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INSTITUTE OF SOCIAL  
MEDICINE  
10, PARKS ROAD,  
OXFORD

COUNTY OF ZETLAND

ANNUAL REPORT

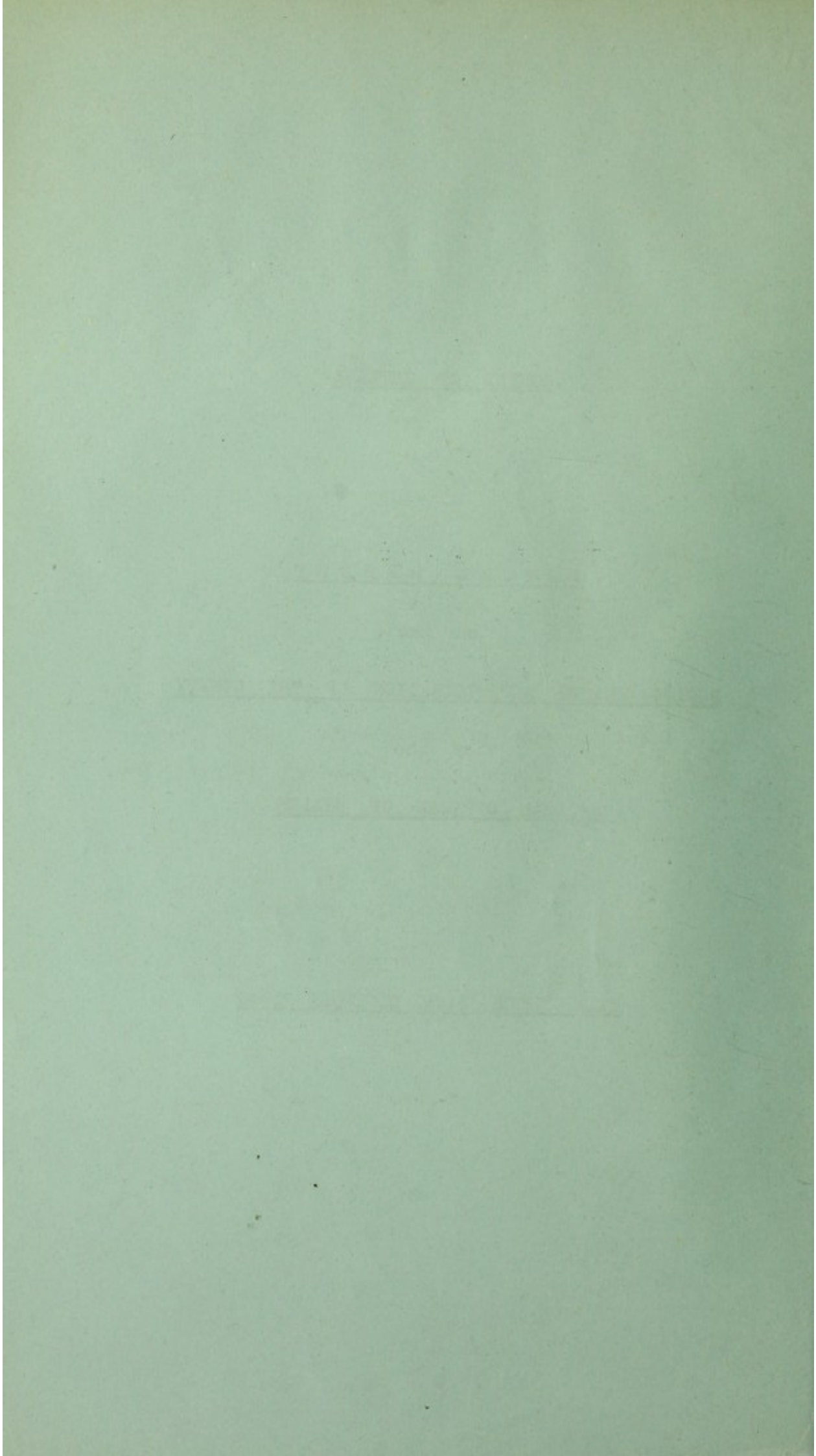
on the

PUBLIC HEALTH ADMINISTRATION OF THE COUNTY

by the

MEDICAL OFFICER OF HEALTH

YEAR ENDED 31st DECEMBER 1946



INSTITUTE OF SOCIAL  
MEDICINE

10, PARKS ROAD,  
OXFORD

Public Health Office,  
Brentham Place,  
LERWICK, July, 1947.

