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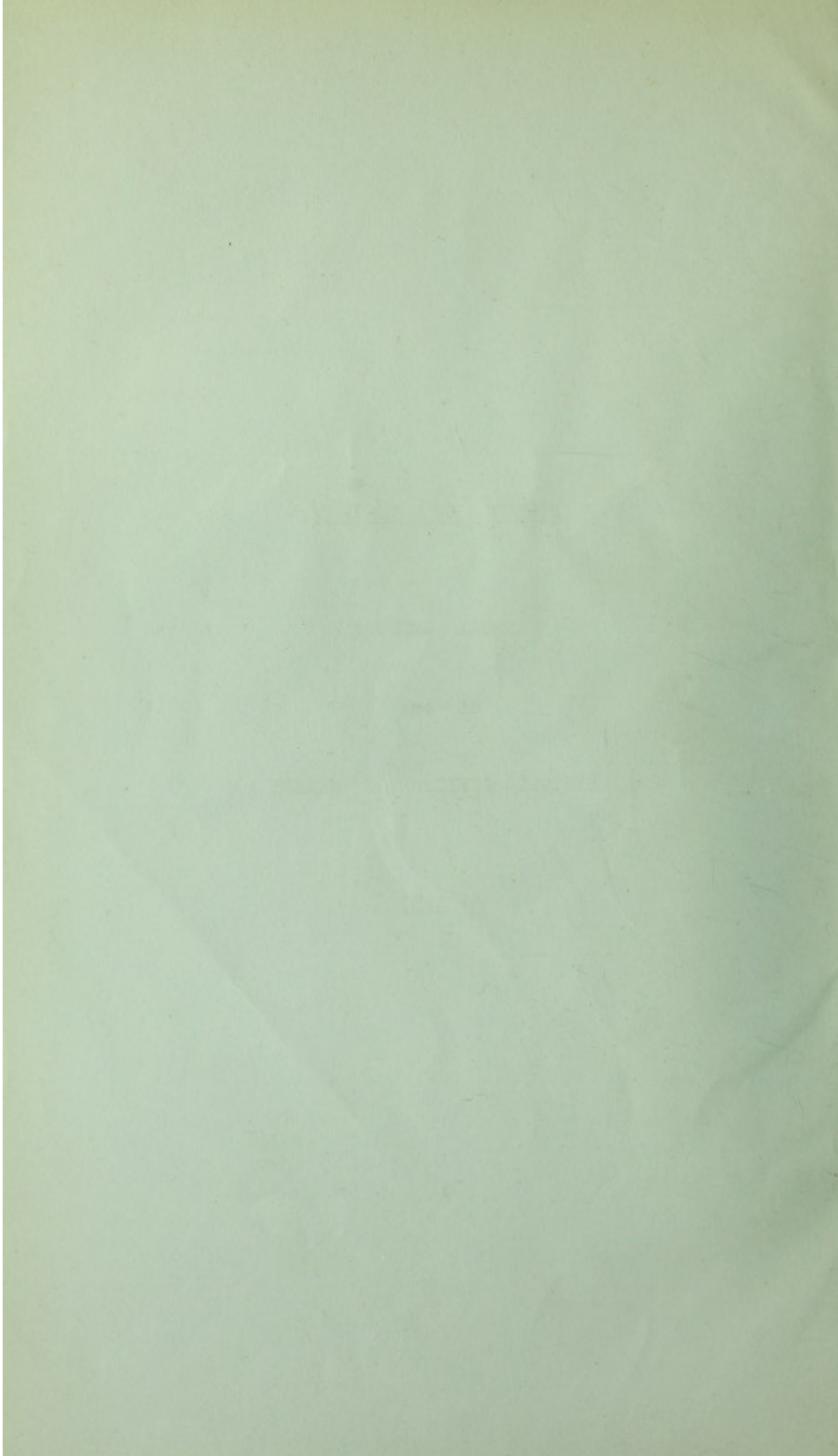
COUNTY OF ZETLAND

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

1953



Public Health Office,  
Brentham Place,  
LERWICK, August, 1954.

To


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

Ladies and Gentlemen,

I beg to submit my Annual Report on the Public  
Health Administration of the County for the year 1953.

I am,  
Your obedient Servant,

S.A.B. Black,  
Medical Officer of Health.



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## VITAL STATISTICS

The following is a summary of the principal statistics for the year 1953. Figures for the years 1951 and 1952 are given for comparison. The figures given are corrected for transfers.

	<u>Zetland</u>			<u>Scotland</u>
	<u>1951</u>	<u>1952</u>	<u>1953</u>	
Population (estimated) .....	19,475	19,058	18,949	
Crude death rate per 1,000 population .....	17.6	16.0	15.2	
Death rate adjusted for age and sex distribution .....	11.4	10.4	9.9	11.5
Live births (including illegitimate) .....	305	281	300	
Birth rate (per 1,000 population) .....	15.7	14.7	15.8	17.8
Illegitimate birth rate (per 100 births) .....	4.3	3.2	3.7	4.7
Infant mortality rate .....	20	25	3	30
Deaths from tuberculosis (all forms) .....	10	6	3	
Death rate from tuberculosis (all forms) .....	0.51	0.31	0.16	0.26
Deaths from pulmonary tuberculosis .....	8	-	2	
Death rate from pulmonary tuberculosis .....	0.41	-	0.11	0.23
Deaths from principal epidemic diseases .....	18	9	1	
Death rate (per 1,000 population) from principal epidemic diseases .....	0.92	0.47	0.05	0.08



The Registrar General's estimate of the population of the county in the middle of the year 1953 is 18,949 which is a decrease of 109 on the estimated population in 1952.

The crude death rate is 15.2; the average rate for the previous five years was 16.7. The death rate corrected for age and sex distribution is 9.9; the average figure for the past five years was 10.8.

For the first time since 1947 the number of live births (300) exceeded the number of deaths (288). In the previous five years (1948-1952 inclusive) there were 142 more deaths than births.

As explained in previous reports the death rate is well below the replacement level and even if all emigration from the county were to cease a drop in the population would still be inevitable.

