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Contributors

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INSTITUTE OF SOCIAL
MEDICINE

10, PARKS ROAD,
OXFORD

COUNTY OF ZETLAND

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

1950

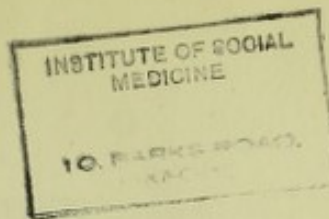
REPORT OF THE

COMMISSIONER OF

THE

LAND OFFICE OF THE

STATE



Public Health Office,
Brentham Place,
LERWICK, July, 1951.

To

The Department of Health for Scotland
The County Council of Zetland
The Town Council of Lerwick
The Education Committee of Zetland County Council

Gentlemen,

I beg to submit my Annual Report on the
Public Health Administration of the County for
the year 1950.

I am, Gentlemen,
Your obedient Servant,

S.A.B. Black,

Medical Officer of Health.

Public Health Office

Stratford Place

LEWIS, July, 1901

To
The Department of Health for Scotland
The County Council of Scotland
The Town Council of Glasgow
The Education Committee of Glasgow County Council

Glasgow

I beg to acknowledge the receipt of the
Public Health Administration of the County for

the year 1900


I am, Sir,
Your obedient servant

D. J. B. Black

Medical Officer of Health

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VITAL STATISTICS

The following is a summary of the principal statistics for the year 1950. Figures for the years 1948 and 1949 are given for comparison. The figures given are corrected for transfers.

	<u>Zetland</u>			<u>Scotland</u>
	<u>1948</u>	<u>1949</u>	<u>1950</u>	
Population (estimated)	20,263	20,338	19,869	
Crude death rate per 1,000 population	16.1	16.6	17.2	
Death rate adjusted for age and sex distribution	10.5	10.8	11.2	12.4
Live births (including illegitimate)	298	321	308	
Birth rate (per 1,000 population)	14.7	15.8	15.5	17.9
Illegitimate birth rate (per 100 births)	3.4	4.0	4.9	5.2
Infant mortality rate	47	28	36	39
Deaths from tuberculosis (all forms)	16	18	11	
Death rate from tuberculosis (all forms)	0.79	0.89	0.55	0.54
Deaths from pulmonary tuberculosis	15	17	10	
Death rate from pulmonary tuberculosis	0.74	0.84	0.50	0.47
Deaths from principal epidemic diseases	2	6	5	
Death rate (per 1,000 population) from principal epidemic diseases	0.10	0.30	0.25	

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

	1950		
	<u>M</u>	<u>F</u>	<u>Total</u>
All ages	160	182	342
- 1	7	4	11
1 - 5	3	-	3
5 - 10	-	1	1
10 - 15	1	-	1
15 - 25	5	1	6
25 - 35	3	2	5
35 - 45	6	6	12
45 - 55	4	9	13
55 - 65	25	18	43
65 - 75	30	46	76
75 - 85	56	52	108
85 and over	20	43	63

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

<u>Cause.</u>	<u>Number.</u>	<u>Percentage of total deaths.</u>
Arteriosclerotic and degenerative heart disease.	89	26%
Malignant neoplasms.	53	16%
Vascular lesions affecting central nervous system.	47	14%
Other diseases of nervous system.	13	4%

The Registrar General's estimate of the population in the County in the middle of 1950 is 19,869 which is a decrease of 469 on the estimated population in 1949.

There were 308 live births, twelve fewer than the average for the post war years. The birth rate remains practically unaltered at 15.5, and is 2.4 less than the figure for Scotland. The illegitimate birth rate at 4.9 per 100 births is a little lower than the average for the preceeding/

preceeding five years, which was 5.4. The figure for Scotland in 1950 was 5.2. There were 3 stillbirths during the year. The stillbirth rate is satisfactorily low.

The death rate at 17.2 is the highest since 1943, the average for the preceeding five years was 16.8. The death rate adjusted for age and sex distribution is 1.2 less than the figure for Scotland.

The number of deaths again exceeded the number of births by 17, as was the case last year.

25 per cent of Shetland's population are of pensionable age compared with the Scottish average of 12.2 per cent. (See Report of Department of Health 1950, p. 53). We know that there is an unusually high proportion of old persons in the community, that the birth rate is below replacement level and has been so for many years, and that therefore, as the older people die, a drop in the population is inevitable unless there is an unexpected immigration of persons into the County. The full census information when published will give us additional information which will enable us to form a clearer picture of the possible population changes in the future and this should help us in all future planning.

The tables on page 2 show little change from those of previous years.

The tuberculosis figures are encouraging and are discussed on page 8 of this report.

Deaths of children under one year of age numbered 11 compared with 9 in the previous year.

THE DOMICILIARY NURSING SERVICE

A large part of the County Council's responsibilities under the National Health Service Act depend on the maintenance of an efficient district nursing service. Services such as health visiting, home nursing, child welfare, and to a certain extent the care of the aged depend in the first place on the District Nurse. It is well to review the position of the nursing service in the county before reporting on the various public services that depend upon it. At any time about two-thirds of our district nurses are nurses who have been recruited from the south, and the remainder are nurses with local connections. There is at present a shortage of recruits to district nursing throughout the country. To attract women to posts far from their homes it is essential to provide them with attractive living and working conditions. It is therefore important to give them at least as good housing and transport as would be provided by any county in the south. Some progress was made in this direction during the year.

