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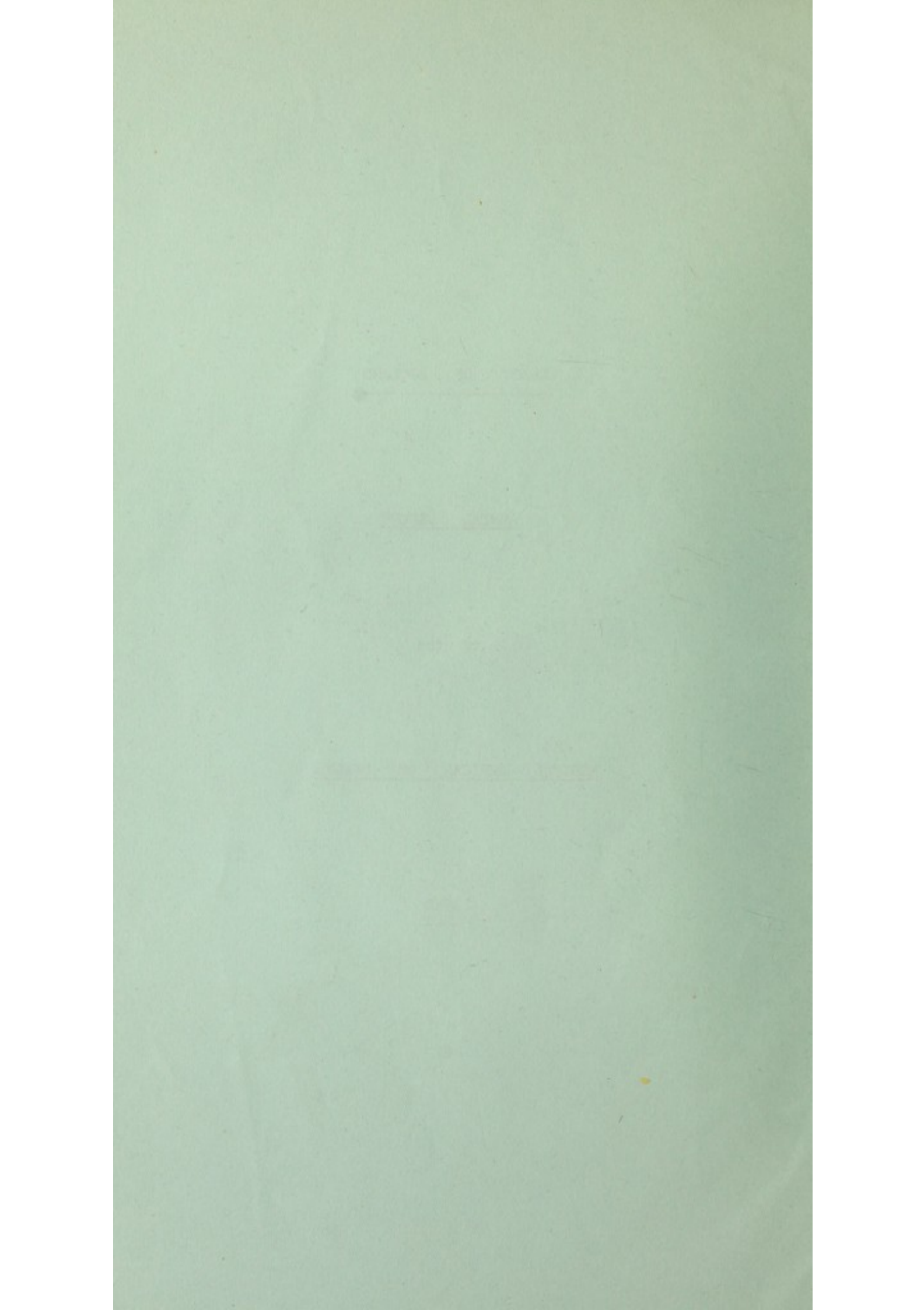
COUNTY OF ZETLAND

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

1960



Public Health Office,
Brentham Place,
LERWICK, August, 1961.

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 1960.

I am,
Your obedient Servant,

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

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VITAL STATISTICS

The following is a summary of the principal statistics for the year 1960. Figures for the years 1958 and 1959 are given for comparison. The figures given are corrected for transfers.

	<u>Zetland</u>			<u>Scotland</u>
	<u>1958</u>	<u>1959</u>	<u>1960</u>	
Population (estimated)	18,373	18,205	18,000	
Crude death rate per 1,000 population	15.0	13.3	16.1	
Death rate adjusted for age and sex distribution	9.8	8.7	10.5	11.9
Live births (including illegitimate)	273	245	286	
Birth rate (per 1,000 population)	14.9	13.5	15.9	19.4
Illegitimate birth rate (per 100 births)	4.4	4.5	5.2	4.4
Infant mortality rate	29	20	21	26
Deaths from tuberculosis (all forms)	1	1	-	
Death rate from tuberculosis (all forms)	0.05	0.05	-	0.10
Deaths from pulmonary tuberculosis	1	1	-	
Death rate from pulmonary tuberculosis	0.05	0.05	-	0.09
Deaths from principal epidemic diseases	1	3	2	
Death rate (per 1,000 population) from principal epidemic disease	0.05	0.16	0.11	0.03

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 1960 is 18,000 which is 205 less than the previous year and 1,352 less than in the census year 1951.

In the last ten years deaths have exceeded births by 130, but the main cause for the drop in population has been emigration from the county to the south.

Information about the nature of this emigration can be obtained from the Zetland Executive Council by studying the transfer of 'doctors cards' which occurs when families leave the county. It is interesting to see that the numbers leaving to live in other parts of Scotland exceed the numbers going to England or the dominions. The rate of drop of the population has shown no sign of diminishing in recent years. This whole question will be able to be discussed more fully in next year's report when the 1961 census information will be available.

During 1960 there were 286 births. This is 41 more than in 1959 (when there were unusually few births) and 18 more than the average number for the previous five years.

There were 289 deaths which is almost exactly the average number for the previous five years.

There were no deaths from tuberculosis during the year.

The infant mortality rate was 21.

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.

	<u>Number</u>	<u>Percentage of Total Deaths</u>
Arteriosclerotic and degenerative heart disease	111	38.4
Malignant neoplasms	38	13.1
Vascular lesions affecting central nervous system	37	12.8
Other circulatory disease	19	6.5
Pneumonia (except of newborn)	11	3.8
Other violence	7	2.4

The table is much the same as in the past few years except that it is the first time in recent years that pneumonia has managed to cause enough deaths to win a place in this table.

