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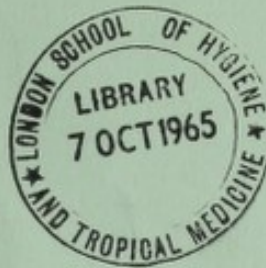
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COUNTY OF ZETLAND  
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ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

1964  
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1962

Public Health Office,  
64, St. Olaf Street,  
LERWICK, September, 1965.

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,

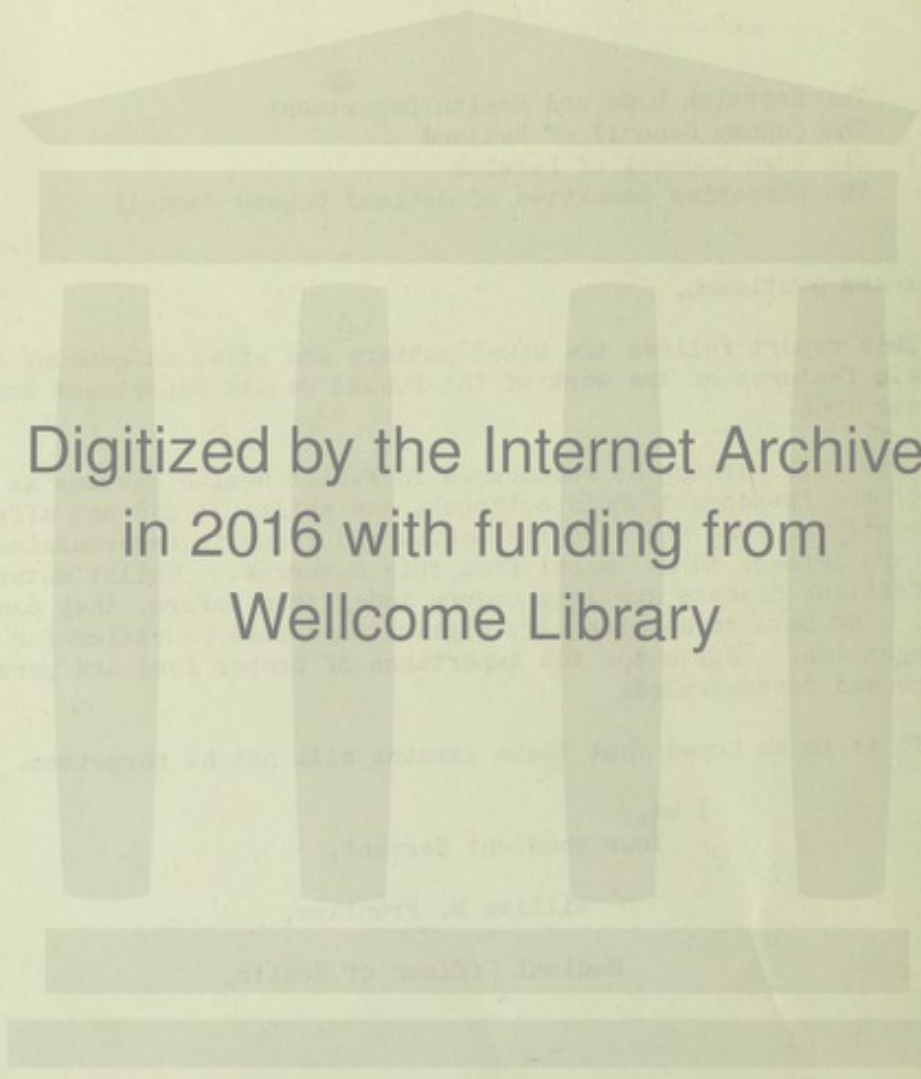
This report follows the usual pattern and gives an account of the main features of the work of the Public Health Department during the year 1964.

This will perhaps be remembered in Public Health circles as the year of the Aberdeen typhoid outbreak, and whilst it did not affect us directly we were aware of its social and economic repercussions. There are lessons to be learnt from this outbreak. Whilst outbreaks of infectious disease are less common today than before, they can occur. We have to be eternally vigilant and make provision for such contingencies. Again too the importance of proper food and personal hygiene was demonstrated.

It is to be hoped that these lessons will not be forgotten.

I am,  
Your obedient Servant,

William M. Prentice,  
Medical Officer of Health.



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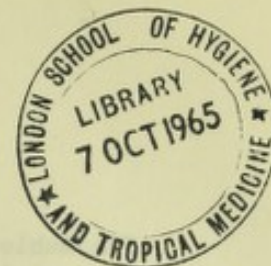
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# VITAL STATISTICS

The following is a summary of the principal statistics for the year 1964. Figures for the years 1962 and 1963 are given for comparison. The figures given are corrected for transfers.