A new nurses house at Urafirth was being constructed in 1950, and plans were made for a house for the two nurses who work in Sandsting and Aithsting and in Walls and Sandness. The Lerwick Town Council have promised their assistance in providing a house for the nursing service in Lerwick. This will prove a great help in maintaining the service as accommodation/

accommodation will then be available for an extra relief nurse. The County Council allocated a new house in Sandwick to the two District nurses in the south mainland, and this was occupied in August and has proved most useful. The Dunrossness Nursing Association gave generous help from their funds in equipping this house. In six areas of the county it would be difficult to find accommodation for the nurse should the present nurse leave. In eleven districts nurses are provided with houses, but some of these houses are not entirely satisfactory.

From July, 1948, up to the end of 1950 the nursing service had acquired eight new motor vehicles to replace older cars used by the nurses.

During 1950 a staff of 20 nurses and a Superintendent was maintained. We were not able to recruit the two new permanent supernumerary nurses which are necessary for holiday relief duties. There were fewer shortages of staff than in the previous year and temporary nurses employed for short periods were less frequently required than in 1949. Seven new nurses were appointed during the year.

CARE OF MOTHERS AND YOUNG CHILDREN

In the burgh of Lerwick the Child Welfare Centre at Hillhead was open for two afternoons each week and the nurse in charge also visited infants in their homes. 1053 different children attended this clinic during the year.

Outside the burgh infant welfare visits were made by the various nurses in their areas and a total of 316 visits were made to 4082 children.

About seven years ago this county could boast that for some years the county's infant mortality rate was half as large as the rate for Scotland. Since then the Scottish rate has steadily improved until it is now as low as Shetland's rate. Some factor - (we do not know for certain what it was) - enabled this county to maintain a low infant mortality rate for years, but we cannot claim that the rate has altered much during the past twenty years, as the figures below show:-

Shetland		Scotland	
Infant Mortality Rate		Infant Mortality Rate	
(Quinquennial Average Rate)			
		1942	- 69
		1943	- 65
		1944	- 65
		1945	- 56
		1946	- 54
		1947	- 56
		1948	- 45
		1949	- 41
		1950	- 39
1931-35	- .38		
1936-40	- 37		
1941-45	- 33		
1946-50	- 36		

The table below shows figures in recent years for stillbirths, neo-natal deaths, and deaths of children under one year of age:-

	<u>Births</u> <u>(Corrected for</u> <u>transfers)</u>	<u>Still-</u> <u>Births</u>	<u>Neo-Natal</u> <u>Deaths</u>	<u>Deaths of Infants</u> <u>under one year</u>
1943	310	10	6	9
1944	331	15	8	11
1945	291	4	4	10
1946	318	10	10	13
1947	366	14	6	11
1948	298	5	9	14
1949	321	6	3	9
1950	308	3	10	11

MIDWIFERY

An increasing proportion of the confinements in the county are now being handled in hospital as the table below shows:-

	<u>Number of Confinements.</u>	<u>Confinements in Hospital</u>
1948	298	153 - 51%
1949	321	215 - 67%
1950	308	216 - 70%

The table below shows the number of births in hospital and at home which have occurred in the different areas of the county:-

Births during 1950

<u>Area</u>	<u>In</u> <u>hospital.</u>	<u>At</u> <u>home</u>	<u>Area</u>	<u>In</u> <u>hospital</u>	<u>At</u> <u>home</u>
Burra Isle	12	2	Papa Stour	-	1
Bressay	5	1	Sandsting	11	5
Delting	4	9	Sandwick	17	3
Dunrossness	8	3	Skerries	-	2
Fair Isle	3	0	Tingwall	34	5
Fetlar	2	2	Trondra	1	-
Foula	1	0	Unst	-	11
Gulberwick	4	1	Walls, Sandness	3	2
Lerwick	93	11	Whalsay	2	11
Nesting, etc.	4	4	Yell	3	13
Northmavine	9	6			

There are only four districts where the home confinements out-number the hospital ones; these are Whalsay, Skerries, Unst, Yell and Delting.

As explained in last year's report this has brought about/

about a revolutionary change in the duties of district nurses during the past three years. District nurses still have ante-natal and infant welfare duties to perform, but the loss of so much of their maternity work is naturally a disappointment to the many keen trained midwives on our nursing staff. It is one of the reasons why the post of district nurse in certain areas are rather difficult to fill. Much more time is now available for nurses to attend to aged and chronic sick in those areas where there has been a big reduction in the amount of domiciliary maternity work. The Report of the Department of Health for 1950 explains that the trend towards confinement in hospital "... is not new, and especially with a falling birth rate, it involves a considerable reduction in the demand for the domiciliary midwifery service."

There were four stillbirths during the year, giving a rate of 10 per 1000 total births, including stillbirths. The rate for Scotland in 1950 was 27.

(Other figures are given on page 1 of the Appendix).

Analgesia

Ten of the district nurses are trained in the use of gas and air analgesia. Some of the nurses yet to be trained work in areas where they would not be required to use gas and air analgesia more than once or twice in a period of years. There are four nurses in the staff who could with advantage be trained in this work when opportunity occurs.

Gas and air analgesia in many ways is an unsuitable analgesic for use in rural areas of this county. The apparatus is expensive and cumbersome. It is difficult to carry it from the nurse's car to the house. There is good reason to suppose that it may soon be out of date as the best method for such cases.

