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CITY OF SHEFFIELD EDUCATION COMMITTEE

SCHOOL HEALTH SERVICE

# REPORT


OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

CLIFFORD H. SHAW, M.D., D.P.H., D.P.A.



FOR THE YEAR ENDED  
31st DECEMBER, 1969  
(Sixty-second year)



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GEORGE WARRILOW



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Miss VALERIE A. GREAVES, B.A.  
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Mrs. MARGARET HOLMES  
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Mrs. MARIAN FORTESCUE, S.R.N.  
(Resident Nurse)

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(Resident Nurse)

DAVID COOK, B.Ch.D. (from 1/10/69)  
JOHN F. GILL, L.D.S., R.C.S. (to 30/4/69)

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Miss JANE SCOTT, L.C.S.T. (from 1/10/69)

Mrs. CONSTANCE V. THORNTON (to 31/1/69)  
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Mrs. BESSIE FURNESS, S.E.N.  
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TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE:

It would appear from the second 'green paper' on the Future Structure of the National Health Service that a firm decision has been taken to transfer the school health service to the proposed area health authorities along with the remnants of the local health authority services, which are now being stripped of their welfare functions preparatory to being re-assembled in a unified health service. No form of words can disguise the fact that the separation of health and welfare, and health and educational services will leave many raw edges but, as with the art of a plastic surgeon, the flesh may be fashioned anew. Yet blemishes are apt to arise in the cut and thrust of negotiating acceptable proposals, and the people for whom the services are created will benefit only if adequate resources are made available and professional standards fully maintained.

The administrative structure, however, is only a means of making the best use of scarce resources whether this be expressed in terms of money or skilled manpower. Government has a right and duty to assess the value of each component of the health service in the context of changing circumstances, and it will not be possible to afford the luxury of just carrying on.

At long last routine medical examinations of young people under the Factories Act are being discontinued, and an initial examination will no longer be necessary if a 'leaver' examination has been carried out at school. An Employment Medical Advisory Service will develop procedures for looking after the health of young people in employment and giving advice to the Youth Employment Service.

In the long term it may be necessary to restrict the School Health Service to those functions which cannot satisfactorily be discharged through the other health services. The routine testing of vision and hearing, for example, is extremely closely linked with educational needs. Some anxiety is felt for the future of the Audiology Clinic which has evolved over the past 17 years. Developments in knowledge and techniques reinforce the need for highly skilled and balanced teams to meet the medical and educational requirements, not only of those with impaired hearing but of many other severely handicapped children.

Responsibility for the Child Guidance Service is still under consideration. Locally and nationally many setbacks have occurred through difficulties in recruiting psychiatrists, psychiatric social workers and educational psychologists. Moreover, the principle has never been entirely resolved as to whether the service is primarily an educational service based on work through the schools, or a medical or social service arising from the family or community situation.



While the 'green paper' is not a blue print, it is understandable that capital schemes relating to clinics are held up. There is undoubtedly a need for a system of dental inspection in schools but it might be arguable whether there is a need for special treatment facilities, bearing in mind the greater number of children who are already being treated through dental practitioners under the health service. Fortunately such major decisions are likely to be a matter of national policy.

Fluoridation is not mentioned in the 'green paper' but presumably will continue to be a responsibility of the local authority. There is likely to be a continuing shortage of dentists, and this very shortage makes the community less conscious of the importance of dental health and more ready to tolerate the attitude of those who seek to delay its introduction. Parents who look for some solution short of fluoridation are living in an ivory tower which the available dental force is not equipped to scale.

Minor Ailment Clinics are gradually losing support, even in those parts of the City where children have been accustomed to going to the school clinic. The unification of the health services might well be the moment to decide that they have had their day, bearing in mind the general improvement in child health and the possibility in many schools of a nursing service being provided on the spot. Nevertheless in 1969, 15,710 attendances were still recorded. Hillsborough Clinic, which was not particularly well sited in relation to the population, has been closed and its ghost taken into custody by the Sheffield and Rotherham Police Authority. The other clinic to be discontinued was at Southey where facilities were not good and attendances had dropped considerably since Chaucer Clinic was opened.

In 1968 there were slender hopes that the children of Sheffield might have been exposed to their last measles outbreak. Owing to a continued shortage of vaccine during 1969 it is only now becoming possible to mount the sort of sustained campaign that is necessary if public imagination is to be fired. This will be a major task once the present outbreak is over so that young children who have not had the disease may be protected. Although measles is often thought of as a mild disease, complications affecting the ears and chest are frequent and sometimes cause permanent damage. The elimination of diphtheria and poliomyelitis has shown the way.

The virus responsible for rubella is quite different from that causing measles and it is perhaps unfortunate that the disease is often spoken of as German measles. Astronauts excepted, nobody is very bothered when a man catches rubella but, if it affects a woman in her early months of pregnancy, it is likely to damage the foetus. Despite the fact that, fortunately, the majority of women have already acquired resistance, rubella is still an



important cause of congenital abnormalities affecting, for example, the hearing. Over a number of years a vaccine has been developed and it is intended in 1970 to offer rubella vaccine to girls aged 13 attending Sheffield schools. It is believed that by choosing this age group it will be possible to increase the proportion of women of child-bearing age who are fully protected against rubella. While it might be argued that it would be even better if they caught the natural disease this would, of course, involve the possibility of spread to parents or other adults with whom they came into contact and causing the very tragedy which it was intended to avoid.

The transfer of Talbot and Norfolk Park Training Centres (including a short-stay home) is likely to take place at the beginning of April, 1971. An educational influence should make the environment more stimulating, both for staff and children. Some re-orientation of outlook may, however, be necessary now that responsibility is being extended to the lower ranges of mentally handicapped children. Many of those attending the centres, and in particular the special care unit, are only capable of very limited response to education—however the term is defined—but day care provides a very necessary relief to parents, some of whom have a heavy burden to bear.

Todwick Grange is referred to on p. 26. This partnership between the Children's and Education authorities seeks to pioneer a way, still largely uncharted, in an endeavour to meet the needs of children with special emotional and learning difficulties. While the map may be redrawn, establishing new administrative boundaries, a child needs not the separate disciplines of education, medicine or social work. Those who plan for his future must find a way of meeting his needs without a fragmentary approach, but mindful that the place of the teacher in the life of the child remains a very special one, not to be spirited away by the lure of a promised land.

CLIFFORD H. SHAW,

*Principal School Medical Officer.*

## MEDICAL EXAMINATIONS

*"The end of fishing is not angling but catching."*

Thomas Fuller—"Gnomologia"

While the present day reaction to compulsion of any sort has led to a great deal of rethinking about the alternative persuasive approach which, though more time consuming, is often more effective, nevertheless Education is compulsory; and, in order to ensure that the child is not denied the benefits of education, it would seem essential that the compulsory nature of medical examinations should be retained, though this can be a disadvantage and its application must be suited to the circumstances.

In ensuring the parents' rights, the Education Act produces a curious anomaly in that the Medical Officer has to ensure that the parents are informed before making an intellectual assessment, while an educational psychologist can administer a test at school as an educational assessment without informing the parents.

Refusing to allow a child to be examined is not very common, and ironically occurs most often when the parents suspect or know about a defect in their child. Examination may be declined on the ground that their child has been or is already being fully investigated by a hospital or general practitioner. Such investigations are, however, directed at diagnosing a particular condition and it is unlikely that systems such as hearing and vision will be fully investigated unless they have a direct bearing on the original condition.

In addition, with an increasing number of children with problems and handicaps of all sorts being investigated before the age of five, the obligation of the School Health Service in the initial examination, where the School Medical Officer should be in possession of the details of investigations, is to fill the role of co-ordinator or interpreter to the teacher and parents rather than examiner. The keynote of this is, of course, that the School Medical Officer is aware of all the facts and is prepared to undertake a co-ordinating role, and that the hospital consultant or general practitioner is aware of and prepared to make use of the School Medical Officer in this way.



## SPECIALIST CLINICS

*"Were it not for imagination, sir, a man would be as happy in the arms of a chambermaid as a duchess."*

Samuel Johnson

### Ophthalmic

The majority of children are seen at Central Clinic, Leopold Street, but an endeavour has been made to carry on in clinics previously held by the Derbyshire and West Riding Authorities. During 1969 there were

105 attendances at Hackenthorpe Clinic

86 attendances at Frecheville Clinic

52 attendances at Wheata Place Clinic

Unfortunately the Ophthalmologist was withdrawn from Wheata Place in October and it has not been possible to make arrangements through the School Service for the specialist examination of children from this area of the City since this date.

Statistics for Central Clinic are given on page 38.

### Orthopaedic

Mr. A. Dornan, Consultant at the Royal Hospital, has continued to be responsible for this Clinic, where the work has followed the usual pattern of previous years.

During the year, 141 children were seen, of whom 21 were found to require hospital treatment. 173 attendances were made during the year.

### Chiropody

During the year, 1,112 children attended for treatment to whom a total of 2,064 treatments were given. At the end of the year, 30 children were still in attendance.

### Heart Diseases and Rheumatism

Rheumatism is now an extremely uncommon condition in childhood and the number of cases referred to the Heart Clinic has progressively fallen. Indeed of the 32 children first referred in 1969, none were considered to have a murmur indicative of either rheumatic or congenital heart disease. It is doubtful whether a specialist clinic is still justifiable bearing in mind the comprehensive diagnostic facilities available through the normal hospital out-patient arrangements.

