[Report 1959] / Medical Officer of Health, County of Zetland (Shetland Islands).

Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
https://wellcomecollection.org

COUNTY OF ZETLAND

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

1959

Public Health Office,

Brentham Place,

LERWICK, June, 1960.

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 1959.

I am,
Your obedient Servant,

S.A.B. Black,

Medical Officer of Health.

CONTENTS

VITAL STATISTICS

The following is a summary of the principal statistics for the year 1959. Figures for the years 1957 and 1958 are given for comparison. The figures given are corrected for transfers.

	Zetland			Scotland
	1957	1958	1959	
Population (estimated)	18,436	18,373	18,205	
Crude death rate per 1,000 population	16.7	15.0	13.3	
Death rate adjusted for age and sex distribution	10.9	9.8	8.7	12.1
Live births (including illegitimate)	270	273	245	
Birth rate (per 1,000 population)	14.6	14.9	13.5	19.1
Illegitimate birth rate (per 100 births)	4.1	4.4	4.5	
Infant mortality rate	41	29	20	28
Deaths from tuberculosis (all forms)	1	1	1	
Death rate from tuberculosis (all forms)	0.05	0.05	0.05	0.11
Deaths from pulmonary tuberculosis	1	1	1	
Death rate from pulmonary tuberculosis	0.05	0.05	0.05	0.10
Deaths from principal epidemic diseases	4	1	3	
Death rate (per 1,000 population) from principal epidemic disease	0.22	0.05	0.16	0.12

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 1959 is 18,205 which is 168 fewer than the previous year.

Since the census in 1951 deaths have exceeded births by 130, however, this only accounts for a small part of the drop in population of 1,147 which has occurred during these eight years.

During 1959 there were 245 live births in the county, the smallest number ever to be recorded in one year. The birth rate at 13.5 is the lowest for twenty-two years.

There were 242 deaths which is the lowest number of deaths ever to be recorded in one year, and is 47 fewer than the average number for the previous five years.

For the fourth year running there was one death only from tuberculosis.

The infant mortality rate was 20.

Figures for tuberculosis and for infant deaths are discussed later in this report.

The table below shows in order of frequency the most common ascribed causes of death.

Cause	Number	Percentage of Total Deaths
Arteriosclerotic and degenerative heart disease	80	33.0
Malignant neoplasms	41	16.9
Vascular lesions affecting central nervous system	39	16.1
Hyperplasia of prostate	8	3.3
Other circulatory diseases	7	2.9
Senility without mention of psychosis	7	2.9

The fourth mentioned cause on the list has not in recent years featured in this table, otherwise the table is much the same as in the past few years.

All the above causes of death (each accounting for about 3 per cent or more of the total deaths) are conditions associated with old age. This table a mere twenty years ago had quite a different appearance with causes such as tuberculosis (6.7%), influenza (4.6%), nephritis (3.2%), bronchitis (3.2%) and violent deaths (3.5%) qualifying for inclusion.

Our proportion of deaths due to 'violence' and 'accidents' continues to be less than in the south.

The/

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

1959

Number of Deaths

	Males.	Females.	Total.
All ages	115	127	242
- 1	4	1	5
1 - 4	-	-	-
5 - 9	-	-	-
10 - 14	-	-	-
15 - 24	1	-	1
25 - 34	2	3	5
35 - 44	2	2	4
45 - 54	8	5	13
55 - 64	14	18	32
65 - 74	28	25	53
75 - 84	43	47	90
85 and over	13	26	39

The table is similar in pattern to the equivalent table in the reports for the last few years, but as explained previously there have been fewer deaths than usual. For the second year in succession there have been no deaths between the ages of 1 year and 15 years.

CARE OF MOTHERS AND YOUNG CHILDREN

The table below shows the figures for the past six years for stillbirths, neo-natal deaths, and all deaths of infants under one year of age. (By neo-natal deaths are meant deaths of infants during the first month after birth. Most infant deaths occur within the first few days after birth and are caused by malformations, immaturity, birth injuries or other causes, the prevention of which is difficult).

	1954	1955	1956	1957	1958	1959
Births	273	294	257	270	273	245
Total deaths under 1 year	12	4	10	11	8	5
Neo-natal deaths	11	4	8	7	6	4
Stillbirths	11	4	10	4	10	3
Infant Mortality Rate	44	14	39	41	29	20

It can be seen from the above table that 1959 was a good year for our records. The neo-natal deaths and stillbirths added together total only 7; usually stillbirths and neo-natal deaths added together total about 12 to 14.

The infant mortality rate of 20 is the lowest since the exceptional year 1955. As we are dealing with a small number of births each year our infant mortality rate can show big variations from year to year. A truer picture can be got by taking a view of the figures over a five year period. In the period 1955-1959 there have been 1,339 live births and 38 deaths of infants giving a rate of 26.7 for the period. The rate for Scotland (1959) is 28. We once had an infant mortality rate far lower than the rate for Scotland, but the Scottish cities during the last twelve years have lowered their rate remarkably; they have overcome/

overcome the disadvantages of city life for the infant so that they can now show infant mortality rates as good as our rural rate.

In the whole county including the town of Lerwick 5,295 visits were made by District Nurses and by the Health Visitor to 1,189 children of pre-school age.

The Child Welfare Clinic at Hillhead was attended by 268 different infants who made a total of 1,191 attendances.

WELFARE FOODS

The Local Authority's office situated in the Welfare Centre at Hillhead continues to issue vitamin preparations and to post National Dried Milk to country districts.

In country districts the District Nurses help in the distribution of vitamin preparations to mothers.

In my opinion an ante-natal clinic and child welfare clinic does not carry out its instructive work any better by becoming involved in the distribution of milk foods and vitamins - valuable though these foodstuffs are.

In the annual report for 1954 I quoted an extract from the annual report of the M.O.H. of another Scottish county who wrote as follows:-

"The distribution of Welfare Foods should be handed over to the retail chemists and they should be sold over the counter like any other commodity. The number of people likely to buy them without being entitled to do so is exceedingly small and any loss in this direction would be more than offset by the saving which would result from the abolition of the present cumbersome and unwieldy system of returns and accounting. Surely the time has come for an end of this complicated system of stamps and coupons, which is a source of frustration and annoyance to the mothers and a tedious, time consuming and expensive task for the Local Authority. The profit which the chemists could reasonably expect to make on the transaction would, in my opinion, be no more than a fraction of the cost of the present system."