Our proportion of deaths due to accidents in the home, traffic accidents and 'other violence' continues to be less than in the south. It is good to be able to report that there were no deaths at any age from accidents in the home, and no deaths from road accidents or other accidents to any children under fifteen years of age.

In the three years 1958, 1959 and 1960 there have been only two deaths of children between the ages of 1 and 15 years. Both deaths were due to malignant disease.

The/

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

	1960		
	Number of Deaths		
	Males.	Females.	Total.
All ages	144	145	289
- 1	4	2	6
1 - 4	1	-	1
5 - 9	-	-	-
10 - 14	1	-	1
15 - 24	3	-	3
25 - 34	2	-	2
35 - 44	6	1	7
45 - 54	16	4	20
55 - 64	16	11	27
65 - 74	33	24	57
75 - 84	47	66	113
85 and over	15	37	52

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 and other causes, the prevention of which is difficult).

	1955	1956	1957	1958	1959	1960
Births	294	257	270	273	245	286
Total deaths under 1 year	4	10	11	8	5	6
Neo-natal deaths	4	8	7	6	4	6
Stillbirths	4	10	4	10	3	5
Infant mortality rate	14	39	41	29	20	21

It can be seen from the above table that 1960 was an average year for our records. The neo-natal deaths and stillbirths added together total 11. The average total for the previous five years for neo-natal deaths and stillbirths is 12. (It is largely a matter of chance whether an infant with a congenital malformation will become a neo-natal death or a stillbirth; for this reason these two sets of figures can be considered together).

The infant mortality rate is 21. 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 the figures for a five year period. In the period 1956-1960 there have been 1,331 live births and 40 deaths of infants giving a rate of 30 for the period. The rate for Scotland (1960) is 26.

It can be seen from the table above that our neo-natal mortality is about 75 per cent of our total infant mortality. "Congenital malformations have now become the hard core of infant mortality and no substantial progress can be made to reduce the mortality rate until new techniques are devised for dealing with this problem." *

In/

* Simpson. Health Bulletin, Dept. of Health for Scotland. April, 1961.

In the whole county including the town of Lerwick 5,818 visits were made by District Nurses and by the Health Visitor to 1,326 children of pre-school age.

The Child Welfare Clinic at Hillhead was attended by 317 different infants who made a total of 1,232 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 previous reports I have expressed the opinion that ante-natal and child welfare clinics do not perform their instructive work any better by becoming involved in the distribution of milk foods and vitamins - valuable though these foodstuffs are. Now that these foods are mostly being retailed at their market price to parents, there seems to be less justification than ever for their sale to be in the hands of a Local Authority clinic. The distribution could surely be carried out more conveniently by the food trade and the chemist shops.

DENTAL CARE OF MOTHERS AND YOUNG CHILDREN

Nursing and expectant mothers are entitled to the services of a Local Authority dentist. As long as the shortage of dental manpower in the country continues to be acute we are unlikely to have a real "priority dental service." We are no worse off than many other counties in this respect, as we had two school dentists throughout 1960. District Nurses encourage expectant and nursing mothers and pre-school children to obtain treatment from the school dental service whenever they get an opportunity. The table below shows the numbers treated in recent years.

Numbers treated by School Dental Officers

	<u>1956</u>	<u>1957</u>	<u>1958</u>	<u>1959</u>	<u>1960</u>
Expectant mothers	9	68	3	20	12
Nursing mothers	5	18	8	29	23
Pre-school children	100	51	55	122	108

MIDWIFERY

During 1960 there were 258 confinements in hospital and 30 confinements at home. This is a higher proportion of hospital confinements than in any previous year (89%).

One case of puerperal pyrexia was notified during the year.

Seventeen midwives notified their intention to practise midwifery in the county.

Nine of our District Nurse-Midwives are qualified to administer gas and oxygen analgesia.

Maternity outfits are supplied free of charge to expectant mothers confined in their homes.

Statistics about mother and child welfare and maternity services are given on page 8 of the Appendix to this report.

HEALTH VISITING AND HOME NURSING

The public health nursing staff consists of the Nursing Superintendent and twenty one nurses. One of these nurses is a whole time Health Visitor, the rest are district nurse-midwives who also act as health visitors./

visitors. Nowadays few of them have more than three or four domiciliary confinements to attend in the course of a year. Their time is becoming more and more taken up with the nursing of old persons. This is unavoidable, but it is a pity that there is less time available for them to devote to health education and preventive work.

In last year's report the various public health duties of a district nurse-health visitor were listed, and I explained how dependent we were on the district nursing staff if we as a Local Authority were to carry out our duties under the National Health Service (Scotland) Act, 1947. Much depends on keeping our district nursing service at full strength. During the year four nurses were recruited to fill vacancies in the staff. We had some difficulty in finding a nurse for Fair Isle, and we were unable to recruit a permanent super-numerary nurse.

Refresher courses of instruction are very necessary to maintain the interest and efficiency of nurses who have to work for long periods in comparative isolation. Our difficulty is to be able to find relief nurses to act for any sent south to attend a course. We were unfortunately not able to send any nurses on such courses during 1960.

The Public Health Committee have continued to strive to maintain good housing and good working conditions for the nursing service.

Some of the former Nursing Associations continue to use their funds to help the nursing services in their area.

CARE OF THE AGED

The problem of looking after the high proportion of old persons in this county has been described at length in previous reports. There is not much that is new to report, except that there has been some slight increase in the help we have been able to give old people as a result of Leog House coming into use during 1959, the Sanatorium being able to provide more beds for bedridden old persons who are hospital cases, and increased use of the home help service.

As has been explained in previous reports the proportion of old persons in Shetland is higher than in any county in Scotland. There are over 2,000 persons over the age of seventy in the county, and about 200 of them are living alone. In many country districts one in five of the total population is a person of pensionable age. Detailed information from the recent census will soon be available to show us the age structure of the population in different parishes.

In the majority of cases relatives and neighbours give the help which enables an old person to continue to live in his own home. This help is often given under most difficult conditions. The help of good neighbours and relatives continues to be the main way of looking after most of our 2,000 old people.

Domestic Help Scheme

The Welfare Department are unable to have a permanent staff of "home helps" (each visiting several cases) as our old people requiring help are usually scattered over a large area. Our welfare officers usually have to recruit a person in the neighbourhood to act as a part-time home help for a particular case. Only in Lerwick and Scalloway can members of the home help staff visit several different patients in the course of a day's work.