Condition					New cases	Old Cases	Attendances
1. No Rheumatism or Heart Disease							
(a)	Functional murmurs	...	...	...	24	5	29
(b)	Physiological arrhythmias	...	...	...	2	—	2
(c)	No cardiac signs	...	...	...	6	—	6
2. Rheumatic Fever							
(a)	Active	{ with	heart affection	{	—	1	1
		{ without		{	—	—	—
(b)	Inactive	{ with	heart affection	{	—	4	4
		{ without		{	—	1	1
3. Rheumatic Chorea							
Active	{ with	heart affection	{	—	—	—	
	{ without		{	—	—	—	
4. Congenital Heart Disease							
Cyanotic	{ operated	...	...	—	—	—	
	{ not operated	...	...	—	2	2	
Non-cyanotic	{ operated	...	...	—	3	3	
	{ not operated	...	...	...	1	1	
TOTALS					32	17	49



## EAR, NOSE AND THROAT DEFECTS

*"A torch light procession marching down your throat."*

John O'Sullivan

Dr. E. M. Swallow reports:—

Mr. Buffin continued as Consultant to the E.N.T. and Audiology Clinics. Statistics relating to these clinics are given on pages 39 and 40.

Miss Beard remains in charge of the pre-school auditory training sessions. These are well supported by the parents who realise their value to the young deaf child. The children attending range in age from one to four years and are mostly admitted to the Day Nursery at the Maud Maxfield School soon after their third birthday.

During the year numerous talks and practical demonstrations were arranged for pupil midwives and nurses taking the Health Visitor course at the Sheffield Polytechnic.

### Partially Hearing Units

These units continue to work to capacity. In September certain changes were necessary due to the comprehensive reorganisation.

The Junior Partially Hearing Unit was transferred from Hunter's Bar to Greystones Middle School and an Infant Unit formed in the First School.

The children previously attending Greystones Secondary School were transferred to King Ecgbert Comprehensive School.

I would like to take this opportunity to thank all the headteachers and teachers concerned with the units for their interest and help with these children.

### Audiometer Pure Tone Testing, January to December, 1969

This work was carried out in the Audiology Clinic, Orchard Lane.

New cases	...	...	...	...	...	...	...	622
Retests	...	...	...	...	...	...	...	695
								<hr/> 1,317 <hr/>

### Audiometer Sweep Testing in Schools

A total of 8,152 boys and girls in the age group 6—7 years were tested.

360 did not perform the test satisfactorily and were referred to their general practitioner or appropriate school clinic for further investigation.

### Peripatetic Staff

During the latter part of the year three peripatetic teachers of the deaf were appointed. They visit all partially hearing children attending

ordinary and special schools, give lip reading tuition when necessary and are available to give advice to the teaching staff when needed.

Statistics relating to work of peripatetic staff are as follows:—

<i>Period 4th November, 1969—19th December, 1969</i>				
	Special	1st & Middle/J.&I.	Secondary	Total
Schools visited ...	6	20	11	37
Children visited ...	13	34	31	78
No. of visits to schools	47	78	56	181
No. of visits to children ...	78	119	88	285
<i>Totals for full term September—December, 1969</i>				
Visits to schools ...	98	158	110	366
Interviews ...	148	226	186	560



## PREVENTION OF TUBERCULOSIS IN SCHOOL CHILDREN

*"Whenever our neighbour's house is on fire it cannot be amiss for the engines to play a little on our own."*

Edmund Burke

### Chest Clinic

Dr. R. H. Townsend, Consultant Chest Physician, reports:—

During the year 1969, 6 school children were notified as suffering from tuberculosis compared with 4 in 1968 and 7 in 1967. The numbers are now so small that the slight increase in 1969 should not be taken as evidence of a deteriorating situation.

A boy of 12 with a tuberculous pleural effusion was treated with chemotherapy at home and was able to return to school after a few weeks. A Pakistani boy of 7 was treated in the Northern General Hospital. Another Pakistani boy of 13 was found to be infected with drug resistant tubercle bacilli but responded well to a regime of treatment which included a 'second line' drug.

Three children developed non-pulmonary tuberculosis. In one case cervical lymph glands were involved. The second had a tuberculous infection of a rib and the third had tuberculosis of a bone in one hand.

447 school children attended the Chest Clinic as new patients and 219 were given B.C.G. vaccination.

### B.C.G. Vaccination in Schools

In January 1969 it was decided to vaccinate all Heaf I reactors who had not received previous B.C.G. A weak sensitivity to human tuberculin in non-vaccinated persons, exemplified by Heaf I reactors, is now considered to be due, not to previous infection with tuberculosis, but to infection with other related micro-organisms. Children exhibiting this weak tuberculin sensitivity are less likely to develop tuberculosis than those with a negative tuberculin test, but the protection conferred is less than that resulting from B.C.G. vaccination.

Number tuberculin tested	...	...	...	...	...	...	4,945
Positive reactors (previous B.C.G.)	...	...	...	...	...	...	471
Positive reactors (no previous B.C.G.)	...	...	...	...	...	...	3.6
Positive reactor rate (no previous B.C.G.)	...	...	...	...	...	...	6.7%
Negative reactors	...	...	...	...	...	...	4,138
Number vaccinated (including 136 Heaf I reactors)	...	...	...	...	...	...	4,274

In addition 47 negative reactors who had received previous B.C.G. were revaccinated. The positive reactors graded as II to IV numbered 200 (4% of the total tested).



In a follow up of 120 Heaf I vaccinated pupils the degree and extent of local reaction was compared with an equivalent number of Heaf negative controls and no significant difference was found between the two groups. The mean diameter of skin lesions for Heaf I cases was 6.6 mm. compared with 5.9 mm. in the Heaf negative series.

#### **X-ray of positive reactors**

The proportion of positive reactors referred for chest X-ray who attended was 81 %.

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

Normal film	...	...	...	...	...	...	...	204
Non-active tuberculosis. Calcified pulmonary foci	...	...	...	...	...	...	...	1

There were no cases of active tuberculosis.

696 children and older contacts of positive reactors were followed up, but no active cases of tuberculosis were brought to light.

#### *B.C.G. Vaccination of Students in Establishments for Further Education*

The scheme of visiting establishments for further education to test and vaccinate full-time students was continued:—

Number tested	...	...	...	...	...	...	...	45
Positive reactors (previous B.C.G.)	...	...	...	...	...	...	...	21
Positive reactors (no previous B.C.G.)	...	...	...	...	...	...	...	8
Negative reactors	...	...	...	...	...	...	...	16
Number vaccinated	...	...	...	...	...	...	...	15

## SCHOOL NURSING SERVICE

*"Next to the wound, what women make best is the bandage."*

Barbey D'Aurevilly

Miss A. E. Salvin, S.R.N., S.C.M., H.V.Cert., Chief School Nursing Sister, reports—

During the year three school nursing sisters left the service, one for domestic reasons, one to undertake Health Visitor training here in Sheffield and Mrs. Olive Ashton reached the age for retirement after completing 24 years excellent service.

Five new members of staff were appointed two of which were to fill existing vacancies.

The past year was a very active one for the nursing staff as the advent of the comprehensive school system brought increased demands for our services from the larger schools. In an effort to give them some regular nursing coverage and in order to ensure that the primary or contributory schools do not suffer, for it is here that basic assessments of handicap take place, a fair amount of reorganisation has been necessary. The aim is to have the same school nursing sister responsible for a comprehensive school and the contributory ones to give a reasonable 'follow up' to those handicapped children not in special schools, to the many children with social problems and to allow some time for the treatment of certain minor ailments on school premises. So far reaction from teaching staff, children and parents has been encouraging and, with the closure of two branch clinics and rationalization of sessions in some others, we have been able to satisfy a few of the many requests received from head teachers to arrange more of these regular visits to schools.

### **Cleanliness**

The nursing staff have, as in previous years, continued to carry out regular Hygiene Inspections.

### **Nursery Schools and Classes**

The regular visiting has been carried out as in previous years.

### **Heights and Weights**

The annual weighing and measuring of all school children has now been discontinued and replaced, at the request of the Department of Education and Science, with a three yearly survey of a selected group of 5,000 pupils. Boys aged 3—5 years inclusive and girls of 3—13 years inclusive have height, weight, chest, waist and hip measurements taken and all remaining children, up to and including 15 years of age, have height and weight measurements only.



## **Health Education**

Eighteen of the school nursing sisters attended a weekly evening class during the autumn term. The course 'Aims and Methods of Teaching Health Education' requested by the staff and very quickly over subscribed, was arranged and conducted by Miss Williams, Principal Health Visitor Tutor at the Sheffield Polytechnic. The help and co-operation received was much appreciated particularly as this was a new venture but one which we are hoping to repeat. The school nursing sisters for their part found the course stimulating and are now having many opportunities to participate in this field. Numerous visits to the Health Education Centre were made during the year to see films on a variety of subjects.

## **Co-operation**

A frequent interchange of information between the Public Health Department, Education Welfare Service, and the School Health Service has continued throughout the year.

The Chief School Nursing Sister has attended Fairthorn House Committee and the quarterly co-ordinating committee.

## VACCINATION AND IMMUNISATION

*"Men applaud the imitation and hiss the real thing."*

Aesop

A revised immunisation schedule came into operation from October, 1968 and, based on this, the School Health Service offered and attempted to ensure protection for all children of school age against smallpox, diphtheria, tetanus, tuberculosis and poliomyelitis.

Immunisation Schedule			Vaccine
Age			
4 months	...	...	Triple (diphtheria/whooping cough/tetanus) Poliomyelitis
6 months	...	...	Triple/poliomyelitis
12 months	...	...	Triple/poliomyelitis
15 months	...	...	Measles
16 months	...	...	Smallpox
5 years (or school entry)			Diphtheria/tetanus, poliomyelitis
4 weeks later	...	...	Smallpox re-vaccination
11 years	...	...	B.C.G.
14-15 years	...	...	Tetanus/poliomyelitis
4 weeks later	...	...	Smallpox re-vaccination

Routine immunisation sessions are held at school clinics for children of school age and a special medical team visit schools to carry out tuberculin testing and administer B.C.G. where appropriate (see page 16).

*Poliomyelitis.*—School nursing staff continue to visit all primary schools and give the 'booster' oral polio vaccine; or initiate protection for the non-immune, appointments being given for the completion of these courses at a central clinic. Efforts were made in mid-1969 to ensure full protection against poliomyelitis of as many non-immune and partially immune children as possible. This would redress any imbalance in herd immunity that had resulted from interference of the normal programme by a crash measles campaign in 1968 and at the same time alleviate concern felt by Committee over an apparent gap in the protective shield. The fact that fewer children were vaccinated in school in 1969 compared with earlier years reflects a change of procedure introduced to prevent administration of vaccine to children where an immune state had already been achieved.