DENTAL CARE OF MOTHERS AND YOUNG CHILDREN

What is known as the "priority Dental Service for Mothers and Young Children" is a Local Authority responsibility under the Health Act. Nursing and expectant mothers are entitled to the services of a Local Authority dentist. A few years ago when the school dental service was in difficulties the service could hardly be described as a priority service for mothers, as there was little that one overworked school dentist could do for them. However in 1959 there were two dentists in the School Dental Service and only one in private practice in the county. Possibly as a result of this the numbers of expectant mothers, nursing mothers, and pre-school children treated by the school dental officers totals more than three times as many as in the previous year. The demand for this service is still surprisingly small.

Numbers treated by School Dental Officers

	1955	1956	1957	1958	1959
Expectant mothers	6	9	68	3	20
Nursing mothers	4	5	18	8	29
Pre-school children	62	100	51	55	122

MIDWIFERY

During 1959 there were 212 confinements in hospital and 37 confinements at home. This is a higher proportion of hospital confinements than in any previous year (88%).

Twenty one midwives notified their intention to practise midwifery in the county. Ten of our District Nurse-Midwives are qualified to administer gas and oxygen analgesia.

One case of puerperal fever was notified during the year.

Statistics about mother and child welfare and the maternity services are given on page 9 of the Appendix to this report.

HEALTH VISITING AND HOME NURSING

The public health nursing staff consists of the Nursing Superintendent and twenty-one District Nurses. One of the nurses works as a whole time trained Health Visitor. The remainder are district-nurse-midwives who also act as health visitors.

In this county, as in most areas of the Highlands and Islands, 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.

Under conditions existing in this county it is 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 entry to a household and thus makes it easier for her to obtain opportunities to teach infant welfare and general hygiene.

The district nurse's duties as a home nurse are well known to most people, especially to families who have chronic invalids in their households, but probably few realise how many public health duties are also the nurse's responsibility. The following is a list of the public health duties attempted by our district nursing staff:- advising families on measures necessary to promote health or 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 poliomyelitis, and vaccinated against smallpox; visiting households containing a person on the tuberculosis register, and encouraging such patients and their relatives to attend for chest X-ray examination when necessary; arranging for B.C.G. vaccination of child contacts of tuberculous cases; visiting the schools as school nurses; assisting at school medical inspections and at the various immunising sessions held at schools; making follow up visits to the homes of some of the children found to be requiring treatment after school inspections; helping aged people and keeping the Welfare Officers informed about those needing further help; advising on the prevention of accidents in the home. This list is not complete, and every now and then a suggestion is made that some additional duty should be added to the list.

It can be understood, therefore, how much depends on keeping our district nursing service at full strength. Few people realise how near the service is to breaking down in any area whenever a vacancy occurs in the staff. So far we have generally managed to fill each vacancy after an anxious search for a suitable nurse.

We are fortunate that more than half our nursing staff have been with us for many years. Others serve us for some years, but then, quite understandably, like to seek work and experience elsewhere. As most of our nurses are from the south there usually comes a time when they wish to work nearer home.

The/

The staff shortage makes it impossible for the Local Authority to send nurses south for refresher courses of instruction, which are very necessary for nurses who have had to work for long periods in comparative isolation. Another difficulty is that so much of a district nurse's time is taken up with the nursing of old persons that there is less time available for health education and preventive work.

The Public Health Committee have always recognised the importance of good housing and good working conditions for the nursing staff. New houses have been provided in eight areas since the County Council took over the nursing service from the Nursing Associations. Some Nursing Associations continue to give valuable help to the nursing service in their area.

During 1959 two nurses were recruited to the permanent staff and two nurses left the county. We were unable to recruit a permanent supernumerary nurse for relief duties.

CARE OF THE AGED. DOMESTIC HELP SCHEME

The problem of providing care for the high proportion of old people in this county has been described fully in previous reports. There is little change to report.

The last census showed that the proportion of old persons in the county was higher in Shetland than in any other county and is twice as high as the figure for Scotland as a whole. In country districts one person in five is of pensionable age, and about two hundred of these old people are living alone.

In the census year (1951) there were 2,071 persons over the age of seventy in the county. Since then (1951-59) 2,000 persons in the older age groups have died, but they have been replaced by a larger number of people who have stepped up into the over seventy group.

During 1959 only 182 old people in the county died. This is forty fewer than the average yearly number of deaths of old people. It is hard to suggest a reason for this marked reduction in the number of old people dying; the winter months at the beginning and at the end of 1959 did not seem less severe than usual.

In the course of the next year or two there may be more old persons than usual requiring care during their terminal illnesses, as a result of the low mortality during the past year.

In the south there are many ways of helping old persons which are scarcely practicable in country areas of this county.

In last year's annual report the various means used by us to help the aged were described. We depend mainly on neighbourly help, and on the domestic help scheme, and when removal from home is unavoidable Viewforth Eventide Home, Leog Home, or the hospital service play their part.

Domestic Help Scheme.

The help of good neighbours and relatives continues to be the main way of looking after most of our 2,000 old persons. There is a great deal of such help being given in the county. When such help is not available or when circumstances of the case require more attention than can possibly be given by neighbours the home help service is used. The cases needing help are often so scattered that someone living in the neighbourhood is usually employed to help each particular case. At the end of 1959 seventeen part-time domestic help and nine whole time domestic helps were employed. Fifty six old persons had been helped by the scheme during the year, thirty eight of these were new cases during the year. At the end of the year the domestic help scheme was being used to help thirty eight old persons.

Eventide Homes/

Eventide Homes

During the year Leog House was opened as an eventide home. The house accommodates thirteen women. Viewforth Home provides a further 29 beds, and is used by both men and women. The Brevik Hospital at any time usually accommodates a further half a dozen or so of "Local Authority cases."

