervous System—							
Epilepsy (Major and Minor) ..	4	5	1	4	1	4	2
Chorea	5	13	10	5	6	1	4
Other Conditions	25	25	11	34	21	13	3
Deformities—							
Rickets	—	—	—	—	—	—	—
Lateral Curvature	—	—	—	—	—	—	—
Infantile Paralysis	—	1	—	—	—	1	—
Other Forms	82	86	42	32	51	48	20
Educationally Subnormal ..	—	—	1	1	7	8	—
Infectious Diseases	82	60	17	14	24	17	12
Post Diphtheria	12	8	19	7	17	8	6
Diphtheria Contacts	17	21	14	23	20	7	—
Post Scarlet Fever	27	41	43	81	59	39	11
Other Defects and Diseases ..	698	326	51	429	167	107	70
No appreciable Defect	154	93	43	87	113	82	66
Cases	2,604	1,763	1,137	1,426	1,083	895	462
Examinations	6,014	3,763	3,402	3,381	2,396	1,996	943

Wood-house	Shire-green	Manor	Wise-wood	Southey Green	Wy-bourn	Special Cases	Total	Condition
—	—	—	13	—	3	2	129	Malnutrition
4	54	51	38	20	21	19	816	Eye—
1	8	22	13	5	2	6	219	Defective Vision
—	1	2	1	—	1	—	32	Squint
1	20	26	17	6	—	6	248	Other Conditions
—	—	—	—	—	—	—	15	Ear—
34	6	39	11	2	72	2	414	Deafness
—	8	10	1	2	2	—	82	Other Ear Diseases
5	5	56	3	1	34	—	214	Nose and Throat—
68	324	753	62	108	715	9	3,655	Chronic Tonsillitis
5	42	45	25	12	4	6	412	Adenoids
3	2	4	3	1	—	—	47	Chronic Tonsillitis and
2	30	41	5	8	17	1	167	Adenoids
—	18	4	—	11	—	1	82	Other Conditions
—	7	10	2	3	1	1	41	Enlarged Glands
4	6	5	6	2	3	—	79	((Non-Tuberculous)
10	46	4	25	11	54	9	388	Defective Speech
29	66	196	23	31	34	18	1,216	Teeth
32	200	179	37	72	201	12	1,497	Heart and Circulation
3	6	14	8	1	—	2	171	Organic Disease
—	3	2	2	—	—	2	24	Functional Disease
1	6	9	2	1	1	—	36	Anæmia
—	2	4	1	—	—	—	10	Rheumatism
—	2	—	—	—	—	—	2	Debility
—	—	—	—	—	—	1	1	Lungs—
—	1	—	—	—	—	1	3	Bronchitis
3	7	2	3	6	—	1	43	Other Non-Tuberculous
—	12	—	1	1	—	1	59	Diseases
5	43	50	2	14	—	2	248	Tuberculosis—
—	—	—	—	—	1	—	1	Pulmonary—
—	—	—	—	—	—	—	—	Definite
5	57	57	24	22	7	9	542	Suspected
—	4	—	—	2	6	15	44	Non-Pulmonary—
7	37	58	9	3	32	8	380	Glands
2	5	11	1	3	1	1	101	Spine
3	15	22	4	15	8	—	169	Hip
2	43	59	10	8	5	2	430	Other Bones and Joints
27	640	281	106	120	297	29	3,348	Nervous System—
15	143	174	36	53	143	12	1,214	Epilepsy (Major & Minor)
271	1,869	2,192	494	545	1,665	179	16,585	Chorea
642	3,899	4,682	1,118	1,061	3,645	226	37,168	Other Conditions
								Deformities—
								Rickets
								Lateral Curvature
								Infantile Paralysis
								Other Forms
								Educationally Subnormal
								Infectious Diseases
								Post Diphtheria
								Diphtheria Contacts
								Post Scarlet Fever
								Other Defects and Diseases
								No appreciable Defect
271	1,869	2,192	494	545	1,665	179	16,585	Cases
642	3,899	4,682	1,118	1,061	3,645	226	37,168	Examinations

MINOR AILMENTS AND DISEASES OF THE SKIN

SCABIES

The number of cases discovered during the past year—1,284—showed a welcome decrease over the preceding year when 1,546 cases were noted. It is to be hoped that this decrease will continue.

The Committee's scheme, operating in conjunction with the Public Health Department and offering treatment to all infected members of households, continues to work satisfactorily. Most of the children were treated at the Cleansing Station and later examined by the medical officers before admission to school. 47 cases were under treatment at the end of the year.

RINGWORM OF THE SCALP

There is a small increase in the number of cases discovered during the year. Dr. H. R. Vickers treated 11 cases with x rays in accordance with the Committee's arrangements. There were 3 cases under treatment at the end of the year.

DISEASES OF THE SKIN

The decrease in the number of children found with some disease of the skin which commenced last year is again noted during the year under review. The total has dropped to 4,042 compared with 4,656 in 1944 and 4,422 in 1945. This does not include cases of impetigo, but it is pleasing to note that there has been a marked decrease of this condition during the past year—762 cases compared with 1,576 cases in 1945 and slightly more during the past several years.

MINOR AILMENT CLINICS.

Condition	Atter-cliffe	Pits-moor	Hills-boro'	Heeley	Central (E)	Central (F)	Hands-worth	Wood-house	Shire-green	Manor	Wise-wood	Southey-green	Wybourn	Special Cases	Total
Eye—															
Blepharitis ..	34	69	74	35	24	23	6	15	30	9	18	6	16	1	360
Conjunctivitis ..	121	149	67	71	55	49	11	8	98	111	39	9	23	12	823
Inflammation of Cornea ..	1	—	—	—	—	—	—	—	—	1	—	—	—	—	2
Other conditions ..	89	94	58	60	26	33	15	10	111	9	41	14	20	8	588
Ear—															
Discharging Ears ..	156	129	54	53	58	57	47	20	102	102	30	15	49	48	920
Deafness ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Diseases ..	216	102	107	114	38	43	39	20	154	97	16	17	20	37	1,020
Skin—															
Ringworm—Head ..	1	6	—	1	3	—	—	—	1	10	—	—	—	—	22
Body ..	1	10	3	4	3	4	5	—	10	10	12	7	2	1	72
Scabies ..	196	214	140	82	93	43	20	12	133	219	22	37	66	7	1,284
Impetigo ..	122	212	195	9	24	25	1	14	73	20	31	11	16	9	762
Sore Head ..	58	125	69	25	85	15	11	4	22	94	—	7	8	—	523
Other Skin Diseases ..	585	701	381	578	329	197	128	64	315	435	96	48	152	33	4,042
Miscellaneous—															
(e.g., Minor Injuries, Bruises, Sores, Chilblains, etc.) ..	2,008	540	1,067	1,037	1,144	543	344	295	1,772	2,204	386	127	517	233	12,217
No appreciable defect ..	63	45	60	19	20	13	18	8	46	22	3	15	62	8	402
Cases ..	3,651	2,396	2,275	2,088	1,902	1,045	645	470	2,867	3,343	694	313	951	397	23,037
Examinations ..	6,089	4,262	3,070	3,817	3,518	2,132	1,016	765	4,395	6,418	981	548	1,852	423	39,286

EYE DEFECTS

The number of children found to have defective vision at the routine examinations is set out in the table below :—

				Number examined.		Normal vision. per cent		Defective vision. per cent
<i>Infants or Entrants.</i>								
Boys	..	..	..	4,547 out of 4,607	..	96·24	...	3·76
Girls	..	..	..	4,502 out of 4,545	..	96·22	..	3·78
<i>Seniors or Leavers.</i>								
Boys	..	..	..	3,504	..	90·10	..	9·90
Girls	..	..	..	3,103	..	87·79	..	12·21
<i>Others.</i>								
Boys	..	..	..	488	..	90·98	..	9·02
Girls	..	..	..	415	..	88·68	..	11·32

In addition the school nursing sisters test the visual acuity in certain other age groups. They referred 230 children to the medical officers at the clinics and of these 192 were found to require examination by the ophthalmic surgeon, and 48 were kept under observation.

OPHTHALMIC TREATMENT

Owing to the resignations of the various ophthalmic surgeons during the year the work of the Ophthalmic Clinic fell into arrears. However the total number of cases dealt with in 1946 was 4,390. Of these 1,295 were new cases and the total number of examinations was 7,819. The figures relating to the provision of spectacles are given below :—

Spectacles—

Number of pairs of spectacles prescribed in the school clinics	..	1,559
Number obtained through the school clinics and passed by the ophthalmic surgeon	.. .. .	1,251

In accordance with the new policy spectacles of standard frames—steel or shell covered—have been supplied free of charge where the parents so desire.

An analysis of the defects found on examination follows :—

	Cases	Attendances
Hypermetropia	385	807
" Low	39	67
Myopia	418	825
" High	22	34
" Low	12	22
Astigmatism, Hypermetropic	1,607	2,687
" " Low	49	79
" Myopic	223	399
" Mixed	232	438
Anisometropia	49	80
Antimetropia	21	31
Strabismus, Convergent (Right)	311	605
" " (Left)	422	732
" Alternating Convergent	59	109
" " Divergent	6	13
" Divergent (Left)	10	17
" " (Right)	11	18
Blepharitis	15	34
Blepharo-conjunctivitis	3	11
Conjunctivitis, Acute Catarrhal	11	27
" Subacute	36	65
" Phlyctenular	5	14
Keratitis, Phlyctenular	4	10
Cornea, Phlyctenular, Ulcer	5	7
" Foreign Body	2	2
" Megalo	1	2
Cataract, Congenital	9	14
" Traumatic	2	2
Chalazion	8	16
Coloboma, Iridis	1	4
" Iris Choroid	1	1
Dacryocystitis	2	2
Hordeolum	2	3
Iritis	1	5
Nystagmus, Congenital	13	28
Optic Atrophy	5	6
Ptoxis	2	3
" Pseudo	1	1
Epiphora	4	7
Emmetropia	31	38
Nebulae	5	7
Paralysis of External Rectus	3	4
Amblyopia	8	10
Congenital Dyslexia	1	4
Convergence Insufficiency	2	4
Detached Retina—Left	1	1
Burn Lid —Right	1	7
Meibomian Cyst	4	11
Cyst, Lower Lid	1	1
Epicanthus	4	7
Exophoria	8	15
Pseudo Glioma	1	1
Hyperphoria	1	1
Leucoma	1	1
Microphthalmia	2	4
Migraine	1	1
Ophthalmoplegia	1	1
Orthophoria	23	26
Paralysis Sup. R. Rectus	1	2
Traumatic Retinitis	1	3
Retinitis Pigmentation	2	3
Remains of Hyaloid Artery	1	1
Corneal Abrasion	2	3
Lacrymal Obstruction	1	3
Contused Globe Right	1	1
Not yet diagnosed	226	356
No defect	47	76
	<u>4,390</u>	<u>7,819</u>

ORTHOPTIC TREATMENT

A full description of the work in this department in the training of the squinting child has been given in previous reports.