	<u>Zetland</u>			<u>Scotland</u>
	<u>1962</u>	<u>1963</u>	<u>1964</u>	
Population (estimated) .....	17,537	17,525	17,719	
Crude death rate per 1,000 population .....	14.9	14.4	14.9	
Death rate adjusted for age and sex distribution .....	9.7	9.4	9.7	11.7
Live births (including illegitimate) .....	320	289	308	
Birth rate (per 1,000 population) .....	18.2	16.5	17.4	20.0
Illegitimate birth rate (per 100 births) .....	3.4	4.2	3.4	5.4
Infant mortality rate .....	19	14	19	24.0
Deaths from tuberculosis (all forms) .....	-	2	2	
Death rate from tuberculosis (all forms) .....	-	0.11	0.11	0.07
Deaths from pulmonary tuberculosis .....	-	2	2	
Death rate from pulmonary tuberculosis .....	-	0.11	0.11	0.07
Deaths from principal epidemic diseases .....	-	1	-	
Death rate (per 1,000 population) from principal epidemic diseases .....	-	0.06	-	0.02



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

The Registrar General's estimate of the population of the county in the middle of the year was 17,719 which is 194 more than the previous year and is the first time an increase in population has been recorded since 1949. It is to be hoped that this trend will mark the end of the slow erosion of population but it is too early yet to make any firm comment and too much significance should not be read into it. There were 308 live births during 1964 and the birth rate was 17.4. If we study the figures over the last twenty years it will be seen that there have been signs over the last five years of a slight improvement in the birth rate. As we are working with relatively small numbers it is more satisfactory to compare five year periods.

#### Birth Rate

1945 - 49	15.9
1950 - 54	15.3
1955 - 59	14.5
1960 - 64	16.8

Despite this our birth rate of 17.4 this year remains below the Scottish National of 20.0.

There were 264 deaths in 1964 which compares with 253 in 1963 and 262 in 1962.

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

	<u>Number</u>	<u>Percentage of Total Deaths</u>
Arteriosclerotic heart disease, including coronary disease	63	23.9
Vascular lesions affecting central nervous system	53	20.1
Malignant neoplasms	28	10.6
Degenerative heart disease	25	9.5
Other circulatory disease	11	4.2
Senility without mention of psychosis	9	3.4

Apart from a slight variation in classification the distribution of causes of death in this table follows the pattern of recent years.

Coronary thrombosis was included in the cause of death in 53 (60%) of the cases of heart disease, 32 males and 21 females. The age distribution of these deaths is shown below.

Deaths associated with Coronary Thrombosis

	-35	-45	-55	-65	-75	75+	Total
Males	-	-	3	12	10	7	32
Females	-	-	2	-	9	10	21
	-	-	5	12	19	17	53

There were three deaths from lung cancer, two males and one female. Both males were under fifty five.

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

There were three deaths from accidents in the home. This is the same figure as in 1963 and 1962. All those deaths occurred in people over 65.

It is to be regretted that there were three deaths from motor vehicle accidents - two males and one female. Both men were under 45.

The table on the following page shows the number of deaths classified by ages from all causes.



1964

Number of Deaths

	<u>Males</u>	<u>Females</u>	<u>Total</u>
All ages	133	131	264
- 1	6	-	6
1 - 4	-	1	1
5 - 9	-	1	1
10 - 14	-	-	-
15 - 24	1	2	3
25 - 34	-	-	-
35 - 44	3	2	5
45 - 54	8	8	16
55 - 64	24	6	30
65 - 74	38	34	72
75 - 84	38	46	84
85 and over	15	31	46

CARE OF MOTHERS AND YOUNG CHILDREN

The following table 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 lesions, the prevention of which is difficult).

	<u>1959</u>	<u>1960</u>	<u>1961</u>	<u>1962</u>	<u>1963</u>	<u>1964</u>
Births	245	286	279	320	289	308
Total deaths under 1 year	5	6	3	6	4	6
Neo-natal deaths	4	6	1	2	3	4
Stillbirths	3	5	8	6	7	4
Infant mortality rate	20	21	11	19	14	19

This table shows that this was quite a good year as far as our records are concerned. The total neo-natal deaths and stillbirths added together came to 8. The average total for the previous five years for combined neo-natal deaths and stillbirths was 9.

The infant mortality rate was 19. As we are dealing with a relatively small number of births each year our infant mortality rate can show quite appreciable fluctuations from year to year. A better index can be obtained by taking the figures for five year periods and comparing them.

	<u>1945-49</u>	<u>1950-55</u>	<u>1955-59</u>	<u>1960-64</u>
Infant Mortality Rate	36	26	29	17

Last year the infant mortality rate for the country as a whole was 24.

In the whole county, including the town of Lerwick, 5,942 visits were made by District Nurses and by the Health Visitor to 1,426 children of pre-school age. The Child Welfare Clinic at Hillhead was attended by 388 different infants who made a total of 1,511 attendances.

WELFARE FOODS

Welfare foods and vitamin preparations continued to be issued from the Local Authority's office situated in the Child Welfare Centre at Hillhead.

The following table illustrates the uptake of Welfare Foods from this office during 1961, 1962, 1963 and 1964.

