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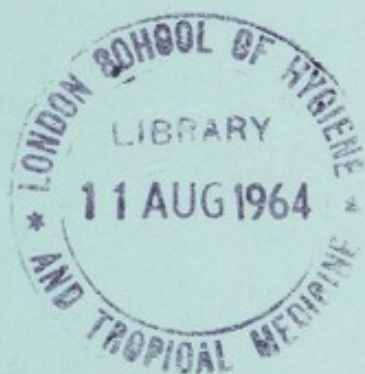
SCHOOL HEALTH SERVICE

REPORT

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER,

LLYWELYN ROBERTS, M.D., M.R.C.P., D.P.H.



FOR THE YEAR ENDED 31ST DECEMBER, 1963

[FIFTY-SIXTH YEAR]



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EDUCATION COMMITTEE

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INDEX

	PAGE
After Care	37
Audiology	19-20
Blind Pupils	34
Cerebral Palsy	36
Child Guidance Treatment ...	28
Chiropody	24
Cleanliness (Head and Body) ...	11, 29, 55
Clothing, etc.	10, 16
Convalescent Treatment ...	17
Co-operation with other Bodies	17, 29
Cost of School Health Service...	80
Deaf and Partially Deaf Children	8, 34
Defective Vision, see " Eyes "	
Delicate Pupils	34
Dental Treatment 9, 16, 21-23,	64
Diabetes	36
Diphtheria Immunisation ...	31
Ear, Nose and Throat	19
Educationally Sub-Normal Pupils	34, 36
Eyes	18, 56
Fairthorn Convalescent Home ...	17
Footwear, see " Clothing "	
Further Education for Handi- capped Pupils... ..	37
General Condition of Children ...	56
General Information	80
Handicapped Pupils	33-38
Health Education	29
Heart Diseases and Rheuma- tism	59
Heights and Weights	56, 66-70
Home Tuition	37
Infectious Diseases	31, 39
Inspection Clinics	63, 65
Investigations carried out ...	11

	PAGE
King Edward VII Orthopædic Hospital	24
Maladjusted Children	33
Milk in Schools	40
Ministry of Education, Returns	71-80
Minor Ailments Clinics	63, 65
Nursery Schools and Classes ...	30
Ophthalmic and Orthoptic Treatment, see " Eyes "	
Orthopædic Treatment	24
Partially Sighted Pupils	34
Periodic Health Inspections	7, 14
Physical Education	41-53
Physically Handicapped Pupils	34
Poliomyelitis	12, 32
Remand Homes	39
Research, see " Investigations "	
Residential Special Schools ...	37
Rheumatism and Heart Diseases, see " Heart Diseases "	
School Buildings	8, 39
School Meals	40
School Nursing	29-30
Shoes, see " Clothing "	
Special Examinations	7, 15, 55
Speech (Therapy and Defects)	10, 28
Spina bifida	11
Staff	5-6
Statistical Tables	54-80
Summary of Work	54
Tetanus Immunisation	31
Tuberculosis	12, 25-27
Visitors	30, 39

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 D.C.H., D.P.H. (to 19-12-63)

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 FLORENCE S. COATES, M.B., Ch.B. (to 31-7-63) D. Obst., R.C.O.G., D.C.H. (to 31-7-63)
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 (from 11-9-63) KANWAL C. PASI, M.B., B.S. (from 30-9-63)
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Ear, Nose and Throat Section	†*ROBERT E. PEASEGOOD, M.B., Ch.B., F.R.C.S.
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Orthodontic Section	*(VACANCY)

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Mrs. JANET M. BRAILSFORD, N.N.E.B.Cert.
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Mrs. MARY CRAPPER, S.E.N.
Mrs. DOROTHY DARWIN
Mrs. CONSTANCE H. ELLIOTT (from 10-9-63).
Mrs. JOYCE M. FARIS (from 1-5-63)
Miss ELIZABETH GILL

Mrs. BETTY PURVIS
Mrs. DOROTHY SANDLAND
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Mrs. JOAN STONEY
Mrs. MARY E. TOWNEND, S.E.N.
Mrs. JOAN M. TURNER
Mrs. MARGARET G. WARRINGTON

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Principal School Dental Officer

EDGAR COPESTAKE, L.D.S.

School Dental Officers

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ALBERT E. CLARKE, L.D.S.

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HERBERT PARKIN, L.D.S. (from 29-4-63)

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*COLLETTE TAYLOR, M.B., B.S., D.A., F.F.A.R.C.S.

*HELEN C. YOUNG, M.B., Ch.B. (from 15-10-63)

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Miss PATRICIA MORRIS (from 1-9-63)

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Miss SUSAN HAWKINS (from 16-9-63)

Miss WINIFRED M. MCKENZIE

Miss CLARE E. MARLOW

Miss CLARA L. MARSDEN

Miss APRIL G. MILTON

Mrs. FRANCES MORRIS

Mrs. AUDREY ROSS

Mrs. JEAN S. THOMPSON (to 31-5-63)

(Seven vacancies for Dental Attendants)

Oral Hygienist

VACANCY

Dental Technicians

CLIFFORD J. ATKIN (Senior)

(Vacancy for Dental Technician)

(Vacancy for Apprentice)

Child Guidance Centre

Medical Director—THE SENIOR SCHOOL MEDICAL OFFICER

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(Educational Psychologist in charge)

MICHAEL DAVIS, B.A.

(Educational Psychologist)

Miss EDITH M. FAWCETT, B.Sc.

(Educational Psychologist)

Miss RUTH J. M. GARDEN, M.A., Ed.B.,

A.B.Ps.S. (Educational Psychologist)

IAN C. MURPHY, Ph.D.

(Educational Psychologist)

KENNETH A. SMART, B.Sc., Ed.B.

(Educational Psychologist)

†*REGINALD WARNECKE, M.R.C.S., L.R.C.P.,

D.P.M. (Psychiatrist)

†*A. C. WOODMANSEY, M.D., M.R.C.P., D.P.M.,

D.C.H. (Psychiatrist)

*Mrs. CHAJE R. HOLMES

(Psychiatric Social Worker)

(Vacancies for Psychiatric Social Worker and Psychotherapist)

Speech Therapy Clinic

Miss ANNE B. CHAPMAN, L.C.S.T.

(Senior Speech Therapist)

*Mrs. PAMELA J. BATTYE, L.C.S.T.

(Assistant Speech Therapist)

Miss ANNIE JOHNSON, L.C.S.T.

(Speech Therapist)

Mrs. PRUDENCE R. M. POPAT, L.C.S.T.

(Assistant Speech Therapist) (to 30-4-63)

Chiropodist—*LEONARD ALDAM, M.Ch.S.

Bents Green Special School

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Cert. in Housekeeping (Matron) (to 31-3-63)

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Chantrey School

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Miss FLORENCE E. SHAW (Housekeeper/Matron)

Sheffield School for Blind Children

Miss KATHLEEN G. DAVIES (Housekeeper/Matron)

Administrative Assistant

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SCHOOL HEALTH SERVICE, Central Clinic, 7, Leopold Street, Sheffield, 1.

(Telephone 26341).

NOTE: *Denotes part-time Officer. †Denotes appointment by arrangement with the Regional Hospital Board.)

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE :

I again have the honour to present my Report as Principal School Medical Officer for the year which ended on the 31st December, 1963. Such a Report presents an informative summary of the work of the School Health Service—it is both a permanent record for the archives and also a current bulletin highlighting trends or developments in the year under review. Moreover, it is liable to be read and studied (or pigeon-holed) not only by members of the Authority but also by the Ministry of Education and the staffs responsible for school health services up and down the country. The more unusual or controversial aspects are quite frequently taken up by the local and even the national press, and short extracts are sometimes reproduced in the medical journals. No form of presentation can reconcile such a diversity of interests but in order to improve the readability and economy of layout, rather more of the statistical information has been excluded from the main body of the text and collected together as an appendix. The danger of brushing the dust under the carpet so to speak is that interesting information may go unnoticed but, on balance, this is probably the nearest solution to the dilemma which faces every Medical Officer preparing such Reports.

Dr. Browne's observations on page 14 draw attention to some of the opportunities and problems raised by a form of selective medical inspection. Views still differ as to the wisdom of abandoning the routine 'intermediate' inspection. My own feeling is that selection is right in principle but that we are still feeling our way as regards the best method of approach. An essential corollary of the new system is that the total number of inspections reflected in the annual statistics will decline but that the time will be concentrated on children where there is some reason to believe that they are not in optimum health. However, the new system breeds a positive attitude both on the part of school medical officers and teaching staff, and ideas inherited from the past may require revision. The examination is no longer a series of rapid manœuvres designed to pick out the more obvious physical abnormalities but an enquiry into the wellbeing of the child requiring full knowledge of all aspects of the medical history. Although useful information is obtained from the questionnaire completed by parents, this is no substitute for the presence of the parent or responsible relative at the actual examination. Now that so many mothers are out at work where there are no longer young children present in the family, we shall have to rely more than ever on contact maintained at home either by

the health visitor or school nursing sister. Ideally the same person should play both these roles but with the continuing shortage of health visitors, this is not likely to be achieved except on a limited scale. Co-operation is a word which is spoken of so often that it sometimes slips from the tongue without thought of what full co-operation entails. Certainly there is need to examine most closely ways in which the various visiting field officers concerned with the family can work together on a day-to-day basis.

I have again presented in the Report some of the remarks made by school medical officers which arise out of the course of their day-to-day work. There is one matter which has not been included which I know is the subject of some concern, and that is the conditions under which medical inspections are carried out in schools. In old buildings some inconvenience and lack of privacy is understandable but it is an anachronism that even in some of the modern schools the value of the work is materially lessened because of the turmoil in which it is conducted. One of the difficulties seems to be that space is so short that rooms originally intended for the purpose of medical inspections are used for other purposes (quite rightly) but that practical difficulties arise in releasing them for visits of doctors and nurses, particularly when arrangements are made at short notice.

The scheme of routine testing of infants for deafness in groups 'at risk' is making progress though not as rapidly as was hoped, and Dr. Swallow and her team at the Auditory Assessment Centre have been a very great help in training health visitors. Views vary as to whether it is practicable to fit a hearing aid immediately when deafness is detected before the age of a year, but undoubtedly it is important that such cases should be brought under close surveillance with a view to making use of any residual hearing. It would be premature to hazard an opinion just how satisfactory the end result will be, but children ascertained early and admitted to the nursery unit at Maud Maxfield School after preliminary training make much better progress than their less fortunate comrades in arms who have not had the benefit of the new methods.

Fortunately not all children are so deaf that they will permanently require education in a school for the deaf. Moreover, there are a number of children who are found to have a moderate hearing impairment on routine audiometric testing at the age of 6-7 years and who are failing to make normal progress in ordinary schools. For some of these children, improved hearing may be possible through the fitting of hearing aids or the carrying out of suitable treatment; others may progress educationally if placed in a favourable position in the classroom, but there are, unfortunately, a few cases where these measures are insufficient, and the special unit for the partial hearing established at Hunter's Bar Junior School has filled an important need.

I am glad to note that similar provision is now being made for children of secondary school age, although it is likely that some of these children can in due course go to an ordinary school after the educational handicap has been made good. I am very grateful to the Education Authority for making available for maternity and child welfare purposes the excellent school clinics at Handsworth and Chaucer Road, though as might be expected, it has taken some time for the Southey Centre to become known among the families in the district. To some extent in the past, school and maternity and child welfare clinics have been built 'in parallel' so that a few lucky areas have had two clinics while other districts have had none. During recent years, however, there has been joint consultation before any project has been embarked upon, and it is anticipated the Newfield Green Clinic at Gleadless will also serve the needs of the School Health Service as well as maternity and child welfare. In view of the development of a number of schools in the Woodhouse area, it is likely that school clinic facilities will also be offered at the Woodhouse Clinic. This is a converted chapel which has been in use since 1954 but it is hoped that eventually a purpose-built clinic will be available, and provision has accordingly been made in the latest revision of the Local Health Authority 10-year-plan. I would not like to suggest, however, that this is one of the projects which can claim priority.

The shortage of staff is a recurring theme in Mr. Copestake's report for he recognises that lack of personnel cripples a service which could contribute so much to the well-being of the new generation. It is a sad reflection on our standards of values that the teeth of children are allowed to rot because most of our dentists are kept busy repairing the ravages of past neglect. Unfortunately the scheme for the fluoridation of water has made no further progress due to circumstances outside the control of the City Council and, indeed, it has never been claimed that fluoridation is a complete answer. Fluoridation must go hand in hand with dental health education so that there may be some modification of children's attitudes towards teeth cleaning and the eating of fermentable carbohydrates between meals. No one hopes (or at least expects) children to forgo sweets and chocolates but they should be avoided before going to bed, even if at no other time, as the food debris retained in the tooth crevices is broken down by the bacteria in the mouth and, in ways not fully understood, this action promotes the development of dental caries. I am glad to report that a further dental auxiliary has been employed and that a proportion of her time has been spent in dental health education. The attitude surveys carried out have not yet been fully analysed so that it is impossible to say at this stage how effective the Dental Health Campaign has been. The help given by the teachers has been a noticeable feature for they recognise the adverse effects of dental ill health.

The Speech Therapy Service was again handicapped through staff shortages, though perhaps no more than usual. Invaluable work was done with children at Chantrey and Oakes Park Schools. After several years of being up to strength with few staff changes, several doctors were lost in the autumn and it has not been possible to recruit satisfactory replacements. There is always likely to be a shortage of good doctors but whether a run of luck will bring our troubles to an end is one of those uncertainties which can only be resolved by the turn of events. While part-time staff can play a useful part in carrying on with routine work, very few are likely to have the specialised experience which is necessary in dealing with handicapped children; nor in general have they very deep knowledge of the other health and welfare services which are in many ways complementary to the school service.

I am glad that greater attention has been drawn to the care of the handicapped at the 'school leaver' level. It is a testing time both for the young people themselves and also the services of the community which are designed to meet their special needs. From a sheltered environment of a special school they are suddenly expected to adjust to the harsh realities of a competitive world, and without sympathetic support, this may be difficult even for a normal boy or girl.

During the year a register of congenital handicaps was established and, while this was introduced primarily as an 'alert system' to signal a possible future thalidomide tragedy, it has also the advantage that cases are kept under surveillance from infancy and can be passed on to the School Health Service automatically at the age of 2. One of the difficulties of the School Health Service acting in isolation is that many of the problems are not brought to light until the child becomes of compulsory school age and, while it may not be necessary for active steps to be taken at an earlier age, it is useful to be able to look ahead and anticipate difficulties. The scheme of testing babies for phenylketonuria has been continued and, though no cases were discovered, this is an example of how preventive action taken in early childhood may avoid the otherwise certain consequence of a mentally retarded child of school age.

The question of footwear is again referred to briefly by one of the school medical officers. Fashions come and go and I am pleased that winkle pickers are now out. As a mere man, I am always a little behindhand in my information but it seems that, when a sensible fashion emerges which does not constrict the toes, it is quickly superseded by some style which is considered elegant but which, from a medical point of view, is an abomination. It is difficult for young people to accept the fact that deforming of the toes in adolescence leads to changes in the foot which are liable to cause severe disability by middle life. Similarly young people do not seem to realise the dangers of acquiring the

cigarette habit because there may be no risk apparent for another 30 or 40 years. I do not know whether their attitude would be any different in an age without the hydrogen bomb, as indeed we do not know the motivation of why young people take up smoking. One can blame the grown-ups if one is looking for scapegoats, but my impression is that young people have very much a mind of their own and are not necessarily influenced by the habits of their parents. Nevertheless, it is a situation that continues to cause grave disquiet.

With the discovery of efficient insecticides such as D.D.T., one would have thought that head lice in schools would have been a thing of the past. An enormous number of women hours are spent by nursing assistants looking at pupils' hair and, though the figures seem to be dropping, the fall is very slow. Lousiness is a family problem and most of the trouble is caused by a school child being reinfested from another member of the family and thus the head louse continues to circulate in the classroom. I am not sure how long the 'beatle style' will last but, as far as girls' hair is concerned, the head louse has lasted far too long.

The children in the Chantrey and Oakes Park Schools are taking root in their new surroundings and a happy atmosphere is developing. Now that the school is full, the need has been recognised for an additional physiotherapist who will be appointed as soon as possible. The care and education of severely handicapped children is very much a team effort in which the paediatrician, school medical officer, teacher, speech therapist and physiotherapist each play a part.

Dr. J. E. Lunn of the Department of Preventive Medicine and Public Health has extended the work pioneered first by Dr. Clifton, Dr. M. H. Wahdan and Dr. J. Sarginson. Little is still known about the aetiology of bronchitis and one of the aims of the present investigation is to try and unravel the factors involving bronchitis in children. It is not known, however, whether children liable to bronchitis are necessarily those who develop a chronic and disabling form of bronchitis in later life. I often wonder as to the place of special education in the treatment of children with chest conditions. An assortment are taken in at the open air school for a period and many apparently benefit. Considering open air schools have been in existence now some 50 or 60 years, one feels that a better assessment might have been made as to the value of an open air regime for children with bronchitis and asthma.