The relevant figures for the orthoptic department for 1946 are given :—

Total number of attendances	.. .. .	2,321
Number of patients brought forward from 1945	.. .. .	170
* .. new patients referred for treatment	.. .. .	226
.. .. taken on for treatment	.. .. .	193
.. patients attending twice weekly for instrumental treatment	.. .. .	20
.. patients under monthly supervision :—		
1. Number with occlusion of eye	.. .. .	132
2. .. on waiting list	.. .. .	51
3. .. too young for systematic treatment	.. .. .	25
		— 208
Number of patients discharged :—		
1. Cured	.. .. .	24
2. Cosmetic cures	.. .. .	47
3. Improved	.. .. .	27
4. Unsuitable after trial	.. .. .	28
		— 126

The unsuitable cases were discharged for the following reasons :—

1. Lack of co-operation.
2. Intractable amblyopia (blunted vision).
3. Abnormal retinal correspondence.
4. Other unsuitable conditions.

Number of patients ceasing to attend 23

33 of these cases were orthophoric (no squint).

EAR, NOSE AND THROAT DEFECTS

Of the children examined at the routine examination 3,371 were found to have enlarged tonsils, 395 slight and 46 markedly adenoidal growth.

The Committee do not make any direct provision for the operative treatment of these conditions, but Mr. Cobb operates on a number of those examined by him at the Ear, Nose and Throat Clinic.

The number of operations for the year for tonsils and adenoids is 526 compared with 432 in 1945.

EAR, NOSE AND THROAT CLINIC

Mr. Cobb holds a weekly session for the examination of ear, nose and throat defects. The total number of patients seen during the year was 639 and of these 529 were new cases. The children made 712 attendances at this clinic.

The following table gives an analysis of the reasons for attendance :—

Deafness	62
Discharging ears	10
Otitis media	5
Tonsils and adenoids	462
Tonsils	3
Adenoids	29
Aural polypus	2
Rhinitis	1
Deflected septum	6
Cleft palate	1
Defective speech	1
Other conditions	15
No appreciable defect	7

AUDIOMETRIC TESTING

Owing to shortage of nursing staff the periodic gramophone audiometer surveys were suspended during the year.

The hearing of 28 children however was tested individually by means of the pure-tone audiometer. These children were referred by the school medical officers, from the Child Guidance Clinic and from the Speech Therapy Clinic. Full information is obtained from these various sources and following the careful hearing test it is possible to decide on the kind of help the child requires. In 13 cases an examination by the Aural Surgeon was undertaken.

SPEECH THERAPY

It will be recalled that the Committee authorised the appointment of an additional Speech Therapist in 1945. Owing to the dearth of Speech Therapists, however, the appointment has not yet been made.

At the end of 1946 there were 56 children awaiting interview at the Speech Therapy Clinic.

Treatment continues to be given at the Newbould Lane Centre.

An analysis of the work carried out during 1946 is shown below :—

A. Number of cases closed during 1946	88
B. Number of cases carried forward into 1947	98
	<hr/>
	186

A. CLOSED DURING 1946.

STAMMERERS.

1. Speech normal—no stammer at any time.	
Following treatment	6
2. Generally speaking no stammer—some hesitancy apt to occur occasionally in special circumstances—very satisfactory result.	
Following treatment	8
Following supervision	1
3. Improved but still some stammer present.	
Following treatment	13
Following supervision	1
4. No appreciable change in the condition.	
Following treatment	4
5. Unco-operative—that is did not keep appointments or refused treatment	7
6. Upon investigation, treatment for various reasons found to be impracticable or not profitable	4

SPEECH DISORDERS OTHER THAN STAMMERING.

1. Speech normal—no defect.	
Following treatment	12
Following supervision	1
2. Improved to the extent which disability would allow.	
Following treatment	6
3. Improved but for various reasons closed prior to completion of treatment	6
4. Upon investigation educational training or treatment other than Speech Therapy found to be required ..	6
5. Unco-operative—that is did not keep appointments or refused treatment	6
6. Upon investigation treatment for various reasons found to be impracticable or not profitable	3
	— 40

ARTICULATION DEFECTS PLUS STAMMERING.

1. Speech normal generally speaking—some hesitancy apt to recur in special circumstances—very satisfactory result	
Following treatment	3
2. Improved to the extent to which disability would allow.	
Following treatment	1
	— 4
	— 88

B. CASES CARRIED FORWARD INTO 1947.

REGULAR TREATMENT CONTINUING.

1. Stammerers	39
2. Speech disorders other than stammering	20
3. Articulation defects plus stammering	5
	— 64

SUPERVISION CONTINUING.

1. Stammerers.	
Supervision following treatment	5
Supervision—no regular treatment	1
2. Speech disorders other than stammering.	
Supervision following regular treatment	6
Supervision—no regular treatment	6
	— 18

INVESTIGATION COMMENCED	16
	— 98
	186

INTERVIEWS DURING 1946.

Treatment interviews with children	1,899
Supervision interviews with children	44
Diagnostic interviews	70
Interviews with parents	400
Recall interviews with children after discharge	37
Other interviews	52

VISITS MADE DURING 1946.

Visits to schools	28
Visits to homes	8
Other visits	12

CONSULTATIVE EXAMINATIONS.

Consultation with Child Guidance Clinic	27
" " Dental Hospital	4
" " Ear, Nose and Throat Specialist	6
" " Plastic Unit	5
" " Neurologist	1
Number of pure-tone audiometer tests	4

Miss Pollitt, Senior Speech Therapist, reports as follows :—

“ There has been a decrease both in the number of cases closed during 1946 and in the number of cases carried forward into 1947 in comparison with these figures of the previous year.

The Senior Therapist has, during the year, undertaken and completed a review of stammering cases closed between 1942 and 1946 ; this work has involved time which would otherwise have been given to ‘ current ’ cases.

The Assistant Therapist, owing to illness, has been forced to give only part-time service to the Clinic during some months of the year.

There has been a decrease in the number of stammering cases closed following ‘ supervision ’ with a correspondingly large increase in stammering cases closed following regular treatment. More clinic time has to be given to each case requiring regular treatment than is necessary when supervision only is required.

The review undertaken by the Senior Therapist disclosed that the results of treatment in 49·9 per cent. of the stammering cases can be classified as very satisfactory, the stammer having entirely disappeared or else only slight hesitancy recurs on rare occasions ; in a further 35·7 per cent. the results were satisfactory to the extent that the improvement which had occurred during treatment had not lapsed but further progress had not been made ; in a further 14·2 per cent. the results were unsatisfactory, these cases being either no better or worse than prior to treatment.

These percentages compare very favourably with those mentioned in the Ministry of Education Pamphlet No. 5 (‘ Special Educational Treatment ’) in regard to what may be expected of the results of treatment in stammering cases. In fact, the review undertaken by the Senior Therapist, shows a rather happier picture than that mentioned in the Pamphlet. The Pamphlet states that usually treatment in about 20 per cent. of stammering cases shows complete failure. In this review only 14·2 per cent. of the cases were found to come into this category.

The review also disclosed the following facts :—

1. That 12 per cent. of the parents do not keep appointments made for them and their children when a preliminary interview with a view to treatment is offered to them, or else they refuse treatment after the preliminary interview.
2. That the intelligence of stammerers has an approximately similar distribution to that found among the school population as a whole.
3. That the ratio between boy and girl stammerers is 4 to 1.
4. That 25 per cent. of the cases, having left school, would be glad to have the opportunity of receiving further treatment.”

DENTAL TREATMENT

With the return of Mr. Bennett and Mr. Hosty from H.M. Forces there were more routine children inspected—42,971 compared with 34,936 in 1945. The number of children treated during the year was also larger (the relevant figures of the work carried out during the year are given in Table IV page 68) but at the end of the year the dental service was still two dentists short.

The acceptance rate for treatment during the year was 63 per cent. compared with 61 per cent. in 1945. This rate has been calculated from the number of children whose parents signed accepting the offer of treatment as compared with the number of children referred for treatment at the routine inspections.

As an indication of the standard of treatment during the year, for every 100 children treated there were 84 fillings inserted in permanent teeth.

In a recent article¹ on Post War School Dentistry, Dr. Wynne gives the crude acceptance rate for England and Wales for 1945 as 67 per cent. This is the percentage of children actually treated of the number of children found to require treatment. The figures for Sheffield are 58 per cent. in 1945 and 56 per cent. in 1946.

In the same article the number of "other operations" per whole-time dental officer for the country is given as 680. It is interesting to note that the corresponding figure locally for the past year is 689.

Other operations are, in the main, all dental operations other than completed fillings and normal extractions. For example, they may be temporary fillings or dressings; to act as local sedatives prior to permanent fillings being inserted; for the treatment of small children in several visits where they are intolerant of the more lengthy sitting required to complete certain fillings, or where they are required in the prior treatment of an inflamed gingival margin to prevent bleeding during filling of cavity near the gingival margin. Other examples are scaling and polishing of teeth to remove tartar deposits and stain. Treatment of gingivitis also comes under this category. Incidentally, there has been an increased number of these cases during the war period and since. It is the considered opinion of the dental surgeons that the time devoted to these and "other operations" is fully justified by results and by the appreciation of the parents.

The arrangement by which parents can bring their children for consultation with the dental surgeons on Saturdays mornings has been continued.

The agreement made with the Dental Department at the Royal Hospital for x-ray examination in the diagnosis and treatment of various dental conditions has been utilised during the year and 13 cases were referred by the school dental surgeons.

¹ *Monthly Bulletin of the Ministry of Health*, May, 1947.

Much of the older dental equipment is of an obsolete type and the opportunity is being taken as supplies become available to re-equip the surgeries with the type supplied to the most recently equipped surgery.

The Committee made a further progressive step in the arrangements for treatment by sanctioning the services of a dental technician for the provision of appliances for selected cases of irregular teeth and for other types of appliances.

Previously all cases requiring regulation or orthodontic treatment other than those treated by regulation extraction have been referred to the Dental Department of the Royal Hospital, and the opportunity is taken to acknowledge gratefully the continued help and co-operation of the staff of the Dental Department both in the arrangements for orthodontic work and for the assistance in special types of cases.

With the technician's assistance the school dental surgeons will be able to undertake this type of work and so resolve their hitherto invidious position and feeling of frustration. Patients (and their parents) have not always appreciated the reason for their reference to the Hospital and mistakenly contrast the abilities of the private dental practitioner to provide a full range of service.

It is proposed to treat only selected cases in the beginning as the requirements of other types of the service must be met. With an expansion of the dental staff more children could be taken on for treatment as while the intrinsic value of the appliances is comparatively small, the proportion of time given to professional service by the dental surgeons is the limiting factor.

There is not the same demand for the other type of proposed treatment and the provision of partial dentures, crowns and caps, will be met at a comparatively small cost.

There is no doubt that the benefits accruing from these forms of treatment will enhance the status of the school dental clinics.