To

The Department of Health for Scotland.  
The County Council of Zetland.  
The Town Council of Lerwick.

Gentlemen,

I beg to submit my Annual Report on the Public  
Health Administration of the County for the year 1946.

I am, Gentlemen,  
Your obedient Servant,

S. A. B. Black,  
County Medical Officer.

CONTENTS

	<u>Page</u>
VITAL STATISTICS . . . . .	1
MATERNITY SERVICES AND CHILD WELFARE . . .	3
INFECTIOUS DISEASES	
County Isolation Hospital . . . . .	6
Diphtheria Immunisation . . . . .	7
Smallpox and Vaccination . . . . .	7
Port Sanitary Regulations . . . . .	7
TUBERCULOSIS . . . . .	8
Zetland County Sanatorium . . . . .	9
Surgical Tuberculosis . . . . .	10
Domiciliary Supervision . . . . .	10
CARE OF AGED AND INFIRM . . . . .	10
LABORATORY SERVICE . . . . .	12
DIABETES . . . . .	14
VENEREAL DISEASES . . . . .	14
CANCER ACT . . . . .	14
AMBULANCE SERVICES . . . . .	14
WATER SUPPLIES . . . . .	14
HOUSING . . . . .	15

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## VITAL STATISTICS

The following is a summary of the principal statistics for the year 1946. Figures for the year 1944 and 1945 are given for comparison.

	<u>Zetland</u>			<u>Scotland</u>
	<u>1944</u>	<u>1945</u>	<u>1946</u>	
Population (estimated) .....	18,194	18,251	18,943	
Crude death rate per 1,000 population .....	15.5	16.6	16.2	13.1
Death rate adjusted for age and sex distribution .....	10.1	10.8	10.5	
Live births (including illegitimate) .....	331	291	309	
Birth rate (per 1,000 population) .....	16.5	14.7	16.2	20.3
Illegitimate birth rate (per 100 births) .....	8.8	8.6	6.9	6.6
Infant mortality rate .....	33	34	41	54
Deaths from tuberculosis (all forms) .....	10	19	8	
Death rate from tuberculosis (all forms) .....	0.55	1.04	0.42	0.79
Deaths from pulmonary tuberculosis .....	5	13	6	
Death rate from pulmonary tuberculosis .....	0.27	0.71	0.32	0.64
Deaths from principal epidemic diseases .....	6	3	8	
Death rate (per 1,000 population) from principal epidemic diseases .....	0.33	0.16	0.42	0.22

The following table shows the number of deaths at various age periods from all causes:-

				<u>1946</u>		
				<u>M</u>	<u>F</u>	<u>Total</u>
All ages	...	...	...	144	162	306
- 1	...	...	...	6	7	13
1 - 5	...	...	...	1	0	1
5 - 10	...	...	...	1	2	3
10 - 15	...	...	...	1	0	1
15 - 25	...	...	...	1	4	5
25 - 35	...	...	...	2	3	5
35 - 45	...	...	...	5	2	7
45 - 55	...	...	...	13	8	21
55 - 65	...	...	...	17	21	38
65 - 75	...	...	...	39	33	72
75 - 85	...	...	...	39	44	83
85 and over	...	...	...	19	38	57

The Registrar General's estimate of the population of the county to the middle of 1946 is 18,943 which is 1,200 less than the figure for the last pre-war year, but about 700 more than his estimate for the year 1945.

The number of live births exceed the number of deaths during the year by only 12. The population has an unusually high age average; we must await the next census year to discover how high. The birth rate remains well below the rate for Scotland, although in recent years Shetland's birth rate is not so far below the Scottish rate as it was twenty years ago. The high age average of the population is naturally one reason for the persistence of a relatively low birth rate figure.

