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Contributors

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COUNTY OF CAITHNESS -----

ANNUAL REPORT

BY THE

MEDICAL OFFICER OF HEALTH

FOR THE

YEAR ENDED 31ST DECEMBER, 1953



To the Department of Health for Scotland,

and the County Council of the County of Caithness,

Ladies and Gentlemen.

I have the honour to submit my Annual Report as Medical Officer of Health for the County of Caithness for the year ending 31st December, 1953.

In general, the standard of health in the County has been good. The Infantile Mortality Rate of 24 per 1000 live births is the lowest yet recorded in Caithness.

The number of confirmed new cases of respiratory tuberculosis notified during the year was 21, compared with 15 in 1952. The number of deaths from tuberculosis has however decreased - there were only 3 deaths in 1953. A similar tendency for the deaths from tuberculosis to decrease while the number of notifications remains stationary or increases is also being experienced in most other parts of the country.

The County Council approved the new appointment of a Nursing Superintendent - Miss Henrietta Macmillan, S.R.N., S.C.M., who was appointed to the post at the end of 1953 but was unable to take up her duties till early in 1954.

I would like to take this opportunity to express my thanks to the Caithness County Council and the officials of the Northern Regional Hospital Board (Scotland) for their helpful co-operation throughout the year, and also to thank the staff of the Public Health Department for their loyal support.

I am,

Ladies and Gentlemen,

Your obedient Servant,

Modical Officer of Heslth.

(N/1/18

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OCCUPANCIES OF CONTENTS OCCUPANCIES

Statistics	1	-	5
Care of Mothers and Young Children	5	-	6
Midwifery	6	-	7
Health Visiting	7	-	8
Homo Nursing			8
Domostic Help Schome	8	-	9
Vaccination and Immunisation	9	-	10
Provention of Illness, Care and After-Care	10	-	15
Control of Infectious Diseasc	15	-	16
Food Supply			16
Mental Health Service			16
Port Health Administration			17
National Assistance Act, 1948			17
Nursing Homes Registration (Scotland) Act			17
Health Education			17
General Sanitation			17

COUNTY OF CAITHNESS

REPORT BY THE MEDICAL OFFICER OF HEALTH FOR THE YEAR 1953

SUMMARY OF STATISTICS

POPULATION: -	(Estimated	to middle of 1953).	
	Landward		12,720
	Burghs	Wick	10,618
			23,338

The number of Births, Marriages and Doaths registered in the County, and in each of the Burghs, with corrected figures, is as follows.-

	Total.	Landward.	Wick Burgh.	Thurso Burgh.
Births registered (including illegitimate). Births corrected. "	342 381 201 180 22	124 171 99 72 13	204 149 66 83 8	14 61 36 25 1
illegitimate). Still Births corrected. Infant Deaths. Marriages registered. Deaths registered. " corrected. " " Males. " " Females. Maternal Deaths. BIRTH AND DEATH RATES:-	4 6 9 145 255 270 140 130	1 6 4 14 162 146 76 70	3 71 67 81 46 35	2 30 26 43 18 25

Population estimated to middle of 1953	23,338
Birth Rate (Corrected) (per 1000 Estimated Population)	
Illogitimate Rate per 100 Births	5.8
Svill Birth Rate per 1000 Births	16.0
Infant Mortality Rate	24.0
Death Rate (Corrected)(per 1000 Estimated Population)	11.6
Doath Rate (Adjusted for age and sex distribution)(per 1000	
Estimated Population)	9.4

BIRTES: -

The number of births registered during the past ten years is shown in the following Table.-/

Year	Number of Births	Rate per 1000 Estimated Population
1944	475	18.9
1945	381	15.5
1946	505	21.3
1947	528	22.3
1948	461	19.5
1949	439	18.6
1950	429	16.8
1951	416	18.2
1952	410	17.9
1953	381	16.3

Of the total live births, 22 were illegitimate, equal to a rate of 5.8 per 100 births. The rate for Scotland is 4.7 per 100 live births.