It is a pleasure to record also that the Committee have agreed to the appointment of a Senior School Dental Surgeon. This step fulfils the requirement of the School Health Service Regulations 1945 and is welcomed on account of the very able help such an officer can give.

ORTHOPÆDIC AND POSTURAL DEFECTS

The orthopædic clinics have been held regularly throughout the year. A summary and analysis of the cases seen by the Orthopædic Surgeon is given below :—

Conditions	Seen at the Clinic	At Special Schools		Total
		Arbour-thorne N'th	Nether Green	
Infantile paralysis	7	2	2	11
Spastic paralysis	20	6	5	31
Congenital deformities :—				
(a) Talipes	7	1	—	8
(b) Dislocation of hip ..	7	1	2	10
Scoliosis	7	—	—	7
Kyphosis	10	—	—	10
Flat feet	176	—	—	176
Amputation	3	—	—	3
Pes valgus	1	—	—	1
Genu valgum	65	—	—	65
Hydrocephalus	1	—	—	1
Perthé's disease	3	2	—	5
Congenital claw toe	10	—	—	10
Torticollis	12	—	1	13
Pes cavus	18	—	—	18
Congenital short leg	1	1	—	2
Congenital high scapula ..	1	—	—	1
Hallux rigidus	13	—	—	13
Claw foot	2	—	—	2
Osteomyelitis	2	—	1	3
Hammer toe	3	—	—	3
Pes varus	1	—	—	1
Hallux valgus	18	—	—	18
Exostosis	3	—	—	3
Genu varum	4	—	—	4
Others	60	1	2	63
No appreciable defect ..	69	—	—	69
CASES	524	14	13	551
ATTENDANCES	839	19	20	878

Number of new cases	275
Number of old cases	276
Number of cases discharged	172
Number of cases transferred to hospital	3
Number of operations advised	14
Number of operations performed	4
Number of new appliances ordered	146
Number of appliances in need of repair	5
Number of old appliances satisfactory	46

630 surgical appliances were supplied free of cost in accordance with the terms of the Education Act, 1944, and indicated more specifically in Circular 29 of the Ministry of Education.

CHIROPODY CLINIC

The Committee have sanctioned the appointment of a part-time chiropodist for the ensuing year and there can be no doubt that the facilities for treatment will be fully utilised.

NON-TUBERCULOSIS CASES SEEN BY MR. LEE PATTISON

Number of Sheffield school children treated at King Edward VII Hospital during 1946	14
Number of Sheffield school children seen at the Orthopædic clinics of the Child Welfare Centre during 1946	59

REMEDIAL EXERCISES AND PHYSIO-THERAPY

Treatment is given at the Edgar Allen Institute and 75 children were referred to the Institute through various agencies. Dr. Abercrombie, the Medical Director, has kindly provided the following complete report :—

Condition	Number treated	Result of treatment		
		Free from Symptom	Improved	Not Improved
Debility	19	—	19	—
Rheumatism	2	—	2	—
Pes planus	10	3	7	—
Pes cavus	3	—	3	—
Hallux rigidus	1	1	—	—
Genu valgum	2	—	2	—
Spastic valgus	1	1	—	—
Scoliosis	2	—	2	—
Spastic diplegia	1	—	—	1
Facial paralysis	1	1	—	—
Cervical adenitis	3	—	2	1
Injury	3	3	—	—
Fibrositis	5	3	2	—
Torticollis	1	—	1	—
Asthma	6	—	6	—
Congenital defect	1	—	—	1
Metatarsalgia	1	—	1	—
Osteo-chondritis juv.	2	—	2	—
Kyphosis	2	—	2	—
Synovitis	1	—	1	—
Bronchitis	4	1	3	—
Keratitis	2	—	2	—
Postural strain	1	1	—	—
Rickets	1	—	1	—
TOTAL	75	14	58	3

TUBERCULOSIS OF BONES AND JOINTS

Number of Sheffield school children treated at King Edward VII Hospital during 1946	59
Number of Sheffield school children seen at the Tuberculosis Dispensary (Surgical Department) during 1946	493

HEART DISEASES AND RHEUMATISM

A full description of the nature of the work undertaken by the Physician at this clinic has been given previously. The medical officers continue to welcome the opportunity of this specialist service.

At this clinic also, suitable children are nominated for Ash House School and here all the children are effectively "followed-up" on discharge from the school.

A summary and analysis of the cases seen by the specialist follows :—

Condition	School children		
	New Cases	Old Cases	Attendances
1. Rheumatic Pains or Arthritis—			
(a) With heart affection	19	62	160
(b) Without heart affection	11	35	82
2. Rheumatic Chorea—			
(a) With heart affection	—	9	20
(b) Without heart affection	2	9	22
3. Rheumatic Carditis without (1) or (2) above	37	111	304
4. Congenital Heart Disease	15	48	70
5. Functional Heart Disorder	13	11	30
6. No Rheumatism or Heart Disease or Disorder	29	15	59
7. Recent Rheumatism. No longer active. No Carditis	19	20	75
TOTALS	145	320	822

It is of interest to note that the Royal College of Physicians has during the year set up a Rheumatic Fever Committee and it is possible that some of the research work in this connection will be carried out in Sheffield.

TUBERCULOSIS

Co-ordination between the School Health Service and the Clinical Tuberculosis Officer, Dr. Midgley Turner, continues smoothly and efficiently. Dr. Midgley Turner's report on the work of the Dispensary in relation to school children follows :—

"The work of the Tuberculosis Dispensary amongst tuberculous school children and suspects continues to be carried on in close co-operation with the School Health Service. The sessions on Wednesday mornings and afternoons and Saturday mornings are mainly devoted to the examination of school children at the Tuberculosis Dispensary.

The names of all children who are known to have been in contact with infectious cases of tuberculosis in their homes, are supplied to the School Medical Officer. By this means the School Medical Officer is able to keep these children under specially close supervision. In all, 159 of these Contacts were reported to the School Medical Officer during 1946.

The examination of 'Contacts' has been continued and the regular treatment and supervision of tuberculous children has been carried out. Of the 269 'Contacts' of school age examined, 108 were retained on treatment and supervision at the Tuberculosis Dispensary.

During the year 1946, 3,006 attendances (exclusive of new cases) were made by school children, 1,656 notified cases, and 1,350 observation cases.

NEW CASES. 13 notified cases of tuberculosis of the lung were examined, 269 'Contacts' and 454 Suspicious cases. (Of the latter, 98 were sent up by the School Medical Officer.)

In connection with the examination of school children 982 x ray films were taken.

During the year 58 notified and 174 suspicious cases were admitted into Sanatorium for observation and treatment. A Mantoux test is carried out on all children admitted to Sanatorium for either observation or treatment.

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

PULMONARY.	Males	58	NON-PULMONARY.	Males	28
	Females	42		Females	23

Tubercle Bacilli were found in the sputum of one child.

Forty-six places at the Whiteley Wood Open Air School were reserved for children selected by the Tuberculosis Medical Officer. Should he not require the whole of the 46 places, there is an arrangement whereby the vacant places are filled by the School 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.

In addition, twenty-six places were reserved at the Springvale House Open Air School for children selected by the Tuberculosis Medical Officer."

CHILD GUIDANCE CLINIC.

The year under review has been perhaps the most difficult one in the clinic's history from the point of view of giving anything like an adequate service. The year was begun without the services of the clinic's part-time psychiatrist, with Mrs. Bendall the assistant educational psychologist working on a half-time basis owing to domestic reasons, and without Miss Nicholson, psychiatric social worker, who left for another post in December, 1945. The position improved a little with the appointment of Miss McFarlane, as additional educational psychologist, on 1st April, but at

Midsummer both Miss Hotson, psychiatric social worker, and Mrs. Bendall, educational psychologist, left, the former for another post. Domestic affairs brought about the resignation of Mrs. Bendall, who has been a member of the clinic's staff since its opening in 1937, and it is desired to record the value of her long service.

Thus the two educational psychologists were left to carry on; this position made it impossible to continue with the branch clinics at Rotherham and Doncaster and an appeal had to be made to those Authorities and the West Riding to send in none but the most urgent cases. In spite of this very difficult situation it was managed to maintain a consultative service and see cases shortly after reference. Some treatment was also given, but the list of cases waiting for treatment which was disturbingly high at the beginning of the year crept up to 92, with some children having waited for two years for treatment.

The year ended however on a happier note. Dr. R. Warnecke was appointed to fill the post of part-time psychiatrist as from October 14th, and Miss M. M. Thomson was appointed as educational psychologist in place of Mrs. Bendall as from 4th November. These two appointments were at once appreciated and, as the appended figures show, were material in reducing the list of children waiting for treatment to 52. The inadequate supply of psychiatric social workers, however, had made it impossible to obtain even one worker in this category and inevitably slowed down the work. In spite of all this the numbers of cases referred (281) and closed (249), whilst not so high as in some of the war years, are appreciably higher than the average since 1939. It has been very encouraging to find that children continue to be referred for help in spite of the very long waiting period involved where treatment is needed, and which sometimes causes a lack of co-operation or other advice being sought.

During the year the Doncaster and Rotherham Authorities decided to inaugurate their own psychological service. Owing to the initiation of this being imminent in 1947, the cases of children from those Authorities were referred back at the end of the year, with the exception of one or two under treatment; it was felt advisable in these children's interest to continue treatment in Sheffield. It is desired to record the clinic's appreciation of the cordial and helpful relationship which has always existed with those Authorities and to offer its best wishes for the future success of their new service.

As the figures show, a number of West Riding children are still in the care of the clinic and the future relationship regarding the treatment of children from adjacent areas has yet to be decided.

The statistical information is presented in the same form as last year. A slightly higher proportion (6 per cent.) of children were referred for

"intellectual difficulties" and a slightly higher proportion (3 per cent.) were referred by head teachers than last year. There was also a considerable increase in the proportion of children referred by the school medical officers (12 per cent.). For the first time for six years there has been a significant change in the age range and intelligence range of the children dealt with at the clinic. As regards age, one quarter of the children were younger than 6 years 5 months, one half were younger than 8 years 2 months and three quarters were below 10 years at the time of being referred. This indicates an appreciably lower age of reference and is entirely advantageous. The intelligence of children referred has, on the other hand, tended to be a little higher, though nearly one half of the children are still in the "dull and backward category." The whole intelligence range is represented in the children referred, some of the children having a decidedly superior intelligence quotient.

During the year there has been very satisfactory co-operation between the clinic and the teachers, and advice has frequently been sought when the question of referring a specific child did not arise. Talks and lectures to student and parent-teacher groups have been given as usual, and reveal a great interest in the work of the clinic and in children generally.

