[Report 1927] / School Health Service, Berwick County Council.

Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
https://wellcomecollection.org

COUNTY OF BERWICK.

ANNUAL REPORT

ON THE

Medical Inspection and Supervision of School Children

BY

ANDREW A. McWHAN,

M.B., B.Sc., D.P.H.,

SCHOOL MEDICAL OFFICER.

FOR THE

Year ending 31st July, 1927.

Berwick-on-Tweed :
Printed by Martin's Printing Works, Ltd.,
Foot of West Street.

COUNTY OF BERWICK.

ANNUAL REPORT

ON THE

Medical Inspection and Supervision of School Children

BY

ANDREW A. McWHAN,

M.B., B.Sc., D.P.H.,

SCHOOL MEDICAL OFFICER,

FOR THE

Year ending 31st July, 1927.

Berwick-on-Tweed :
Printed by Martin's Printing Works, Ltd.,
Foot of West Street.

COUNTY OF BERWICK.

Report by the School Medical Officer, for Year ending 31st July, 1927.

To the Members of the Education Authority for the County of Berwick.

Gentlemen,

I have the honour to submit to you my Report on School Health Administration for the year ending 31st July, 1927.

I am,

Your obedient servant,

ANDREW A. McWHAN.

County Offices,
Duns.
29th September, 1927.

COUNTY of BERWICK EDUCATION AUTHORITY

GENERAL PURPOSES COMMITTEE.

Colonel The Right Hon. the Earl of Home, *Convener.*
Brigadier-General James Francis Erskine.
Colonel Charles Hope.
Admiral of the Fleet Sir Wm. H. May.
Provost Carmichael.
Mr. William Millican.
Mr. John S. Wight.
Mr. Robert Stoddart.

1. List of Staff :—

School Medical Officer :—
Andrew A. McWhan, M.B., B.Sc., D.P.H.

Oculist (part time) :—
William George Sym, M.D.

Aurist (part time) :—
John Davis Lithgow, M.B., C.M., F.R.C.S.

Medico-Psychologist (part time) :—
Patrick Steele, M.D., F.R.C.P.

Dental Surgeons (part time) :—
Frank G. Mackenzie, L.D.S.
Thomas J. Omit, L.D.S.

Physical Training Instructresses :—
Florence M. H. Johnston.
Helen K. Horsburgh.

Nurses :—
Jeanie McIntosh. Agnes Hardie Tait.

Clerical Staff :—
Margaret Turner. Jean Walker.

2. (a) Number of Schools.

The total number of schools in the County under medical supervision is 52.

(b) Number of Children on Register and in Average Attendance.

The number of children on the register in the County is 4,041, and the average attendance is 3,559.

3. Number of Visits to Schools for Systematic Examination in Accordance with Scheme of Inspection.

The number of visits to schools for systematic examination in accordance with the scheme of inspection was 72.

4. Number of Special Visits by the Medical Officer.

The number of special visits was 55.

5. Sanitary Condition of Schools.

The sanitary condition of schools was very fully reported on in my Report for the year ending 31st July, 1923, and I now note the following improvements :—

Coldingham—The School and Playsheds, etc., have been re-roofed.

Polwarth—The playground has been turfed, levelled and covered with ashes.

Eccles—The playground has been improved.

Leitholm—The playground has been improved.

Eyemouth—A concrete path has been laid in the roadway in front of the school.

6. Organisation and Administration.

A. *System of Medical Inspection.*—This remains unchanged.

B. *School Nurses.*

1. *Numbers on Staff.*

Two whole time health visitors are on my staff, who also undertake public health, tuberculosis and child welfare duties. Last year one-third of their time was given to school health work ; this year, owing to the dental scheme and the unexpectedly large numbers of children taken to and from the Royal Infirmary, Edinburgh, for removal of adenoids, one-half of their time was given to school health work.

The work done by the health visitors in their capacity as school nurses may be summarizied.