STILL BIRTHS: -

There were 6 still births, giving a rate of 16 per 1000 total births, including still births, as compared with 9 in 1952, giving a rate of 21 per 1000 total births.

INPANTILE MORTALITY: -

The number of deaths of children aged less than one year was 9 as compared with 21 in 1952. The Mortality Rate for the County was 24 per 1000 live births as compared with 51 for the previous year. The rate for Scotland is 31.

The numbers, causes and age groups of Infant Deaths are contained in the following Table.-

		. Age Groups				
Causes of Death	Number of Deaths.	Under 1 Wk.			3-6 Mths.	6-12 Mths.
Congenital Malformation. Bronchitis. Diarrheea (except of newborn). Pneumonia (except of newborn). Birth injuries. Other diseases peculiar to early furamony.	1 1 1 2	1 - 2 2	1 11111	1	1	
	9	5	-	1	2	1

The Infantile Mortality Rates, deaths during first month of life, and still births for the past five years are shown in the following Table .-

Year/

!			

Year	Infantile Mortality Rate	Deaths 1st month of life.	Still Births
1949 1950 1951	31 ₄ 30 36	34 32 34	13 8 11
1952 1953	36 51 24	16 5	9 6

Figures not given by Registrar General for years prior to 1952.

MARRIAGES: -

The marriages numbered 145, equivalent to a rate of 6.2 per 1000 Estimated Population. The figure last year was 143, giving a rate of 6.2 per 1000 of Estimated Population.

DEATHS: -

Deaths from all causes, and corrected for transfers, numbered 270, of which 140 were males and 130 females, giving a corrected and adjusted rate of 9.4 per 1000 Estimated Population. The figure for 1952 was 10.0.

Last year prople of 65 years and over accounted for 68.7% of all deaths; this year the figure is 69.6%; those of 75 years and over last year accounted for 46.7% of all deaths, this year the percentage is 47.04; and those of 85 years and over gave a percentage last year of 13.6 and this year the figure is 15.5%.

AGRS AT DEATH: -

	Total.	Landward Arca.	Wick Burgh	Thurso Burgh.
Under 1 year	9	4	3	2
1 - 4 years	2	-	1	1
5 - 9 "	1	1	-	-
10 - 14 "	1	-	1	-
15 - 24 "	-	-	-	-
25 - 34 "	4	1	2	1
35 - 44 "	11	7	2	2
45 - 54 "	19	11	5	3
55 - 64 "	35	21	11	3
65 - 74 "	61	28	21	12
75 - 84 "	85	2,2,	27	14
85 years and over	4.2	29	8	5
				_
	270	146	81.	43
			_	-

CAUSES OF DEATH:-		Landward	Wick	Thurso
	Total.	Area.	Burgh.	Burgh.
Tuberculosis of respiratory system	2 -	_	_	2
Tuberculosis, other forms	1	_	1	_
Malignant neoplasms	31.	19	9	3
Benign and unspecified neoplasms	1	1	_	-
Diabetes mollitus	2	**	2	-
Other general diseases	1	7.	200	-
Vascular lesions affecting central nervous				
system	35	15	9	11
Normeningococcal meningitis	1		-	-
Other diseases of nervous system	9	1 6	2	1
Chronic rheumatic heart discase	9	-	3	~
Arteriosclerotic and degenerative heart				
disease	100	69	24	16
Other diseases of heart	3	3	-	**
Hypertension with heart disease	1	-	1	en
Hypertension without heart disease	1	1	-	-
Other circulatory disease	9	8	1	-
Pneumonia (except of newborn)	9 3 3 2 3	-	2	1
Bronchitis	3	2	-	1.
Other respiratory diseases	2		2	-
Ulcer of stomach and duodenum	3	1	2	-
Intestinal obstruction and hernia		1	-	-
Diarrhoea (except of newborn)	2	-	1	1
Other diseases of liver	2	1	1	-
Other digestive diseases	-	1	2	1
Nephritis and nephrosis	7	1,	2	1
Hyperplasia of prostate	4	_	1	-
Other diseases of genito-urinary system Diseases of skin and organs of locomotion.	2	_	1	ī
Congenital malformations	2	1	1	-
Birth injuries, post-natal asphyxia and	6	1		
atelectasis	2	2	_	
Other diseases peculiar to early infancy	2	_	1	1
Senility	10	2	7	1
Causes ill-defined and unknown	6	2	2	2
Other violence	17	13	2,	(14)
			-	accident
	270	146	81	4-3
		traction of	-	

