

[Report 1955] / Medical Officer of Health, County of Zetland (Shetland Islands).

Contributors

Shetland (Scotland). County Council.

Publication/Creation

1955.

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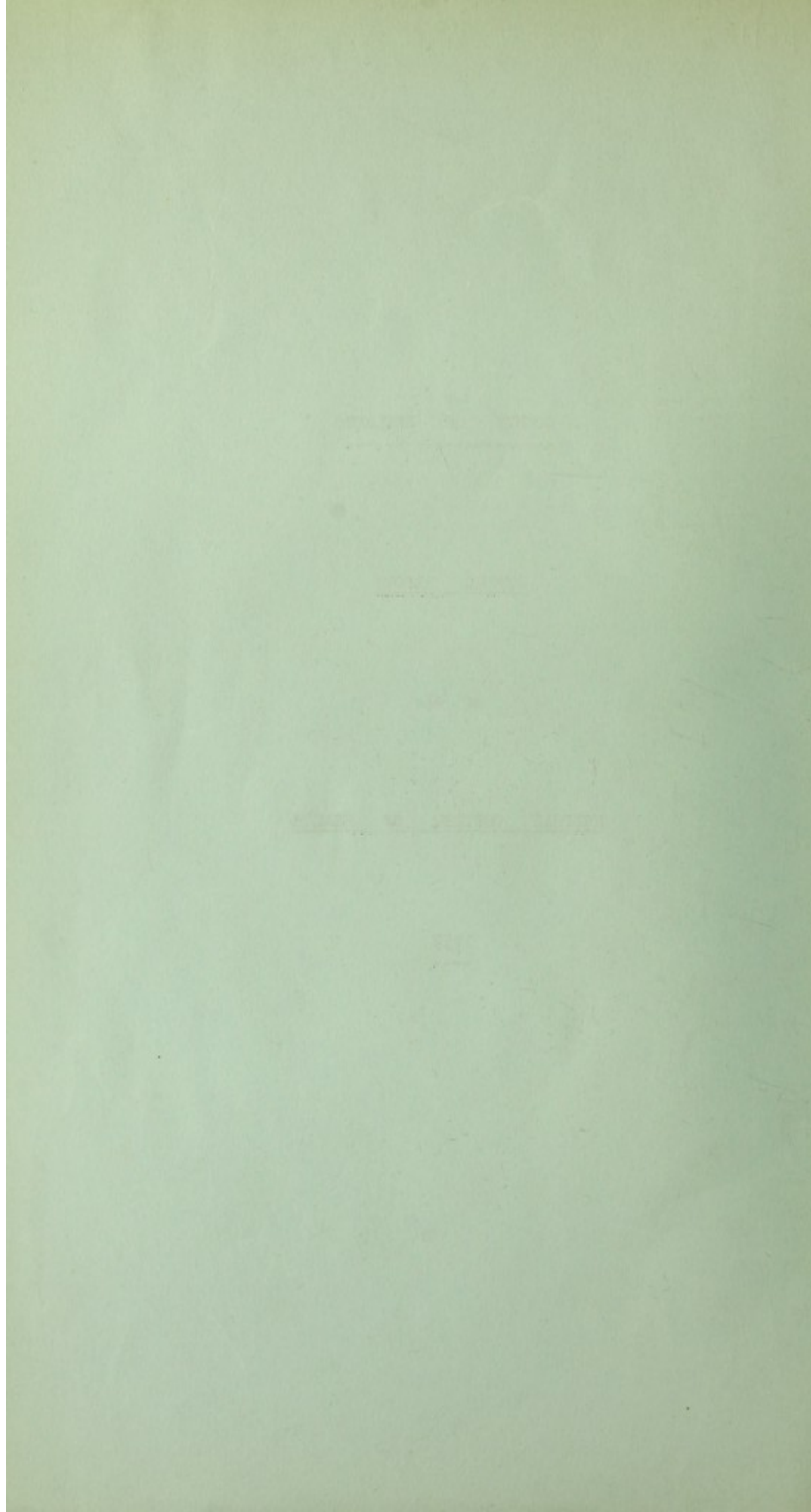
COUNTY OF ZETLAND

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

1955



Public Health Office,
Brentham Place,
LERWICK, August, 1956.

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 1955.

I am,
Your obedient Servant,

S.A.B. Black,

Medical Officer of Health.



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75	1964	Jan 1	100.00	100.00
76	1965	Jan 1	100.00	100.00
77	1966	Jan 1	100.00	100.00
78	1967	Jan 1	100.00	100.00
79	1968	Jan 1	100.00	100.00
80	1969	Jan 1	100.00	100.00
81	1970	Jan 1	100.00	100.00
82	1971	Jan 1	100.00	100.00
83	1972	Jan 1	100.00	100.00
84	1973	Jan 1	100.00	100.00
85	1974	Jan 1	100.00	100.00
86	1975	Jan 1	100.00	100.00
87	1976	Jan 1	100.00	100.00
88	1977	Jan 1	100.00	100.00
89	1978	Jan 1	100.00	100.00
90	1979	Jan 1	100.00	100.00
91	1980	Jan 1	100.00	100.00
92	1981	Jan 1	100.00	100.00
93	1982	Jan 1	100.00	100.00
94	1983	Jan 1	100.00	100.00
95	1984	Jan 1	100.00	100.00
96	1985	Jan 1	100.00	100.00
97	1986	Jan 1	100.00	100.00
98	1987	Jan 1	100.00	100.00
99	1988	Jan 1	100.00	100.00
100	1989	Jan 1	100.00	100.00

VITAL STATISTICS

The following is a summary of the principal statistics for the year 1955. Figures for the years 1953 and 1954 are given for comparison. The figures given are corrected for transfers.

	<u>Zetland</u>		<u>Scotland</u>	
	<u>1953</u>	<u>1954</u>	<u>1955</u>	
Population (estimated)	18,949	18,715	18,656	
Crude death rate per 1,000 population	15.2	14.9	15.0	
Death rate adjusted for age and sex distribution	9.9	9.7	9.8	12.0
Live births (including illegitimate)	300	273	294	
Birth rate (per 1,000 population)	15.8	14.6	15.8	18.0
Illegitimate birth rate (per 100 births)	3.7	5.1	3.1	4.3
Infant mortality rate	3	44	14	30
Deaths from tuberculosis (all forms)	3	3	5	
Death rate from tuberculosis (all forms)	0.16	0.16	0.27	0.19
Deaths from pulmonary tuberculosis	2	2	3	
Death rate from pulmonary tuberculosis	0.11	0.11	0.16	0.17
Deaths from principal epidemic diseases	1	3	6	
Death rate (per 1,000 population) from principal epidemic diseases	0.05	0.16	0.32	0.05

The table on page 1 gives a summary of the principal statistics for the past three years and the rates for the whole country for comparison.