We are particularly conscious of the problem of the young child with spina bifida and/or hydrocephalus, as Sheffield has become a centre for specialised treatment at hospitals, and cases are dealt with not only from the Hospital Board area but from even further afield. From the information supplied by the Department of Child Health, it appears that in the four years January 1959 to December, 1962, there were 253 children treated, 52 of which may

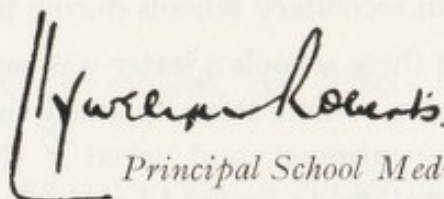
require special education in an E.S.N. school and 86 in a physically handicapped school—many of these are incontinent. Nevertheless, of this large number of cases, only 20 were Sheffield children so that it is a national rather than a local problem. There is a need for special education which is at present unmet and there would be understandable advantages in establishing this in association with, though not necessarily as part of, a hospital unit.

Fortunately there were no further outbreaks of tuberculosis in schools, although one of the girls followed up as a result of the investigation carried out last year was re-examined in 1963 and found to have developed tuberculosis. The total number of cases in the outbreak reported in the Annual Report for 1962 has, therefore, risen from 7 to 8. The cause of this outbreak was never discovered with certainty despite a thorough investigation, although the later children infected may well be attributed to spread from the original case. There was little doubt that this outbreak would not have occurred if at that time BCG had been carried out at the age of 11, which is the policy now adopted in this authority. Originally the Ministry suggested the age of 13 but later agreed that authorities might exercise a discretion in the matter. There have been some unexpected results reported as regards skin testing; these are somewhat perplexing and possibly illustrate some of the pitfalls into which even experienced doctors may fall in interpreting the results of the Mantoux (Heaf) test. Nevertheless the scheme as a whole has worked very smoothly due to the co-operation received from the school nursing sisters carrying out the tests, and the teachers who play an important part in shaping parental opinion as regards the value of preventive measures.

The school nursing sisters have again visited primary schools to give any necessary boosting doses of poliomyelitis vaccine. It is now opportune to concentrate greater efforts on improving the immunity of children against tetanus. Tetanus immunisation in infancy has been carried out on an intensive scale since 1956 but many of these now require booster doses, while the older children probably 'missed the prick' when they were babies and now require a full course of three injections. It is being increasingly recognised that the provision of tetanus immunity is best achieved, not by the giving of serum but through establishing a basic immunity which can be boosted following injury involving a risk of tetanus.

Despite disappointments as regards staffing, I think we can look back on the year as one of consolidation and quiet achievement. Many difficult problems arise in planning the medical and educational needs of individual children but, when considering the School Health Service as a whole, these stand out as the exceptions. Nobody can really say what constitutes health, therefore it is difficult to be objective, yet everybody working in the School Health Service seems quite confident in their own mind that children are

becoming a little healthier each year, at least from a physical point of view. Although we may recognise more psychological problems and sometimes have pangs of apprehension over the seemingly irrational behaviour of adolescents, all the evidence points to the fact that children at school are happier and enjoy a fuller life. To the nostalgic, school days were always the happiest, but nowadays one senses it may really be true. It is customary to close by expressing thanks to the Chairman and members of the Child Welfare Sub-Committee. They have the advantage of looking at the service as part of a wider educational field and can play a constructive part in helping the School Health Service to keep pace with the exciting developments in education. I have great pleasure in thanking them again, together with the Director of Education from whom I have received every assistance and also the medical and nursing staff of the School Health Service.

A handwritten signature in dark ink, reading "Hywel Roberts". The signature is fluid and cursive, with a large initial "H".

Principal School Medical Officer.

MEDICAL EXAMINATIONS

"No gain is possible without attendant outlay, but there will be no profit if the outlay exceeds the receipts."

Plautus, "Paenulus", II, 2.

PERIODIC HEALTH INSPECTIONS

The examination of school entrants and leavers has continued as before ; figures for this are given in the tables on pages 54 to 56. The medical examination by selection is also working smoothly. In connection with this, the following report by Dr. R. E. Browne is interesting :—

"When the routine medical inspection at 11 years of age was discontinued and the selection system introduced for this age group, it became evident that the parents, as an important source of selection, were being overlooked. With this in mind, a pilot scheme was tried out in seven secondary schools during the year.

In these schools a letter was sent to the parents of each child in the first year. This letter explained that the routine medical examination was discontinued, and asked if they had any problems, physical or emotional, to be brought before the school medical officer. In addition, children were selected for examination by teachers and the school medical officer.

The sources of selection are summarised as follows :—

School	Teachers	Parent	Medical Officer	Combined	Total examinations
No. 1	8	16	0	5	29
No. 2	6	3	1	1	11
No. 3	0	5	5	0	10
No. 4	9	10	9	4	32
No. 5	0	3	0	0	3
No. 6	12	10	8	0	30
No. 7	20	8	2	1	31
TOTAL	55	55	25	11	146

It will be noted that equal numbers were brought forward by the school and the parents, but a closer analysis showed that the school selection was more important in bringing forward latent disabilities, particularly of vision and hearing, but the parents more of emotional and social problems, some of which were not known to the school.

This letter to parents was discussed with the head teachers concerned, and also a few whose schools were not included in the pilot scheme. Without exception, all were emphatic that the parents should be brought into this system of selection.

This letter, whether resulting in an examination or not, serves to bridge a long gap, from the age of five years to the age of fifteen years, in the child's medical history, and serves as another link in co-operation between the parents and the School Health Service."

The sending of a letter to the parents of every 11-year-old child appears to have been justified. Parents were asked whether any problems had arisen regarding the child's health which would render a medical examination advisable. It was pointed out, however, that even where parents were not aware of a special problem, an appointment for examination might be made where the school medical officer felt it desirable.

Unfortunately, staffing problems prevent the same school medical officer going into the schools each year, and also prevent the school medical officer attached to a branch clinic to do many of the school inspections in his or her district.

Figures for special examinations, cleanliness, eye defects and heights and weights are given on pages 55 to 56.

Children in the nursery schools and classes have a full medical examination each year by the school medical officer, and a brief review every three months.

Maternity and child welfare cards in sealed envelopes are passed on to the school medical officer at the school entrance examination, when they can be filed with the school medical record (Form 10M) or destroyed by the school medical officer after any relevant information has been extracted.

Similarly, at the leavers examination, letters are sent to general practitioners giving details of any defect found, and also a copy of the form sent to the Youth Employment Bureau which indicates any type of work for which the child is considered unsuitable (see also page 37).

Liaison with factory doctors is not as close as it may be, though from time to time details are supplied on request.

SPECIAL EXAMINATIONS

Special examinations have been carried out as follows :—

Candidates for appointment in the service of the Education Committee	247
For stage licences	13
Juvenile Court cases	104
" Boarded-out " children (annual medical examination)	65
Fitness for part-time work, e.g., newspaper delivery or errand boy in various trades :—	
Number passed	1,273
Number not recommended	2
Students for admission to training colleges for teachers :—	
Men	77
Women	144
	221

REPORTS FROM SCHOOL MEDICAL OFFICERS

"Preach not because you have to say something, but because you have something to say."

Richard Whately, "Apophthegms."

In the course of the work of the school medical officers, different aspects emerge which are reflected in the following extracts from reports received :—

"I have been thinking for some time that the children round here have little to entertain them after school. They do not get homework and, while one or two are keen Red Cross and St. John workers and there is a good Youth Club at Coleridge Road, most children just watch 'telly'. I feel sure in my own mind that a lot of delinquency is simply due to boredom."

"During the past year, there has been a very marked improvement in the state of children's teeth. This was particularly noted amongst the school leavers at their medical inspection, when nearly all the children were seen to have fillings, whereas in previous years only an occasional child had had dental treatment. When asked about this, the children stated that there had been a series of talks on dental hygiene specially given in school, and that following these most of them had paid visits to the dentist for treatment."

"Unsuitable footwear continues to be a problem, causing foot deformities in their early stages. Not only are shoes ill-designed but they are of such poor manufacture that it is common to see a school child wearing ruined, broken-down footwear ; not because of poverty but because the shoes are not capable of standing up to the everyday usage of the wearer for any length of time. Several children openly admit that shoes are never tried on when they are bought, but are simply brought home for them, so that in consequence children are often wearing shoes that are too small, quite apart from the unsuitable styles that are obtained."

"One occasionally meets a child at a local clinic who has been referred there by the general practitioner, usually with a view to attending one of our specialised departments. I would like the general practitioners to feel most welcome to use our service much more. For example, to refer children to the School Ophthalmologist rather than issue a National Health Service green certificate to see an optician : or refer chronic ear conditions to the local clinic for the aural toilet which is so necessary and not easily carried out by a busy general practitioner or the parent."

CO-OPERATION WITH OTHER BODIES

"By a sudden and adroit movement I placed my left eye against his fist."

Artemus Ward.

NATIONAL HEALTH SERVICE

Details of the specialist clinics arranged in co-operation with the Regional Hospital Board are given on pages 18, 19, 24 and 59. Liaison with the hospitals and general practitioners is maintained by letters and personal discussions. Reports to general practitioners following the medical examination of school leavers were in respect of 282 defects. This represents 6% of the school leavers, as compared with 6.6% in the previous year.

PARENTS, TEACHERS, EDUCATION WELFARE OFFICERS AND OTHERS

At the periodic health inspections, 7,167 (8,121*) parents attended with their children. This is equivalent to 55.8 (52.2*) per cent. attendances with boys and 66.8 (61.1*) per cent. with girls.

(* 1962 figures)

An effective school health service could not be provided without the willing co-operation of teachers, inspectors and education welfare officers. Thanks are also extended to the Children's Officer and his staff, probation officers, general practitioners, medical officers at the hospitals, the National Society for the Prevention of Cruelty to Children, the Cripples' Aid Association, the Council of Social Service and —not least—the parents themselves for all their valuable help.

Also, thanks must be given to the local press for the realistic and sympathetic approach which is given to all matters concerning the School Health Service.

Once more the Sheffield School Children's Holiday Association, supported by Sheffield school teachers, made full use of the Fairthorn Convalescent Home. During the period 11th March to 20th December, when the house was open, 122 boys and 99 girls were there for convalescent treatment. In addition to this, 53 children selected by teachers went there during the summer vacation. Most of these were children who would not otherwise have gone away from home for a holiday. Prior to admission, each child was examined by a school medical officer and passed as free from infection and suitable.

The Senior School Medical Officer continues to serve on the Council of the School Health Service Group of the Society of Medical Officers of Health.

OPHTHALMIC TREATMENT

"Let not my sister read it in your eye."

Shakespeare, "Comedy of Errors", III, 2.

Mr. M. Ferguson, the Ophthalmologist, reports that the work of the clinic continues steadily and there is little new to add. The regular visits continue as before to both the School for Blind Children and the classes for partially-sighted children at Bents Green, and one is constantly on the lookout for any new method or new appliance which will help these children. Tables in connection with this work and also on orthoptic treatment are given on pages 56 and 57.

ORTHOPTIC TREATMENT.

Miss J. A. Smith, D.B.O., Senior Orthoptist, reports :—

"There has been little change in the Orthoptic Department during 1963. Mrs. Beck, who had a part-time post, left in April, her place being taken by Miss Watson.

The addition of the new visuscope has proved very useful in the early diagnosis of eccentric fixation—a condition wherein the point of highest vision of the amblyopic eye is neglected in favour of some other point at the back of the eye.

As in the past, some of our patients have been referred to the Royal Hospital for surgical correction of the strabismus. The Orthoptists with part-time duties at the Royal Hospital have been able to take over the supervision of the patients, who are then referred back to the Clinic for completion of treatment.

It is gratifying to note the increase in numbers of those cured in 1963. Though the number who failed to attend during treatment remains about the same, there were only two who refused treatment during the year."

EAR, NOSE AND THROAT DEFECTS

"A word in your ear."

Vanburgh and Cibber, "The Provok'd Husband", IV, 1.

As before, Mr. R. E. Peasegood, the Aural Surgeon, attended the Central Clinic to see cases referred to him by the school medical officers. Dr. E. M. Swallow, the School Medical Officer in charge of the Clinic for the young deaf child and the school for the deaf, attended with Mr. Peasegood. Through arrangements made by the Senior School Medical Officer, speech therapists also have the opportunity of discussing cases in which they are interested.

Annual statistics are given on page 57 relative to the work of the Clinic, together with information regarding surgical treatment for tonsils and adenoids.

Dr. E. M. Swallow reports :—

"PRE-SCHOOL HEARING ASSESSMENT AND AUDITORY TRAINING CLINIC

Statistics regarding the year's work are given on page 58.

Regular auditory training sessions are held each week by Miss Ibbotson, the teacher in charge of the nursery class at the Maud Maxfield School for the Deaf. This arrangement has proved very satisfactory when it is eventually necessary to admit any of these children to the school nursery.

Towards the end of the year several 'in-service training' sessions were held at the clinic for small groups of health visitors to give them some experience of the methods used in screening the hearing of babies considered to be 'at risk' of deafness.

PARTIALLY HEARING UNIT AT HUNTER'S BAR COUNTY SCHOOL

A full account of this Unit was given in the Report for 1962. Three more children were admitted during the year and have settled in quite well.

It has been very satisfactory to observe the gradual integration into the ordinary school activities of the children in the Unit. This has been particularly noticeable on the playground, where at first the partially hearing children tended to keep to themselves, a situation which no longer obtains.

AUDIOMETER PURE-TONE TESTING JANUARY TO DECEMBER, 1963

Pure-tone testing was carried out in the Central Clinic. Total number tested was :—

New cases	...	...	...	566
Retests of present year	...	...	...	133
Retests of previous years	...	...	...	454
Total	...	...	...	1,153

The majority of these children were referred by school medical officers, either from medical inspections in school, or at the branch clinics. Others were referred by the Otologist, Mr. Peasegood, by speech therapists, Child Guidance staff, parents, teachers, school nursing sisters, and a few by general practitioners and other Local Authorities.

Total number of cases seen by the Otologist at the Central Clinic :—

New cases	...	...	...	146
Old cases reviewed	...	...	...	119
Total	...	...	...	265

Hearing aids prescribed totalled 17. Five of these children were of pre-school age, and have been admitted to Maud Maxfield School for the deaf as they were all severely deaf. The other twelve children have all been given tuition in lip reading.

AUDIOMETER SWEEP TESTING—SCHOOL YEAR SEPT. 1962 TO JULY 1963

Total number tested—age group 6-7 years, i.e., Inf. II—6,246

Total number who failed test. 90

Those children who failed to pass the tests had pure-tone tests done in school, and were all referred to either the school medical officer or to their general practitioner.

Children with wax or heavy colds at the time of the school visit, and also absentees, were given an opportunity to be tested at the appropriate branch clinic.

All special schools in the City were visited during the year, and testing was carried out on the children in the appropriate year group, as well as on others where there was any doubt regarding their hearing.

The newly-opened Chantrey and Oakes Park Schools were visited for several weeks, until every child had been tested ; an annual visit will be paid in the future."

SCHOOL DENTAL SERVICE

"Now by St. Paul, the Work goes bravely on."

Shakespeare, "Richard III", III, 1.

E. Copestake, Principal School Dental Officer.

"Since the Parliamentary Estimates Committee published its unfavourable report on the School Dental Service, the Ministry of Education has taken a welcome and more active interest in the service than ever before. A considerable part of the report concerned the absence of information which ought to have been available on the cost of the school dental service, the differences which exist in the output of treatment recorded by local authorities, the various standards adopted in the provision of premises and equipment, the systems under which services are administered and the manner in which some of these affect the recruitment of staff. It could be said quite truthfully that since the dental service was established in Sheffield at no time have we had more than half the number of dentists who could have been usefully employed. We might be obliged to make a bigger effort to make the service attractive than will be necessary in other parts of the country. For one reason or another dentists object to working in the West Riding, Nottinghamshire and Derbyshire areas, not just in the local authority service, but in the General Dental Service too. The proportion of dental practitioners available for the population of the area is much less than in many other parts of England.

There were four dental officers for a period of seven months and five for the rest of the year. There has, however, been an increased interest shown by recently qualified dentists in the school service. We would have been very poorly off had we not been able to appoint two such dentists, neither of whom had previously worked for a local authority.