The three principal causes of death were arteriosolerotic and degenerative heart disease (100 deaths), vescular diseases affecting the central nervous system (35 deaths) and malignant diseases (31 deaths).

The following Tables give the numbers of deaths attributed to cancer and other malignant diseases for the past five years and details of the different types of cancer which occurred during 1953.-

Year	Number of	Deaths.
1949	145	9
1950	46	5
1951	46	5
1952	40)
1953	33	1

A PROPERTY OF THE PARTY OF THE

Deaths from Cancer 1953 .-

Carcinoma of alimentary system - Stomach 8 Colon 4 Aesophagus 1	13
Carcinoma of lung	2
Carcinoma of male reproductive organs	1
Carcinoma of female reproductive organs - Breast. 3	
Uterus1	
Overy1	5
_	2
Sarcoma (bone)	2
Epithelicma (skin cancer)	2
Other	6
	-
	31
	Contract of

It will be noted that there has been little variation in the total number of deaths from cancer over the past few years and, although the figure of 31 deaths for 1953 is lower than it has been in previous years, I think it probable that this is merely a chance variation which is likely to be balanced by a large number of cancer deaths next year.

It is of interest that there were only two deaths from lung cancer, which elsewhere is becoming one of the commonest types of cancer.

MATERNAL MORTALITY: -

There were no maternal deaths in the County during the year.

CARE OF MOTHERS AND YOUNG CHILDREN: -

(a) Ante-natal and Post-natal Clinics .-

The services of a Consultant Gynaecologist and Obstetrician are available at Wick and Thurso Hospitals for patients referred by their own doctors. This service is provided through the Northern Regional Hospital Board.

Maternity outfits are available through the District Nurses. During the year 73 outfits were issued.

(b) Child Welfare Clinics .-

The Child Welfare Clinics at Wick and Thurso continue to be well attended and the numbers attending and the attendances made during the year were.-

		Under 1 year.	1-5 years.
Number	attending	195	96
	of attendances		1634

(c) Dental Care .-

It has not been possible to provide treatment for expectant and nursing mothers and for pre-school children as there is only one Dental Officer employed by the County whose services are fully utilised in School Dental work, including orthodontic treatment.

(d) Mother and Baby Homes .-

Arrangements are made to admit unmarried mothers to the Aberdeen Mother and Baby Home and occasionally to Salvation Army Homes. During the year five unmarried mothers were admitted.

- (c) Day Nurseries .-
- (f) Residential Nurseries and Children's Homes provided as part of the Authority's arrangements under Section 22 of the National Health Service (Scotland) Act, 1947.-

(g) Nurseries and Child Minders Regulation Act, 1948 .-

None.

	P. San	THE REAL PROPERTY.	The Contract of the Contract o	STATE OF THE PARTY OF	
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a:	44			ERY	
-	_	_	_	_	-

MIDWIFE	₹₹		
(i)) The total number of births occurs	curring in the area during	the year
	Live births.	340 7	
		347	
(ii)) Total number of births occurr	ing in institutions	265
(111)	Total number of births occurr	ing at home	
(iv)	Number of births occurring at attendance at birth	home classified to show na	ture of
		Midwives employed by Authority (including those engaged on a	Private practising
22(2) of the National Health vice (Scotland) Act, 1947	fec-per-case basis.	Midwives.
	etor engaged and present at	43	_
Dog	etor engaged and not present at	. 34	-
Mic	lwife alone (no doctor engaged). Born in am	bulance 1	
Oti	ner Domiciliary Cases		
Do	ctor and midwife engaged		-
Mic	wife alone (no doctor engaged).		-
Wi	thout doctor or midwife	-	-
4		82	-
			-