It is usually the custom in this county for the practitioner to be present at domiciliary confinements, and thus the opportunity for analgesia is made available. Including hospital cases the opportunity for analgesia was available for 94 per cent of the women confined during 1950. The figures for 1948 and 1949 were 82 per cent and 95 per cent.

Midwives (Scotland) Act

27 midwives notified their intention to practice midwifery in the county during the year. There was one case of puerperal pyrexia notified. No cases of puerperal fever occurred.

There was one death of a mother as a complication of childbirth.

HOME NURSING. CARE AND AFTER CARE
CARE OF THE AGED.

The district nursing service was particularly hard worked as a result of the large number of influenza cases which occurred during the last fortnight of the year in most parts of the county. Apart from exceptional periods of this kind much of the time spent in home nursing duties by the nursing staff is spent in the service of the aged.

Care of the aged is going to be one of the most difficult problems facing this county during the next twenty years, and for this reason I must be excused if I repeat observations which have been made in previous reports.

It has been explained in previous reports that the proportion of old persons in the population of the country as a whole is far greater than in the past, and will become greater still, and that in this county the proportion of old persons is higher than anywhere else in Scotland. In some of the sparsely populated country districts this problem is going to become very acute in the next few years. There are areas where the number of younger neighbours and relatives are few, and where the task of providing old persons with assistance in ordinary daily domestic duties (such as collecting fuel and water) will be increasingly difficult.

It is neither possible nor desirable to collect all such cases into institutions far from their homes, but institutional accommodation is required for some of them.

Most of the cases admitted to the County Homes are definitely hospital cases by the time they seek admission. During the year 47 patients were admitted to the Homes and there were 26 deaths in the Homes. The average number of occupied beds was 44.

We require a home for those cases who, though not hospital cases, are in need of supervision and care. During the year the Local Authority has taken considerable thought in planning the conversion of the house Viewforth into an eventide home. It was hoped that our plans for converting this building into a home capable of accommodating about thirty patients would by now have been approved. It is disappointing to have to record that this scheme has had a set-back. The Department of Health have suggested an eventide home of 14 beds. Unless it is intended to have two or three such homes this suggestion will not be of much use to us in handling the problem that will be before us soon. As mentioned on page 3 of this report, 25 per cent of the population of the county are of pensionable age - compared with the Scottish average of 12.2 per cent.

TUBERCULOSIS/

TUBERCULOSIS

There were nine deaths from pulmonary tuberculosis during the year. This is three less than the numbers recorded for 1948 and 1949. There were six fewer notifications than in the previous year.

It is difficult to study what is happening when dealing with such a small number of cases, but there is reason to think that the tuberculosis position is improving. Throughout 1950 there was never at any time a waiting list for the Sanatorium, and cases requiring hospital treatment were admitted as soon as they were found.

In Scotland in 1950 there was recorded a record low mortality rate for pulmonary tuberculosis - 0.47 per 1,000. Our figures for the past three years have been: 1948 - 0.79, 1949 - 0.89, and 1950 - 0.50. It might be that we are now joining in the general improvement that has been noticeable in Scotland during the past two years.

One still hears expressed the belief that this area is a particularly unfortunate one for tuberculosis. There is nothing in the statistics for the past twenty years to justify this belief. The quinquennial average mortality rate for pulmonary tuberculosis for the year 1946-50 for Shetland was 0.59 per 1,000. The quinquennial average rate for Scotland for the years 1946-50 was 0.61.

It is difficult to compare figures for an area with only a few deaths each year with the national figures, and our statistics are at present being examined in the Department of Health to see whether we have followed the same post-war trend in this disease as the rest of the country.

Throughout the year a consultant chest physician from Aberdeen has made visits to Shetland once a quarter. He has directed treatment of in-patients and selected suitable cases for transfer to hospitals in the south for more complicated forms of treatment.

The X-ray set at the Sanatorium has been used on the weekly out-patient day to make chest plates of 274 different out-patients. Contacts of known cases have submitted willingly to examination.

District nurses have made 990 visits to 142 different patients on the tuberculosis register.

Child contacts have been examined in the hope of finding suitable cases for B.C.G. inoculation, but so far the few child contacts of all our new cases have proved after skin testing to be unsuitable for this form of protection. The possibility of using B.C.G. on suitable cases is being borne in mind.

VACCINATION AND IMMUNISATION/

VACCINATION AND IMMUNISATION

The County Council's scheme for providing diphtheria immunisation continues as in previous years. Alum-precipitated toxoid is issued to practitioners by the Local Authority and a fee is paid for immunisations done by them.

District nurses in the course of their infant welfare and school work encourage parents to consent to have their children immunised.

In Lerwick immunising sessions are held at the Welfare Centre and the Medical Officer of Health immunised 33 pre-school children at these sessions.

Throughout the county 133 children were immunised for the first time during 1950, and 69 children were given a re-inforcing dose. 101 of the 133 children immunised for the first time were children under school age.

The percentage of the population of school and pre-school age who have been immunised has dropped and an immunisation drive is being organised during 1951.

53 per cent of the children between the ages of 1 and 5 years in the county are immunised.

There has been no diphtheria in the county during the last five years.

Vaccination against Smallpox

During the year records of only three infant vaccinations were received from practitioners though the total number of vaccinations done is probably greater.

