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Contributors

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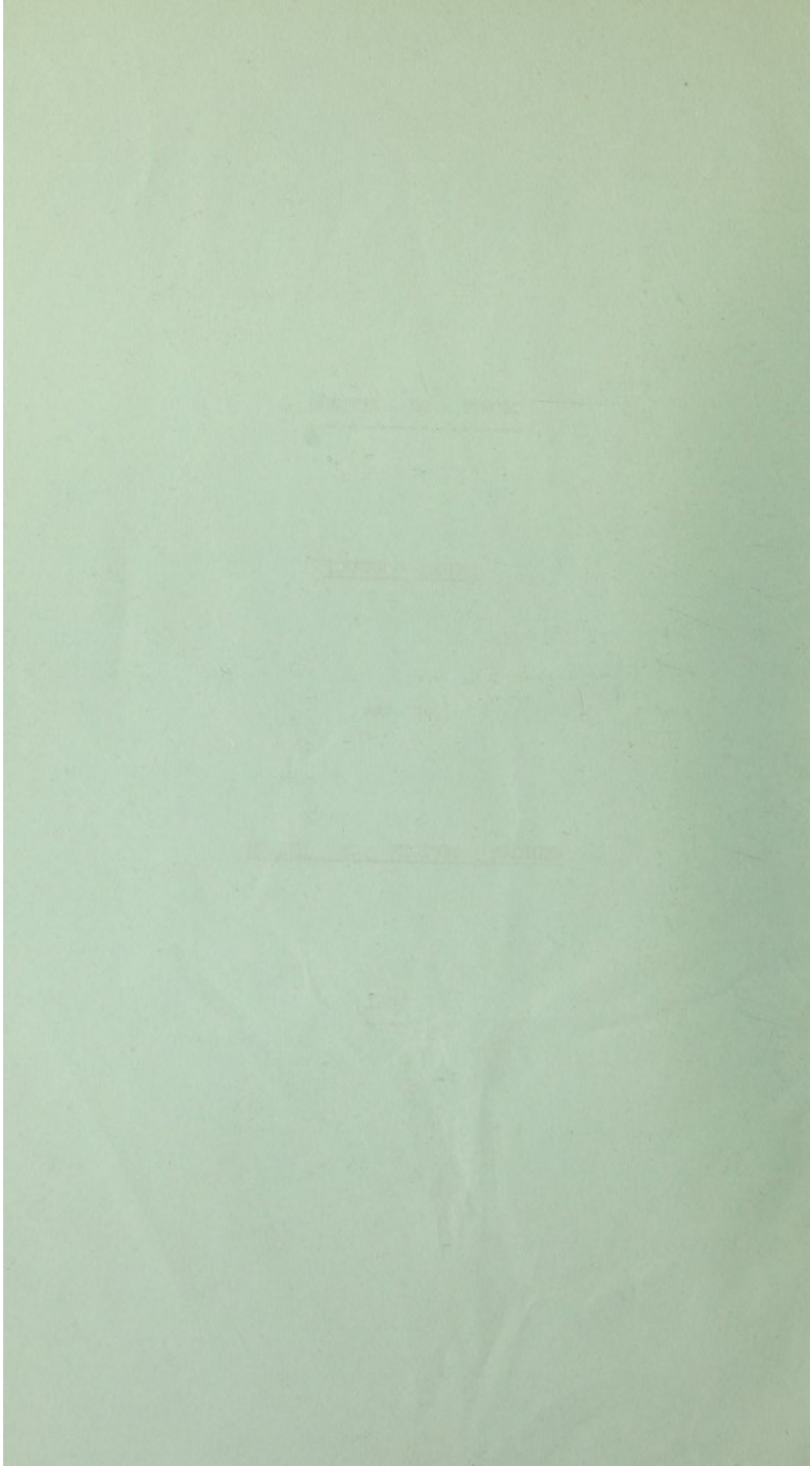
COUNTY OF ZETLAND

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

1961



Public Health Office,
Brentham Place,
LERWICK, August, 1962.

To

The Scottish Home and Health Department
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 1961.

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 1961. Figures for the years 1959 and 1960 are given for comparison. The figures given are corrected for transfers.

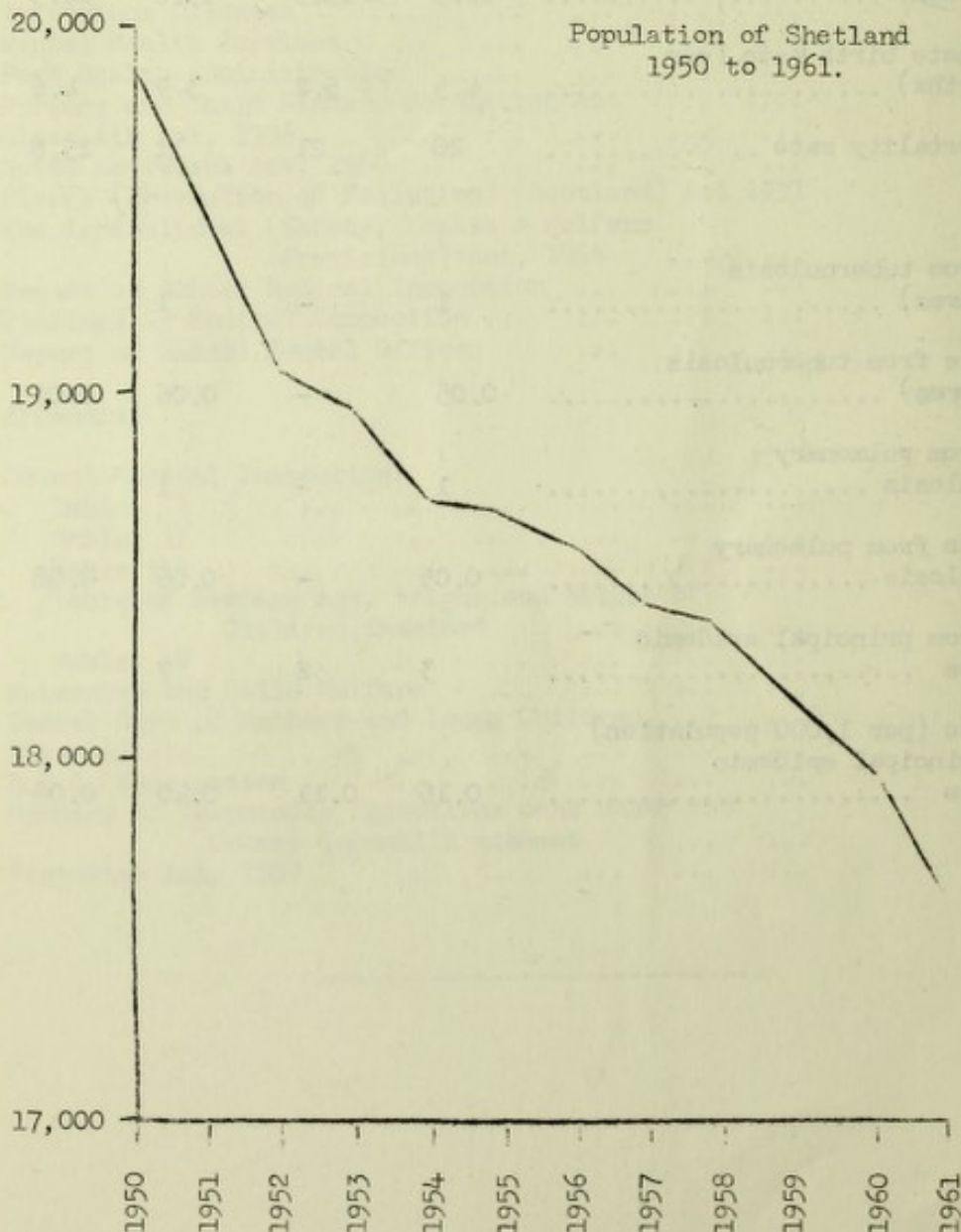
| | <u>Zetland</u> | | | <u>Scotland</u> |
|--|----------------|-------------|-------------|-----------------|
| | <u>1959</u> | <u>1960</u> | <u>1961</u> | |
| Population (estimated)..... | 18,205 | 18,000 | 17,690 | |
| Crude death rate per 1,000 population | 13.3 | 16.1 | 15.9 | |
| Death rate adjusted for age and sex distribution | 8.7 | 10.5 | 10.4 | 12.3 |
| Live births (including illegitimate) | 245 | 286 | 279 | |
| Birth rate (per 1,000 population) | 13.5 | 15.9 | 15.8 | 19.5 |
| Illegitimate birth rate (per 100 births) | 4.5 | 5.2 | 3.9 | 4.6 |
| Infant mortality rate | 20 | 21 | 11 | 25.8 |
| Deaths from tuberculosis (all forms) | 1 | - | 1 | |
| Death rate from tuberculosis (all forms) | 0.05 | - | 0.06 | 0.09 |
| Deaths from pulmonary tuberculosis | 1 | - | 1 | |
| Death rate from pulmonary tuberculosis | 0.05 | - | 0.06 | 0.08 |
| Deaths from principal epidemic diseases | 3 | 2 | 7 | |
| Death rate (per 1,000 population) from principal epidemic diseases | 0.16 | 0.11 | 0.40 | 0.08 |