During/

During 1960 domestic help was provided for 61 cases, 26 were new cases, and 35 were already using the service at the beginning of the year. All 61 cases were aged and infirm people. At the end of 1960, 45 cases were getting domestic help; 18 whole-time and 12 part-time 'domestic helps' were being employed to look after them.

This service has undergone minor changes in the past few years and is still developing. It can be improved, and it is important that it should not be misused. Without it we could not manage to enable many an old person to carry on in his own home and among his usual friends and surroundings.

Eventide Homes

The demand for beds in our hostels for old persons is not as great as one would expect. This is understandable when one remembers that most old people are naturally reluctant to leave their home area and to travel into town to live among strangers. Many of them prefer to struggle on till they get past the stage of being suitable applicants for an eventide home, and have become candidates for admission to a geriatric hospital bed.

The average age of the inmates of Leog and Viewforth Homes is far higher than one finds among people in similar homes in the south.

The 29 beds in Viewforth and the 13 beds in Leog Home have been occupied during the year by 50 old persons. A few of those admitted have been taken in for a short time during the summer to allow the relatives looking after them to get a holiday.

Hospital Services for the Old

In this county the demand for beds for patients needing hospital care is far more urgent than the demand for beds in hostels for the old. The hospitals at any time can only look after a small proportion of the large number of bedridden old persons. Fortunately practitioners in this county have wide experience of geriatric work, know the difficulties of the situation, and are skilled in choosing the right cases for priority admission.

The Brevik Hospital provides fifty geriatric beds, a few of which are used for 'Local Authority' cases. The Sanatorium now contains fifteen long term geriatric patients. The Isolation Hospital used to house a few, but in the course of the recent changes these beds have been replaced by beds required for acute hospital cases.

Caring for the old continues to be an increasing problem especially in the more remote parts of the county (where often only the old and middle aged are left). We need all the neighbourly help we can get. The Lerwick Old People's Welfare Committee and members of other societies and various church organisations continue to do valuable work.

VACCINATION AND IMMUNISATION

Vaccination against Smallpox

Probably the safest and most suitable time for primary vaccination against smallpox is at any time from one year to about four years of age, but by tradition primary vaccination is often done before the child is one year old. Few children nowadays will go through life without having to be vaccinated against smallpox at some time (either for foreign travel, or as a condition of entering the nursing or other professions). Parents should realise that adolescence is not the safest age at which a person should be vaccinated for the first time. It is better to have the first vaccination done during infancy. There has been an improvement in the figures for the last few years and/

and now about one quarter of the children in the county are vaccinated during infancy. This is still a far lower proportion than in most other counties. During 1960 fifty six infants are known to have been vaccinated; some others were probably vaccinated against smallpox without the public health office having any record of the fact.

Diphtheria Immunisation

During 1960 295 children were given a full course of immunisation against diphtheria. In the case of 157 of these children the diphtheria immunisation was given as part of a combined antigen to give protection against diphtheria, tetanus, and whooping cough. In addition 349 children were given re-inforcing doses; nearly all these injections were given at schools.

Although there has not been a case of diphtheria in the county for fifteen years it would be most unwise for any parents not to have their children protected.

Our figures show that just over 80% of the children born in the last five years have received protection against diphtheria.

The numbers of pre-school children who have been protected varies considerably in different areas. In Sandwick and Dunrossness, Burra, Halsay, and Vidlin almost every child has been protected against diphtheria. The nurses in these areas are to be congratulated on the thoroughness of their efforts.

Immunisation against Whooping Cough

During the year 157 children were protected against whooping cough by means of a combined antigen, and 119 children were protected by pertussis vaccine alone. No 'booster' doses were given during the year.

Protection against Poliomyelitis

The priority scheme for vaccination against poliomyelitis has been extended to all persons up to the age of 40. During the year 851 persons were given a course of two injections. 576 of these were infants and school children.

The number of persons who have received three injections since the beginning of the programme of protection against poliomyelitis is 2,612.

Statistics about immunisation are given on page 11 of the Appendix. Practitioners in this county play a major part in the Council's schemes for immunisation against infectious diseases.

PREVENTION OF ILLNESS, CARE AND AFTER CARE

There were no deaths from tuberculosis during the year. One non-pulmonary case and three new pulmonary cases were notified. The table below shows the annual average number of notifications and deaths each year during five year periods:-

<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/

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

Year	NOTIFICATIONS			DEATHS		
	Pulmonary.	Non-Pulmonary.	Total.	Pulmonary.	Non-Pulmonary.	Total.
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
1960	2	1	3	-	-	-

These figures are very encouraging but it would be a mistake to become at all complacent about them. They can be further improved.

The best index available as to the extent of tuberculous infection within a community is the number of positive and negative reactors among school leavers who have been found by the tuberculin reaction. The proportion of children found to have encountered infection by the time of leaving school is falling throughout Scotland. This shows that the pool of infection is being progressively reduced.

In Shetland the numbers reacting to the tuberculin test are fewer than in most parts of Scotland. For this reason it is most important that young adolescents should be protected by B.C.G. vaccine before they leave school and go south to areas where they may be more exposed to infection. During the year 173 school leavers and 13 contacts of cases 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	74
1959	182	173	95	80
1960	181	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.

300 attendances were made at the Chest Clinic held once a week at the Sanatorium out-patient department. 177 of these attendances were made by persons who were or had been on the tuberculosis register or who had been contacts of a case. 267 out-patient chest X-ray plates were made at the out-patient clinic during the year.

District Nurses made a total of 312 visits to 86 persons on the tuberculosis register. Statistics about tuberculosis are given on page 9 of the Appendix.

Chiropody

The County Branch of the British Red Cross Society continues to run a Chiropody Scheme for old age pensioners. Unfortunately there is no chiropodist resident in the county, and the services of a visiting chiropodist are available for only a few days every two months. In the absence of any resident chiropodist it would be difficult for the Local Authority or the Red Cross Society to extend the scheme. The Health Committee have offered the Society some financial help if the scheme can be extended.

Health Education

The Public Health Office keeps a stock of film strips on various health topics. District Nurses have taken the opportunity to give talks on health matters to women's clubs in their areas when opportunities have occurred. Fifteen such lectures have been given by six of the District Nurse-Health Visitors/

Nurse-Health Visitors, and two other nurses have given full courses of first aid lectures to the public.

The nurses also use various leaflets and pamphlets for parents in the course of their child welfare work, but there is no doubt that informal discussion with the family doctor or the nurse is far the most effective form of health education.

In this county I think that posters are of little use. They are sometimes completely misunderstood.