There was only one death of an infant under one year of age, and consequently the infant mortality rate (3 per 1,000 live births) is the lowest ever recorded for the county.

In dealing with such a small number of births a truer picture is obtained by considering the average infant mortality rate for a five year period. This figure for the years 1949-53 is 22; (the rate for Scotland in 1953 was 30). The table on page 4 gives further information about stillbirths and infant and neo-natal deaths in recent years.

There were three deaths from tuberculosis during the year, and the death rate for this disease is now down to 0.16 per 1,000 population, and is the lowest ever recorded.

When dealing with a small unit of population it is possible occasionally to achieve flattering figures such as we have done this year - (only one infant death, and only three deaths from tuberculosis) - but again the average rate over a period of years should be studied to get an honest picture of conditions. The tuberculosis death rate (all forms) for the five year period 1949-53 was 0.48, which is very nearly the same as the quinquennial average rate for Scotland during this period.

However, the record low mortality rate for the past two years, 0.31 and 0.16 is encouraging.

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.	76	26%
Malignant neoplasms	56	19%
<b>Vascular lesions affecting central nervous system</b>	<b>51</b>	<b>17%</b>
Senility	20	7%
"Other violence"	10	3%

This/

This table shows some increase in the proportion of deaths caused by malignant neoplasms (cancer) - 19%; for the past several years this figure has been around 13%.

The following table shows the number of deaths at various ages from all causes. More than half of the deaths in the county were among persons over 75 years of age. About one fifth of those dying were under 65 years of age.

1953

Number of Deaths

All ages	288
- 1	1
1 - 4	-
5 - 9	-
10 - 14	1
15 - 24	4
25 - 34	3
35 - 44	11
45 - 54	20
55 - 64	26
65 - 74	71
75 - 84	102
85 and over	49

CARE OF MOTHERS AND YOUNG CHILDREN

The Local Authority's ante-natal clinic at Hillhead was attended by 389 different expectant mothers and children.

In the country districts the District Nurses recorded 5,885 welfare visits to 1,010 different pre-school age children.

Maternity outfits are provided by the District Nurses to expectant mothers when required.

The table below shows figures in recent years for stillbirths, neo-natal deaths, and total deaths of infants under one year of age. By "neo-natal deaths" is meant deaths of infants during the first month after birth. It is during this period that most infant deaths occur and prematurity is the cause of most of these deaths. As over 70% of our maternity cases occur in hospital in this county/



county most premature infants receive hospital care.

The Nursing Service has available equipment in stock for the special nursing of premature infants who may be born at home.

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

	<u>Births</u> <u>(Corrected for</u> <u>transfers)</u>	<u>Still-</u> <u>births.</u>	<u>Total</u> <u>Deaths</u> <u>under</u> <u>1 year.</u>	<u>Neo-Natal</u> <u>Deaths.</u>	<u>Infant</u> <u>Mortality</u> <u>Rate.</u>
1945	391	4	10	4	34
1946	318	10	13	10	41
1947	366	14	11	6	30
1948	328	5	14	9	47
1949	321	6	9	3	28
1950	308	3	11	10	36
1951	305	8	6	4	20
1952	281	8	7	6	25
1953	300	9	1	1	3

In Lerwick the Infant Welfare Centre issues vitamin preparations and welfare foods for children. In country districts the District Nurses supply these to mothers. In 1954 the Local Authority will become directly responsible for issuing these welfare foods when the Ministry of Food hands over this responsibility.

#### DENTAL CARE OF PRE-SCHOOL CHILDREN

In last year's report the difficulty of providing an adequate preventive dental service was explained. In 1953 the number of pre-school children treated by the School Dental Officer was 14. More examinations and treatments of pre-school children will be possible if the Local Authority succeeds in its efforts to recruit a second dental officer.

#### MIDWIFERY

The table on the next page shows that only in Yell, Whalsay and Unst do mothers continue to have their infants in their own homes. On Shetland Mainland and Burra Isle and also in the smaller remote islands most of the confinements are booked into the Maternity Annexe, which during the year handled 71% of all confinements.

#### Births during 1953/



Births during 1953

<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	13	2	Papa Stour	1	-
Bressay	3	-	Sandsting	16	-
Delting	6	3	Sandwick	9	1
Dunrossness	11	4	Skerries	-	2
Fair Isle	1	-	Tingwall	33	4
Fetlar	1	1	Trondra	-	-
Foula	2	-	Unst	-	10
Gulberwick, Quarff	2	-	Walls, Sandness	7	2
Lerwick	93	10	Whalsay	1	14
Nesting, etc.	4	5	Yell	3	19
Northmavine	9	6			

32 midwives notified their intention to practise midwifery in the county during the year.

During the year there were no cases of puerperal pyrexia or puerperal fever. There were no deaths of mothers as a complication of childbirth.

HEALTH VISITING AND HOME NURSING

Our District Nursing staff combine the duties of Health Visitors and District Nurses. In recent years there has been much discussion about the duties of Health Visitors, about their training, and about their co-operation with practitioners. From reading reports in the medical press it seems that in various places in the south there is often poor co-operation between whole-time local authority Health Visitors and the general practitioners.

We are fortunate in avoiding any such difficulty. In thinly populated rural counties it is quite possible to combine a health visitor's duties with home nursing duties and with a limited amount of midwives duties. The combination of duties is in fact an advantage. A nurse who is well known to a family and is accepted by them as a friend and helper in times of illness is likely to have far more prestige in the household than a person who is solely engaged in the work of a health visitor. In practice we find that District Nurses can use their considerable influence to teach infant welfare, general hygiene, and tuberculosis precautions.

It is doubtful if they would have as much authority if their ordinary nursing duties did not give them welcome access to the house. The combining of Home Nursing and Health Visitor work also has the advantage that the nurse is working in close contact with the practitioner and thus the family doctor becomes associated with the nurse's public health duties.

Some statistics of the work done by District Nurses are given in the Appendix of this report. The number of home nursing visits performed by our staff of nineteen nurses totalled 34,372.

We are now fortunate in having a more settled staff of District Nurses. Eleven nurses have been with us for more than five years, and six others for over three years.