	Sheffield	West Riding	Doncaster	Rotherham	Total
NUMBER OF CASES REGISTERED DURING 1946.					
Girls	74	3	7	5	89
Boys	154	11	9	18	192
Total	228	14	16	23	281
ANALYSIS OF REGISTERED CASES.					
Cases closed 1946	184	13	22	30	249
Cases open 31st December, 1946	151	17	3	1	172
Cases on waiting list	23	1	—	—	24
Total	358	31	25	31	445
REASONS FOR CLOSING CASES DURING 1946.					
Did not attend at all	3	1	—	—	4
Parent unco-operative	5	—	—	2	7
Further attendance impossible	5	1	3	—	9
Transferred to other treatment	4	—	12	7	23
Consultation only	135	8	5	19	167
Treatment completed	21	1	2	1	25
After supervision	11	2	—	1	14
Total	184	13	22	30	249
ANALYSIS OF CASES OPEN 31ST DECEMBER, 1946.					
Under treatment	49	4	3	1	57
„ supervision	36	4	—	—	40
„ investigation	22	—	—	—	22
Awaiting treatment (investigation complete)	44	9	—	—	53
Total	151	17	3	1	172

REASONS FOR REFERENCE OF ALL CASES.

	Nervous disorders	Habit disorders	Behaviour disorders	Intellectual difficulties	Other disorders	Total
Sheffield	26	16	68	114	2	226
West Riding	4	2	9	1	—	16
Doncaster	3	3	10	—	—	16
Rotherham	2	1	5	15	—	23
Total	35	22	92	130	2	281

SOURCE OF REFERENCE.

	Head Teacher	Parent	School Medical Officer	Speech Therapist	Probation Officers' Dept.	Private Doctor	Hospital	Others	Total
Sheffield	96	32	60	28	2	2	4	4	228
West Riding	6	2	6	—	—	—	—	—	14
Doncaster	8	3	2	—	—	—	1	2	16
Rotherham	20	—	3	—	—	—	—	—	23
Total	130	37	71	28	2	2	5	6	281

AGE RANGE ON REFERENCE.

Age	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	16+	Total
Number of children ..	—	—	—	5	15	31	49	37	26	49	22	19	16	4	3	3	2	281

INTELLIGENCE QUOTIENT RANGE OF ALL CASES CLOSED DURING THE YEAR

70 and below	71 to 80	81 to 90	91 to 100	101 to 110	111 to 120	121 to 130	Over 130	Not tested	Total
34	41	60	52	30	13	6	4	9	249

RETURN OF INTERVIEWS AT THE CLINIC.

	Psychiatrist's department	Psychologists' department	Social workers' department	Total
Sheffield	169	1,414	275	1,858
West Riding	11	129	20	160
Doncaster	3	117	43	163
Rotherham	4	54	28	86
Total	187	1,714	366	2,267

WORK OF SCHOOL NURSING STAFF.

The work of the School Nursing Sisters and Nursing Assistants has been fully described in previous reports.

SUMMARY OF WORK OF THE SCHOOL NURSING SISTERS AND NURSING ASSISTANTS IN 1946.

IN THE SCHOOLS—

Attendance daily with the Medical Officers at Routine Inspection.

Examination of children under cleanliness scheme—Boys	57,579	
Girls	76,405	
		133,984
“ “ for “ following up ”		945
“ “ for investigation of outbreak of Infectious Diseases		3,549
“ “ for other purposes		39,654
Weighing and Measuring		38,342
Number of visions tested		2,440
Number referred to Clinics		3,381
Number of visits to schools		18,204

IN THE CLINICS—

INSPECTION CLINIC—Attendances with the Medical Officers.

TREATMENT CLINIC—

	EYE TREATMENT		EAR TREATMENT		DRESSINGS	
	Cases	Attend- ances	Cases	Attend- ances	Cases	Attend- ances
Attercliffe.. ..	126	635	369	2,501	2,216	8,265
Pitsmoor	222	1,077	243	1,853	1,171	6,480
Hillsboro'	194	809	226	2,313	1,591	7,348
Heeley	197	1,185	259	2,294	1,110	7,258
Central	201	1,262	262	2,784	1,795	9,893
Handsworth	24	83	77	529	297	1,212
Woodhouse	48	206	52	507	440	2,637
Shiregreen	211	915	307	2,724	1,680	7,827
Manor	187	950	162	1,339	1,948	7,571
Wisewood	96	291	103	624	557	2,013
Wybourn	86	691	87	1,149	897	5,832
Southey Green	77	295	133	673	1,354	5,137
Special Schools	158	2,260	218	5,689	1,727	31,843
	1,827	10,659	2,498	24,979	16,783	103,316

IN THE HOMES—

Visits for “ following up ”	1,873
“ neglect, uncleanliness, etc.	225
“ various purposes	1,874

CLEANLINESS SURVEY—

Total examinations—Boys ..	57,579			
Girls ..	76,405			
			133,984	
Nits found Boys ..	6,023	(10·45%)		
Girls ..	23,147	(30·29%)		
			29,170	(21·77%)
Verminous Boys ..	833	(1·44%)		
Girls ..	1,864	(2·43%)		
			2,697	(2·01%)
Dirty Boys ..	724	(1·22%)		
Girls ..	322	(0·42%)		
			1,046	(0·78%)
Verminous clothing found ..	—		235	
Number of individual children found to be not clean during the year			5,524	
Number of heads cleansed at the Clinics (287 boys 456 girls)			743	
Bad clothing Boys ..	197	(0·34%)		
Girls ..	110	(0·14%)		
			307	(0·22%)
Bad footwear Boys ..	382	(0·66%)		
Girls ..	182	(0·23%)		
			564	(0·42%)

It should be noted that out of the total number of examinations, it was found necessary in the worst cases of uncleanness to send a special card of instruction to the parents of 1,517 boys (2·63 per cent.) and 6,151 girls (8·05 per cent.), and a second one to a further 146 boys and 768 girls. Of these, 743 (287 boys and 456 girls) were cleansed at the Clinics.

Furthermore, the apparently large number of children found with nits includes those with a few nits only. They are noted however so that they can be kept under observation. The children who had special cards of instruction indicate the measure of infestation which however is distressingly large.

However it is at least pleasing to note that the number of individual children found to be not clean during the year has fallen (8,042 in 1945).

In accordance with the local practice, 2,181 children who were found to be suffering from various defects during general survey were referred by the school nursing sisters to the clinics, and 1,200 children were also referred to the clinics by the nursing assistants during cleanliness inspections.

INFECTIOUS DISEASES AND IMMUNIZATION AGAINST DIPHTHERIA

The School Health Service works in active co-operation with the Public Health Service over the control of infectious diseases in the schools. The general arrangements and methods employed in maintaining close supervision and in investigation have been fully described in previous reports. The incidence of infectious disease during the four quarters of the year as

reported through the schools is shown below. These numbers do not give complete cases but are sufficiently indicative of the trend of infection.

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total	
					1946	1945
Measles	60	148	193	565	966	3,957
German measles ..	84	213	64	50	411	329
Whooping cough	508	575	212	82	1,377	518
Chicken pox ..	678	767	294	635	2,374	1,230
Mumps	58	56	39	85	238	4,425

DIPHTHERIA

The total number of notified cases of diphtheria occurring in the age groups 5-15 was 54, compared with 119 in 1945, 215 in 1944, 434 in 1943, 708 in 1942, 853 in 1941 and 530 in 1940.

The total number of fatal cases occurring amongst school children was 1 compared with 4 in 1945, 4 in 1944, 5 in 1943, 18 in 1942, 16 in 1941 and 20 in 1940. These children had not been immunized.

As a local measure the 110 children discharged from hospital were examined, together with 203 contacts.

The school medical officers notified 12 cases of diphtheria, 9 being throat and 3 nasal. Swabs were taken as indicated through the year and the following table shows the number and results :—

	Positive				Negative				Total
Throat	11	..	89	..	100	
Nose	1	..	20	..	21	
Ear	1	..	—	..	1	
				<u>13</u>	..	<u>109</u>	..	<u>122</u>	

There were 10 visits to schools where cases of diphtheria had occurred for the purpose of investigation.

IMMUNIZATION AGAINST DIPHTHERIA

The details describing the local drive for immunization have been given in previous reports. The problem of dealing with indifferent parents is tackled by follow-up letters and personal appeals by head teachers, the medical officers and the school nursing sisters wherever possible. It is difficult, however, to gain access to many of these parents, and it is regrettable to note that the children may suffer through their indifference.

From available records it is gratifying to note that 89 per cent. of the children in the City aged 5 to 15 had been immunized by December, 1946.

During the year, the reinforcing or stimulating dose was offered to children aged 5 or 6 who had received their immunization treatment in early infancy. The response has been very satisfactory, 69 per cent. of the parents accepting this offer.

PARTICULARS OF THE WORK DONE IN 1946 BY THE SCHOOL HEALTH SERVICE.

(a) *Primary Immunization.*

Number of letters sent through schools to parents	6,683
„ parents who desired treatment	3,286
„ „ later refused treatment	190
Acceptance rate	49 per cent.
Number of children who have attended for treatment ..	7,744
„ „ received complete treatment—	
Children up to 5 years	783
5 to 15 „	1,654
over 15 „	—
Number received part treatment	412

(b) *Stimulating or Reinforcing Doses.*

Number of letters forwarded	7,253
Number of acceptances	4,988
Acceptance rate	69 per cent.
Number treated	4,925
99 per cent. of the acceptances).	

(c) *Number of Attendances.*

Immunization	5,337
Stimulating or Reinforcing Doses	4,925
Total	10,262

PARTICULARS OF WORK DONE BY THE SCHOOL HEALTH SERVICE
SINCE THE INCEPTION OF THE SCHEME.

(a) *Primary Immunization.*

Number who have received complete treatment during 1941 ..	5,091
„ „ „ „ 1942 ..	19,495
„ „ „ „ 1943 ..	15,478
„ „ „ „ 1944 ..	3,357
„ „ „ „ 1945 ..	2,582
„ „ „ „ 1946 ..	2,397
	48,400

(b) *Stimulating or Reinforcing Doses.*

Number of stimulating doses given during 1944	1,995
„ „ „ 1945	2,376
„ „ „ 1946	4,925
	9,296

(c) *Total number of attendances* 138,104

SCARLET FEVER

The total number of cases of scarlet fever occurring in children between 5-15 years notified to the Medical Officer of Health during 1946 was 497 compared with 664 in 1945. The school medical officers notified 12 cases and examined 503 cases following discharge from isolation. There were 8 visits paid to the schools for the purpose of investigation.

MEASLES

Comparatively few cases occurred during the year following the biennial increase of the previous year. The incidence became more marked towards the end of the last quarter.

There were no visits paid to the schools for this condition.

WHOOPIING COUGH

Increased incidence of whooping cough followed its accustomed course after the measles epidemic. The school medical officers notified 32 cases during the year and one visit was paid to the schools.

CHICKEN POX

There was a marked increase in the number of cases during the year. 2 visits were paid to the schools in this connection.

MUMPS

There were comparatively few cases of this condition during the year.

INFLUENZA

The incidence of influenza increased markedly at the beginning of the year, and advice and help were given continuously by the school medical staff.

SCHOOL CLOSURE

No school or department was closed during the year on account of infectious disease.