Prevention of Accidents in the Home

There were no deaths from accidents in the home during 1960.

During 1959 three old persons and one infant died from accidents in the home, and during 1958 the total was four old persons.

Home accidents kill many more people in this country than do travel accidents by road or rail. The very old and young children of the 'toddler' age are the age groups mostly involved and health authorities are rightly giving this matter attention.

INFECTIOUS DISEASES

The table below shows the number of cases of notifiable infectious diseases (excluding tuberculosis) in the county during 1960.

Disease	At All ages	-1	1-	5-	15-	25-	45-	Received hospital treatment
Food Poisoning	2	-	1	-	-	-	1	-
Puerperal Pyrexia	1	-	-	-	-	1	-	-
Para-Typhoid B.	1	-	1	-	-	-	-	1
Whooping Cough	83	1	20	58	2	-	2	-

Apart from some cases of whooping cough the year was remarkably free from epidemics of the common infectious diseases.

At the beginning of the year there were some cases of nephritis occurring as a complication of streptococcal tonsillitis. This was the last stages of an epidemic that started in the previous summer.

There has been an increase in the incidence of gonorrhoea in parts of Britain in recent years, but so far the number turning up for treatment in this county continues to be very small.

MENTAL HEALTH SERVICES

There are 18 certified mental defectives in the county. 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 patients sent to mental hospitals during the year.

The Mental Health (Scotland) Act, 1960, is going to cause big changes in the mental health services of Local Authorities. Small counties will find it difficult to meet certain of the responsibilities which the Act will place on them. The changes are for the good of the service and we will have to use our ingenuity to work the Act to the best of our ability.

Local Authorities are required to provide training and occupation for children under sixteen who have been found to be below the standard of 'special school' instruction provided by the Education Authority. All mentally defective persons (whether under formal guardianship or not) must be given supervisory visits by welfare officers.

The problem of middle aged defectives who are suddenly left uncared for as a result of the death of their parents, is one which we have had difficulty with before. Such cases should not have to be placed in our eventide homes. It seems probable that the Local Authority will have to make some arrangement for residential accommodation for certain mental defectives.

However, these problems are matters for the annual reports in future years.

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

NOISE ABATEMENT ACT, 1960

RIVERS (PREVENTION OF POLLUTION) (SCOTLAND) ACT, 1951

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 four Acts. As far as I know no action has been taken by the County Council under any of these Acts.

PORT HEALTH ADMINISTRATION

During the year there were 581 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 progress that is being made by the trade in meeting the requirements of the Food Hygiene (Scotland) Regulations, 1959, has been described in detail in the report of the County Sanitary Inspector.

Little difficulty is being encountered in meeting the requirements of the Regulations so far as structural improvements and equipment of premises are concerned. The clean handling of food depends on the hygienic habits of workers in the food trade, and I think we can be confident that they will co-operate in achieving a higher standard.

RELATIVE COST OF THE VARIOUS SERVICES

The Department of Health have asked Medical Officers of Health to give a statement of the relative percentage cost of the various local authority health services.

From figures supplied by the County Treasurer it is possible to work out how on average each £1 is spent by the County Council on its health services and to compare the figures with those given on page 40 of the Report of the Department of Health for Scotland 1960 (which gives the expenditure during 1958-59).

Net/

Net expenditure by local health authorities; an analysis
showing how on average each £1 was spent.

	<u>Scotland</u> <u>1958-59</u>	<u>Shetland</u> <u>1960-61</u>
Care of Mothers and Young Children	5/3	5d
Domestic Help	3/7	1/10
Home Nursing	3/6	13/-
Midwifery	1/8	1/-
Health Visiting	1/8	10d
Mental Health	1/6	2/5
Tuberculosis, Care and After Care	1/6	4d
Vaccination and Immunisation	1/4	2d

It can be seen that the distribution of our expenditure is wildly different from that calculated from the figures for the country as a whole. In actual fact we are probably dividing up our efforts proportionately in much the same way as Health Authorities do everywhere else. Most of our public health responsibilities are carried out by the Nursing Services, and it is an entirely arbitrary matter of accountancy as to what proportion of the expenditure of the Nursing Service is to be recorded as expenditure on Home Nursing, on Health Visiting, on Care and After Care, or on Care of Mothers and Young Children.

REPORT ON SCHOOL MEDICAL INSPECTIONYear ended 31st July, 1960School Medical Officer (part-time)

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

School Dental Officers

J. F. Allan, L.D.S.

Miss J. Heyworth, L.D.S.

School Nurses (part-time)

Lerwick - One.

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

Specialist Medical Officers:-

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

Clerks

2 (part-time)

GENERAL STATISTICS

Population of Area - 18,205 (at start of school year)

Number of Schools:-

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

Number of children on register	-	2,943
Number of children in average attendance	-	2,544
Percentage attendance for year	-	88%

Report on School Medical Inspection

During the school year ended July, 1960, all schools were visited for medical inspection of the pupils except for the schools at Skerries, Fetlar and Fair Isle.

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

- (I) All entrants and pupils not previously given routine school medical inspection.
- (II) Pupils born in 1952 (examined for visual acuity and hearing only).
- (III) Pupils born in 1950.
- (IV) Pupils born in 1946.
- (V) Pupils born in 1943.

Table 1 in the Appendix shows that 1,020 children were given routine examination. This was 4 more than in the previous year.

171 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.

68 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 218 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 two years.

Fifty six children were recommended for refraction because of defective vision which is almost exactly the same number as in each of the previous two years. The examination of school children for defective vision continues to be carried out for the first time at the age of seven, but school entrants and younger children are tested if there is any reason to suspect defective vision. One entrant was recommended for refraction. The Chavasse E test is used when required for children below the age of seven.

Under the heading "Mouth and Teeth Unhealthy" in Table 11 I have not included children requiring dental treatment for ordinary dental decay or the figure would be much higher. Under this heading are included children whose gums are unhealthy as a result of abscesses or advanced dental decay.

Table 111 is much the same as the same table in the reports for the past few years. We are required to produce this table, but it cannot be of much value as a comparison between areas, as the standards of assessment and classification must vary considerably between the medical officers in the different areas. Our figures appear to be better than the national average.

The table of weights and heights (page 6 of Appendix) shows girls to be slightly heavier and boys slightly lighter than in the fourth and fifth age groups when compared with last year's table.

It is very doubtful if the measuring of heights and weights of children at routine examination serves any useful purpose, however it is a long established traditional part of school medical inspection.