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 1961 is 17,690 which is 310 less than the previous year. The rate of decrease of the population, unfortunately, shows no sign of diminishing yet. The graph below shows that in the past eleven years there has been a drop of 2,179 in the population.

The report on the 1961 Census is not yet available. The tables in this report which will give us accurate information about the age distribution of the population should prove interesting.

There were 282 deaths in 1961, which is almost exactly the average number for the previous five years. There were 279 births. During the past ten years (1952-61 inclusive) there have been 95 fewer births than deaths in the county.



The main cause for the drop in population is emigration from the county to the south. The transfer of doctors' 'cards' which occurs when families leave for the south or come into the county gives us a rough idea of the extent and nature of this emigration. The figures below, though incomplete, show how far we are 'down' on the exchanges, and also show that (as in previous years) Scotland and other parts of the United Kingdom receive more of the emigrants than the overseas dominions.

| Withdrawals from Shetland Doctors' Lists. (Year ending 31st March, 1961). | | Additions to Shetland Doctors' Lists. (Year ending 31st March, 1961). | |
|---|-------|---|-------|
| To Scotland | - 241 | From Scotland | - 205 |
| To England | - 91 | From England | - 69 |
| To Ireland | - 5 | From Ireland | - - |
| To Wales | - 2 | From Wales | - 3 |
| Emigrated | - 35 | Immigrants on prolonged holidays | - 20 |
| Enlisted in H.M. Forces | - 19 | Released from H.M. Forces | - 15 |

Figures for tuberculosis and for infant mortality are discussed elsewhere 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 | 99 | 35.1 |
| Vascular lesions affecting the nervous system | 56 | 19.8 |
| Malignant neoplasms | 31 | 10.9 |
| Other circulatory disease | 13 | 4.6 |
| Pneumonia (except of newborn) | 10 | 3.5 |

This table has shown little variation in the past few years. Malignant neoplasms often occupies second position on the table instead of third place as on this occasion.

Our proportion of deaths due to accidents in the home, traffic accidents, and what the Registrar calls 'other violence' continues to be less than in the south.

There were four deaths of children between the ages of 1 year and 15 years.

There was one death from an accident in the home.

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

1961

| | <u>Number of Deaths</u> | | |
|-------------|-------------------------|----------------|--------------|
| | <u>Males</u> | <u>Females</u> | <u>Total</u> |
| All ages | 134 | 148 | 282 |
| - 1 | 2 | 1 | 3 |
| 1 - 4 | 2 | - | 2 |
| 5 - 9 | 1 | - | 1 |
| 10 - 14 | 1 | - | 1 |
| 15 - 24 | 1 | 1 | 2 |
| 25 - 34 | 2 | 2 | 4 |
| 35 - 44 | 5 | - | 5 |
| 45 - 54 | 9 | 4 | 13 |
| 55 - 64 | 18 | 15 | 33 |
| 65 - 74 | 32 | 22 | 54 |
| 75 - 84 | 41 | 63 | 104 |
| 85 and over | 20 | 40 | 60 |

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 of birth and are caused by congenital malformations and other causes, the prevention of which is difficult).

| | <u>1956</u> | <u>1957</u> | <u>1958</u> | <u>1959</u> | <u>1960</u> | <u>1961</u> |
|---------------------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Births | 257 | 270 | 273 | 245 | 286 | 279 |
| Total deaths under 1 year | 10 | 11 | 8 | 5 | 6 | 3 |
| Neo-natal deaths | 8 | 7 | 6 | 4 | 6 | 1 |
| Stillbirths | 10 | 4 | 10 | 3 | 5 | 8 |
| Infant mortality rate | 39 | 41 | 29 | 20 | 21 | 11 |

It can be seen from the above table that 1961 was a good year for our records. The total of neo-natal deaths and stillbirths added together came to 9. (In an average year this total is 12).

There were only three infant deaths, the lowest number since 1953, when there was only one infant death.

The infant mortality rate for the year was 11, but this figure is flatteringly low. 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 1957-1961 inclusive there have been 1,353 live births and 33 deaths of infants, giving an infant mortality rate of 24 for the period. The rate for Scotland (1961) is 25.8.

In the whole county, including the town of Lerwick, 6,676 visits were made by District Nurses and by the Health Visitor to 1,297 children of pre-school age.

The Child Welfare Clinic at Hillhead was attended by 339 different infants who made a total of 1,492 attendances.

The/

The proportion of infants attending the Hillhead Clinic is over 80 per cent of the possible number who could attend during the first year of age. There is a marked drop in the number of attendances of infants after the age of 18 months, and from then onwards about 25 per cent of the possible total number attend.

WELFARE FOODS

In previous reports I have explained why I consider that ante-natal and child welfare clinics should be relieved of the task of selling milk foods and vitamins.

In the meantime the Local Authority's office situated in the Welfare Centre at Hillhead continues to issue vitamin preparations.

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

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." 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.

| | <u>Numbers treated by School Dental Officers</u> | | | | | |
|---------------------|--|-------------|-------------|-------------|-------------|-------------|
| | <u>1956</u> | <u>1957</u> | <u>1958</u> | <u>1959</u> | <u>1960</u> | <u>1961</u> |
| Expectant mothers | 9 | 68 | 3 | 20 | 12 | 9 |
| Nursing mothers | 5 | 18 | 8 | 29 | 23 | 30 |
| Pre-school children | 100 | 51 | 55 | 122 | 108 | 80 |

MIDWIFERY

During 1961 there were 247 confinements in hospital and 31 confinements at home. The proportion of hospital confinements, 89 per cent, is exactly the same as last year.

No cases of puerperal pyrexia occurred during the year.

Nineteen 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 a Nursing Superintendent and twenty one nurses. One of these nurses is a whole time health visitor, the rest are district nurses who also act as health visitors.

The public all know and appreciate the services the nurses render to the sick in their homes, but probably few realise how many public health duties are also the responsibility of the nurses. A full list of such duties was given in the annual report for 1959. Much depends on keeping the nursing staff at full strength. Vacancies are hard to fill and under the circumstances we cannot plan any extension of our staff/

staff at present.

Refresher courses of instruction are necessary to maintain the interest and efficiency of nurses who have to work for long periods in comparative isolation. During 1961 three nurses were sent on refresher courses.

The Public Health Committee have made provision for two nurses to take courses each year but sometimes the difficulty in recruiting relief nurses is considerable.