During the year 76.3% of the confinements took place in institutions. Last year the percentage was 75.9. (v) Medical aid under Section 22(1) of the Midwives (Scotland) Act, 1915 .-Number of cases in which medical aid was summoned during the year by a midwife .-(a) For Domiciliary Cases .-(i) Where the medical practitioners had arranged to provide maternity medical services under the National Health Service..... (ii) Others..... (b) For cases in institutions..... 0 Administration of Analgesics .-(a) Number of midwives in practice in the area qualified to administer analgesics in accordance with the requirements of the Central Midwives Board for Scotland .-(i) Domiciliary...... 13 (b) Number of domiciliary midwives who received their training during the year (c) Number of sets of apparatus for the administration of analgesics in use at 31st December, 1953, by domiciliary midwives employed by the Authority..... 11 (d) Number of sets on order at 31st December, 1953..... 0 (e) Number of cases in which analgesics were administered by midwives in domiciliary practice during the year .-(i) When doctor was not present at delivery...... (ii) When doctor was present at delivery...... (f) Number of cases in which pethidine was administered by midwives in domiciliary practice during the year .-(i) When doctor was not present at delivery 12 (ii) When doctor was present at delivery...... (vii) Number of cars in use by midwives at 31st December, 1953.... 13

HEALTH VISITING .-

Three district nurses hold the Health Visitor's Certificate and two nurses commenced the course in October of this year.

The Health visiting is undertaken by the District Nurses who carry out combined duties in their respective areas. The following figures relate to health visiting during the year.-

47.4

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THE RESERVE TO SERVE THE PARTY OF THE PARTY white newhors are newhole wellfound to mount (4) the season was not present of delivery servers and secretary will be followed by supply that the . . . and the state of t services provided to a memor and match mate. (42) th visiting during the year.

											
	Number of visits paid by Health Visitors (or by District Nurses in their capacity as Health Visitors) during the year										
	Expectant Mothers		und	under		Children between 1 and 5		Tuber- culosis Cases.		er es	Total Visits paid
	Number	Total Visits	Mumber Visited	Total Visits	Number	Totel	Number Visited	Total	Number Visited	Total Visits	
Health Visitors employed by the Authority	25	25	355	3706	126	4036	91	529	10	22	8318
Health Visitors employed by Voluntary Organisations	-	-	-	-	-	-	-	-	-	-	-

These visits do not include visits paid by a Midwife Health Visitor who is to attend the confinement as a Midwife or Maternity Nurse.

HOME NURSING: --

The Home Nursing Service continues to be efficiently maintained by the district nurses and the following are the number of cases and visits paid during the year.-

DOMESTIC HELP SCHEME: -

The scheme functions very satisfactorily, although difficulty is occasionally experienced in finding Home Helps for rural districts.

(i)	Number	of	Home	Helps	employed	during	the	year
-----	--------	----	------	-------	----------	--------	-----	------

1	a) Whole-time	-
1	b	Part-time	32
1	C	Retaining fee basis	_

(iii)/

- B -

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-minus at which the property of the party of

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(iii) Number of cases in (ii) provided on account of

Confinement.-

Tuberculosis..... 1

(iv) Number of cases in (ii) provided on account of chronic sick including aged and inform...... 15

VACCINATION: -

A pamphlet prepared by the Medical Officer of Health indicating the desirability of infant vaccination and urging that the operation be carried out before the child reaches the age of six months, is handed by the Registrar of Births and Deaths to every person registering a birth.

The number of vaccinations carried out during the year shows that parents apparently do not appreciate the importance of having their children vaccinated in infancy.