As explained in previous reports there is a tendency in this county for those old people who apply for admission to an eventide home to do so when their general health is already approaching a state which requires care in a geriatric hospital rather than in a home. We have sometimes to transfer cases at short notice to the hospital from the two homes. We are fortunate in that our hospital services and Local Authority services are worked largely by the same lay and medical persons and therefore both services are able to co-operate with each other closely in trying to meet the needs of the old.

Hospital Services for the Old

The Brevik Hospital provides fifty geriatric beds, a few of which are used for Local Authority cases. There is also accommodation in the Sanatorium for about a dozen geriatric patients now that fewer medical or tuberculous cases are admitted there. There is now the possibility of acquiring a few extra badly needed hospital geriatric beds when the present Gilbert Bain Hospital is vacated.

About half the beds in the Isolation Hospital at any time are occupied by long-stay cases of a geriatric type but we try to reserve this hospital for those cases whose stay in hospital will not be permanent. If a hospital for treatment of the acutely ill is to perform its function care must be taken to prevent more than a proportion of the beds from becoming lost for this purpose by being occupied by long-staying geriatric cases.

For at least the next ten years caring for old people is going to be an increasing problem especially in the more sparsely populated parts of the county (where often only the old and middle aged are left).

We need all the voluntary help we can get. The Lerwick Old People's Welfare Committee, and members of other societies and Church Guilds are doing valuable work.

VACCINATION and IMMUNISATION

Vaccination against Smallpox

Probably about a quarter of the infants born in the county now receive vaccination against smallpox during infancy. This is a lower proportion than in most counties, but it is an improvement on the position up till four years ago when only about a dozen infant vaccinations were being done each year. It is interesting to recall that Dr. Ritchie reported twenty five years ago that at that time (1933 figures) only 3.5 per cent of infants in the county were vaccinated. During 1959 sixty seven infants and ten adults were vaccinated under the Local Authority's scheme for immunisation. It is probable that a few other vaccinations were done without the Public Health Office having a record of the fact. Probably the safest and most suitable time for primary vaccination against smallpox is at any time from one year to four years of age. By tradition primary vaccination is often done at an earlier age than one year.

Diphtheria Immunisation

During 1959 106 children were given primary immunisation against diphtheria alone, and 90 children were given immunisation against diphtheria as part of a combined antigen to give protection against diphtheria/

diphtheria, tetanus and whooping cough. The normal routine of giving re-inforcing doses of diphtheria prophylactic at schools has been interrupted during the last few years by the campaign of immunisation against poliomyelitis. Only fifty-five re-inforcing doses were given during the year; however since the end of the year much has been done to catch up with diphtheria immunising, and this will be described in next year's report.

Immunisation against Whooping Cough

During 1959 combined antigens (for immunisation against whooping cough, diphtheria and tetanus) were supplied for the first time to practitioners by the Local Authority under the County Council's scheme for immunisation. Previously only a plain whooping cough vaccine had been supplied.

93 children were immunised against pertussis alone, and 90 were immunised with combined antigen; 130 of these children were infants.

Protection against Poliomyelitis

During 1959 vaccination against poliomyelitis was offered to persons under twenty-six years of age, to expectant mothers, and to certain hospital workers and their families. Practitioners held immunising sessions in their surgeries and also at the schools in their areas. The Medical Officer of Health held immunising sessions at the Hillhead Clinic and in the Lerwick schools. Over 5,000 doses of poliomyelitis vaccine were given during the year. 1,758 children and 485 young adults received two injections each, and 711 third (re-inforcing) doses were given.

Statistics about immunisation are given on page 11 of the Appendix.

PREVENTION OF ILLNESS, CARE AND AFTER CARE

Tuberculosis

There was one death from pulmonary tuberculosis during the year.

Despite the fact that notification is more complete in recent years the number of new cases notified totals only one third of the number notified ten years ago. These figures can be further improved and we must not become complacent about them.

The table below shows the average number of notifications and deaths each year during five year periods:-

	NOTIFICATIONS			DEATHS		
Year	Pulmonary.	Non-Pulmonary.	Total.	Pulmonary.	Non-Pulmonary.	Total.
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/

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

	NOTIFICATIONS			DEATHS		
Year	Pulmonary.	Non-Pulmonary	Total.	Pulmonary.	Non-Pulmonary.	Total.
1955	11	3	14	3	2	5
1956	5	1	6	-	1	1
1957	9	7	16	1	-	1
1958	8	6	14	1	-	1
1959	6	1	7	1	1	2

The best index available as to the extent of tuberculous infection within the community is the number of positive and negative reactors among school leavers who have been tested by the tuberculin reaction. In 1957 (the last year for which I can find figures) 73% of children in Scotland in this age group were negative reactors. The figures for the whole country have been improving but Shetland is still an area where the chances of encountering a tuberculous infection are less than in most parts of Scotland.

For this reason it is important that young adolescents should be protected by B.C.G. vaccine before they leave school to go south to areas where they may be exposed to infection.

During 1959 173 children between thirteen and fourteen years of age were given B.C.G. vaccine.

	Children 13-14 years Tuberculin Tested.	Negative Reactors.	Percentage Negative.	Percentage School Leavers Negative in Scotland.
1955	186	175	94	68
1956	235	219	93	72
1957	220	202	92	73
1958	198	183	92	-
1959	182	173	95	-

The Medical Officer of Health acts as chest physician to the county. The Senior Tuberculosis Consultant of the North-Eastern Regional Hospital Board visits the county to advise on treatment and preventive work.

The chest clinic at the sanatorium out-patient department was attended by 118 different persons during the year, who made a total of 245 attendances. 148 of these attendances were made by persons who were or had been on the tuberculosis register. These figures do not include merchant seamen and others who required chest X-ray plates before taking up some particular employment. 367 chest plates were made at the clinic during the year.

District Nurses during 1959 made a total of 304 visits to 103 persons on the tuberculosis register.

Statistics about tuberculosis are given on page 10 of the Appendix.

Chiropody

The County Branch of the British Red Cross Society continues to run a Chiropody Scheme for old age pensioners. A visiting Chiropodist holds sessions in Viewforth and in the Brevik Hospital under this scheme, and also treats patients at a clinic. The services of the Chiropodist are only available for a few days every two months and unfortunately it is not possible to extend the scheme to country areas. The County Council does not support the scheme financially. In the absence of any resident chiropodist in the county it would be difficult for the Local Authority or the Red Cross Society to extend the scheme.