PHYSICAL EDUCATION

Close co-operation exists between the School Health Service and those engaged in physical education. In particular, individual reports are made on children submitted for an opinion as to their suitability for various types of physical activities. During the general medical examination also, this consideration is always borne in mind and head teachers are informed where restrictions are considered necessary.

The school health staff naturally take much interest in this part of education which plays a marked share in the development of the child. It is noted with pleasure therefore that the Ministry of Education have restated their policy on physical education in Circular 84 (January, 1946). The statement recalls the policy advocated in 1936 in order to build up a comprehensive organization. The war years of necessity witnessed a check to this progress but the appeal is now made that arrangements for a liberal physical education should be resumed.

The following report by Mr. Carr, Chief Superintendent of Physical Education, although necessarily abbreviated, is therefore of topical interest.

"1. Introduction.

In Physical Education, as in other phases of general education once generally accepted principles of technique are being replaced by other methods. Freedom to experiment is stimulating research work which is here endeavouring to discover the most effective forms of activity for all school ages, having regard to physical and interest values.

The full effect of any experimental work will only be felt after a settled period of application. In spite of the many difficulties due to large classes, insufficient indoor accommodation, limited playing areas and lack of suitable clothing and games apparatus, progress is noted.

One male assistant organiser of Physical Education commenced duties in February, and one returned from the Services in July, but has since obtained a post as Inspector of Schools in Northern Ireland. One woman assistant organiser who resigned in March, 1945, has not yet been replaced but an additional part-time appointment has been made. Her services in this case are shared by the Training College and the Physical Education Department.

2. Teachers' and Leavers' Courses of Training.

Refresher Courses in Physical Education for Teachers have always formed an important part of the work of the organising staff as it is largely through this medium that encouragement is given to proceed with experiment and development.

The recreative Course on the men's side was duplicated and the students allocated to either a beginners' or an advanced section. The following classes were held during the year :—

- i. Physical training (2) for men teachers of older boys.
- ii. Swimming for men (2) and women (2) teachers.
- iii. Dance Courses—Folk (2) and Modern and National Dance (2) in conjunction with the Sheffield Teachers' Folk Dance Club and the Sheffield Aesthetic and National Dance Society.
- iv. Courses for Teachers and Leaders in Evening Schools, Evening Institutes and Youth Clubs.
 - (a) Recreative Physical Training (2) for men teachers—beginners and advanced.
 - (b) Recreative Physical Training for women teachers.
 - (c) Keep-fit for women teachers.
 - (d) Ballroom Dancing (2) for men and women teachers—beginners and advanced.

Seventeen refresher classes in various phases of Physical Education were held throughout the year. In addition teachers attended holiday and week-end courses in other Centres.

3. *Teachers' Organisations which help in the work of Physical Education in a voluntary capacity.*

These organisations which include the Sheffield Schools' Athletic Association, the Sheffield Schools' Swimming Association, the Sheffield Aesthetic and National Dance Society, the Sheffield Teachers' Folk Dance Club and the Teachers' Netball Club are all increasing their efforts in order to enlarge the scope of and increase the facilities for the particular activity which they represent. The closest liaison exists between the organising Staff and all these bodies. New ventures which have proved very successful are the Rugby sub-section of the Sheffield Schools' Athletic Association and the Young Teachers' Clubs (Football for men and Cricket for women). The two last provide an opportunity for social gatherings of young teachers as well as improving the technique of the players.

4. (a) *Physical Activity in the Schools.*

Experiments are being conducted regarding the best methods of developing the natural instincts for running, jumping, throwing and climbing inherent in most children in order that the fullest possible physical, mental and social benefits may be obtained. Informal treatment, less direction from the teacher and encouragement to the children to discover new activities for themselves typify present training methods. Ample apparatus is required for this work but as costs are prohibitive and material is scarce, experimental work with full apparatus is confined to a few infant and junior schools at present.

In secondary modern schools, formality and rigidity are being superseded by a freer and more rhythmical treatment and more personal contests are being introduced.

(b) *Games.*

The growth of school leagues in football, netball, cricket and rounders in Sheffield is providing a problem of first magnitude. Many schools play hockey and rugby football also. With the extra year a demand will arise for rugby football, hockey and tennis and it is for these major games that present facilities are inadequate. Steps have been taken to secure the derequisitioning of several areas scheduled for playing fields but now controlled by the Ministry of Agriculture. These include Spa Lane (Woodhouse), Bawtry Road (Tinsley), Thrift House (Ringinglow), Hurlfield Road (Gleadless) and school sites at Halifax Road and Lindsay Road. If these areas could be obtained, the position would be considerably relieved but the Ministry of Agriculture remains adamant on account of the necessity for using all agricultural land in the food production drive.

(c) Dance.

All forms of dance as a medium of self expression are encouraged. One valuable phase of constructive work where junior children were encouraged to interpret their own ideas through movement produced eventually a 'Fire Ballet.'

The increasing use of halls for class work is lessening facilities for both indoor physical training and dance and the vagaries of the English climate render indoor accommodation for such activities a necessity throughout the year if continuity is to be preserved.

(d) Swimming.

It is fortunate that existing facilities make all the year round swimming possible. Good use is made of the public baths and it is during the winter months that most progress is possible as the baths then are rarely frequented by ordinary bathers. The latter have the right to enter the water when school children are undergoing instruction and this creates difficulties in the Summer months when the baths are crowded.

Except at Glossop Road and Woodthorpe Baths, girls have the use of the swimming baths for two sessions weekly whilst boys have eight sessions. This arrangement penalises the girls to the extent that many have no chance of learning to swim during their school career.

Progress on the previous years' records is indicated on the following results—4,459 Length Certificates were gained against 4,329 last year ; 6,863 points were obtained in the National Life Saving Trophy Competition against 6,770 for 1945 ; 287,797 visits to the baths were made compared with 274,072 the previous year. Whilst the number of visits in school hours has increased by 19,807 out of school visits fell by 6,082 ; 31 Sheffield Schools' Swimming Association Medallions of Merit were gained, this being one less than the 1945 results.

The provision of more school baths of the King Edward VII and Woodthorpe type will enable all Sheffield school children to have an opportunity of learning to swim whilst in the primary school.

5. Playing Fields.

The need for more playing fields in each area is again stressed. The demand by Youth Organisations grows yearly and playing pitches are altogether inadequate to meet requests. During the Autumn and Winter seasons, some pitches have as many as seventeen matches weekly played on them. In addition, some portions of these pitches have cricket pitches superimposed on them during the Summer. Periods for resting and rehabilitation are limited. The public parks provide additional Winter and Summer pitches although the Summer season is a very short one owing to the parks being closed for play from Easter to Whitsuntide.

6. Further Education.

Physical Activities for students in Evening School and Club-Institutes.

Provision is made for recreative physical training, swimming, games, boxing and dancing (Folk, National, Modern and Ballroom) for students in all evening schools and institutes. Arrangements have been made to include competitive work in the 1946-7 programme, particularly in physical training, swimming and first aid. Competition gives an added zest to these activities. Many of the Club-Institutes have added camping to their experiences and a permanent camp belonging to the Committee would supply a long felt need.

Voluntary organisations having difficulty in providing tuition for recreative classes are helped in the provision of an instructor. There is at present a dearth in the supply of properly qualified teachers and teachers of recreative physical training in spite of the opportunities given for the coaching of leaders.

The Sixth Annual Youth Sports held in July, when all Sheffield Youth Organisations are invited to compete were very successful. There were 1,200 individual entries, 868 boys and 332 girls, in addition to 74 team entries of 47 boys' teams and 27 girls' teams.

Five demonstrations of Physical Education by day and evening scholars were staged in the public parks, the Education and Parks Committees co-operating. Excellent displays were enjoyed by large crowds of people in Concord, Graves, Millhouses, Longley and Weston Parks."

CO-OPERATION OF PARENTS, TEACHERS, EDUCATION WELFARE OFFICERS AND VOLUNTARY BODIES

The value attached to the parents' presence at the routine medical inspection and the importance of consultation between the doctor and the parent whenever possible has been stressed in previous reports.

The following percentage of parents took advantage of attending with the children at the routine examinations :—

Entrants	5 years old	..	..	..	..	..	88.02 per cent.
Leavers	13	..	..	..	..	..	43.84 per cent.

It is pleasing to note, therefore, that the number of parents attending the leavers examinations has risen above previous years.

Parents also value the consultation offered and accompany the children in increasing numbers at most of the Clinics.

To the teachers and the inspectorate a special debt of gratitude is due. They help in very many ways and give active assistance in ensuring the success of medical, dental and cleanliness inspections, diphtheria immunization treatment, and in the preparation of special reports on individual children.

The education welfare officers give valuable aid in the following-up system and provide the connecting links between the ancillary sections.

Appreciation can be expressed here of the co-operation and help given by general practitioners and medical officers at the various hospitals.

The help which has been given during the year by the National Society for the Prevention of Cruelty to Children, through their energetic and tactful local inspectors, has been much appreciated.

The Cripples' Aid Association, the Voluntary Association for Mental Welfare, and the Council of Social Service have again rendered useful service during the year.

Due acknowledgment and thanks are given to the local Press for their sympathetic and helpful presentation of school health topics.

It is a pleasure to report that during the year under review the Sheffield School Children's Holiday Association have been able to send parties of suitable children to the Fairthorn Convalescent Home. The building had been used by the Sheffield Children's Hospital during most of the war period. With the removal of the restrictions which had been imposed on the use of certain wards of the Hospital, "Fairthorn" has been restored to its original purpose.

The school medical officers have the privilege of nominating suitable children, and of these 44 girls and 30 boys were accommodated at "Fairthorn" for either 3 or 6 weeks.

In addition 60 boys and 30 girls entered "Fairthorn" for 2-week periods during the school holidays at midsummer. These children were recommended by the head teacher and came from homes deprived of one or both parents.

All the children however are examined by the school medical officers shortly before entering Fairthorn.

The valuable help given in this way by the Association is gratefully acknowledged.

NURSERY SCHOOLS AND CLASSES

A full account of the medical care and dietary provision for these infants has been given in previous reports.

A new class was opened at Brightside in December and there are now 2,185 places in 48 classes and 2 schools.

The concession of giving cod liver oil and orange juice to all these children has been continued. In addition, an iron supplement is given to infants selected by the medical officers, suffering or suspected to be suffering from anæmia, with resulting improvement.

The medical officers paid 238 visits to the schools and classes and examined 2,222 for "routine" and 2,602 as "selected" and quarterly examinations, calling for 66 letters and 29 letters respectively, advising parents of defects found.