It has been explained in previous annual reports that in all long term planning of our public services in this county we should remember to take into account the considerable changes in population that are to be expected in a community with a high age average and a birth rate which has been a low one for over twenty years.

For the year 1946 the infantile mortality rate, the corrected death rate, and the tuberculosis death rate are below the equivalent rates for Scotland: but when one is calculating with such small numbers it is possible for the rates/

rates for Shetland to vary widely from year to year. A truer picture can be obtained by comparing the average rate for the past five years with the present rate for Scotland, as in the table below:-

	<u>Shetland</u>	<u>Scotland</u>
	Quinquennial Average Rate 1942 - 1946	1946
Death rate (corrected)	10.6	13.1
Infant mortality rate	34	54
Death rate - tuberculosis - (all forms)	0.76	0.79
Death rate - pulmonary tuberculosis	0.52	0.64

The following table shows in order of frequency the most common ascribed causes of death:-

	<u>Number.</u>	<u>Percentage of Total Deaths.</u> (To nearest whole number)
Heart disease .....	74	24
Cancer .....	47	15
Old age .....	38	12
Cerebral haemorrhage	30	10
Violence (excluding road transport accidents) .....	11	4
Congenital debility: premature births: malformations ....	10	3
Bronchitis .....	9	3
Nephritis .....	8	3
Gastric and Duodenal ulcers .....	8	3

#### MATERNITY SERVICES AND CHILD WELFARE

In the burgh of Lerwick the Child Welfare Centre which is open two afternoons each week continues to function and is now once more established in its former premises in Hillhead. Details of the work performed by Nurse Shearer are given on page 5.

Outside the burgh of Lerwick infant welfare visits are performed by the eighteen District Nurses in the county who have visited regularly the children under school age in their areas. A total of 990 children in country areas have been paid a total of 4,025 routine health visits.

#### Maternity Services.

The County Scheme under the Maternity Services (Scotland) Act, 1937, has now been in operation for two years. In 1945 44 per cent of all births occurring outside the burgh of Lerwick were 'Scheme' cases. In 1946 this percentage increased/



increased to 48 per cent. The scheme has its imperfections but on the whole it is working smoothly and is now popular with medical practitioners and patients. It is sometimes not fully realised that this scheme covers domiciliary maternity services only, and that it ceases to operate when a patient requires to be sent into an institution.

Maternity Annexe of Gilbert Bain Hospital.

Officials of the Department of Health visited Lerwick in the middle of February and again in June, 1946, and the outline of a plan for the conversion of temporary quarters at Midgarth into a Maternity Annexe were agreed upon at a meeting on June 20th of the Department's officials, the Trustees of the Gilbert Bain Hospital and members of the County Council. The need for hospital beds for maternity cases is acute.

Midwives (Scotland) Acts.

24 midwives notified their intention to practice midwifery in the county during 1946. 4 midwives are employed in nursing posts in the hospitals in the county.

There was one fatal case of puerperal fever during the year, the first that has occurred since 1941. There were altogether two deaths of mothers during the puerperium the second one being a case of pulmonary embolism.

The table below gives the statistical information required (as far as it is applicable in this county) under Department of Health Circular No. 31/1947:-

Births.

(a) Total number of births occurring in the area .....	314
(b) Number of births in (a) classified according to nature of attendance at confinement:-	
(1) Maternity Services Scheme Cases	(a) with doctor 75
	(b) without doctor 24
(11) Other domiciliary cases	(a) with doctor 163
	(b) with midwife alone (no doctor booked) 23
	(c) conducted by outdoor staff of institution 0
	(d) without doctor or midwife 0
(111) Institutional Cases (including those in private maternity and nursing homes)	29

Home Visitation during year./

Home Visitation During Year.

(a) In Lerwick by Nurse M. L. Shearer, Health Visitor:-

	<u>No. visited for first time.</u>	<u>Total Visits.</u>
Expectant mothers	14	42
Infants	104	364
Children (1-5 years)	140	500

(b) By the District Nurses in country areas who perform midwives' duties as well as health visitors' duties:-

	<u>No. visited for first time.</u>	<u>Total Visits.</u>
Expectant mothers	389	1,817
Infants	273	1,886
Children (1-5 years)	717	2,139

Ante-natal Clinics and Child Welfare Clinics.