The incidence of poliomyelitis reported in tropical and subtropical countries, and at the same time easing of access to these lands by air travel, emphasises the constant need for vigilance in this field.

*Measles vaccination.*—Only 1,455 children were vaccinated during the year through school health service arrangements. Although supplies of vaccine remained very restricted, this misfortune appeared to be accepted by parents with a disturbing equanimity.



In this country the mortality from measles is low (approximately 2 in 1,000) and usually affecting children who are already handicapped. Nevertheless, complications frequently occur such as bronchitis, pneumonia, otitis media and neurological disturbances including encephalitis. Moreover, the school time lost and the cost of treatment, whether at home or hospital, is considerable. A possible sequel to measles is the potential effect of the disease on the learning ability of the child. This observation from Connecticut, U.S.A. obviously needs cautious interpretation and further evaluation but, if substantiated, would further emphasise the importance of attempting to eradicate this disease by an intensive vaccination programme.

*Smallpox vaccination.*—It is not considered desirable to carry out primary vaccination against smallpox either at school entry or later in school life because of the greater risk of encephalitis. Re-vaccination, however, is now recommended at school entry and at 14-15 years; 546 children were re-vaccinated during the year.

#### IMMUNISATIONS BY SCHOOL HEALTH SERVICE

				1969	1968	1967	1966
<i>Primary Course</i>							
Diphtheria	...	...	...	8	1	6	14
Triple	...	...	...	52	25	120	156
Diphtheria/Tetanus	...	...	...	265	254	385	462
Tetanus	...	...	...	238	153	250	206
<i>Booster</i>							
Diphtheria/Tetanus	...	...	...	1,960	2,198	2,674	2,674
Tetanus	...	...	...	665	424	1,625	1,162
Poliomyelitis	...	...	...	2,878	—	15,943	20,363
Measles	...	...	...	1,455	2,819	—	—



## EDUCATION WELFARE SERVICE

*"The measure of a man's real character is what he would do if he knew he would never be found out."*

Lord Macaulay

Mr. E. Buckley, Chief Education Welfare Officer, reports:—

In my last report I mentioned three re-organisation plans pending. Since then one of these plans has come into operation. Instead of two services with close liaison, Health and Welfare are now two divisions in a unified Schools Branch of the Education Committee. This, of course, is the administrative side, with the professional side carrying on as before. Thus we can say that change has taken place, but things are just the same! This is certainly true with the day-to-day link between our two divisions. We are still reporting maladjusted or physically handicapped children before they reach school age.

The close liaison between our two sections at field level has been brought closer still at Frecheville and Lowfield. At these two Branch Clinics a local office of the Welfare Officers has been established.

During the year many children and parents have been escorted from home to Child Guidance Clinic in Welfare Officers' cars. This service is much appreciated by the parents and the Child Guidance Clinic. Without it many children would never attend for consultation.

Again during the year Education Welfare Officers have escorted children to and from schools as far apart as Aberdeen and Teignmouth. With some schools having four terms these escorts have increased in number. The three women officers have been fully extended at peak times. It would appear that we need more women officers than the three we now have. Apart from the escort duties for girls, there will be many problems with sixteen year old girls in the future, and I can see a much higher number of women Education Welfare Officers than at present, in the region of nine or ten—one to each Welfare Team.

At the present time with the searchlight of the O. & M. team playing on the Welfare Division, no doubt by next year further changes in our service will have taken place. I can foresee a tightening up of administrative detail, but the volume and content of our various problems will still be there. Human beings are not machines to be controlled by a touch on the accelerator and a jab on the brake.



## HANDICAPPED PUPILS

*"We should all be concerned about the future because we have to spend the rest of our lives there."*

O. F. Kettering

During the latter part of the year, approaches were made by the Department of Education and Science for information on physically handicapped children in ordinary school and indeed, though recent policy has been as far as is practicable to make it possible for such children to attend ordinary school, evaluation of the present position will be of great help in future placements.

Many developments have taken place in the past year. The completion of arrangements for junior educationally sub-normal boys and girls to be educated together and the provision of infant departments in these schools has made it possible both to increase the total numbers and reduce the distances children have to travel. Personnel carriers are now used in most cases for children travelling daily who need door to door transport, which has made supervision of the children possible during the journey. Handicapped children can be very boisterous, and one's admiration goes out to the taxi drivers who not only looked after the children but had to drive their taxis as well.

Two new special schools opened during the year. Mossbrook, the spina bifida school, opened in April with 25 children and at the end of the year had increased to 40. Three children had been under the Headmaster's care before this, since it had not proved possible to place them during the period immediately prior to opening the school.

It has been necessary to build up numbers with care, particularly in a school where the handicap is usually severe and it is very necessary to give the staff time to find their feet. In this there was a conflict from the start since it is difficult to build up a corporate atmosphere particularly necessary for certain educational techniques without adequate numbers. It is also vital to consider the future balance in the school, particularly in balancing the age groups, since overloading the school with children just reaching school entrance could lead, as has happened with other special schools, to no vacancies for many years, followed eventually by such a large number of leavers that continuity of group interrelations could be upset.

The problem of building up a stable group is even more acute in Broad Elms, the maladjusted school, which opened in temporary premises at East Hill in September, 1969, and moved in January, 1970 to a new purpose designed building. Here it is only too evident that rapid assimilation is likely to upset the group stability and lead to regression of children in the school.



Here again there is a dilemma, for while one wants a core of more stable children to help the hyperactive and emotionally labile children being admitted, there are few such children who require and would benefit from the very special facilities available.

Perhaps these comments which only touch on the one or two more major developments in the field, nevertheless illustrate the 'cohesive whole' of special education, and the importance of a flexible approach regarding admission. Satisfactory placement can only be made through the greatest possible co-operation of all the head teachers of the special schools.

### Special Schools

<i>Blind</i>						Accommodation for
Tapton Mount School for Blind Children	...	...	...	...	...	60 pupils (res)
<i>Partially Sighted</i>						
Brook School (Special Unit)	...	...	...	...	...	15 pupils (day)
Stradbroke County School (Special Unit)	...	...	...	...	...	15 pupils (day)
<i>Deaf (Grade III) and Partially Hearing (Grade IIB)</i>						
Maud Maxfield School	...	...	...	...	...	36 pupils (res) 64 pupils (day)
<i>Partially Hearing (Grade IIA)</i>						
Greystones First School (Special Unit)	...	...	...	...	...	10 pupils (day)
Greystones Middle School (Special Unit)	...	...	...	...	...	10 pupils (day)
King Egbert School (Special Unit)	...	...	...	...	...	20 pupils (day)
Maud Maxfield School (lip reading classes)	...	...	...	...	...	30 pupils (day)
<i>Delicate</i>						
Bents Green School	...	...	...	...	...	40 pupils (res) 170 pupils (day)
Whiteley Wood School	...	...	...	...	...	144 pupils (day)
<i>Physically Handicapped</i>						
Chantrey School	...	...	...	...	...	40 pupils (res) 20 pupils (day)
Mossbrook School	...	...	...	...	...	50 pupils (res) 10 pupils (day)
Oakes Park School	...	...	...	...	...	120 pupils (day)
<i>Educationally Subnormal</i>						
East Hill Schools:						
Junior and Infant	...	...	...	...	...	100 pupils (day)
Senior Boys	...	...	...	...	...	120 pupils (day)
Handsworth School:						
Junior and Infant	...	...	...	...	...	80 pupils (day)
Highfield School:						
Senior Girls	...	...	...	...	...	120 pupils (day)
Springvale House:						
Junior and Infant	...	...	...	...	...	80 pupils (day)
Wadsley Bridge Schools:						
Junior and Infant	...	...	...	...	...	100 pupils (day)
Senior Boys	...	...	...	...	...	120 pupils (day)
<i>Maladjusted</i>						
Broad Elms	...	...	...	...	...	50 pupils (day)

## 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 special school for the educationally sub-normal ... ..	134
Recommended for education in an ordinary school with special educational treatment and later review ... ..	19
Recommended for admission to a special school for physically handicapped children ... ..	—
Not recommended for special school ... ..	77
Found to be unsuitable for education and recommended for notification to the Local Health Authority—Section 57(4)...	32

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

Left on attaining the age of sixteen years ... ..	84
Removed at an earlier age as incapable of receiving further benefit ... ..	7

### TOTAL NUMBER NOTIFIED TO LOCAL HEALTH AUTHORITY

	Boys	Girls
Children incapable of receiving benefit or further benefit from instruction in school ... ..	27	12
Re-examined and still incapable ... ..	—	2
Educationally sub-normal children notified on attaining the school leaving age ... ..	34	25

### AGE GROUPS OF CHILDREN ASSESSED DURING 1969

Year of Birth	Age as at 31st Dec.'69	Not ESN Remain O/S	Review at a later date	ESN	Report LHA	Total
1954 ...	15	1	—	1	—	2
1955 ...	14	1	—	9	—	11
1956 ...	13	1	—	3	—	4
1957 ...	12	3	1	7	—	11
1958 ...	11	3	1	12	—	16
1959 ...	10	3	—	19	—	22
1960 ...	9	10	1	21	1	33
1961 ...	8	17	7	12	—	36
1962 ...	7	16	2	13	1	32
1963 ...	6	13	2	21	9	45
1964 ...	5	8	4	16	18	46
1965 ...	4	1	1	—	2	4
TOTAL		77	19	134	32	262
		29.39%	7.25%	51.15%	12.21%	

### Children Maintained in Residential Special Schools and Homes outside the City, December, 1969

At the end of the year, 56 children were in residential special schools and homes outside the City. A summary of these cases is given on page 46.