The Registrar General's estimate of the population of the County in the middle of the year 1955 is 18,656 which shows a further decrease of 59 on the estimated figure for 1954, and a drop of over 500 since the census year 1951.

The Executive Council office has accurate figures of the number of medical cards held by each doctor, and this gives us a means of checking the rate at which the population is decreasing in some of the country areas.

The figures below show how the population in these country districts has dropped by over 700 in the last five years.

<u>Practice Area</u>	<u>Numbers on Doctor's List 1.4.51</u>	<u>Numbers on Doctor's List 1.4.56</u>	<u>Decrease</u>
Unst	1,034	1,003	31
Yell and Fetlar	1,739	1,559	180
Whalsay	1,038	967	71
Northmavine	1,084	942	142
Delting	1,440	1,330	110
Walls	991	902	89
Bixter	1,087	974	113

There were 25 more births than in 1954, and the birth rate at 15.8 remains close to the average rate for the past five years. In the Census report it was explained that the number of births in the county in relation to the number of women of child bearing age was higher than the Scottish average. The birth rate is calculated on the total population, which in our case includes a far larger number of old persons than in most other areas.

The infant mortality rate can show big differences from year to year owing to the small total of births. In 1955 there were four infant deaths. All were "neo-natal" deaths - occurring in the first four weeks of life. These figures are discussed on pages 4 and 5.

There were five deaths from tuberculosis during the year; the tuberculosis figures are discussed on page 9 of this report.

There were six deaths from "principal epidemic diseases." All six were due to influenza.

The table below 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	81	28.92
Vascular lesions affecting central nervous system	65	23.21
Malignant neoplasms	41	14.64
Senility	10	3.57

Vascular/

Vascular lesions affecting the central nervous system accounted for 23 per cent of deaths in 1955 compared with only 16 per cent in 1954 and displaced Malignant Neoplasms (cancer) from second place in the table.

It can be seen that all the causes of death accounting for more than 3 per cent of the total deaths are conditions associated with old age. We are fortunate in that the proportion of deaths due to 'Violence' and accidents is lower than in the south.

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

<u>1955</u>			
<u>Number of Deaths</u>			
	<u>Males.</u>	<u>Females</u>	<u>Total.</u>
All ages	127	153	280
- 1	2	2	4
1 - 4	2	1	3
5 - 9	-	-	-
10 - 14	1	-	1
15 - 24	-	1	1
25 - 34	-	-	-
35 - 44	1	1	2
45 - 54	8	7	15
55 - 64	15	14	29
65 - 74	33	26	59
75 - 84	43	62	105
85 and over	22	39	61

In the previous three years this table has only shown one death of a child of pre-school age (1 year to 5 years). This is the age at which children are liable to be killed in accidents of various kinds. This good record has been marred in 1955 as there have been three deaths of pre-school children. One of these deaths was the result of an accident.

Otherwise the table calls for no comment.

CARE OF MOTHERS AND YOUNG CHILDREN

The Local Authority's child welfare clinic at Hillhead, Lerwick, was attended by 473 different infants who made a total of 1,553 attendances during the year. This is an increase over the previous year of 142 in the number of children and 353 in the number of attendances.

District Nurses made over 4,600 welfare visits to 1,389 different children of pre-school age and also visited expectant mothers.

In the past five years there have been 30 deaths of infants under one year of age and 1,453 births, giving us an infant mortality rate of 20.6. (The number of births in any one year are too small to give a rate which reflects a true picture of the situation).

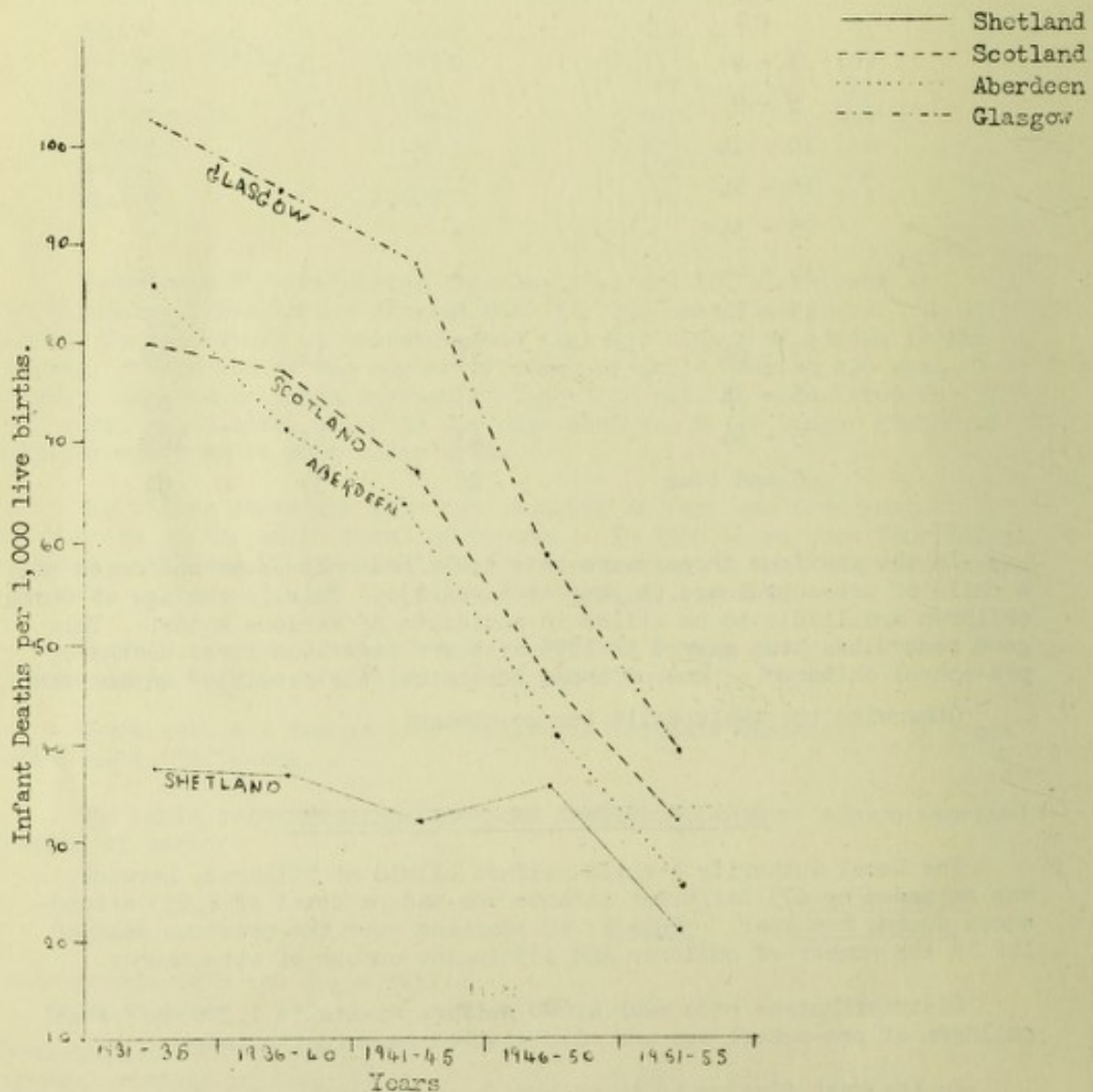
At first sight this seems very satisfactory but we should not be complacent about it.