Seventy-nine members of the hospital nursing and domestic staff were vaccinated during the year.

Vaccine lymph is supplied to practitioners on request.

INFECTIOUS DISEASES/

INFECTIOUS DISEASES

The following table shows the regional and age distribution of cases of infectious diseases in the county during 1950. (Cases of tuberculosis are not included).

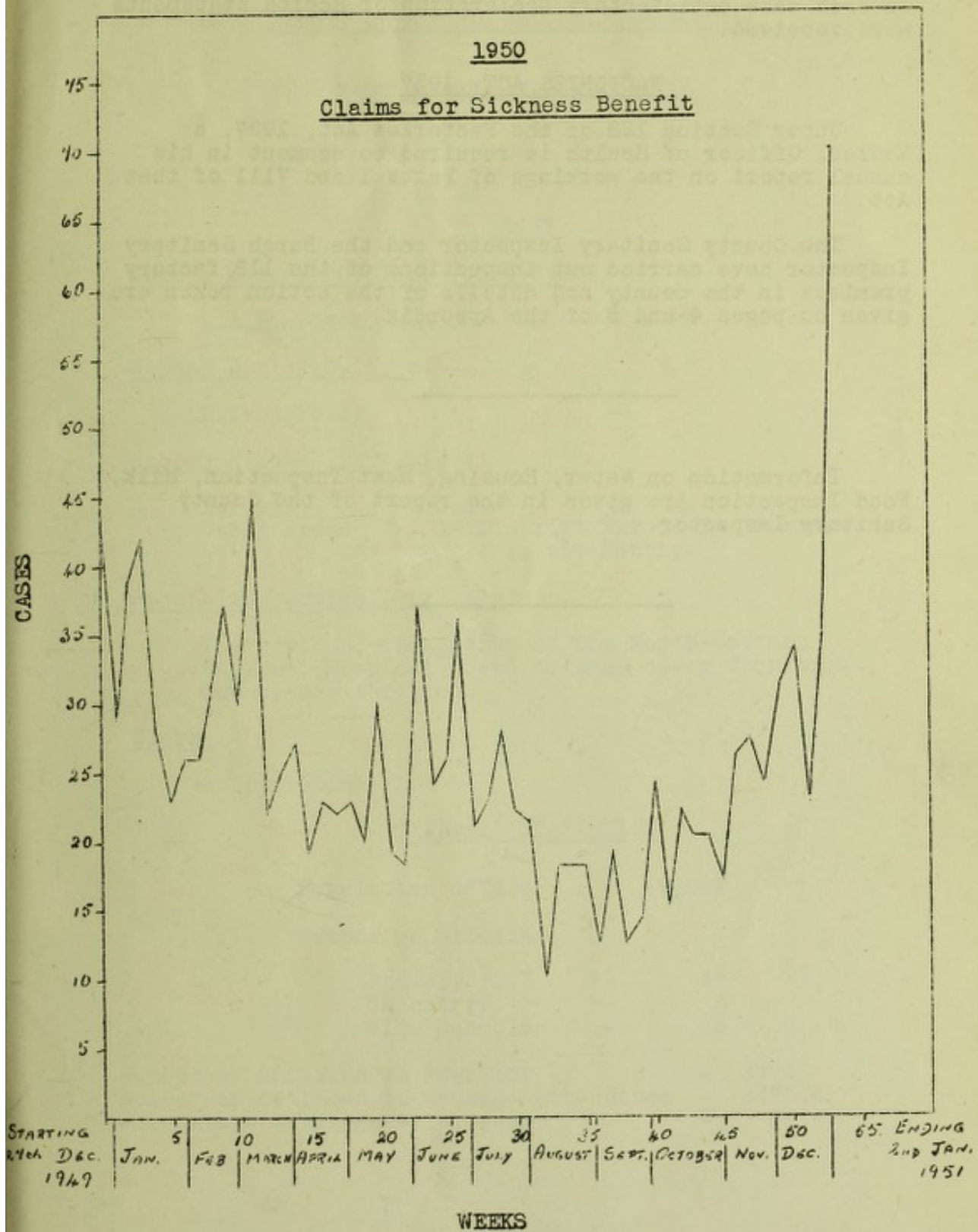
Disease	At all ages	-1	1-	5-	15-	25-	45-	Received hospital treatment
<u>Lerwick Burgh</u>								
Whooping Cough	20	1	9	10	-	-	-	-
Poliomyelitis	2	-	-	1	1	-	-	2
Measles	1	-	-	-	-	1	-	-
Total	23	1	9	11	1	1	-	-
<u>Mainland</u>								
Puerperal Pyrexia	1	-	-	-	-	1	-	-
Whooping Cough	21	-	8	13	-	-	-	-
Cerebro-spinal Fever...	1	-	-	-	-	1	-	-
Poliomyelitis	1	-	-	1	-	-	-	-
Total	24	-	8	14	-	2	-	-
<u>North Isles</u>								
Scarlet Fever	4	-	-	4	-	-	-	-
Acute Primary Pneumonia	2	-	1	-	1	-	-	-
Whooping Cough	1	-	1	-	-	-	-	-
Erysipelas	2	-	-	-	-	-	2	-
Total	9	-	2	4	1	-	2	-

There were three cases of poliomyelitis during the summer.