Health Education/

Health Education

District Nurses have taken the opportunity to give talks on health subjects to women's clubs in their areas when opportunities have occurred. A stock of film strips, pamphlets and posters are kept in the Public Health Office for issue to nurses for this purpose.

Certain useful pamphlets are used routinely in the course of child welfare work.

Dr. Elenora Simpson of the Scottish Council for Health Education visited every secondary school in the county in the beginning of July, and addressed the pupils and also the canteen workers. Dr. Simpson also gave a lecture to employees in the food trade in Lerwick.

In November a large number of teachers from all over the county who were attending a teachers' conference were addressed by the School Dental Officer, who spoke on the prevention of dental caries among school children, and the problem of improving the teeth of children as it affected Shetland.

Prevention of Accidents in the Home

The two age groups who run most risk from accidents in the home are the very old and young children at the 'toddler' stage. During 1959 three old persons and one infant died as a result of accidents in the home. In the previous year the total was four old persons.

INFECTIOUS DISEASES

The table below shows the number of cases of notifiable infectious diseases (excluding tuberculosis) in the county during 1959.

Disease	At All ages	-1	1-	5-	15-	25-	45-	Received hospital treatment.
Acute Influenzal Pneumonia	3	-	-	-	-	-	3	-
Erysipelas	1	-	-	-	-	-	1	-
Puerperal Fever	1	-	-	-	-	1	-	-

More noticeable were the epidemics of non-notifiable diseases which occurred.

In March and April of 1959 there were some mild influenza cases in various parts of the county.

An epidemic of mumps occurred in Burra Isle in March and April, and reached Whalsay by May.

An extensive measles epidemic occurred in Yell in October.

An atypical form of whooping cough occurred in several parts of the county towards the end of the year.

Between July and December twelve children were admitted to the Isolation Hospital suffering from nephritis which developed as a complication of tonsillitis. The attack of tonsillitis was often quite a mild one. The cases came from various parts of the county. Other cases occurred which were able to be treated in the patient's home.

The various epidemics described above fortunately did not cause any deaths.

MENTAL HEALTH SERVICES/

MENTAL HEALTH SERVICES

There are 18 certified mental defectives in the county. Nearly all are in the care of relatives. They are visited by practitioners and by welfare officers. The welfare officers in each area act as "duly authorised officers" under the County Council's arrangements for working Section 27 of the National Health Service (Scotland) Act, 1947.

There were four certified mental patients sent to mental hospitals during the year.

NURSERY AND CHILD MINDERS REGULATION ACT.

There are no persons in the county known to be paid for acting as "child minders."

CLEAN AIR ACT, 1956 and THE AGRICULTURAL (SAFETY, HEALTH AND WELFARE PROVISIONS) ACT, 1956.

The Department of Health have asked Medical Officers of Health to comment in their reports on any action taken under these two Acts. As far as I know no action has been taken by the County Council under either of these Acts.

PORT HEALTH ADMINISTRATION

During the year there were 593 occasions on which 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.

FOOD HYGIENE

The Food Hygiene (Scotland) Regulations, 1959, made under the Food and Drugs (Scotland) Act, 1956 came into force partly on May 1st and partly on October 1st, 1959.

The Regulations have been awaited with interest by many people in the food trade, some of whom have delayed making alterations and improvements to their premises until they knew what the new Regulations would demand.

In May a circular was sent by the Medical Officer of Health to all food businesses in the county affected by the Regulations, together with copies of the explanatory pamphlet prepared for the Department of Health entitled "The Clean Food Code." The circular explained that the Regulations were of practical value, and also mentioned faults in the habits of food handlers which had been noticed in some local establishments and which the trade were asked to try to eliminate. Copies of the circular were sent to medical practitioners because it was felt that country shopkeepers might be likely to ask their doctor about the regulations.

On June 19th the Medical Officer of Health spoke to an audience of persons in the food trade at the invitation of the Chamber of Commerce, and had an opportunity to discuss the Regulations with them. Since then the County Sanitary Inspector and his staff have been carrying out a detailed survey of food premises to advise on structural alterations and equipment required by the Regulations. (This is described on page 42 of the Report of the County Sanitary Inspector).

I do not expect there will be any great difficulties encountered in meeting the requirements of the Regulations so far as structural improvements and equipment of premises are concerned. The more difficult/

difficult and more important part of the Regulations have to do with the clean handling of food and the hygienic habits of workers in the food trade. These cannot easily be enforced by rules but depend on the willing co-operation of the trade and the hygienic conscience of the workers in food shops.

It will take some time to achieve the improvements which we hope for. I think the general public and the more responsible sections of the food trade would have welcomed these Regulations some years earlier.

REPORT ON SCHOOL MEDICAL INSPECTION

Year ended 31st July, 1959

School Medical Officer (part-time)

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

School Dental Officers

H. Levision, L. D. S., F. D. S., R. C. S.
J. F. Allan, 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 - 18,373 (at start of school year)

Number of Schools:-

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

Number of children on register - 2,930
Number of children in average attendance - 2,708
Percentage attendance for year - 92%

Report on School Medical Inspection

During the school year ending July, 1959, all schools were visited for medical inspection of the pupils except for the schools at Foula, Papa Stour, Skerries, Trondra, Fair Isle and Bressay. (Bressay School was visited at the beginning of the next school year instead).

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

(1) All entrants and pupils not previously given routine school medical inspection.
(11) Pupils born in 1951 (examined for visual acuity and hearing only).
(111) Pupils born in 1949.
(1V) Pupils born in 1945.
(V) Pupils born in 1942.

Table 1 in the Appendix shows that 1,016 children were given routine examination. This was 24 fewer than in the previous year.

144 children not in the age groups for examination were also examined because of some defect noted or suspected at a previous examination, or because they had been absent when they should have been examined in the previous year.

54 children missed routine examination through being absent on the day of the examination and a few children in the schools not visited also missed routine examination. Altogether 94 per cent of those due for medical inspection were actually examined.

Parents or other relatives attended with 209 of the children receiving routine examination.