It/

It is well known that a young infant in a healthy rural environment has a far better chance of survival than an infant in a crowded city; about thirty years ago when the infant mortality rate for Scotland was over 90, Shetland's rate was 55. Only eleven years ago our infant mortality rate was about half the rate for the country as a whole (33 and 65). The improvements achieved by the Scottish cities has now brought their rate much closer to our own, and in fact the rate for Aberdeen in 1955 is the same as our average rate for the past five years.

Once the rate gets below 30 and the more easily preventable causes of infant death have been removed it becomes increasingly difficult to lower the rate further. Nevertheless the graph below shows how well the cities have overcome natural disadvantages to approach the rural rate for infant mortality, and their efforts should encourage our health staff to further efforts.

Infant Mortality Rate - Quinquennial Averages



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 we mean deaths of infants during the first month after birth. It is during this period that most infant deaths occur.

It can be seen from the table that 1954 was an unusual year; that in other years the numbers of stillbirths and neo-natal deaths added together total about eleven each year; and that of the 30 infant deaths in the last five years 26 were neo-natal deaths.

	<u>1949</u>	<u>1950</u>	<u>1951</u>	<u>1952</u>	<u>1953</u>	<u>1954</u>	<u>1955</u>
Births (corrected for transfers)	321	308	305	281	300	273	294
Total Deaths under 1 year of age	9	11	6	7	1	12	4
Neo-natal deaths	3	10	4	6	1	11	4
Infant mortality rate	28	36	20	25	3	44	14
Stillbirths	6	3	8	8	9	11	4

WELFARE FOODS

The Local Authority became directly responsible for issuing welfare foods in the course of 1954. The office situated in the Welfare Centre at Hillhead continues to issue vitamin preparations and cod liver oil and to post powdered milk to country districts. About £70 is spent in postage each month by this office. The arrangement is cumbersome and in last year's report I explained that some better system could have been devised.

The District Nurses help by distributing vitamin preparations to mothers in some of the country areas.

DENTAL CARE OF MOTHERS AND YOUNG CHILDREN

The School Dental Officer inspected 67 pre-school children and gave dental treatment to 62. Four nursing mothers and six expectant mothers were given dental treatment. Although Local Authorities are responsible for providing a dental service to mothers and young children the shortage of dental officers in the country makes it impossible at present to supply an adequate service.

MIDWIFERY

There were 227 births in hospital during the year and 64 domiciliary births. The proportion of hospital confinements (78 per cent) is almost the same as in the previous year.

Twenty two midwives notified their intention to practise midwifery in the county.

Eleven of the District Nursing staff are trained in the administration of gas and oxygen analgesia. It has not yet been possible to get any of the nurses trained in the administration of trilonc anaesthesia, because of the difficulty of obtaining relief nurses to do duty should any of the permanent staff attend a course of instruction.

There were two cases of puerperal pyrexia notified during the year.

HEALTH VISITING AND HOME NURSING

In this County, as in most areas in the highlands and islands, the district nurses act as health visitors and have a responsible part to play in enabling the County Council to fulfil its duties under the National Health Service (Scotland) Act, 1947.

In the Annual Report for 1953 I explained that under conditions existing in this County it was an advantage for our nursing staff to combine the duties of district nursing and health visiting. The combination of duties gives the nurse a natural and easy entry to the household and thus makes it easier for her to teach infant welfare, general hygiene and other matters of importance in family health.

Last year's report described the duties of a nurse when acting as a health visitor. Below is a brief list of the public health duties performed by the district nursing staff:- advising families on measures necessary to promote health and to prevent the spread of infection; advising expectant and nursing mothers; giving instruction on the care of young children; encouraging parents to have their children immunised against diphtheria and vaccinated against smallpox; visiting households containing a person on the Tuberculosis Register; encouraging such patients and their contacts to undergo chest X-ray examination when necessary; arranging for B.C.G. vaccination of contacts; visiting the schools as school nurses; assisting at the school medical inspections and the various immunising sessions at the schools; making follow up visits to the homes of certain children seen at school inspection; helping aged persons in their homes and keeping welfare officers informed about those who require further help; advising on the prevention of accidents in the home. This list is not complete. It gives an idea how dependent we are on the nursing staff if we are to carry out our functions as a public health authority.

There are other more recently added tasks which we are now asked to place on the shoulders of the public health nursing staff. These are the prevention of mental ill health and psychological strain and the prevention of the break up of family life. There is much useful work to be done in this field but at present it is asking rather too much to expect a hard pressed nursing service to achieve much success under conditions existing here. The subject is not one in which most of our nurses have received any training. Our chances of recruiting health visitors trained in such duties are likely to be small. There may be more opportunity for advances in this field in the future.

At present we are struggling to maintain the nursing service at its present level and few people realise how near the service is to breaking down whenever vacancies occur.

Our staff consists of the Nursing Superintendent and 21 nurses (one of whom is a whole time health visitor, the others are district nurse/health visitors). We are fortunate that 13 of these nurses have been with us for more than five years. The other posts are difficult to fill when they become vacant. This is especially the case when the vacant post is on a small island. The shortage of nurses for local authority work is a national problem and has been the subject of comment in the reports of other medical officers of health. In our case the problem is more difficult than usual. Most of the nurses are recruited from the south. Such women are more likely to prefer a post nearer their own home.