During the last three weeks of the year there started a widespread influenzal epidemic which affected practically every part of the county.

The graph on the following page shows the number of new claims for sickness benefit in this county made to the Ministry of National Insurance each week. The graph gives some idea of the varying amount of ill health in the community at different times of the year.

This graph shows the explosive suddenness of the influenzal outbreak at the end of the year.



Port Sanitary Regulations

During the year 382 vessels made a port in Shetland their first port of call after leaving a foreign country. In each case satisfactory Declaration of Health statements were received.

FACTORIES ACT, 1937

Under Section 128 of the Factories Act, 1937, a Medical Officer of Health is required to comment in his annual report on the workings of Parts I and VIII of that Act.

The County Sanitary Inspector and the Burgh Sanitary Inspector have carried out inspections of the 118 factory premises in the county and details of the action taken are given on pages 4 and 5 of the Appendix.

Information on Water, Housing, Meat Inspection, Milk, Food Inspection are given in the report of the County Sanitary Inspector.

REPORT ON SCHOOL MEDICAL INSPECTIONYear ended 31st July, 1950STAFFSchool Medical Officer (part-time):-

S.A.B. Black, M.D., D.P.H., D.T.M.&H.

School Dental Officer:-

Alfred Young.

School Nurses (part-time):-

Lerwick - One.
 Other Areas - 19 District Nurses in 19 areas
 in the County.

Specialist Medical Officers:-

The various consultants of the North-Eastern
 Regional Hospital Board to whom cases from this
 County are referred.

Clerks:-

2 (part-time)

GENERAL STATISTICS

Population of Area - 19,869

Number of Schools:-

Primary	-	47
Secondary	-	8
Side Schools	-	5

Number of children on register	-	2773
Number of children in average attendance	-	2470.4
Percentage attendance for year	-	89.4

SYSTEM AND EXTENT OF MEDICAL INSPECTION

During the school year ending July, 1950, all schools were visited for medical inspection of the pupils except the school in Fair Isle and the school in Foula.

Pupils in the following age groups were given routine school medical examination:-

- (I) All entrants and pupils not previously subjected to routine school medical inspection.
- (II) Pupils born in 1943 (examined for visual acuity and hearing only).
- (III) Pupils born in 1941.
- (IV) Pupils born in 1937.
- (V) Pupils born in 1934.

Table 1 of this report shows that 1132 children in these groups were given systematic examination. This figure is 154 more than last year.

178 children not in the age groups were re-examined on account of some defect or possible defect noted at previous examinations. 30 of these children were found to require some treatment, and their parents were informed.

53 children missed routine inspection through being absent on the day of the examination, so that 95 per cent of children due for routine examination were actually seen.

This percentage has shown very little variation in the past few years; it is however 1 per cent higher than the previous best year.

School Dental Inspection

Mr. Young has made a separate report which will be found on page 25.

94 per cent of pupils on the school register were examined by the School Dental Officer during the year. As in other counties in recent years the demand for dental treatment of school children is greater than can be met, despite the large numbers treated. The need for more dental treatment is most obvious in the islands of Unst and Yell.

In each of the past two years nearly three times as many children have been given dental treatment by the school dentist as in any previous years. The need is probably no greater than in the past, but the public are now more aware of the benefits of dental treatment.

Attendance of Parents at Inspections

Parents or other relatives of children attended with 261 of the children receiving routine inspection. Parents attended with 60 per cent of children examined in the entrance group.

THE FINDINGS OF MEDICAL INSPECTION

THE FINDINGS OF MEDICAL INSPECTION

Table 11 (page 18) shows in detail the number of defects discovered at systematic inspection under separate headings.

As in previous years there are no figures which are unusual or which call for much comment.

Cleanliness. Head nits were found on 24 children (3.0%). The incidence has been practically unchanged for the past three years. The incidence is less than it was some years ago, and is half the incidence found in schools in Scotland as a whole, but it could be reduced further.

Skin conditions were uncommon, and once again no cases of scabies were detected among the children receiving routine inspection, (though on one occasion a case was detected in a child at school who was not due for examination). School nurses are equipped to treat minor cases of impetigo or scabies should they detect any among school children.

Nutritional state. 16 children (2.0%) were considered to be showing signs of slightly defective nutrition, as compared with 2.6 per cent last year. There has been a distinct improvement in nutritional state since the writer first examined school children in this county in 1945, but the change has been less noticeable in the last two years.

Mouth and Teeth. 19 children showed an unusually unhealthy state of the mouth. This is a similar number to that found last year, but half the number found with this defect in 1948. The number could have been greater had not several cases received dental treatment shortly before their routine school inspection. A tendency for the first set of teeth to decay unusually rapidly exists in this county.

Naso-Pharyngeal Conditions. Defective conditions of the ear, nose and throat continue to be uncommon, and in this respect children in Shetland show a far lower incidence than do pupils further south. Figures for ear, nose and throat conditions were very similar to those found in the previous year.

Eye Conditions. 61 children (7.3%) were found to require examination with a view to the provision of glasses. In last year's report it was explained that this figure is a little higher than is the case in most other areas. Last year 15.4 per cent were found to require refraction. The reduction to a more usual figure may mean that we have caught up on arrears caused by the difficulty of obtaining glasses which was so marked a year ago.

There has been a welcome improvement in the facilities for obtaining glasses for children, and far fewer complaints of delay were received by the School Medical Officer. There are still a few cases where some delay occurs in obtaining spectacles.