We are fortunate that more than half of our staff have been with us for many years. During the year one new nurse joined the staff and two nurses left our service.

The post of district nurse on Papa Stour remained unfilled at the end of the year.

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

CARE OF THE AGED

The 1951 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. Figures for the 1961 census are not yet available but we know that the proportion of aged persons must now be a little higher than before.

The problem of caring for our 2,000 oldest members of the community has been discussed fully in previous reports. Many of them live in the remoter parts of the county where fewer of the younger generation remain. About 200 of our oldest inhabitants are living alone. Many of the ways of helping old people which are available in other parts of Scotland are scarcely practicable in the country areas of this county.

The high age average of the population in the county has an effect on the length of stay of patients in the general acute beds of the hospital, and on the nature of the complaints treated there, and also on the amount of time that the District Nurse-Health Visitors can spend on their duties other than the duties of nursing geriatric patients in their homes.

Despite these difficulties I think we can claim we are holding our own or might even have achieved a slight improvement in our services to the old.

Domestic Help Scheme

The help of good neighbours and relatives continues to be the main way of looking after most of our old persons. There is a great deal of such help being given in the county. When such help is not available we try to provide help from the domestic help scheme. The cases needing help are so scattered that someone living in the neighbourhood is usually employed to help each particular case.

At the end of 1961 the scheme was being used to help 26 old persons, and the service was being re-organised and expanded. This service is soon limited in its powers of expansion by the shortage of women available and free to be recruited in the particular area of the county where the service may most be needed.

Eventide Homes

There are 13 beds in Leog Home and 29 beds in Viewforth Home. A further half-dozen or so of Local Authority cases are housed in the Brevik Hospital. Both Homes are kept full, but the waiting list for admissions is not large and the demand for places in eventide homes is not/

not as great as one would expect, as old people in this county are generally hospital cases before they will agree to leave their own homes.

Hospital Services for the Old.

There are 50 geriatric beds in the Brevik Hospital (a few of which are used as "local authority" beds). There are 23 beds in the former Sanatorium, nearly all of which are now used for geriatric cases. There are also some 12 - 15 beds in the old Gilbert Bain Hospital which have been retained as convalescent beds for old persons who (though not permanent hospital cases) require prolonged hospital treatment before discharge home. Without the use of such beds the turn-over of beds in the new general hospital would be slowed down.

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.

VACCINATION AND IMMUNISATION

Vaccination against Smallpox

During 1961 46 infants are known to have been vaccinated against smallpox. Some others were probably vaccinated without the Public Health Office having any record of the fact.

Ten years ago (1951) only twelve out of 300 infants born were vaccinated. In recent years the figure has improved so that now about one in every five infants are vaccinated. There is room for further improvement.

I would advise parents not to be put off from having their children vaccinated against smallpox in early childhood. Their children will get smallpox vaccination sooner or later - probably in their early adult life when they go to sea, enter the services, join the nursing profession, or wish to travel abroad. Early adult life is not the most comfortable nor the safest age to get a first smallpox vaccination.

Diphtheria Immunisation

Although the last case of diphtheria in this county occurred sixteen years ago, all children should get protective inoculation against diphtheria. During the year 205 children were given a full course of immunisation against diphtheria; in the case of 130 of these children the diphtheria immunisation was given as part of a combined antigen.

A calculation over the past few years figures show that at present probably 75 per cent of the children of pre-school age have been immunised against diphtheria. We should improve a little on this figure.

Immunisation against Whooping Cough

136 children were given a completed course of immunising injections against whooping cough. Practically all were given this as part of a combined antigen.

Protection against Poliomyelitis

During the year 378 persons were given a course of two injections to protect them against poliomyelitis. Three quarters of this total were infants or school children.

The total number of persons having received a protective course of injections/

injections against poliomyelitis totalled 3,010 at the end of 1961.

Statistics about immunisation are given on page 10 of the Appendix. Practitioners in this county play a major part in the Council's schemes for immunisation.

PREVENTION OF ILLNESS, CARE AND AFTER CARE

There was one death from pulmonary tuberculosis during the year. Six pulmonary cases and no non-pulmonary cases were notified.

The table below shows the annual average number of notifications and deaths in each year during five year periods up to 1955.

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

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

| <u>Year</u> | <u>NOTIFICATIONS</u> | | | <u>DEATHS</u> | | |
|-------------|----------------------|----------------------|--------------|------------------|----------------------|--------------|
| | <u>Pulmonary</u> | <u>Non-Pulmonary</u> | <u>Total</u> | <u>Pulmonary</u> | <u>Non-Pulmonary</u> | <u>Total</u> |
| 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 | - | - | - |
| 1961 | 6 | - | 6 | 1 | - | 1 |

Over the past six years we have averaged 9 new notifications a year, and one death a year. This is most encouraging when compared with the figures in the first table, but we are not finished with pulmonary tuberculosis yet and we must avoid becoming complacent about it. Patients whose lesions have been long considered as healed do occasionally suffer a relapse in late middle age and can then re-infect young persons.

Examining of contacts of all cases and protection of the young by B.C.G. vaccine is as necessary now as it ever was.

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 215 school leavers were given B.C.G. vaccine.

Children/

| | <u>Children 13-14 years Tuberculin Tested.</u> | <u>Negative Reactors.</u> | <u>Percentage Negative.</u> | <u>Percentage School Leavers Negative in Scotland.</u> |
|------|--|-------------------------------|---------------------------------|--|
| 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 | 81 |
| 1961 | 230 | 215 | 93 | - |

Of the thirty-one notifications of pulmonary tuberculosis during the past six years nine have been persons in the island of Unst. At no time have we been satisfied that the real source of infection of these cases had been discovered.

In the summer of 1961 when the most recent of these cases was discovered it was decided to offer B.C.G. vaccine to all schoolchildren of all ages in Unst. The parents co-operated well by giving their consent in nearly every case.

107 school children in Unst were tuberculin tested, and 98 negative reactors were given B.C.G. vaccine. We must hope that by treating all the children as contacts we might be able to protect the younger inhabitants even if we never discover the original focus of infection. A closed island community gives one a better chance of achieving this.

The Medical Officer of Health acts as Chest Physician to the county. Persons on the tuberculosis register and others attend the weekly chest clinic at the Gilbert Bain Hospital.

District Nurses made a total of 286 visits to 85 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 Clinic in Lerwick. The Local Authority have offered some financial help if the scheme can be extended outside the burgh. Unfortunately the Society have not been able to extend their scheme yet.

Health Education

In the Autumn of 1961 Dr. Mearns of the Scottish Council for Health Education lectured at various schools in the county.

In September Dr. Nisbet, the Medical Officer of Health of Kilmarnock spoke on "Fluoridation" to an audience containing members of the public, some County Councillors and medical men. Interest in the subject was aroused and some correspondence followed in the local papers. If the public in this county decide that we should be among the first counties to benefit from fluoridation of water supplies, then it is well to get some of the preliminary explanations and arguments over now.

Film strips on health topics are kept available at the Public Health Office and District Nurses are encouraged to give talks on health matters to women's guilds in their areas. In 1961 five of the nurses gave seven lectures at guild meetings or women's rural institute meetings. Three nurses gave courses of lectures in first aid or in home nursing.

The nurses are provided with pamphlets and leaflets on subjects of child welfare, but there is no doubt that informal discussions with parents and patients is the most effective form of health education.

How is one to compete against the fortunes spent by advertisers in extolling and glamourising the unhealthy habit of inhaling cigarette smoke? Where does one start in the formidable task of teaching parents that children are ruining their teeth by excessive consumption of sweets and biscuits/

biscuits between meals?

The Report of the Department of Health for Scotland mentions that "middle aged men could reduce the risk of premature death by giving up cigarette smoking, taking some exercise daily, and keeping their weight within reasonable limits. A change of habit of this kind would probably contribute more to the nation's health than any other measure which could be introduced in the present state of knowledge."