	<u>Tins of National Dried Milk.</u>	<u>Bottles of Cod Liver Oil.</u>	<u>Vitamin Tablets.</u>	<u>Bottles of Orange Juice.</u>
1961	23,743	1,510	628	5,679
1962	25,233	1,129	555	5,725
1963	21,784	1,226	437	6,978
1964	21,889	1,530	525	7,062

In the country districts the District Nurses continue to 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. The District Nurses encourage expectant and nursing mothers and pre-school children to obtain treatment from the school dental service whenever the opportunity presents. The table below shows the numbers treated in recent years.

	<u>Numbers treated by School Dental Officers</u>					
	<u>1959</u>	<u>1960</u>	<u>1961</u>	<u>1962</u>	<u>1963</u>	<u>1964</u>
Expectant mothers	20	12	9	11	10	21
Nursing mothers	29	23	30	34	19	45
Pre-school children	122	108	80	105	18	54

MIDWIFERY

During 1964 there were 270 confinements in hospital and 27 confinements at home. Expressed as a percentage this means that 91% of all confinements occurred in hospital. This approximates to the figures for the rest of the area of the North-Eastern Regional Hospital Board.

Two cases of puerperal pyrexia and one case of puerperal fever occurred during the year.

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

Eight 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 9 of the Appendix to this report.

HEALTH VISITING AND HOME NURSING/



### HEALTH VISITING AND HOME NURSING

The Public Health Department's nursing staff consists of a Nursing Superintendent and twenty one nurses, one of whom is a whole time health visitor, whilst the remainder have combined home nursing and health visiting duties. It must be stressed that although the public is probably more conscious of the nurses' home nursing responsibilities, the health visiting duties are equally important and include such duties as the care of mothers and young children, health education, the prevention and control of infectious disease with special responsibilities for the propagation of the various schemes of immunoprophylaxis, the supervision and care of the elderly, participation in medico-social investigations such as the recent dietetic, blood and soil sampling surveys carried out in Shetland during the year in connection with Dr. R. S. Allison of Queen's University's investigations into the aetiology of multiple sclerosis.

Recruitment to the service has been sluggish, there is an overall shortage of district nurses in Scotland and it has been difficult to fill vacancies. I do not anticipate that recruitment will get any easier, indeed it will probably get worse. As stated above, there is an overall shortage of nurses and this is related in part to an increased demand for nurses within all branches of the health service and this coupled with the fact that many careers other than nursing are now available to girls increases the difficulty. Again as the ratio of males to females is somewhat near parity, less females are seeking a full time career in nursing. The problem could well become most acute in those islands without a resident doctor.

However, despite this our nursing strength was increased by one from 1963, an extra district nurse being appointed for Lerwick.

A total of 15,407 visits were paid by the District Nurses as Health Visitors and by the Lerwick Health Visitor to 3,343 cases. These visits included 1,239 visits to 203 expectant mothers, 1,949 visits to 283 children under one, 2,413 visits to 432 persons over 65 and 810 visits to 64 tuberculous families.

During 1964 a total of 27,227 home nursing visits were made by the District Nurses to a total of 1,780 persons. 8,842 of these visits were to 507 people over 65.

Refresher courses are very necessary to maintain the interest and efficiency of nurses who have to work for long periods in comparative isolation and during 1964 the Burra Isle and North Yell nurses attended such courses.

The Health Committee also sponsored two nurses for further intensive training, one for the Health Visitor's Certificate and the other for the combined Queen's Nurse and Health Visitor's Course.

### CARE OF THE AGED

This has been and continues to be the most important medico-social problem facing the county. About 16 per cent of the population is aged 65 or over. The County Council are very conscious of the value of community care and the desirability of keeping old people in their own communities where possible and this coincides with the wishes of most old people who are reluctant to leave their own home area and live their last years with strangers. To facilitate this the services provided by the Local Authority have been increased and more are planned.

Despite this in the majority of cases relatives and neighbours often unassisted give the vital help which enables an old person to continue to live in his own home and this help is often given under most difficult conditions./



conditions. I should like to take this opportunity to recognise and pay tribute to the people who give this help.

The following is a review of our services.

#### Domestic Help Scheme

As stated above the help of relatives and good neighbours continues to be the principal method of assisting our older people. When such help is not available we try to provide domestic assistance from the Domestic Help Scheme - the "home help." The cases who require such help are often so scattered that someone living in the neighbourhood is usually employed to help each particular case. Again different conditions exist in the various communities and various island groups and the size of the service has been influenced by three factors, (a) known needs for the service; (b) the demand for it, and (c) the availability of staff. Whilst the service has been principally used in the care of the aged, help has also been given to the chronic sick, mentally disordered, maternity cases and other needs such as those caused by sudden illness.

The table below illustrates the expansion which has occurred in this service over the last ten years and is an earnest of the effort in Shetland to provide community care.

PERSONS HELPED IN CATEGORIES							HOME HELPS		
	Old People.	Chronic Sick.	Mentally Disordered.	Maternity.	Other.	Total	Full-time.	Part-time.	Full-time Equivalent.
1955	16	-	-	3	2	21	3	6	-
1956	13	-	-	-	2	15	1	4	-
1957	18	-	-	2	3	23	4	3	-
1958	31	-	-	1	2	34	3	10	-
1959	55	-	-	1	1	57	9	17	-
1960	58	-	-	1	2	61	6	18	-
1961	66	-	-	2	4	72	3	25	16
1962	70	6	-	1	1	78	6	36	26
1963	75	9	2	1	4	91	2	57	38
1964	110	6	4	3	24	147	9	103	64

This service is still developing and is of great value and is a service which is often the means of keeping old people in their homes and in their communities and without which there would be no alternative to institutional care. As yet we provide little weekend help and no night attendants.