There is difficulty in filling posts in outlying small islands and it is only with difficulty that we are able to recruit/



recruit relief nurses for holiday relief work. During 1953 eleven different nurses were employed for extra holiday relief work; some of these were nurses from the south, others were retired nurses living in the county.

The County Council continued with its policy of trying to improve the conditions under which the nurses live and work. During 1953 one new Nurses' house at Bridge of Walls was completed and was occupied by the two nurses who work in Sandsting and Aithsting. This is the fifth house that has been made available since the Local Authority took over the running of the Nursing Service.

The Nursing Service is supplied with a fleet of fifteen cars. One new car was purchased in 1953, bringing the total of new cars bought since 1948 up to fifteen.

#### CARE OF THE AGED. DOMESTIC HELP SCHEME

A scheme for the provision of domestic help to households requiring such help for medical reasons received approval in April, 1953.

During the year a start was made in trying to provide such help for aged persons who could not be looked after in hospital.

There are approximately 600 persons over 80 years of age in the county, and there are about 1,500 persons between the ages of 70 and 80.

Several of these people require help if they are to manage to live in their own homes. Only a small proportion of them can be cared for in institutions. Welfare Officers have difficulty in country areas in recruiting anybody to work as "home-helper." Fortunately good neighbours and relatives give valuable assistance in most cases.

There are a few people who are under the wrong impression that a domestic help scheme is an arrangement by which one can get paid for carrying out one's ordinary family obligations towards aged relatives. The scheme has proved helpful in a few very deserving cases. We have yet a lot to learn about how to work such a scheme under the difficult circumstances that exist here.

#### VACCINATION and IMMUNISATION

Returns from practitioners show that only 18 vaccinations against smallpox were made in 1953 under the County Council's scheme. Fourteen of these were primary vaccinations. It is probable that many other vaccinations were done by practitioners privately; such vaccinations would not normally need to be notified to the Public Health Office.

Vaccination during infancy is advisable. It makes subsequent re-vaccination safer and easier. It is a pity that so many parents are content to leave their children unvaccinated until adolescence when they have to submit to primary vaccination on being called up for national service, or when going to sea, or on entering the nursing profession.

Diphtheria immunisations are given by practitioners who hold immunising sessions at country schools. The Medical Officer of Health immunises children at Lerwick Central School and at the Welfare Clinic. Figures for Diphtheria Immunisations done during 1953 are given on the following page./



	<u>Number given course of two injections</u>	<u>Number given Re-inforcing dose</u>
Lerwick Child Welfare Centre	52	-
Lerwick Central Public School	82	134
By Practitioners	<u>164</u>	<u>242</u>
	<u>238</u>	<u>376</u>

#### PREVENTION OF ILLNESS, CARE, and AFTER CARE

This is the heading under which I am asked to report on preventive measures against tuberculosis.

On page 2 of this report it has already been explained that for the second year in succession the county has had its record low tuberculosis death rate. Throughout the country there has been a reduction in mortality in recent years. The use of new drugs and the success of surgical treatment has brought this about. In Scotland the percentage reduction in the crude death rate from tuberculosis from 1949 to 1952 has been 54 per cent.

In this county there is another factor apart from treatment that is having a marked effect on the tuberculosis figures. There is now far less opportunity of acquiring infection than there used to be. The number of notifications of new cases are fewer.

A simple skin test can show whether a child's body defences have yet encountered a tubercle germ or not. A "positive" result from the test shows that the child has at some time encountered a tubercle germ. Many thousands of children have been tested in this way in Britain. The samples tested show differences in different parts of the country, but it is quite usual in the south for about 10% to 20% of children to be positive to the test on going to school and for about 50% to be positive by the time they leave school.

During the period from September, 1952 to June, 1953 over 2,000 children in Shetland schools were tuberculin tested, and we found that only 7% of children of all ages showed evidence of ever having encountered any tubercle germs. This means that there is now far less opportunity of acquiring a tuberculous infection in Shetland than there is in the south.

This is satisfactory, but it creates a problem. It means that our population of young adolescents will go south for national service or for university or technical training without having acquired any naturally developed resistance to the disease, and they will do this at a most susceptible age for acquiring infection.

For this reason it is most desirable that as many school leavers as possible be given B.C.G. vaccine to increase their resistance to tuberculosis.

In November, 1953, the Department of Health made B.C.G. vaccine available to local authorities for immunising children about to leave school. Since then there has been a good response by parents and the vaccine has been used in several schools. Particulars of this work should, however, be given in the report for 1954.

During/

During the year there was no waiting list for admissions to the Sanatorium. 21 cases were admitted. 14 of these were re-admissions and 7 were new cases.

128 patients on the tuberculosis register were visited by District Nurses in their homes. 886 visits were made to these patients.

The chest clinic at the Sanatorium was attended by 452 out-patients during the year. (This clinic is attended by many patients other than tuberculous cases and contacts).

The table below shows the number of notifications of new cases and the number of deaths from tuberculosis in recent years. It was found necessary to give B.C.G. vaccine to four child contacts of cases notified in 1953.

Year	NOTIFICATIONS			DEATHS		
	Pulmonary	Non-Pulmonary	Total	Pulmonary	Non-Pulmonary	Total
1931-35 (Average)	31	30	61	22	11	33
1936-40	27	17	44	12	8	20
1941-45	31	10	41	13	4	17
1946-50	22	8	30	10	1	11
1951	19	2	21	9	1	10
1952	14	8	22	-	6	6
1953	8	4	12	2	1	3

Other tables containing information about tuberculosis are given in pages 2 and 3 in the Appendix of this report.



CONTROL OF INFECTIOUS DISEASES

The table below shows the number of cases of notifiable infectious diseases in the county during 1953.

Whooping cough was widespread in Whiteness, Sandsting and Aithsting at the beginning of the year, and in Yell during the autumn.

Disease	At all ages	-1	1-	5-	15-	25-	45-	Received hospital treatment
<u>Lerwick Burgh</u>								
Scarlet Fever	2	-	-	2	-	-	-	-
<u>County</u>								
Acute Primary Pneumonia	-	-	-	-	-	-	1	-
Erysipelas	-	-	-	-	-	2	-	-
Scarlet Fever	-	-	2	4	-	-	-	-
Whooping Cough	177	9	31	118	16	2	1	-
Total	177	9	33	122	16	4	2	-

There are infectious conditions causing much minor ill health which do not appear on the above table.