INSPECTION AND TREATMENT

The procedure adopted for inspecting, selecting and treating children has remained unaltered for several years. While dental officers conform to general instructions covering their daily routine work, they still enjoy complete freedom to choose the treatment which they decide individually to be necessary for the patients they treat. The pattern of treatment is therefore likely to alter as staff changes are made, and this is slowly happening. It would tend to vary also with the development of new materials, techniques and equipment. The fairly recent provision of air-turbine drills, for example, has resulted in an ability to fill teeth more quickly and with less discomfort. It would not be surprising, therefore, to find that the number of fillings in relation to the number of children treated is now much higher than in recent years. In the report for 1960 your attention was drawn to the advanced average age of the dental officers, which was 50 years. It is now 40 years.

However, the service is still far from being effective. Only four dental clinics are in use. Less than 16,000 children of over 70,000 on the school registers were dentally inspected and less than 6,000 were treated. Each year we inspect and offer treatment to what is substantially the same group of children, but 70 per cent. of them still require treatment this year. There is no evidence in Sheffield that the combined efforts of the school dental and the General Dental Service are able to do much more than scratch the surface. Children need much more treatment than they are getting and they need it more often. In the words of Mr. Enoch Powell when Minister of Health, this is 'a situation which the profession have long recognised and proclaimed to be profoundly unsatisfactory'.

DENTAL AUXILIARY WORKERS

Two dental auxiliaries were appointed and carry out treatment under the direction of a dental officer. This is no new departure for Sheffield, which employed three similar auxiliaries between 1919 and 1924. The last of these retired, having served as a dental attendant, eight years ago. The auxiliaries work very much as a dental officer, using the same equipment, air-turbines, etc., and are provided with dental surgery assistants. For one complete week each month they have been employed with their assistants in lecturing and demonstrating methods of tooth cleaning as part of the pilot scheme in Dental Health Education. Between Exhibition weeks they have visited some schools to give individual instruction on dental hygiene to small groups of four or five children at a time.

The employment of dental auxiliary workers in dentistry is part of a national experiment to discover whether they could be of benefit to a school population faced with a dental service which is quite inadequately staffed. While there has been some difficulty in providing the supervision which regulations demand, our present experience is that they have made a valuable and economic contribution to the dental health of children in Sheffield. Dental staff and auxiliaries have worked well together. Head teachers have recently expressed appreciation of their ability to 'put over' dental hygiene in their schools. They could be justly proud of this because they came to us with no teaching experience and as one head teacher put it, 'It is difficult to lecture to children of all ages. Each group needs the use of a technique adapted to the average age of those forming it. To do this successfully after only a few months of practice is admirable'.

SUMMARY OF DENTAL LABORATORY WORK

Mr. C. J. Atkin, the full-time technician, reports the following work completed during the year. He has made in addition to this, 22 full dentures and 5 part dentures for expectant and nursing mothers. He has been useful

on several occasions for carrying out emergency repairs to equipment which has broken down.

Partial dentures	Repairs to dentures	Removable appliances	Fixed appliances	Study models	Crowns	Gold inlays
88 (82*)	11 (16*)	43 (54*)	1 (16*)	24 (8*)	21 (18*)	4 (13*)

(* 1962 figures)

CONCLUSION

It does not seem so very long ago that, at the inception of the National Health Service, the Minister of Health made it quite clear that it was his objective that the General Dental Service should eventually absorb at least the treatment side of the school dental service. This has not yet been attained, nor does the present attitude appear to be directed towards this end. Since the National Health Service was introduced several areas have been left for long periods without any school dental officers. We have not noticed that the practitioners of the General Dental Service stepped in and provided children in these areas with the dental treatment they needed. Yet there appears to have been no reason for not doing so apart from their disinclination to treat children. It is admitted by a number of dentists that they find the treatment of children to be tiresome and less agreeable than that of adults. This is one of the main difficulties in recruiting school dental officers. However, there is a very large increase expected to take place in the number of dentists being trained when the present dental teaching schools have been enlarged. This will lead to more competitive private practice and smaller returns. In any case it can be forecast that more full-time dental officers will become available in the school service and children will then receive the treatment they so badly need."

ORTHOPÆDIC AND POSTURAL DEFECTS

"I found there was nothing left for it but to take off my flesh and sit in my bones."

Sydney Smith, "Lady Holland's Memoirs".

ORTHOPÆDIC CLINICS

Mr. A. Dornan, Consultant at the Royal Hospital, reports :—

"I have not much in the way of observation to make on the work of the School Clinic, but I think, commenting in a general way upon this service, that quite a number of cases requiring orthopædic treatment are brought to our notice, while the great majority of the cases referred by the school service can be reassured and advised that no treatment is required. Some of these have received treatment at an earlier stage of their lives but have passed out of medical care in the intervening period."

As before, the greatest number of children referred had minor defects. 231 were seen (33 of whom it was found necessary to transfer to hospital for treatment) and their attendances totalled 268.

KING EDWARD VII ORTHOPÆDIC HOSPITAL AND ORTHOPÆDIC CLINIC

Dr. E. G. Herzog, the Surgeon Superintendent at the King Edward VII Orthopædic Hospital, presents the following information in respect of the years 1962 and 1963 :—

HOSPITAL :—

<i>In-patients.</i>	1962	1963
Number of school children treated for non-tubercular conditions	86	87
Number of school children treated for tuberculosis of bones and joints	—	1
<i>Out-patients.</i>		
Number of attendances made	429	411

CLINICS :—

New cases of school children who attended this year	—	10
Number of attendances made	153	92

CHIROPODY CLINIC

This clinic continues to be well attended. 864 new and 105 old cases were treated during the year, involving 2,019 attendances. At the end of the year, 49 children were still in attendance.

PREVENTION OF TUBERCULOSIS IN SCHOOL CHILDREN

"I am as vigilant as a cat to steal cream."

Shakespeare, "Henry IV", IV, 2.

CHEST CLINIC

Dr. D. H. Anderson, Consultant Chest Physician, reports :—

"The Chest Clinic has continued to play its part in the care of the City's school children and investigations into tuberculosis and other chest conditions, together with the development of preventive measures, have been carried out in co-operation with the Principal School Medical Officer.

School children contacts of known or suspected cases of tuberculosis are seen at specific clinical sessions each week. Tuberculin testing using the Heaf Multiple Puncture technique is carried out and negative reactors, with parental consent, are given B.C.G. vaccination, whilst positive reactors are X-rayed and kept under supervision where necessary.

During the past year, a Contact Clinic has been in operation at our Chest Clinic at the Royal Infirmary, but the great bulk of the work concerning school children has still been carried out at our Queen's Road Clinic.

It is proposed to close the Queen's Road Chest Clinic during the first quarter of 1964 and transfer the work to our Royal Infirmary Clinic. When the closure of Queen's Road is completed, child contacts will be seen at the Royal Infirmary Clinic in the first instance, but subsequent follow-up and B.C.G. vaccinations will be carried out at a new children's clinic to be opened at Winter Street Hospital.

Statistics

During the past year, 19 children of school age were admitted to our children's beds for observation or treatment and of these 7 were found to be suffering from active pulmonary tuberculosis. Tubercle bacilli were isolated from the sputum of 2 of these cases and from the pleural fluid in one. In one of these cases with a T.B. positive sputum, the source of infection was the mother and the disease was discovered as a result of examination as a contact. Emphasis has been placed on the investigations of contacts in order to track down sources of infection, but in the case of the other child with a T.B. positive sputum intensive contact examination failed to reveal the source of infection. Among the school contacts of this case, 18 were found to be positive tuberculin reactors, but of these 13 had previously been vaccinated with B.C.G. and so would be expected to be positive. Investigation of these 18 contacts showed that none had been infected. In the case of the third child with a tuberculous pleurisy contact, examination also failed to discover the source of infection.

During 1963, over 1,000 school children were seen at our Clinic for the first time, most of them as contacts, or because they had been found to be strongly positive on routine testing preparatory to B.C.G. vaccination.

Re-attendances were made by a further 3,250 school children, of whom 84 were notified as cases of tuberculosis. As a result of these visits, 30 children were moved from the Clinic Register of Tuberculous Cases, leaving 60 school children on this Register on the 31st December, 1963.

329 child contacts were vaccinated with B.C.G. during the year, an increase of 42 over the previous year."

B.C.G. VACCINATION OF SCHOOL CHILDREN

Dr. C. F. J. Ducksbury, School Medical Officer, reports :—

" During 1963, the scheme for the B.C.G. vaccination of school children was continued. The policy adopted in 1962 aimed at eventually vaccinating eleven-year-old children continues to be carried out and the second stage was commenced in September, 1963, when eleven-year-old and twelve-year-old children were given the opportunity of vaccination :—

Number of eligible children	...	...	...	...	...	11,883
Consents received	...	...	...	...	...	10,794
Consent rate	...	...	...	...	...	90·8%
Absentees	...	...	...	...	...	755
Already had B.C.G.	...	...	...	...	...	875
Number skin-tested, excluding those who had previously had B.C.G.						
...	...	...	...	...	...	8,970
Positive reactors	...	...	...	...	...	1,114
% positive	...	...	...	...	...	12·4%
Negative reactors	...	...	...	...	...	7,856
% negative	...	...	...	...	...	87·6%
Number vaccinated	...	...	...	...	...	7,752

Comments

1. The consent rate remains around 90%, which is much the same as in previous years.

2. The absentee rate was 7·0%, which is an improvement on last year's figure of 13·3%.

3. The proportion of positives recorded has not decreased to any material extent since the scheme was introduced in 1956 and, indeed, in 1961 the figures rose sharply, though this may have been partly due to a faulty batch of the tuberculin testing material. At the commencement of the new school year in September, 1963, the doctors who carried out this work agreed that there should be some revision in the criteria for 'reading' of the minor-positive reactions and that doubtful cases should be regarded as negative so as not to deny the child opportunity to receive B.C.G.

When the figures are analysed as follows, it can be seen that the latest positive reactor rate has dropped sharply: the standards of Heaf test 'reading' are being kept under close review, though the position is complicated by reason of the fact that the children now being tested are two years younger and, therefore, less likely to have been exposed to infection:

	January 1963 to end of school year	September 1963 to December 1963
Number of negative reactors	4,858	2,998
Number of positive reactors (excluding B.C.G.)	1,023	91
Positive reactor rate	17.6%	2.9%

When the figures for the eleven-year-olds seen in the autumn term 1963 are considered separately, their positive reactor rate is approximately 1.7%.

4. 104 negative reactors were not vaccinated. Some had other immunisations in progress, and some had refused B.C.G., of which a few had requested chest X-ray.

X-ray of positive reactors

Of the 1,259 children who attended for chest X-ray, 65 were those whose parents had requested an X-ray only. 119 children for whom appointments were made failed to attend.

The results of the X-rays were as follows :—

Normal chest	1,231
Evidence of past tubercular lesions now healed	17
Miscellaneous lesions	3
? active tuberculosis	3
Children to be kept under supervision	5
	<hr/> 1,259 "

SPECIAL INVESTIGATIONS IN SCHOOLS

Dr. R. E. Browne reports :—

"(1) At a county school a case of tuberculosis was diagnosed, and it was thought advisable to offer skin tests to all children in the school as the girl may have had this condition for some time.

The teachers, caretakers, cleaners and kitchen staff were all X-rayed, but no other cases were discovered, and it would appear probable that the child was infected from a source outside the school, and that she had not infected any one else.

(2) Last year at a secondary school it was found necessary to organise a comprehensive plan of skin testing and chest X-rays of the pupils and staff as two girls from the same class were notified as having tuberculosis, and in all seven cases were notified from the school. Full details were given in the Annual Report for 1962.

The positive reactors to the skin test were offered chest X-rays, and as is routine, some of these are followed up at the Chest Clinic. In November of this year, yet another case was notified in a child who was in the same class as four of the cases referred to previously.

With the lowering of the the age at which skin testing and B.C.G. vaccination is offered, it is hoped that similar episodes will not occur again."

CHILD GUIDANCE CENTRE

"Cause I's wicked—I is. I's mighty wicked, anyhow, I can't help it."

Harriet B. Stowe, "Uncle Tom's Cabin," Ch. 20.

By Mr. N. E. Whilde, M.Sc., F.B.Ps.S., Educational Psychologist in Charge :—

"The figures for 1963 (see page 59) follow fairly closely the pattern of those submitted in the past three or four years. Fewer cases than usual were closed and more cases were kept under supervision. This partly reflects the tendency to give a continuous advisory service to some of the special schools, especially those for deaf, cerebral palsied and physically handicapped children. More children were under regular treatment at the Centre during the year but, in spite of this, the treatment waiting list rose by fifteen to eighty-four. The waiting time for children on this list was about nine months.

It was not possible to increase the number of junior school remedial reading groups in spite of numerous requests. There are still twenty groups in the different schools.

The work at the Hillsborough and Handsworth Centres has continued as usual. Much advisory work was done by the staff which cannot be represented numerically and talks and lectures have been given to parents, students and social workers in allied fields of work."

SPEECH THERAPY

By Miss A. B. Chapman, L.C.S.T., Senior Speech Therapist :—

"There is little comment to make on the figures for 1963 (see page 58), our first complete year in the Hillsborough premises. The general trend shows no significant difference from the previous year.

As usual, there were staffing problems, but we were able to maintain almost all our Branch Clinic and Special School sessions. The exceptions were East Hill School, where both Senior and Junior Departments had to be covered by one therapist instead of two, and Newbould Lane, where the three sessions were reduced to two.

The fact that our main clinic is less-centrally situated makes an adequate Branch Clinic service in other parts of the City even more important than previously."

SCHOOL NURSING SERVICE

"Women, however well bred, still talk of that which runs most in their head."

Henry Fox, "Impromptu Remarks to Lady Montague."

By Miss E. Dent, S.R.N., S.C.M., H.V.Cert., Chief School Nursing Sister :—

"During the year two nursing sisters—Mrs. E. S. Woodward and Mrs. M. A. Reid—reached retiring age and left the service after completing more than 20 years' excellent service.

At the end of the year there were 10 health visitors working part-time in the service, giving the equivalent of 4 full time school nursing sisters, and leaving one vacancy unfilled.

Despite minor difficulties, the good relationship with the Superintendent Health Visitor and her staff has been maintained.

In general, the work of the school nursing staff has followed a similar pattern to that of last year.

CLEANLINESS SURVEY

The incidence of infestation of the scalp has remained about the same level as last year. Most of the children affected come from families where uncleanliness is only one of the many symptoms of social inadequacy. The number of heads cleansed by the nursing assistants shows an increase on last year's figures.

SPECIAL SCHOOLS

The school nursing sisters have paid regular visits each week to these schools and the work carried out has been similar to that of the previous year, with the exception of the schools for delicate children where there has been an increasing number of social problems.

CO-OPERATION WITH HOSPITALS AND OTHER SOCIAL WORKERS

The Chief School Nursing Sister has attended meetings of the Care of Children Co-ordinating Committee, and also meetings of the health visiting staff and social workers of the Public Health Department, to discuss problems of families where school children are involved. A school nursing sister has visited the City General Hospital each week to exchange information with the almoners concerning any school children in hospital. The Family Service Unit has continued to be of valuable assistance in dealing with some of the problem families.

HEALTH EDUCATION

Mrs. Barnsley (School Nursing Sister) has continued as health tutor at the Kenwood Nursery Training Centre and her work there has been much appreciated.

Courses of lectures to girls studying for the Duke of Edinburgh's Award have been given by some members of staff.

There has been an increase in the number of requests from head teachers for baby-bathing demonstrations and talks on hygiene to senior girls. These are always popular with the girls who afterwards are more willing to discuss their personal problems with the nursing staff.

School nursing sisters, by request, give talks and demonstrations on personal hygiene and child care in schools. These are excellent opportunities for stressing any point made at the periodic health inspections and, in the informal discussions afterwards, parents often lose their shyness and talk of problems concerning their children. Often these have seemed too intimate or too trivial to mention, but when, through these discussions, parents realise that they are not alone in their difficulties, they are greatly helped.

Visits have been paid by student nurses from hospitals, the Nursery Training Centre, district nurse trainees, and a student probation officer to observe the work in the various departments of the Central Clinic.

Statistics relating to the Service are given on page 61.

NURSERY SCHOOLS AND CLASSES

The tables on page 70 show the heights and weights of the children in nursery schools and classes ascertained at the annual inspections.

Regular visits have been made to carry out minor treatment and to supervise the general health and hygiene of the children. The impression among the school nursing sisters is that the incidence of minor ailments has decreased in most of the nursery schools and classes ”.

VACCINATION AND IMMUNISATION

"Achilles, though invulnerable, never went to battle but completely armed."

Lord Chesterfield, "Letters, 1753."

GENERAL

The children now entering school have been given the triple vaccine (diphtheria, whooping cough and tetanus), poliomyelitis and smallpox vaccinations at maternity and child welfare centres, the family doctor's surgery or at hospital.

In the first year at school letters were sent to the parents of all children offering booster doses of diphtheria, tetanus and poliomyelitis vaccines to those who had been immunised previously, and to commence these immunisations for those who had not previously been protected (whooping cough vaccine is neither necessary nor advisable after the age of 5 years). In addition, as part of the general public health immunisation campaign, parents were invited to have younger (pre-school age) and older children immunised. Appointments were made at school clinics to carry out all these immunisations.