The Lerwick Child Welfare Centre is the only ante-natal clinic in the county.

	<u>First visits.</u>	<u>Total visits.</u>
Expectant mothers	41	129
Infants	116	636
Children (1-5 years)	127	723

(There are no special treatment centres, Mother and Baby Homes, Residential Nurseries and Children's Homes and Home Helps in this county).

INFECTIOUS DISEASES

The following tables show the regional and age distribution of cases of infectious diseases in the county during 1946. (Cases of tuberculosis are considered later in this report).

Whooping cough was a nuisance during the earlier months of the year and as this disease is not commonly notified the number of cases which occurred is not known. Excluding tuberculosis cases there have been 99 cases of notifiable infectious disease as compared with 156 cases in 1945. A big reduction in the number of notified cases of dysentery (14 instead of 64 in 1945) has occurred.

Disease	At all ages	-1	1-	5-	15-	25-	45-	Received hospital treatment
<u>Lerwick Burgh</u>								
Dysentery .....	4	-	-	-	-	1	3	-
Erysipelas .....	1	-	-	-	-	-	1	1
Influenzal Pneumonia	1	-	-	-	-	-	1	-
Broncho-Pneumonia ..	1	-	-	-	-	1	-	-
Scarlet Fever .....	7	-	3	2	1	1	-	4
Totals .....	<u>14</u>	-	<u>3</u>	<u>2</u>	<u>1</u>	<u>3</u>	<u>5</u>	<u>5</u>

Mainland

Cerebro-spinal fever	1	-	-	-	-	1	-	1
Sonne Dysentery ....	5	-	1	-	3	1	-	-
Erysipelas .....	2	-	-	-	-	-	2	-
Primary Pneumonia ..	3	-	-	1	-	1	1	-
Scarlet Fever .....	3	-	-	2	-	1	-	1
Whooping Cough .....	7	-	-	7	-	-	-	-
Mumps .....	1	-	-	1	-	-	-	-
Glandular Fever ....	1	-	-	-	-	1	-	-
Totals .....	<u>23</u>	-	<u>1</u>	<u>11</u>	<u>3</u>	<u>5</u>	<u>3</u>	<u>2</u>

North Isles

Sonne Dysentery ....	5	-	-	4	1	-	-	-
Erysipelas .....	1	-	-	-	-	-	1	-
Puerperal Fever ....	1	-	-	-	-	1	-	-
Acute Poliomyelitis.	1	-	-	1	-	-	-	1
Scarlet Fever .....	3	-	-	3	-	-	-	-
Paratyphoid Fever(B)	1	-	-	-	-	1	-	-
Whooping Cough .....	50	-	10	26	8	4	2	-
Totals .....	<u>62</u>	-	<u>10</u>	<u>34</u>	<u>9</u>	<u>6</u>	<u>3</u>	<u>1</u>

County Isolation Hospital.

71 patients were treated in the Isolation Hospital. This institution has provided useful accommodation for severely ill general medical cases when the beds have not been required for infectious cases. Although accommodation is ample, a shortage of nursing staff severely limits the number of beds which can be kept in use at a time.

The following table shows the work done and the illnesses treated:-

Bed accommodation	-	32
Total admissions	-	71
Total discharges	-	66
Total deaths	-	5
Beds occupied:-		
Average during year	-	7.3
Highest	-	12
Lowest	-	3