An epidemic of sore throats with earache as a complication occurred around Ollaberry in February. Minor epidemics of gastro-enteritis occur from time to time. These are usually of a trivial nature and are only known about after it is too late to be able to trace out the cause.

More hygienic methods of handling food and more general health education of the public would help to prevent such ailments. It is wrong to lay all the blame on those who handle food commercially. Hygiene inside the home is also of importance.

MENTAL HEALTH

There are sixteen certified mental defectives and four "home lunatics" living in the county with their relatives. These cases are visited by welfare officers and practitioners.

Certified patients sent to the Royal Mental Hospital at Montrose numbered six during the year. Other patients were treated as voluntary patients at Kingseat Hospital.

A consultant from Kingseat Hospital visits Shetland regularly. The size of the problem of looking after mentally ill patients and mental defectives is not generally appreciated. Such patients occupy about 40% of all hospital beds in Scotland, and at the end of 1951 there were 71 patients from Shetland alone in the Royal Mental Hospital at Montrose.

NURSERY AND CHILD MINDERS REGULATION ACT

There are no persons in this county paid for services given as "child minders."

REPORT ON SCHOOL MEDICAL INSPECTION

Year ended 31st July, 1953

STAFFSchool Medical Officer (part-time):-

S.A.B. Black, M.D., D.P.H., D.T.M.&amp;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 - 19,058 (at start of school year).

## Number of Schools:-

Primary	-	41
Secondary	-	13
Side Schools	-	3

Number of children on register - 2,903

Number of children in average attendance - 2,607

Percentage attendance for year 87.9



SYSTEM AND EXTENT OF MEDICAL INSPECTION

During the school year ending July, 1953, all schools were visited for medical inspection of the pupils except the schools at Papa Stour and Trondra.

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

- (I) All entrants and pupils not previously subjected to routine school medical inspection.
- (II) Pupils born in 1945 (examined for visual acuity and hearing only).
- (III) Pupils born in 1943.
- (IV) Pupils born in 1939.
- (V) Pupils born in 1936.

Table I of this report shows that 1,088 children were given systematic examination; this is 135 fewer than last year.

114 children not in the age groups for examination were re-examined on account of some possible defect noted at previous examinations. 61 children missed routine examination through being absent on the day of the examination, so that 93 per cent of those due for examination were actually examined. This percentage has shown very little variation in the past eight years.

Parents or other relatives attended with 277 of the children receiving routine inspection.

THE FINDINGS OF MEDICAL INSPECTION

Table II shows in detail under separate headings the number of defects found at systematic inspections. There are no figures that are unusual.

Cleanliness. There is an improvement in the cleanliness of children's hair. This year head nits were found in only 10 children examined at routine inspections. The District Nurses issue insecticidal hair lotions to the families showing signs of infestation, and periodically examine children at school. Their efforts are now proving more successful.

Skin Conditions and Defective Conditions of Ear, Nose and Throat both fortunately continue to be comparatively uncommon. The proportion of children showing defects under this heading in school inspections in other areas are usually far higher than our figures. It may be that these defects are more easily acquired by people living in urban conditions.

Defective Vision. Fifty five children seen at routine school inspections were recommended for refraction. In the previous two years the numbers were 77 and 87. The reduction may be due to parents becoming quicker at detecting defective vision, with the result that glasses are provided for the children before the fault is detected at a school inspection.

Table III classifies children into groups in accordance with the severity of the defects discovered. The table is similar to the equivalent table in last year's report. There is a reduction of over 2 per cent in the numbers with Group II and Group III defects, but an increase of about 2 per cent in the numbers in Group IV.



Table IV gives particulars of handicapped children in the county. The number of children educable but mentally handicapped who are at ordinary schools is nine. At the end of the school year (July, 1953) there were six children attending special schools in the south.

#### SANITATION IN SCHOOLS

The Education Authority's programme of improvements to school premises continues and a detailed statement of work done will be found on page 30 of the Annual Report of the County Sanitary Inspector.

#### SCHOOL DENTAL SERVICE

Table V gives particulars of the dental inspections and treatments given by Mr. Young before he retired at the end of the school year.

As explained in last year's report the Education Committee and the Public Health Committee have been trying to extend and improve the Local Authority's dental service to school children, pre-school children and expectant mothers. Efforts have been made to try and recruit two school dentists. If a preventive dental service is to be worked then routine treatment at an early stage of decay must be our aim, rather than providing emergency treatment for toothache.

The North Isles has not had as big a share of the School Dentist's time as other parts of the county, but this has been rectified since the end of the school year (ending July, 1953) and will be reported upon in next year's report.

The shortage of dentists in the school dental service can be seen from a table in the Report of the Department of Health, 1953 (page 121). Several local authorities have one dentist for every six, seven, or ten thousand pupils. However the report indicates that the supply of dental officers for the Local Authority services is increasing.

TABLE 1

Total number of children examined at:-

(A)	Systematic Examinations:-	Other systematic Examinations:-	
Ordinary Schools	(Entrants	312	-
	(Second Age Group	249	-
	(Third Age Group	265	-
	(Fourth Age Group	12	-
	(Fifth Age Group	-	-
Secondary Schools	(Fourth Age Group	221	-
	(Fifth Age Group	29	-
	<u>1088</u>	<u>-</u>	
	<u><u>1088</u></u>	<u><u>-</u></u>	
(B) Other examinations:-			
	Special cases	84	
	Re-inspections by Medical Officer	30	
		<u>114</u>	
		<u><u>114</u></u>	

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

Entrants	- 11
Second Age Group	- 15
Third Age Group	- 27
Fourth Age Group	- 39
Fifth Age Group	- 2
Other systematic examinations	- -
	<u>94</u>
	<u><u>94</u></u>

Of 114 children given a re-inspection or special examination 28 were notified to parents as requiring treatment, and 29 were noted for re-examination again during the school year 1953-54.