When a child requires examination of the eyes the parents are informed that this can be done by asking the School Medical Officer to make an appointment with Dr. Law from Aberdeen who visits Lerwick twice a year, or that they can obtain treatment through the Supplementary Ophthalmic Service. Some/

Some parents made use of this service, and others took advantage of Dr. Law's visits.

This year the manufacturers in the south were able to handle orders with less delay and on the whole things ran smoothly.

There are no other points in the findings of medical inspection calling for any comment. (See Table 11 and Table 111 on pages 18 and 22). Table 111 classifies the children into groups in accordance with the severity of the defects discovered. It is very similar to the equivalent table in the last two reports, and compares favourably with the equivalent table for Scotland as a whole.

The table of average weights and heights gives almost identical figures to the table for the previous year except for one strange difference. This year girls in the fourth age group (average 13 years 8 months) are somehow distinctly heavier. I do not know why this one group only should average a whole 6 lbs. heavier than the same group last year.

TABLE 1/

TABLE 1

Total number of children examined at:-

(A)		Systematic Examinations:-	Other systematic Examinations:-
Ordinary Schools	(Entrants	295	-
	(Second Age Group	320	-
	(Third Age Group	245	-
	(Fourth Age Group	118	-
	(Fifth Age Group	-	-
Secondary Schools	(Fourth Age Group	129	-
	(Fifth Age Group	25	-
		<u>1132</u>	<u>-</u>
(B) Other examinations:-		Special cases	46
		Re-inspections by Medical Officer	<u>132</u>
			<u>178</u>

Number of individual children inspected at systematic examination, who were notified to parents as requiring treatment (excluding uncleanliness and dental caries):-

Entrants	-	15
Second Age Group	-	24
Third Age Group	-	21
Fourth Age Group	-	29
Fifth Age Group	-	5
Other systematic examinations	-	-
		<u>94</u>

TABLE 11/

[illegible]

TABLE 11 (Cont'd.)

Nature of Defect	Total defective at all ages	Entrants		Third Age Group		Fourth Age Group		Fifth Age Group		All Ages			
		Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls		
(b) Acquired (Infantile Paralysis)	-	-	-	-	-	-	-	-	-	-	-		
(c) Acquired (probable) rickets	5 0.6	1 0.6	1 0.7	2 1.7	1 0.8	-	-	-	-	3 0.7	2 0.5		
(d) Acquired (other causes)	1 0.1	-	-	1 0.8	-	-	-	-	-	1 0.3	-		
15. Infectious diseases	-	-	-	-	-	-	-	-	-	-	-		
16. Other diseases or defects	2 0.2	-	-	-	1 0.8	-	1 0.8	-	-	-	2 0.5		
8. (b) Visual Acuity:													
Nature of Defect.	Total defective at all ages	Entrants		Second Age Group		Third Age Group		Fourth Age Group		Fifth Age Group		All Ages	
		Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Total number subjected to routine vision testing:													
		1	3	150	170	120	121	116	125	10	15	397	434
Visual acuity:													
Fair	78 9.4	-	-	18 12.0	21 12.4	11 9.2	9 7.4	4 3.5	12 9.6	1 10.0	2 13.3	34 8.6	44 10.1
Bad	62 7.5	-	1	8 5.3	9 5.3	7 5.8	11 9.1	10 8.6	10 8.0	2 20.0	4 26.7	27 6.8	35 8.1
Number recommended for refraction													
	61 7.3	-	2	13 8.7	10 5.9	6 5.0	5 4.1	8 6.9	12 9.6	-	5	27 6.8	34 7.8

Table of Average Age, Weight and Height of
Children Examined at Systematic School Medical
Inspection During the Year Ended 31st July,
1950

<u>Group</u>	<u>Average Age</u>		<u>Average Weight</u>	<u>Average Height</u>
	<u>Years</u>	<u>Months</u>	<u>in lbs</u>	<u>in inches</u>
<u>Entrants:-</u>				
Males	5	9.0	46.8	45.0
Females	5	9.6	46.4	44.1
<u>Third Age Group:-</u>				
Males	9	6.2	69.1	53.7
Females	9	6.8	68.9	53.6
<u>Fourth Age Group:-</u>				
Males	13	5.2	101.4	60.0
Females	13	8.8	111.5	62.9
<u>Fifth Age Group:-</u>				
Males	16	8.1	143.8	68.1
Females	16	8.9	127.9	65.2

TABLE 111

Systematic Medical Examinations

Group	Entrants		3rd age group		4th age group		5th age group		Total
	No. of children	% of the children	No. of children	% of the children	No. of children	% of the children	No. of children	% of the children	
1	261	88.48	209	85.31	203	82.19	15	60.00	688
" 11(a)	2	0.68	4	1.63	12	4.86	5	20.00	23
" 11(b)	7	2.37	2	0.82	2	0.81	-	-	11
" 11(c)	-	-	-	-	-	-	-	-	-
Total	9	3.05	6	2.45	14	5.67	5	20.00	34
" 111	9	3.05	14	5.71	13	5.26	4	16.00	40
" 1V(a)	14	4.74	15	6.12	14	5.67	1	4.00	44
" 1V(b)	2	0.68	1	0.41	3	1.21	-	-	6
Total	16	5.42	16	6.53	17	6.88	1	4.00	50

Total No. of children examined 295

Definitions of each Group:- 1. Children free from defects. 11(a) Defective vision not worse than 6/12 in the better eye with or without glasses. 11(b) Condition of the mouth and teeth requiring treatment. 11(c) Both (c) and (b). 111. Children suffering from ailments (other than those mentioned in 11) from which a complete recovery is anticipated within a few weeks. 1V(a) Where complete cure or restoration of function (in case of eye defect, full correction) is considered possible. 1V(b) Where improvement only is considered possible, e.g. without complete restoration of function. 1V(c) Where improvement only is considered possible, e.g. Children in the 2nd Age Group are examined for visual acuity only and are therefore not classified into groups.