### **Todwick Grange Children's Centre**

This residential Centre was opened in 1968 and is the responsibility of the Sheffield Children's Department. The venture is unusual in that a school is located in a separate building in the grounds and is staffed by the Sheffield Local Education Authority.

The Centre provides assessment of the psychiatric, psychological and social needs of the children, and as a result of these assessments they are placed either, in the Long Stay Unit and thus continue their education at Todwick, or transferred to other Units more suited to their individual needs.

A two fold advantage is hereby gained, for the children are subject to continuous observation and assessment by both teaching and house staff, and do not have to re-adjust to outside schooling. A further obvious advantage is that teaching and house staff co-operate in a common task.

## SCHOOL MEALS SERVICE

*"Sit down and feed, and welcome to our table."*

William Shakespeare—"As you like it"

### School Meals

Particulars of the average number of meals consumed daily in respect of each calendar month from January to December, 1969:—

January ...	...	...	...	56,658	July ...	...	...	50,163
February ...	...	...	...	54,457	August	All schools closed in August		
March ...	...	...	...	54,317	September	...	...	56,948
April ...	...	...	...	} 55,502	October	...	...	56,214
May ...	...	...	...		November	...	...	53,694
June ...	...	...	...	50,868	December	...	...	53,325

	1968	1969
Total number of dinners supplied	10,237,047	10,332,840
Number of dinners supplied free to pupils (included above)	1,619,847	1,565,652

The following is the number of children receiving free meals in December, earlier years being included for comparison:—

1963	1964	1965	1966	1967*	1968†	1969
3,981	3,350	3,991	4,300	9,026	12,364	9,852

\*Increase due to boundary changes and government publicity.

†Increase due to provision for fourth and subsequent children of larger families irrespective of income.

### Provision of Milk

The following information gives the number of bottles of milk supplied daily to pupils each month. The supply is limited at present to one-third of a pint per day for each pupil in attendance at primary or special schools and no charge is made. Beverage milk is no longer supplied to secondary schools and a charge is made to those non-maintained schools that continue to receive milk.

During the year ended 31st December, 1969, 8,592,075 one-third pints of beverage milk, representing approximately 358,003 gallons, were supplied to pupils in Sheffield Schools. Drinking straws are provided and all milk supplied to schools is heat treated.



*Beverage Milk—Average number of bottles supplied daily:—*

1969					Primary Schools	Non-Maintained Schools	Total
January	...	...	...	...	45,086	282	45,368
February	...	...	...	...	43,613	319	43,932
March	...	...	...	...	43,728	288	44,016
April	...	...	...	...	46,239	201	46,440
May...	...	...	...	...	42,430	294	42,724
June...	...	...	...	...	46,276	280	46,556
July	...	...	...	...	45,446	236	45,682
August	...	...	...	...	All schools closed in August.		
September	...	...	...	...	45,765	268	46,038
October	...	...	...	...	45,295	305	45,600
November	...	...	...	...	41,723	271	41,994
December	...	...	...	...	42,853	222	42,075

## SCHOOL DENTAL SERVICE

*"Change and decay in all around I see."*

H. F. Lyte "Abide with me"

E. Copestake, Chief Dental Officer

At a time when a shortage of staff is again being experienced the above quotation may serve to remind us that we have observed in the last twenty years a very agreeable change in the teeth of children in Sheffield. Nearly all children have decayed teeth, but in an ever increasing number of them each year we find the results of regular conservative treatment which has been provided by the general dental practitioner, the school dentist and the hospital service. There has been of late another welcome change in that a markedly more realistic attitude is taken by head teachers, many of whom are actively encouraging pupils to attend for dental treatment and accepting the necessity for general practitioners to make appointments during school hours.

A comparison of the treatment given in 1950 by the school dental service with that of 1969 provides a general picture of what is happening. In 1950, 28,900 Sheffield children were examined in schools and 23,600 were found to need treatment. This year 29,000 were examined but only 15,000 needed treatment. Again, in 1950, 4,200 permanent teeth were extracted and 9,000 were filled; this year permanent teeth extracted had dropped to 1,800 but the number filled was 10,400. The treatment given to young children and their deciduous teeth may be considered of more importance than that of permanent teeth in older children, if we are to give due importance to our work in training young children to accept dental treatment at regular short intervals. Looking at the work of 1950, 22,200 deciduous teeth were extracted and 42 were filled. This year, the number of deciduous teeth extracted had dropped to 5,900 and the number filled had risen to 2,900. Attention should be drawn to the significant drop in the number of children seeking treatment for the relief of toothache. Looking at the annual report of 1968 for a small authority of some 12,500 children, it was noticed that the number of emergency treatments was 1,200, very little different from the 1,300 of Sheffield for 1969, except that this relates to a school population of some 75,000. The number for Sheffield in 1950 was 8,400. It may be suggested that we are not perhaps providing an adequate and convenient service for the treatment of casual toothache and this may account for the present low figures, but the fact is that an anaesthetist and a school dental officer are available every Monday, Wednesday and Friday morning at the Central Clinic for emergency extractions. If children are not attending these sessions in such large numbers as in years gone by it can be suggested that their standard of dental health must have improved.



The Mobile Clinic has proved more successful than we expected, the dental officer having examined and treated some 5,600 children during the year at four comprehensive schools.

Three head teachers of schools not visited have asked for its services and I would apologise for not being able to help them. During the year five full time and one part time officers resigned. Mr. A. L. Clarke a full time dental officer retired after 31 years' service. Mrs. P. Hill had leave of absence for a twelve month period to visit the United States with her husband and hopes to rejoin the staff next September in a full time capacity. Two full time dentists joined us last September but the loss of staff caused the closing of two clinics completely and two others for most of each week. It is regretted that the promise of a new Central Clinic has not been fulfilled. We hoped to provide in the new premises four well equipped surgeries to house a general anaesthetic room, two general purpose surgeries and one equipped for orthodontic treatment and use by a dental auxiliary. A new technician's laboratory was to have replaced the present inadequate premises at the Lowfield School and provide a comprehensive laboratory service conveniently available to all staff. The delay in providing new premises is also unfortunate as applicants for posts are interviewed at the Central Clinic where the outdated equipment and poor accommodation fails to give new recruits a favourable impression of the school service.

In the schools there is a steady if very slow growth in the appreciation of dental health education as a necessary part of school life. It may be that the allocation of school nursing sisters to each of the comprehensive schools will help considerably with this. Our traditional work in the schools occupies but a very small part of the dental officers' time, being confined to the annual examination of teeth. With the opportunity of growing experience in lecturing to children some dental officers might well become a valuable means of stimulating interest in obtaining regular dental treatment. There is in fact an almost inexhaustable supply of information on both human and animal teeth which children would find interesting. It may be considered merely as basic general knowledge sufficient to stir up an intelligent interest in human and animal life, but the story of dentistry, from the first recorded transplant of animal teeth to human jaws some 5,000 years ago, provides a background to the history of social development and customs which is absorbingly interesting.

The need to preserve our present standard of service is important. Our experience is, however, that the number of parents who are finding it more convenient to take children to a general dental practitioner rather than to a school clinic is growing and it is possible that the number making the use of clinics may soon become too small to justify the latter

being kept in use. There is no doubt however that the constant reminder of the need for dental treatment arising from the annual inspection of children in schools still serves a very necessary purpose in stimulating parents to take children for treatment. The attention of head teachers was drawn to this in a circular letter sent to them by the Chief Education Officer earlier in the year, reminding them of the importance of ensuring that pupils given 'an offer of treatment form' have this signed by parents and returned to the school. It is the only method we have of notifying parents that a child has been dentally examined and that treatment is needed. It is the most effective step we can take in encouraging an awareness and demand for dental care.

For many years these reports without fail have called attention to the very great service Sheffield could give to its children by fluoridating water supplies. Circumstances prevent us from providing more than a small number with treatment. We are not able to examine half the number of children on the school registers, nor in our generation will it be possible to recruit sufficient staff to better the present performance. Failing to fluoridate the water does not add to our difficulties, it neglects the opportunity of halving them.



## SPEECH THERAPY

*"I'm not a teacher: only a fellow traveller of whom you asked the way"*

George Bernard Shaw—"Getting Married"

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

1969 has been another year of staff changes for the Speech Therapy Clinic. Although we started the year fully staffed, this happy situation lasted only until April, when two part-time therapists, Mrs. Battye and Mrs. Pearson left, to be followed in July by Miss Heath. Mrs. Popat returned to the clinic part-time in May, and in October we were joined by Miss Scott, to work full-time, but for a temporary period only while awaiting the commencement of a further period of training. This meant that for a limited time we were again up to full strength.

Two reductions have been made in Branch Clinic sessions during the year: Attercliffe has been reduced to one-half-day due to a reduction of demand in the area, and Manor sessions have been unavoidably reduced from four to three owing to staffing problems. The situation at Manor is still serious, there being a long waiting list for this clinic, and more sessions are urgently needed.

Special School work has continued, the reorganisation of the schools producing the necessity for a session at Springvale House. This was started by Miss Scott in October, but unless she is replaced, it is extremely doubtful whether this can be continued. Temporary extra sessions are also being worked at East Hill and Wadsley Bridge Senior Schools. Two children at Moss Brook School have been receiving treatment since June, and a visit has been made to Broad Elms School, where it is hoped that a session can be arranged in the future if required.

Comparison of the figures show that the number of referrals for the current year is the highest since 1959. A new scheme is now in operation whereby children are seen for assessment soon after referral and remain on recall every few months until weekly treatment can be arranged. This explains the division of the waiting list figures into two parts, and also helps to account for the rise in the total number on the waiting list, as the number of preliminary assessment and recall interviews inevitably cuts down the number of children who can be seen for treatment on a weekly basis. It is, however, hoped that the scheme will prove its value in reduction of parental anxiety and better grading of cases as to priority, with the opportunity for re-assessment in this respect where necessary.