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION

Defect or Disease	Routine Inspection Number of Defects		Special Inspection Number of Defects	
	Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation
Minor ailments	10	6	56	4
Visual defects	29	14	18	7
Defects of nose and throat ..	56	49	42	39
Dental defects	11	1	3	—
Other defects	51	94	31	38

RETURN OF DEFECTS TREATED

Defect or Disease	Number of defects treated or under treatment during the year		
	Under the Authority's Scheme	Otherwise	Total
Minor ailments	58	1	59
Visual defects	26	11	37
Defects of nose and throat ..	28	17	45
Dental defects	—	1	1
Other defects	38	14	52

NURSERY SCHOOLS AND CLASSES, NUTRITION GROUPS.
HEIGHT—BOYS (IN INCHES)

Age	EXCELLENT NUTRITION			NORMAL NUTRITION			SLIGHTLY SUBNORMAL NUTRITION		
	No.	Mean \pm S.E.	S.D.	No.	Mean \pm S.E.	S.D.	No.	Mean \pm S.E.	S.D.
2	19	36.51 \pm 0.351	1.53	63	35.23 \pm 0.184	1.46	10	33.50 \pm 0.533	1.69
3	78	38.71 \pm 0.192	1.70	329	37.67 \pm 0.095	1.73	29	36.95 \pm 0.454	2.44
4	82	41.30 \pm 0.174	1.58	325	39.98 \pm 0.097	1.74	39	38.93 \pm 0.283	1.77
5	58	44.30 \pm 0.258	1.97	92	42.41 \pm 0.176	1.69	24	41.09 \pm 0.314	1.54

NURSERY SCHOOLS AND CLASSES, NUTRITION GROUPS.
WEIGHT—BOYS (IN POUNDS).

Age	EXCELLENT NUTRITION			NORMAL NUTRITION			SLIGHTLY SUBNORMAL NUTRITION		
	No.	Mean \pm S.E.	S.D.	No.	Mean \pm S.E.	S.D.	No.	Mean \pm S.E.	S.D.
2	19	32.93 \pm 0.641	2.80	63	30.02 \pm 0.400	3.18	10	24.69 \pm 0.720	2.28
3	78	36.29 \pm 0.338	2.99	329	33.02 \pm 0.182	3.29	29	30.11 \pm 0.539	2.90
4	82	40.92 \pm 0.436	3.95	325	36.75 \pm 0.205	3.70	39	32.62 \pm 0.556	3.47
5	58	46.91 \pm 0.637	4.85	92	41.19 \pm 0.397	3.81	24	35.73 \pm 0.459	2.25

NURSERY SCHOOLS AND CLASSES, NUTRITION GROUPS.
HEIGHT—GIRLS (IN INCHES).

Age	EXCELLENT NUTRITION			NORMAL NUTRITION			SLIGHTLY SUBNORMAL NUTRITION		
	No.	Mean \pm S.E.	S.D.	No.	Mean \pm S.E.	S.D.	No.	Mean \pm S.E.	S.D.
2	11	35.11 \pm 0.411	1.36	51	34.82 \pm 0.191	1.36	8	33.51 \pm 0.659	1.86
3	64	38.31 \pm 0.203	1.62	288	37.33 \pm 0.102	1.73	40	36.26 \pm 0.196	1.24
4	48	40.93 \pm 0.198	1.37	268	39.62 \pm 0.106	1.74	33	38.82 \pm 0.306	1.76
5	58	43.64 \pm 0.201	1.53	91	42.27 \pm 0.214	2.04	24	40.67 \pm 0.282	1.38

NURSERY SCHOOLS AND CLASSES, NUTRITION GROUPS.
WEIGHT—GIRLS (IN POUNDS).

Age	EXCELLENT NUTRITION			NORMAL NUTRITION			SLIGHTLY SUBNORMAL NUTRITION		
	No.	Mean \pm S.E.	S.D.	No.	Mean \pm S.E.	S.D.	No.	Mean \pm S.E.	S.D.
2	11	30.66 \pm 0.812	2.69	51	28.53 \pm 0.311	2.22	8	25.63 \pm 1.246	3.52
3	64	37.31 \pm 1.767	14.14	288	31.70 \pm 0.201	3.42	40	28.33 \pm 0.321	2.03
4	48	39.91 \pm 0.518	3.59	268	35.29 \pm 0.215	3.52	33	31.60 \pm 0.573	3.29
5	58	44.24 \pm 0.423	3.22	91	39.47 \pm 0.418	3.99	24	34.36 \pm 0.477	2.34

NURSERY SCHOOLS AND CLASSES.

Age	HEIGHT—BOYS (in inches)			WEIGHT—BOYS (in pounds)		
	No.	Mean \pm S.E.	S.D.	No.	Mean \pm S.E.	S.D.
2	93	35.28 \pm 0.178	1.71	93	29.96 \pm 0.393	3.79
3	437	37.80 \pm 0.088	1.84	437	33.39 \pm 0.171	3.57
4	446	40.13 \pm 0.086	1.82	446	37.15 \pm 0.203	4.29
5	175	42.85 \pm 0.157	2.07	175	42.30 \pm 0.413	5.47

NURSERY SCHOOLS AND CLASSES.

Age	HEIGHT—GIRLS (in inches)			WEIGHT—GIRLS (in pounds)		
	No.	Mean \pm S.E.	S.D.	No.	Mean \pm S.E.	S.D.
2	71	34.67 \pm 0.178	1.50	71	28.41 \pm 0.347	2.92
3	392	37.38 \pm 0.088	1.75	392	32.27 \pm 0.347	6.87
4	349	39.72 \pm 0.095	1.77	349	35.58 \pm 0.217	4.05
5	175	42.45 \pm 0.159	2.10	175	40.24 \pm 0.371	4.90

S.E. = Standard error.

S.D. = Standard deviation.

HANDICAPPED PUPILS

The categories of handicapped pupils defined in The Handicapped Pupils and School Health Service Regulations, 1945, requiring special educational treatment were discussed in last year's annual report.

The following particulars set out briefly the extent to which these pupils were receiving the special educational treatment they required during 1946.

BLIND PUPILS

There were 7 children in residence at the Sheffield Royal School for the Blind.

The Authority has three representatives on the Committee of Management of the School.

PARTIALLY SIGHTED PUPILS

The education of these children who need special educational treatment is given in the Bents Green School for the Partially Sighted. The children are recommended and certified by the ophthalmic surgeon before admission to this school.

The number on roll at the end of the year was 30.

DEAF PUPILS

There were 73 children on the registers of the Maud Maxfield School for the Deaf at the end of the year. Each child is under the supervision of Mr. Cobb, the Aural Surgeon, who pays regular visits to the school. Following the destruction of the school by enemy action in December, 1940, the children have been accommodated in various huts in the grounds of the original school. The day when the new school will arise Phoenix-like is keenly anticipated.

PARTIALLY DEAF PUPILS

The children whose hearing is very defective attend the Maud Maxfield School whilst it is hoped to arrange lip-reading classes for those children who can remain in an ordinary school.

DELICATE PUPILS

DAY SCHOOLS

These children are accommodated at Whiteley Wood, Springvale House and Bents Green. There are 384 day places for boys and girls.

RESIDENTIAL SCHOOL

50 girls are in residence at the Bents Green Special School.

EDUCATIONALLY SUB-NORMAL PUPILS

There are 140 places for girls (juniors and seniors), at the Highfield Special School. For junior boys there are 80 places at the Hillsborough Special School and 150 places for senior boys at the Wadsley Bridge Special School.

The Voluntary Association for Mental Welfare undertakes the visitation and supervision of the ex-pupils of the special schools who have not been officially reported to the Mental Deficiency Committee. The number this year is 197. Reports are obtained from the Voluntary Association twice a year.

The work undertaken during the year with the children following special reports on their school attainments are shown below :—

RESULTS OF EXAMINATIONS.

Recommended for admission to day special school	134
Recommended for admission to residential special school	4
Found educationally sub-normal, but allowed to remain at the ordinary school under special circumstances	45
Found dull and backward, and continued in attendance at the ordinary school	4
Found educationally sub-normal, and unfit for ordinary or special school	47
Found to be epileptic	2
Found to be deaf and dumb, and admitted to Maud Maxfield Deaf School	1
Admitted to special school for the physically handicapped ..	2
Admitted to special school for the delicate	1
Found to be educationally subnormal, but allowed to attend a private school	1
Found educationally subnormal—for further consideration ..	2
No disability of mind—referred to Child Guidance Clinic	2
Referred to Child Guidance Clinic, but allowed to remain in ordinary school	9

ANALYSIS OF CHILDREN LEAVING THE SPECIAL SCHOOLS FOR EDUCATIONALLY SUB-NORMAL.

Allowed to leave before 16 years of age	29
Left on attaining the age of 16	18
Reported to be incapable of receiving further benefit	21
Reported to be detrimental	2

REPORTED TO LOCAL AUTHORITY.

	<i>Boys.</i>	<i>Girls.</i>
Children incapable of receiving benefit from instruction in a special school	30	19
Educationally subnormal children reported on leaving a special school on or before attaining the age of 16 ..	25	6

EPILEPSY

Children who suffer from severe epilepsy are sent to the various boarding special schools. On the other hand children who suffer from mild epilepsy are kept under medical supervision and are encouraged to attend school.

PHYSICALLY HANDICAPPED PUPILS

DAY SCHOOLS

There were 51 boys and girls on the rolls of the Nether Green Special School and 42 boys and girls on the rolls of the Arbourthorne North Special School.

Regular visits are paid to these schools by the orthopædic surgeon.

RESIDENTIAL SCHOOL

There is accommodation for 42 boys and girls at Ash House School for children recovering from rheumatism, chorea or heart disease. The function of this school has been fully described in previous reports. During the year 60 children were discharged of whom 56 were fit for ordinary school, one left the city and three were transferred to hospital.

The school medical officers pay regular visits to all the special schools for the purpose of routine and survey examinations.

Ministry of Education Pamphlet No. 5 "Special Educational Treatment" published in 1946 is a mine of information on the provision of suitable education for children suffering from disability of mind or body and has proved exceedingly helpful in planning developmental schemes.

DENTAL TREATMENT.

Dental inspection and treatment were carried out in the special schools, including the open-air schools and King Edward VII Hospital School. The acceptance rate for this group was 78 per cent.

NUMBER OF CHILDREN INSPECTED BY THE DENTISTS :—

(a) Routine age-groups.