Table 1V gives particulars about handicapped children. In previous/

previous reports it has been explained that we have fewer children qualifying for inclusion in this table than one would expect on a population basis. Careful attention is being paid to this point in case any are being undetected, but it seems that we really are rather fortunate in having a small proportion of handicapped children.

We have not yet solved the problem of how to help the few children in the county who require the services of a speech therapist. There are not enough such children to give enough work to one speech therapist, even if all such children could be collected into one place. Treatment has to be extended over a period of months. Most parents would be unwilling to send a child away from home because of this defect alone, unless the defect was very marked.

The School Dental Officer's report (page 15) is the most important part of the report on the school health services.

We are living in an age when health statistics show that some general improvements in health are occurring in almost all directions, and we accept this as a matter of course. This makes it all the more disappointing that at such a time the dental health of the young should be deteriorating and is now worse than it was several years ago. In the words used in the School Dental Officer's report "the deterioration in dental health continues unchecked." It is little consolation to note that the same unsatisfactory state of affairs is found in other parts of the country. Not only is dental decay more prevalent throughout the country but it appears from some reports that the rate of progress of decay is becoming more rapid. It is unfair and unrealistic to expect the dental profession to cope with the problem without the co-operation of the children and their parents, even if there were enough dentists in the country.

In the meantime much of the work of the school dentists has to be taken up with doing emergency treatment, leaving less time for working a preventive dental service. The report of the Scottish Standing Committee on Dental Health Education states:-

"We believe that the root cause of the increase in dental decay lies in the increased consumption of sweets, lollies, fruit drinks and biscuits between meals, and that any effective dental health education campaign must aim at keeping our mouths empty for longer periods than at present."

The prevention of this disease is a problem of health education of the public and the children. The report mentioned above explains that it will be a difficult and unpopular task to change children's eating habits, especially as sweet and chocolate manufacturers spend six million pounds a year on television advertising alone.

Fluoridation of water supplies would also help to reduce caries. Three short publications on this subject are recommended to members of the Health Committee interested in this problem:-

- (a) Our Children's Teeth. Dept. of Health. H.M. Stationery Office.
- (b) A Symposium on Dental Decay among Schoolchildren. 1960.
Oral Hygiene Service.
- (c) Memorandum on the Local Authority Dental Services.
The British Dental Association.

STAFF

At the beginning of the school year it was feared that Shetland would once more have to rely on the efforts of one school dental officer and one practitioner for the treatment of the overwhelming amount of dental disease in this county. Fortunately this situation prevailed for only two months. Miss Jenefer Heyworth arrived at the end of September to accept the appointment of assistant school dental officer and, in November, a second general practice was established in Lerwick. The treatment plan for the school service was to have one dental officer full time in Lerwick throughout the year while the other, when available, visited island districts with the mobile unit.

LERWICK CLINIC

The school dental service should operate by a system of routine inspection followed by the treatment of all children found to have dental defects. This system had to be abandoned in Lerwick as the number of children presenting themselves for treatment, without having had routine inspection, provided more than enough work for one dentist. The present system, though far from ideal, at least ensures that preference is given to those most anxious to have treatment.

With so many adults in urgent need of dental attention, it was not surprising that the increase in the number of general practitioners produced no appreciable effect on the demand for treatment at the school clinic. At the end of 1959, over 250 children were undergoing conservative treatment and the result was a gap of five to six weeks between appointments for individual patients. This unsatisfactory situation was allowed to continue as it was felt that children requesting treatment could not be refused, nor could the service to remote areas be curtailed to permit both dental officers to operate in Lerwick.

MOBILE UNIT

The policy has been to carry out routine inspections in the schools visited by the mobile unit and to remain at each school until all children accepting treatment had been rendered dentally fit. This principle was successfully applied in Fair Isle and Whalsay but for seven months of this year the mobile unit was engaged in an endeavour to complete treatment in Yell. Obviously, if the unit is detained in one area for this length of time, the result must be a serious delay in the service to other areas and it becomes necessary to discuss the problems encountered on this tour and to suggest the means by which their recurrence may be prevented.

In past years, Yell has been deprived of proper dental attention mainly because it is the largest single area in the county where electricity is not available for dental purposes. As the standard of oral hygiene is no better there than elsewhere in Shetland, the amount of treatment required was considerably greater than in more fortunate areas. It was thought that the solution to this problem had been found when the Local Authority agreed to the purchase of a portable generator. Unfortunately, this became a constant source of distress to the dental officers who had to depend on it and the loss of operating time caused by the frequent need of repair, entirely defeated the purpose for which the machine was intended. Not only is it unreliable; it has a costly petrol consumption of 2 gallons per 6 hours, is too heavy to be readily portable and, in spite of an additional silencer, is so noisy that it has to be placed at an inconvenient distance from the surgery. These faults can be partly attributed to the fact that this model is capable of an output far in excess of the requirement and it is obvious that its purchase was ill-advised. It is hoped that the Local Authority will consider the purchase of a new generator more in keeping with the requirements.

On the islands, emergency treatment is given to adults and this adds to the time required on each island. In Yell, 86 adults were treated by the school dental officers. The obvious benefit of this service to humanity does not permit the suggestion that it should be withdrawn but it is hoped that every possible encouragement will be given to general practitioners intending to visit the islands so that school dental officers may be left free to concentrate on the priority classes. Another factor contributing to the delay in Yell - one for which there is no remedy - was the heavy fall of snow in February.

The efficiency of the mobile unit could be greatly improved by the addition of a high speed drill similar to the one in Lerwick. This allows conservative work to be done at a faster rate and with less discomfort to the patient. As it is possible to do more fillings at each attendance, this machine would be particularly useful in small schools where the treatment of two or three children may take several days. The number of fillings done in Lerwick has been almost doubled in the last year and this coincides with the installation of the airtor.

As in previous years, the practical co-operation received from the head teachers of all schools visited was outstanding. In particular, credit should be given to the headmaster of Brough School who allowed his sitting-room to be converted into a dental surgery and permitted the use of his own generator when the school service's generator had to be returned to Lerwick for repair.

ANNUAL RETURN

The annual return reflects the appalling state of the dental health of Shetland's schoolchildren and confirms that, with two dental officers, the school service is quite inadequate. Only 45% of the school population were inspected during the year and the neglect of the remaining 55% is explained by the fact that, of 1,312 children inspected, 1,243 (over 94%) were found to require treatment.