The same report points out (when discussing dental health) that a major health question in the future is, "Are we, in the interests of health, prepared to give up habits which we have formed and on which thousands of people have become commercially dependent?"

The Public Health service must now undertake the unpopular task of persuading children to eat less sweets and biscuits between meals, and to persuade adolescents to avoid acquiring an addiction to tobacco. Big advantages would result from success in such health education. Preventive medicine often requires the public to exert some self discipline or to abandon some enjoyable but unhygienic habit. There is nothing new in this. Some of the public health problems of last century must have seemed just as formidable before they were successfully tackled, so we need not be discouraged.

In the meantime we cannot report that our efforts in health education in this county amount to much; it is a field to which we have so far not devoted enough attention.

Prevention of Accidents in the Home

There was one death of an old person from an accident in the home during 1961. There were no deaths from this cause in 1960, and in 1959 one infant and three old persons died from home accidents. The very old and the infant at the toddler stage are the two age-groups which supply nearly all the deaths from accidents in the home. In recent years our figures for such deaths have been low, though this seems surprising when one remembers how many old persons live alone.

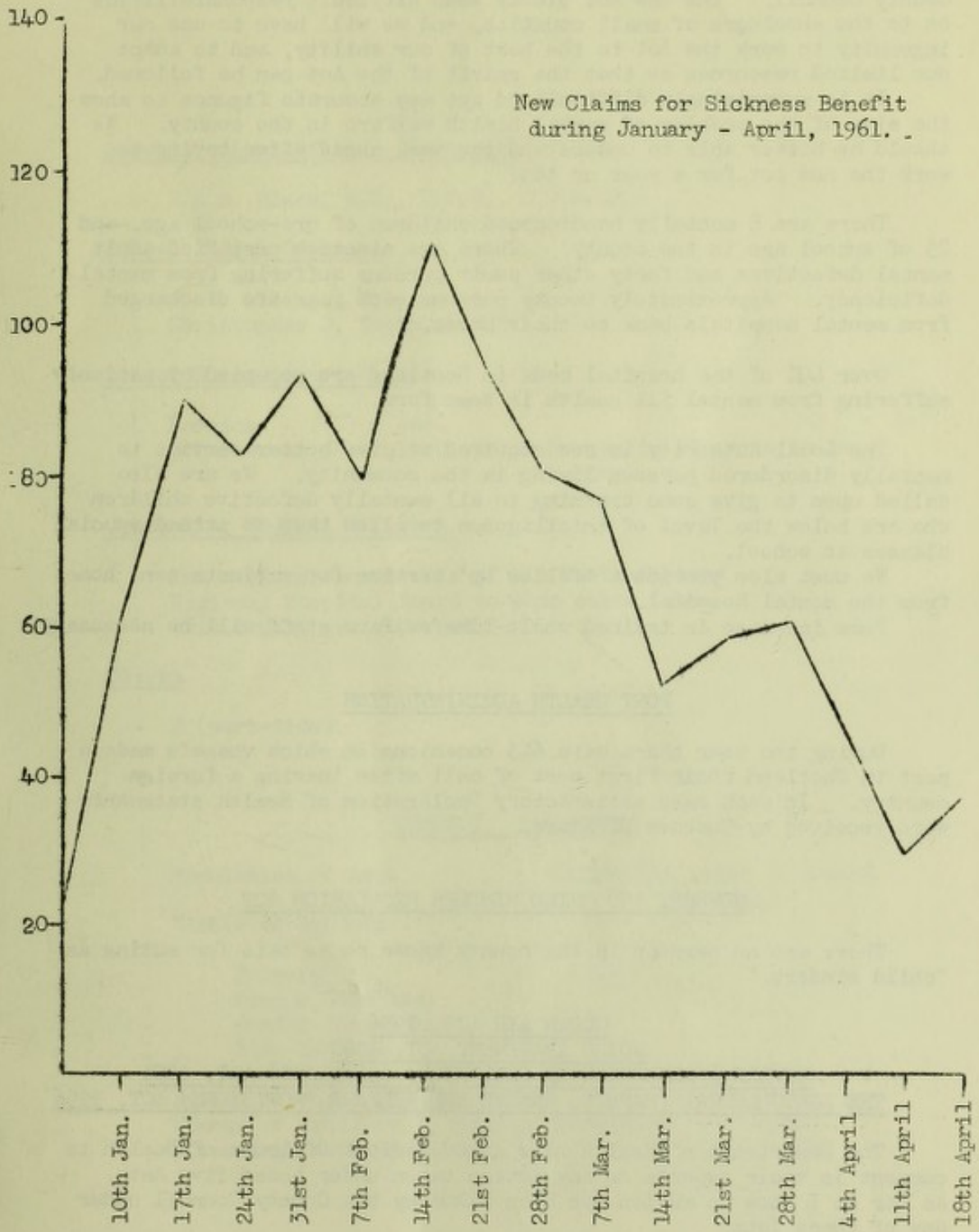
INFECTIOUS DISEASES

Apart from the cases of tuberculosis mentioned earlier in this report, the only notifiable infectious diseases occurring during the year were six adult cases of erysipelas.

There was a small outbreak of catarrhal jaundice in Dunrossness in November.

Influenza was widespread during the first quarter of the year.

Figures of the number of new claims for sickness benefit are supplied weekly by the Lerwick office of the Ministry of Pensions and National Insurance. These figures give a fairly accurate indication of the amount of sickness in a community at a time of an epidemic. At the beginning of January the figure was just about the normal "summer level." The graph on the following page shows how the influenza epidemic rapidly spread during the first two weeks, reached an apex at the sixth week, and had a second slight rise at the twelfth week. The second rise occurred when the epidemic reached Whalsay which had previously not been affected.



MENTAL HEALTH SERVICES

During the year the new Mental Health (Scotland) Act, 1960, was studied by the Health Department and the Welfare Department of the County Council. The new Act places some difficult responsibilities on to the shoulders of small counties, and we will have to use our ingenuity to work the Act to the best of our ability, and to adapt our limited resources so that the spirit of the Act can be followed.

It is surprisingly difficult to get any accurate figures to show the size of the problem of mental health welfare in the county. We should be better able to understand the task ahead after trying to work the new Act for a year or two.

There are 8 mentally handicapped children of pre-school age, and 25 of school age in the county. There are nineteen certified adult mental defectives and forty other adult persons suffering from mental deficiency. Approximately twenty persons each year are discharged from mental hospitals back to their homes.

Over 40% of the hospital beds in Scotland are occupied by patients suffering from mental ill health in some form.

The Local Authority is now required to give better service to mentally disordered persons living in the community. We are also called upon to give some training to all mentally defective children who are below the level of intelligence to allow them to attend special classes at school.

We must also provide a 'follow up' service for patients sent home from the mental hospital.

Some increase in trained whole-time welfare staff will be necessary.

PORT HEALTH ADMINISTRATION

During the year there were 643 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.

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, 1956NOISE ABATEMENT ACT, 1960RIVERS (PREVENTION OF POLLUTION) (SCOTLAND) ACT, 1951THE 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 five Acts. As far as I know no action has been taken by the County Council under any of these Acts.

REPORT ON SCHOOL MEDICAL INSPECTIONYear ended 31st July, 1961School Medical Officer (part-time)

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

School Dental OfficersJ. F. Allan, L.D.S.
Christopher J. Booth, L.D.S.School Nurses (part-time)Lerwick - One.
Other Areas - 19 District Nurses in 19 areas in the
County.Specialist Medical OfficersThe various consultants of the North-Eastern
Regional Hospital Board to whom cases from
this county are referred.Clerks

2 (part-time)

GENERAL STATISTICSPopulation of Area - 18,000 (at start of school
year)

Number of Schools:-

| | | |
|------------------|---|----|
| Primary | - | 40 |
| Senior Secondary | - | 1 |
| Junior Secondary | - | 11 |
| Side Schools | - | 1 |

| | | |
|--|---|-------|
| Number of children on register | - | 2,900 |
| Number of children in average attendance | - | 2,640 |
| Percentage attendance for year | - | 91% |

Report on School Medical Inspection

During the school year ended July, 1961, all schools in the county were visited for medical inspection of the pupils except for the schools at Skerries, Foula, Papa Stour and Trondra.