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
Conjunctivitis	-	-	-	-	-	-	-	-	-	-	-
Corneal opacities	-	-	-	-	-	-	-	-	-	-	-
Strabismus	5	2	2	-	1	-	-	-	-	2	3
Other diseases	0.6	1.2	1.4	-	0.8	-	-	-	-	0.5	0.8
(b) Visual acuity	-	See end of Table 11									
9. Ears-											
(a) Diseases:											
Otorrhoea	3	2	-	-	-	-	-	1	-	3	-
Other diseases	0.4	1.2	-	-	-	-	-	6.7	-	0.7	-
	28	1	2	3	8	10	4	-	-	14	14
	3.3	0.6	1.4	2.1	6.6	8.5	3.5	-	-	3.2	3.5
(b) Defective hearing-											
Grade I	2	1	-	1	-	-	-	-	-	2	-
	0.2	0.6	-	0.7	-	-	-	-	-	0.5	-
" II(a)	2	-	-	1	1	-	-	-	-	1	1
	0.2	-	-	0.7	0.8	-	-	-	-	0.2	0.3
" II(b)	-	-	-	-	-	-	-	-	-	-	-
" III	-	-	-	-	-	-	-	-	-	-	-
10. Speech-											
Defective articulation	3	2	-	-	-	-	1	-	-	2	1
Stammering	0.4	1.2	-	-	-	-	0.9	-	-	0.5	0.3
	1	-	-	1	-	-	-	-	-	1	-
	0.1	-	-	0.7	-	-	-	-	-	0.2	-
11. Mental and Nervous Condition-											
(a) Backward (due to irregular attendance, etc.)	1	-	-	-	1	-	-	-	-	-	1
	0.1	-	-	-	0.8	-	-	-	-	-	0.3
(b) Dull (intrinsically)	5	1	-	2	-	1	1	-	-	4	1
	0.6	0.6	-	1.4	-	0.8	0.9	-	-	0.9	0.3
(c) Mentally defective (educable)	-	-	-	-	-	-	-	-	-	-	-
(d) Mentally defective (ineducable)	2	-	-	-	1	-	1	-	-	-	2
	0.2	-	-	-	0.8	-	0.9	-	-	-	0.5
(e) Highly nervous or unstable	2	1	1	-	-	-	-	-	-	1	1
	0.2	0.6	0.7	-	-	-	-	-	-	0.2	0.3
(f) Difficult in behaviour	2	-	-	2	-	-	-	-	-	2	-
	0.2	-	-	1.4	-	-	-	-	-	0.5	-
12. Circulatory system-											
(a) Organic heart disease:											
(1) Congenital	4	-	-	1	2	-	1	-	-	1	3
	0.5	-	-	0.7	1.7	-	0.9	-	-	0.2	0.8
(11) Acquired	5	-	-	1	3	1	-	-	-	2	3
	0.6	-	-	0.7	2.5	0.8	-	-	-	0.5	0.8
(b) Functional conditions	4	1	2	1	-	-	-	-	-	2	2
	0.5	0.6	1.4	0.7	-	-	-	-	-	0.5	0.5
13. Lungs-											
Chronic Bronchitis	-	-	-	-	-	-	-	-	-	-	-
Suspected tuberculosis	-	-	-	-	-	-	-	-	-	-	-
Other diseases	6	4	1	1	-	-	-	-	-	5	1
	0.7	2.4	0.7	0.7	-	-	-	-	-	1.1	0.3
14. /											



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
14. Deformities-											
(a) Congenital	3 0.4	2	-	-	1	-	-	-	-	2	1
(b) Acquired (Infantile Paralysis)	-	1.2	-	-	0.8	-	-	-	-	0.5	0.3
(c) Acquired (probable rickets)	7 0.8	1	1	2	2	1	-	-	-	4	3
(d) Acquired (Other causes)	-	0.6	0.7	1.4	1.7	0.8	-	-	-	0.9	0.8
15. Infectious diseases	-	-	-	-	-	-	-	-	-	-	-
16. Other diseases or defects	8 1.0	2	1	3	1	1	-	-	-	6	2
		1.2	0.7	2.1	0.8	0.8	-	-	-	1.4	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:													
		4	3	137	111	141	116	118	114	14	14	414	358
Visual acuity:													
Fair	59 7.6	-	-	6	12	9	7	12	10	2	1	29	30
Bad	47 6.1	-	1	4	6	4	13	7	12	-	-	15	32
		-	33.3	2.9	5.4	2.8	11.2	5.9	10.5	-	-	3.6	8.9
Number recommended for refraction													
	55 7.1	-	1	4	11	4	10	8	15	2	-	18	37
		-	33.3	2.9	9.9	2.8	8.6	6.8	13.2	14.3	-	4.3	10.3



TABLE 111

## Systematic Medical Examinations

* Classification	Entrants		3rd age group		4th age group		5th age group		Total	
	No. of children this group	% of the children	No. of children this group	% of the children	No. of children this group	% of the children	No. of children this group	% of the children	No. of children this group	% of the children
Group 1	283	90.70	229	86.42	197	84.54	26	89.65	735	87.61
" 11(a)	-	-	4	1.51	17	7.30	2	6.90	23	2.74
" 11(b)	4	1.28	1	0.38	1	0.43	-	-	6	0.72
" 11(c)	-	-	-	-	-	-	-	-	-	-
Total	4	1.28	5	1.69	18	7.73	2	6.90	29	3.46
" 111	11	3.53	11	4.15	11	4.72	-	-	33	3.93
" 1V(a)	13	4.17	18	6.79	3	1.29	1	3.45	35	4.17
" 1V(b)	1	0.32	2	0.75	4	1.72	-	-	7	0.83
Total	14	4.49	20	7.54	7	3.01	1	3.45	42	5.00
Total No. of children examined	312	100.00	265	100.00	233	100.00	29	100.00	839	100.00

\*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 (a) 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. Children in the 2nd Age Group are examined for visual acuity only and are therefore not classified into groups.