The Findings of Medical Inspection

Table 11 on page 2 of the Appendix shows in detail under separate headings the number of defects found at systematic examinations. There are no figures that are unusual or that differ much from the same table in the reports for the last few years.

There were no children discovered to have head nits at the time of the routine examination. Ten years ago about twenty children would be found with head nits in the course of a year's school inspection despite the fact that the nurses made regular inspections throughout the year and supervised the treatment of infested families. The improvement is due to the fact that parents are more particular about cleanliness, and also due to the attractiveness and efficiency of the modern remedies for curing the condition and preventing easy re-infestation.

Fifty three children were recommended for refraction because of defective vision compared with 57 children in the previous year. This is 7 per cent of those subjected to routine vision testing. This figure has varied between 10 and 7 per cent in recent years.

Under the defect numbered 6 in Table 11 ("Mouth and teeth unhealthy") I have not included all the children requiring dental treatment, or the figure would be very much higher. Under this heading are included those children whose gums or other parts of the mouth are unhealthy as a result of advanced dental decay or abscesses.

Table 111 shows little difference from the same table in the reports of the last few years. This table is required to be completed by the Department of Health but it cannot be of much value as a comparison between areas as the standard of classification of defects into the various grades can vary greatly depending on the standards adopted by the particular school medical officer doing the examination.

The/

The table of weights and heights (page 6 of Appendix) is very similar to the equivalent table in the reports for the last few years.

Table V gives statistics of the work of the School Dental Service.

Table IV gives particulars about handicapped children.

In last year's report the Scottish Education Department's report entitled "Provision for Handicapped Children" was discussed, and I explained that I could find only about forty names of children who could qualify for inclusion in this table. According to the report we should on population basis have far more children requiring "special educational treatment of some kind" because of some health defect. We are a community in which district nurses, doctors, teachers and the school medical officer all know the children in their care fairly well. Under these conditions it is difficult to believe that we are failing to detect large numbers of children with physical or mental defects sufficiently severe to require special educational measures of some kind.

However, since the report was published careful attention is being paid to this point, and the report's suggestions on the best methods of providing special education when necessary. The matter is at present receiving the attention of the Education Committee. The question of providing audiometric testing for all children of a certain age as a routine is under consideration at present.

CONCLUDING COMMENTS

Development of Preventive Medicine. Some Problems for the Future.

The Department of Health have asked Medical Officers of Health to comment on what the role of the local health authorities' services should be in meeting the challenges presented by new social and medical developments. They ask us to comment on what steps are being taken in our areas. This presents us with an opportunity to have a look around and to consider the general problems likely to face this Local Authority in the near future.

Certain public health problems which were once of the greatest importance have in recent years become far less urgent.

Slum housing conditions, primitive sewerage, poor water supplies, and ill health arising from poverty and malnutrition are all occupying less prominent places as public health problems than they were when most of the present day Medical Officers of Health were students. Even in rural areas of a thinly populated county such as this piped water supplies are common.

In more recent years changes and improvements have occurred in this county in a quiet steady way, so that one is surprised if one looks back at the records of (for instance) the housing standards or the quality of the milk supply which we experienced during the first few years after the war.

The common infectious diseases of childhood have now lost much of their terrors. Some can be prevented by protective inoculations; others are treated by curative medicine in a way which no longer involves loss of young lives. We no longer think of closing down a country school at the first sign of a few cases of one of the common infectious diseases. In the past few years we have had to adapt the work of the staff so as to carry out quite a heavy programme of immunisation. B.C.G. immunisation to protect adolescents from tuberculosis, whooping cough immunisation, and immunisation against poliomyelitis have all been provided as a Local Authority service in this county within the past nine years.

Many authorities tell us that Britain is behind other civilised countries in the standard of food hygiene which we tolerate. The new Food Hygiene Regulations will achieve some improvement here, and this public health measure will give the Local Authority services plenty of work for some years.

The Sanitary Inspector's staff has had to have some increase to enable us to work the Food Regulations and to hold the ground we have gained in milk inspection and in other fields. Apart from this the various changes in the priority and in the pattern of the work that has occurred have been met by altering and adapting the tasks of our limited staff of officials and nurses.

There has been no increase in the Medical Officer of Health's staff since the war.

So much for the present and the immediate past, but what is the nature of the next few challenges to preventive medicine and how are we to adapt ourselves to meet them?

Our National Health Service lays all the emphasis on curative medicine. Only about eight per cent of the total cost of the National Health Service is spent on the prevention of sickness. The treatment of ailments (especially the more complicated hospital treatments) has a glamour and interest for many of the public. Such interest is rarely shown for the unromantic efforts of preventive medicine. This is understandable. Preventive medicine so often requires the public to exert some self discipline, or to do something unpopular such as abandoning some long-established and convenient unhygienic habit. There is nothing new in this, and we need not let it discourage us. The Local Authority services in the past have managed to handle problems which probably then seemed just as hard as some of those we are about to meet.

Dental/

Dental caries is increasing. Here is a field in which we are losing ground; conditions are worse than during the war years. Has the public health staff any hope to persuade parents to see that children do not indulge in almost continuous eating of sweets between meals? Will the public continue to be apathetic about prevention but clamorous for dental treatment and cure?

Fluoridation of water supplies as a means of reducing dental caries is, I hope, going to be accepted by the public in this county. The Local Authority have started making their first enquiries about this measure already. It would save the teeth of many a child if we became one of the first counties to adopt this measure.

Much attention is being given throughout the country at present to the figures for road accidents. Lung cancer kills more people in this country every year than road accidents and tuberculosis added together, and the yearly number of deaths from this cause has been increasing at a steady pace for sixteen years and is still increasing. The principal cause for this increase is heavy cigarette smoking. We ought to discourage the young from acquiring the habit. Until the leaders of the public set some example to the young there is little that the public health services can do.

Accidents in the home (though not of course a 'new' problem) now kill as many young pre-school children as do the infectious diseases. Health Visitors are trying to educate mothers to reduce the risks of such accidents occurring.

The prevention of mental ill health is one of the challenges to preventive medicine at present. I do not know how this should be attempted. There are those who claim that it is a task for the Health Visitor. In my opinion, although there are many ways in which a District Nurse-Health Visitor could help a family suffering from stress and worry, I feel that it is asking too much of these useful members of the staff to claim that they can play a major part in this branch of preventive medicine.