#### Eventide Homes

There are 29 beds in Viewforth and 13 beds in Leog House. Both houses are kept full and a close liaison is maintained with the hospital service. A further ten local authority cases are housed in the Brevik Hospital.

In order to help keep old people in their own communities, it has been suggested that flatlets for old people should be provided in various districts/



districts of Shetland, and already the County Council have agreed to provide such a unit in Walls. This is subject to government approval.

#### Chiropody

The County Council have also agreed to take over the Chiropody Service for old people provided by the County Branch of the British Red Cross Society in Lerwick and to extend the service throughout the county.

#### Meals-on-Wheels

This service which is provided in co-operation with the W.V.S. is at present only operating in Lerwick and during this, its initial year, an average of twelve old people were provided with meals three days per week.

#### Hospital Services

The Brevik Hospital provides 50 geriatric beds. There are 23 beds in the Montfield Hospital and nearly all of these are now used by geriatric patients. In addition there are a further 17 beds in the Old Gilbert Bain Hospital which has been retained for use as convalescent beds for old persons who, although not nominally permanent hospital cases, require prolonged hospital treatment before being sent home.

It would be of value if the Ear, Nose and Throat Specialist and the Eye Specialist could pay more frequent visits to the remoter areas as defects of hearing and sight are so prevalent amongst our older people.

### VACCINATION AND IMMUNISATION

#### Vaccination against Smallpox

During 1964 74 infants were known to have been vaccinated against smallpox in this county. This compares with 84 in 1963, 106 in 1962 and 46 in 1961. Some others were probably vaccinated without the Public Health Office having any record of the fact.

It will be noted that there has been an improvement in the number of children vaccinated in the past few years though it is still a far lower proportion than in most other counties. In fact about one third of the children in this county are vaccinated in infancy.

The safest and most suitable time for primary vaccination against smallpox is at any time from one year to about five years of age. Few children of this generation will go through life without having to be vaccinated against smallpox at some time or other (either for foreign travel or as a condition of entering nursing or other professions). It must be emphasised that adolescence is not the safest age at which a person should be vaccinated for the first time.

#### Diphtheria Immunisation

It is nineteen years since the last case of diphtheria occurred in this county. Diphtheria has only been repressed, not suppressed, and there is the constant danger of a resurgence in incidence should we abandon our prophylactic measures. All children should receive protective inoculation against diphtheria.

During the year 286 children were given a full course of immunisation against diphtheria. In the case of 245 of these children the diphtheria immunisation was given as part of a combined antigen.

Our figures show that about 80 per cent of the children of pre-school age have been immunised against diphtheria.

#### Immunisation against Whooping Cough/



### Immunisation against Whooping Cough

245 children as against 308 children last year were given a course of immunising injections against whooping cough. All were given this as part of a combined antigen.

### Immunisation against Tetanus

During the year 357 children were given a full course of immunisation against tetanus. In the case of 286 of these children the diphtheria immunisation was given as part of a combined antigen.

### Protection against Poliomyelitis

During the year 261 persons were given primary protection against poliomyelitis. 394 reinforcing doses were given.

The total number of persons having received a protective course of vaccination against poliomyelitis totalled 4,620 at the end of 1964. Again there is room for real improvement in this figure especially amongst the adolescents.

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

The general practitioners play a major part in the Council's schemes of immuno-prophylaxis.

## PREVENTION OF ILLNESS, CARE AND AFTER CARE

### Tuberculosis

There were two deaths from tuberculosis during the year. Both were males over 65 years. Seven pulmonary cases and one non-pulmonary case were notified. The following table shows the yearly average of notifications of deaths from tuberculosis tabulated in five year intervals from 1931 until 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 following table shows the numbers of notifications and deaths for the last nine years.

### NOTIFICATIONS/



<u>NOTIFICATIONS</u>				<u>DEATHS</u>		
<u>Year</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
1962	8	1	9	-	-	-
1963	7	2	9	2	-	2
1964	7	1	8	2	-	2

Over the past nine years we have averaged 9 new notifications. When those tables above are compared the decreasing incidence of pulmonary tuberculosis is apparent but it must be emphasised that we have not by any means eliminated tuberculosis. Patients whose lesions have long been quiescent can on occasion suffer relapse in late middle age or earlier still and can then infect younger persons.

The examination of contacts of cases of tuberculosis and the protection of young people by B.C.G. vaccination has been energetically pursued during the year.

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 as found by the tuberculin reaction. The proportion of children found to have encountered infection 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. vaccination before they leave school and go to other areas where they may be exposed to infection. During the year 186 school leavers were given B.C.G. vaccine.