Half their time was given to the work of the Education Authority, 277 visits being paid to schools, 971 children being examined for cleanliness, infectious or contagious diseases, and 275 home visits being paid in connection with these (practically all verminous, dirty or neglected children), while 291 home visits were paid for other reasons, chiefly in connection with the 101 children escorted to and from hospital.

2. *Duties in Schools.*

These were summarized in my report for year ending 31st July, 1926.

3. *Duties in Visiting.*

These were also summarised in my Report for the year ending 31st July, 1926.

C. *Arrangements for following up.*—I also went fully into these in my last year's Report.

As a matter of fact, in this county arrangements for " following up " to secure treatment are to a very large and increasing extent superseded by " following up " after treatment in order to secure the fullest value of the treatment. given.

Squints, for instance, require constant supervision after spectacles have been prescribed, as if the squinting eye is to become straight again and binocular vision re-established, then the spectacles must be worn continuously—without intermission—from the moment the child gets up till it goes to bed at night. Spectacles for squint worn or not at the whim of the child are valueless, but many parents would appear to think that the visit to the specialist and the prescripiton of glasses ends their responsibility, when it has just begun, and it is their business to see that their child wears the glasses day in, day out, and it is the business of the health visitors to see that the parents realise that.

In the operation for the removal of adenoids, all that is done is to clear away the vegetative growths in the throat which obstruct breathing and the flow of blood. The child still continues to breathe through his mouth, and if he were allowed to continue to do so, the adenoids would in all probability grow very quickly again, and give rise to as much trouble as ever. The health visitor, however, re-educates the child in nose-breathing as far as she can, and on its

return to school the child's name is notified to the physical training instructress for the area for special attention until normal breathing is established.

D. *Supervision of Infectious Disease, including School closure.*—During the school year there was a constant succession of notifiable cases of infectious disease in the areas for which I am Medical Officer of Health, the numbers of the commoner notifiable infectious diseases being 135 cases of scarlet fever, 13 cases of diphtheria, 44 cases of chickenpox, and one case of typhoid.

In only two cases, Chirnside and Oxton, could an outbreak be said to occur, in both cases of scarlet fever; the cases otherwise being distributed over the entire county and during the entire school year.

Of the 193 cases referred to, 122 were in children of school age. That number is, of course, only a small fraction of the total cases of infectious disease occurring in school children, measles and whooping cough (from which practically all children suffer, either in their pre-school or school life) and other such infectious diseases not being notifiable.

In the case of infectious cases notified to me officially, intimation is immediately sent to the head teacher—whenever the case happens to be a school child or if there is a school child in the infected family—warning him that the Public Health Acts render him liable to a penalty if he permits children from the infected house to attend school without a medical certificate, that proper precautions against spreading the disease or infection have been taken, and that such children may attend school without the risk of infecting others.

For the convenience of teachers, parents, and medical practitioners, a printed certificate is forwarded with each warning notice with a view to obviating any necessity for the doctor writing more than his signature.

Many parents, however, do not obtain the services of a doctor when their children take ill. The child or children are kept at home and allowed all liberty at the earliest possible moment, with the result that if the illness happens to be infectious, they may infect other children and may even be sent back to school whilst liable to spread infection. This particularly applies to scarlet fever, in which the initial symptoms are not infrequently slight and readily overlooked.

So long as the teacher receives no warning notice from myself as Medical Officer of Health (and he will only receive that in the case of notifiable disease, and then only when a doctor has been called in), he apparently cannot insist on a medical certificate unless the excuse given for the child's absence is an infectious disease, in which case it is his duty, whether the disease be notifiable or non-notifiable, not to re-admit the child to school without a medical certificate as required by the Public Health Acts.

In no case was school closure required. It will be realised from what I have just written that an outbreak of infectious disease amongst school children is not due to the school but to infective children or infective adults who come into contact with them.