Primary Vaccinations .-

I	Pypical vaccinia greatest at 7th-10th day	102
I	Re-Vaccination	
I	Pypical vaccinia greatest at 7th-10th day	9 2 7 1

DIPHTHERIA IMMUNISATION:-

The combined immunisation against diphtheria and whooping cough is now available for pre-school children at the Child Welfare Clinics at Wick and Thurso, and this combined prophylactic is also being issued on request to general practitioners.

The following Table gives the number of persons immunised against diphtheria by the Health Department staff and by the general practitioners.-

TABLE/

		Health D	epartne	nt	(General Prac	ctition	ers
	F	ull Course	Ma	intenance	Full	1 Course	Maintenance	
Year of Birgh	Diph- theria		Diph- theria	Whooping Cough & Diphtheria	Diph- theria	Whooping Cough & Diphtheria	Diph-	Whooping Cough & Diphtheria
1953 1952 1951 1950 1949 1948 1947 1946 1945 1944 1944 1944 1941 1940 1939 1938 or earlier	3 131 36 5 4 9 19 42 6 - 2 1	18 23 2 1 1	- - 2 112 89 20 4 - 118 129 1		251-121	15 47 17 3 4 1 1		1
Totals	222	45	476	-	12	89	1	2

PREVENTION OF ILLNESS, CARE AND AFTER-CARE: -

TUBERCULOSIS - GENERAL .-

Although the Local Authority is directly responsible only for the prevention and after-care of tuberculosis and treatment of the disease is the responsibility of the Regional Hospital Board, I think it will be of interest to review the measures being taken both for the treatment and prevention of tuberculosis in Caithness.

Although in most parts of the country the Medical Officer of Health is no longer directly responsible for the treatment of tuberculosis, in Caithness by arrangement with the Northern Regional Hospital Board, the appointment of Medical Officer of Health is combined with that of District Hospitals Officer, which includes responsibility for the diagnosis and treatment of tuberculosis. I cm, therefore, in charge of both treatment and preventive measures and I have the help of the general practitioners and district nurses in carrying out these duties.

CHEST CLINICS:-

These are held weekly at the Bignold Hospital, Wick, and the Dunbar Hospital. Thurse. The number of patients attending is as follows.-

Patients/

- 20 -

	-01-								

Bimold	Hospital.	Dunbar	Hospital.

Patients seen for first time Notified tuberculosis cases kept	122	117
under observation Other cases under observation Contacts New cases found during 1953 Transfer notifications	58 25 84 9	33 4 54 8 2
	302	218

It will be seen that comparatively few of the new patients referred to these Clinics are ultimately found to be suffering from pulmonary tuberculosis. This fact is an indication of the awareness of local practitioners of the value of having the chest X-rayed in many different conditions. It is reasonable to assume that the number of cases of tuberculosis remaining undetected in a community will be low where the ratio of patients X-rayed to cases discovered is high.

Mass Radiography so far has not been available in Caithness but a Mobile Unit is to be available for the Northern Regional Hospital Board and it is hoped that it will be possible to arrange a visit by this Unit to Caithness.

Facilities for Consultation .-

The Consultant Chest Physician for the Northern Regional Hospital Board visits Caithness from time to time and his advice is available when required both for cases of pulmonary tuberculosis and other chest diseases.

Patients thought to require surgical treatment are referred to the Consultant Thoracic Surgeons of the Thoracic Unit at Aberdeen, who hold Clinics in Inverness at six-weekly intervals.

Institutional Treatment .-

Ten beds at the Town and County Hospital, Wick, are allocated for pulmonary tuberculosis, but the decrease in the requirements for accommodation for other infectious diseases has made available a further four beds in the Infectious Diseases block for tuberculous patients. The number of beds is insufficient to accommodate the number of patients requiring institutional treatment, but it has been possible to arrange admission of patients from Caithness to other sanatoria in the Northern Region, usually Cambusavie or Culduthel Hospitals, and, in the case of war pensioners and nurses, to the Red Cross Sanatoria at Tor-na-dec and Glen o'Dec. I should like to take this opportunity to thank the Medical Superintendents of these hospitals for their helpful cooperation.