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 1953 (examined for visual acuity and hearing only).
- (III) Pupils born in 1951.
- (IV) Pupils born in 1947.
- (V) Pupils born in 1944.

The Findings of Medical Inspection

Table II 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 differ much from the same table in the reports for the last two years.

Fifty one children were recommended for refraction because of defective vision. This is almost exactly the same number as in each of the previous three years. Examination of children for defective vision continues to be done 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. The Chevassé E test is used for this purpose. The question of making a routine 'E' vision test for all entrants has been considered during the past two years, but so far we have not discovered any pupils who would have benefitted by routine testing at an earlier age than seven, and whose defect would have been undetected by our present methods.

Under the heading "Mouth and Teeth Unhealthy" in Table II I have not included children requiring treatment for ordinary dental decay, or the figure would be much higher. Under this heading we record cases of abscesses, advanced decay, and unhealthy gums.

Table III 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 can so easily vary considerably between the different medical officers in different areas. Our figures appear to be better than the national average.

Table IV gives particulars about handicapped children. We have fewer children qualifying for inclusion in this table than one would expect on a population basis, and as explained in previous reports careful attention is being paid to this point in case any are being undetected. It seems likely that we are fortunate in really having a smaller proportion of handicapped children.

The problem of the occasional child who required the services of a speech therapist remains unsolved. As explained in last year's report there are not enough such children to give work to one speech therapist even if we could collect all such children to one place.

During the year an audiometer was acquired by the Hospital Board for use in the hospital, and permission was given for this instrument to be used for routine school work as well. Routine audiometric examination of all seven year olds started just after the end of the school year covered by this report.

The time has come when the method of carrying out routine school medical inspection should be reviewed, and some of our less useful tables of statistics scrapped. In this small county most of the large number of school children examined are free from defects and it is possible that the only medical man employed by the Local Authority might use the time spent examining such children in some more valuable way. It is, however, difficult to suggest a change from the traditional methods which would still ensure that no child with a remedial defect was unexamined and the defect undetected.

One suggestion is that routine inspection should be done at the ages of 5 years and 14 years only. Another idea is to consider offering the work of routine school inspection in country places to the practitioner for the area.

The present system gives the Medical Officer of Health a reason for visiting every part of the county and a point of contact with parents, and this is indirectly an advantage which it would be a pity to lose.

While the general health of our children improves in nearly all directions their dental health continues to be worse than it was several years ago. As mentioned earlier in this report this is a major problem in health education of parents and children. It cannot be solved merely by multiplying the number of dentists. Mr. Allan's report on the School Dental Service which follows deserves the serious attention of the County Council and Education Committee.

ANNUAL REPORT ON THE SCHOOL DENTAL SERVICE - 1961/

ANNUAL REPORT ON THE SCHOOL DENTAL SERVICE - 1961

The ambitious programme outlined in the previous annual report appeared, at the beginning of this year, to have every hope of success, as at that time there were three school dental officers and three dentists in general practice. In February, however, one of the practitioners left Shetland and the vacant practice was taken over by Mr. P. Gall, who had joined the school service in November, 1960. In the same month Miss J. Heyworth resigned after eighteen months in the school service and there followed a period of six weeks during which there was only one school dental officer. The situation improved with the arrival of Mr. C. J. Booth in March but the remaining vacancy was not filled until mid-October when Mr. J. Burnup arrived. It is now certain that Mr. Burnup will be leaving at the end of January, 1962.

The problem of keeping a full permanent staff is one which bedevils the school service in almost every county. When changes occur as frequently as they have done this year, their effect is bound to be disruptive, and particularly so in this county where arrangements for island visits should be made well in advance. There would seem to be some significance in the fact that recently the difficulty has been not so much in attracting dental officers to Shetland as in inducing them to stay for a worthwhile length of time. The answer to this would be to consider only those applicants who are prepared to give a firm assurance that they will accept the appointment for a minimum period of one year. At the same time every endeavour should be made to improve clinical conditions and housing accommodation so that those appointed may be persuaded to stay for a longer period.

Throughout the year the Lerwick Clinic was permanently staffed and continued to operate on the principle of providing treatment on request rather than by the system of routine inspection. There was no appreciable reduction in the demand for conservation treatment, and the gap between appointments for individual patients remained at five to six weeks. One of the disadvantages of this system is the loss of time resulting from broken appointments, and this occurs all too frequently, in spite of the fact that reminder cards are sent each week for the following week's appointments. In future it will be assumed that failure to attend indicates lack of interest in having treatment, and those who fail on two consecutive occasions will be denied further conservative treatment.

The standard of equipment and the range of instruments in the Lerwick Clinic leave little to be desired, but one improvement would be the installation of an air-extractor. With two sterilizers on continually during working hours the atmosphere becomes very humid and the "clinical smell" which unnerves so many patients is particularly noticeable.

As the Lerwick Clinic must be permanently staffed, it is the country and island districts which are most affected by the constant changes in the number of staff available. Previous experience has shown that a tour of all country and island districts cannot be completed by one dental officer in less than two years and the object in increasing the establishment of dental officers to three was to reduce this to one year. This year it was intended that one dental officer would visit the mainland schools with the caravan while another would tour the islands with the portable equipment. In January, treatment was under way in the North Mainland and Unst but, in February, both tours had to be discontinued. When Mr. Booth arrived in March, it was decided that the mainland tour should be resumed as there seemed to be a reasonable possibility of a third dental officer arriving in time to complete treatment in Unst during the summer. As it happened, Mr. Burnup's arrival was postponed until mid-October. It was then thought advisable to keep all three dental officers on or near the mainland during the winter months, with the intention of using two dental/

dental officers in a concentrated island tour in the spring and summer of 1962. This now depends on a third dental officer becoming available before then but, whether this happens or not and provided that there are still two dental officers, treatment will be resumed in Unst in April.

In spite of the many difficulties encountered, it has been possible to complete treatment at the following schools:- Baltasound, North Roe, Ollaberry, Sullom, Brae, Fair Isle, Fetlar, Skerries, Foula, Urafirth, Eshaness, Muckle Roe, Aith, Olnafirth, Hamnavoe, Bridgend and Sandwick. These difficulties could not have been overcome without the unstinted assistance of the teachers in most of the schools visited.

The new generator purchased for use with the portable equipment was not delivered until August - too late to be used on Fair Isle, Fetlar or Skerries. It was however used on Foula and on that occasion its performance was quite satisfactory. An attempt should now be made to bring the portable equipment up to the standard of the caravan and Lerwick Clinic and this would involve the purchase of another high-speed drill. It is now possible to obtain small portable models for use with oxygen cylinders instead of the customary air compressor and such a model is ideally suited to island work. The vast majority of dentists agree that the advantages of these drills far outweigh their cost and it has to be borne in mind that when there are three dental officers, one will be using the portable equipment continually. Another improvement which is long overdue is the replacement of the present collection of orange boxes and tea chests by boxes specifically constructed to allow the portable equipment to be carried easily and safely.

The annual return is a further record of the shameful state of dental health in this county and one can derive little consolation from the knowledge that equally alarming figures are being obtained in other parts of the country. In a small county such as this, there exists an excellent opportunity to demonstrate that dental decay can be prevented and it is regrettable that the scheme presented in the previous report has not had the full support of the Education Committee. Presumably the suggestion that some form of oral hygiene should be provided to follow school meals was virtually rejected because of the cost involved. The suggested oral hygiene measures do not stem from the idiosyncrasies of individual dental officers but are derived from standard dental health teaching which is based on a mass of irrefutable evidence. The question is not whether the Committee can afford to give a lead in dental health; it is whether they can afford not to. Money spent in the prevention of dental decay is a long-term investment and unless this investment is made now the county must face the prospect of ever-increasing bills for dental treatment.