	<u>Children 13-14 years</u>	<u>Negative</u>	<u>Percentage</u>	<u>Percentage</u>
	<u>Tuberculin Tested.</u>	<u>Reactors.</u>	<u>Negative.</u>	<u>School Leavers</u>
				<u>Negative in Scotland.</u>
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	-
1962	198	189	95	-
1963	208	194	93	-
1964	189	186	98	-

68 contacts of tuberculosis cases were tuberculin tested and 64 of them found to be negative. 57 of these negative reactors were given B.C.G. vaccination.

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

District Nurses made a total of 810 visits to 64 people on the tuberculosis register.

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

### Health Education

During the year an anti-smoking competition was organized for secondary school pupils in the county. It was felt that such a competition stimulated young people to think about this subject and identify themselves with the anti-smoking campaign. The response to this campaign was encouraging.

All establishments where food is handled were circulated by the Public Health Department and advised as to proper food and personal hygiene.

Dr. A. G. Mearns, Senior Lecturer in Public Health and Social Medicine at the University of Glasgow again visited Shetland and addressed a special meeting of district nurses and hospital nursing staff on a variety of health subjects, including personal and food hygiene and the health hazards of cigarette smoking.

There is a stock of film strips on various topics in the Public Health Office and District Nurse/Health Visitors have taken the opportunity of giving talks on health matters to women's clubs in their areas as the opportunity has occurred. 15 such lectures have been given by 7 of the District Nurse/Health Visitors and 4 nurses gave courses of lectures in first aid or home nursing.

The nurses also use a various assortment of 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 at present the most effective form of health education.

### Prevention of Accidents in the Home

There were 3 deaths from accidents in the home during 1964. Two of these deaths occurred in persons over 75, whilst the other was of a person over 65. There were 3 deaths from this cause in 1963 and 3 in 1962. The very old and the child at the toddler stage are the two age groups most at risk from this cause.

### INFECTIOUS DISEASES

The table below shows the number of cases of notifiable infectious diseases (excluding tuberculosis) in the county during 1964.

Disease	At All Ages	Received Hospital Treatment	Cases not removed to Hospital
Food Poisoning	4	-	4
Measles *	1	-	1
Puerperal Pyrexia	4	2	2
Puerperal Fever	1	1	-
Scarlet Fever	45	-	45

\* Not compulsorily notifiable.

There was a fairly brisk outbreak of Scarlet Fever in the spring of the year which was principally confined to Lerwick, 35 of the 45 cases notified occurring there. Fortunately few complications of the disease occurred and no case had to receive hospital treatment.

### MENTAL HEALTH/



MENTAL HEALTH

There continues to be good co-operation and co-ordination between the Mental Health Service of the Local Authority and that of the hospital authorities.

There were 7 mental defectives in the county under formal guardianship and 45 under informal care.

5 patients were admitted to hospitals for psychiatric treatment as formal admissions and 37 were admitted informally. 42 patients were discharged from psychiatric hospitals during the year.

The Medical Officer of Health and his Deputy are approved under Section 27 of the Mental Health (Scotland) Act as having special experience in the diagnosis and treatment of mental disorder and are consulted regularly by practitioners in this capacity.

The Mental Health Officer paid 408 visits to 92 persons during the year and also made regular visits to patients of Shetland origin in psychiatric and mental deficiency hospitals within the North-Eastern Region. He also attended a three week Orientation Course for Mental Health Officers sponsored by Edinburgh Public Health Department in co-operation with the University of Edinburgh.

PORT HEALTH ADMINISTRATION

During the year there were 429 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 Scottish Home and Health Department 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, 1964School Medical Officer (part-time)

W. M. Prentice, M.B., Ch.B., D.P.H.

School Dental Officers

J. F. Allan, B.D.S.

Christopher Ingram, B.D.S.

Christopher J. Booth, B.D.S. (Until January, 1964)

D. F. Irving, B.D.S. (From April, 1964)

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 - 17,719

## Number of Schools

Primary - 38

Senior Secondary - 1

Junior Secondary - 11

Side Schools - 1

Number of children on register - 2,868

Number of children in average attendance - 2,603

Percentage attendance for year - 91%



### Report on School Medical Inspection

This report covers the school year ended 31st July, 1964. The School Medical Officer visited all the schools in the county with the exception of the schools at Foula, Papa Stour, Fair Isle, Trondra and Fetlar.

Pupils in the following age groups were given a routine school medical inspection.

1. All entrants and pupils not previously given a routine school medical inspection.
- II. Pupils born in 1956 (examined for visual acuity and hearing only).
- III. Pupils born in 1954.
- IV. Pupils born in 1950.
- V. Pupils born in 1947.

### The Findings of Medical Inspection

Table 1 on page 1 of the Appendix shows that 48 children seen at routine examinations and 17 who were given a special examination were notified as requiring treatment. This total of 65 children requiring treatment is 7 less than in the previous year.

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 differ much from the same table in the reports for the last few years. As usual under the heading of "Mouth and Teeth Unhealthy" in this table children requiring treatment for uncomplicated dental caries have not been included. Here only cases of abscesses, unhealthy gums and advanced dental caries have been recorded.