Illnesses treated:-/

## Illnesses treated:-

Abdominal tuberculosis	- 1
Abscess of axilla	- 1
Acute acidosis	- 1
Albuminuria of pregnancy	- 1
Arthritis	- 1
Bronchial Pneumonia	- 3
Bronchitis	- 4
Cerebro-spinal fever	- 1
Cerebral thrombosis	- 1
Dermatitis	- 3
Erysipelas	- 1
Impetigo	- 1
Influenza	- 2
Malaria	- 2
Malignant hypertension	- 1
Measles	- 9
Observation	- 4
Paratyphoid Fever	- 1
Pleurisy	- 1
Pneumonia	- 3
Poliomyelitis	- 1
Quinsy	- 1
Rheumatic fever	- 2
Rheumatism	- 4
Scarlet Fever	- 6
Sepsis from sheep bite	- 1
Streptococcal Dermatitis	- 1
Tonsillitis	- 1
Urethritis	- 1
Venereal Disease	- 5
Vincent's Angina	- 1
Whooping Cough	- 1

Diphtheria Immunisation.

During the year 214 children were given protective inoculation against diphtheria. 153 of these were children below school age. The percentage of children below 14 years of age in the county who have received immunisation was 75.7 per cent on December 31st, 1946. This figure has improved since then. 202 'maintenance' inoculations of previously immunised children were done during the year.

No cases of diphtheria occurred during the year.

Smallpox and Vaccination.

Port sanitary authorities in the south notify the public health office whenever any persons come to this area from any ship which has arrived in Britain with smallpox on board.

During the year the names of 10 such persons were received and in each case the necessary precautions were taken.

Vaccinations performed during 1946 numbered only 25.

Port Sanitary Regulations.

During the year 305 vessels made some port in Shetland their first port of call after leaving a foreign country. In every case satisfactory Declaration of Health forms were received.

TUBERCULOSIS

During the decade 1915 - 1925 the average death rate from tuberculosis (all forms) in Shetland was 40 per cent more than the rate for the whole of Scotland. The table on page 3 shows that the death rate for this disease in Shetland is now practically the same as the rate for the rest of the country.

Although Shetland's tuberculosis death rate has been more than halved in the last twenty years there is no justification for complacency.

The population of the rest of Scotland is subjected to a considerable risk of acquiring tuberculosis of the bovine type, and the many cases of this type which turn out to be fatal cases increase Scotland's mortality rate for the disease. Shetland's population probably have practically no cases of tuberculosis of bovine origin, as it is now known that the cattle in this county have been free from this disease for some years. Yet the mortality rate in Shetland is no lower than the rate for the rest of the country, despite the fact that here one encounters the human form of the disease only.

The following comparative figures are of interest:-

	<u>1944</u>	<u>1945</u>	<u>1946</u>
New cases (diagnosis confirmed) notified during year:-			
(a) Pulmonary	29	20	13
(b) Non-Pulmonary	8	16	3
No. of persons resident in Shetland on December 31st known to be suffering from tuberculosis:-			
(a) Pulmonary	194	151	127
(b) Non-Pulmonary	57	54	42
No. of persons who died from tuberculosis:-			
(a) Pulmonary	5	13	3
(b) Non-Pulmonary	5	6	3 *
Number/			

\* 2 additional deaths from tuberculosis occurred in the south in persons normally resident in this county.

Number of persons resident in the area at 31st December, 1946, who were known to be suffering from tuberculosis:-

<u>PULMONARY.</u>	<u>Males.</u>	<u>Females.</u>	<u>Total.</u>
1. Sputum not present	4	8	12
2. Sputum present but not examined	1	-	1
3. Sputum examined and tubercle bacilli found	49	25	74
4. Sputum examined and tubercle bacilli never found	23	17	40
			<u>127</u>

NON-PULMONARY.

1. Abdominal	2	3	5
2. Spine	4	5	9
3. Bones and joints (exclusive of spine)	10	4	14
4. Superficial glands	1	2	3
5. Lupus	1	3	4
C. Other parts or organs	3	4	7
			<u>42</u>

Zetland County Sanatorium.

This institution like others of its kind throughout the country has had difficulty in recruiting an adequate nursing and domestic staff. At one time there existed a real possibility that the institution might have to close down.

During the year 18 patients were admitted, 23 patients were discharged and 2 died. One of the discharged patients was an advanced case who went home at his own request and subsequently died. Of the remaining 22 patients who were discharged, 17 had the disease quiescent; (all 17 are at present known to be ambulant and in some cases have resumed working); two cases were subsequently re-admitted for further treatment; one case improved sufficiently to be nursed at home and two cases were found to be suffering from conditions which were not tuberculous.