During the year we managed to keep all the nursing posts filled but except for a short time we were unable to employ an extra nurse for relief work. Nurses from the south were obtained for temporary holiday relief work in the summer.

Nursing the very large number of old persons in the county takes up most of the time of the district nursing staff and one can see little prospect of extending the work of the nursing service at present. Until staff is more easily obtainable it will not be possible to send selected nurses to the south for instruction in various subjects of public health importance./

importance. Instruction in methods of health education and in the prevention of mental ill health would be valuable for some of our staff. In the meantime we must just try and hold the present position as well as possible.

The Public Health Committee have always recognised the importance of comfortable houses and good working conditions to attract and maintain staff. Since the County Council took over the nursing service in 1948 new houses have been made available for the nurses in Lerwick, Scalloway, Bridge of Walls, Dunrossness and Urafirrh, and nurses' houses in other parts of the County have undergone various repairs and improvements. A new house for the Delting nurse is at present being built at Brae. At the end of the year a house was urgently needed for the Unst nurse and water supplies were needed for the nurse's house in Fair Isle and in Nesting.

During 1955 2 new cars were purchased for the nursing service making a total of 22 new cars purchased since July, 1948.

CARE OF THE AGED. DOMESTIC HELP SCHEME.

In last year's report details were given of the age structure of the population in the county. This showed that the proportion of old persons in the county was higher than anywhere else in Scotland and nearly twice as high as the figure for Scotland as a whole.

For some years to come we will continue to have over 20 per cent of the population of pensionable age and the proportion of very old persons will continue to be highest in the more remoter country areas where it is more difficult to get them help.

As there are over 1,200 persons aged over 75 years a careful control of the use of our hospital beds is required. It could so easily happen that the hospital service might find a large proportion of its beds filled by patients no longer requiring hospital methods of treatment. This occurs when old people are admitted for treatment but are unable to be discharged at the conclusion of their treatment because there is no longer any home outside the hospital to send them to.

We encounter this difficulty often enough but fortunately in this county the same persons (both lay and medical) are responsible for carrying out the Hospital Board's duties and the local health authority's duties. This has been the greatest help in enabling the best use to be made of our hospital beds both for clinical purposes and for local authority purposes.

The medical practitioners in the county fully appreciate the size of the problem of caring for old persons and are experienced in choosing the most suitable cases for the limited number of beds available in institutions.

During 1955 the County Council's new home at Viewforth was nearing completion. About one third of the beds in the Brevik Hospital during the year were occupied by patients who were the responsibility of the local authority and were being kept there at the County Council's expense.

At the best, institutional care, though important, can only play a small part in the problem of looking after the aged. Help that enables an old person to carry on in his own home and among his usual friends and surroundings is what is required most.

The County Council are unable to have a permanent staff of "home helps" as our cases requiring help are usually scattered over a large area. For domestic help our welfare officers usually recruit a person in the area to act as a part-time home help for a particular case. The scheme is difficult to run and helpers cannot easily be recruited. However, this method has enabled us to help some difficult cases. There has never been more than 10 cases receiving home help at any one time. This is a very small number under the circumstances.

Neighbourly/

Neighbourly help and help from relatives enable many old people to carry on. There is a great deal of such help being given in the county. We generally hear all about it whenever neighbourly help is not available; but there are many cases where help is unselfishly provided for long periods by good neighbours. Such cases do not get noticed so easily by the public.

Our future handling of this problem will require some revision of the work of District Welfare Officers and an extension of their present duties. It will also be necessary for us to keep our district nursing staff at full strength.

The opening of Viewforth and Leog Homes will also help, and old persons in the town will in the future benefit from the Town Council's proposed scheme of special housing. We hope it may be possible in future to have a service for old persons in the town centred in and working from Leog Home but this is looking years ahead.

VACCINATION and IMMUNISATION

Vaccination Against Smallpox

The number of infant vaccinations done under the County Council's scheme and notified to the Health Office totalled 10. For many years now less than a dozen such notifications have been received each year. As explained in previous reports the actual number of vaccinations done is really higher as practitioners do not need to notify all the vaccinations they do.

A count done by the District Nurses recently has shown that 47 of the infants born in 1955 had been vaccinated. This means that probably only about one infant in every five or six is vaccinated in infancy.

It is a pity that mothers do not realise that vaccination during infancy is advisable. It makes all subsequent re-vaccination against smallpox safer and easier. It is unlikely nowadays that anyone will escape vaccination in adult life and adolescence is not as safe and as suitable an age for primary vaccination.

At the end of the year all general practitioners were asked to explain to mothers the advantages of primary vaccination in infancy and some slight improvement seems likely in next year's total.

Diphtheria Immunisation

Diphtheria immunisations are carried out by practitioners who hold immunising sessions at the country schools. The Medical Officer of Health holds immunising sessions at the Welfare Clinic in Lerwick every few weeks. A table below shows the numbers immunised during the year.

	<u>Primary Immunisation</u>	<u>Re-inforcing doses</u>
By Practitioners	163	81
By Medical Officer of Health	27	-
	<u>190</u>	<u>81</u>

The temporary closure of the Welfare Clinic premises for part of the year resulted in fewer immunisations being done.

The reports on the trial of a method of combined immunisation against diphtheria, whooping cough and tetanus are awaited with interest. In the meantime the County Council has not adopted any scheme for giving protective injections against whooping cough.

Protection against tuberculosis by B.C.G. vaccine is discussed on page 10.

PREVENTION OF ILLNESS, CARE and AFTER CARE

Under this heading I am asked to report on preventive measures against tuberculosis. There were 5 deaths from all forms of tuberculosis during the year; 3 of the 5 deaths were due to respiratory tuberculosis. There have been only 7 deaths from pulmonary tuberculosis in the last four years. The number of notifications of new cases has also been low. This is encouraging especially as in recent years a most strict standard of notification has been maintained.

When dealing with small numbers of cases figures for a five year period give a truer picture than comparisons made between any one year and another. The table below shows the average number of notifications and deaths each year during five year periods for the last twenty five years.