Protection against tuberculosis (skin testing and B.C.G. vaccination) was offered to children in their first and second years at senior schools (see page 26).

DIPHTHERIA

Again there were no confirmed cases of diphtheria in Sheffield. However, every effort is made by all members of the staff to keep the immunisation rate as high as possible, and it is estimated that in children of school age about 90% have been immunised against diphtheria.

TETANUS

Since 1960 immunisation against tetanus has been offered to children at school entry, and it is found that an increasing number are accepting this immunisation.

In addition, arrangements have been made whereby all persons, including children, who have been treated for potentially infected injuries may be referred to the Public Health Department for tetanus immunisation.

IMMUNISATIONS BY SCHOOL HEALTH SERVICE

Sessions held at school clinics				Number of children received injections			
Vaccine :—				1960	1961	1962	1963
Diphtheria	...	...	...	889	152	43	48
Triple	...	...	...	163	222	116	93
Diphtheria/Whooping cough	...	...	...	12	7	—	—
Diphtheria/Tetanus	...	...	...	10	587	366	331
Tetanus	...	...	...	26	1,601	1,735	1,227
Total				1,100	2,567	2,260	1,699
Reinforcing doses (Diph/Tet)				2,497	2,880	1,953	2,405
Reinforcing doses (Tetanus)				—	—	1,581	1,564
Total				2,716	3,023	3,649	3,969

POLIOMYELITIS

In 1962 Sabin (oral) vaccine was used in place of the Salk type vaccine which was given by injection. No sterilisation facilities are required and the vaccine is given on lump sugar by teams of the school nursing staff who visit the primary schools, to children eligible for their fourth doses at school entry, and to others who wished to have the full course of immunisation.

In all, 510 visits were paid to these schools during the months of May, June and July.

POLIOMYELITIS VACCINATIONS

Number of children receiving—

	1960	1961	1962	1963
2 doses Salk-type vaccine	1,192	7,159	614	25
3 doses oral vaccine	—	—	4,085	3,909
3rd dose (reinforcing to Salk vaccine)	10,905	4,948	2,723	170
4th dose (reinforcing to Salk vaccine)	—	21,201	9,158	7,982
4th dose (reinforcing to oral vaccine)	—	—	—	

HANDICAPPED PUPILS

" Let some of my people have a special care of him."

Shakespeare, " Twelfth Night ", III, 4.

Emphasis this last year has been focused on the handicapped child, particular attention being paid to the entry, and the leaving, of school life. A good liaison exists between the School Health Service and all departments of the Public Health Authority, the hospitals and the general practitioners. These children may be ascertained by the School Health Service from the age of two years, but in many cases the Health and Education Departments have, prior to that age, had knowledge of the child. Many physically handicapped children have had long periods in hospital ; the great majority are over-protected by their parents, possibly as a compensatory reaction to their unconscious rejection of the child ; many are emotionally disturbed to a greater or lesser degree. Only in the case of the deaf has the Local Education Authority a nursery for these children, although the Health Department has a nursery for small children who are blind or have other handicaps and who would benefit from nursery care and companionship. Nurseries, either full or part-time, would be a great help, not only to the children themselves but also to their parents, who need support and guidance, and relief from the constant attention which such children demand. The transition into school would then be a natural process.

Regular case conferences are held between the Senior School Medical Officer and the other Senior Medical Officers having responsibility for the health and welfare of handicapped children. Supervision continues throughout school life so that the problems of both health and education are dealt with comprehensively. Close contact is kept, where necessary, with the hospitals, the general practitioners and, of course, the parents.

A few children go on to grammar schools suitable for their type of disability. Most, however, leave school at the age of 16, and their after-care becomes the responsibility of the Public Health Department, with whom there is full co-operation. It is increasingly realised that leaving school and launching out into employment is a crucial stage for these children, and both they and the parents often need guidance to make the adjustments that are very important in these cases. Our success or otherwise with handicapped children does not become apparent until they manage to make their adjustment to life with its emotional, social and economic stresses.

Special mention must be made of the increase in numbers of maladjusted children. Children who have a fear of school, or who cannot stand up to the routine of ordinary school, as well as those who in addition present some physical condition, e.g., asthma, frequently do well at the open-air schools. Children at open-air schools are officially designated as ' delicate ' and, though

many come definitely within this category, there are also many whose real problem is masked by their physical condition.

It is interesting to report that the 1963 'Star Walk' was won by an ex-pupil of Springvale House School—the second time this has occurred. Also, the 'Hallam Chase' was won by an ex-pupil of the School. Each boy had suffered from asthma.

The pupils in the following schools have been ascertained under the Handicapped Pupils and School Health Service Regulations, 1953 to 1959, as requiring special educational treatment :—

	Accommodation for			
BLIND	Sheffield School for Blind Children	...	...	60 pupils (res.)
PARTIALLY SIGHTED	Bents Green School	...	...	30 pupils (day)
DEAF (GRADE III) AND PARTIALLY HEARING (GRADE IIB)	Maud Maxfield School	...	...	40 pupils (res.) 80 pupils (day)
PARTIALLY HEARING (GRADE IIA)	Hunter's Bar School (Special Unit)	...	...	10 pupils (day)
	Maud Maxfield School (lip reading classes)	...	...	30 pupils (day)
DELICATE	Bents Green School	...	...	40 pupils (res.) 100 pupils (day)
	Springvale House School	...	...	140 pupils (day)
	Whiteley Wood School	...	...	144 pupils (day)
PHYSICALLY HANDICAPPED	Chantrey School	...	...	40 pupils (res.) 20 pupils (day)
	Oakes Park School	...	...	120 pupils (day)
EDUCATIONALLY SUB-NORMAL	East Hill Schools :			
	Infant	...	...	45 pupils (day)
	Junior Boys	...	...	100 pupils (day)
	Senior Boys	...	...	120 pupils (day)
	Handsworth School (Junior Girls)	...	...	100 pupils (day)
	Highfield School (Senior Girls)...	...	...	120 pupils (day)
	Wadsley Bridge Schools :			
	Junior Boys	...	...	100 pupils (day)
	Senior Boys	...	...	120 pupils (day)

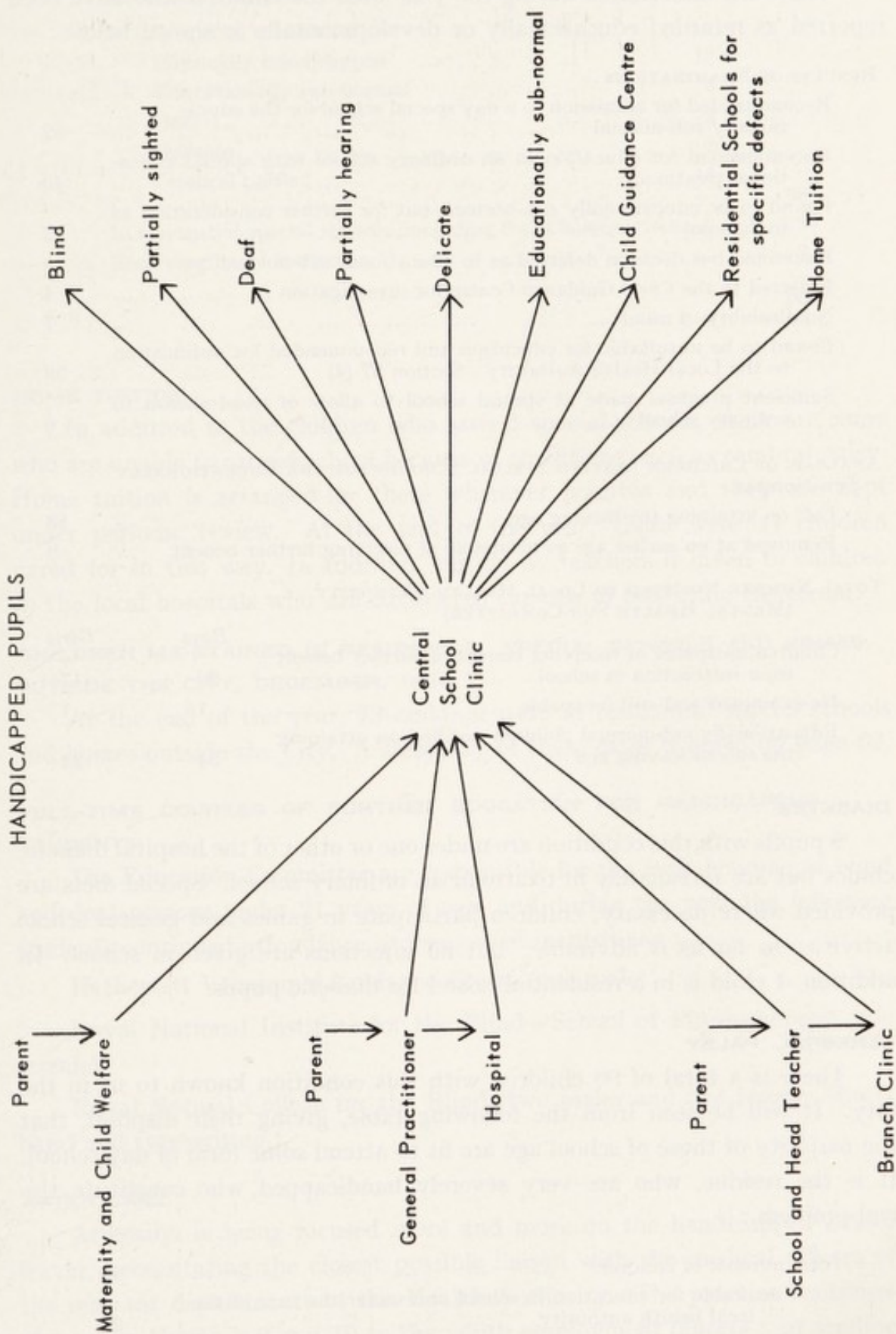
SHEFFIELD SCHOOL FOR BLIND CHILDREN

Of the 64 pupils in the School at the end of the year, 18 were suffering from retrolental fibroplasia, 13 from congenital cataracts and 8 from optic atrophy.

BENTS GREEN SCHOOL (PARTIALLY SIGHTED CLASSES)

Of the 30 pupils in these classes at the end of the year, 8 suffered from congenital cataracts and 6 from nystagmus.

HANDICAPPED PUPILS



EDUCATIONALLY SUB-NORMAL PUPILS

The work undertaken during the year with the children who have been reported as retarded educationally or developmentally is shown below :—

RESULTS OF EXAMINATIONS

Recommended for admission to a day special school for the educationally sub-normal	92
Recommended for education in an ordinary school with special educational treatment	40
Found to be educationally sub-normal, but for further consideration as to disposal	2
Examined but decision deferred as to educational sub-normality ...	9
Referred to the Child Guidance Centre for investigation	4
No disability of mind	7
Found to be unsuitable for education and recommended for notification to the Local Health Authority—Section 57 (4)	39
Sufficient progress made at special school to allow of re-admission to ordinary school	6

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

Left on attaining the leaving age	58
Removed at an earlier age as incapable of receiving further benefit ...	8

TOTAL NUMBER NOTIFIED TO LOCAL HEALTH AUTHORITY (MENTAL HEALTH SUB-COMMITTEE)

	<i>Boys</i>	<i>Girls</i>
Children incapable of receiving benefit or further benefit from instruction in school	20	17
Re-examined and still incapable	1	1
Educationally sub-normal children notified on attaining the school leaving age	34	24

DIABETES

9 pupils with this condition are under one or other of the hospital diabetic clinics but are fortunately fit to attend an ordinary school. Special diets are provided where necessary, children participate in games and general school activities so far as is advisable, but no injections are given in school. In addition, 1 child is in a residential hostel for diabetic pupils.

CEREBRAL PALSY

There is a total of 90 children with this condition known to us in the City. It will be seen from the following table, giving their disposal, that the majority of those of school age are fit to attend some form of day school. It is the residue, who are very severely handicapped, who constitute the real problem :—

Total number of children	90
Unsuitable for education in school and under the care of the local health authority	22
Number requiring education	68

Disposal of the educable children :

At ordinary schools	...	...	...	...	...	...	15
In day special schools for :—							
Physically handicapped	...	...	...	...	...	...	12
Educationally sub-normal	...	...	...	...	...	...	4
Deaf	...	...	...	...	...	...	2
Delicate	...	...	...	...	...	...	2
Cerebral palsied	...	...	...	...	...	...	18
						—	38
In residential special schools (including 9 at Chantrey School)							13
Receiving home tuition	...	...	...	...	...	...	2
						—	68
						—	

HOME TUITION

In addition to the children who attend special schools, there are some who are unable to attend school because of conditions such as cerebral palsy. Home tuition is arranged for these wherever possible and they are kept under periodic review. At the end of the year, there were 11 children cared for in this way. In addition, tuition by teachers is given to children in the local hospitals who are considered capable of benefiting therefrom.

CHILDREN MAINTAINED IN RESIDENTIAL SPECIAL SCHOOLS AND HOMES OUTSIDE THE CITY, DECEMBER, 1963.

At the end of the year, 73 children were in residential special schools and homes outside the City. A summary of these cases is given on page 62.

FULL-TIME COURSES OF FURTHER EDUCATION FOR HANDICAPPED STUDENTS

The Education Committee are responsible for the craft training of blind and deaf persons under 21 years of age, and during the year the following students continued attendance at recognised institutions :—

Hethersett Vocational Guidance Centre (one male).

Royal National Institute for the Blind—School of Physiotherapy (one female).

Royal Normal College for the Blind (two males and one female, shorthand and typewriting.)

AFTER CARE

Attention is being focused more and more on the handicapped school leaver, necessitating the closest possible liaison with the medical officers of the relevant departments of the Health Authority. The practice continues of sending Forms Y.9 and 10 to the youth employment officers ; of sending a copy of these, together with a letter, to the general practitioner ; and also of sending a resumé of the case to the senior medical officer responsible for

after care. In addition, these medical officers visit the special schools where they have the opportunity of meeting the child and having a full discussion with the teachers and parents.

The educationally sub-normal school leavers are the ones most likely to be missed in supervision, as they frequently fail to report back to the Youth Employment Bureau after losing their employment. Often they lack reliable friends and need sound guidance—without this they may 'lose their way'—and present social problems. Meetings are being held each month between the Medical Officer in charge of the Social Psychiatry Service, the Senior School Medical Officer, the head teachers of the senior schools, the Chief Education Welfare Officer, the youth employment officers, probation officers and the mental welfare officers, to work out as comprehensive a scheme as possible, and consider the help that is needed and can be given. Included in the deliberations are the leavers from the residential schools.

MISCELLANEOUS

"Tis neither here nor there".

Shakespeare, "Othello," IV, 3.

VISITORS

Following the usual practice, candidates for the Diploma of Child Health, and students in Social Science from the University, have paid visits to the various schools for physically handicapped and to school clinics.

Dr. Wilson, Dr. Huss, Dr. Simpson and Dr. Sheppard from government departments have all paid official visits. There have also been medical officers from Yugoslavia and Switzerland, and from several Local Authorities.

REMAND HOMES

All boys and girls are medically examined to ensure freedom from infection before admission to the remand homes, and fully examined before transfer to an approved school.

In addition, many of them have special examinations carried out by the school medical officers or the staff at the Child Guidance Centre at the request of the magistrates.

SCHOOL BUILDINGS

During the year, Hinde House School (No. II Building) and the extensions to the High Storrs Grammar Schools were completed.

Minor projects also completed were (a) additional classrooms at Dore Primary and Greystones Secondary Schools, and (b) alterations and improvements at Highfield Special, Hurlfield Secondary Boys, Norton Free and Whitby Road Primary Schools.

INFECTIOUS DISEASES

The School Health Service works in active co-operation with the Public Health Service over the control of infectious diseases in the schools. The incidence of infectious diseases during the year, as reported throughout the schools, is shown on page 62. These numbers are not complete, but are sufficiently indicative of the trend of infection. Those referring to scarlet fever, meningitis, dysentery and measles are the confirmed cases from the notifications.

SCHOOL MEALS SERVICE

"Sir, we could not have had a better dinner had there been a Synod of Cooks."

Boswell's Life of Johnson (5th August, 1763).

SCHOOL MEALS

Particulars of the average number of meals consumed daily in respect of each calendar month from January to December, 1963 :—

January	...	...	37,827	July	...	...	...	35,785
February	...	...	36,618	August	...	...	...	— *
March	...	...	37,473	September	...	...	...	38,363
April...	...	...	37,051	October	...	...	...	38,815
May	...	...	37,245	November	...	...	...	38,910
June	...	...	36,021	December	...	...	...	38,619

* All schools closed in August

	1962	1963
Number of dinners consumed by pupils on payment	6,224,087	6,281,240
Number of dinners supplied free	516,492	632,130
Number of dinners supplied on part-payment of 6d.	14,382	26,776

The following is the number of children on free meals in December (earlier years being included for comparison) :—

1957	1958	1959	1960	1961	1962	1963
2,960	3,527	3,460	3,200	3,086	3,724	3,981

PROVISION OF MILK

The following information gives the number of bottles of milk supplied daily to school children each month. The supply at present is limited to a one-third-pint bottle per day per child and no charge is made.