The danger of children with unrecognized infectious disease has just been cited, and it is also possible for individuals to be carriers, *i.e.*, they may be able to transmit some form of infection without suffering from it themselves.

Probably most cases of scarlet fever, sickening after journeys, have been infected either from unrecognised cases or carriers, and with the greater facilities for travelling now-a-days, and the extent to which these are now taken advantage of, there is no likelihood of there being any diminution in the number of cases infected in this way. The number of children taken to hospital in Edinburgh alone accounts for a number of cases of infection. Shortly before October, 1926, scarlet fever was imported into four areas of Berwickshire almost simultaneously, 13 cases of scarlet fever being notified. The circumstances were reported to the Public Health Authorities for Edinburgh, but no source of infection could be discovered. It was pointed out that the population of the wards was a floating population, and that while the staff were always on the outlook for cases of scarlet fever, a carrier case could not possibly be detected, and even cases of scarlet fever might pass undetected ; and it was also pointed out that there was a feeling now-a-days that many of the throat conditions which come to the Infirmary for operation carry the scarlet fever infection.

At any rate, your staff do all in their power to minimize the risk of infection from this source. The two health visitors are notified of every case of scarlet fever or diphtheria in the County in order that there may be no risk whatever of taking to Edinburgh any child who might possibly carry infection, and they scrutinise rigidly each child before removal to Edinburgh and on discharge.

During the outbreak of infectious disease I am not infrequently asked by School Management Committees to disinfect the school. It is a procedure that I always object to.

Infection does not lie in the school, but in the throats and noses of the scholars or teachers, and chemical disinfection is apt to divert attention from the real cause of the infection and engender a false sense of security. If a School Management Committee feels that it must do something, then let it thoroughly clean up the school with a very liberal supply of soap and water, sunshine, and fresh air.

E. *Co-ordination with public health service.*—The School Medical Officer is also Medical Officer of Health for six out of seven local authority areas, so that supervision and co-ordination are automatic in six areas, and by arrangement in the Burgh of Duns.

F. *Presence of parents at inspection.*—Parents seldom attend ordinary medical inspection, but are generally present with Dr. Sym, and almost invariably with Mr. Lithgow.

7. The Physical Condition of the School Children.

A. *Total number of children examined—*

The classes of children medically inspected in the school year 1926-27 were :—

(1) All children just entered school (" entrants ")
(2) All children born on or between 1st August, 1917, and 31st July, 1918 (" intermediates ")
(3) All children born on or between 1st August, 1913, and 31st July, 1914 (" leavers ")
(4) All others whom the teachers wished seen (" non routines " or " specials.")

Numbers Inspected—

	Boys	Girls	Total
Entrants	238	235	473
Intermediates	158	180	338
Leavers	189	190	379
Non-Routines	258	298	556
Total	843	903	1746

B. *Number of children notified to parents as suffering from defects—*

Boys	Girls	Total
159	**219**	**378**

C. *Details of defects intimated (defective teeth excluded)—*

	Boys	Girls	Total	received attention
Dirty or Verminous Clothing	1	7	8	8
Dirty or Verminous Head..	11	90	101	101
Impetigo	7	9	16	16
Ringworm	..	1	1	1
Scabies	1	4	5	5
Eye Conditions	28	43	71	65
Ear, Nose and Throat Conditions ..	105	68	173	145
Bad Nutrition	4	1	5	5
Tuberculosis..	3	2	5	3
Deformities	3	2	5	1
Other Conditions	..	1	1	0
	163	228	391	350