The current trend in dental health can only be checked by the adoption of strict oral hygiene measures in schools and it is unrealistic at this stage, to dismiss the oral hygiene of children as a responsibility of their parents when this generation of parents have clearly rejected this responsibility. It has to be accepted that the main hope of a lasting improvement in dental health lies in educating school-children so that when they become parents, they will know how to bring up their children without subjecting them to the unnecessary suffering caused by dental disease. The present generation of school-children must therefore be given the opportunity to enjoy dental fitness and this can only be achieved by encouragement in the practice of oral hygiene. It is hoped that the Education Committee will agree to provide the recommended oral hygiene measures in all schools where school lunches are provided. If they fail to do so, it is suggested that they should at least agree to a trial scheme being carried out in one of the larger secondary schools.

Lack of oral hygiene and the resulting low standard of dental health make school dentistry in Shetland an unrewarding occupation. Three dental officers have left in the past year and, in seeking an explanation, it is worth noting that in his report of 1958, Mr. Levison predicted that "it may well be that no dental officers will choose to stay in a county where there is so little response to their efforts."

J. F. ALLAN.

ZETLAND EDUCATION COMMITTEE DENTAL SERVICES (SCHOOL AND M. & C.W.)

School Year 1st August, 1960 to 31st July, 1961

School Population - 2900

M. & C.W. Year 1st January, 1960 to 31st December, 1961

Estimated Pre-

School Population - 1320

SECTION I - GENERAL STATISTICS

| | Age on inspection | | | | | | | | | | | | | Maternity | | | | | |
|--|-------------------|----|----------------|----|----|----|-----|----|-----|-----|-----|-----|----|--|----|------------|------------------|------------|------------|
| | 3 or under | 4 | Total ages 0-4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 or over | Total ages 5-17+ | Ante-Natal | Post Natal |
| Routine dental inspection | 31 | 58 | 89 | 78 | 93 | 90 | 111 | 81 | 100 | 109 | 107 | 147 | 93 | 35 | 58 | - | 1104 | 9 | 32 |
| With dental defects | 28 | 57 | 85 | 64 | 83 | 79 | 99 | 72 | 89 | 97 | 99 | 133 | 91 | 33 | 54 | - | 993 | 9 | 31 |
| Offered treatment | 28 | 57 | 85 | 64 | 83 | 79 | 99 | 72 | 89 | 97 | 99 | 133 | 91 | 33 | 54 | - | 993 | 9 | 31 |
| Accepting treatment | 28 | 57 | 85 | 64 | 78 | 76 | 97 | 70 | 86 | 93 | 96 | 132 | 87 | 32 | 54 | - | 965 | 9 | 31 |
| Treated by L.A. Dental Officers | 26 | 54 | 80 | 53 | 78 | 65 | 88 | 58 | 70 | 76 | 81 | 112 | 61 | 22 | 29 | - | 788 | 9 | 30 |
| No. made dentally fit | 11 | 36 | 47 | 48 | 60 | 40 | 44 | 43 | 41 | 32 | 54 | 80 | 41 | 19 | 26 | - | 528 | 7 | 25 |
| Special and emergency cases | 15 | 45 | 60 | 41 | 36 | 27 | 31 | 24 | 17 | 11 | 14 | 20 | 13 | 11 | 8 | - | 253 | 1 | 8 |
| Attendances for treatment, Total 0-4 years 187 | | | | | | | | | | | | | | Attendances for Treatment, Total 5-17+ years | | 3392 | 38 | 102 | |

SECTION II - DETAILS OF TREATMENT

| | School | | | M. & C.W. |
|--|---------|-----------------------|---------------------|-----------|
| | Routine | Special and Emergency | Total Columns 1 & 2 | |
| (a) Fillings | | | | |
| (i) Permanent teeth | 2352 | - | 2352 | 81 |
| (ii) Deciduous teeth | 220 | - | 220 | 76 |
| (b) Extractions (not including orthodontic): | | | | |
| (i) Permanent teeth | 475 | 656 | 1131 | 125 |
| (ii) Deciduous teeth | 206 | 785 | 1191 | 376 |
| Administrations of general anaesthetic | 242 | 486 | 728 | 132 |
| Other operations - Permanent teeth | 257 | 74 | 331 | 9 |
| Deciduous teeth | 75 | 4 | 79 | 14 |
| Dentures - Partial | 77 | - | 77 | 8 |
| Full | 9 | - | 9 | 15 |
| Repairs to Dentures | 16 | - | 16 | 3 |
| Radiographs - No. of exposures (not including orthodontic) | 52 | 26 | 78 | 7 |

SECTION III - ORTHODONTIC TREATMENT

| No. of cases continued from previous year | | | 32 |
|--|---------------------|-------------|-------|
| New cases | | | 18 |
| Case completed | | | 9 |
| Cases discontinued | | | 8 |
| Case continuing at end of year | | | 33 |
| Attendances for treatment | | | 139 |
| No. of consultations with R.H.B. orthodontist | | | 78 |
| | R.H.B. Orthodontist | School D.S. | Total |
| No. of diagnostic examinations (not followed by treatment) | 4 | - | 4 |
| No. of cases treated - | 46 | - | 46 |
| (a) without appliances | 24 | - | 24 |
| (b) with removable appliances | 22 | - | 22 |
| (c) with fixed appliances | - | - | - |
| No of extractions (non-carious) | | | |
| (i) Permanent teeth | - | 20 | 20 |
| (ii) Deciduous teeth | - | 5 | 5 |
| Repairs to orthodontic appliances | 4 | - | 4 |
| Intra-oral | - | 3 | 3 |
| Radiographs - No. of exposures | | | |
| Extra-oral | - | 10 | 10 |

SECTION IV - DENTAL STAFF

| | Dental Surgeons | Dental Hygienists | Dental Surgery Assistants |
|---|-----------------|-------------------|---------------------------|
| Establishment of posts agreed by Council | 3 | - | 3 |
| No. in post at 31/7 : | | | |
| Whole-time | 2 | - | 2 |
| Part-time | - | - | - |
| Whole-time equivalent of part-time | - | - | - |
| Total whole-time equivalent | 2 | - | 2 |
| No. of vacancies being advertised | 1 | - | 1 |
| Total half-days worked during year ended 31/7 - | | | |
| (a) in School Health Service | 849 | - | 849 |
| (b) in Maternity and Child Welfare Service | 45 | - | 45 |

SECTION V - ALLOCATION OF TIME

| | Dental Surgeons | Dental Hygienists | Dental Surgery Assistants |
|---|-----------------|-------------------|---------------------------|
| Estimated number of half-days occupied in - | | | |
| Inspection | 42 | - | |
| Dental Health Education | 6 | - | |
| Treatment (other than orthodontic) | 824 | - | |
| Orthodontic treatment | 12 | - | |
| Administration | 10 | - | |
| Absence due to illness | - | - | |
| Total | 894 | - | - |

Included in 824 half days occupied in treatment are 41 half-days occupied in travelling

A P P E N D I XTABLE 1

Total number of children examined at:-

| (A) | Systematic Examinations:- | Other systematic Examinations:- | |
|--------------------------|-------------------------------------|------------------------------------|---|
| Ordinary Schools | (Entrants | 286 | - |
| | (Second Age Group | 249 | - |
| | (Third Age Group | 251 | - |
| | (Fourth Age Group | 217 | - |
| Secondary Schools | (Fourth Age Group | 69 | - |
| | (Fifth Age Group | 58 | - |
| | <u>1130</u> | <u>-</u> | |
| | <u><u>1130</u></u> | <u><u>-</u></u> | |
| (B) Other examinations:- | | | |
| | Special cases | 92 | |
| | Re-inspection by Medical Officer | <u>30</u> | |
| | | <u><u>122</u></u> | |

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

| | | |
|----------------------------------|---|------------------|
| Entrants | - | 3 |
| Second Age Group | - | 22 |
| Third Age Group | - | 18 |
| Fourth Age Group | - | 17 |
| Fifth Age Group | - | 2 |
| Other systematic examinations | - | - |
| | | <u>62</u> |
| | | <u><u>62</u></u> |

Of 122 children given a re-inspection or special examination 17 were notified to parents as requiring treatment and 14 were noted for re-inspection again during the school year 1961-62.