During the year ended 31st December, 1963, 10,628,664 bottles of milk, representing approximately 442,861 gallons, were supplied to pupils in Sheffield schools.

Beverage Milk—Average number of bottles supplied daily

1963	Primary & Secondary Schools	Non- Maintained Schools	Total
January	51,905	2,593	54,498
February	50,469	2,536	53,005
March	51,212	2,532	53,744
April	51,982	2,033	54,015
May	54,199	2,636	56,835
June	53,394	2,605	55,999
July	52,452	2,544	54,996
August	—	—	— *
September	55,127	2,659	57,786
October	54,230	2,637	56,867
November	52,920	2,625	55,545
December	51,771	2,601	54,372

* All schools closed in August.

A return to the Ministry of Education shows that on a day in October, 1963, 86% pupils received beverage milk and 55% received dinners.

PHYSICAL EDUCATION

"If all the year were playing holidays, to sport would be as tedious as to work."

Shakespeare, "I Henry IV," 1, 2.

By Mr. L. Morant, Organiser of Physical Education.

"1. Introduction

The year has been marked nationally by surveys of the existing position in education, the clarification of policies and proposals for future development. The Robbins Report on Higher Education which appeared first, made particularly interesting suggestions on the supply and training of teachers, amongst other matters, whilst the Newsom Report "Half our Future" which followed, dealt with the education of the vast majority of children of Secondary School age. The work of the Plowden Committee on Primary Education is still proceeding.

The same pattern of re-appraisal, consolidation of desirable features in the administrative plan and flexible planning for the future is reflected locally as far as Physical Education is concerned. At the primary stage it would probably be true to say that the emphasis has been on consolidation. Work has continued on the improvement of facilities, and the provision of indoor accommodation at Ecclesall C.E. Junior and Norton Free Schools have led to higher standards of work. Modern equipment has been supplied for school halls, playgrounds and playing fields, and the standard of provision is adequate to provide an environment for all children which provides an opportunity for normal growth and development through activities which are designed to develop self-knowledge, self-confidence, enterprise and initiative.

The same process has been taking place in the Secondary Schools but there has also been a strong emphasis on planning for the future. The transfer of Owler Lane Intermediate School to Hinde House has provided many pupils with better facilities, whilst the development of Myers Grove Comprehensive School will do the same for several unreorganised schools in the north-west of the City. The building of new gymnasia at High Storrs Grammar Schools are very welcome improvements. The reorganisation of secondary education in larger, more flexible units should provide the opportunity to build a diversity of facilities for physical education and recreation instead of the standard gymnasium, and it is hoped that sports halls, swimming baths, and hard all-weather play areas capable of being floodlit for evening use by Youth Clubs and similar organisations will feature in future plans.

Along with the improvement in facilities and equipment, modern educational philosophies have received full attention and teaching techniques have been modified where this was considered necessary. All types of schools and evening classes have received regular visits from the organising staff who

have assisted teachers by taking demonstration lessons, giving advice and conducting courses on all aspects of the work. This work becomes more important and necessary as more teachers return to the schools after a break in their service.

Courses and Lecture-Demonstrations for Teachers	Number enrolled
Movement Training for Infant Schools	80
Movement Training for Junior Schools	75
Morris and Sword Dancing... ..	24
Netball Umpiring	27
Coaching of Hockey	25
Educational Gymnastics for Boys... ..	36
Recreational Physical Training for Leaders of Evening Classes (Men)	48
Recreational Physical Training for Leaders of Evening Classes (Women)	40
Life Saving. Expired Air Resuscitation	135
Life Saving. New Instructional Manual	110
Teaching of Swimming	30
Day Conference on Competitive Swimming	130

2. Activities in Schools

(a) *Physical Education*

The improvements in methods and therefore in results noted in previous reports have been maintained. Continued research in matters relating to growth and development, mental, moral and social as well as physical, have indicated the desirability of a change of approach which would make the training fit the needs of each individual child. The child is required to think and act as an individual from the very earliest stages and the teacher tries to stimulate the imagination, train the powers of observation and develop self-confidence and a sense of responsibility to others. This takes place in an environment which provides ample opportunity for the enjoyment of movements of all types which have a natural appeal for young children and is most effective in helping to produce strong, healthy bodies and harmonious personalities.

At the primary stage the results are obtained through training in movement, dance of various types, the coaching and playing of appropriate games skills, and swimming. Some excellent results have been obtained by integrating the training in movement, music, drama and literature. The methods used in the primary schools have proved so successful that they are projected with appropriate modifications into the secondary schools. The same aim of providing a suitable environment and training for natural development to take place is extended to meet the recreational and social needs of young adolescents who have more leisure time and money to spend than ever before. For this reason the Physical Education programme in secondary schools is as wide as possible and in addition to the traditional team games there is an interest in many activities for small groups and individual participation.

Interested teachers are introducing pupils to archery, badminton, camping, canoeing, rock climbing, fell-walking, golf, in the hope that they will find a healthy, recreational hobby when schooldays are over. Some of this very necessary work is done at some personal expense and inconvenience, and in this connection it would be helpful if more use could be made of local stretches of water for sailing and canoeing.

(b) *Games*

The only additional playing area actually brought into use during the year is at Hinde House School. This is of particular interest because it includes the first durable all-weather pitch to be provided for our schools. Our climate is such that coaching and playing can only proceed with assured regularity if such pitches are provided whenever possible. The provision of sports halls having a larger floor area than the standard gymnasium, but costing little more because of their light structure, would also help in making practice of the skills of all the major games possible all the year round, both in school hours and for evening users.

New playing fields are in the course of preparation for the Central Technical School, the City Grammar School, Myers Grove Comprehensive School and Granville College.

Head Teachers are making the most of the opportunities for social and recreational training by the organisation of games schemes which are wide in scope. The fixture lists are no longer parochial but are obviously designed to widen experience. It is becoming increasingly common for as many as 10 teams from one school to visit another for a variety of Saturday morning games.

Excellent arrangements have been made by enthusiastic teachers for the usual considerable number of inter-school leagues and tournaments. The results are summarised below :

(i) *Association Football*

Competition	No. of Teams	Winners	Runners-up
City League Championship ...	20	Hurlfield Secy. St. Peter's R.C. Secy. }	Joint Winners
City League (Under 16) ...	4	Pipworth Road Secy.	
Clegg Shield ...	16	Hurlfield Secy.	St. Peter's R.C. Secy.
United Shield...	16	Wybourn Secy.	Greystones Secy.
Wednesday Shield ...	18	Waltheof Secy.	St. Peter's R.C. Secy.
Handsworth Cup ...	16	Greystones Secy.	Walkley Mxd.
Knock-Out Competition	16	St. Peter's R.C. Secy.	Hinde House

The following boys gained County Honours during the season :—

Sheppard (Pipworth Road Secondary Modern School)
 Renshaw (Newfield Secondary Modern School)
 Fagan (Hinde House School)

(ii) *Rugby Football*

This game is becoming increasingly popular. 22 teams took part in the annual tournament in the mid-term holiday when it was obvious that good coaching is having an effect on the standard of play and the understanding of the game.

The competition winners were :—

Sheffield Schools Shield	Hemsworth Grammar (West Riding)
Price Cup	Hartley Brook Secondary (under 15 team)
Hill Trophy	Hartley Brook Secondary (under 13 team)
Luther Milner Shield	Hartley Brook Secondary

(iii) *Hockey (Girls)*

Unfortunately the long, severe winter made the playing of hockey impossible for most of the season and the League Tournament had to be abandoned.

The 8th Annual Hockey Tournament took place at the end of the season. Fourteen teams took part. Norfolk Secondary Modern School were the eventual winners with Silverdale Secondary Modern School the runners-up.

(iv) *Hockey (Boys)*

An increasing number of schools are offering this game for their boys, mainly in winter, though some are finding it popular in the summer. Boys who have not been particularly keen on association or rugby football or cricket have welcomed the opportunity to play this game.

(v) *Cricket*

In spite of the weather every effort is made to improve standards of play by regular purposeful coaching. The basic skills are taught in the gymnasium before the start of the season and this is followed up by coaching at the nets as soon as possible. In this connection the hard wickets which are provided for the new schools are most useful and it is unfortunate that the financial position does not yet allow for these to be supplied for all schools.

The indoor nets at Bramall Lane have again been hired on every Friday evening throughout the winter and spring terms, and some 150 boys have benefited from the instruction given voluntarily by enthusiastic teachers.

For the first time in six years the City Boys team failed to reach the semi-final of the Yorkshire Shield, but as it was a very young team better results are hoped for next year.

There was an excellent response for the new 5-a-side Knock-Out Competition. Although 9 pitches were used, and an early start was made, the

final was played almost in darkness. The competition was won by Abbeydale Boys' Grammar School.

The results of the local competitions were as follows :

Competition	No. of Teams	Winners
Stokes Shield	23	Pipworth Road Secondary (for third successive year)
Barber Shield... ..	23	Coleridge Road Secondary Boys'
Five-a-side Knock-out	36	Abbeydale Grammar

(vi) *Netball*

More facilities for this game have been provided and coaching courses have been held. All the girls' secondary schools play this as one of their major games and a regular programme of inter-school matches were played throughout the season.

The Annual City Netball Tournament and the League Tournament were both contested by 54 teams and resulted as follows. It will be seen that Beaver Hill, Meynell Road and Hurlfield Secondary Modern Schools shared all the honours:

Competition	No. of Teams	Winners	Runners-up
Graves Shield	27	Meynell Road Secy. Beaver Hill Secy.	} Joint Winners
Creswick Shield	27	Beaver Hill Secy.	} Hurlfield Secy.
Tournament—Senior	26	Meynell Road Secy. Beaver Hill Secy.	} Joint Winners
Tournament—Junior	28	Hurlfield Secy.	} Meynell Road Secy.

(vii) *Rounders*

The annual tournament held at the Abbeydale Girls' Grammar School was a great success. Approximately 1,500 children and 200 teachers were present, and 5 knock-out tournaments proceeded simultaneously on the 22 pitches prepared.

The results of the inter-school competitions were as follows :

League

Competition	No. of Teams	Winners	Runners-up
Lady Roberts Shield	28	Wybourn Secondary	Beaver Hill Secy.
Fred Bye Trophy	29	Walkley Mixed	Beaver Hill Secy.
Quine Trophy	12	Tapton Secy.	Jordanthorpe Secy.
Eaton Cup	41	Wybourn Junior	Newhall Junior
Carr Cup	45	Hucklow Road Junior	Woodthorpe Junior

Tournament

Competition	No. of Teams	Winners	Runners-up
Slavin Cup	35	Phillimore Road Jnr.	Hucklow Road Jnr.
Brightside Cup	36	Wybourn Junior	Meynell Road Jnr.
Miller Trophy	30	Meynell Road Secy.	Jordanthorpe Secy. Girls
Drew Trophy	30	Beaver Hill Secy.	St. Peter's R.C. Secy.

(viii) *Basket-ball*

This game is increasing in popularity as facilities for playing improve. There has also been a tremendous improvement in the standard of play. The 7th Annual Tournament took place in the Jordanthorpe and Rowlinson Gymnasia. 24 teams entered and St. Peter's R.C. Secondary School were the eventual champions, with Myers Grove Comprehensive School the runners-up.

(ix) *Tennis*

The Authority now has over 100 hard tennis courts under its control, all of which are used regularly in the season for class-coaching purposes and for match play.

A very successful tennis league was conducted throughout the year and the annual tournament was again held at Myers Grove Comprehensive School. The results were as follows :

League

Competition	Winners	Runners-up
Girl's Doubles	Ecclesfield Grammar	Silverdale Secondary
Mixed Doubles	Ecclesfield Grammar	Myers Grove Comprehensive
Boys' Doubles	Silverdale Secondary	Rowlinson Technical

Tournament

Competition	Winners	Runners-up
Girls' Doubles	Silverdale Secondary	Myers Grove Comprehensive
Mixed Doubles	Ecclesfield Grammar (A)	Ecclesfield Grammar (B)
Boys' Doubles	Silverdale Secondary	Myers Grove Comprehensive

(x) *Badminton*

This game has become very popular and is played in most of the school halls and gymnasia after school hours. It is conducted as a club activity with

pupils taking the responsibility for organisation. The standards of play, dress and behaviour are very creditable to all concerned.

An inter-schools league provided an interesting series of evening matches throughout the season and the finals were held at Hinde House School.

The winners were as follows :

League

Girls' Doubles	...	...	...	Coleridge Road Secondary
Boys' Doubles	...	...	...	A League, Newfield Secondary, B League, Shirecliffe Secondary
Mixed Doubles	...	...	...	Norfolk Secondary

Tournament

Girls' Doubles	...	...	...	Norfolk Secondary
Boys' Doubles	...	...	...	Newfield Secondary
Mixed Doubles	...	...	...	Hinde House

(c) *Athletics*

More training areas have been provided and all secondary school pupils are now able to train under suitable conditions either in the gymnasia or outdoors according to the weather. The improvement in facilities, and the good coaching being given, have naturally produced improved standards, and at the Annual Athletics Championships at the Hillsborough Park track many records were broken. Walthef Secondary Modern School won the championship with Abbeydale Secondary Modern School the runners-up.

A strong team was again selected for the Yorkshire Schools Championships and 2 girls and 3 boys became county champions in their event. They were all chosen to represent Yorkshire in the National Championships where they helped to win the Inter-County Competition.

Cross-country running is increasing in popularity in boys schools and the inter-schools league which meets every Saturday morning throughout the season was supported by 36 schools. Abbeydale Grammar School had a particularly good season winning both the Intermediate Championship of the Senior Atkin Trophy and the North Midland Grammar Schools Championship.

(d) *Dance*

With the emphasis on development of the powers of imagination and self-expression, dancing of all types is playing an increasingly important part in the physical education programme. The effort has been to make this work as comprehensive as possible, and progress is made from training in the interpretation of simple rhythms and performance of fundamental steps leading on to dramatic movement and later finding expression in modern educational dance. Concurrently traditional dances of the British Isles and

national dances from other lands are taught. All these types of activity provide an enjoyable means of encouraging graceful self-expression through movement, and sound standards of social behaviour.

Sheffield Dance Circle

The circle continued to meet during the Spring and Autumn terms and enjoyed a varied programme of national and expressive forms of dancing. The opportunity provided for the study by teachers of the various types of dancing is very helpful to them and is reflected in their work in schools.

(e) Camping and School Journeys

The interest in these activities which has been previously reported has continued to develop. Almost all secondary schools organise expeditions to centres of geographic or cultural interest abroad, but there has been an increase in the organisation of camps in this country at which the pupils have to take responsibility for some of the organisation and routine duties involved in living communally in a strange environment.

The Ministry of Education has encouraged this type of activity for several years by grant-aid and by organising courses for teachers and youth leaders. The educational values of camping whether on a fixed site in a large party, or in small groups with light mobile equipment, are particularly obvious for children living in the city. The schools have realised this and many children have learned more about themselves and others by camping, whilst at the same time being introduced to such activities as rock-climbing, canoeing, hiking and mountain pursuits which will provide a healthy, recreational interest in post-school life.

More authorities are providing centres where these activities can be introduced under expert guidance and the Committee may wish to consider the needs of local pupils in this connection.

(f) Swimming

The main aim of the scheme of instruction has been to have every pupil able to swim at least 25 yards before leaving the primary school. Returns received from schools indicate that many have achieved complete success and almost all approach it very closely. Teachers in the secondary schools have also reported that so many children are able to swim on transfer that they are able to concentrate from the beginning on more advanced work. These excellent results have been achieved largely because of the good work of teachers who have used the most modern methods of instruction, and the concentration on confidence training and mobility in the water, rather than uniformity of style in the initial stages, have stimulated even the timid children to great efforts. The Committee have also been generous in their provision of transport to baths which are not conveniently placed for present

school requirements. The building of 'learner baths' at some of the out-lying schools would save much time and money which is now spent on transport.

Progress has been made in changing over to the new methods of instruction and conditions of awards of the Royal Life Saving Society, and the results in this branch of swimming and in competitive swimming have again been very good.