D, etc. *Results of Routine Examinations.*

The results of the routine examinations are as follows:—

	Boys	Girls	Total	Percentages Boys	Girls	Total
Routine Examinations ..	585	605	1190	..	..	..
Clothing—						
Insufficient	2	—	2	.34	..	.16
In need of repair	3	3	6	.51	.49	.504
Dirty	6	4	10	1.02	.66	.84
Footgear, unsatisfactory	7	5	12	1.19	.82	1.008
Cleanliness of Head—						
Dirty	20	8	28	3.41	1.32	2.35
Nits	9	127	136	1.53	20.99	11.34
Verminous	6	7	13	1.02	1.15	1.09
Cleanliness of Body—						
Dirty	15	24	39	2.56	3.96	3.27
Verminous	2	1	3	.34	.16	.25
Condition of Skin						
Head—Ringworm	—	—	—	—	—	—
Impetigo	—	—	—	—	—	—
Favus	—	—	—	—	—	—
Other Diseases	—	—	—	—	—	—
Body—Ringworm	—	—	—	—	—	—
Impetigo	—	—	—	—	—	—
Scabies	—	—	—	—	—	—
Other Diseases	1	—	1	.17	—	.08
Nutrition—						
Above Average ..	29	35	64	4.96	5.79	5.38
Average	493	523	1016	84.27	86.44	85.38
Below Average	59	45	104	10.08	7.43	8.74
Very Bad	4	2	6	.69	.34	.504

	Boys	Girls	Total	Percentages Boys	Girls	Total
Teeth—						
Sound	167	166	333	28.55	27.43	27.98
One to four Decayed ..	275	295	570	47.008	48.77	47.91
Five or More Decayed ..	136	141	277	23.25	23.306	23.27
Oral Sepsis	7	3	10	1.20	.50	.84
Nose—						
Catarrh	1	—	1	.17	—	.084
Obstruction	—	—	—	—	—	—
Other Diseases	8	3	11	1.36	.49	.92
Mouth Breathers ..	64	30	94	10.94	4.95	7.89
Throat—						
Tonsils—Slightly Enlarged ..	241	235	476	41.19	38.84	40.00
Markedly Enlarged	28	29	57	4.78	4.79	4.78
Adenoids—Probably Present	41	27	68	7.008	4.46	5.71
Present	2	—	2	.34	—	.16
Other Diseases ..	—	3	3	—	.49	.25
Lymphatic Glands—						
Submaxillary—Palpably Enlarged ..	117	96	213	20.0	15.8	17.89
Markedly Enlarged	5	4	9	.85	.66	.75
Suppurating ..	—	—	—	—	—	—
Cicatrices	—	1	1	—	.16	.08
Cervical—Palpably Enlarged	122	118	240	20.85	19.5	20.16
Markedly Enlarged	4	3	7	.68	.49	.58
Suppurating ..	—	—	—	—	—	—
Cicatrices	4	2	6	.68	.33	.504
External Eye Diseases—						
Blepharitis	6	11	17	1.02	1.81	1.42
Conjunctivitis	0	2	2	—	.33	.16
Corneal Opacities ..	0	0	0	.00	.00	.00
Strabismus	7	3	10	1.19	.49	.84
Other Diseases	2	4	6	.34	.66	.504
Visual Acuity—						
Good Vision 6/6	291	314	605	83.86	84.87	84.38
Fair Vision 6/9 and 6/12	45	42	87	12.97	11.35	12.13
Bad Vision 6/18 or worse	11	14	25	3.17	3.78	3.49

Children are classified according to their working vision " with better eye," and figures refer only to examination of 347 boy and 370 girl intermediates and leavers.