<u>Year</u>	<u>NOTIFICATIONS</u>			<u>DEATHS</u>		
	<u>Pulmonary.</u>	<u>Non-Pulmonary.</u>	<u>Total.</u>	<u>Pulmonary.</u>	<u>Non-Pulmonary.</u>	<u>Total.</u>
1931-35 (Average)	31	30	61	22	11	33
1936-40 (Average)	27	17	44	12	8	20
1941-45 (Average)	31	10	41	13	4	17
1946-50 (Average)	22	8	30	10	1	11
1951-55 (Average)	12	5	17	3	2	5

The table below shows the numbers of notifications and deaths for each of the last five years.

<u>Year</u>	<u>NOTIFICATIONS</u>			<u>DEATHS</u>		
	<u>Pulmonary.</u>	<u>Non-Pulmonary.</u>	<u>Total.</u>	<u>Pulmonary.</u>	<u>Non-Pulmonary.</u>	<u>Total.</u>
1951	19	2	21	9	1	10
1952	14	8	22	-	6	6
1953	8	4	12	2	1	3
1954	8	10	18	2	1	3
1955	11	3	14	3	2	5

The tuberculosis figures for the country as a whole are equally encouraging and the fear is that because this disease is becoming controlled throughout the country there may be some slackening of effort, and the public may be inclined to be casual about it. We must avoid being complacent. There is room for further improvement. Now is the time to seek out and control the remaining sources of infection. We still occasionally encounter unsuspected new cases. We still occasionally have to treat merchant seamen who acquire the infection on some ship and bring it back with them to their homes. Although modern methods of treatment can be very successful, yet apparently healed cases can still break down in health. The tuberculosis service therefore cannot yet afford to reduce its efforts in the slightest.

The Medical Officer of Health acts as Tuberculosis Physician for the area. The chest clinic at the Sanatorium is held one morning every week and during the year it was attended by 297 different patients. Former sanatorium patients and their families have continued to co-operate well. The clinic is of course also attended by many patients with chest troubles other than tuberculous cases and their contacts.

The sanatorium has had no waiting list for some years. A consultant Chest Physician from Aberdeen continues to visit the sanatorium to advise on treatment of cases and to see some of the former patients.

District/

District nurses during 1955 made a total of 374 visits to 112 different persons on the Tuberculosis Register.

The Housing Committees of the Town Council and the County Council have always been very ready to help whenever housing difficulties have arisen among households containing a tuberculous patient.

In previous reports I have explained why it is most important that parents in this county should allow their children to take advantage of the chance of obtaining protection against tuberculosis by means of B.C.G. vaccine. In this county over 90 per cent of children leave school without ever encountering a tubercle bacillus and acquiring some natural resistance. As many of them go south for training and employment they stand a chance of encountering their first infection at a most susceptible age. The wise parent will therefore see that the child is protected by B.C.G. vaccine before leaving school. During the year 175 children were given B.C.G. vaccine at school.

Statistical returns about tuberculosis will be seen on page 2 of the appendix of this report.

INFECTIOUS DISEASES

The table below shows the number of cases of notifiable infectious diseases in the county during 1955.

Disease	At All ages	-1	1-	5-	15-	25-	45-	Received hospital treatment
<u>Lerwick Burgh</u>								
Puerperal Pyrexia	2	-	-	-	2	-	-	•
<u>County</u>								
Dysentery	2	-	-	-	-	-	2	-
Pneumonia, Acute								
Primary	2	-	-	-	-	-	2	-
Total	4	-	-	-	-	-	4	-

The table shows fewer notifications than in any previous year.

There were various infectious conditions causing minor ill health which do not appear on the table.

Mumps was widespread in Burra Isle in the early summer, and also occurred in Sandsting and Aithsting and elsewhere in the county. There was some influenza at the beginning of the year.

There were no cases of poliomyelitis.

MENTAL HEALTH

There are twenty one certified mental defectives in the county. Most of the cases are cared for by relatives. They are visited by welfare officers and practitioners.

There were ten certified patients sent to mental hospitals in the south during the year. It is not known how many cases were admitted as voluntary patients.

A consultant in mental diseases from Kingseat Hospital, Aberdeenshire, visits the county regularly about six times a year, and holds a clinic in Lerwick for some days on each visit. These visits no doubt help to prevent the need for re-admission of former mental hospital patients.

The County Welfare Officer is the "Authorised Officer" for the County.

NURSERY AND CHILD MINDERS REGULATION ACT

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

REPORT ON SCHOOL MEDICAL INSPECTIONYear ended 31st July, 1955STAFFSchool Medical Officer (part-time):-

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

School Dental Officer:-

Miss Joyce G. Campbell, L.D.S.

School Nurses (part-time):-

Lerwick	-	One.
Other Areas	-	20 District Nurses in 20 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	-	18,715 (at start of school year)
--------------------	---	----------------------------------

Number of Schools:-

Primary	-	41
Senior Secondary	-	1
Junior Secondary	-	11
Side Schools	-	1

Number of children on register	-	2,928
Number of children in average attendance	-	2,674
Percentage attendance for year	-	89.9

REPORT ON SCHOOL MEDICAL INSPECTION

During the school year ending July, 1955, all schools were visited for medical inspection of the pupils except for the schools at Foula, Trondra and Bressay.

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

- (1) All entrants and pupils not previously given routine school medical inspection.
- (II) Pupils born in 1947 (examined for visual acuity and hearing only).
- (III) Pupils born in 1945.
- (IV) Pupils born in 1941.
- (V) Pupils born in 1938.

Table 1 of this report shows that 1,121 children were given systematic examination. This is 71 more than in the previous year. 148 children not in the age groups for examination were re-examined on account of some defect noted or suspected at a previous examination.

54 children missed routine examination through being absent on the day of the examination and a few additional children in the schools not visited also missed examination. Altogether 95 per cent of those due for examination were actually examined.

Attendance of Parents at Inspections.

Parents or other relatives attended with 238 of the children receiving routine inspection. Parents attended with 64 per cent of all children examined in the entrants group.

THE FINDINGS OF MEDICAL INSPECTION

Table 11 shows in detail under separate headings the number of defects found at systematic examinations.

There are no figures that are unusual or differ much from the same table in the reports for the last few years.

Head nits are not now seen at routine inspection. This is no doubt largely due to the fact that the families with infested hair make a special effort just before the known date for inspection. Nevertheless it can be said that the occurrence of nits in the hair is now a rarity.

Nurses carry out inspections of children's heads at school and issue insecticidal hair lotions to families showing signs of infestation.

Defective vision is the commonest defect. 66 children were recommended for refraction compared with 62 in the previous year.