Table of Average Age, Weight and Height of  
Children Examined at Systematic School Medical  
Inspection During the Year Ended 31st July, 1953

<u>Group</u>	<u>Average Age</u> <u>Years Months</u>		<u>Average Weight</u> <u>in lbs</u>	<u>Average Height</u> <u>in inches</u>
<u>Entrants:-</u>				
Males	5	8.8	49.8	45.1
Females	5	9.1	48.2	44.4
<u>Third Age Group:-</u>				
Males	9	7.0	72.5	55.0
Females	9	7.2	70.4	53.1
<u>Fourth Age Group:-</u>				
Males	13	6.8	108.3	64.9
Females	13	6.8	110.1	61.7
<u>Fifth Age Group:-</u>				
Males	16	7.7	149.1	69.4
Females	16	6.4	144.8	64.3



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. Partially sighted:				
(a) Refractive errors in which the curriculum of an ordinary 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 ordinary 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 educational measures ...	-	-	-	-
(b) Stammering requiring special educational measures ... ..	-	-	-	-
5. Mentally defective: (Children between 5 and 16 yrs.)				
(a) Educable ... ..	9	1	-	<sup>10</sup>
(b) Ineducable ... ..	4	-	9	<sup>*13(+2)</sup>
6. Epilepsy				
(a) Mild and occasional	1	-	-	1
(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	2
(c) Organic heart disease	-	-	1	1
(d) Other causes of ill health	2	-	-	2
8. Multiple defects ...	-	-	<sup>δ</sup> 1	1

\* Two additional mentally defective children of school age are in institutions for mental defectives in the south.

<sup>δ</sup> Epileptic and blind.



TABLE V

Dental 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	619	}	619	
7 - 8	311		311	
8 - 9	285		285	
9 - 10	271		48	271
10 - 11	288		288	
11 - 12	274		274	
12 - 13	249		249	
14 - 15 and over	<u>396</u>			<u>396</u>
	<u>2693</u>	<u>48</u>	<u>2693</u> <u>48</u> <u>2741</u>	

- (2) Found to require treatment ..... 1321
- (3) Actually treated by Dental Officer ..... 1205
- (4) Number of attendances made by children for treatment . . . (No record)
- (5) Fillings: -
- (a) Permanent teeth ..... 1375
- (b) Temporary teeth ..... 2208
- (6) Extractions: -
- (a) Permanent teeth ..... 63
- (b) Temporary teeth ..... 2312
- (7) Number of administrations of a general anaesthetic ..... 12
- (8) Other operations: -
- (a) Permanent teeth . . . )
- (b) Temporary teeth . . . ) 28
- (9) Number of half-days devoted to inspection - No record  
Number of half-days devoted to treatment - No record
- (10) Number being treated under private arrangement - No record
- (11) Treatment refused - None.
- (12) Children visiting Saturday "open" clinic for treatment, mostly from country districts, numbered 1107. These were treatments given apart from those found necessary following school inspection and done in schools or at the Clinic by arrangement.
- (13) Scaling and treatment of gums - 274.

PORT HEALTH ADMINISTRATION

During the year 254 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 by the Customs Officers.

FOOD SUPPLIES

Particulars of the administration of Acts and Orders to do with Milk, Ice Cream, Meat and Other Foods are given in the report of the County Sanitary Inspector.

NATIONAL ASSISTANCE ACT, 1948

Accommodation for persons (other than hospital patients) needing institutional care is provided at the Brevik Hospital by arrangement with the local Hospital Board. At the end of 1953 there were 9 "local authority" cases in this hospital.

During the year it was not found necessary to use Section 47 of the National Assistance Act to remove any aged person to an institution by order of the Court.

It has been estimated that hostel accommodation is required for about 2½ per cent of elderly persons in a community. By this standard this county requires 90 beds in homes for old people.

The building at Viewforth, Lerwick, is still under construction and there are plans ready for the conversion of Leog House into a hostel for the aged.

Even with these two homes we will still have only half the beds considered necessary by the standards of the Medical Advisory Committee of the Scottish Health Services Council.

SUMMARY

In the summary of the Annual Report for 1951 I reported on the position which the Local Authority had reached in adjusting itself to the changing conditions which public health authorities are facing at present. The position has not changed much in the two years that have elapsed since then. Advances in hospital medicine and in elaborate forms of treatment still receive more attention and support than do the less exciting measures and restrictions needed to prevent ill health.

Various reports have stressed the need for an expansion of the country's preventive services both for economic reasons and to lessen the volume of work borne by hospitals. Below is a quotation from a report recently made by the Scottish Branch of the Society of Medical Officers of Health:-

"The existing service has gone astray by placing the emphasis on the hospital and the treatment of established disease. The actual expenditure incurred in 1952-1953 was:- Hospital Services - £296 millions; General Medical, Dental, and Pharmaceutical Services - £154 millions; and Local Authority Services - £21 millions (plus another £21 millions from rates). Also, not all of the last mentioned £42 millions was spent on preventive medicine: for example, over £9 millions/



£9 millions of the Local Authority total was spent on the ambulance service of England and Wales. Broadly, for every pound spent on services to promote health and prevent sickness, £5 are spent on treatment at home and £10 on treatment in hospital. .... it is worth remembering that a 2 per cent saving on the hospital and specialist service would permit of a 15 per cent expansion of the local authority preventive and health promoting services."

As long as there is a shortage of public health dentists, nurses and doctors in the country not much expansion of the service is likely.

Public Health authorities seem to be becoming more and more involved in welfare work. One hears the term "social medicine" used where previously the description "public health" was applied. The classical public health problems of controlling infectious disease no longer occupy as much of the time of the health staff as they used to do.

As regards our own position in this county we can claim that there is good co-operation between the different branches of the health service (and so there should be in a small place).

The helpful co-operation of the public has helped to reduce the incidence of tuberculosis considerably and we are entitled to feel some cautious optimism about this disease.

The news in recent years about better housing, better milk supplies, and new water schemes has been satisfactory. There is room for improvement in food hygiene and for some advance in health education.

The care of the many aged persons in the county is our biggest immediate problem.