It is interesting to note that, although referrals for E.N.T. examinations and intelligence testing remain at a fairly stable level, for the first time for some years, no child has been referred to the Child Guidance Centre

for further investigation with a view to treatment there. The six children referred for a udiometer testing are special referrals, as a list of all children attending for treatment who have not already had an Audiometer Test is now sent at intervals to Dr. Swallow, who arranges for a test to be given.

All therapists spent a most interesting day in September at a Conference organised by the Association for Special Education on 'The Multiply Handicapped Child'. The informal discussion with teachers and other delegates was of great value as were the excellent lectures. A similarly useful day was spent by Miss Chapman in November at a Workshop on Audiology organised jointly by the College of Speech Therapists and the Society of Teachers of the Deaf, at Manchester University. In March, Miss Holland attended a four day refresher course in Ayr, which was of great interest and value.

A combination of uncertainty over staffing, and the likelihood of a change of clinic accommodation in the fairly near future, makes long-term planning difficult at present. We dream of better times when the Speech Therapy Clinic is finally established in suitable premises which provide optimum conditions for functioning of patients and staff alike, although no doubt the staffing problem will be a continuing headache. In the meantime it is felt that the Speech Therapy service is appreciated by all concerned and good relationships continue to be enjoyed with colleagues in the School Health Service and the hospital Speech Therapy Clinics.



## CHILD GUIDANCE

*"It's a great shock at the age of five or six to find that in a world of Gary Coopers you are the Indian."*

James Baldwin

The Child Guidance Service, despite the burden of staff shortages, has managed again to help a record number of children, and this is indeed a tribute to Mr. Whilde, who has run the clinic almost from its inception. His retirement in August, and the fact that no successor had been appointed by the end of the year made maintenance of this high standard possible only because of the organisation he had created.

Perhaps one of the difficulties inherent in a Child Guidance Service is an understanding of what a clinic of this sort can or cannot achieve. Some of the help that Child Guidance has given in the past has earned it a reputation which is liable to lead to disappointments with other children if some basic points are not understood. While Child Guidance may be able to give valuable advice as to the handling of children even with those families where there is little co-operation, effective treatment in the Clinic is dependent on the parents being prepared to co-operate. Failure to keep appointments at the Clinic is usually indicative of a case which is unlikely to respond to treatment, though with a careful and understanding approach some headway may be made. Enforced attendance at the Clinic can therefore rarely be justified. Prejudged situations, such as suspension from school because of behaviour before referral, despite the parents' concern make it far harder to effect any treatment, and yet are increasingly being used to bring pressure on the Clinic to effect placements elsewhere.

## STATISTICAL INFORMATION

*"You have wak'd me to soon, I must slumber again"*

Isaac Watts

### SUMMARY OF THE WORK OF THE SCHOOL HEALTH SERVICE, 1969

	Children	Attendances
<b>SCHOOL MEDICAL OFFICERS:</b>		
Visits to schools ... ..	2,115	
Periodic health inspections ... ..	13,489	
Selected cases ... ..	2,381	
Observation cases and re-inspections ... ..	9,515	
Special cases ... ..	1,937	
Inspection and minor ailments clinics ... ..	10,614	15,710
<b>SCHOOL NURSING SISTERS AND NURSING ASSISTANTS:</b>		
Examination of children in schools ... ..	224,756	
Visits to homes ... ..	2,654	
Minor dressings at clinics and schools ... ..	22,475	41,617
<b>OPHTHALMIC CLINIC:</b>		
Examined by surgeon ... ..	2,221	2,221
Dressed by school nursing sisters ... ..	829	4,326
Orthoptic treatment ... ..	598	1,050
<b>AURAL CLINIC:</b>		
Examined by surgeon ... ..	444	603
Dressed by school nursing sisters ... ..	1,376	4,213
<b>ORTHOPAEDIC CLINIC:</b>		
Examined by surgeon ... ..	141	173
<b>RHEUMATISM AND HEART CLINIC:</b>		
Examined by paediatrician ... ..	48	49
<b>CHIROPODY CLINIC:</b>		
Treated by chiropodist ... ..	1,112	2,064
<b>CHILD GUIDANCE CENTRE</b> ... ..	1,200	4,332
<b>SPEECH THERAPY CLINIC</b> ... ..	477	7,975
<b>DENTAL CLINICS:</b>		
Inspected at schools ... ..	24,920	
Inspected at clinics ... ..	4,974	
Treated by school dental surgeons ... ..	7,895	17,577
<b>IMMUNISATION AGAINST DIPHTHERIA, ETC.:</b>		
At schools and clinics ... ..		7,521
<b>TOTAL ATTENDANCE OF CHILDREN AT CLINICS</b> ... ..		109,431

### Periodic Health Inspections

The number examined at periodic health inspections was:

Entrants (those born 1963 and later) ... ..	9,439
Leavers (those born 1955 and earlier) ... ..	4,050
	<hr/> 13,489 <hr/>



1,161 (1,024\*) pupils were found to require treatment for various defects (excluding those of nutrition, uncleanliness and dental disease), of 8.53 per cent of those inspected.

4,095 (4,040\*) pupils were referred for observation at subsequent periodic health inspections.

\*1968 figures

### Special Examinations

2,381 children in infant, junior and secondary schools were examined as "selected" cases. 1,937 defects were found, of which 572 required treatment and 1,301 observation only.

5,420 (4,133\*) pupils who had been referred for observation at previous periodic health inspections were re-examined.

\*1968 figures

### Cleanliness (Periodic Health Inspections)

The figures from 1966 and onwards relate to 'entrants' and 'leavers' only.

#### *Cleanliness of Head*

					CLEAN HAIR per cent.	INFECTED HAIR per cent.			
Boys	...	1945	...	...	97.04	2.96	(Nits	2.81	Lice .15)
		1966	...	...	99.14	.86	( "	.86	" —)
		1967	...	...	99.10	.90	( "	.90	" —)
		1968	...	...	99.53	.47	( "	.45	" .02)
		1969	...	...	99.77	.23	( "	.23	" —)
Girls	...	1945	...	...	83.24	16.76	( "	15.83	" .93)
		1966	...	...	97.87	2.13	( "	2.13	" —)
		1967	...	...	98.66	1.34	( "	1.28	" .06)
		1968	...	...	99.10	.90	( "	.90	" —)
		1969	...	...	99.60	.40	( "	.37	" .03)

#### *Cleanliness of Body*

					CLEAN per cent.	DIRTY per cent.	BODY LICE per cent.
Boys	...	1945	...	...	99.56	.41	.03
		1966	...	...	99.90	.10	—
		1967	...	...	99.93	.07	—
		1968	...	...	99.92	.06	.02
		1969	...	...	99.99	.01	—
Girls	...	1945	...	...	99.65	.30	.05
		1966	...	...	99.88	.12	—
		1967	...	...	99.93	.07	—
		1968	...	...	99.92	.08	—
		1969	...	...	99.94	.05	.01

## General Condition

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

The percentage found at periodic health inspections to be unsatisfactory were, boys 0.49%, and girls 0.41%.

Only two classifications—satisfactory and unsatisfactory—are considered necessary by the Department of Education and Science. Every case judged unsatisfactory by a medical officer is therefore carefully investigated, with special attention to home conditions.

## Eye Defects

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

					Number examined	Defective vision
Boys	...	...	...	...	6,968	409 (5.85%)
Girls	...	...	...	...	6,521	384 (5.88%)

## Visual Acuity

Apart from periodic health inspection, the vision of children aged 7, 9, 11 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 236 (427\*) children to the medical officers at the clinics: of these 149 (240\*) were found to require examination by the ophthalmologist and 49 (132\*) were kept under observation. No treatment was found to be necessary in 31 (41\*) cases; the parents of 7 (14\*) children elected to have treatment through their general practitioners.

\*1968 figures



## OPHTHALMIC TREATMENT

### *Summary of Work*

	Cases	Attendances
Errors of refraction:—		
Hypermetropia and hypermetropic astigmatism ...	578	587
Myopia and myopic astigmatism ... ..	1,024	1,047
Mixed astigmatism ... ..	78	78
Anisometropia ... ..	101	108
Squint:—		
Strabismus, convergent ... ..	118	124
Strabismus, alternating convergent ... ..	30	33
Strabismus, divergent ... ..	6	6
Strabismus, alternating divergent ... ..	3	3
Congenital defects ... ..	89	100
Inflammatory conditions ... ..	6	6
Injuries ... ..	6	7
No apparent defects ... ..	121	122
	<u>2,160</u>	<u>2,221</u>
Glasses prescribed, replacements and repeat prescriptions ... ..	...	1,717
Referred to orthoptist ... ..	...	214
Treated otherwise ... ..	...	2
Under observation ... ..	...	1,891
Not seen this year ... ..	...	721
New cases seen in 1969 ... ..	...	857

### **Orthoptic Treatment**

At the beginning of the year the cases outstanding from 1968 numbered 442 (480\*). Of the 214 (158\*) children referred during 1969, 156 (142\*) became registered patients, the total attendances being 1,050 (964\*) 168 (180\*) cases were discharged during the year, leaving 430 (442\*) still open at the end of the year.