Most children have their vision tested for the first time in the second age group - when they are about six and a half or seven years old. 28 out of 310 children at this age were recommended for refraction. This proportion seems to be much the same as that shown in the reports for the whole country and for other areas.

Table 111 classifies children into groups in accordance with the severity of defects discovered. The table is very similar to the equivalent tables in the reports for the last few years. It does, however, show a larger number of children in Group 1 (free from defects) than is ever shown in this table in reports from urban areas.

The table of average weights and heights is very similar to last year's table.

Table 1V gives particulars about handicapped children.

SCHOOL DENTAL SERVICE

Table V shows that there has been a big increase in the number of children examined and treated by the School Dental Officer.

A temporary additional dental officer was employed for a short time in the autumn months at the beginning of the school year. Apart from this help Miss Campbell has alone had to attempt the task of trying to work a preventive dental service among the children in the county. In view of the extreme shortage of dentists we are fortunate that over 2,600 children were examined and over 1,700 treated. This is nearly three times as many as in the previous year.

At the end of the school year a second school dentist joined the staff.

TABLE 1.

Total number of children examined at:-

(A)		Systematic Examinations:-	Other systematic Examinations:-
Ordinary Schools	{ Entrants	298	-
	{ Second Age Group	310	-
	{ Third Age Group	245	-
	{ Fourth Age Group	98	-
Secondary Schools	{ Fourth Age Group	133	-
	{ Fifth Age Group	37	-
		<u>1121</u>	<u>-</u>
(B) Other examinations:-		Special cases	89
		Re-inspections by Medical Officer	59
			<u>148</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	-	28
Third Age Group	-	18
Fourth Age Group	-	31
Fifth Age Group	-	2
Other systematic examinations	-	-
		<u>90</u>

Of 148 children given a re-inspection or special examination 32 were notified to parents as requiring treatment, and 30 were noted for re-examination again during the school year 1955-56.

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	4	-	4	-	-	-	-	-	-	-	4
	0.5	-	2.7	-	-	-	-	-	-	-	1.0
Other diseases	2	-	1	1	-	-	-	-	-	1	1
	0.2	-	0.7	0.8	-	-	-	-	-	0.2	0.2
(b) Visual acuity		See end of Table 11									
9. Ears-											
(a) Diseases:											
Otorrhoea	1	-	-	-	-	-	1	-	-	-	1
	0.1	-	-	-	-	-	0.8	-	-	-	0.2
Other diseases	11	1	1	1	-	4	3	-	1	6	5
	1.4	0.7	0.7	0.8	-	3.6	2.5	-	5.9	1.5	1.2
(b) Defective hearing-											
Grade 1	1	-	-	-	1	-	-	-	-	-	1
	0.1	-	-	-	0.8	-	-	-	-	-	0.2
" 11(a)	-	-	-	-	-	-	-	-	-	-	-
" 11(b)	-	-	-	-	-	-	-	-	-	-	-
" 111	-	-	-	-	-	-	-	-	-	-	-
10. Speech-											
Defective articulation	-	-	-	-	-	-	-	-	-	-	-
Stammering	-	-	-	-	-	-	-	-	-	-	-
11. Mental and Nervous Condition-											
(a) Backward (due to irregular attendance, etc.)	1	-	-	-	1	-	-	-	-	-	1
	0.1	-	-	-	0.8	-	-	-	-	-	0.2
(b) Dull (intrinsically)	-	-	-	-	-	-	-	-	-	-	-
(c) Mentally defective (educable)	-	-	-	-	-	-	-	-	-	-	-
(d) Mentally defective (ineducable)	-	-	-	-	-	-	-	-	-	-	-
(e) Highly nervous or unstable	1	-	1	-	-	-	-	-	-	-	1
	0.1	-	0.7	-	-	-	-	-	-	-	0.2
(f) Difficult in behaviour	-	-	-	-	-	-	-	-	-	-	-
12. Circulatory system-											
(a) Organic heart disease:											
(1) Congenital	2	-	1	1	-	-	-	-	-	1	1
	0.2	-	0.7	0.8	-	-	-	-	-	0.2	0.2
(11) Acquired	-	-	-	-	-	-	-	-	-	-	-
(b) Functional conditions	3	-	-	-	1	1	-	-	1	1	2
	0.4	-	-	-	0.8	0.9	-	-	5.9	0.2	0.5
13. Lungs-											
Chronic bronchitis	1	1	-	-	-	-	-	-	-	1	-
	0.1	0.7	-	-	-	-	-	-	-	0.2	-
Suspected tuberculosis	-	-	-	-	-	-	-	-	-	-	-
Other diseases	7	2	4	-	1	-	-	-	-	2	5
	0.9	1.3	2.7	-	0.8	-	-	-	-	0.5	1.2

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	-	-	-	-	-	-	-	-	-	-	-
(b) Acquired											
(Infantile Paralysis)	1	-	-	1	-	-	-	-	-	1	-
	0.1	-	-	0.8	-	-	-	-	-	0.2	-
(c) Acquired											
(probable rickets)	3	1	-	-	-	2	-	-	-	3	-
	0.4	0.7	-	-	-	1.8	-	-	-	0.7	-
(d) Acquired											
(Other causes)	1	-	1	-	-	-	-	-	-	-	1
	0.1	-	0.7	-	-	-	-	-	-	-	0.2
15. Infectious diseases	-	-	-	-	-	-	-	-	-	-	-
16. Other diseases or defects	5	1	-	-	2	1	1	-	-	2	3
	0.6	0.7	-	-	1.7	0.9	0.8	-	-	0.5	0.7

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:		5	5	163	147	122	117	112	119	20	17	422	405
Visual acuity:													
Fair	68	1	1	14	17	7	7	6	12	2	1	30	38
	8.2	20.0	20.0	8.6	11.6	5.7	6.0	5.4	10.1	10.0	5.9	7.1	9.4
Bad	55	-	-	4	13	1	7	15	13	-	2	20	35
	6.6	-	-	2.4	8.8	0.8	6.0	13.4	10.9	-	11.8	4.7	8.6
Number recommended for refraction	66	2	1	10	18	2	7	14	11	-	1	28	38
	8.0	40.0	20.0	6.1	12.2	1.6	6.0	12.5	9.2	-	5.9	6.6	9.4

Table of Average Age, Weight and Height of
Children examined at Systematic School Medical
Inspection During the Year Ended 31st July, 1955

<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	8.5	47.8	45.1
Females	5	7.6	45.4	43.7
<u>Third Age Group:-</u>				
Males	9	6.2	70.2	53.3
Females	9	4.8	68.1	52.9
<u>Fourth Age Group:-</u>				
Males	13	3.3	105.3	61.5
Females	13	7.2	110.8	61.9
<u>Fifth Age Group:-</u>				
Males	16	11.4	150.9	69.9
Females	16	10.4	126.5	64.2

Visits to School Children in their homes by School Nurses

In an area where District Nurses act as school nurses it is not easy to answer the Department of Health's request to give the number of visits made to school children by the nurses in their capacity at "school nurses."