	Boys	Girls	Total	Percentages Boys	Girls	Total
Ears—						
Otorrhoea	2	3	5	.34	.49	.42
Wax	5	3	8	.85	.49	.67
Other Diseases	0	0	0	.00	.0	.00
Hearing—						
Slightly Deaf	4	14	18	.68	2,31	1.51
Markedly Deaf	1	0	1	.17	0	.084
Speech—						
Defective Articulation ..	9	5	14	1.53	.82	1.17
Stammering	1	0	1	.17	.0	.084
Mental Condition—						
Dull or Backward ..	4	2	6	.68	.33	.504
Mentally Defective ..	4	0	4	.68	.00	.33
Heart and Circulation—						
1. Organic Disease Congenital	0	0	0	0	0	0
2. Organic Disease, Acquired	2	0	2	.34	.00	.16
3. Functional Disease ..	—	—	—	—	—	—
4. Anaemia	79	69	148	13.5	11.4	12.4
Lungs—						
Chronic Bronchitis ..	4	3	7	.68	.49	.58
Tuberculosis	—	—	—	—	—	—
Tuberculosis Suspected ..	—	—	—	—	—	—
Other Diseases	5	3	8	.85	.49	.67
Nervous System—						
Epilepsy	—	—	—	—	—	—
Chorea	—	—	—	—	—	—
Infantile Paralysis ..	—	—	—	—	—	—
Other Diseases	3	3	6	.51	.49	.504
Tuberculosis (Non-Pulmonary)—						
Glandular	2	3	5	.34	.49	.42
Bones and Joints ..	—	—	—	—	—	—
Abdominal	1	—	1	.17	—	.08
Skin	—	—	—	—	—	—
Other Forms	—	2	2	—	.33	.16
Rickets—						
Slight	16	12	28	2.73	1.98	2.35
Marked	—	—	—	—	—	—

	Boys	Girls	Total	Percentages Boys	Girls	Total
Deformities—						
Congenital	6	2	8	1.02	.33	.67
Acquired	16	15	31	2.73	2.47	2.6
Infectious or Contagious Diseases	15	9	24	2.56	1.48	2.01
Other Diseases or Defects ..	14	11	25	2.39	1.81	2.1

Conditions Noted in Non-Routines or Specials.

	Boys	Girls	Total
Clothing Insufficient or Dirty	1	1	2
Head Dirty or Verminous	3	16	19
Body Dirty	0	0	0
Impetigo	2	3	5
Ringworm	1	1	2
Neglected	0	0	0
Nutrition Bad	2	4	6
Teeth Defective	161	183	344
Nose and Throat Mouth Breathing	9	4	13
Nose and Throat Enlarged Tonsils	21	13	34
Nose and Throat Adenoids	10	8	18
Nose and Throat Enlarged Glands	7	3	10
Nose and Throat Other Conditions	1	0	1
External Eye Disease Squint	5	12	17
External Eye Disease Other Disease	6	3	9
Eyesight, Defective	7	15	22
Ear Disease	5	3	8
Hearing Defective	4	2	6
Speech Defective	5	0	5
Mental Condition Backward or possibly Defective	24	26	50
Organic Disease of the Heart	0	0	0
Anaemia	3	5	8
Nervous Affections	0	0	0
Tuberculosis of Lungs	0	1	1
Tuberculosis of Glands	1	9	10
Deformities	2	4	6
Other Defects	6	13	19
Nil.	8	13	21
	294	342	636
Children examined for above number	258	298	556

With regard to these figures, I would only draw attention to those relating to the condition of the teeth, in which connection it is interesting to recall that in my first Report as School Medical Officer for this County, for the year ending 31st July, 1912, I gave the number of children with apparently sound sets of teeth as 9.2%. In that report, and in the one for the year following, I reported in strong terms of the generally disgraceful and neglected condition of the teeth, in many schoolrooms the foulness from the children's unclean and often septic mouths giving a distinct and most unpleasant odour to the school, and I expressed surprise that teachers, for their own comfort, did so little to introduce cleansing of the mouth.

This disclosure as to the condition of the school children's teeth gave serious concern to the Secondary Education Committee, and it was decided that a card of instructions as to the best way of taking care of the teeth should be printed and that the card should be eyeletted and strung so that it might be hung above the wash stand or in any other convenient position in the child's home. Such a card was duly distributed to all school children, and for years afterwards my attention was not infrequently drawn by parents and others to these cards, often displayed in prominent places of the houses. In addition, I spoke personally to as many of the senior school children as possible in these pre-war years, and I was ably seconded by many teachers.