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

Cured ... ..	29	(56*)
Improved ... ..	52	(51*)
Cosmetically satisfactory ... ..	14	(37*)
No apparent defect ... ..	13	(13*)
After investigation found to be unsuitable ... ..	10	(10*)
Left district or transferred ... ..	13	(7*)
Failed to attend ... ..	21	(4*)
Treatment refused ... ..	1	(2*)
Intractable amblyopia ... ..	15	(—*)

### Tapton Mount School

Abiotrophy of retinae	...	...	...	...	...	...	...	3
Albinism	...	...	...	...	...	...	...	4
Anophthalmos	...	...	...	...	...	...	...	1
Buphthalmos	...	...	...	...	...	...	...	8
Choroido Retinitis	...	...	...	...	...	...	...	1
Congenital cataracts	...	...	...	...	...	...	...	12
Congenital nystagmus	...	...	...	...	...	...	...	9
Irido cyclitis	...	...	...	...	...	...	...	4
Microphthalmos	...	...	...	...	...	...	...	5
Optic atrophy	...	...	...	...	...	...	...	14
Retinal aplasia	...	...	...	...	...	...	...	3
Retinoblastoma	...	...	...	...	...	...	...	5
Retrolental fibroplasia	...	...	...	...	...	...	...	5
								<hr/> 74

### Partially Sighted Units

#### Brook School

Abiotrophy of retinae	...	...	...	...	...	...	...	2
Albinism	...	...	...	...	...	...	...	3
Congenital cataracts	...	...	...	...	...	...	...	2
Congenital nystagmus	...	...	...	...	...	...	...	2
Corneal leucomata	...	...	...	...	...	...	...	1
Hypermetropic astigmatism	...	...	...	...	...	...	...	1
Irido cyclitis	...	...	...	...	...	...	...	1
Optic atrophy	...	...	...	...	...	...	...	1
Optic disc anomaly	...	...	...	...	...	...	...	1
								<hr/> 14

#### Stradbroke School

Bilateral aniridia	...	...	...	...	...	...	...	1
Congenital cataracts	...	...	...	...	...	...	...	2
Congenital nystagmus	...	...	...	...	...	...	...	2
Macular dystrophy	...	...	...	...	...	...	...	1
Retrolental fibroplasia	...	...	...	...	...	...	...	1
								<hr/> 7

### Ear, Nose and Throat

The total number of children seen during the year was 444 (340\*), of whom 295 (297\*) were new cases. The children made 603 (442\*) attendances.

\*1968 figures

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

Royal Infirmary	...	...	...	...	...	...	...	600
Royal Hospital	...	...	...	...	...	...	...	430
Children's Hospital	...	...	...	...	...	...	...	501
								<hr/> 1,531



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

Tonsils and adenoids	...	...	...	...	...	...	...	...	35
Tonsils	...	...	...	...	...	...	...	...	60
Adenoids	...	...	...	...	...	...	...	...	79
Otitis media	...	...	...	...	...	...	...	...	9
Deafness	...	...	...	...	...	...	...	...	234
Other conditions	...	...	...	...	...	...	...	...	136
Consultation—no treatment advised at present	...	...	...	...	...	...	...	...	50
									<u>603</u>

## AUDIOLOGY CLINIC AND PRE-SCHOOL HEARING ASSESSMENT CLINIC

New Cases	...	...	...	...	...	...	184	
Cases from previous years still under review	...	...	...	...	...	...	56	
							<hr/>	240
<i>Admitted to the Maud Maxfield School for the Deaf following a period of Auditory Training</i>	...	...	...	...	...	...	12	
<i>Transferred to Maud Maxfield School from Out of City schools for the deaf</i>	...	...	...	...	...	...	3	
Referred to Otologist	...	...	...	...	...	...	15	
Hearing found to be satisfactory	...	...	...	...	...	...	139	
Hearing satisfactory but recommended for Special Therapy	...	...	...	...	...	...	18	
Currently having auditory training	...	...	...	...	...	...	13	
Cases still under review at end of year	...	...	...	...	...	...	40	
							<hr/>	240
Cases referred for investigation as 'at risk' of deafness	...	...	...	...	...	...		31
An analysis of these showed the following results:—								
Familial deafness	...	...	...	18	(with satisfactory hearing 12) (profoundly deaf 1) (under observation 5)			
Prematurity	...	...	...	5	(all with satisfactory hearing)			
Rhesus Incompatibility	...	...	...	1	(severely deaf)			
Cerebral Palsy	...	...	...	1	(satisfactory hearing)			
Epilepsy	...	...	...	2	(under observation)			
Toxaemia of pregnancy	...	...	...	1	(severely deaf)			
Congenital Heart Defects	...	...	...	2	(both severely deaf)			
Post meningitis	...	...	...	1	(satisfactory hearing)			
Screening tests carried out at Training Centres	...	...	...	...	...	...	68	
With satisfactory hearing	...	...	...	...	...	...	63	
Still under review	...	...	...	...	...	...	5	



## SPEECH THERAPY CLINIC

### Analysis of Work carried out during 1969

Cases open on the 1st January, 1969	...	...	...	...	...	353
Cases on waiting list 1st January, 1969	...	...	...	...	...	89
Cases referred during 1969	...	...	...	...	...	213
						<u>655</u>
Cases closed during 1969	...	...	...	...	...	145
Cases open on 31st December, 1969	...	...	...	...	...	332
Cases on waiting list 31st December, 1969						
(a) not yet seen	...	...	...	...	...	41
(b) seen for assessment	...	...	...	...	...	137
						<u>655</u>

### Interviews

Treatment interview with children	...	...	...	...	...	7,103
Supervision interviews with children	...	...	...	...	...	632
Diagnostic interview with children	...	...	...	...	...	240
Interviews with parents	...	...	...	...	...	702
Interviews with other members of S.H.S.	...	...	...	...	...	313
Visits made by Speech Therapists to schools, etc.	...	...	...	...	...	75
Recalls	...	...	...	...	...	2

### Children referred for further examination

Audiometer Test (special referral)	...	...	...	...	...	6
To Educational Psychologist for mental assessment	...	...	...	...	...	9
For E.N.T. examination	...	...	...	...	...	5

### Reasons for closure during 1969

#### I. Treatment Cases

	A	B	C
*1. Good result	1	1	46
2. Maximum benefit	—	—	12
3. Left school or district prior to completion of treatment	10	11	11
4. Non-attendance	1	—	14
5. Parents or patients request	5	1	5
6. Receiving treatment elsewhere	1	—	11
7. Unsuitable for Speech Therapy	1	—	—
8. Attendance not possible...	—	1	1
9. Patient deceased	—	—	1

A—Stammer; B—Stammer plus speech defect; C—Speech defect.

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

#### II. Observation Cases

Treatment not indicated after supervision	...	...	...	...	8
Treatment not indicated at preliminary interview	...	...	...	...	5

#### III. Non-attendance at preliminary interview

...	...	...	...	...	4
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#### IV. Removed from Waiting List

Number of cases	...	...	...	...	477
Number of attendances	...	...	...	...	7,975

## CHILD GUIDANCE CENTRE

### Number of Cases registered during 1969

Boys	...	...	...	...	...	...	...	...	439	
Girls	...	...	...	...	...	...	...	...	233	
									<u>672</u>	

### Analysis of Cases dealt with

Cases closed 1969	...	...	...	...	...	...	...	...	528	
Cases opened 31st December, 1969	...	...	...	...	...	...	...	...	839	
									<u>1,367</u>	

Cases on waiting list 31st December, 1969 ... 87

### Reasons for closing cases in 1969

Did not attend	...	...	...	...	...	...	...	...	31	
Consultation only	...	...	...	...	...	...	...	...	195	
After supervision	...	...	...	...	...	...	...	...	256	
									<u>482</u>	

### Treatment cases:

Further attendance impossible	...	...	...	...	...	...	...	...	1	
Transferred to other treatment	...	...	...	...	...	...	...	...	2	
Parent unco-operative	...	...	...	...	...	...	...	...	1	
Treatment completed	...	...	...	...	...	...	...	...	42	
									<u>46</u>	
									<u>528</u>	

### Analysis of cases open 31st December, 1969

Under treatment	...	...	...	...	...	...	...	...	71	
Under supervision	...	...	...	...	...	...	...	...	563	
Under investigation	...	...	...	...	...	...	...	...	36	
Awaiting treatment (investigation complete)	...	...	...	...	...	...	...	...	169	
									<u>839</u>	

### Reasons for reference of all cases

	Nervous disorders	Habit disorders	Behaviour disorders	Intellectual difficulties	Total
Number of children ...	27	16	222	407	672

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.



### Sources of Reference

	Head Teachers	Parent or guardian	School Medical Officer	Speech Therapist	Juvenile Court	Private doctor	Hospital	Others	Total
No. of children	504	51	67	10	22	8	4	6	672

### Age of Reference

Age	3	4	5	6	7	8	9	10	11	12	13	14	15	Total
No. of children ...	2	9	47	39	175	125	75	42	43	43	39	25	8	672

### Intelligence quotient range of all cases closed during 1969

	70 and under	71 to 80	81 to 90	91 to 100	101 to 110	111 to 120	121 to 130	Over 130	Not tested	Total
No. of Children ...	40	60	99	104	82	53	29	10	51	528

### School Nursing Service—Summary of Work

#### IN THE SCHOOLS—

Attendance with school medical officers at periodic health inspection.

Examination of children under cleanliness scheme	Boys	77,064	
	Girls	76,943	
			154,007

Examination of children for 'following up'	...	...	...	1,212
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Examination of children for investigation of outbreak of infectious diseases	...	...	...	...	638
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Examination of children for other purposes	...	...	...	4,242
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Attendances for breathing exercises	...	...	...	2,007
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Weighing and measuring	...	...	...	32,635
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Number of visions tested	...	...	...	30,015
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224,756

Number of children referred to clinics	...	...	...	2,598
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Number of visits to schools	...	...	...	16,417
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## IN THE CLINICS

	Eye Treatment		Ear Treatment		Minor Dressings	
	Cases	Attendances	Cases	Attendances	Cases	Attendances
Attercliffe ...	82	132	162	355	944	1,982
Central ...	20	38	113	265	392	885
Chaucer ...	23	41	51	150	578	1,041
Frecheville ...	8	9	6	8	17	58
Greenhill ...	5	5	20	45	375	373
Hackenthorpe ...	4	4	6	8	11	34
Handsworth ...	23	29	68	100	393	727
Heeley ...	17	26	53	90	490	1,181
Hillsborough ...	11	17	49	245	134	311
Manor ...	39	57	86	169	842	2,550
Myers Grove ...	12	17	22	30	769	1,056
Nursery ...	12	14	8	9	491	936
Pitsmoor ...	38	71	65	122	681	1,201
Shiregreen ...	65	76	77	106	994	1,286
Southey Green ...	12	11	24	92	277	430
Special Schools ...	198	3,372	282	1,694	7,186	13,842
Wisewood ...	18	20	61	122	651	1,073
Woodhouse ...	27	49	33	86	206	657
Wybourn ...	74	117	73	222	1,598	3,126
TOTALS ...	688	4,105	1,259	3,918	17,029	32,749