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 |
| (d) Acquired (Other causes) | - | - | - | - | - | - | - | - | - | - | - |
| Infectious diseases | - | - | - | - | - | - | - | - | - | - | - |
| Other diseases or defects | 6 0.7 | 1 0.7 | 1 0.7 | 1 0.8 | - | - | 3 2.3 | - | - | 2 0.4 | 4 1.0 |

(b) Visual acuity:

| Nature of defect, all ages. | 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: | 851 | 3 | 4 | 130 | 119 | 132 | 119 | 156 | 130 | 29 | 29 | 450 | 401 |
| Visual acuity: | | | | | | | | | | | | | |
| Mean | 93 | 1 | - | 18 | 13 | 14 | 17 | 7 | 17 | 2 | 4 | 42 | 51 |
| Standard deviation | 10.9 | 33.3 | - | 13.8 | 10.9 | 10.6 | 14.3 | 4.5 | 13.1 | 6.9 | 13.8 | 9.3 | 12.7 |
| Number recommended for fraction | 51 | - | - | 2 | 6 | 8 | 6 | 12 | 13 | 3 | 1 | 25 | 26 |
| Visual acuity | 6.0 | - | - | 1.5 | 5.0 | 6.1 | 5.0 | 7.7 | 10.0 | 10.3 | 3.4 | 5.6 | 6.5 |
| Number recommended for fraction | 51 | - | - | 12 | 10 | 9 | 4 | 5 | 10 | 1 | - | 27 | 24 |
| Visual acuity | 6.0 | - | - | 9.2 | 8.4 | 6.8 | 3.4 | 3.2 | 7.7 | 3.4 | - | 6.0 | 6.0 |

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 this group | No. of children this group | % of the children exd. in this group | No. of children this group | % of the children exd. in this group | No. of children this group | % of the children exd. in this group | No. of children systematic medical exams. | % of the children exd. at |
| Group 1 | 260 | 90.909 | 220 | 87.6 | 256 | 89.5 | 54 | 93.1 | 790 | 89.7 |
| " 11(a) | - | - | 9 | 3.6 | 6 | 2.1 | 1 | 1.7 | 16 | 1.8 |
| " 11(b) | 6 | 2.098 | - | - | - | - | - | - | 6 | 0.7 |
| " 11(c) | - | - | - | - | - | - | - | - | - | - |
| Total | 6 | 2.098 | 9 | 3.6 | 6 | 2.1 | 1 | 1.7 | 22 | 2.5 |
| " 111 | 9 | 3.147 | 13 | 5.2 | 16 | 5.6 | 1 | 1.7 | 39 | 4.4 |
| " 1V(a) | 11 | 3.846 | 9 | 3.6 | 8 | 2.8 | 2 | 3.5 | 30 | 3.4 |
| " 1V(b) | - | - | - | - | - | - | - | - | - | - |
| Total | 11 | 3.846 | 9 | 3.6 | 8 | 2.8 | 2 | 3.5 | 30 | 3.4 |
| Total No. of children examined. | 286 | 100.000 | 251 | 100.0 | 286 | 100.0 | 58 | 100.0 | 881 | 100.0 |

* 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, 1961

| <u>Group</u> | <u>Average Age</u> | | <u>Average Weight</u> | <u>Average Height</u> |
|---------------------------|--------------------|---------------|-----------------------|-----------------------|
| | <u>Years</u> | <u>Months</u> | <u>in lbs.</u> | <u>in inches</u> |
| <u>Entrants:-</u> | | | | |
| Males | 5 | 7.9 | 47.8 | 44.8 |
| Females | 5 | 7.2 | 47.7 | 43.7 |
| <u>Third Age Group:-</u> | | | | |
| Males | 9 | 6.5 | 74.3 | 54.0 |
| Females | 9 | 7.0 | 68.6 | 52.6 |
| <u>Fourth Age Group:-</u> | | | | |
| Males | 13 | 7.6 | 108.6 | 61.8 |
| Females | 13 | 8.2 | 110.6 | 61.6 |
| <u>Fifth Age Group:-</u> | | | | |
| Males | 16 | 7.6 | 145.4 | 67.3 |
| Females | 16 | 8.6 | 123.0 | 63.6 |

VISITS TO SCHOOL CHILDREN IN THEIR HOMES BY SCHOOL NURSES

83 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 | 1 | 14 * |
| (b) Ineducable | 2 | - | 9 | 11(+ 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 | 3 | 1 | - | 4 |
| (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 | - | 122 |
| Total visits made | - | 1,028 |
| Number of Children under 1 year of age visited | - | 299 |
| Total visits made | - | 3,049 |
| Number of Children between age of 1-5 years visited | - | 998 |
| Total visits made | - | 3,625 |
| No. of Tuberculosis Cases visited | - | 85 |
| Total visits made | - | 286 |
| No. of other cases visited | - | 19 |
| Total visits made | - | 161 |

Attendance at Lerwick Child Welfare Centre

| | | |
|---|---|-------|
| Number of Expectant Mothers attending | - | 16 |
| Total attendances | - | 29 |
| Number of Children under 1 year attending | - | 190 |
| Total attendances | - | 1,092 |
| Number of Children 1 - 5 years attending | - | 149 |
| Total attendances | - | 400 |

Births During 1961

| | | |
|--|---|-----|
| (1) Total number of live births during year (before correction for mother's residence) | - | 271 |
| Total number of Stillbirths | - | 7 |
| (11) Total number of births in (1) occurring in institutions | - | 247 |
| (111) Total number of births occurring at home:- | | |
| Doctor present | - | 26 |
| Doctor not present | - | 5 |

DENTAL CARE OF MOTHERS AND YOUNG CHILDREN

| | No. inspected. | No. requiring treatment. | No. accepting treatment. | No. actually treated. |
|---------------------|----------------|--------------------------|--------------------------|-----------------------|
| Expectant Mothers | 9 | 9 | 9 | 9 |
| Nursing Mothers | 32 | 31 | 31 | 30 |
| Pre-school children | 89 | 85 | 85 | 80 |

TUBERCULOSISNumber of Cases Diagnosed as suffering from Tuberculosis

| | <u>Males</u> | <u>Females</u> | <u>Total</u> |
|-----------------|--------------|----------------|--------------|
| Respiratory | 5 | 1 | 6 |
| Non-Respiratory | - | - | - |
| | <u>5</u> | <u>1</u> | <u>6</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 | 2 | - |
| Children | - | - |
| Admitted during the year: | | |
| Adults | 5 | 1 |
| Children | 1 | - |
| Discharged during the year: | | |
| Adults | 4 | 1 |
| Children | - | - |
| Died in Institutions: | | |
| Adults | 1 | - |
| Children | - | - |
| In Institutions on December 31st: | | |
| Adults | 2 | - |
| Children | 1 | - |

Number of Persons resident in the Area at 31st December, 1961 who were known to be suffering from Tuberculosis

| | | | |
|------------------|---------|---|----|
| Respiratory: | Males | - | 40 |
| | Females | - | 20 |
| Non-Respiratory: | Males | - | 9 |
| | Females | - | 10 |