Thoracic Surgery .-

Patients requiring major surgical operations are admitted to the Thoracic Unit at Woodend Hospital, Aberdeen.

Non-Respiratory Tuberculosis .-

These patients may be treated at the Bignold Hospital, Wick, and the Dunbar/

Dunbar Hospital, Thurso, and where necessary may be transferred to the Royal Northern Infirmary or Raignore Hospital, Inverness.

Waiting Lists .-

With regard to admission of newly diagnosed cases, the position improved during the year and towards the end of the year it was possible to admit several patients within a few days of diagnosis.

The long period of waiting experienced by patients who require thoracic surgery has received some publicity in the Press and is one of the most unsatisfactory features of the tuberculosis services at present. This is a problem in many parts of the country and it is gratifying to note that arrangements are now being made to increase the numbers of thoracic surgical beds available to patients from the Northern Region.

Domiciliary Treatment .-

In an attempt to make the best possible use of the institutional beds available, an effort has been made to treat patients at home wherever the medical condition and the home circumstances have made this practicable. Arrangements have been made for the district nurses to give Streptomycin injections when required. These patients remain under the care of their own doctors but I also visit them at intervals. Although the majority of patients require admission to hospital at some stage in their illness, in suitable cases home treatment can prevent delay in starting treatment and reduce the total time spent in hospital.

Contacts .-

Routine chest X-ray examination of contacts of newly diagnosed patients, and subsequent re-examination at intervals is a most useful measure in traceing sources of infection and thus preventing further spread of the disease. For several years in Caithness it has been the practice to advise contacts to be X-rayed and the great majority have been willing to avail themselves of this service.

Tuberculin testing of contacts as a routine measure and vaccination with B.C.G. was begun for the first time during 1953. Only negative reactors to the tuberculin test can be given B.C.G. By the end of the year the contacts of all newly diagnosed cases had been tested and also those of most of the patients still attending the chest clinics for treatment. The following are the numbers tested and given B.C.G.-

	Males.	Females.
Tuberculin tested	40	35
Negative Reactors		19
Vaccinated during 1953		15

Rehabilitation .-

In this area tuberculosis patients who have recovered from the disease experience considerable difficulty in obtaining suitable jobs. Resettlement courses can be arranged through the Ministry of Labour but this involves travelling south and living for some weeks far away from home and few patients from Caithness are anxious to attend these courses.

Rahabilitation is a considerable problem and one to which there is no easy solution, although it is hoped that future economic developments in the County may be helpful.

Extra Nourishment supplied during the year .-

Number	of	patients	to	whom	milk was	gran	ted	26
Number	of	patients	to	whom	Maltoline	was	issued	8

The state of the s

In all notified cases of tuberculosis - respiratory and non-respiratory - routine investigation is made of the milk supply with a view to ascertaining the possibility of the milk being a source of infection. On these investigations the services of the Veterinary Inspectors of the Ministry of Agriculture were readily available.

The following Tables show the number of cases notified in the County (including the Burghs) in 1953, the number in which diagnosis was confirmed, the number in institutions, the number in the area known to be suffering from tuberculosis as at 31st December, 1953, and the number of deaths during the year.

The Tuberculosis register was reviewed and brought up to date during the year. This accounts for the apparent increase in the number of cases shown in Table IV. It should be emphasised that a considerable proportion of these patients are well on their way to recovery, although they still require to be kept under observation.—

I. RETURN OF CASES OF TUBERCULOSIS NOTIFIED DURING THE YEAR. -

	Under 1.		5-10.	10-15.	15-25	25-35.	35-45.	45-65.	65+.	Total
Respiratory Males Females Total Non-Respiratory				111	2 5 7	1 6 7	1 3 4	3 - 3	1 1 2	8 15 23
Males	-	111	111	2 2 4	1 2		2 2	1	111	5 4 9
Non-Respiratory Males Females Grand Total	111	111	2 1 1	2 2 4	369	1 6 7	3 3 6	3 1 4	1 2	13 19 32