It is worth mentioning that there are two subjects which are receiving attention by Local Authorities in the south, but which for some time anyway are not likely to be of much importance to us. These are smoke abatement and the disposal of the radio-active wastes by industries using these materials.

The most urgent task facing this County Council in the next ten years is a Welfare problem. We will have to care for a very large number of old persons, and only a proportion of them can be looked after in institutions. We should start thinking hard about this problem now. We cannot plan to expand our District Nurse-Health Visitor staff as we are finding difficulty in maintaining the staff at its present strength. Is the employment of unqualified assistant nurses in the district a possibility? Would we be able to recruit such staff to help bed-ridden old people? How long can our present system of part-time welfare officers in country districts give adequate service, and what changes would be possible? There is no reason why we should not find the answer to these problems providing our limited resources are made adaptable and so long as we do not let ourselves get into a rut by following past practices when they become out of date.

APPENDIX

TABLE 1

Total number of children examined at:-

(A)		Systematic Examinations:-	Other systematic Examinations:-
Ordinary Schools	Entrants	256	-
	Second Age Group	238	-
	Third Age Group	246	-
	Fourth Age Group	164	-
Secondary Schools	Fourth Age Group	53	-
	Fifth Age Group	59	-
		1016	-

(B) Other examinations:-		
Special cases		66
Re-inspections by Medical Officer		78
		144

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

Entrants	-	15
Second Age Group	-	23
Third Age Group	-	29
Fourth Age Group	-	24
Fifth Age Group	-	7
Other systematic examinations	-	-
		98

Of 144 children given a re-inspection or special examination 24 were notified to parents as requiring treatment and 28 were noted for re-inspection again during the school year 1959-60.

TABLE 11

Return of number and percentage of individual children in each age group suffering from particular defects:-

Nature of Defect.	Total defective at all ages	Entrants Boys	Entrants Girls	Third Age Group Boys	Third Age Group Girls	Fourth Age Group Boys	Fourth Age Group Girls	Fifth Age Group Boys	Fifth Age Group Girls	All Ages Boys	All Ages Girls
Number examined:		134	122	120	126	112	105	28	31	394	384
1. Clothing unsatisfactory	-	-	-	-	-	-	-	-	-	-	-
2. Footgear unsatisfactory	-	-	-	-	-	-	-	-	-	-	-
3. Cleanliness-											
(a) Head: Dirty, nits or vermin	-	-	-	-	-	-	-	-	-	-	-
(b) Body: Dirty or verminous	-	-	-	-	-	-	-	-	-	-	-
4. Skin-											
(a) Head:											
Ringworm	-	-	-	-	-	-	-	-	-	-	-
Impetigo	-	-	-	-	-	-	-	-	-	-	-
Other diseases	4	-	1	1	2	-	-	-	-	1	3
	0.5	-	0.8	0.8	1.6	-	-	-	-	0.3	0.8
(b) Body: Ringworm	-	-	-	-	-	-	-	-	-	-	-
Impetigo	2	-	1	1	-	-	-	-	-	1	1
	0.3	-	0.8	0.8	-	-	-	-	-	0.3	0.3
Scabies	-	-	-	-	-	-	-	-	-	-	-
Other diseases	9	1	1	3	-	3	-	2	-	9	1
	1.2	0.7	0.8	2.5	-	2.7	-	7.1	-	2.3	0.3
5. Nutritional State-											
Slightly defective	4	1	2	1	-	-	-	-	-	2	2
	0.5	0.7	1.6	0.8	-	-	-	-	-	0.5	0.5
Bad	-	-	-	-	-	-	-	-	-	-	-
6. Mouth and teeth unhealthy	14	7	4	1	2	-	-	-	-	8	6
	1.8	5.2	3.3	0.8	1.6	-	-	-	-	2.0	1.6
7. Naso-pharynx-											
(a) Nose:											
(i) Obstruction req.	12	5	4	-	2	1	-	-	-	6	6
observation	1.5	3.7	3.3	-	1.6	0.9	-	-	-	1.5	1.6
(ii) Requiring operation	-	-	-	-	-	-	-	-	-	-	-
(iii) Other conditions	-	-	-	-	-	-	-	-	-	-	-
(b) Throat:											
(i) Tonsils req.	9	3	2	-	2	-	2	-	-	3	6
observation	1.2	2.2	1.6	-	1.6	-	1.9	-	-	0.8	1.6
(ii) Requiring	4	-	2	1	1	-	-	-	-	1	3
operation	0.5	-	1.6	0.8	0.8	-	-	-	-	0.3	0.8
(c) Glands:											
(i) Requiring	5	1	3	1	-	-	-	-	-	2	3
observation	0.6	0.7	2.5	0.8	-	-	-	-	-	0.5	0.8
(ii) Requiring	1	-	-	-	1	-	-	-	-	-	1
operation	0.1	-	-	-	0.8	-	-	-	-	-	0.3
8. Eyes-											
(a) External diseases:											
Blepharitis	16	4	3	2	1	3	3	-	-	9	7
	2.1	3.0	2.5	1.7	0.8	2.7	2.9	-	-	2.3	1.0
Conjunctivitis/											

TABLE 11 (Cont'd).