In recent years, the nature of the treatment performed has been expressed in terms of the extraction/filling ratio, and, as a result of an increase of 80% in the number of fillings, the ratio shows some improvement. However, this affords little cause for complacency when it is considered that, in spite of the improvement, 1,236 permanent teeth and 1,101 deciduous had to be extracted, showing the extent to which the school service has failed in its endeavour to eliminate the need for emergency treatment by the application of early conservative treatment. The figure for deciduous teeth refers to schoolchildren. A further 390 extractions were performed on 108 pre-school children, giving a grim warning for the future and suggesting that the deterioration in dental health continues unchecked.

One of the aims of the school service is to render all schoolchildren dentally fit immediately after their entry into school and to maintain the standard of dental fitness throughout school life by regular inspection and, where necessary, conservative treatment. By considering the annual return in relation to this objective, it is possible to appreciate the enormous task which confronts the service. A further aim is to reduce the incidence of dental disease by instruction in the means of its prevention. At the beginning of the year it was decided that the school dental officers would concentrate on the treatment of existing decay and dental health education was restricted to the instruction of individual patients.

DENTAL HEALTH

The reasons for the deterioration of Shetland's dental health have been fully dealt with in previous reports and scarcely require repetition. The measures required to stem the tide have also been suggested and all that remains to be done is to set these measures into a clearly defined policy. This policy must be designed to overcome the apathetic and, at times, sceptical/

sceptical attitude of the general public and, in order to do this, it must produce convincing evidence that dental decay can be controlled. To ensure success great care must be taken that the right measures are applied at the right time. At the Annual Conference of Teachers in November, 1959, the following four-point scheme was proposed.

Firstly, dental education must be reinforced by an efficient treatment service. It has been stated that care must be taken to apply dental health measures in schools at the right time and that is when the children in the school have been rendered dentally fit by treatment and there is some assurance that treatment will again be available within, at the most, twelve months. Oral hygiene will prevent dental decay but it will not cure existing decay. If dental measures are introduced to a school where treatment has not been carried out for some time and where there is little hope of it being available in the near future, the treatment required will certainly not be reduced and there will be no clear evidence of the benefits of the measures applied. Furthermore, one of the main principles of dental health education is to encourage children to visit their dentist every six months. There are children in Shetland who have been denied routine treatment for four years and, under these circumstances, the preaching of this principle becomes farcical. On these grounds, it was decided that the school service could not undertake a dental health campaign until there was a third dental officer. This condition has been fulfilled by the appointment of Mr. Peter Gall in November, 1960.

Secondly, preventive measures must be introduced to follow school lunches. This, in itself, would improve the standard of oral hygiene and would have the further effect of encouraging children to practise the same principle at home. Also, if children are to be taught in schools that they should clean their teeth after meals, the opportunity must exist for them to do so after school meals. The most convenient method would be to supply a piece of apple or carrot to be eaten at the end of the meal and, where possible, this should be combined with mouth-rinsing. The method employed in any one school would depend on the degree of co-operation of the teaching staff and on the facilities available.

Thirdly, dental health education must be included in the school curriculum; not because this is a teacher's responsibility but because teachers, particularly primary teachers, are the persons best qualified to perform this task. The responsibility lies with the parents but it is felt that more can be achieved by the direct approach to the children who accept advice more readily. At the conference, teachers agreed to assist in this way, and, at the appropriate time, charts and other teaching material will be made available.

Fourthly, the dental service will use every opportunity to advise parents that simple oral hygiene measures in the home are essential to the well-being of their children.

It is intended that, if the Education Committee agree to the second condition, this policy will be incorporated into the treatment plan for 1961. The present system will continue in Lerwick but the caravan will operate on the mainland throughout the year. Treatment has been completed at North Roe and it is hoped that it will be possible to visit all schools outwith Lerwick during the year. This will ease slightly the situation in the Lerwick clinic. Portable equipment will be used on the islands and it is hoped that a tour of all the islands will be completed within the year. Following the completion of treatment at each school attended by the mobile units children will be given instruction in dental health, teachers will be provided with teaching material, oral hygiene measures will be introduced to follow school lunches and parents, and any others who may be interested, will be invited to attend/

attend a discussion on dental health. It is hoped that films will be available to make the discussion more interesting.

This scheme requires the approval of the Education Committee and, if approved, will then require a determined effort by the school dental staff and considerable co-operation from teachers but, in the end, its success will be decided by those who stand to reap the benefit - the general public.

J. F. ALLAN.

County of Zetland
 School Population - 2,943
 Estimated Pre-school population - 1,277

School Health Service

School Year 1st August, 1959 - 31st July, 1960
 M & C.W. Year 1st January - 31st December, 1960

NUMBER	AGE ON INSPECTION													Total
	-4	5	6	7	8	9	10	11	12	13	14	15	16+	
1. <u>INSPECTED</u>														
(a) Routine Dental Inspection		27	26	30	36	35	27	28	34	28	21	8	3	303
(b) Special and Emergency		80	74	99	85	74	84	75	103	94	99	64	78	1009
With Dental Defects		101	95	122	107	101	106	98	129	119	115	69	81	1243
Offered Treatment		101	95	122	107	101	106	98	129	119	115	69	81	1243
Accepting Treatment		98	90	121	104	100	104	97	123	116	111	65	80	1209
Treated by School D. O.		94	85	98	98	95	103	91	111	111	110	64	74	1114
No. made dentally fit		59	49	64	67	54	64	52	64	50	56	33	36	648
2. Attendances for Treatment		190	152	199	267	252	276	297	454	462	510	310	346	3715
3. <u>DETAILS OF TREATMENT</u>														
(a) <u>Fillings</u>														
(1) Permanent teeth	3	13	40	110	123	158	195	331	333	405	223	223	2157	
(2) Deciduous teeth	63	51	29	20	24	10	4	-	-	-	-	-	201	
(b) <u>Extractions</u>														
(1) Permanent teeth	-	8	65	69	64	127	97	227	153	193	135	98	1236	
(2) Deciduous teeth	280	243	211	134	96	71	24	27	9	4	1	1	1101	
General Anaesthetics	60	70	83	71	62	72	52	73	60	66	46	40	755	
Other Operations	27	14	25	42	43	44	67	110	106	112	63	78	731	
<u>Dentures</u>														
Partial	-	-	-	-	-	2	-	2	3	9	9	20	9	54
Full	-	-	-	-	-	-	-	-	-	-	1	2	1	4

ORTHODONTIC TREATMENT

No. of cases continued from previous year.	30
New cases.	14
Cases completed.	7
Cases discontinued.	5
Cases continuing at end of year.	32
Attendances for treatment.	131
No. of consultations with R.H.B. orthodontist	89