Occupational therapy continues to prove of value in preventing patients from developing a lethargic and unco-operative mental attitude towards their treatment.

At the end of the year the sanatorium received a visit from the consultant physician to Woodend Hospital, and Tornadee Sanatorium who examined each case, and gave useful advice. Now that more ambitious methods of treatment are attempted at the sanatorium guidance of this kind is valuable and its provisions under a regional scheme in the proposed new Health Act will be a benefit.

Surgical Tuberculosis/

Surgical Tuberculosis.

At the Gilbert Bain Hospital there were 33 cases of surgical tuberculosis admitted, and 38 discharged. No deaths of such cases occurred.

X-ray Examinations.

254 X-ray examinations of tuberculous patients or patients suspected to be suffering from tuberculosis were made at the Gilbert Bain Hospital. This figure includes both cases which were "screened" only and those in which an X-ray plate was exposed.

Patients Treated for Tuberculosis in Institutions in the South.

Three tuberculosis patients were sent from the sanatorium to institutions elsewhere in Scotland in order to receive forms of treatment not available locally. One of the three has been retained in Woodend Hospital, two returned having had the necessary investigation and treatment.

Two cases of surgical tuberculosis from this county are being treated in institutions in the south.

Domiciliary Supervision.

District Nurses have performed a total of 741 visits to 127 tuberculous patients in their homes.

In Lerwick Burgh Nurse Shearer has visited 62 tuberculous patients making a total of 193 visits. It is only very rarely that one encounters a former tuberculous patient showing any marked reluctance to keep in touch with the public health staff and the helpful co-operation of the patient makes this work more interesting.

The County Medical Officer in his capacity as Tuberculosis Officer examined 17 patients in their homes, and an additional 49 patients at Brentham Place. Patients who have had the advantage of a spell of treatment in the sanatorium are usually found to be most regular and conscientious at keeping in touch with the Tuberculosis Officer.

CARE OF THE AGED AND INFIRM AND OF  
THE SICK POOR.

In the County Homes an average of 41 old or chronically ill people are nursed. There have been 20 admissions, 8 discharges and 18 deaths. As in 1945 there has again been difficulty in recruiting adequate domestic and nursing staff for this institution.

Difficulty in staffing institutions which care for the chronic sick is being experienced throughout the country. There are various reasons for this. It is well known that there are far fewer women working as domestic servants, and that there are several hundred fewer nurses in Scotland than are required. Women seeking employment as hospital nurses or hospital domestics can usually find work of a more attractive type in hospitals other than those handling the aged and chronically sick./

sick. The population of the country contains more people of the higher age groups than ever before and the proportion of the population that will be over 65 years of age is going to increase during the next few years. There are fewer younger relatives to look after more persons in the last decade of their lives.

Methods of handling this formidable problem is receiving much study by medical experts and social workers at present, and the Scottish Advisory Committee of the Nuffield Provincial Hospitals Trust have already published an interim report.

In the meantime and until domestic and nursing staff become available we will be hard put to it to maintain the limited amount of institutional care which could be given in the past to this section of the community.

The problem is more acute in Shetland than elsewhere. In this county there are (at present at any rate) more attractive and more remunerative and easier methods of earning a living than working in any hospital or institution, and this undoubtedly makes it difficult to recruit any staff. In addition the age average of the population is considerably higher than that for the country as a whole; there is thus a larger proportion of old and infirm persons relying on a smaller proportion of able bodied younger relatives to take care of them in their last few years.

A further difficulty exists in the fact that two thirds of the population (including a high proportion of older folk) live in rural areas with scattered populations where it is not always easy for the last survivor of a household to get the help which in towns is so much more easily given by any kindly neighbours living close at hand.