ATTENDANCES IN SCHOOL TIME

Year	No. of Attendances
1960	306,138
1961	267,584
1962	309,737
1963	325,834

DISTANCE CERTIFICATES

Lengths in Yards	Boys				Girls			
	1960	1961	1962	1963	1960	1961	1962	1963
25	2,906	2,852	2,779	2,772	2,644	2,688	2,511	2,637
100	2,251	2,156	2,161	2,291	2,027	1,943	1,737	2,138
440	1,816	1,699	1,657	1,728	1,409	1,310	1,291	1,361
880	1,602	1,537	1,491	1,689	1,030	988	919	836
	8,575	8,244	8,088	8,480	7,110	6,929	6,458	6,972

Grand Totals	1960	...	...	15,685
	1961	...	...	15,173
	1962	...	...	14,546
	1963	...	...	15,452

(i) *Life Saving*

Awards made by the Royal Life Saving Society for success in their examinations were as follows :

	1962	1963
Intermediate Certificate	1,467	1,578
Bronze Medallion	902	767
Bronze Cross	20	21
Scholar Instructor	24	51
Instructor	17	22
Award of Merit	12	20

The conditions of examinations were changed so much to bring them into line with modern educational thought that there would be no point in comparing results with those of previous years but the number of certificates gained and the quality of performance have been well maintained.

The following trophies for life-saving were gained by Sheffield schools :

The Viner Shield	Carbrook C.E.
The Bolton Memorial Cup	Abbeydale Boys Grammar
The Potter Cup—Boys	Waltheof Secondary
Girls ...	Waltheof Secondary
The William Henry Cup—	
Boys	Waltheof Secondary
Girls ...	Girls High
Biggin Shield	Abbeydale Boys Grammar

Waltheof Secondary School achieved a feat which is probably unique when their boys' team and girls' team both won the Championship of Division 3 (Yorkshire and Lincolnshire) for Life Saving. In the National Championships which were held at Walsall, the boys were second with 542 points to the winners 544, and the girls were twelfth.

(ii) *Awards of Merit*

These awards are made by the Sheffield Schools' Swimming Association and can only be gained by very accomplished swimmers :—

Year	Boys	Girls	Total
1963	54	20	74
(1962)	(59)	(26)	(85)

(iii) *Free passes to Baths*

During the year, every school where 20 or more pupils attending Corporation baths obtained certificates was awarded one free pass for boys and one for girls by the Cleansing and Baths Committee. A similar privilege was granted by the Education Committee to schools attending the Woodthorpe and King Edward VII swimming baths. These passes provide an incentive and give the more capable swimmers an opportunity to make the most of their talents.

Passes were awarded as follows :

City Teams	54
Training Scheme	65
Schools attending Public Baths	194
Woodthorpe and King Edward VII Baths	29
	<hr/>
	342

(iv) *H.M.S. "Sheffield" Trophy*

The artificers of H.M.S. "Sheffield" made this trophy and presented it to the Education Committee for the purpose of encouraging swimming in the schools. The competition was won by Waltheof Secondary School for the second year in succession.

(v) *The Winter Squadron Leagues*

These competitions continued to maintain interest in inter-school swimming throughout the winter and Mr. H. Hughes, the secretary, is to be congratulated on the good work done.

The results were :—

					Winners
Senior :	Boys	...	...	...	Abbeydale Secondary
	Girls	...	...	...	Abbeydale Secondary
Junior	Boys	...	...	...	Abbeydale Secondary
	Girls	...	...	...	Jordanthorpe Girls Secondary

(vi) *English Schools' Advanced Award*

This award demands all-round proficiency in swimming both in style and speed, and above-average ability in diving. In 1963, 9 boys and 9 girls from Sheffield schools were successful.

(vii) *Further Education*

The swimming classes arranged in connection with Evening Institutes were well attended and successful. A number of adults were taught to swim and several qualified for the awards of the Royal Life Saving Society.

3. School Sports and Tournaments

The number of schools organising their own open days, sports days and swimming galas is constantly increasing. These occasions, which are naturally the culmination of much hard work, serve a very useful purpose in acting as an incentive to teachers and children, in establishing good relations between staff, parents and members of the public, and improving the prestige of the school as an influence for good in its environment.

4. Out-of-School Activities

Thanks are due to the many teachers whose work on behalf of children extends far beyond the normal school hours. The children of Sheffield are fortunate in the amount, scope and quality of the voluntary efforts made for their benefit. It is not without significance that many Sheffield teachers are prominent in the organisation of schools' sport at county and national level. Although the teachers concerned derive their main pleasure from the physical and social development of their charges, it is appropriate that their devoted service should receive this acknowledgement.

Among the organisations working consistently throughout the year are the Schools' Athletic Association and the Schools' Swimming Association. Other organisations making valuable contributions are the Teachers' Folk Dance Club, the Sheffield Dance Circle, the Teachers' Netball Club, and the Men Teachers' Cricket, Hockey and Football Clubs.

(a) *The Sheffield Schools' Athletics Association*

The members of this association, the second oldest of its type in the country, have a proud record of 72 years' voluntary service for the children of the City's schools. An innovation this year has been the formation of a table tennis section. The constituent sub-committees have all organised coaching and competitions in their own activities and their efforts have again been co-ordinated by the general secretary, Mr. E. Cornthwaite. The secretary of the association football section, Mr. J. Watkin, again reports a successful season, with the many league competitions completed.

The rugby football section under the leadership of Mr. Gallagher has continued to develop and now seems to be prepared for a period of rapid expansion.

The rounders section under Mr. Albaya and the netball section under Mrs. Cooper have both had a busy and successful year, during which they have catered for very large numbers in league competitions and rallies.

Mr. H. Whitham, the secretary of the athletics section, reports a very active season in which Sheffield children have been successful in county and national events.

(b) *The Sheffield Schools' Swimming Association*

The association has had its normal year of great activity and considerable success. In the Yorkshire Schools' Swimming Championships, Sheffield were again successful with a total of 104 points, Leeds being the runners-up with 73.

Mr. Hughes, Mr. Stables, Mr. Danson and their colleagues are to be congratulated on their hard work in the cause of swimming for school children throughout the year.

(c) *The Sheffield Teachers' Folk Dance Club*

This club has continued to encourage the teaching and practice of folk and traditional dances in schools, clubs and institutes under the jurisdiction of the Education Committee.

The twentieth annual week-end course was held at Chaucer Secondary School, attracting 70 teachers. The club is thriving, thanks to the efforts of Miss A. Bailey and Miss T. Ballard.

5. Conclusion

In concluding this report, it is a pleasure to record appreciation of the generous help and advice received from the Director and his senior staff ; of the helpful co-operation of the Principal School Medical Officer, the Senior School Medical Officer and the staff of the School Health Service ; of the kindly assistance of the office staff and personal colleagues; and of the friendly relationships existing with the teaching staff."

STATISTICAL INFORMATION

"The art of reading is to skip judiciously."

Philip Hamerton, "Intellectual Life."

SUMMARY OF THE WORK OF THE SCHOOL HEALTH SERVICE, 1963

	Children	Attend- ances
SCHOOL MEDICAL OFFICERS AT SCHOOLS—		
Visits to schools	1,787	
Periodic health inspections... ..	11,785	
Selected cases	1,693	
Re-inspections	5,741	
Special cases	2,199	
SCHOOL MEDICAL OFFICERS AT SCHOOL CLINICS—		
Inspection and minor ailments clinics	15,537	25,567
SCHOOL NURSING SISTERS AND NURSING ASSISTANTS—		
Examinations of children in schools	231,894	
Visits to homes	1,354	
Minor dressings at clinics and schools	17,179	41,231
OPHTHALMIC CLINIC—		
Examined by surgeon	2,956	3,083
Dressed by school nursing sisters	1,078	4,394
Orthoptic treatment	796	1,960
AURAL CLINIC—		
Examined by surgeon	477	648
Dressed by school nursing sisters	1,666	6,982
ORTHOPÆDIC CLINIC—		
Examined by surgeon	231	268
RHEUMATISM AND HEART CLINIC—		
Examined by physician	80	80
CHIROPODY CLINIC—		
Treated by chiropodist	969	2,019
DENTAL CLINICS—		
Inspected at schools	12,490	
Inspected at clinics	3,389	
Treated by school dental surgeons	5,705	14,244
IMMUNISATION AGAINST DIPHTHERIA, ETC.—		
At schools and clinics	—	8,250
CHILD GUIDANCE CENTRE	1,190	4,925
SPEECH THERAPY CLINIC	403	4,314
TOTAL ATTENDANCE OF CHILDREN AT CLINICS		117,965

PERIODIC HEALTH INSPECTIONS

The number examined at periodic health inspections was :—

Entrants (those born 1957 and later)	7,087
Leavers (those born 1949 and earlier)	4,698
	<hr/>
	11,785

1,484 (1,851*) pupils were found to require treatment for various defects (excluding those of nutrition, uncleanliness and dental disease), or 12·6 per cent of those inspected.

3,133 (3,561*) pupils were referred for observation at subsequent periodic health inspections.

(* 1962 figures)

SPECIAL EXAMINATIONS

1,693 children in infant, junior and secondary schools (including the schools in which the "selection" system was applied) were examined as "selected" cases. 1,344 defects were found, of which 670 required treatment and 674 observation only.

5,741 (4,897*) pupils who had been referred for observation at previous periodic health inspections were re-examined.

(* 1962 figures)

CLEANLINESS (PERIODIC HEALTH INSPECTIONS)

The figures for 1962 and 1963 relate to 'entrants' and 'leavers' only. (See page 29 for the results of the cleanliness survey carried out by the school nursing sisters in all schools).

Cleanliness of Head

				CLEAN per cent.	INFECTED HAIR per cent.				
Boys ...	1945	...	...	97·04	2·96	(Nits	2·81	Lice	·15)
	1960	...	...	99·56	·44	(,,	·43	,,	·01)
	1961	...	...	99·41	·59	(,,	·58	,,	·01)
	1962	...	...	99·58	·42	(,,	·4	,,	·02)
	1963	...	...	99·59	·41	(,,	·39	,,	·02)
Girls ...	1945	...	...	83·24	16·76	(,,	15·83	,,	·93)
	1960	...	...	98·46	1·54	(,,	1·54	,,	—)
	1961	...	...	97·04	2·96	(,,	2·95	,,	·01)
	1962	...	...	98·12	1·88	(,,	1·8	,,	·08)
	1963	...	...	98·24	1·76	(,,	1·76	,,	—)

Cleanliness of Body

				CLEAN per cent.	DIRTY per cent.	BODY LICE per cent.
Boys ...	1945	...	...	99·56	·41	·03
	1960	...	...	99·98	·02	—
	1961	...	...	99·87	·13	—
	1962	...	...	99·99	·01	—
	1963	...	...	100·00	—	—
Girls ...	1945	...	...	99·65	·3	·05
	1960	...	...	99·98	·02	—
	1961	...	...	99·98	·02	—
	1962	...	...	100·00	—	—
	1963	...	...	100·00	—	—

GENERAL CONDITION

(This classification, though primarily concerned with physical fitness, also includes poise and general demeanour)

The percentages found at periodic health inspections to be unsatisfactory were, boys .01%, and girls, .04%. Malnutrition through lack of food is rare. Figures for heights and weights are given in tables on pages 66 to 70.

EYE DEFECTS

Number of children found to have defective vision at the periodic health inspections ('entrants' and 'leavers' only) :—

				Number examined	Defective vision
Boys	...	...	...	5,935	565 (9.52%)
Girls	...	...	...	4,779	359 (7.51%)

Visual Acuity

Apart from periodic health inspection, the vision of children aged 7, 9 and 13 is tested by the school nursing sisters (this means that a child's vision is tested every other year as a matter of routine). The school nursing sisters referred 443 (470*) children to the medical officers at the clinics ; of these, 313 (307*) were found to require examination by the ophthalmologist and 121 (145*) were kept under observation. No treatment was found to be necessary in 4 (14*) cases ; the parents of 5 (4*) children elected to have treatment through their general practitioners.

(*1962 figures)

OPHTHALMIC TREATMENT

Summary of Work

	Cases	Attendances
Errors of refraction :—		
Hypermetropia and hypermetropic astigmatism	833	884
Myopia and myopic astigmatism	1,277	1,315
Mixed astigmatism	130	130
Anisometropia	151	158
Congenital defects	160	170
Inflammatory conditions	16	19
Injuries	4	5
Squint :—		
Strabismus, convergent	207	222
" , alternating convergent	52	53
Strabismus, divergent	22	22
" , alternating divergent	4	5
Phoria	7	7
No apparent defect	93	93
	<hr/> 2,956 <hr/>	<hr/> 3,083 <hr/>

Glasses : prescribed	...	...	...	...	...	2,386
„ replacements and repeat prescriptions	...	...	...	...	...	44
Referred to orthoptists	...	...	...	...	...	210
Referred to school medical officers for treatment	...	...	...	...	...	7
Treated otherwise	...	...	...	...	...	17
Under observation	...	...	...	...	...	553
Not seen this year	...	...	...	...	...	1,223
New cases seen in 1963	...	...	...	...	...	925

ORTHOPTIC TREATMENT

At the beginning of the year, the cases outstanding from 1962 numbered 590 (511*). Of the 210 (208*) children referred during 1963, 206 (201*) became registered patients, the total attendances made by all cases being 1,960 (2,085*). 131 (122*) cases were discharged during the year, leaving 665 (590*) cases still open at the end of the year.

The details of the discharges during the year are as follows :—

After investigation, found to be unsuitable for treatment	4	(4*)
Cured	55	(38*)
Cosmetically satisfactory	16	(14*)
Left district or transferred	9	(22*)
Failed to attend	36	(34*)
Treatment refused	2	(8*)
No apparent defect	9	(2*)
	<u>131</u>	<u>(122*)</u>

(* Last year's figures)

EAR, NOSE AND THROAT

The total number of children seen during the year was 477 (452*), of which 371 (330*) were new cases. The children made 648 (572*) attendances. (*1962 figures)

The hospitals have supplied the following figures for operations for tonsils and adenoids :—

Royal Infirmary	...	...	...	...	...	83
Royal Hospital	...	...	...	...	...	353
Children's Hospital	...	...	...	...	...	245
Tonsillectomy Unit	...	...	...	...	...	1,100
						<u>1,781</u>

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

Tonsils and adenoids	...	...	...	...	...	201
Tonsils	...	...	...	...	...	16
Adenoids	...	...	...	...	...	22
Otitis media	...	...	...	...	...	40
Deafness	...	...	...	...	...	124
Other conditions	...	...	...	...	...	54
Consultation—no treatment advised at present	...	...	...	...	...	20
						<u>477</u>

PRE SCHOOL HEARING ASSESSMENT AND AUDITORY TRAINING CLINIC

Cases under review at beginning of year	...	...	...	...	15	
Referred during the year	...	...	...	...	39	
						54
						<u>54</u>
Admitted to Maud Maxfield School Nursery	...	...	...	...	10	
Referred to aural surgeon and awaiting operative treatment	...	...	...	...	4	
Referred to Local Authority with appropriate recommendation	...	...	...	...	2	
Receiving auditory training	...	...	...	...	8	
Hearing found to be satisfactory	...	...	...	...	16	
Cases still under review at end of year	...	...	...	...	14	
						54
						<u>54</u>
Sources of new cases referred during year were as follows :						
Otologists and pædiatricians	...	...	...	...	7	
Maternity and Child Welfare	...	...	...	...	20	
Social Psychiatry	...	...	...	...	2	
Deaf Welfare	...	...	...	...	2	
Children's Department	...	...	...	...	1	
Parents' request	...	...	...	...	1	
School medical officers	...	...	...	...	2	
Other Local Authorities	...	...	...	...	4	
						39
						<u>39</u>

SPEECH THERAPY

Analysis of work carried out during 1963

Cases open on 1st January, 1963	...	...	...	...	274	
Cases on waiting list 1st January, 1963	...	...	...	...	30	
Cases referred during 1963	...	...	...	...	154	
						458
						<u>458</u>
Cases closed during 1963	...	...	...	...	159	
Cases open on 31st December, 1963	...	...	...	...	244	
Cases on waiting list 31st December, 1963	...	...	...	...	55	
						458
						<u>458</u>

Interviews

Treatment interviews with children	...	...	...	...	4,177	
Diagnostic interviews with children	...	...	...	...	121	
Interviews with parents	...	...	...	...	440	
Interviews with other members of the School Health Service	...	...	...	...	184	
Recall interviews after discharge	...	...	...	...	16	
Visits made by speech therapists to schools, etc.	...	...	...	...	63	

Children referred for further examination

To educational psychologist for mental assessment	...	...	...	...	30	
For audiometer test	...	...	...	...	10	
To Child Guidance Centre for opinion and treatment	...	...	...	...	5	
For examination by otologist	...	...	...	...	3	
For orthodontic examination	...	...	...	...	1	

Reasons for closure during 1963

Treatment Cases

	A	B	C
*1. Good result	2	3	44
2. Maximum benefit	3	5	13
3. Left school or district prior to completion of treatment	8	—	13
4. Non-attendance	2	—	12
5. Parent's request	1	—	3
6. Parent or patient unco-operative	—	—	1
7. Receiving treatment elsewhere	3	—	3
8. Unsuitable for speech therapy	—	—	5
9. Attendance not possible	—	—	3

A = Stammer ; B = Stammer + Speech Defect ; C = Speech Defect.