295	100.00	245	100.00	247	100.00	25	100.00	812	100.00
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TABLE IV

Return of ALL Exceptional Children of School Age in the Area

Disability.	At ordinary schools	At special schools or classes.	At no school or institution.	Total.
1. Blind	-	1	1	2
2. Partially sighted:				
(a) Refractive errors in which the curriculum of an ordin- ary school would adversely affect the eye condition	1	-	-	1
(b) Other conditions of the eye, e.g. cataract, ulceration, etc., which render the child unable to read ordin- ary school books or to see well enough to be taught in an ordinary school	-	-	-	-
3. Deaf:				
Grade 1	-	-	-	-
" 11(a)	-	-	-	-
" 11(b)	1	-	-	1
" 111	-	2	-	2
4. Defective speech:				
(a) Defects of articulation requiring special educ- ational measures	-	-	-	-
(b) Stammering requiring special educational measures	-	-	-	-
5. Mentally defective: (Children between 5 and 16 yrs.)				
(a) Educable	2	1	-	3
(b) Ineducable	2	-	11	13
6. Epilepsy				
(a) Mild and occasional	-	-	-	-
(b) Severe (suitable for care in a residential school)	-	-	-	-
7. Physically Defective:				
(Children between 5 and 16 yrs.)				
(a) Non-pulmonary tuberculosis- (excluding cervical glands)	-	-	-	-
(b) General orthopaedic conditions	-	1	-	1
(c) Organic heart disease	-	1	-	1
(d) Other causes of ill health-	-	-	-	-
8. Multiple defects	1	2	-	3

T A B L E VDental Inspection and Treatment

Number of children who were:-

(1) Inspected by dental officer:-

Age.	(a) Systematic Examinations.	(b) Special and Emergency cases.	Total
5 - 6	537)	537
7 - 8	263)	263
8 - 9	281)	281
9 - 10	271)	271
10 - 11	285	14)	285
11 - 13	258)	258
13 - 14	250)	250
14 - 15	262)	262
15 and over	139)	139
	<u>2546</u>	<u>14</u>	<u>2560</u>

- (2) Found to require treatment 1627
- (3) Actually treated by
Dental Officer 1440
- (4) Number of attendances made by
children for treatment (No record)
- (5) Fillings:-
(a) Permanent teeth 1341
(b) Temporary teeth 1321
- (6) Extractions:-
(a) Permanent teeth 84
(b) Temporary teeth 1832
- (7) Number of administrations of a
general anaesthetic 7
- (8) Other operations:-
(a) Permanent teeth)
(b) Temporary teeth)
21 children whose teeth
were missing or too
badly decayed for
filling had dentures
fitted.
- (9) Number of half-days devoted to inspection - 104
Number of half-days devoted to treatment - 356
- (10) Number being treated under private arrangement- 180
- (11) Complete refusal of treatment - 7.
- (12) Children visiting Saturday 'open' clinic for treatment
numbered 557. These were treatments given apart from those
found necessary following school inspection and done in schools
or at the clinic by arrangement.

DENTAL REPORT FOR SCHOOL YEAR ENDING JULY, 1950by Alfred Young, School Dental Officer

During the past year all schools in the County, including the islands, have been visited by me, less two.

Number of children examined	- 2,546
Number of children treated	- 1,627
Children having work done by private dentist	- 180
Children refusing treatment	- 7

	Permanent.	Temporary.
Fillings	1,341	1,321
Extractions	84	1,832
Scalings		374

Treatment of Eugenol & Dentol solution - 834 teeth.

When the School Dental Service was taken over by me fully two years ago, I found 87 per cent of those examined showed signs of dental caries in some form. At the end of two years a substantial decrease in that figure has been made. There can be no doubt that this marked improvement in the teeth of the children is due to regular and systematic examination and treatment.

The opening of the Dental Clinic on Saturdays has been greatly appreciated by the parents, as they can bring their children for treatment, many of them being from the country.

The number of children treated at the Clinic on Saturdays during the past year is 512.

Owing to damage and decay of teeth past treatment, 21 pupils have been or are being fitted with part dentures.

3 children attending schools in the south have had dental treatment while at home on holiday in Shetland, and 2 disabled boys unable to attend school have also been treated.

Since a notice appeared in the local papers, advising mothers to take their young children (who are still not at school) to the Dentist, 29 children have visited the Clinic; 23 of those have had treatment. I would advise mothers to bring the child at frequent intervals for inspection and for silver nitrate treatment if there are signs of etching of the enamel surface.

As I have already pointed out, many of the country schools still have no suitable accommodation for Dental Service, passages having to be used, within hearing of the other children. The teachers do all they can to make the existing accommodation as suitable as possible.