B. C. G. VACCINATION

| | <u>Tuberculin Tested</u> | | <u>Negative Re-actors</u> | | <u>Vaccinated during 1961</u> | |
|----------------|--------------------------|----------------|---------------------------|----------------|-------------------------------|----------------|
| | <u>Males</u> | <u>Females</u> | <u>Males</u> | <u>Females</u> | <u>Males</u> | <u>Females</u> |
| Contacts | 63 | 56 | 56 | 52 | 56 | 52 |
| School Leavers | 105 | 125 | 96 | 119 | 96 | 119 |

SUMMARY OF IMMUNISING INJECTIONS DONE
UNDER THE COUNTY COUNCIL'S SCHEMES. 1961.

| | <u>By Medical Officer of Health.</u> | <u>By Practitioners</u> |
|---|--|-----------------------------|
| <u>Vaccinations</u> of pre-school children against smallpox | 12 | 34 |
| <u>Diphtheria.</u> Number of children given primary course of two injections | 16 | 189 |
| Number given re-inforcing dose | - | 66 |
| <u>Whooping Cough.</u> Number of children given course of 3 injections | 66 | 70 |
| <u>Diphtheria, Whooping Cough & Tetanus</u> Number of children given course of 3 injections of combined antigen | 66 | 61 |
| Number given re-inforcing dose | - | 2 |
| <u>Poliomyelitis.</u> Number of persons given 2 primary injections | 89 | 289 |
| Number of persons given third injections | 94 | 304 |
| Number of persons given fourth injections | 167 | 251 |
| <u>B.C.G. Vaccine</u> | | |
| Number of school leavers vaccinated | 215 | |
| Number of contacts of tuberculous cases vaccinated | 108 | |

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 | 21 | 34 | - | - |
| (ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority | 37 | 103 | - | - |
| (iii) Other Premises in which Section 7 is enforced by the Local Authority (including out-workers' premises) | - | - | - | - |
| TOTAL | 58 | 137 | - | - |

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 | 8 | 8 | - | - | - |
| Overcrowding | - | - | - | - | - |
| Unreasonable temperature | - | - | - | - | - |
| Inadequate ventilation | 1 | 1 | - | - | - |
| Ineffective drainage of floors | - | - | - | - | - |
| Sanitary Conveniences | | | | | |
| (a) insufficient | 3 | 3 | - | - | - |
| (b) unsuitable or defective | 2 | 2 | - | - | - |
| (c) not separate for sexes | - | - | - | - | - |
| Other offences against the Act (not including offences relating to outwork) | 14 | 14 | - | - | - |
| TOTAL | 28 | 28 | - | - | - |

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 | 72 | 80 | 1 | - |
| (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 (including out-workers' premises) | - | - | - | - |
| TOTAL | 72 | 80 | 1 | - |

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

Proceedings of the Administration of the

Department of the Interior

Public Lands

REPORT FOR THE YEAR 1907
CONTAINING INFORMATION AS TO THE STATUS OF THE PUBLIC LANDS

| State | Section | Area | Value | Notes |
|----------------------|---------|------|-------|-------|
| Alabama | ... | ... | ... | ... |
| Alaska | ... | ... | ... | ... |
| Arizona | ... | ... | ... | ... |
| Arkansas | ... | ... | ... | ... |
| California | ... | ... | ... | ... |
| Colorado | ... | ... | ... | ... |
| Connecticut | ... | ... | ... | ... |
| Delaware | ... | ... | ... | ... |
| District of Columbia | ... | ... | ... | ... |
| Florida | ... | ... | ... | ... |
| Georgia | ... | ... | ... | ... |
| Idaho | ... | ... | ... | ... |
| Illinois | ... | ... | ... | ... |
| Indiana | ... | ... | ... | ... |
| Iowa | ... | ... | ... | ... |
| Kansas | ... | ... | ... | ... |
| Kentucky | ... | ... | ... | ... |
| Louisiana | ... | ... | ... | ... |
| Maine | ... | ... | ... | ... |
| Maryland | ... | ... | ... | ... |
| Massachusetts | ... | ... | ... | ... |
| Michigan | ... | ... | ... | ... |
| Minnesota | ... | ... | ... | ... |
| Mississippi | ... | ... | ... | ... |
| Missouri | ... | ... | ... | ... |
| Montana | ... | ... | ... | ... |
| Nebraska | ... | ... | ... | ... |
| Nevada | ... | ... | ... | ... |
| New Hampshire | ... | ... | ... | ... |
| New Jersey | ... | ... | ... | ... |
| New Mexico | ... | ... | ... | ... |
| New York | ... | ... | ... | ... |
| North Carolina | ... | ... | ... | ... |
| North Dakota | ... | ... | ... | ... |
| Ohio | ... | ... | ... | ... |
| Oklahoma | ... | ... | ... | ... |
| Oregon | ... | ... | ... | ... |
| Pennsylvania | ... | ... | ... | ... |
| Rhode Island | ... | ... | ... | ... |
| South Carolina | ... | ... | ... | ... |
| South Dakota | ... | ... | ... | ... |
| Tennessee | ... | ... | ... | ... |
| Texas | ... | ... | ... | ... |
| Vermont | ... | ... | ... | ... |
| Virginia | ... | ... | ... | ... |
| Washington | ... | ... | ... | ... |
| West Virginia | ... | ... | ... | ... |
| Wisconsin | ... | ... | ... | ... |
| Wyoming | ... | ... | ... | ... |

| State | Section | Area | Value | Notes |
|----------------------|---------|------|-------|-------|
| Alabama | ... | ... | ... | ... |
| Alaska | ... | ... | ... | ... |
| Arizona | ... | ... | ... | ... |
| Arkansas | ... | ... | ... | ... |
| California | ... | ... | ... | ... |
| Colorado | ... | ... | ... | ... |
| Connecticut | ... | ... | ... | ... |
| Delaware | ... | ... | ... | ... |
| District of Columbia | ... | ... | ... | ... |
| Florida | ... | ... | ... | ... |
| Georgia | ... | ... | ... | ... |
| Idaho | ... | ... | ... | ... |
| Illinois | ... | ... | ... | ... |
| Indiana | ... | ... | ... | ... |
| Iowa | ... | ... | ... | ... |
| Kansas | ... | ... | ... | ... |
| Kentucky | ... | ... | ... | ... |
| Louisiana | ... | ... | ... | ... |
| Maine | ... | ... | ... | ... |
| Maryland | ... | ... | ... | ... |
| Massachusetts | ... | ... | ... | ... |
| Michigan | ... | ... | ... | ... |
| Minnesota | ... | ... | ... | ... |
| Mississippi | ... | ... | ... | ... |
| Missouri | ... | ... | ... | ... |
| Montana | ... | ... | ... | ... |
| Nebraska | ... | ... | ... | ... |
| Nevada | ... | ... | ... | ... |
| New Hampshire | ... | ... | ... | ... |
| New Jersey | ... | ... | ... | ... |
| New Mexico | ... | ... | ... | ... |
| New York | ... | ... | ... | ... |
| North Carolina | ... | ... | ... | ... |
| North Dakota | ... | ... | ... | ... |
| Ohio | ... | ... | ... | ... |
| Oklahoma | ... | ... | ... | ... |
| Oregon | ... | ... | ... | ... |
| Pennsylvania | ... | ... | ... | ... |
| Rhode Island | ... | ... | ... | ... |
| South Carolina | ... | ... | ... | ... |
| South Dakota | ... | ... | ... | ... |
| Tennessee | ... | ... | ... | ... |
| Texas | ... | ... | ... | ... |
| Vermont | ... | ... | ... | ... |
| Virginia | ... | ... | ... | ... |
| Washington | ... | ... | ... | ... |
| West Virginia | ... | ... | ... | ... |
| Wisconsin | ... | ... | ... | ... |
| Wyoming | ... | ... | ... | ... |