The inmates of the County Homes are mostly patients who being the last survivors of their families in the county now have no other home. Closing the institution is therefore impossible. At times of crisis when the staff have been much reduced the Matron and Governor and the few other members of the staff have had to tackle whatever essential nursing and domestic duties came their way almost without any regard for the particular nursing or domestic tasks for which they originally offered their services. All the usual ideas about normal working hours have to be abandoned at such times. Bedridden and senile patients need constant attention - there is hard work to be done both by night and by day and the tasks are not of the type that can be postponed until more helpers are available.

Despite the difficulties of their tasks the staff have managed to make their patients maintain a happy outlook. The Matron and Governor and all who have worked in the County Homes deserve the gratitude of all those who feel sympathetic towards the older and most helpless members of the community.

Unsuccessful efforts were made during the year to obtain foreign displaced persons to assist in the work of this hospital.

There is another difficulty with regard to the care of the aged which one encounters from time to time - the problem of the care of old and very feeble persons who, although physically incapable/



incapable of looking after themselves, refuse to consider entering any institution. There is no legal means of compelling such persons to enter the County Homes. If they are sufficiently mentally deranged they can be medically certified but in that case they must be removed south to a mental hospital; they are their own masters and unless they can be persuaded to place themselves in the care of others they remain a danger to themselves and a serious responsibility to their neighbours. A few sad cases of this type are known to the public health authorities.

LABORATORY SERVICE

The following statement of laboratory examinations for the year has been provided by Dr. Smith:-

CITY HOSPITAL, ABERDEEN

LABORATORY EXAMINATIONS FOR SHETLAND

January - December, 1946

	<u>Positive</u>	<u>Negative</u>	<u>Total</u>	<u>Grand Total</u>
<u>Bacillary Dysentery:</u>				
Faeces	19	26	45	45
<u>Undulant Fever:</u>				
Blood agglutinations			4	
Blood cultures			<u>5</u>	9
<u>Biochemical Examinations:</u>				
Bloods			13	
Faeces			<u>3</u>	16
<u>Haematological:</u>				
Blood counts			1	
Differential cell counts			<u>3</u>	4
<u>Amoebic Dysentery:</u>				
Faeces			1	1
<u>Waters:</u>				
Bacteriological examination of waters			61	
Chemical examination of waters			<u>7</u>	68
<u>Tuberculosis:</u>				
Sputum	54	96	150	
Urines	-	4	4	
Pus	1	9	10	
Chest Fluids	-	11	11	
Cerebro-spinal Fluids	-	2	<u>2</u>	<u>177</u>
<u>Venereal Diseases: /</u>			Carry forward.....	320

LABORATORY EXAMINATIONS (Cont.)

	<u>Positive</u>	<u>Negative</u>	<u>Total</u>	<u>Grand Total</u>
Brought forward .....				320
<u>Venereal Diseases:</u>				
Bloods for Wassermann Reactions	3	51	54	
Bloods for Laughlen Tests	4	50	54	
Pus Smears for Gonococci	9	14	23	
Bloods for gonococcal complement fixation test	2	4	6	
Cerebro-spinal Fluids for Wassermann Reactions	1	2	<u>3</u>	140
<u>Diphtheria:</u>				
Throat, nose and ear swabs	-	8	8	8
<u>Enteric and Food Poisoning:</u>				
Blood cultures			2	
Widals			20	
Faeces			12	
Urines			<u>1</u>	35
<u>General Examinations:</u>				
Blood for malaria			1	
Histological specimens			21	
Vaccines			1	
Throat, nose and ear swabs for organisms			6	
Sputum for organisms			3	
Pus for organisms			23	
Cervical swabs for organisms			3	
Blood cultures			3	
Cerebro-spinal fluids (other than tuberculous or luetic)			7	
Urines for pathological examination			8	
Urines for bacteriological examinations			<u>7</u>	83
<u>Animal Inoculations:</u>				
Human specimens inoculated into Guinea Pigs for tubercle bacilli			24	
Urines inoculated into rabbits for pregnancy tests			6	
Urines inoculated into toads for pregnancy tests			<u>3</u>	33
				<u>619</u>

Dr. James Campbell has carried out the following examinations:-/

Dr. James Campbell has carried out the following examinations:-

Sputum.....	19
Urine - Examinations ....	12
Cultures .....	6
Blood counts .....	14
Urethral smears .....	2
Throat - Swabs .....	10
Cultures .....	2
Other smears .....	1
Cerebro-spinal fluid ....	4
Water sample .....	1
	<hr/>
	71
	<hr/>

#### DIABETES.

Insulin was supplied under the Public Health (Scotland) Amendment Act, 1925, to three persons. A total of 5,680 units Insulin, 15,400 units protamine zinc insulin and 3,400 units globin insulin was supplied.