Our records, however, can show that at least 54 children were visited by District Nurses in their capacity as school nurses, and in connection with school medical inspection work.

TABLE 111

Systematic Medical Examinations

Classification	Entrants		3rd age group		4th age group		5th age group		Total	
	No. of children	% of the exd. in this group	No. of children	% of the exd. in this group	No. of children	% of the exd. in this group	No. of children	% of the exd. in this group	No. of children	% of the exd. at children systematic medical exams.
Group 1	276	92.62	224	91.43	195	84.42	35	94.60	730	90.01
" 11(a)	-	-	2	0.82	8	3.46	-	-	10	1.23
" 11(b)	1	0.34	-	-	3	1.30	1	2.70	5	0.62
" 11(c)	-	-	-	-	-	-	-	-	-	-
Total	1	0.34	2	0.82	11	4.76	1	2.70	15	1.85
" 111	11	3.69	11	4.49	21	9.09	-	-	43	5.30
" 1V(a)	8	2.68	7	2.85	4	1.73	1	2.70	20	2.47
" 1V(b)	2	0.67	1	0.41	-	-	-	-	3	0.37
Total	10	3.35	8	3.26	4	1.73	1	2.70	23	2.84
Total No. of children examined	298	100.00	245	100.00	231	100.00	37	100.00	811	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 1V

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 ordin- ary school would adversely affect the eye condition	-	-	-	-
(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 years)				
(a) Educable	8	-	-	8
(b) Ineducable	3	-	10	*13(+3)
6. Epilepsy				
(a) Mild and occasional ...	2	-	-	2
(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	-	2	1	3
(c) Organic heart disease ...	-	-	-	-
(d) Other causes of ill health	4	-	-	4
8. Multiple defects	-	-	1	1

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

1 Epileptic and blind.

TABLE V
DENTAL INSPECTION AND TREATMENT

Number of children who were:-

(1) Inspected by the dental officer:-		(a)	(b)	
		Systematic	Special and	
		examinations.	emergency	Total.
Age.			cases.	
5		126		
6		241		
7		285		
8		267		
9		259		
10		261		
11		300		
12		314		
13		230		
14		188		
15		93		
Over 15		107		
		<hr/> 2,671 <hr/>	<hr/> - <hr/>	<hr/> - <hr/>
		Systematic	Special and	
		examinations	emergency	
			cases	
(2)	Found to require treatment	2,180		
(3)	Actually treated by the school dental officer	1,765		
(4)	Number of attendances made by children for treatment	2,280		
(5)	Fillings (a) Permanent teeth	904		
	(b) Temporary teeth	162		
(6)	Extractions -			
	(a) Permanent teeth	916		
	(b) Temporary teeth	1,474		
(7)	Number of administrations of a general anaesthetic for extractions	570		
(8)	Other operations -			
	(a) Permanent teeth	239		
	(b) Temporary teeth	138		
(9)	Half-days devoted to inspection	58		
	Half-days devoted to treatment	464		
(10)	Number of children treated under private arrangements	-		
	Orthodontic cases	10		
	Dentures	25		
	X-rays	52		

PORT HEALTH ADMINISTRATION

During the year 359 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 Customs officers.

These health declaration forms tell us the foreign port from which each boat last sailed before reaching Shetland. Though this is not of much public health importance it may be of interest to record which of the small ports on the other side of the North Sea send us the most visitors; nearly all the boats come either from Maløy or Alesund. On 141 occasions boats came from Maløy and on 121 occasions from Alesund. 42 visits were made from Bergen.

HEALTH EDUCATION

The nursing staff are encouraged to take every opportunity to give lectures and talks on matters of health to women's societies and other organisations in their area. Film strips and pamphlets for this purpose are distributed to nurses by the public health office when required.

General practitioners have also helped in this work.

During the year circular letters were sent to practitioners and nurses by the Medical Officer of Health asking for an effort to increase the number of smallpox vaccinations of infants. In one area a pamphlet on this subject drafted by their own practitioner for the area was distributed among the mothers.

Pamphlets for parents explaining B.C.G. vaccine, and pamphlets to teachers explaining the need for chest X-ray examination of people in their profession are also in use.

In the autumn Miss Campbell, School Dental Officer, arranged for films on dental health to be shown in Lerwick and in some country districts and these films were followed by a short lecture by Miss Campbell.

FOOD SUPPLIES

Particulars of the administration of the Acts and Orders to do with milk, ice cream, meat and other foods are given in the report of the County Sanitary Inspector.

SUMMARY

The Society of Medical Officers of Health have recently celebrated their centenary year. Various speeches have been made and articles have been written to mark this event, and after reading them one cannot help being struck by the tremendous changes that have taken place in the problems now facing a Medical Officer of Health and in the different position in which he finds himself.

He once concerned himself mainly with preventing the spread of infectious diseases by air, food, and water. In the course of time successes in this field have been achieved and infectious diseases and environmental hygiene no longer take up most of his time. As life became more complicated other specialists - architects, ventilation engineers, sanitary and water engineers, statisticians and others rightly took over tasks with which the old time Medical Officer had to wrestle.

Then came the Health Act with its emphasis on the curative side of medicine, and the expansion of the hospital and specialist services. At present over 60 per cent of the yearly expenditure on the health service is spent on hospitals, and over 30 per cent on Executive Council (general practice) responsibilities, leaving a very small proportion for expenditure on the prevention of disease. The Medical Officer of Health and the local authority public health services found themselves more involved in what can be described as welfare work. Their share of duties included many necessary but less attractive tasks. Unfortunately both the medical and nursing professions find the attractions of curative medicine more interesting and more rewarding than the public health fields of work. This is very understandable, but will make the task of the local authorities no easier.