	R.H.B. Orthodontist	School D. O.	Total
No. of diagnostic exams.			
(not followed by treatment)	1	-	1
No. of cases treated	43	-	43
a. without appliances	23	-	23
b. with removable appliances	20	-	20
c. with fixed appliances	-	-	-
No. of extractions			
a. Permanent teeth	-	7	7
b. Deciduous teeth	-	7	7
Repairs to appliances	2	-	2
Intra-oral Radiographs	-	7	7
Extra-oral	-	15	15

MATERNITY & CHILD WELFARE

	Maternity		Pre-School
	Ante-Natal	Post Natal	
Routine inspections	13	24	124
With dental defects	13	23	115
Offered treatment	13	23	115
Accepting treatment	13	23	115
Treated by S.D.O.	12	23	108
Made dentally fit	7	18	83
Emergency cases	4	2	-
Fillings			
a. Permanent teeth	40	30	-
b. Deciduous teeth	-	-	69
Extractions			
a. Permanent teeth	48	103	-
b. Deciduous teeth	-	-	390
General anaesthetics	9	15	103
Other operations			
a. Permanent teeth	5	11	-
b. Deciduous teeth	-	-	21
Dentures			
Partial	2	4	-
Full	-	10	-
Denture repairs	1	-	-
Radiographs	4	3	1
Attendances			204

Estimated number of half days occupied in

Inspection.	Dental Health Education.	Treatment (other than Orthodontic)	Orthodontic Treatment.	Administration.	Travelling.
43	2	732	21	18	59

Dental Staff

	1 Dentists	2	3 Dental Hygienists
Total half-days worked during year ended July -			
(a) in School Health Service	832		
(b) in Maternity and Child Welfare Service	43		
Establishment of posts agreed by Council	2		
No. in post at 30/9 - Whole-time	2		
- Part-time	-		
Whole-time equivalent			
Total whole-time equivalent	2		
No. of appointments made where staff appointed are due to take up duty after 30/9	-		
No. of vacancies being advertised	-		
No. of Dental Surgery Assistants (Dental Attendants) employed (average no.) during year	2		

ADDITIONAL INFORMATION

The forms in use at present seem to provide most of the information required by the new annual return and a great deal of administrative work would be saved if these were accepted.

The high number of emergency inspections is explained by the fact that in the static clinic in Lerwick which is operated full-time throughout the year, the number of children requesting treatment without having had routine inspection provides more than enough work for one dental officer. This clinic is therefore operated on the lines of a general practice and the children presenting themselves for inspection have been recorded as having had special inspections although, in most cases, an attempt has been made to render them dentally fit by routine treatment. It is not possible at this stage to differentiate between the real emergency cases and those who have appeared for routine check-up.

In the case of pre-school children, all have been recorded as routine inspections although many of them were in fact emergency cases. Once again it is not possible at this stage to distinguish them.

The comparatively small number of children made dentally fit is, to some extent, due to the fact that at the end of the year over 250 patients were undergoing treatment in Lerwick.

APPENDIXTABLE 1

Total number of children examined at:-

(A)		Systematic Examinations:-	Other systematic Examinations:-
Ordinary Schools	(Entrants	250	-
	(Second Age Group	235	-
	(Third Age Group	243	-
	(Fourth Age Group	196	-
Secondary Schools	(Fourth Age Group	52	-
	(Fifth Age Group	44	-
		<u>1020</u>	<u>-</u>
(B) Other examinations:-		Special cases	110
		Re-inspections by Medical Officer	61
			<u>171</u>

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

Entrants	-	23
Second Age Group	-	23
Third Age Group	-	20
Fourth Age Group	-	22
Fifth Age Group	-	4
Other systematic examinations	-	-
		<u>92</u>

Of 171 children given a re-inspection or special examination 23 were notified to parents as requiring treatment and 22 were noted for re-inspection again during the school year 1960-61.

TABLE 11

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

[illegible]

TABLE 11 (Cont'd).

Nature of Defect.	Total defective at all ages	Entrants		Third Age Group		Fourth Age Group		Fifth Age Group		All Ages	
		Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
14. Deformities-											
(a) Congenital	1 0.1	1 0.7	-	-	-	-	-	-	-	1 0.2	-
(b) Acquired (Infantile Paralysis)	-	-	-	-	-	-	-	-	-	-	-
(c) Acquired (Probable rickets)	3 0.4	1 0.7	-	-	1 0.9	-	1 0.9	-	-	1 0.2	2 0.5
(d) Acquired (Other causes)	2 0.3	1 0.7	-	1 0.8	-	-	-	-	-	2 0.5	-
15. Infectious diseases	-	-	-	-	-	-	-	-	-	-	-
16. Other diseases or defects	6 0.8	1 0.7	2 1.8	-	1 0.9	-	2 1.7	-	-	1 0.2	5 1.4

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:		3	1	113	121	130	113	131	117	20	24	397	376
Visual acuity:													
Fair	72 9.3	-	1	15 13.3	8 6.6	11 8.5	11 9.7	13 9.9	11 9.4	-	2 8.3	39 9.8	33 8.8
Bad	52 6.7	-	-	7 6.2	10 8.3	4 3.1	6 5.3	5 3.8	12 10.3	5 25.0	3 12.5	21 5.3	31 8.2
Number recommended for 56 refraction	7.2	-	1	12 10.6	11 9.1	5 3.8	5 4.4	9 6.9	10 8.5	2 10.0	1 4.2	28 7.1	28 7.4

TABLE 111

Systematic Medical Examinations

* Classification	Entrants		3rd age group		4th age group		5th age group		Total	
	No. of children this group	% of the children exd. in	No. of children this group	% of the children exd. in	No. of children this group	% of the children exd. in	No. of children this group	% of the children exd. in	No. of children exd. at	% of the children systematic medical exams.
Group 1	222	88.80	207	85.19	218	87.90	38	86.36	685	87.26
" 11(a)	1	0.40	7	2.88	13	5.24	2	4.55	23	2.93
" 11(b)	8	3.20	-	-	-	-	-	-	8	1.02
" 11(c)	-	-	-	-	-	-	-	-	-	-
Total	9	3.60	7	2.88	13	5.24	2	4.55	31	3.95
" 111	12	4.80	16	6.58	11	4.44	3	6.82	42	5.35
" IV(a)	7	2.80	13	5.35	4	1.61	1	2.27	25	3.19
" IV(b)	-	-	-	-	2	0.81	-	-	2	0.25
	7	2.80	13	5.35	6	2.42	1	2.27	27	3.44
Total No. of children examined.	250	100.00	243	100.00	248	100.00	44	100.00	785	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. IV(a) Where complete cure or restoration of function (in case of eye defect, full correction) is considered possible. IV(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, 1960.