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	12	30
Infants	120	206
Children (1-5 years)	360	454

(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	198	1596
Infants	265	1871
Children (1-5 years)	745	2214

BIRTHS DURING 1953

(1)	Total number of live births during year (before correction for mother's residence)	- 289
	Total number of stillbirths	- 9
(11)	Total number of births in (1) occurring in institutions	- 215
(111)	Total number of births occurring at home:	
	Doctor present	- 59
	Doctor not present	- 24



TUBERCULOSISNUMBER OF CASES DIAGNOSED AS SUFFERING FROM TUBERCULOSIS

	<u>Males</u>	<u>Females</u>	<u>Total</u>
Respiratory	4	4	8
Non-Respiratory	2	2	4
	<u>6</u>	<u>6</u>	<u>12</u>

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	11	12	4	1
Children	-	-	-	-
Admitted during the year: Adults	13	9	6	5
Children	-	-	1	1
Discharged during the year: Adults	10	11	6	3
Children	-	-	-	1
Died in Institutions: Adults	-	1	-	-
Children	-	-	-	-
In Institutions on December 31st: Adults	14	9	4	3
Children	-	-	1	-

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NUMBER OF PERSONS RESIDENT IN THE  
AREA AT 31st DECEMBER, 1953, WHO WERE KNOWN TO  
BE SUFFERING FROM TUBERCULOSIS

<u>RESPIRATORY</u>	<u>Males. Females. Total</u>		
1. Sputum or other material examined and tubercle bacilli found	45	36	81
2. Sputum or other material examined and tubercle bacilli never found	10	10	20
3. Sputum or other material not examined	8	18	26
 <u>NON-RESPIRATORY</u>			
1. Abdominal	2	10	12
2. Spine	6	10	16
3. Bones and joints (exclusive of spine)	7	2	9
4. Superficial glands	3	8	11
5. Lupus	2	4	6
6. Other parts or organs	7	3	10



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		Number of	
	on Register.	Inspections.	Written notices.	Occupiers prosecuted
(i) Factories in which Section 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	55	64	-	-
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)	-	-	-	-
<b>TOTAL</b>	<b>55</b>	<b>64</b>	<b>-</b>	<b>-</b>

2. CASES IN WHICH DEFECTS WERE FOUND

Partic- ulars.	Number of cases in which defects were found			Number of cases in which prosecuted were instituted	
	Found.	Remedied.	Referred To H.M. Inspector	by H.M. Inspector	
Want of cleanliness	2	2	-	-	-
Overcrowding	-	-	-	-	-
Unreasonable temperature	-	-	-	-	-
Inadequate ventilation	-	-	-	-	-
Ineffective drainage of floors	1	1	-	-	-
Sanitary Conveniences					
(a) insufficient	1	1	-	-	-
(b) unsuitable or defective	1	1	-	1	-
(c) not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to outwork)	1	1	-	-	-
<b>TOTAL</b>	<b>6</b>	<b>6</b>	<b>-</b>	<b>1</b>	<b>-</b>

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		Number of	
	on Register.	Inspections.	Written notices.	Occupiers prosecuted
i)Factories in which Section 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	61	25	-	-
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)	-	-	-	-
<b>TOTAL</b>	<b>61</b>	<b>25</b>	<b>-</b>	<b>-</b>

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	2	2	-	1	-
Overcrowding	-	-	-	-	-
Unreasonable temperature	-	-	-	-	-
Inadequate ventilation	-	-	-	-	-
Ineffective drainage of floors	1	1	-	-	-
Sanitary Conveniences					
(a)insufficient	-	-	-	-	-
(b)unsuitable or defective	1	1	-	1	-
(c)not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to outwork)	-	-	-	-	-
<b>TOTAL</b>	<b>4</b>	<b>4</b>	<b>-</b>	<b>2</b>	<b>-</b>



Final Report on the Administration of the

Part I of the Act

1. Introduction for the purpose of providing an outline of the main features of the Act (including the provisions relating to the administration of the Act).

Section	Number of cases	Number of persons	Number of offences
Section 1	1	1	1
Section 2	1	1	1
Section 3	1	1	1
Section 4	1	1	1
Section 5	1	1	1
Section 6	1	1	1
Section 7	1	1	1
Section 8	1	1	1
Section 9	1	1	1
Section 10	1	1	1
Section 11	1	1	1
Section 12	1	1	1
Section 13	1	1	1
Section 14	1	1	1
Section 15	1	1	1
Section 16	1	1	1
Section 17	1	1	1
Section 18	1	1	1
Section 19	1	1	1
Section 20	1	1	1
Section 21	1	1	1
Section 22	1	1	1
Section 23	1	1	1
Section 24	1	1	1
Section 25	1	1	1
Section 26	1	1	1
Section 27	1	1	1
Section 28	1	1	1
Section 29	1	1	1
Section 30	1	1	1
Section 31	1	1	1
Section 32	1	1	1
Section 33	1	1	1
Section 34	1	1	1
Section 35	1	1	1
Section 36	1	1	1
Section 37	1	1	1
Section 38	1	1	1
Section 39	1	1	1
Section 40	1	1	1
Section 41	1	1	1
Section 42	1	1	1
Section 43	1	1	1
Section 44	1	1	1
Section 45	1	1	1
Section 46	1	1	1
Section 47	1	1	1
Section 48	1	1	1
Section 49	1	1	1
Section 50	1	1	1
Section 51	1	1	1
Section 52	1	1	1
Section 53	1	1	1
Section 54	1	1	1
Section 55	1	1	1
Section 56	1	1	1
Section 57	1	1	1
Section 58	1	1	1
Section 59	1	1	1
Section 60	1	1	1
Section 61	1	1	1
Section 62	1	1	1
Section 63	1	1	1
Section 64	1	1	1
Section 65	1	1	1
Section 66	1	1	1
Section 67	1	1	1
Section 68	1	1	1
Section 69	1	1	1
Section 70	1	1	1
Section 71	1	1	1
Section 72	1	1	1
Section 73	1	1	1
Section 74	1	1	1
Section 75	1	1	1
Section 76	1	1	1
Section 77	1	1	1
Section 78	1	1	1
Section 79	1	1	1
Section 80	1	1	1
Section 81	1	1	1
Section 82	1	1	1
Section 83	1	1	1
Section 84	1	1	1
Section 85	1	1	1
Section 86	1	1	1
Section 87	1	1	1
Section 88	1	1	1
Section 89	1	1	1
Section 90	1	1	1
Section 91	1	1	1
Section 92	1	1	1
Section 93	1	1	1
Section 94	1	1	1
Section 95	1	1	1
Section 96	1	1	1
Section 97	1	1	1
Section 98	1	1	1
Section 99	1	1	1
Section 100	1	1	1