(*All cases in this category are given a period of supervision prior to closure).

Observation Cases

Treatment not indicated after supervision	19
Treatment not indicated at preliminary interview... ..	4
Diagnostic interviews not kept	2
Removed from waiting list—Cases not opened	10
Number of cases	403
Number of attendances	4,314

HEART DISEASES AND RHEUMATISM CLINIC

Condition	New cases	Old cases	Attendances
1. No Rheumatism or Heart Disease			
(a) Functional murmurs	11	10	21
(b) Physiological arrhythmias	1	2	3
(c) No cardiac signs	—	—	—
2. Rheumatic Fever			
(a) Active { with } heart affection {	—	1	1
{ without }	—	—	—
(b) Inactive { with } heart affection {	3	10	13
{ without }	9	10	19
3. Rheumatic Chorea			
Active { with } heart affection {	—	1	1
{ without }	2	2	4
4. Congenital Heart Disease			
Cyanotic { operated	—	1	1
{ not operated	—	3	3
Non-cyanotic { operated	—	3	3
{ not operated	1	10	11
TOTALS	27	53	80

CHILD GUIDANCE CENTRE

Number of cases registered during 1963

Girls	176
Boys	382
	558

Analysis of cases dealt with

Cases closed 1963	...	...	...	...	...	...	451	
E.S.N. cases closed	...	...	...	...	...	...	51	
								502
Cases open 31st December, 1963	...	...	...	...	...	...	554	
E.S.N. cases open	...	...	...	...	...	...	134	
								688
Cases on waiting list 31st December, 1963	...	...						51

Reasons for closing cases in 1963

Did not attend at all	...	...	...	...	...	...	25	
Consultation only	...	...	...	...	...	...	207	
„ —E.S.N. Cases	...	...	...	...	...	...	51	
								258
After supervision	...	...	...	...	...	...		157
Treatment cases—								
Further attendance impossible	...	...	...	...	...	...		7
Patient unco-operative	...	...	...	...	...	...		4
Parent „	...	...	...	...	...	...		8
Transferred to other treatment	...	...	...	...	...	...		2
Treatment completed	...	...	...	...	...	...		41
								502

Analysis of cases open 31st December, 1963

Under treatment	...	...	...	...	...	...	84	
Under supervision	...	...	...	...	...	...	382	
Under supervision—E.S.N. cases	...	...	...	...	...	...	134	
								516
Under investigation	...	...	...	...	...	...	16	
Awaiting treatment (investigation complete)	...	...					72	
								688

*Reasons for reference of all cases.

	Nervous disorders	Habit disorders	Behaviour disorders	Intellectual difficulties	Total
Number of children ...	24	36	117	381	558

Sources of reference

	Head teachers	Parents	School Medical Officers	Speech Therapists	Juvenile Court	Private doctors	Hospitals	Others	Total
Number of children ...	406	32	38	30	16	15	7	14	558

Age range on reference

Age	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	16+	Total
No. of children...	1	3	10	53	67	156	83	53	21	35	31	21	17	5	1	1	558

Intelligence quotient range of all cases closed during 1963

	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
Number of children ...	40	43	93	101	73	44	17	11	29	451

* Nervous disorders comprise such conditions as fears, shyness, depression, emotional instability, day dreaming.

Habit disorders comprise such conditions as speech, sleep and food disorders, restlessness, incontinence.

Behaviour disorders comprise such conditions as unmanageability, temper, aggression, truancy, delinquency.

Intellectual difficulties comprise such conditions as educational retardation, special disabilities and educational guidance.

SCHOOL NURSING SERVICE—SUMMARY OF WORK

IN THE SCHOOLS—

Attendance daily with the medical officers at periodic health inspection.

Examination of children under cleanliness scheme—Boys	64,354	
Girls	70,009	
		134,363
Examination of children for "following up" ...	...	1,173
Examination of children for investigation of outbreak of infectious diseases ...	...	398
Examination of children for other purposes ...	...	7,711
Attendances for breathing exercises ...	...	4,642
Weighing and measuring ...	...	58,089
Number of visions tested ...	...	25,518
		231,894
Number referred to clinics ...	...	3,033
Number of visits to schools ...	...	12,183

IN THE CLINICS

	EYE TREATMENT		EAR TREATMENT		MINOR DRESSINGS	
	Cases	Attendances	Cases	Attendances	Cases	Attendances
Attercliffe ...	117	251	180	925	2,256	4,187
Central ...	42	99	62	233	502	1,293
Chaucer ...	39	100	49	233	428	2,059
Greenhill ...	14	17	43	242	298	805
Handsworth ...	43	100	55	208	322	1,035
Heeley ...	33	65	78	254	656	2,085
Hillsborough ...	72	117	85	472	555	1,161
Manor ...	56	116	183	604	1,373	5,569
Nursery Schools	38	69	32	163	1,488	2,225
Pitsmoor ...	154	308	291	1,018	909	2,387
Shiregreen ...	77	220	138	578	1,249	2,285
Southey Green	44	72	39	118	476	712
Special Schools	185	2,492	230	1,107	4,105	8,299
Wisewood ...	55	163	94	327	363	1,841
Wybourn ...	109	205	107	500	2,199	5,288
TOTALS ..	1,078	4,394	1,666	6,982	17,179	41,231

IN THE HOMES

Visits for "following up"	614
" neglect, uncleanliness, etc.	192
" various purposes	548
	<u>1,354</u>

INFECTIOUS DISEASES

Disease	Reported from the schools				TOTAL	
	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	1963	1962
Measles ...	2,169	465	164	113	2,911	802
German Measles	638	397	180	102	1,317	2,972
Whooping Cough	7	13	57	79	156	10
Chicken Pox ...	838	611	262	818	2,529	2,784
Mumps	309	293	156	1,121	1,879	163
Scarlet Fever ...	189	103	19	62	373	387
Meningitis ...	—	1	1	2	4	4
Dysentery ...	29	12	12	1	54	204

SHEFFIELD CHILDREN IN OUT-OF-CITY RESIDENTIAL SPECIAL SCHOOLS AND HOMES, DECEMBER, 1963

Condition	Boys	Girls	Total
Blind and partially sighted	4	4	8
Deaf and partially hearing	6	3	9
Delicate	17	2	19
Educationally sub-normal	16	5	21
Epileptic	—	3	3
Maladjusted	3	2	5
Physically handicapped	4	4	8
	TOTAL		<u>73</u>

CLINICS

Clinic	No. of Schools	Times of Attendance	Work undertaken
Central Clinic, 7, Leopold Street	All	Full-time	Administrative centre of school health service. Centre for examination of special cases, ophthalmic, orthoptic, ear, nose and throat, orthopaedic, heart and chiropody clinics. Central inspection, minor ailment and immunisation clinics.
Clinic for Young Deaf Children, 7, Leopold Street.. ..	All	Thurs. mornings and afternoons	Diagnosis of Degree of Deafness and Auditory Training.
CHILD GUIDANCE CENTRES:			
9, Newbould Lane	All	Full-time	} Child Guidance.
Handsworth Branch Clinic, Hall Road	22	Thurs. mornings	
Catchbar Lane	25	Fridays all day	
SPEECH THERAPY CLINICS:			
Catchbar Lane	All	Full-time	} Speech Therapy.
Attercliffe Branch Clinic, Vicarage Road	26	Tuesday mornings	
Greenhill Branch Clinic, Greenhill County School	8	Thurs. afternoons	
Manor Branch Clinic, Prince Edward County School	36	Tues. afternoons and Wed. mornings	
9, Newbould Lane	50	Fridays all day	
DISTRICT MEDICAL CLINICS:			
Attercliffe Branch Clinic, Vicarage Road	18	Mon., Tues., Wed., and Friday afternoons	} Inspection, minor ailment and immunisation clinics.
Central Clinic, 7, Leopold Street—District E	22	Mon., Wed., and Sat. mornings	
District F	25	Mon. and Thurs. afternoons & Sat. mornings	
Chaucer Branch Clinic, Chaucer Secondary School	7	Wed. and Fri. mornings	
Greenhill Branch Clinic, Greenhill County School	8	Tuesday mornings	
Handsworth Branch Clinic, Hall Road, Handsworth	12	Wed. mornings	
Heeley Branch Clinic, Lowfield County School	37	Mon., Tues. and Fri. afternoons	
Hillsborough Branch Clinic, Broughton Road	19	Mon. and Thurs. afternoons	
Manor Branch Clinic, Prince Edward County School	31	Mon., Tues., Wed. and Thurs. afternoons	
Pitsmoor Branch Clinic, Ellesmere Road County School	21	Mon., Tues. and Thurs. afternoons	
Shiregreen Branch Clinic, Shiregreen County School	16	Mon. and Wed. afternoons	
Southey Green Branch Clinic, Southey Green County School	5	Thurs. afternoons	
Wisewood Branch Clinic, Wisewood County School	6	Wed. and Fri. afternoons	
Wybourn Branch Clinic, Wybourn County School	5	Mon. and Thurs. mornings	

Clinic	No. of Schools	Times of Attendance	Work undertaken
DENTAL CLINICS:			
Central Clinic, 7, Leopold Street ..	172	Varies	} Routine and casual dental treatment, special dental cases, dental radiography and M. & C.W. dental treatment.
Attercliffe Branch Clinic, Vicarage Road	20	„	
Heeley Branch Clinic, Lowfield County School	33	„	} Routine and casual dental treatment, dental radiography and M. & C.W. dental treatment.
Rowlinson Branch Clinic, Rowlinson Technical School	10	„	

ATTENDANCES AT CLINICS

	Atter-cliffe	Pitts-moor	Hills-boro'	Heeley	Central (E)	Central (F)	Green-hill	Hands-worth	Shire-green	Chaucer	Manor	Wise-wood	Southey Green	Wy-bourn	Special Depts.	TOTAL
Inspection and Minor Ailments Clinics—																
Cases	1,835	1,826	668	1,432	1,033	1,054	699	730	1,019	875	1,842	1,084	244	1,196	—	15,537
Attendances	3,140	3,060	1,090	2,539	1,340	1,331	1,272	1,306	1,766	1,577	2,937	1,708	532	1,969	—	25,567
Dressings by School Nursing Sisters—																
Eye cases	251	308	117	65	99		17	100	220	100	116	163	72	205	2,561	4,394
Ear cases	925	1,018	472	254	233		242	208	578	233	604	327	118	500	1,270	6,982
Minor	4,187	2,387	1,161	2,085	1,293		805	1,035	2,285	2,059	5,569	1,841	712	5,288	10,524	41,231
Treatment Clinics—																
Ophthalmic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3,083	3,083
Orthoptic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1,960	1,960
Aural	—	—	—	—	—	—	—	—	—	—	—	—	—	—	648	648
Orthopaedic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	268	268
Rheumatism & Heart	—	—	—	—	—	—	—	—	—	—	—	—	—	—	80	80
Chiropody	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2,019	2,019
Dental (Central & Branch)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	14,244	14,244
Diphtheria Immunisation	—	—	—	—	—	—	—	—	—	—	—	—	—	—	8,250	8,250
Child Guidance Centres	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4,925	4,925
Speech Therapy Clinics	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4,314	4,314
TOTALS	8,503	6,773	2,840	4,943	4,296	4,296	2,336	2,649	4,849	3,969	9,226	4,039	1,434	7,962	54,146	117,965

HEIGHTS

SHEFFIELD PRIMARY AND SECONDARY SCHOOLS

BOYS							GIRLS						
Age	1920 Inches	1938 Inches	1945 Inches	1962 Inches	1963 Inches	Number Examined 1963	Age	1920 Inches	1938 Inches	1945 Inches	1962 Inches	1963 Inches	Number Examined 1963
5	40.5	42.44	42.93	43.35	45.9	2,932	5	40.75	42.13	42.64	42.91	42.89	2,817
6	42.75	44.76	44.77	45.64	45.59	2,889	6	42.45	44.24	44.63	45.25	45.29	2,679
7	44.4	47.09	46.98	47.99	47.55	2,910	7	44.05	46.77	46.59	47.63	47.57	2,654
8	46.9	49.21	49.84	50.21	49.63	2,719	8	46.9	48.86	48.85	49.86	49.83	2,621
9	48.45	50.47	50.38	52.3	51.62	2,811	9	47.95	50.39	51.22	51.9	51.9	2,676
10	49.8	52.28	54.31	54.26	53.29	2,762	10	50.25	52.13	54.38	54.13	54.12	2,546
11	53.55	53.98	54.91	56.03	55.71	2,519	11	51.1	55.28	55.62	56.39	56.33	2,463
12	54.05	56.42	56.44	58.2	57.54	2,160	12	54.5	57.52	57.96	58.8	58.68	2,202
13	55.7	57.91	59.1	60.57	59.35	2,301	13	56.05	58.9	60.02	60.74	60.73	2,231
14	56.45	59.8	60.38	63.14	62.06	2,409	14	57.	60.75	60.9	62.09	61.95	2,375
15	—	—	—	65.43	64.39	939	15	—	—	—	62.52	62.64	836
16	—	—	—	67.88	66.6	263	16	—	—	—	63.22	63.31	229

WEIGHTS

SHEFFIELD PRIMARY AND SECONDARY SCHOOLS

BOYS							GIRLS						
Age	1920 Pounds	1938 Pounds	1945 Pounds	1962 Pounds	1963 Pounds	Number Examined 1963	Age	1920 Pounds	1938 Pounds	1945 Pounds	1962 Pounds	1963 Pounds	Number Examined 1963
5	38.6	41.49	41.58	43.86	43.55	2,932	5	38.9	39.93	40.18	42.43	42.39	2,817
6	42.2	45.72	44.95	48.55	48.67	2,889	6	40.45	43.87	43.71	47.19	47.45	2,679
7	45.1	51.1	49.77	54.19	54.24	2,910	7	42.1	49.21	47.62	53.1	52.69	2,654
8	50.15	56.17	57.12	60.36	60.18	2,719	8	49.05	54.17	54.41	58.68	59.41	2,621
9	52.25	60.	61.73	67.09	66.99	2,811	9	52.2	58.	59.12	66.39	66.65	2,676
10	57.7	64.29	74.52	74.26	73.93	2,762	10	53.4	63.8	67.61	74.51	74.43	2,546
11	68.2	70.86	73.49	81.11	81.12	2,519	11	61.75	75.44	77.48	83.49	83.15	2,463
12	70.4	80.14	79.35	90.02	89.56	2,160	12	71.05	83.47	85.85	94.53	94.05	2,202
13	73.75	85.61	90.07	100.31	100.32	2,301	13	77.35	89.66	96.04	106.09	104.93	2,231
14	79.55	94.14	95.16	112.47	113.08	2,409	14	78.95	100.5	99.65	114.11	114.15	2,375
15	—	—	—	125.82	125.61	939	15	—	—	—	117.7	118.55	836
16	—	—	—	141.44	138.97	263	16	—	—	—	125.09	124.12	229

COMPARATIVE FIGURES FOR HEIGHTS IN SCHOOLS FROM VARIOUS TYPES OF DISTRICTS

68

WEIGHTS

COMPARATIVE FIGURES FOR WEIGHTS IN SCHOOLS FROM VARIOUS TYPES OF DISTRICTS

BOYS												GIRLS											
Age	All Schools		Good District Schools		Medium District Schools		Poor District Schools		Age	All Schools		Good District Schools		Medium District Schools		Poor District Schools							
	No. Exd.	Pounds	No. Exd.	Pounds	No. Exd.	Pounds	No. Exd.	Pounds		No. Exd.	Pounds	No. Exd.	Pounds	No. Exd.	Pounds	No. Exd.	Pounds						
5	2,932	43.55	914	43.91	1,563	43.51	455	42.93	5	2,817	42.39	909	43.14	1,419	42.21	489	41.51						
6	2,889	48.67	944	49.22	1,489	48.48	456	48.17	6	2,679	47.45	788	48.27	1,434	47.37	457	46.32						
7	2,910	54.24	932	55.56	1,445	53.83	533	53.05	7	2,654	52.69	795	53.87	1,399	52.3	460	51.83						
8	2,719	60.18	894	61.25	1,399	59.76	426	59.29	8	2,621	59.41	829	60.27	1,347	59.33	445	58.04						
9	2,811	66.99	880	68.54	1,443	66.74	488	64.93	9	2,676	66.65	821	68.37	1,416	66.15	439	65.06						
10	2,762	73.93	835	75.34	1,458	73.61	469	72.39	10	2,546	74.43	784	76.25	1,324	74.29	438	71.59						
11	2,519	81.12	775	82.27	1,307	80.96	437	79.53	11	2,463	83.15	711	85.71	1,284	82.23	468	81.79						
12	2,160	89.56	563	91.29	1,297	89.19	300	87.91	12	2,202	94.05	587	95.35	1,297	93.74	318	92.95						
13	2,301	100.32	526	101.99	1,438	100.26	337	97.99	13	2,231	104.93	612	106.95	1,293	104.62	326	102.35						
14	2,409	113.08	646	115.15	1,458	112.38	305	112.04	14	2,375	114.15	648	116.21	1,400	113.45	327	113.04						
15	939	125.61	364	129.62	503	123.46	72	120.37	15	836	118.55	366	119.49	405	117.85	65	117.66						
16	263	138.97	151	137.56	93	142.03	19	135.25	16	229	124.12	161	124.79	52	122.27	16	123.39						

NURSERY SCHOOLS AND CLASSES HEIGHTS

Boys					Girls				
Age	1957 Inches	1962 Inches	1963 Inches	Number examined 1963	Age	1957 Inches	1962 Inches	1963 Inches	Number examined 1963
2	35.78	35.96	35.68	34	2	35.13	35.41	35.79	25
3	37.94	38.61	38.29	288	3	37.46	38.13	37.82	293
4	40.	40.43	40.33	359	4	39.52	39.87	39.78	358

WEIGHTS

Boys					Girls				
Age	1957 Pounds	1962 Pounds	1963 Pounds	Number examined 1963	Age	1957 Pounds	1962 Pounds	1963 Pounds	Number examined 1963
2	30.71	33.14	31.39	34	2	29.38	31.27	31.06	25
3	34.85	35.77	35.09	288	3	33.88	34.5	33.91	293
4	38.47	38.97	38.71	359	4	36.86	37.18	37.46	358

MEDICAL INSPECTION AND TREATMENT RETURNS
YEAR ENDED 31ST DECEMBER, 1963

Number of pupils on registers of maintained primary and secondary schools (including nursery and special schools) in January, 1964 . . . 69,984

PART I.
MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND
SPECIAL SCHOOLS).