## IN COMPREHENSIVE SCHOOL MEDICAL ROOMS

	Eye Treatment		Ear Treatment		Minor Dressings	
	Cases	Attendances	Cases	Attendances	Cases	Attendances
Abbeydale ...	1	1	—	—	122	127
Beaver Hill ...	9	22	4	5	494	605
Brook ...	4	6	—	—	100	258
Chaucer ...	—	—	1	1	12	18
City ...	—	—	—	—	215	362
High Storrs ...	—	—	—	—	95	140
Herries ...	—	—	—	—	146	150
Hinde House ...	5	28	1	45	132	432
Hurlfield ...	8	7	5	42	749	1,262
King Edward VII ...	3	3	—	—	81	129
Jordanthorpe ...	2	2	8	14	351	524
Newfield ...	14	19	4	8	381	773
Norfolk ...	—	—	—	—	13	23
Park House ...	53	77	36	87	703	1,005
Others ...	42	56	58	93	1,852	3,060
TOTALS ...	141	221	117	295	5,446	8,868

## IN THE HOMES—

Visits for 'following up' ...	837
Visits for neglect, uncleanliness, etc. ...	459
Visits for various purposes ...	1,358
	<u>2,654</u>



## Infectious Diseases

Disease	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	TOTAL	
					1969	1968
Measles ... ..	31	32	34	153	250	1,827
Whooping Cough	1	1	6	4	12	59
Scarlet Fever ...	61	30	25	32	148	107
Dysentery ...	22	34	9	97	162	130

## Sheffield Children in Out-of-City Residential Special Schools and Homes, December, 1969

Condition								Boys	Girls	Total
Blind and Partially-sighted	...	...	...	...	...	...	...	2	6	8
Deaf and partially-hearing	...	...	...	...	...	...	...	4	3	7
Delicate ... ..	...	...	...	...	...	...	...	6	1	7
Educationally sub-normal	...	...	...	...	...	...	...	11	2	13
Epileptic ... ..	...	...	...	...	...	...	...	1	2	3
Maladjusted ... ..	...	...	...	...	...	...	...	12	3	15
Physically handicapped	...	...	...	...	...	...	...	—	3	3
Total								...	...	56

# 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 Diagnosis of degree of deafness and auditory training (young deaf children)
Audiology Clinic, Orchard Lane	All	Full-time	
CHILD GUIDANCE CENTRES:			
9, Newbould Lane ...	All	Full-time	} Child Guidance
Handsworth Clinic, Hall Road	22	Thurs. mornings	
Catchbar Lane ...	25	Fridays all day	
Hackenthorpe ...	14	Mon. afternoons	
SPEECH THERAPY CLINICS:			
Catchbar Lane ...	All	Full-time	} Speech Therapy
Attercliffe Clinic, Vicarage Road	24	Tues. mornings Thurs. afternoons and Fri. mornings	
Greenhill Clinic, Greenhill County School ...	11	Wed. mornings	
Manor Clinic, Prince Edward County School ...	57	Mon. Wed. and Thurs. mornings	
Manor Welfare Centre, Ridgeway Road...		Tues. afternoons	
9, Newbould Lane ...	44	Fri. afternoons	
DISTRICT MEDICAL CLINICS:			
Attercliffe Clinic, Vicarage Road	15	Wed. mornings	} Inspection, minor ailment and immunisation clinics
Central Clinic, 7, Leopold Street—District E ...	12	Wed. afternoon and Sat. mornings	
District F ...	36	Mon. and Thurs. afternoons and Sat. mornings	
Chaucer Clinic, Chaucer Comprehensive School ...	22	Mon. Wed. mornings	
Frecheville Clinic, Fox Lane ...	9	Wed. mornings	
Greenhill, Clinic, Greenhill County School ...	13	Tues. mornings	
Hackenthorpe Clinic, Main Street	10	Fri. mornings	
Handsworth Clinic, Hall Road ...	9	Wed. mornings	
Heeley Clinic, Lowfield County School	24	Tues. and Fri. afternoons	
Hillsborough Clinic, Broughton Road	—	Clinic closed 1/9/69	
Manor Clinic, Prince Edward County School	29	Mon. and Thurs. afternoons	
Myers Grove Clinic, Myers Grove School	6	Tues. mornings	
Pitsmoor Clinic, Ellesmere Road County School	12	Tues. afternoons	
Shiregreen Clinic, Shiregreen County School	14	Wed. afternoons	
Southey Green Clinic, Southey Green High School	—	Clinic closed 1/9/69	
Wisewood Clinic, Wisewood County School	5	Thurs. afternoons	
Woodhouse Clinic, Chapel Street	7	Fri. afternoons	
Wybourn Clinic, Wybourn County School	4	Tues. afternoons	



Clinic	No. of Schools	Times of Attendance	Work undertaken
<b>DENTAL CLINICS:</b>			
Central Clinic, 7, Leopold Street	81	Varies	Comprehensive, routine and casual treatment, special dental cases, and M. & C. W. dental treatment
Heeley Clinic, ... .. Lowfield County School	32	..	
Gleadless Welfare Centre White Lane	13	..	
Hackenthorpe Welfare Centre, ... Main Street	10	..	
Rowlinson Clinic, ... .. Rowlinson Technical School	12	..	
Attercliffe Clinic, Vicarage Road	19	..	
Owler Lane Clinic, Owler Lane ... County School	17	..	
Hatfield Clinic, ... .. Hatfield Comprehensive School	18	..	
Manor Clinic, Prince Edward ... County School	46	..	
Wheata Place Welfare Centre ...	17	..	
			Routine and casual dental treatment, and M. C. & W. dental treatment

# Attendances at Clinics

	Alter-cliffe	Pitmoor	Hills-boro'	Heeley	Central E. & F.	Greenhill	Hands-worth	Wood-house	Shire-green	Myers Grove	Chaucer	Hacken-thorpe	Manor	Wise-wood	Southey Green	Freche-ville	Wybourn	Special	Total
<b>Inspection and Minor Ailments</b>																			
Cases ... ..	1,221	878	168	937	1,649	410	532	341	590	340	826	113	1,218	786	177	88	340	—	10,614
Attendances ... ..	1,722	1,072	262	1,831	1,986	805	740	608	783	396	1,232	164	1,930	970	282	134	793	—	15,710
<b>Dressings by School Nursing Sisters—</b>																			
Eye cases ... ..	132	71	17	26	38	5	29	49	76	17	41	4	57	20	11	9	117	3,372	4,091
Ear cases ... ..	355	122	245	90	265	45	100	86	106	30	150	8	169	122	92	8	222	1,694	3,909
Minor ... ..	1,982	1,201	311	1,181	885	373	727	657	1,286	1,056	1,041	34	2,250	1,073	430	58	3,126	13,842	31,813
<b>Treatment Clinics</b>																			
Ophthalmic ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2,221	2,221
Orthoptic ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1,050	1,050
Aural... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	603	603
Orthopaedic ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	173	173
Rheumatism & Heart ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	49	49
Chiropody ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2,064	2,064
Dental (Central and Branch) ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	17,577	17,577
Immunisations ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	7,531	7,531
Child Guidance Centres ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4,332	4,332
Speech Therapy Clinics ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	7,975	7,975
<b>TOTALS</b> ... ..	4,191	2,466	1,835	3,128	3,174	1,228	1,596	1,400	2,251	1,499	2,464	210	4,706	2,185	815	209	4,258	62,483	99,098



# MEDICAL INSPECTION AND TREATMENT RETURNS

Year ended 31st December, 1969

Number of pupils on registers of maintained primary and secondary schools (including nursery and special schools) in January, 1970, 87,234

## 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 Number (3)	Unsatisfactory Number (4)	For defective vision (excluding squint) (5)	For any other condition recorded at Part II (6)	Total individual pupils (7)
1965 and later ...	662	659	3	4	49	50
1964 ...	4,416	4,401	15	53	372	385
1963 ...	4,361	4,339	22	96	382	431
1955 ...	1,314	1,331	10	35	77	93
1954 and earlier ...	2,709	2,698	11	78	153	202
TOTAL ...	13,489	13,428*	61†	266	1,033	1,161

\*Total Satisfactory—99·55%

†Total Unsatisfactory—0·45%

TABLE B—OTHER INSPECTIONS

Number of Special Inspections	...	...	...	...	...	14,932
Number of Re-inspections	...	...	...	...	...	10,516
TOTAL	...	...	...	...	...	<u>25,448</u>

TABLE C—INFESTATION WITH VERMIN

(i) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	...	...	154,007
(ii) Total number of individual pupils found to be infested	...	...	1,473
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	...	...	2,728
(iv) Total number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	...	...	—

## SCREENING TESTS OF VISION AND HEARING

1. Is the vision of the entrants tested as a routine within their first year of entry? Yes
2. How frequently is vision testing repeated throughout a child's school life? Every other year
3. (a) Is colour vision testing undertaken? Yes
- (b) If so, at what age? 11 years
- (c) Are both boys and girls tested? Yes
4. By whom is vision and colour testing carried out? School nursing sisters; doubtful cases are referred to school medical officers
5. (a) Is routine audiometric testing of entrants carried out within their first year at school? No
- (b) If not, how soon after entry is this done? At 6 years of age
6. By whom is audiometric testing carried out? School nursing sisters