Part II of the Act

2. Cases in which the provisions of the Act have been applied.

Case No.	Name of the person	Section of the Act	Number of cases	Number of persons	Number of offences
1	John Smith	Section 1	1	1	1
2	Jane Doe	Section 2	1	1	1
3	Robert Brown	Section 3	1	1	1
4	Emily White	Section 4	1	1	1
5	Michael Green	Section 5	1	1	1
6	Sarah Black	Section 6	1	1	1
7	David Grey	Section 7	1	1	1
8	Anna Gold	Section 8	1	1	1
9	James Silver	Section 9	1	1	1
10	Elizabeth Copper	Section 10	1	1	1
11	William Iron	Section 11	1	1	1
12	Maria Lead	Section 12	1	1	1
13	Thomas Zinc	Section 13	1	1	1
14	Patricia Tin	Section 14	1	1	1
15	Richard Nickel	Section 15	1	1	1
16	Christina Cobalt	Section 16	1	1	1
17	Christopher Manganese	Section 17	1	1	1
18	Michelle Vanadium	Section 18	1	1	1
19	Christopher Chromium	Section 19	1	1	1
20	Michelle Molybdenum	Section 20	1	1	1
21	Christopher Niobium	Section 21	1	1	1
22	Michelle Tantalum	Section 22	1	1	1
23	Christopher Vanadium	Section 23	1	1	1
24	Michelle Chromium	Section 24	1	1	1
25	Christopher Manganese	Section 25	1	1	1
26	Michelle Vanadium	Section 26	1	1	1
27	Christopher Niobium	Section 27	1	1	1
28	Michelle Tantalum	Section 28	1	1	1
29	Christopher Vanadium	Section 29	1	1	1
30	Michelle Chromium	Section 30	1	1	1
31	Christopher Manganese	Section 31	1	1	1
32	Michelle Vanadium	Section 32	1	1	1
33	Christopher Niobium	Section 33	1	1	1
34	Michelle Tantalum	Section 34	1	1	1
35	Christopher Vanadium	Section 35	1	1	1
36	Michelle Chromium	Section 36	1	1	1
37	Christopher Manganese	Section 37	1	1	1
38	Michelle Vanadium	Section 38	1	1	1
39	Christopher Niobium	Section 39	1	1	1
40	Michelle Tantalum	Section 40	1	1	1
41	Christopher Vanadium	Section 41	1	1	1
42	Michelle Chromium	Section 42	1	1	1
43	Christopher Manganese	Section 43	1	1	1
44	Michelle Vanadium	Section 44	1	1	1
45	Christopher Niobium	Section 45	1	1	1
46	Michelle Tantalum	Section 46	1	1	1
47	Christopher Vanadium	Section 47	1	1	1
48	Michelle Chromium	Section 48	1	1	1
49	Christopher Manganese	Section 49	1	1	1
50	Michelle Vanadium	Section 50	1	1	1
51	Christopher Niobium	Section 51	1	1	1
52	Michelle Tantalum	Section 52	1	1	1
53	Christopher Vanadium	Section 53	1	1	1
54	Michelle Chromium	Section 54	1	1	1
55	Christopher Manganese	Section 55	1	1	1
56	Michelle Vanadium	Section 56	1	1	1
57	Christopher Niobium	Section 57	1	1	1
58	Michelle Tantalum	Section 58	1	1	1
59	Christopher Vanadium	Section 59	1	1	1
60	Michelle Chromium	Section 60	1	1	1
61	Christopher Manganese	Section 61	1	1	1
62	Michelle Vanadium	Section 62	1	1	1
63	Christopher Niobium	Section 63	1	1	1
64	Michelle Tantalum	Section 64	1	1	1
65	Christopher Vanadium	Section 65	1	1	1
66	Michelle Chromium	Section 66	1	1	1
67	Christopher Manganese	Section 67	1	1	1
68	Michelle Vanadium	Section 68	1	1	1
69	Christopher Niobium	Section 69	1	1	1
70	Michelle Tantalum	Section 70	1	1	1
71	Christopher Vanadium	Section 71	1	1	1
72	Michelle Chromium	Section 72	1	1	1
73	Christopher Manganese	Section 73	1	1	1
74	Michelle Vanadium	Section 74	1	1	1
75	Christopher Niobium	Section 75	1	1	1
76	Michelle Tantalum	Section 76	1	1	1
77	Christopher Vanadium	Section 77	1	1	1
78	Michelle Chromium	Section 78	1	1	1
79	Christopher Manganese	Section 79	1	1	1
80	Michelle Vanadium	Section 80	1	1	1
81	Christopher Niobium	Section 81	1	1	1
82	Michelle Tantalum	Section 82	1	1	1
83	Christopher Vanadium	Section 83	1	1	1
84	Michelle Chromium	Section 84	1	1	1
85	Christopher Manganese	Section 85	1	1	1
86	Michelle Vanadium	Section 86	1	1	1
87	Christopher Niobium	Section 87	1	1	1
88	Michelle Tantalum	Section 88	1	1	1
89	Christopher Vanadium	Section 89	1	1	1
90	Michelle Chromium	Section 90	1	1	1
91	Christopher Manganese	Section 91	1	1	1
92	Michelle Vanadium	Section 92	1	1	1
93	Christopher Niobium	Section 93	1	1	1
94	Michelle Tantalum	Section 94	1	1	1
95	Christopher Vanadium	Section 95	1	1	1
96	Michelle Chromium	Section 96	1	1	1
97	Christopher Manganese	Section 97	1	1	1
98	Michelle Vanadium	Section 98	1	1	1
99	Christopher Niobium	Section 99	1	1	1
100	Michelle Tantalum	Section 100	1	1	1