Age	5	6	7	8	9	10	11	12	13	14 and over	Total
Number	1	9	14	35	53	57	60	119	98	93	539

(b) SPECIALS 82

(c) TOTAL (Routine and Specials) 621

Number found to require treatment 219

Number actually treated 171

Attendances made by children for treatment 353

Fillings—Permanent teeth 46

Temporary teeth

46

Extractions—Permanent teeth 112

Temporary teeth 361

473

Administrations of general anaesthetics for extractions 271

Other operations—Permanent teeth 40

Temporary teeth 3

43

PARTICULARS OF CHILDREN WHO ARE MAINTAINED IN
RESIDENTIAL SPECIAL SCHOOLS, DECEMBER, 1946

	<i>Boys.</i>	<i>Girls.</i>	<i>Total.</i>
BLIND CHILDREN			
Sheffield Royal Blind School	4	3	7
Royal Normal College for the Blind, Rowton Castle	—	1	1
Sunshine Home for Blind, Hadyn Park, Northumberland	1	—	1
			<u>9</u>
DEAF CHILDREN.			
Anerley Residential Deaf School, Penge .. .	1	—	1
Northern Counties Institution for Deaf and Dumb, Newcastle	1	—	1
Royal Residential Schools for the Deaf, Manchester	1	—	1
Royal Cross School for the Deaf, Preston .. .	1	—	1
Deaf and Dumb Institution, Derby .. .	1	—	1
Mary Hare Grammar School for Deaf, Burgess Hill	—	1	1
			<u>6</u>
DELICATE CHILDREN.			
Liverpool Open-Air Hospital, Leasowe .. .	7	—	7
			<u>7</u>
EDUCATIONALLY SUBNORMAL CHILDREN.			
The Beacon School, Lichfield	3	—	3
Monyhull Colony, Birmingham	—	2	2
Besford Court Catholic Mental Welfare Hospital, Worcester	3	—	3
Allerton Priory R.C. Special School, Liverpool ..	—	1	1
Bigod's Hall R.C. School, Dunmow, Essex ..	1	—	1
			<u>10</u>
EPILEPTIC CHILDREN.			
Chalfont St. Peter Colony, Bucks. .. .	1	1	2
Soss Moss Residential School for Epileptic Children, Manchester	3	2	5
The Maghull Home for Epileptics, Liverpool ..	2	2	4
			<u>11</u>
MALADJUSTED CHILDREN.			
Dunnow Hall, Newton-in-Bowland .. .	1	2	3
Red Hill School, East Sutton .. .	—	1	1
Belmont Hostel, Otley .. .	1	—	1
			<u>5</u>

PROPOSED ARRANGEMENTS FOR SPECIAL EDUCATIONAL TREATMENT

In the Sheffield Development Plan proposals have been set out for the provision locally of special educational treatment for the following categories of handicapped children :—the blind, the partially sighted, the deaf, the partially deaf, the delicate, the educationally subnormal, the maladjusted, the physically handicapped and those with speech defects. Except in the case of the blind and severe cases of speech defects, the proposals involve provision within Sheffield for both day pupils and boarders, the latter on a sufficiently generous scale to permit of places being offered to neighbouring authorities. In the case of blind children the provision is wholly residential and is part of a regional plan, and in the case of the few children with severe speech defect, provision will be found outside Sheffield.

Numerically, the two main categories are the educationally subnormal and the delicate, but for all the provision proposed exceeds the Ministry's suggested minimum percentages of the registered number of pupils in the appropriate age groups. It is estimated that the total numbers of handicapped children for whom it will be necessary to provide education in special schools will approximate to 3,000.

In addition the proposals envisage the provision of special educational treatment for children with a lesser degree of handicap, for whom, by some modifications of the ordinary school arrangements, education in the ordinary schools will be possible.

AFTER CARE

Reference was made in last year's report to the new provisions enabling certain types of handicapped children to be considered for registration under the Disabled Persons (Employment) Act. The increasing interest taken in the after-care of this type of handicapped pupil is shown by the communication sent from the Ministry of Education in October, 1946. The Minister suggested then the special action to be taken by a Local Education Authority in the case of any pupils whom they may be maintaining in residential special schools outside their area, to ensure that no handicapped pupil will leave a residential special school without having an opportunity, if the parents desire it, of receiving advice about employment and about the advantages of registration, if eligible, under the Disabled Persons (Employment) Act.

Appropriate action has been taken during the year.

Locally, toward the end of the term when a pupil is leaving a special school, there is held a "case conference." The parent is invited to the school, and there are also present the Juvenile Employment Officer, the Authority's After-care Officer, the Head Teacher, and the School Medical

Officer. Full consideration is given to the pupil's abilities in relation to the physical handicap in deciding upon the suitable type of employment. Further training and registration as a disabled person are also discussed. Unfortunately, as instanced in the report of the After-care Officer below, all the parents do not avail themselves of the leaving conference.

During the year 14 pupils with various handicaps were reported on Form ED 211 (DP) as being suitable for registration under the Disabled Persons (Employment) Act.

The purpose and principles underlying after-care of handicapped pupils and the functions of the After-care Officer have been described in previous reports.

Miss Bailey, the After-care Officer, who had given very able service resigned in September and Miss Stirgess was appointed to fill the vacancy in November.

Miss Stirgess reports on the year's activities :—

" On the whole there is still little difficulty in placing the handicapped child in suitable employment, even less so in the case of the girl than the boy. The more highly paid work is still the most popular and few of the children will serve apprenticeship, consequently the majority are placed in semi-skilled or unskilled jobs. We fear this may possibly result in the handicapped finding it difficult to hold a job in the event of labour conditions becoming more difficult.

It is felt, from the impressions gathered during the after-care work, that the benefit derived from the Special Schools and the assistance given in after-care are fully appreciated and welcomed by the majority of the parents.

During the year a number of cases have been dealt with in which the child has, possibly through his or her choice, been placed in unsuitable employment. This has been discovered in after-care and every effort has been made to correct the error, resulting in most cases in a happier and easier working life for the child.

There is such a vast difference between the handicapped child's school life and the new life under working conditions that it is inevitable that in a large number of cases at first the child finds the latter very hard. On the whole however, it is found that, subject to the children being suitably employed, they usually settle down to the new life amazingly well.

During the year 401 visits have been made by the After-care Officer to cases under 21 years of age. Of the cases under after-care supervision 99 are ex-pupils of the schools for the educationally sub-normal ; 28 are deaf ; 18 partially sighted ; 86 physically defective other than cripples and 205 ex-pupils of open-air schools."

Employment of ex-pupils of Special Schools	Educa- tionally Sub-Normal		Deaf		Partially Sighted		Physically Handi- capped		Open-Air School		Total
	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	
Learning a definite trade ..	4	11	5	2	1	1	9	10	28	27	96
In semi-skilled and unskilled work	29	34	7	10	6	5	25	21	62	55	256
At home, hospital, further educa- tion, etc. .. .	9	3	—	—	—	—	5	3	9	3	32
In the armed forces .. .	—	3	—	—	—	—	—	1	—	1	5
Occupation unknown .. .	3	4	2	2	1	3	7	5	8	12	47
	45	55	14	14	8	9	46	40	107	98	436
Office and General Clerical work	—	—	1	—	—	—	5	2	12	4	24
Telephone operator—	—	—	—	—	—	—	—	—	—	—	—
Receptionist .. .	—	—	—	—	1	—	—	—	2	—	3
Shop Assistant .. .	—	1	—	—	—	—	5	2	13	2	23
Butcher's Assistant .. .	—	1	—	—	—	—	—	—	—	—	1
Farmwork—Land Army .. .	3	1	—	1	—	—	—	—	—	2	7
Gardening—Groundsman .. .	—	—	—	1	—	—	—	1	—	5	7
Timber felling .. .	—	—	—	—	—	1	—	—	—	—	1
Lorry mate—van and errand boy	—	4	—	1	—	1	—	3	—	11	20
Milk delivery .. .	—	1	—	—	—	—	—	1	—	2	4
Packing and warehouse work ..	5	1	—	1	2	—	7	2	22	10	50
Factory work—machinists ..	11	8	—	5	—	2	2	6	7	7	48
" " electric sewing machines .. .	—	—	3	—	—	—	—	—	9	1	13
Dressmaking—Tailoring .. .	—	—	1	—	—	—	2	—	4	—	7
Domestic work—nurse-maid, office cleaning, etc. .. .	2	—	1	—	1	—	—	—	2	—	6
Canteen and kitchen work ..	3	—	—	—	2	—	2	—	2	—	9
Waitress .. .	—	—	—	—	—	—	—	—	2	—	2
Sweetmaking—bottling and Canning .. .	2	—	—	—	—	—	1	—	2	—	5
Property repairer—plumber ..	—	1	—	—	—	—	—	1	—	4	6
Painting and decorating ..	—	—	—	—	—	—	—	—	—	4	4
Furnace work—rolling mills foundry—grinding, hardening	—	4	—	—	—	—	—	—	—	—	4
General Labourer .. .	—	3	—	—	—	1	—	1	—	3	8
Steel Weigher .. .	—	1	—	—	—	—	—	—	—	—	1
Boot and Shoe Repairer .. .	—	3	—	—	—	—	—	2	—	—	5
Upholstery .. .	—	1	—	—	—	—	—	—	—	—	1
Laundry work .. .	1	—	—	—	—	—	1	—	—	—	2
Pit surface work .. .	—	3	—	—	—	—	—	—	—	—	3
Cutlery trade .. .	2	2	4	—	1	—	1	2	3	3	18
Plastic work .. .	—	—	—	1	—	—	1	2	1	1	6
Tractor—Crane Driving .. .	—	1	—	—	—	—	—	—	—	—	1
Elec. Engineering—Electrician	—	—	—	—	—	1	—	1	—	4	6
Wood turning—joinery—cabinet case making .. .	—	3	—	—	—	—	—	1	1	4	9
Printing and Bookbinding ..	1	1	—	—	—	—	2	1	—	5	10
Mark making .. .	—	—	—	—	—	—	—	—	—	2	2
Attendant in stores—cinema or E.A.I. .. .	—	—	—	—	—	—	2	—	1	—	3
Basket work .. .	—	1	—	1	—	—	1	—	1	1	5
Kennel work .. .	—	—	—	—	—	—	—	—	—	2	2
Wholesale market .. .	—	1	—	—	—	—	—	—	—	1	2
Glazing .. .	1	—	—	—	—	—	1	—	—	—	2
Welding .. .	—	1	—	—	—	—	—	—	—	—	1
File cutting .. .	1	1	—	—	—	—	—	—	—	—	2
Railway work .. .	—	1	—	—	—	—	—	—	—	—	1
Cabinet case lining .. .	1	—	1	1	—	—	—	—	5	—	8
Apprentice to typwriting trade	—	—	—	—	—	—	—	—	1	—	1
Surgical instrument making ..	—	—	—	—	—	—	—	1	—	1	2
Garage hand and motor mechanic	—	—	—	—	—	—	—	2	—	1	3
Hotel page boy .. .	—	—	—	—	—	—	—	—	—	1	1
Leather work .. .	—	—	1	—	—	—	—	—	—	—	1
Bakehouse .. .	—	—	—	—	—	—	1	—	—	—	1
Window cleaning .. .	—	—	—	—	—	—	—	—	1	—	1
In Armed Forces .. .	—	3	—	—	—	—	—	1	—	1	5
In Epileptic Colony or Hospital	1	2	—	—	—	—	—	—	1	1	5
At home .. .	8	1	—	—	—	—	5	3	8	2	27
Occupation unknown .. .	3	4	2	2	1	3	7	5	8	12	47
	45	55	14	14	8	9	46	40	107	98	436

FULL TIME COURSES OF HIGHER EDUCATION FOR HANDICAPPED STUDENTS.

The training of blind persons in Craftwork has been continued throughout the year by the Education Committee at the Sheffield Corporation Workshops for the Blind, in accordance with the Scheme of the City Council.

In addition instruction in General Educational Subjects has been provided.