On making my report I would like to thank all the teachers, also Nurse M. Shearer for the valuable help given me during the past year.

APPENDIXMATERNITY AND CHILD WELFAREHome 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	10	28
Infants	120	417
Children (1-5 years)	133	405

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

	<u>No. visited for first time.</u>	<u>Total Visits</u>
Expectant mothers	215	1413
Infants	185	1809
Children (1-5 years)	131	2273

BIRTHS DURING 1950

(1)	Total number of live births during year (before correction for mother's residence)	- 305
	Total number of stillbirths	- 3
(11)	Total number of births in (1) occurring in institutions	- 216
(111)	Total number of births occurring at home:	
	Doctor present	- 67
	Doctor not present	- 25

TUBERCULOSISNUMBER OF CASES DIAGNOSED AS SUFFERING FROM TUBERCULOSIS

	<u>Males</u>	<u>Females</u>	<u>Total</u>
Respiratory	13	12	25
Non-Respiratory	1	3	4
Total	14	15	29

NUMBER OF CASES WITH THEIR HOME RESIDENCE IN THE AREA
WHO RECEIVED TREATMENT IN SANATORIA OR OTHER INSTITUTIONS

		<u>Respiratory</u>		<u>Non-Respiratory</u>	
		<u>Males</u>	<u>Females</u>	<u>Males</u>	<u>Females</u>
In Institutions on					
January 1st: Adults		12	16	3	5
Children		1	-	-	-
Admitted during					
the year: Adults		16	18	8	-
Children		-	-	1	-
Discharged during					
the year: Adults		16	18	9	4
Children		1	-	1	-
Died in					
Institutions: Adults		2	4	-	-
Children		-	-	-	-
In Institutions on					
December 31st: Adults		10	12	2	1
Children		-	-	-	-

NUMBER OF PERSONS RESIDENT IN THE
AREA AT 31st DECEMBER, 1950, WHO WERE KNOWN TO
BE SUFFERING FROM TUBERCULOSIS

<u>RESPIRATORY</u>	<u>Males</u>	<u>Females</u>	<u>Total</u>
1. Sputum or other material examined and tubercle bacilli found	54	35	89
2. Sputum or other material examined and tubercle bacilli never found	16	14	30
3. Sputum or other material not examined	15	24	39
<u>NON-RESPIRATORY</u>			
1. Abdominal	4	11	15
2. Spine	5	8	13
3. Bones and joints (exclusive of spine)	10	4	14
4. Superficial glands	2	7	9
5. Lupus	1	3	4
6. Other parts or organs	8	5	13

Prescribed particulars on the administration of the
Factories Act, 1937

County of Zetland (Excluding Burgh of Lerwick)

Part 1 of the Act

1. INSPECTIONS for purposes of provisions as to health
(including inspections made by Sanitary Inspectors)

Premises	Number on Register.	Number of		
		Inspections.	Written notices.	Occupiers prosecuted
i)Factories in which Section 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	55	42	12	-
ii)Factories not included in (i) in which Section 7 is enforced by the Local Authority	-	-	-	-
iii)Other Premises in which Section 7 is enforced by the Local Authority (ex- cluding out-workers' premises)	-	-	-	-
TOTAL	55	42	12	-

2. CASES IN WHICH DEFECTS WERE FOUND

Partic- ulars.	Number of cases in which defects were found.			Number of cases in which prosecutions were instituted	
	Found.	Remedied.	Referred To H.M. Inspector	by H.M. Inspector	
Want of cleanliness	11	11	-	1	-
Overcrowding	-	-	-	-	-
Unreasonable temperature	-	-	-	-	-
Inadequate ventilation	-	-	-	-	-
Ineffective drainage of floors	-	-	-	-	-
Sanitary Conveniences					
(a)insufficient	2	2	-	-	-
(b)unsuitable or defective	-	-	-	-	-
(c)not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to outwork)	3	3	-	-	-
TOTAL	16	16	-	1	-

Prescribed particulars on the administration of the
Factories Act, 1937

Burgh of Lerwick

Part 1 of the Act

1. INSPECTIONS for purposes of provisions as to health
(including inspections made by Sanitary Inspectors)

Premises	Number on Register.	Number of Inspections.	Number of Written notices.	Occupiers prosecuted
i)Factories in which Section 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	63	59	-	-
ii)Factories not included in (i) in which Section 7 is enforced by the Local Authority	-	-	-	-
iii)Other Premises in which Section 7 is enforced by the Local Authority (ex- cluding out-workers' premises)	-	-	-	-
TOTAL	63	59	-	-

2. CASES IN WHICH DEFECTS WERE FOUND

Partic- ulars.	Number of cases in which defects were found.				Number of cases in which prosecutions were instituted
	Found	Remedied.	Referred To H.M. Inspector	by H.M. Inspector	
Want of cleanliness	1	1	-	-	-
Overcrowding	-	-	-	-	-
Unreasonable temperature	-	-	-	-	-
Inadequate ventilation	-	-	-	-	-
Ineffective drainage of floors	-	-	-	-	-
Sanitary Conveniences					
(a)insufficient	-	-	-	-	-
(b)unsuitable or defective	1	1	-	-	-
(c)not separate for sexes	1	-	-	-	-
Other offences against the Act (not including offences relating to outwork)	-	-	-	-	-
TOTAL	3	2	-	-	-