II. RETURN OF CASES NOTIFIED DURING THE YEAR IN WHICH DIAGNOSIS HAS BREN

	Under	1-5	5-10	10-15	15-25	25-35	35-45	45-65.	65+	Total
Respiratory Males Females Total		111		111	2 5 7	166	1 2 3	3 - 3	1 2	7 14 21
Non-Respiratory Males Females	111	111		2 2 4	1 1 2		2 2	1		5 4 9
Respiratory and Non-Respiratory Males Females Grand Total			-	2 2 4	369	- 66	3 2 5	3 1	1 1 2	12 18 30

III. RETURN SHOWING THE NUMBER OF CASES WITH THEIR HOME RESIDENCE IN THE AREA WHO RECEIVED TREATMENT IN SANATORIA OR OTHER INSTITUTIONS DURING THE REAR.

	In Institus. 1/1/53.	Admitted 1953	Discharged 1953	Died in Institus.	In Institus 31/12/53
Respiratory Adults (Males (Females	8 12	9	5 10	1	11
Children (Males (Females	-	-	-	-	=
Non-Respiratory Adults (Males Females Children (Males Females	3 2 -	5 2 2	8 4 1		
Totals	27	34	31	. 2	28

IV. REFURN OF NUMBER OF PERSONS RESIDENT IN THE AREA AT 31ST DECEMBER, 1953, WHO WERE KNOWN TO BE SUPPERING FROM TUBERCULOSIS.-

	Under	1-5	5-10	,10-15	15-25	25-35	35~45	.45 - 65.	65+.	Total.	
Respiratory											-
1. Sputum or other material examined M. and tubercle	-	-	-	-	6	17	16	9	2	50	-
bacilli found F. 2. Sputum or other	-	-	-	-	12	12	5	-	1	30	-
material examined M and tubercle bacilli never	-	-	-	-	4	3	2	-	-	9	-
found F	-	-	-	-	4	2	1	-	-	7	1
3. Sputum or other M	-	-	-	-	-	1	-	-	-	1	-
examined F	-	-	-	-	4	1	(40	-	con	5	-
Total	-	-	-	-	30	36	24	9	3	102	-
Non-Resabratory 1. Abdominal	-	-	1 -	2 -	1 1 1	1 1 -	1 -	111	111	44219	-
3. Bones and Joints M (Exclusive of	-	-	1	2	2	1	2	1	010 011		
spine)F 4. Superficial M GlandsF 5. LupusM	-	1 1 1	1 1 -	1 -	2 1	-	1	1 -		1. 5 3	
6. Other parts or M organs F	-	111			1 -	1	-	1	-	1 2	-1
Total	-		5	5	9	5	5	3	-	32	
Recpiratory and Non-Respiratory	-	-	5	5	39	42	29	12	3	134	-

V. NUMBER OF PERSONS WHO DIED FROM TUBERCULOSIS IN THE AREA DURING THE YEAR WITH PARTICULARS AS TO PERIOD ELAPSING BETWEEN NOTIFICATION AND DEATH AND BETWEEN DUSCHARGE FROM AN INSTITUTION AND DEATH.

	Resp	iratory	Non-Re	spiratory
	Males	Fomales	Males	Females
Number of persons who died from Tuberculosis	1	1	-	1
Not notified or notified only at or after death	-	1	-	-
Notified from 1-3 months before	-	-	-	1
Notified 3-6 months before	-	-	-	-
Notified from 6-12 months before	-	-	-	~
Notified from 1-2 years before	-	-	-	-
Notified over 2 years before death	1		-	-
Total	1	1	-	1
Number who died within 28 days after discharge from an institution Number who died more than 28 days	-	-	-	-
after discharge from an institution.	-	-	-	-

The following Table gives the tuberculosis cases notified and the tuberculosis deaths during the past ten years.-

	Notif	ications	Da	aths
Yoar	Respiratory	Non-Respiratory	Respiratory	Non-Respiratory
1944 1945 1946 1947 1948 1949 1950 1951 1952 1953	17 23 18 18 13 22 18 10 15 21	18 15 27 12 19 12 5 8 5	11 7 8 6 11 5 11 4 5 2	5 4 4 2 1 2 1 5 1