The routine testing of vision of all school entrants by the Chevassé E test which was commenced last year was continued.

In all 44 pupils were recommended for refraction because of defective vision during the year. This part of the routine school medical inspection is certainly of great value as a defect of vision is often of such a nature that it may remain unknown or uncomplained of until detected at routine testing.

All boys born in 1950 were tested for colour vision. 18 boys were found to have defective colour vision and this can be of importance in their choice of job.

As a result of co-operation with the Board of Management for the Shetland Hospitals, it was possible to continue the audiometric screen test for hearing which was introduced in 1961.

This year the audiometric survey was extended to school entrants as well as seven year olds. It was not possible to carry out this survey in country districts where there was no electric power available.

The findings of the audiometric screen testing was as follows.

- |     |  |   |     |
|-----|--|---|-----|
| (a) | <u>Entrants</u>                        |   |     |
|     | Number given audiometric test          | - | 143 |
|     | Number requiring further investigation | - | 2   |
| (b) | <u>Seven year olds</u>                 |   |     |
|     | Number given audiometric test          | - | 144 |
|     | Number requiring further investigation | - | 8   |

In/

In addition 27 children were tested at the request of their parents, teachers or general practitioners.

Table III is much the same as in previous years, but too much reliance should not be placed on it as standards of assessment and classification can so easily vary between different medical officers in different areas. Our figures appear to be better than average.

Table IV details particulars about handicapped pupils. It is probable that our figures with regard to the mentally handicapped are an underestimate. It is hoped with the help of an educational psychologist to improve the ascertainment of these children.

It gives satisfaction to record that during the year the new wing of the Anderson Educational Institute in Lerwick was opened. This wing includes an up to date medical inspection room.

There has been much discussion recently on the form of Health Supervision at School and alternative methods of health supervision suggested. Due largely to the geographical character of this county it is impossible to employ some of these alternative methods here. However, the very nature of the terrain coupled with the strong sense of community which exists facilitates the continuous health supervision of the child. Thus the school nurse is also the district nurse and health visitor where in some more populous areas these services would be provided by three separate individuals. The records of these services are thus easily available to the School Medical Officer and he in turn has good contacts both formally and informally with the General Practitioners. There is justification for claiming that there is better integration of the various health services here than in most other parts of the country.

Again the general practitioners in Shetland do not have large lists and as practice is not competitive in the islands and more isolated mainland districts, the practitioners in these areas were invited during the year to make regular visits to the schools in their areas, so as to stimulate their interest in the school child and education and as a means of securing the closest co-operation between them and the schools. All agreed to co-operate, and have been doing so.



A P P E N D I XTABLE 1

Total number of children examined at:-

(A)		Systematic Examinations:-	Other systematic Examinations:-
Ordinary Schools	(Entrants	231	-
	(Second Age Group	188	-
	(Third Age Group	224	-
	(Fourth Age Group	187	-
Secondary Schools	(Fourth Age Group	55	-
	Fifth Age Group	70	-
		<hr/>	<hr/>
		955	-
		<hr/>	<hr/>
(B) Other examinations:-		Special cases	85
		Re-inspections by Medical Officer	64
			<hr/>
			149
			<hr/>

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

Entrants	-	8
Second Age Group	-	12
Third Age Group	-	11
Fourth Age Group	-	16
Fifth Age Group	-	1
Other systematic examinations	-	-
		<hr/>
		48
		<hr/>

Of 149 children given a re-inspection or special examination 17 were notified to parents as requiring treatment and 17 were noted for re-inspection again during the school year 1964-65.

TABLE 11

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

Nature of Defect.	Total defective at all ages	Entrants		Third Age Group		Fourth Age Group		Fifth Age Group		All Ages	
		Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Number examined:		111	120	116	108	123	119	27	43	377	390
1. Clothing unsatisfactory	-	-	-	-	-	-	-	-	-	-	-
2. Footgear unsatisfactory	1 0.1	-	-	-	-	1 0.8	-	-	-	1 0.3	-
3. Cleanliness-											
(a) Head: Dirty, nits, or vermin	-	-	-	-	-	-	-	-	-	-	-
(b) Body: Dirty or verminous	-	-	-	-	-	-	-	-	-	-	-
4. Skin-											
(a) Head:											
Ringworm	-	-	-	-	-	-	-	-	-	-	-
Impetigo	4 0.5	-	-	2 1.7	-	2 1.6	-	-	-	4 1.1	-
Other diseases	3 0.4	-	-	1 0.9	1 0.9	-	1 0.8	-	-	1 0.3	2 0.5
(b) Body:											
Ringworm	-	-	-	-	-	-	-	-	-	-	-
Impetigo	-	-	-	-	-	-	-	-	-	-	-
Scabies	-	-	-	-	-	-	-	-	-	-	-
Other diseases	11 1.4	1 0.9	4 3.3	1 0.9	-	2 1.6	2 1.7	1 3.7	-	5 1.3	6 1.5
5. Nutritional State-											
Slightly defective	3 0.4	-	1 0.8	1 0.9	1 0.9	-	-	-	-	1 0.3	2 0.5
Bad	-	-	-	-	-	-	-	-	-	-	-
6. Mouth and teeth unhealthy	9 1.2	2 1.8	3 2.5	1 0.9	-	1 0.8	1 0.8	1 3.7	-	5 1.3	4 1.0
7. Naso-pharynx-											
(a) Nose:											
(1) Obstruction req. observation	6 0.8	3 2.7	2 1.7	-	1 0.9	-	-	-	-	3 0.8	3 0.8
(11) Requiring operation	-	-	-	-	-	-	-	-	-	-	-
(111) Other conditions	-	-	-	-	-	-	-	-	-	-	-
(b) Throat:											
(1) Tonsils req. observation	23 3.0	7 6.3	5 4.2	4 3.4	3 2.8	-	4 3.4	-	-	11 2.9	12 3.1
(11) Requiring operation	-	-	-	-	-	-	-	-	-	-	-
(c) Glands:											
(1) Requiring observation	7 0.9	5 4.5	-	1 0.9	-	-	1 0.8	-	-	6 1.6	1 0.3
(11) Requiring operation	-	-	-	-	-	-	-	-	-	-	-