Nature of Defect.	Total defective at all ages	Entrants Boys	Entrants Girls	Third Age Group Boys	Third Age Group Girls	Fourth Age Group Boys	Fourth Age Group Girls	Fifth Age Group Boys	Fifth Age Group Girls	All Ages Boys	All Ages Girls
Conjunctivitis	-	-	-	-	-	-	-	-	-	-	-
Corneal opacities	-	-	-	-	-	-	-	-	-	-	-
Strabismus	2	-	-	-	2	-	-	-	-	-	2
	0.3	-	-	-	1.6	-	-	-	-	-	0.5
Other diseases	-	-	-	-	-	-	-	-	-	-	-
(b) Visual acuity		See end of Table 11									
9. Ears-											
(a) Diseases:											
Otorrhoea	2	-	-	1	-	-	-	1	-	2	-
	0.3	-	-	0.8	-	-	-	3.6	-	0.5	-
Other diseases	5	1	1	1	1	1	-	-	-	3	2
	0.6	0.7	0.8	0.8	0.8	0.9	-	-	-	0.8	0.5
(b) Defective hearing-											
Grade 1	2	-	-	2	-	-	-	-	-	2	-
	0.3	-	-	1.7	-	-	-	-	-	0.5	-
" 11(a)	-	-	-	-	-	-	-	-	-	-	-
" 11(b)	-	-	-	-	-	-	-	-	-	-	-
" 111	-	-	-	-	-	-	-	-	-	-	-
10. Speech-											
Defective articulation	2	1	-	1	-	-	-	-	-	2	-
	0.3	0.7	-	0.8	-	-	-	-	-	0.5	-
Stammering	1	-	-	-	1	-	-	-	-	-	1
	0.1	-	-	-	0.8	-	-	-	-	-	0.3
11. Mental and Nervous Condition-											
(a) Backward (due to irregular attendance, etc.)	-	-	-	-	-	-	-	-	-	-	-
(b) Dull	1	-	-	-	-	1	-	-	-	1	-
(intrinsically)	0.1	-	-	-	-	0.9	-	-	-	0.3	-
(c) Mentally defective (educable)	-	-	-	-	-	-	-	-	-	-	-
(d) Mentally defective (ineducable)	-	-	-	-	-	-	-	-	-	-	-
(e) Highly nervous or	1	1	-	-	-	-	-	-	-	1	-
unstable	0.1	0.7	-	-	-	-	-	-	-	0.3	-
(f) Difficult in behaviour	-	-	-	-	-	-	-	-	-	-	-
12. Circulatory system-											
(a) Organic heart disease:											
(1) Congenital	1	-	-	-	-	1	-	-	-	1	-
	0.1	-	-	-	-	0.9	-	-	-	0.3	-
(11) Acquired	1	1	-	-	-	-	-	-	-	1	-
	0.1	0.7	-	-	-	-	-	-	-	0.3	-
(b) Functional Conditions	-	-	-	-	-	-	-	-	-	-	-
13. Lungs-											
Chronic bronchitis	-	-	-	-	-	-	-	-	-	-	-
Suspected tuberculosis	-	-	-	-	-	-	-	-	-	-	-
Other diseases	4	2	-	2	-	-	-	-	-	4	-
	0.5	1.5	-	1.7	-	-	-	-	-	1.0	-
14. Deformities/											

TABLE 11 (Cont'd.)

Nature of Defect	Total defective at all ages	Entrants Boys	Entrants Girls	Second Age Group Boys	Second Age Group Girls	Third Age Group Boys	Third Age Group Girls	Fourth Age Group Boys	Fourth Age Group Girls	Fifth Age Group Boys	Fifth Age Group Girls	All Ages Boys	All Ages Girls
. Deformities-													
(a) Congenital	4	3	-	-	-	-	-	-	-	1	3	1	
	0.5	2.2	-	-	-	-	-	-	-	3.2	0.8	0.3	
(b) Acquired (Infantile Paralysis)	-	-	-	-	-	-	-	-	-	-	-	-	
(c) Acquired (Probable rickets)	5	-	2	-	2	1	-	-	-	-	1	4	
	0.6	-	1.6	-	1.6	0.9	-	-	-	-	0.3	1.0	
(d) Acquired (Other causes)	3	-	1	-	2	-	-	-	-	-	-	3	
	0.4	-	0.8	-	1.6	-	-	-	-	-	-	0.8	
. Infectious diseases	-	-	-	-	-	-	-	-	-	-	-	-	-
. Other diseases or defects	3	-	1	-	-	-	2	-	-	-	-	3	
	0.4	-	0.8	-	-	-	1.9	-	-	-	-	0.8	

(b) Visual acuity:

Nature of Defect.	Total defective at all ages	Entrants Boys	Entrants Girls	Second Age Group Boys	Second Age Group Girls	Third Age Group Boys	Third Age Group Girls	Fourth Age Group Boys	Fourth Age Group Girls	Fifth Age Group Boys	Fifth Age Group Girls	All Ages Boys	All Ages Girls
›tal number subjected › routine vision ›sting:	761	3	2	122	116	118	126	110	105	28	31	381	380
›isual acuity:													
›ir	56	-	-	10	11	10	6	6	11	-	2	26	30
	7.4	-	-	8.2	9.5	8.5	4.8	5.5	10.5	-	6.5	6.8	7.9
›d	52	1	-	6	8	3	7	11	10	3	3	24	28
	6.9		-	4.9	6.9	2.5	5.6	10.0	9.5	10.7	9.7	6.3	7.4
›mber re- ›mmended for ›efraction	53	1	-	9	14	6	5	7	7	1	3	24	29
	7.0		-	7.4	12.1	5.1	4.0	6.4	6.7	3.6	9.7	6.3	7.6

TABLE 111

Systematic Medical Examinations

* Classification	Entrants		3rd age group		4th age group		5th age group		Total	
	No. of children	% of the children exd. in this group	No. of children	% of the children exd. in this group	No. of children	% of the children exd. in this group	No. of children	% of the children exd. in this group	No. of children	% of the children exd. at systematic medical exams.
Group 1	224	87.50	215	87.40	184	84.79	53	89.83	676	86.89
" 11(a)	1	0.39	6	2.44	7	3.23	1	1.695	15	1.93
" 11(b)	11	4.30	3	1.22	-	-	1	1.695	15	1.93
" 11(c)	-	-	-	-	-	-	-	-	-	-
Total	12	4.69	9	3.66	7	3.23	2	3.39	30	3.86
" 111	14	5.46	16	6.50	21	9.68	2	3.39	53	6.81
" 1V(a)	6	2.35	6	2.44	5	2.30	2	3.39	19	2.44
" 1V(b)	-	-	-	-	-	-	-	-	-	-
Total	6	2.35	6	2.44	5	2.30	2	3.39	19	2.44
Total No. of children examined	256	100.00	246	100.00	217	100.00	59	100.00	778	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) Conditions 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, 1959.