#### VENEREAL DISEASES.

Drugs for the treatment of venereal diseases are obtainable free of charge by practitioners for the treatment of such cases. A treatment centre is run by Dr. R. J. Mackenzie. Few cases of venereal disease are found in the county. During the year a total of only 25 persons visited the centre for treatment. Detailed returns to the Department are made direct by the medical officer conducting treatment.

#### CANCER ACT.

The Regional Medical Services Sub-Committee of the City of Aberdeen have proposed the formation of an interim scheme under the Cancer Act, 1939, for the North Eastern and Inverness areas and the Convenors of the Public Health and Finance Committee of the County Council have met representatives of the Aberdeen Royal Infirmary and the other local authorities of the area.

#### AMBULANCE SERVICES.

The St. John's Ambulance Association continue to give the public an efficient service. The ambulance is stationed at the Gilbert Bain Hospital. During 1946 the air ambulance service was used on three occasions for cases using the air ambulance scheme. In addition air ambulances were twice used by persons at their own expense who asked the public health authorities to make private arrangements with Scottish Airways for them.

#### WATER SUPPLIES.

##### Scalloway Water Supply.

Satisfactory reports from the analyst were obtained on routine investigation of samples of treated water from this supply during the year. Details are given in the separate report of the County Sanitary Inspector.

##### Lerwick Water Supply/

Lerwick Water Supply.

Bacteriological analyses continue to be satisfactory, but the clarification of that portion of the town's water which is subjected to slow sand filtration continues to give difficulty. The best method of using these filter beds were the subject of a report by the Engineering Inspector of the Department of Health. The pressure filters continue to give a well clarified pure water.

Water Schemes Elsewhere in the County.

Schemes for the supply of water throughout the county were drawn up by Messrs. Blythe and Blythe's engineers during the year. The Department of Health after receiving the County Council's recommendations decided to give first attention to the schemes for Dunrossness, Burra Isle, Whalsay and Unst. Although the suggested sources of supply in these areas are such that purification will be inexpensive the schemes will be costly and probably impossible for a small county to consider unless the grants prove to be generous.

HOUSING.

There is little to report about this sad subject during 1946. In the Burgh 18 good temporary houses were completed at the Knab Camp in October, and some badly housed families moved into them. Apart from this slight relief the position remains as bad as before. At the end of December, 1946, there were over 380 applicants for the tenancy of Council houses.

Whenever any really unfit house becomes vacant the opportunity is being taken to make a representation under the Housing (Scotland) Acts and representations were made about 8 dwellings in the burgh during 1946.

There are signs that at the end of 1947 there will be some improvement in the housing position in the burgh.

For the rest of the county 20 Cruden houses were promised, and at a meeting in August it was agreed to erect these when they were forthcoming at Scalloway (8 houses, 5 for Burra Isle families), Whalsay (4), Tresta (2), Burravoe (2), Voe (2), Walls (2). Since then the allocation of a further 20 has been promised and it is intended to erect these at Scalloway, Whalsay and Voe. Although the erection of these houses would be of some help, the problem of improving housing in the country districts could be better tackled by increasing grants under the Housing (Agricultural Population) (Scotland) Act and by the introduction of some act to replace the former Housing (Rural Workers) (Scotland) Act. At the end of the year a deputation of the County Council travelled to Edinburgh to interview the Under Secretary of State <sup>and</sup> to explain the county's housing difficulties.

More detailed information on housing matters are contained in the Sanitary Inspector's report.

Information about Meat Inspection, Dairies, and Inspection of Foodstuffs, are given in the separate report made by the County Sanitary Inspector.

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