The following table indicates the number of new entrants for training and the number of trainees transferred to employment during the year.

	MEN		WOMEN		Total
	From City	Out of City	From City	Out of City	
Number on Books on January 1st, 1946	6	2	2	—	10
New Admissions	2	1	—	—	3
Withdrawn—Completed Training ..	—	1	—	—	1
Withdrawn—ill-health	2	—	1	—	3
Number on Books December 31st, 1946	6	2	1	—	9

In addition arrangements were made for the training of one boy at Henshaw's Institution for the Blind, Manchester.

The annual medical inspection was carried out during the year, and the defects discovered received treatment.

The Sheffield Authority has made a grant towards the maintenance of a blind student at St. Edmund Hall, Oxford, who is taking a degree course in Law. Two youths are being maintained at the Derwen Cripples' Training College, Oswestry.

MISCELLANEOUS.

HEALTH EDUCATION.

There have been no material changes in the teaching of hygiene in the schools.

Members of the staff of the School Health Service have given lectures and demonstrations to medical students, and students in training from the Department of Education at the University and from the City Training College. Various parties of these students visited the clinics and the special schools.

Lectures and demonstrations were given by a medical officer and school nursing sister to students attending the course under the Nursery Training Scheme.

Red Cross and St. John lectures were also given and talks on the school health services have been well received at various guilds and societies.

BOYS' REMAND HOME.

During the year 98 boys were admitted.

Reasons for admission :—

Out of control, plus :—

1. Truanting	9
2. Theft	1
3. Running away	1
Absconders from Schools and Institutions	13
Larceny	35
Housebreaking	28
Breach of recognizance	1
Driving cars away	1
Out of control	1
Refusal to work	5
Assault	1
Indecent assault	1
Incest	1

All the boys were medically examined before admission, and the Home has been regularly visited by a medical officer. The following conditions were treated during the year :—

Skin conditions :—

Post scabies dermatitis	1
Whitlow	3
Impetigo and sores	14
Boils	4
Dermatitis	1
Acne	3
Scurf	4

Coryza group :—

Common cold	6
Enuresis	3

One boy had teeth extracted at the School Clinic.

One boy received treatment at the City General Hospital for a fractured thumb.

Each boy's head was carefully cleansed on admission and it was found during this period that 12 per cent. had verminous heads.

The School Medical Officer again desires to express his appreciation of the effective help given during the year by the Superintendent and Matron in carrying out the treatment prescribed.

GIRLS' REMAND HOME.

During the year, 28 girls were resident in the Home for varying periods.

The reasons for admission are as follows :—

Larceny	8
Care and protection	16
Housebreaking	1
Place of safety	3

The girls were medically examined on admission, and the Home is visited by a medical officer as required. Because of their sex history, a number of girls were examined at the Jessop Hospital. One girl was found to be suffering from venereal disease and was removed to a special school for treatment.

The following conditions have been treated in the Home :—

Septic toe	1
Influenza	1
Septic finger	1
Tonsillitis	3
Cut wrist	1

It was found that 90 per cent. of the girls had verminous heads on admission.

The School Medical Officer again desires to express his appreciation of the help extended by the staff of the Jessop Hospital, and to record the effective assistance given by the Matron.

SPECIAL EXAMINATIONS

Special examinations have been carried out as follows :—

Candidates for appointment in the service of the Education Committee	78
Examination for Stage Licence	3
Juvenile Court Cases	202
For admission to Approved Schools	50
Fitness of school applicants for agricultural employment	144
Quarterly medical examination of " Boarded-out " children	35
Fitness for Newspaper Delivery	652

EMPLOYMENT OF CHILDREN

The following table which has been furnished by the Superintendent of Education Welfare Officers, gives particulars of applications for part-time employment of school children :—

Nature of Employment :—	Boys.	Girls.	Total
News delivery (morning only)	38	8	46
" (evening only)	38	7	45
" (morning and evening)	171	25	196
" (morning, evening and Sundays)	253	45	298
" (Sundays only)	5	—	5
" (morning and Sundays)	19	4	23
" (evening and Sundays)	26	5	31
	<hr/> 550	<hr/> 94	<hr/> 644

Nature of Employment :—						Boys.	Girls.	Total
Errands for :—								
Grocers .. .. .	..	..	..	..	..	27	2	29
Greengrocers .. .. .	..	..	..	..	..	7	—	7
Butchers .. .. .	..	..	..	..	..	28	—	28
Bakers and confectioners .. .. .	..	..	..	..	..	3	—	3
Ironmongers .. .. .	..	..	..	..	..	1	—	1
Drapers .. .. .	..	..	..	..	..	—	2	2
						<u>66</u>	<u>4</u>	<u>70</u>

Applications refused :—

Medically unfit .. .. .	..	..	..	..	..	8	—	8
Grammar School children .. .. .	..	..	..	..	..	6	1	7
Under age .. .. .	..	..	..	..	..	1	—	1
Employment prohibited .. .. .	..	..	..	..	..	1	—	1
Cancelled by employer or parent .. .. .	..	..	..	..	..	12	—	12
						<u>28</u>	<u>1</u>	<u>29</u>

MEDICAL INSPECTION AND TREATMENT RETURNS

YEAR ENDED 31ST DECEMBER, 1946

PRIMARY AND SECONDARY SCHOOLS

TABLE I.

A—ROUTINE MEDICAL INSPECTIONS

Number of Inspections in the prescribed Groups—

Entrants	9,152
Second Age Group	—
Third Age Group	6,607
TOTAL	15,759
Number of other Routine Inspections	903
GRAND TOTAL	16,662

B—OTHER INSPECTIONS

Number of Special Inspections and

Re-Inspections	105,209
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TABLE II.

CLASSIFICATION OF THE NUTRITION OF PUPILS INSPECTED
DURING THE YEAR IN THE ROUTINE AGE GROUPS

Number of Pupils Inspected	A (Excellent)		B (Normal)		C (Slightly sub-normal)		D (Bad)	
	No.	%	No.	%	No.	%	No.	%
16,662	2,918	17·51	11,846	71·09	1,880	11·28	18	0·10

TABLE III.

GROUP I.—TREATMENT OF MINOR AILMENTS

(excluding Uncleanliness)

Total number of defects treated or under treatment during the year under the Authority's Scheme	23,164
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GROUP II.—TREATMENT OF DEFECTIVE VISION AND SQUINT

	Under the Authority's Scheme
Errors of Refraction (including squint)	4,219
Other defect or disease of the eyes (excluding those recorded in Group I)	86
Total	4,305
Number of pupils for whom spectacles were—	
(a) Prescribed	1,559
(b) Obtained	1,251

TABLE IV.

DENTAL INSPECTION AND TREATMENT

(1) Number of pupils inspected by the Dentists.

(a) ROUTINE AGE-GROUPS

Age	5	6	7	8	9	10	11	12	13	14	15	16 and over	Total
Number	4,923	4,927	5,424	5,311	4,705	4,741	4,202	4,043	3,487	569	94	6	42,432
(b) SPECIALS													5,793
(c) TOTAL (Routine and Specials)													48,225
(2) Number found to require treatment													26,067
(3) Number actually treated													17,602
(4) Attendances made by pupils for treatment													30,442
(5) Half-days devoted to :—													
Inspection					365								
Treatment					3,202								
TOTAL					<u>3,567</u>								
(6) Fillings :—													
Permanent teeth					8,688								
Temporary teeth					106								
TOTAL					<u>8,794</u>								
(7) Extractions :—													
Permanent teeth													3,816
Temporary teeth													25,243
TOTAL													<u>29,059</u>
(8) Administrations of general anæsthetics for extractions													<u>17,521</u>
(9) Other operations :—													
Permanent teeth													6,104
Temporary teeth													57
TOTAL													<u>6,161</u>

TABLE V.

VERMINOUS CONDITIONS

- (i) Total number of examinations of pupils in the Schools by School Nurses or other authorised persons 133,948
- (ii) Number of individual children found unclean 5,524

ATTENDANCES AT CLINICS

	Atter-cliffe	Pits-moor	Hills-boro'	Heeley	Central (E)	Central (F)	Handsworth	Woodhouse	Shiregreen	Manor	Wisewood	Southey Green	Wybourn	Special Depts.	Total
Inspection Clinic ..	6,014	3,763	3,402	3,381	2,396	1,996	943	642	3,899	4,682	1,118	1,061	3,645	226	37,168
Minor Ailments Clinic ..	6,089	4,262	3,070	3,817	3,518	2,132	1,016	765	4,395	6,418	981	548	1,852	423	39,286
Child Guidance Clinic ..	—	—	—	—	—	—	—	—	—	—	—	—	—	2,267	2,267
Speech Therapy Clinic ..	—	—	—	—	—	—	—	—	—	—	—	—	—	1,899	1,899
Treatment Clinics—															
Ophthalmic ..	—	—	—	—	—	—	—	—	—	—	—	—	—	7,819	7,819
Orthoptic ..	—	—	—	—	—	—	—	—	—	—	—	—	—	2,321	2,321
Aural ..	—	—	—	—	—	—	—	—	—	—	—	—	—	712	712
Dental (Central & Branch)	—	—	—	—	—	—	—	—	—	—	—	—	—	30,795	30,795
Orthopaedic ..	—	—	—	—	—	—	—	—	—	—	—	—	—	878	878
Rheumatism & Heart ..	—	—	—	—	—	—	—	—	—	—	—	—	—	822	822
Immunization ..	—	—	—	—	—	—	—	—	—	—	—	—	—	10,262	10,262
Dressings by School Nursing Sisters—															
Eye cases ..	635	1,077	809	1,185	1,262	83	206	915	291	950	291	295	691	2,260	10,659
Ear Cases ..	2,501	1,853	2,313	2,294	2,784	529	507	2,724	624	1,339	624	673	1,149	5,689	24,979
Minor surgical cases ..	8,265	6,480	7,348	7,258	9,893	1,212	2,637	7,827	7,571	2,013	5,137	5,832	31,843	103,316	103,316
	23,504	17,435	16,942	17,935	23,981	3,783	4,757	19,760	20,960	5,027	7,714	13,169	98,216	273,183	273,183

SCHOOL HEALTH SERVICE

COST

The following particulars are furnished as to the cost of the School Health Service during the financial year ended 31st March, 1946 :—

SECTION	Gross Expenditure	Income from Local Sources (other than Rates)	Net Expenditure ranking for Grant	Net Cost to Rates after deducting Government Grant, &c.	Cost in terms of Penny Rate	
					Gross Cost	Net Cost to Rates
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	d.	d.
Medical Inspection and Treatment	48,484 11 7	378 16 6	48,105 15 1	26,206 9 6	3 60	1 64
Ablutionary Baths	638 7 2	—	638 7 2	347 15 2	0 05	0 02
Special Schools	48,592 17 4	275 11 11	48,317 5 5	26,321 14 1	3 61	1 64
TOTALS	97,715 16 1	654 8 5	97,061 7 8	52,875 18 9	7 26	3 30