It is the duty of preventive medicine to ease the demand for hospital accommodation. There are various ways in which this can be attempted. Preventive medicine in the future will be expected to study and control the stresses which lead to degenerative changes, and also to prevent ill health due to mental and emotional causes. As nearly forty per cent of the hospital beds in Scotland are occupied by people with mental ill health the need for this is obvious. Unfortunately not much is known about this problem and few local authorities have staff trained to tackle it.

It may be asked - "But what have these national problems got to do with the public health services in our own small corner of the country?" The answer is that if authorities in the south are finding it difficult to extend the work of the public health services we in turn may find it even more difficult.

It has been explained elsewhere in this report that many of our duties as a health authority depend on the public health nursing staff. It is becoming more difficult to keep this staff at full strength. Geriatric nursing takes up much of the time of the nurses but so far their public health duties are not being neglected.

Little expansion of our work is possible until it is easier to recruit staff. It would then be possible to allow our permanent staff to obtain courses of instruction in the newer tasks which are being demanded of health visitors. Nurses working in isolation also require refresher courses in the ordinary subjects which were included in their training.

The Local Authority dental service is also insecure; if at any time the one available school dentist should leave without being replaced the service would close down.

Although our statistics look very satisfactory, and although we are managing to fulfill our health authority functions at present, I think it is right that we should realise that the actual position is somewhat precarious. We can hope to hold our own, but it is doubtful if we can extend our activities in any new direction in the near future.

Let us conclude by looking at the brighter side of the picture. We can/

can claim that the whole medical service in the county is working as one team with the same people, lay and medical, interested in working all parts of the Act. (By all accounts this happy state of affairs is not found in all parts of the country).

We have reason to be pleased (in a cautious way) with the improved position regarding tuberculosis.

We are at least managing to handle the increasingly difficult task of caring for the large proportion of old persons in the county, though we hope to improve on our present efforts.

The Sanitary Inspector's reports show the steady improvements which are being achieved with the milk supplies, water supplies, and housing. Infectious diseases have not caused more than minor inconvenience.

School inspections continue to reveal few defects among the pupils. The public are supporting immunisation schemes and are being most co-operative with the local authority in all its public health efforts.

APPENDIXMATERNITY AND CHILD WELFAREDistrict Nurses employed as Health Visitors and
Health Visitor in Lerwick.

Number of Expectant Mothers visited	-	146
Total visits made	-	679
Number of Children under 1 year of age visited	-	325
Total visits made	-	1,897
Number of Children between age of 1 - 5 years visited	-	1,064
Total visits made	-	2,772
No. of Tuberculosis Cases visited	-	112
Total visits made	-	374
No. of other cases visited	-	18
Total visits made	-	100

Attendances at Lerwick Child Welfare Centre

Number of Expectant Mothers attending	-	15
Total attendances	-	18
Number of Children under 1 year attending	-	193
Total attendances	-	1,053
Number of Children 1 - 5 years attending	-	280
Total attendances	-	500

Births During 1955

(1)	Total number of live births during year (before correction for mother's residence)	-	287
	Total number of Stillbirths	-	4
(11)	Total number of births in (1) occurring in institutions	-	221
(111)	Total number of births occurring at home:-		
	Doctor present	-	51
	Doctor not present	-	13

Dental Care

	No. inspected by Dental Officers.	No. found to require treatment	No. accept- ing treatment	No. actually treated by Dental Officers
Expectant Mothers	6	6	6	6
Nursing Mothers	5	4	4	4
Pre-school children	67	62	62	62

TUBERCULOSISNumber of Cases Diagnosed as suffering from Tuberculosis

	<u>Males</u>	<u>Females</u>	<u>Total</u>
Respiratory	8	3	11
Non-Respiratory	-	3	3
	<u>8</u>	<u>6</u>	<u>14</u>

Number of Cases of Respiratory Tuberculosis with their Home Residence in the Area who received Treatment in Sanatoria or other Institutions

	<u>Males</u>	<u>Females</u>
In Institutions on Jan. 1st:		
Adults	9	6
Children	-	-
Admitted during the year:		
Adults	12	8
Children	1	-
Discharged during the year:		
Adults	10	9
Children	-	-
Died in Institutions:		
Adults	1	1
Children	-	-
In Institutions on December 31st:		
Adults	10	4
Children	1	-

Number of Persons resident in the Area at 31st December, 1955 who were known to be suffering from Tuberculosis

Respiratory:	Males	-	62
	Females	-	55
Non-Respiratory:	Males	-	18
	Females	-	20

B. C. G. VACCINATION

	<u>Tuberculin</u> <u>Tested.</u>		<u>Negative</u> <u>Re-actors</u>		<u>Vaccinated</u> <u>during 1955</u>	
	<u>Males.</u>	<u>Females.</u>	<u>Males.</u>	<u>Females.</u>	<u>Males.</u>	<u>Females.</u>
Contacts	6	10	5	6	4	6
School Leavers	91	95	86	89	86	89

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	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	61	55	-	-
(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 (excluding out-workers' premises)	-	-	-	-
TOTAL	61	55	-	-

2. CASES IN WHICH DEFECTS WERE FOUND

Particulars.	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found.	Remedied.	To H.M. Inspector	Referred by H.M. Inspector	
Want of cleanliness	4	4	-	-	-
Overcrowding	-	-	-	-	-
Unreasonable temperature	-	-	-	-	-
Inadequate ventilation	-	-	-	-	-
Ineffective drainage of floors	-	-	-	-	-
Sanitary Conveniences					
(a) insufficient	-	-	-	-	-
(b) unsuitable or defective	2	2	-	-	-
(c) not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to outwork)	-	-	-	-	-
TOTAL	6	6	-	-	-

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	48	10	-
(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 (excluding out-workers' premises)	-	-	-	-
TOTAL	55	48	10	-

2. CASES IN WHICH DEFECTS WERE FOUND

Particulars.	Number of cases in which defects were found			Number of cases in which prosecutions were instituted
	Found.	Remedied.	Referred To H.M. Inspector	
Want of cleanliness	7	7	-	-
Overcrowding	-	-	-	-
Unreasonable temperature	-	-	-	-
Inadequate ventilation	-	-	-	-
Ineffective drainage of floors	-	-	-	-
Sanitary Conveniences				
(a) insufficient	-	-	-	-
(b) unsuitable or defective	3	3	-	-
(c) not separate for sexes	-	-	-	-
Other offences against the Act (not including offences relating to outwork)	-	-	-	-
TOTAL	10	10	-	-