<u>Group</u>	<u>Average Age</u> <u>Years Months</u>		<u>Average Weight</u> <u>in lbs.</u>	<u>Average Height</u> <u>in inches</u>
<u>Entrants:-</u>				
Males	5	6.6	49.0	44.3
Females	5	7.0	47.5	44.1
<u>Third Age Group:-</u>				
Males	9	6.6	73.4	53.6
Females	9	6.6	72.2	52.7
<u>Fourth Age Group</u>				
Males	13	7.8	110.1	62.0
Females	13	5.8	111.7	60.2
<u>Fifth Age Group:-</u>				
Males	16	7.4	154.5	67.8
Females	16	10.6	120.0	64.5

VISITS TO SCHOOL CHILDREN IN THEIR HOMES BY SCHOOL NURSES

115 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 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	3	-	-	3
" 11(a)	2	-	-	2
" 11(b)	-	-	-	-
" 111	-	1	-	1
4. Defective speech:				
(a) Defects of articulation requiring special educ- ational measures	2	-	-	2
(b) Stammering requiring special educational measures	3	-	-	3
5. Mentally defective:				
(Children between 5 and 16 years)				
(a) Educable	12	1	1	14
(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	2	1	-	3
(c) Organic heart disease	1	-	-	1
(d) Other causes of ill health	-	-	-	-
8. Multiple defects	2	-	1	3

*

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

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

Number of Expectant Mothers visited	-	124
Total visits made	-	764
Number of Children under 1 year of age visited	-	344
Total visits made	-	2,626
Number of Children between age of 1-5 years visited	-	982
Total visits made	-	3,192
No. of Tuberculosis Cases visited	-	86
Total visits made	-	312
No. of other cases visited	-	37
Total visits made	-	98

Attendance at Lerwick Child Welfare Centre

Number of Expectant Mothers attending	-	9
Total attendances	-	21
Number of Children under 1 year attending	-	155
Total attendances	-	834
Number of Children 1 - 5 years attending	-	162
Total attendances	-	398

Births During 1960

(1)	Total number of live births during year (before correction for mother's residence)	-	269
	Total number of Stillbirths	-	5
(11)	Total number of births in (1) occurring in institutions	-	244
(111)	Total number of births occurring at home:-		
	Doctor present	-	17
	Doctor not present	-	13

DENTAL CARE OF MOTHERS AND YOUNG CHILDREN

	No. inspected.	No. requir- ing treatment.	No. accept- ing treatment.	No. actually treated.
Expectant Mothers	13	13	13	12
Nursing Mothers	24	23	23	23
Pre-school children	124	115	115	108

TUBERCULOSISNumber of Cases Diagnosed as suffering from Tuberculosis

	<u>Males</u>	<u>Females</u>	<u>Total</u>
Respiratory	2	-	2
Non-Respiratory	-	1	1
	<u>2</u>	<u>1</u>	<u>3</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	3	1
Children	-	-
Admitted during the year:		
Adults	5	-
Children	-	-
Discharged during the year:		
Adults	6	1
Children	-	-
Died in Institutions:		
Adults	-	-
Children	-	-
In Institutions on December 31st:		
Adults	2	-
Children	-	-

Number of Persons resident in the Area at 31st December, 1960 who were known to be suffering from Tuberculosis

Respiratory:	Males	-	32
	Females	-	19
Non-Respiratory:	Males	-	11
	Females	-	15

B. C. G. VACCINATION

	<u>Tuberculin</u> <u>Tested</u>		<u>Negative</u> <u>Re-actors</u>		<u>Vaccinated</u> <u>during 1960</u>	
	<u>Males</u>	<u>Females</u>	<u>Males</u>	<u>Females</u>	<u>Males</u>	<u>Females</u>
Contacts	6	11	5	8	5	8
School Leavers	91	90	88	85	88	85

SUMMARY OF IMMUNISING INJECTIONS DONE
UNDER THE COUNTY COUNCIL'S SCHEMES. 1960.

	<u>By Medical Officer of Health.</u>	<u>By Practitioners.</u>
<u>Vaccinations of pre-school children against smallpox</u>	21	31
<u>Diphtheria.</u> Number of children given primary course of two injections	67	228
Number given re-inforcing dose	186	163
<u>Whooping Cough.</u> Number of children given course of 3 injections	5	114
<u>Diphtheria, Whooping Cough & Tetanus</u> Number of children given course of 3 injections of combined antigen	65	92
Number given re-inforcing dose	-	-
<u>Polionyclitis.</u> Number of persons given 2 primary injections	71	780
Number of persons given third injections	369	1,532
<u>B.C.G. Vaccine</u>		
Number of school leavers vaccinated	173	-
Number of contacts of tuberculous cases vaccinated	13	-

Prescribed particulars on the administration of the
Factories Act, 1937

County of Zetland (Excluding Burgh of Lerwick)

Part 1 of the Act

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

Premises	Number on Register	Number of		
		Inspections.	written notices.	Occupiers prosecuted
(i) Factories in which Section 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	55	122	-	-
(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	122	-	-

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.	by H.M. Inspector.	
Want of cleanliness	4	4	-	2	-
Overcrowding	-	-	-	-	-
Unreasonable temperature	-	-	-	-	-
Inadequate ventilation	-	-	-	-	-
Ineffective drainage of floors	-	-	-	-	-
Sanitary Conveniences					
(a) insufficient	-	-	-	-	-
(b) unsuitable or defective	1	1	-	-	-
(c) not separate for sexes	1	1	-	-	-
Other offences against the Act (not including offences relating to outwork)	9	9	-	-	-
TOTAL	15	15	-	2	-

Prescribed particulars on the administration of the
Factories Act, 1937

Burgh of Lerwick

Part 1 of the Act

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

Premises	Number on Register	Number of		
		Inspections.	Written notices.	Occupiers prosecuted
(i) Factories in which Section 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	58	72	2	-
(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	58	72	2	-

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.	by H.M. Inspector	
Want of cleanliness	-	-	-	-	-
Overcrowding	-	-	-	-	-
Unreasonable temperature	-	-	-	-	-
Inadequate ventilation	-	-	-	-	-
Ineffective drainage of floors	-	-	-	-	-
Sanitary Conveniences					
(a) insufficient	2	-	-	2	-
(b) unsuitable or defective	-	-	-	-	-
(c) not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to outwork)	-	-	-	-	-
TOTAL	2	-	-	2	-