TABLE A—PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of birth)	No. of Pupils Inspected (2)	PHYSICAL CONDITION OF PUPILS INSPECTED		Pupils found to require treatment (excluding dental diseases and infestation with vermin)	
		SATISFACTORY		For defective vision (excluding squint) (7)	For any other condition recorded at Part II (8)
		Number (3)	% of Col. 2 (4)		
(1)					Total individual pupils (9)
1959 and later	643	643	100.	1	54
1958	3,561	3,560	99.97	64	377
1957	2,883	2,883	100.	69	370
1949	905	905	100.	46	134
1948 and earlier	3,793	3,791	99.95	231	549
TOTAL	11,785	11,782	99.97	411	1,281
					1,484

TABLE B—OTHER INSPECTIONS

Number of Special Inspections	..	..	..	..	..	23,173
Number of Re-inspections	..	..	..	..	..	16,106
			TOTAL	..	..	39,279

TABLE C—INFESTATION WITH VERMIN

(i) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	134,363
(ii) Total number of individual pupils found to be infested	2,224
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	2,998
(iv) Total number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	—

TABLE D—SCREENING TESTS OF VISION AND HEARING

1. (a)	Is the vision of entrants tested ?	Yes.
(b)	If so, how soon after entry is this done ?	Within first year of entry.
2.	If the vision of entrants is not tested, at what age is the first vision test carried out ?	—
3.	How frequently is vision testing repeated throughout a child's school life ?	Every other year.
4. (a)	Is colour vision testing undertaken ?	Yes.
(b)	If so, at what age ?	11 years.
(c)	Are both boys and girls tested ?	Yes.
5.	By whom is vision and colour testing carried out ?	School nursing sisters ; doubtful cases referred to school medical officers.
6. (a)	Is audiometric testing of entrants carried out ?	Yes.
(b)	If so, how soon after entry is this done ?	At 6 years of age.
7.	If the hearing of entrants is not tested, at what age is the first audiometric test carried out ?	—
8.	By whom is audiometric testing carried out ?	School nursing sisters.

PART II.

DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR

TABLE A—PERIODIC INSPECTIONS

Defect or Disease (1)	PERIODIC INSPECTIONS							
	Entrants		Leavers		Others		Total	
	Requiring Treatment (2)	Requiring Observation (3)	Requiring Treatment (4)	Requiring Observation (5)	Requiring Treatment (6)	Requiring Observation (7)	Requiring Treatment (8)	Requiring Observation (9)
Skin	86	85	128	13	—	—	214	98
Eyes—(a) Vision	134	680	27	197	—	—	411	877
(b) Squint	96	122	11	12	—	—	107	134
(c) Other	26	25	11	8	—	—	37	33
Ears—(a) Hearing	114	137	51	18	—	—	165	155
(b) Otitis Media ..	34	110	29	15	—	—	63	125
(c) Other	75	67	57	9	—	—	132	76
Nose and Throat	158	640	48	34	—	—	206	674
Speech	32	271	3	8	—	—	35	279
Lymphatic Glands	9	136	1	4	—	—	10	140
Heart	17	118	12	28	—	—	29	146
Lungs	36	208	15	41	—	—	51	249
Developmental—								
(a) Hernia	13	39	2	3	—	—	15	42
(b) Other	15	128	17	7	—	—	32	135
Orthopædic—								
(a) Posture	2	22	2	21	—	—	4	43
(b) Feet	39	71	30	14	—	—	69	85
(c) Other	24	131	19	10	—	—	43	141
Nervous System—								
(a) Epilepsy	5	25	5	9	—	—	10	34
(b) Other	—	2	1	4	—	—	1	6
Psychological—								
(a) Development ..	8	29	—	3	—	—	8	32
(b) Stability	21	329	4	26	—	—	25	355
Abdomen	1	9	2	1	—	—	3	10
Other	8	30	14	20	—	—	22	50

TABLE B—SPECIAL INSPECTIONS

DEFECT OR DISEASE						SPECIAL INSPECTIONS	
						Requiring Treatment	Requiring Observation
Skin	...	...	...	...	...	3,564	19
Eyes—(a)	Vision...	...	...	...	...	1,040	480
	(b) Squint	...	...	...	...	38	11
	(c) Other ...	...	...	...	...	580	11
Ears—(a)	Hearing	...	...	...	...	502	89
	(b) Otitis Media	...	...	...	...	207	21
	(c) Other ...	...	...	...	...	879	28
Nose and Throat	...	...	...	...	...	1,498	69
Speech	...	...	...	...	...	160	58
Lymphatic Glands	...	...	...	...	...	12	11
Heart	...	...	...	...	...	29	18
Lungs	...	...	...	...	...	136	38
Developmental—							
	(a) Hernia	...	...	...	...	5	1
	(b) Other ...	...	...	...	...	19	29
Orthopædic—							
	(a) Posture	...	...	...	...	9	4
	(b) Feet ...	...	...	...	...	9	13
	(c) Other ...	...	...	...	...	605	23
Nervous System—							
	(a) Epilepsy	...	...	...	...	30	8
	(b) Other ...	...	...	...	...	33	14
Psychological—							
	(a) Development	...	...	...	...	64	25
	(b) Stability	...	...	...	...	146	68
Abdomen	...	...	...	...	...	92	2
Other	...	...	...	...	...	4,036	164

PART III.

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	551
Errors of refraction (including squint)	2,726
TOTAL	<u>3,277</u>
Number of pupils for whom spectacles were prescribed ..	2,386

TABLE B—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment :—	
(a) for diseases of the ear	21
(b) for adenoids and chronic tonsillitis	1,760
(c) for other nose and throat conditions	4
Received other forms of treatment	2,726
TOTAL	<u>4,511</u>
Total number of pupils in schools who are known to have been provided with hearing aids :—	
(a) in 1963	23
(b) in previous years	207

TABLE C—ORTHOPÆDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments ..	816
(b) Pupils treated at school for postural defects	9
TOTAL	<u>825</u>

TABLE D—DISEASES OF THE SKIN
(excluding uncleanness, for which see Table C of Part I)

	Number of cases known to have been treated
Ringworm—(a) Scalp	—
(b) Body	2
Scabies	80
Impetigo	14
Other Skin Diseases	3,399
TOTAL	<u>3,495</u>

TABLE E—CHILD GUIDANCE TREATMENT

Number of pupils known to have been treated at Child Guidance Clinics	1,190
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TABLE F—SPEECH THERAPY

Number of pupils known to have been treated by Speech Therapists	403
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TABLE G—OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with
(a) Pupils with minor ailments	4,460
(b) Pupils who received convalescent treatment under School Health Service arrangements	224
(c) Pupils who received B.C.G. Vaccination	7,799
(d) Other than (a), (b) and (c) above—	
Chiropody	969
Diphtheria Immunisation, etc. (See pages 31 to 32 of this Report)	
Heart	18
Orthoptic	796
TOTAL (a) — (d)	<u>14,266</u>

PART IV.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

(A) *Dental and Orthodontic Work :*

(1) Number of pupils inspected by the Authority's Dental Officers :—							
(a) At Periodic Inspections ... ..	...	...	...	...	...	...	12,490
(b) As Specials ... ..	...	...	...	...	...	...	3,389
Total (1) ... ..	...	...	...	...	...	...	15,879
(2) Number found to require treatment ... ..	...	...	...	...	...	...	11,396
(3) Number offered treatment ... ..	...	...	...	...	...	...	9,552
(4) Number actually treated ... ..	...	...	...	...	...	...	5,705

(B) *Dental Work (other than Orthodontics) :*

(1) Number of attendances made by pupils for treatment, excluding those recorded at heading (C) (1) below ... ..	...	...	...	...	...	...	14,244
(2) Half-days devoted to :—							
Periodic (School) Inspection ... ..	...	...	...	...	...	...	95
Treatment ... ..	...	...	...	...	...	...	1,841
TOTAL (2) ... ..	...	...	...	...	...	...	1,936
(3) Fillings :—							
Permanent teeth ... ..	...	...	...	...	...	...	7,236
Temporary teeth ... ..	...	...	...	...	...	...	61
TOTAL (3) ... ..	...	...	...	...	...	...	7,297
(4) Number of teeth filled :—							
Permanent teeth ... ..	...	...	...	...	...	...	5,907
Temporary teeth ... ..	...	...	...	...	...	...	61
TOTAL (4) ... ..	...	...	...	...	...	...	5,968
(5) Extractions :—							
Permanent teeth ... ..	...	...	...	...	...	...	2,573
Temporary teeth ... ..	...	...	...	...	...	...	5,925
TOTAL (5) ... ..	...	...	...	...	...	...	8,498
(6) (i) Administration of general anæsthetics for extraction ... ..	...	...	...	...	...	...	3,973
(ii) Number of half days devoted to the administration of general anæsthetics by :—							
(a) Dentists ... ..	...	...	...	...	...	...	58
(b) Medical Practitioners ... ..	...	...	...	...	...	...	155
TOTAL (6) (ii) ... ..	...	...	...	...	...	...	213
(7) Number of pupils supplied with artificial teeth ... ..	...	...	...	...	...	...	81
(8) Other operations :—							
Crowns ... ..	...	...	...	...	...	...	21
Inlays ... ..	...	...	...	...	...	...	4
Other treatment ... ..	...	...	...	...	...	...	2,787
TOTAL (8) ... ..	...	...	...	...	...	...	2,812

(C) *Orthodontics :*

(1) Number of attendances made by pupils for treatment ... ..	...	...	...	...	...	...	346
(2) Half-days devoted to treatment ... ..	...	...	...	...	...	...	36
(3) Cases commenced during the year ... ..	...	...	...	...	...	...	26
(4) Cases brought forward from previous year ... ..	...	...	...	...	...	...	17
(5) Cases completed during the year ... ..	...	...	...	...	...	...	17
(6) Cases discontinued during the year ... ..	...	...	...	...	...	...	9
(7) Number of pupils treated by means of appliances ... ..	...	...	...	...	...	...	41
(8) Number of removable appliances fitted ... ..	...	...	...	...	...	...	43
(9) Number of fixed appliances fitted ... ..	...	...	...	...	...	...	3
(10) Cases referred to and treated by hospital orthodontists ... ..	...	...	...	...	...	...	—

HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS APPROVED UNDER SECTION 9 (5) OF THE EDUCATION ACT, 1944, OR BOARDING IN BOARDING HOMES, YEAR 1963.

During the calendar year 1963 :— Number of handicapped pupils who were :—	(1) Blind (2) Partially sighted		(3) Deaf (4) Partial Hearing		(5) Physically Handicapped (6) Delicate		(7) Maladjusted (8) Educationally Sub-normal		(9) Epileptic (10) Speech Defects		TOTAL (1)–(10)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
A. Newly assessed as needing special educational treatment at Special Schools or in Boarding Homes (other than Hospital Special Schools) ..	1	4	7	1	23	105	1	98	—	—	240
B. (i) Number of these newly placed (ii) Placed during the year but assessed prior to 1-1-63 ..	1	3	6	1	18	96	—	81	—	—	206
	—	—	—	2	2	9	—	31	1	1	46

On or about 23rd January, 1964 :— Number of handicapped pupils who were :—	(1) Blind (2) Partially Sighted		(3) Deaf (4) Partial Hearing		(5) Physically Handicapped (6) Delicate		(7) Maladjusted (8) Educationally Sub-normal		(9) Epileptic (10) Speech Defects		TOTAL (1)–(10)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
C. Requiring places in Special Schools (i) TOTAL :— (a) Day (b) Boarding Number of pupils included in these totals :— (ii) Who had not reached the age of 5 and were awaiting :— (a) Day places (b) Boarding places (iii) Who had reached the age of 5 but whose parents had not con- sented to their admission to a Special School and awaiting :— (a) Day places (b) Boarding places	—	—	1	—	1	—	—	12	—	—	14
	—	—	—	—	—	—	—	1	—	—	1
	—	—	—	—	—	—	—	—	—	—	—
	—	—	—	—	—	—	—	—	—	—	—
	—	—	—	—	—	—	—	—	—	—	—
	—	—	—	—	—	—	—	—	—	—	—
	—	—	—	—	—	—	—	—	—	—	—

On or about 23rd January, 1964:— Number of handicapped pupils who were :—	(1) Blind (2) Partially Sighted		(3) Deaf (4) Partial Hearing		(5) Physically Handicapped (6) Delicate		(7) Maladjusted (8) Educationally Sub-normal		(9) Epileptic (10) Speech Defects		TOTAL (1-10)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
D. (i) On the registers of— (1) Maintained Special Schools as :—											
(a) Day pupils	—	21	39	10	114	272	—	538	—	—	994
(b) Boarding pupils	10	2	2	4	9	40	—	9	—	—	76
(2) Non-Maintained Special Schools as :—											
(a) Day pupils	7	—	—	—	—	—	—	—	—	—	—
(b) Boarding pupils	—	—	5	—	4	4	6	9	2	1	38
(ii) On the registers of Independent Schools under arrangements made by the Authority	—	—	—	—	1	—	1	—	—	—	2
(iii) Boarded in Homes and not already included under (i) or (ii) above	—	—	—	—	1	16	—	—	—	—	17
TOTAL (D)	17	23	46	14	129	332	7	556	2	1	1,127
E. Being educated under arrangements made under Section 56 of the Educa- tion Act, 1944 :—											
(i) In City General Hospital	—	—	—	—	30	—	—	—	—	—	30
(ii) In other groups	—	—	—	—	—	—	—	—	—	—	—
(iii) At Home	—	—	—	—	11	—	—	—	—	—	11

G. During the *calendar year* ended 31st December, 1963 :—

(i) Number of children subject of new decisions recorded under Section 57(4) of the Education Act, 1944	..	..	..	37
(ii) Number of reviews carried out under Section 57(A) of the Education Act, 1944	..	..	..	2
(iii) Number of decisions cancelled under Section 57A(2) of the Education Act, 1944	..	..	..	—

COST OF THE SCHOOL HEALTH SERVICE, YEAR ENDED 31ST MARCH, 1963

SECTION	Gross Expendi- ture	Income	Net Expendi- ture	Cost in terms of a Penny Rate	
				Gross Expendi- ture	Net Expendi- ture
	£	£	£	d.	d.
Medical Inspection and Treatment	142,995	4,481	138,514	4·94	4·79
Special Schools	400,083	113,428	286,655	13·83	9·91
Totals	543,078	117,909	425,169	18·77	14·70

CITY OF SHEFFIELD, GENERAL INFORMATION

Population (as estimated mid-1963)	...	...	...	...	495,290
Area	...	...	...	...	39,598 acres
Density of population	...	...	...	...	12·51 persons per acre
Rateable Value at 31st March, 1963	...	...	...	...	£6,906,685
Rate levied for Education, year ended 31st March, 1963	...	...	...	...	282·13d.
Penny Rate Product, year ended 31st March, 1963	...	...	...	...	£28,932
Primary and Secondary Schools (including Nursery Schools)—					
Number of schools	...	...	...	...	220
Number on rolls	...	...	...	...	68,587
Special Schools—					
Number of schools	...	...	...	...	16
Number on rolls	...	...	...	...	1,397