## PART II

### Defects found by Periodic and Special Medical Inspections during the Year

Defect or Disease					PERIODIC INSPECTIONS						SPECIAL INSPECTIONS	
					Entrants		Leavers		Total		Requiring Treatment	Requiring Observation
					Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation		
Skin	...	...	...	...	120	272	48	76	168	348	4,078	100
Eyes—(a) Vision	...	...	...	...	153	755	113	169	266	924	827	222
(b) Squint	...	...	...	...	100	241	12	17	112	258	21	46
(c) Other	...	...	...	...	15	55	2	9	17	64	479	37
Ears—(a) Hearing	...	...	...	...	111	203	45	20	156	223	403	88
(b) Otitis Media	...	...	...	...	29	158	11	29	40	187	20	34
(c) Other	...	...	...	...	45	96	14	11	59	107	810	54
Nose and Throat	...	...	...	...	120	877	16	71	136	948	474	84
Speech	...	...	...	...	78	473	3	6	81	479	136	93
Lymphatic Glands	...	...	...	...	4	570	2	27	6	597	1	63
Heart	...	...	...	...	23	210	8	25	31	235	22	48
Lungs	...	...	...	...	9	328	3	51	12	379	34	82
Developmental—												
(a) Hernia...	...	...	...	...	22	62	2	—	24	62	3	14
(b) Other	...	...	...	...	16	347	26	39	42	386	19	80
Orthopaedic—												
(a) Posture	...	...	...	...	6	47	2	12	8	59	7	19
(b) Feet	...	...	...	...	25	358	10	46	35	404	60	48
(c) Other	...	...	...	...	44	210	10	20	54	230	311	69
Nervous System—												
(a) Epilepsy	...	...	...	...	6	50	3	12	9	62	7	20
(b) Other	...	...	...	...	2	47	2	11	4	58	11	29
Psychological—												
(a) Development	...	...	...	...	9	70	—	2	9	72	57	27
(b) Stability	...	...	...	...	5	652	4	34	9	686	122	173
Abdomen	...	...	...	...	3	33	1	6	4	39	44	20
Other	...	...	...	...	11	83	6	45	17	128	3,226	152

### 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 ...	489
Errors of refraction (including squint) ... ..	2,324
TOTAL ... ..	<u>2,813</u>
Number of pupils for whom spectacles were prescribed ...	<u>1,771</u>

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

	Number of cases known to have been dealt with
Received operative treatment:—	
(a) for diseases of the ear ... ..	2
(b) for adenoids and chronic tonsilitis ... ..	1,592
(c) for other nose and throat conditions ... ..	24
Received other forms of treatment ... ..	1,542
TOTAL ... ..	<u>3,160</u>
Total number of pupils in school at 31st December known to have been provided with hearing aids:—	
(a) in 1969 ... ..	19
(b) in previous years ... ..	54

TABLE C—ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments ...	686
(b) Pupils treated at school for postural defects ... ..	—
TOTAL ... ..	<u>686</u>

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

	Number of cases known to have been treated
Ringworm—(a) Scalp ... ..	10
(b) Body ... ..	5
Scabies ... ..	150
Impetigo ... ..	42
Other Skin Diseases ... ..	3,834
TOTAL ... ..	<u>4,041</u>

TABLE E—CHILD GUIDANCE TREATMENT

Number of pupils known to have been treated at Child Guidance Centres ... ..	1,200
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# TABLE F—SPEECH THERAPY

Number of pupils known to have been treated by Speech Therapists

477

# TABLE G—OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with					
(a) Pupils with minor ailments	...	...	...	...	...	3,214
(b) Pupils who received convalescent treatment under School Health Service arrangements	...	...	...	...	...	138
(c) Pupils who received B.C.G. Vaccination	...	...	...	...	...	4,945
(d) Other than (a), (b) and (c) above—						
Chiropody	...	...	...	...	...	1,112
Heart	...	...	...	...	...	6
Orthoptic	...	...	...	...	...	656
TOTAL (a)—(d)	...	...	...	...	...	10,071

## PART IV

### Dental Inspection and Treatment Carried out by the Authority

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
<b>A. Attendances &amp; Treatment</b>				
First visit ... ..	3,509	3,706	680	7,895
Subsequent visits ... ..	3,283	5,218	1,181	9,682
Total visits ... ..	6,792	8,924	1,861	17,577
Additional courses of treatment commenced ... ..	520	648	117	1,285
Fillings in permanent teeth ... ..	2,521	7,341	1,760	11,622
Fillings in deciduous teeth ... ..	2,899	295	—	3,194
Permanent teeth filled ... ..	2,232	6,599	1,616	10,447
Deciduous teeth filled ... ..	2,662	265	—	2,927
Permanent teeth extracted ... ..	369	1,193	263	1,825
Deciduous teeth extracted ... ..	4,695	1,236	—	5,931
General anaesthetics ... ..	1,749	900	86	2,735
Emergencies ... ..	844	421	61	1,326
Number of pupils X-rayed ... ..	...	289	...	...
Prophylaxis ... ..	...	2,275	...	...
Teeth otherwise conserved ... ..	...	57	...	...
Number of teeth root filled ... ..	...	27	...	...
Inlays ... ..	...	4	...	...
Crowns ... ..	...	27	...	...
Courses of treatment completed ... ..	...	7,301	...	...
<b>B. Orthodontics</b>				
Cases remaining from previous year ... ..	...	101	...	...
New cases commenced during year ... ..	...	80	...	...
Cases completed during year ... ..	...	57	...	...
Cases discontinued during year ... ..	...	11	...	...
No. of removable appliances fitted ... ..	...	169	...	...
No. of fixed appliances fitted ... ..	...	3	...	...
Pupils referred to hospital consultant ... ..	...	16	...	...
	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
<b>C. Prosthetics</b>				
Pupils supplied with F.U. or F.L. (first time) ... ..	—	—	2	2
Pupils supplied with other dentures (first time) ... ..	2	31	15	48
Number of dentures supplied ... ..	2	44	29	75
<b>D. Anaesthetics</b>				
General anaesthetics administered by dental officers ... ..	...	...	1,112	...



# E. *Inspections*

(a) First inspection at school. Number of pupils	...	...	24,920
(b) First inspection at clinic. Number of pupils	...	...	4,974
Number of (a) + (b) found to require treatment	...	...	15,570
Number of (a) + (b) offered treatment	...	...	11,916
(c) Pupils re-inspected at school or clinic	...	...	1,759
Number of (c) found to require treatment	...	...	1,061

# F. *Sessions*

Sessions devoted to treatment	...	...	...	3,342
Sessions devoted to inspection	...	...	...	165
Sessions devoted to dental health education	...	...	...	17

# HANDICAPPED PUPILS

During the calendar year 1969:— Number of handicapped pupils who were:—	(1) Blind (2) Partially sighted		(3) Deaf (4) Partially 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) ... ..	2	2	15	6	21	48	34	112	—	—	240
B. (i) Number of these newly placed (ii) Placed during the year but assessed prior to 1/1/69 ...	2	2	15	6	21	48	30	111	—	—	235
	—	—	—	—	—	—	1	22	—	—	24
On 22nd January, 1970:— Number of handicapped pupils who were:—	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	TOTAL (1)–(10)
C. Requiring places in Special Schools	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
(i) TOTAL:—	—	—	—	—	—	—	2	10	—	—	12
(a) Day ... ..	1	—	—	—	—	—	1	1	—	—	3
(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 ... ..	1	—	—	—	—	—	—	1	—	—	1
(iii) Who had reached the age of 5 but whose parents had not consented to their admission to a Special School and awaiting:—	—	—	—	—	—	—	—	—	—	—	—
(a) Day places ... ..	—	—	—	—	—	—	—	4	—	—	4
(b) Boarding places ... ..	—	—	—	—	—	—	—	—	—	—	—
(iv) Who had been awaiting admission for more than one year	—	—	—	—	—	—	—	—	—	—	—



# HANDICAPPED PUPILS (continued)

On 22nd January, 1970:— Number of handicapped pupils who were:—		(1) Blind	(2) Partially sighted	(3) Deaf	(4) Partially 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 ...	...	—	—	66	2	117	171	52	643	—	1	1,052
(b) Boarding pupils ...	...	9	1	3	—	8	35	6	8	2	—	72
(2) Non-Maintained Special												
Schools as:—												
(a) Day pupils ...	...	—	—	—	—	—	—	—	—	—	—	—
(b) Boarding pupils ...	...	7	—	5	2	2	1	5	8	2	—	32
(ii) On the registers of Independent												
Schools under arrangements												
made by the Authority ...												
(iii) Boarded in Homes and not	...	—	—	—	—	—	—	—	—	—	—	—
already included under (i) or	...											
(ii) above ...	...	—	—	—	—	—	6	4	1	—	—	11
(iv) Special Units ...	...	—	20	—	26	—	—	—	—	—	—	46
E. Being educated under arrangements												
made under Section 56 of the Edu-												
cation Act, 1944:—												
(i) In other groups ...	...	—	—	—	—	—	—	—	—	—	—	—
(ii) At home ...	...	—	—	—	—	—	—	11	—	—	—	—
Total awaiting places or receiving	...	17	21	74	30	127	213	81	671	4	1	1,239
special education ...	...											

G. During the calendar year ended 31st December, 1969:—

(i) Number of children subject of new decisions recorded under Section 57 of the Education Act, 1944	...	...	...	39
(ii) Number of reviews carried out under Section 57A 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, 1969

SECTION	Gross Expenditure	Income	Net Expenditure	Cost in terms of a Penny Rate	
				Gross Expenditure	Net Expenditure
	£	£	£	d.	d.
Medical Inspection and Treatment ... ..	204,512	3,388	201,124	2.11	2.07
Special Schools ... ..	626,925	197,834	429,091	6.46	4.42
TOTALS ... ..	831,437	201,222	630,215	8.56	6.49

### City of Sheffield, General Information

Population (as estimated mid-1968) ... ..	528,860
Area ... ..	45,363 acres
Density of population ... ..	11.22 persons per acre
Rateable Value at 31st March, 1969...	£24,037,710
Rate levied for Education, year ended 31st March, 1969 ... ..	160.99d.
Penny Rate Product, year ended 31st March, 1969 ... ..	£97,105

#### Primary and Secondary Schools (including Nursery Schools)—

Number of schools ... ..	253
Number on rolls ... ..	85,677

#### Special Schools—

Number of schools ... ..	15
Number on rolls ... ..	1,557