Group	Average Age Years	Months	Average Weight in lbs.	Average Height in inches
Entrants:-				
Males	5	11.6	47.1	43.8
Females	5	7.9	46.0	44.4
Third Age Group:-				
Males	9	5.6	68.6	53.1
Females	9	6.3	68.0	50.0
Fourth Age Group:-				
Males	13	6.7	103.8	62.2
Females	13	7.3	117.3	61.6
Fifth Age Group:-				
Males	16	9.0	135.5	66.4
Females	16	6.8	128.5	63.2

VISITS TO SCHOOL CHILDREN IN THEIR HOMES BY SCHOOL NURSES

106 children were visited by District Nurses in their capacity as School Nurses, and in connection with the school medical inspection work.

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	-	-	-	-
2. Partially sighted:				
(a) Refractive errors in which the curriculum of an ordinary 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 ordinary school books or to see well enough to be taught in an ordinary school	-	-	-	-
3. Deaf:				
Grade 1	3	-	-	3
" 11(a)	2	-	-	2
" 11(b)	-	-	-	-
" 111	-	1	-	1
4. Defective speech:				
(a) Defects of articulation requiring special educational measures	2	-	-	2
(b) Stammering requiring special educational measures	3	-	-	3
5. Mentally defective: (Children between 5 and 16 years)				
(a) Educable	12	1	-	13
(b) Ineducable	2	-	10	12(+2)*
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	-	-	1	1
(c) Organic heart disease	1	-	-	1
(d) Other causes of ill health	-	-	-	-
8. Multiple defects	1	-	-	1

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

TABLE V

DENTAL INSPECTION AND TREATMENT

Number of children who were:-

(1) Inspected by Dental Officer:-

Age	Routine Dental Inspection	Special and Emergency Cases
4	1	103
5	37	60
6	39	63
7	47	43
8	56	51
9	50	74
10	49	41
11	50	53
12	40	44
13	35	55
14	29	55
15	18	22
16 and over	1	32
	452	696

(2)	With dental defects	1104
(3)	Offered treatment	1104
(4)	Accepting treatment	1049
(5)	Treated by School Dental Officer	978
(6)	No. made dentally fit	503
(7)	Attendances for treatment	2333
(8)	Fillings -	
	(a) Permanent teeth	1036
	(b) Deciduous teeth	264
	Extractions -	
	(a) Permanent teeth	940
	(b) Deciduous teeth	1368
(9)	General anaesthetics	689
(10)	Other operations	353
(11)	Dentures -	
	Partial	7
	Full	-

Orthodontic Treatment

(1)	No. of cases continued from previous year	24
(2)	Cases completed	5
(3)	Cases discontinued	2
(4)	New cases	15
(5)	Cases treated by (a) School Dental Officer	-
	(b) R.H.D. Orthodontist	39
(6)	Cases continuing at end of year	32
(7)	No. of X-rays taken	19
(8)	Impressions taken	45
(9)	Appliances fitted (a) Removable	17
	(b) Fixed	-
(10)	Extractions (a) Permanent teeth	16
	(b) Deciduous teeth	2
(11)	Attendances for treatment	143

MATERNITY AND CHILD WELFARE

District Nurses employed as Health Visitors and Health Visitor in Lerwick.

Number of Expectant Mothers visited	-	151
Total visits made	-	975
Number of Children under 1 year of age visited	-	298
Total visits made	-	2,266
Number of Children between age of 1-5 years visited	-	891
Total visits made	-	3,029
No. of Tuberculosis Cases visited	-	103
Total visits made	-	304
No. of other cases visited	-	46
Total visits made	-	298

Attendance at Lerwick Child Welfare Centre

Number of Expectant Mothers attending	-	12
Total attendances	-	18
Number of Children under 1 year attending	-	80
Total attendances	-	802
Number of Children 1 - 5 years attending	-	188
Total attendances	-	389

Births During 1959

(1)	Total number of live births during year (before correction for mother's residence)	-	248
	Total number of Stillbirths	-	1
(11)	Total number of births in (1) occurring in institutions	-	212
(111)	Total number of births occurring at home:-		
	Doctor present	-	27
	Doctor not present	-	10

DENTAL CARE OF MOTHERS AND YOUNG CHILDREN

	No. inspected.	No. requiring treatment.	No. accepting treatment.	No. actually treated.
Expectant Mothers	20	20	20	20
Nursing Mothers	29	29	29	29
Pre-school children	127	125	125	122

TUBERCULOSIS

Number of Cases Diagnosed as suffering from Tuberculosis

	Males	Females	Total
Respiratory	4	2	6
Non-Respiratory	1	-	1
	5	2	7

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

	Males	Females
In Institutions on Jan. 1st:		
Adults	5	2
Children	-	-
Admitted during the year:		
Adults	4	5
Children	-	-
Discharged during the year:		
Adults	5	6
Children	-	-
Died in Institutions:		
Adults	1	-
Children	-	-
In Institutions on December 31st:		
Adults	3	1
Children	-	-

Number of Persons resident in the Area at 31st December, 1959 who were known to be suffering from Tuberculosis

Respiratory:	Males	- 51
	Females	- 39
Non-Respiratory:	Males	- 16
	Females	- 17

B.C.G. VACCINATION

	Tuberculin Tested.		Negative Re-actors.		Vaccinated during 1959	
	Males.	Females.	Males	Females.	Males.	Females.
Contacts	6	6	6	2	6	2
School Leavers	91	91	87	86	87	86

SUMMARY OF IMMUNISING INJECTIONS DONE UNDER THE COUNTY COUNCIL'S SCHEMES. 1959.

	By Medical Officer of Health.	By Practitioners.
Vaccinations of pre-school children against smallpox	23	44
Diphtheria. Number of children given primary course of two injections	60	46
Number given re-inforcing dose	22	28
Whooping Cough. Number of children given course of 3 injections	34	59
Diphtheria, Whooping Cough & Tetanus Number of children given course of 3 injections of combined antigen	24	66
Number given re-inforcing dose	-	5
Poliomyelitis. Number of persons given 2 primary injections	948	1,295
Number of persons given third injections	41	670
B.C.G. Vaccine		
Number of school leavers vaccinated	173	-
Number of contacts of tuberculous cases vaccinated	8	-