The result of all our efforts was seen in the fact that the number of children with apparently sound teeth rose, in 1920, to 19.1%, while for the present year it is given as 27.9%. That result has been achieved purely by the preaching and practice of cleanliness, with no dental scheme, and the marked improvement must prove a source of satisfaction to those members of the present Authority who assisted to draft the card of instructions in the Secondary Education Committee of 1912.

This improvement should, of course, be accelerated by the continuance of the dental scheme.

8. Special Schools and Classes, including Open-Air Schools.

Number of Schools and Classes.

No physically defective children are in any special school or class.

2. *Mentally Defective Children.*

One mentally defective child is in Larbert Institution.

3. *Backward Children.*

No class exists in the County for the education of backward children.

4. *Blind and Partially Blind Children.*

Three children are in the Royal Blind Asylum, Edinburgh.

5. *Deaf and Deaf-mute Children.*

One deaf-mute child is being educated at Donaldson's School, Edinburgh.

9. Arrangements for Physical Education and Personal Hygiene of Children.

A. *Physical Exercises.*—I reported on this very fully in my Report for the year ending 31st July, 1925.

B. *Baths.*—There are no baths in the schools in the County.

C. *Practical Instruction in Personal Hygiene.*—So far as I am aware, systematic instruction in personal hygiene is not given in any school in the County, but at the same time a considerable amount of informal instruction is given, as well as drilling in good habits. I know that teachers have to find time for a considerable number of subjects in the curriculum, and I know also that some feel that instruction in hygiene should preferably be given by the health visitors, but, however true these things may be, in the formation of good habits in the child depends to a very large extent its health and happiness in after life, and there is no question but that the class teacher with his or her constant association with the children is in an unparalleled position to inculcate their adoption.

It is not so very many years ago that mothers existed who believed that vermin and nits were only natural if found in girls' heads. I have known mothers laugh at the very idea of the tooth brush and fathers indignant when advised to see to their children's teeth, while in cold weather "candles" were so comparatively common as to pass unnoticed. As compared with then, children are on the whole both clean and neat; nitty and verminous heads are still too common, but there is no doubt but that a much higher conception of cleanliness exists and that it is greatly helped by the shingling and bobbing of the hair. "Candles" are

now looked on as a sign of a neglected child, and handkerchiefs are now almost the rule, while it is not an uncommon experience on looking at a child's mouth to hear him or her apologise for not having brushed his or her teeth that morning.

It is true that these changes were brought about through the agency of school medical inspection schemes, but it must not be forgotten that a very large amount of the spade work in such matters can only be done by teachers, and it is only fair that they should get credit for it, and I hope, notwithstanding any difficulty in the way, that they may find time to include in their curriculum some measure of instruction in personal hygiene.

10. Arrangements for Feeding Children.

There are no arrangements for feeding children, except voluntary in a few schools, as detailed in my Report for year ending 31st July, 1924.

11. Arrangements for Medical Treatment.

The principle of medical treatment, subsequent to medical inspection, was adopted by the Education Authority for Berwickshire at a meeting on 8th November, 1920, for the financial year ending 15th May, 1921, and was limited to the examination and treatment of children with defective eyesight, and the rendering available for children with ringworm the treatment facilities of the Royal Infirmary of Edinburgh.

Now there are schemes for the treatment of refractive defects of the eye and diseases of the eye, throat, nose and ear conditions, ringworm and other diseases of the skin, deformities: and this year a scheme of dental treatment came into operation.

There are no school clinics or clinical centres in the County, all specialists visiting schools as required. Experience has shown that this is not only the most expeditious way but that it makes certain of securing treatment for every child requiring it.

For the schemes in question, the part time services of an Ophthalmic Surgeon, an Aural Surgeon, a Medico Psychologist, and two Dental Surgeons are retained.