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
8. Eyes-											
(a) External diseases:											
Blepharitis	-	-	-	-	-	-	-	-	-	-	-
Conjunctivitis	-	-	-	-	-	-	-	-	-	-	-
Corneal opacities	-	-	-	-	-	-	-	-	-	-	-
Strabismus	14	5	4	-	2	1	2	-	-	6	8
	1.8	4.5	3.3	-	1.9	0.8	1.7	-	-	1.6	2.1
Other diseases	-	-	-	-	-	-	-	-	-	-	-
(b) Visual acuity		See end of Table 11									
9. Ears-											
(a) Diseases:											
Otorrhoea	-	-	-	-	-	-	-	-	-	-	-
Other diseases	-	-	-	-	-	-	-	-	-	-	-
(b) Defective hearing-											
Grade 1	-	-	-	-	-	-	-	-	-	-	-
" 11(a)	2	-	-	-	-	-	2	-	-	-	2
	0.3	-	-	-	-	-	1.7	-	-	-	0.5
" 11(b)	-	-	-	-	-	-	-	-	-	-	-
" 111	-	-	-	-	-	-	-	-	-	-	-
10. Speech-											
Defective articulation	1	-	-	-	-	-	1	-	-	-	1
	0.1	-	-	-	-	-	0.8	-	-	-	0.3
Stammering	-	-	-	-	-	-	-	-	-	-	-
11. Mental and Nervous Condition-											
(a) Backward (due to irregular attendance, etc.)	1	-	-	1	-	-	-	-	-	1	-
	0.1	-	-	0.9	-	-	-	-	-	0.3	-
(b) Dull (intrinsically)	2	-	-	2	-	-	-	-	-	2	-
	0.3	-	-	1.7	-	-	-	-	-	0.5	-
(c) Mentally defective (educable)	-	-	-	-	-	-	-	-	-	-	-
(d) Mentally defective (ineducable)	-	-	-	-	-	-	-	-	-	-	-
(e) Highly nervous or unstable	-	-	-	-	-	-	-	-	-	-	-
(f) Difficult in behaviour	-	-	-	-	-	-	-	-	-	-	-
12. Circulatory system-											
(a) Organic heart disease:											
(1) Congenital	2	1	1	-	-	-	-	-	-	1	1
	0.3	0.9	0.8	-	-	-	-	-	-	0.3	0.3
(11) Acquired	-	-	-	-	-	-	-	-	-	-	-
(b) Functional Conditions	2	1	-	1	-	-	-	-	-	2	-
	0.3	0.9	-	0.9	-	-	-	-	-	0.5	-
13. Lungs-											
Chronic bronchitis	-	-	-	-	-	-	-	-	-	-	-
Suspected tuberculosis	-	-	-	-	-	-	-	-	-	-	-
Other diseases	14	5	3	4	-	1	1	-	-	10	4
	1.8	4.5	2.5	3.4	-	0.8	0.8	-	-	2.7	1.0

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
4. Deformities-											
(a) Congenital	6	1	-	1	-	3	1	-	-	5	1
	0.8	0.9	-	0.9	-	2.4	0.8	-	-	1.3	0.3
(b) Acquired (Infantile Paralysis)	1	-	-	-	-	-	1	-	-	-	1
	0.1	-	-	-	-	-	0.8	-	-	-	0.3
(c) Acquired (probable rickets)	-	-	-	-	-	-	-	-	-	-	-
(d) Acquired (Other causes)	3	-	-	-	-	2	-	-	1	2	1
	0.4	-	-	-	-	1.6	-	-	2.3	0.5	0.3
5. Infectious diseases	-	-	-	-	-	-	-	-	-	-	-
6. Other diseases or defects	34	7	2	8	4	8	1	2	2	25	9
	4.4	6.3	1.7	6.9	3.7	6.5	0.8	7.4	4.7	6.6	2.3