CONTROL OF INFECTIOUS DISEASE .-

There were 195 notifications of infectious disease during the year. The cases notified were.-

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Acute Primary Pnsumonia. Acute Influenzal Pneumonia. Pneumonia (not otherwise notifiable). Puerperal Pyrexia. Poliomyelitis. Erysipelas. Scarlet Fever. Infective Jaundice Whooping Cough.	. 2
	195

Scarlet Fever .-

Scarlet Fever was prevalent in the Wick and Canisbay areas during the year and outbreaks occurred towards the end of the year in the Reay area. The cases were of a mild nature and complications were infrequent. Sixty-four cases were notified and thirty-nine cases were admitted to the Town and County Hospital, Wick. There were no deaths.

Poliomyelitis .-

One case occurred during the year. The patient affected was a young child living in a remote croft and the source of the infection could not be detected.

Whooping Cough .-

There was a considerable increase in the number of cases notified. There was one death, resulting from a complication of whooping cough.

Puerperal Pyrexia .-

One case of Puerperal Pyrexia was notified and removed to hospital. The patient made a good recovery.

FOOD SUPPLY: -

A more detailed account of the work of the County Public Health Department in this field will be found in the County Sanitary Inspector's report. No outbreaks of food poisoning were brought to the notice of the Medical Officer of Health during the year.

MENTAL HEALTH SERVICE .-

Arrangements have been made by the Northern Regional Hospital Board for a Consultant Psychiatrist to hold clinics monthly at the Bignold Hospital, Wick. The first clinic was held in April, 1953.

MENTAL DEFECTIVES: -

Considerable difficulty has been experienced in finding suitable accommodation for certified mental defectives. There are eleven adult certified defectives boarded out under guardianship in private houses in the county, and a further eight who are resident in Forse House under the personal guardianship of the Superintendent and Matron. Those in Forse House are there because alternative accommodation could not be found for them elsewhere in the county, and their octationed presence there reduces the accommodation available for old people. There is a definite lack of institutional accommodation for mental defectives in the North/

North of Scotland and indeed throughout the country. The Regional Hospital Boards have a responsibility for providing accommodation for certain mental defectives but in some cases there is some difficulty in determining whether the responsibility lies with the Hospital Boards or with the Local Authority.

Details of defectives of school age will be given in the School Medical Officer's report.

PORT HEALTH ADMINISTRATION:-

In terms of the Port Sanitary Regulations (Scotland) 1935, fifteen Declarations of Health were received from the Officers of H.M. Customs at Wick and Thurso.

NATIONAL ASSISTANCE ACT. 1948 .-

Section 21.- Forty beds at Forse House are available for accommodation in terms of Part III of the National Assistance Act, 1948. These beds are usually fully occupied and there has been some delay at times in securing admission for old people. It is also the duty of the Local Authority to "provide temporary accommodation for persons who are in urgent need thereof" and there is at present in the County no such accommodation available other than at Forse House.

Section 47.- No action for compulsory removal was taken under this Section of the Act.

Section 50.- In 1953, five burials took place in terms of Section 50 of the Act.

NURSING HOMES REGISTRATION (SCOTLAND) ACT:-

There are no Nursing Homes in the County.

HEALTH EDUCATION: -

Dr. Young, Medical Lecturer for the Scottish Council for Health Education, made a short lecture tour in the County in 1953. He lectured to senior school children and also gave talks to Women's Rural Institutes and Guilds. These talks were well attended and the audiences found Dr. Young's remarks of considerable interest.

Leaflets and pamphlets received from various organisations are distributed to Maternity and Child Welfare Clinics and schools.

GENERAL SANITATION: -

No problems of any magnitude occurred in the County during the year. As in previous years, the water supplies to some districts continued to be in-adequate during spells of dry weather, but no acute shortages were reported.