In the case of the first three, their main function is to establish an accurate diagnosis, which in eye cases is automatically followed by the prescription of spectacles, drugs, etc., the parents being charged for the spectacles. Eye defects requiring operation are infrequent. When necessary, special arrangements are made with the Royal Infirmary, Edinburgh. In the case of those children submitted to the Aural Surgeon, operation is required in the greater proportion of cases, but parents are first referred to their own family doctor. If he wishes to treat the condition, this procedure gives him the opportunity, and where he does not do so then the health visitor can assist the parents to overcome the necessary formalities for operation in the Royal Infirmary, Edinburgh, and the Authority may defray the travelling expenses of the child.

In the case of skin disease, it is naturally only the graver conditions which benefit from the treatment scheme or conditions such as ringworm, where, without the X-ray treatment of the Royal Infirmary, the children might be absent from school for very prolonged periods. In cases requiring it, arrangements for general practitioner treatment may be made.

Cases of deformity which can be remedied in any way are invariably treated in some Edinburgh institution, with the exception of deformities due to tuberculosis, which are now treated in the Joint Sanatorium at East Fortune.

Treatment for both surgical and pulmonary forms of tuberculosis are, of course, at the instance of the County Council and not of the Education Authority, and in all cases of children treated for tuberculosis, whether in the Joint Sanatorium at East Fortune or at Hairmyres Colony, the children now have the advantage of school classes staffed by qualified teachers, so that they do not lose their school education for years, as was the case until quite recently.

Whenever treatment is undertaken in any shape or form, an endeavour is invariably made to carry it through to a successful issue. Children whose adenoids have been removed by operation are not left as mouth breathers, but the health visitors are responsible for the first stage of re-education in nasal breathing and for handing the children over to the special care of the physical training instructresses when they return to school. In the case of ringworm, the health visitors have also to supply the special caps required and ensure that the drug treatment given between the X-ray applications is conscientiously carried out.

Numbers treated.

During the school year ending 31st July, 1927, 87 children were examined by Dr. Sym, the Authority's Ophthalmic Surgeon, and spectacles or drug treatment prescribed as required. Two of these children were taken to the Royal Infirmary, Edinburgh, for further examination, one being retained and operated on for squint.

181 children were examined by Mr. Lithgow, the Authority's Aural Surgeon, of whom 88 were taken to the Royal Infirmary, Edinburgh, for removal of tonsils and adenoids. One child was operated also for mastoid. These numbers do not include the children treated privately.

18 mentally defective or backward children were examined by Dr. Steele.

Two children were taken to the Royal Infirmary, Edinburgh, for skin disease, and one received X-ray treatment for ringworm ; while another child was taken twice to the Royal Hospital for Sick Children, Edinburgh, for treatment following infantile paralysis.

13 tuberculous children received institutional treatment at East Fortune Sanatorium, and 3 at Hairmyres Colony, at the instance of the County Council.

754 children were intimated to their parents as requiring dental attention, and out of that 395 accepted treatment, of whom 382 were treated by the dental surgeons.

For the last financial year ending 15th May, 1927, altogether 1,010 children received treatment or attention in some shape or form from the Authority's medical staff, a proportion of 1 in 4 of the total children on the roll.

These figures constitute a most successful year's work. There is no doubt but that the modern school child in Berwickshire is receiving a chance which he never had before of becoming physically fit, and it is equally certain that a large proportion of parents are seeing that their children receive advantage of the opportunities which are now theirs.

Acknowledgment.

The various treatment schemes of the Authority were not put through without a very great deal of planning and the co-operation of all concerned.

I have particularly to thank the Chairman of the General Purposes Committee, Colonel the Right Hon. the Earl of Home, for the very great personal interest he has taken in the schemes of the Authority.

I have also to thank the teachers of the County for the manner in which they have co-operated with me for the benefit of the children under their care ; as well as my own staff, specialists, dental surgeons, physical training instructresses, health visitors, and clerks.