## 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:	955	111	120	82	106	116	108	123	119	27	43	459	496
Visual acuity:													
Fair	114	8	17	6	10	12	14	18	18	5	6	49	65
	11.9	7.2	14.2	7.3	9.4	10.3	13.0	14.6	15.1	18.5	14.0	10.7	13.1
Bad	48	6	4	7	2	5	4	7	9	2	2	27	21
	5.0	5.4	3.3	8.5	1.9	4.3	3.7	5.7	7.6	7.4	4.7	5.9	4.2
Number recommended for refraction	44	3	4	7	5	4	6	7	7	1	-	22	22
	4.6	2.7	3.3	8.5	4.7	3.4	5.6	5.7	5.9	3.7	-	4.8	4.4



TABLE 111

## Systematic Medical Examinations

* Classification	Entrants		3rd age group		4th age group		5th age group		Total	
	No. of children in this group	% of the children	No. of children in this group	% of the children	No. of children in this group	% of the children	No. of children in this group	% of the children	No. of children	% of the children systematic medical exams.
Group 1	188	81.39	188	83.93	193	79.75	61	87.14	630	82.14
" 11(a)	6	2.60	12	5.36	18	7.44	2	2.86	38	4.95
" 11(b)	4	1.73	1	0.44	1	0.41	-	-	6	0.78
" 11(c)	-	-	-	-	-	-	-	-	-	-
Total	10	4.33	13	5.80	19	7.85	2	2.86	44	5.73
" 111	15	6.49	10	4.47	7	2.89	2	2.86	34	4.45
" 1V(a)	15	6.49	13	5.80	14	5.79	4	5.71	46	5.99
" 1V(b)	3	1.30	-	-	9	3.72	1	1.43	13	1.69
Total	18	7.79	13	5.80	23	9.51	5	7.14	59	7.68
Total No. of children examined	231	100.00	224	100.00	242	100.00	70	100.00	767	100.00

\* Definitions of each group:- 1. Children free from defects. 11(a) Defective vision not worse than 6/12 in the better eye with or without glasses. 11(b) Conditions of the mouth and teeth requiring treatment. 11(c) Both (a) and (b). 111. Children suffering from ailments (other than those mentioned in 11) from which a complete recovery is anticipated within a few weeks. 1V(a) Where complete cure or restoration of function (in case of eye defect, full correction) is considered possible. 1V(b) Where improvement only is considered possible, e.g. without complete restoration of function. Children in the 2nd Age Group are examined for visual acuity only and are therefore not classified into groups.



Table of Average Age, Weight and Height of  
Children examined at Systematic School Medical  
Inspection during the Year Ended 31st July, 1964

<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	6.5	46.3	44.8
Females	5	5.4	45.4	44.2
<u>Third Age Group:-</u>				
Males	9	6.8	72.2	53.8
Females	9	5.9	68.5	52.9
<u>Fourth Age Group:-</u>				
Males	13	7.7	112.3	62.7
Females	13	8.8	113.5	62.2
<u>Fifth Age Group:-</u>				
Males	16	10.6	153.8	68.7
Females	16	11.3	125.0	63.4

#### VISITS TO SCHOOL CHILDREN IN THEIR HOMES BY SCHOOL NURSES

65 children were visited by District Nurses in their capacity as School Nurses and in connection with the School Medical Inspection work.

TABLE 1V

## Return of ALL Exceptional Children of School Age in the Area

Disability	At ordinary schools	At special schools or classes	At no school or institution	Total
1. Blind ... ..	-	-	-	-
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 ... ..	-	-	-	-
" 11(a) ... ..	2	-	-	2
" 11(b) ... ..	-	-	-	-
" 111 ... ..	-	1	1	2
4. Defective speech:				
(a) Defects of articulation requiring special educational measures ...	2	-	-	2
(b) Stammering requiring special educational measures ... ..	1	-	-	1
5. Mentally defective:				
(Children between 5 and 16 years)				
(a) Educable ... ..	5	-	1	6
(b) Ineducable ... ..	-	-	8	8(+ 4)*
6. Epilepsy:				
(a) Mild and occasional ...	1	-	-	1
(b) Severe (suitable for care in a residential school)	-	-	-	-
7. Physically Defective:				
(Children between 5 and 16 yrs.)				
(a) Non-pulmonary tuberculosis (excluding cervical glands)	-	-	-	-
(b) General orthopaedic conditions ... ..	4	-	-	4
(c) Organic heart disease ...	-	-	-	-
(d) Other causes of ill health	2	-	-	2
8. Multiple defects ... ..	-	-	2	2

\*

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



HEALTH AND TUBERCULOSIS VISITINGNumber of home visits and cases

Visited by Health Visitors, i.e. Certificated Health Visitors and others doing health visiting work.		No. of cases.	No. of Visits.
1.	Expectant Mothers	203	1,239
2.	Children born in 1964	283	1,949
3.	Children born in 1963	257	1,508
4.	Children born in 1959-62	886	2,485
5.	School children	140	149
6.	(a) Persons aged 65 and over	432	2,413
	(b) Persons included above who were visited at the special request of a general practitioner or hospital	40	761
7.	(a) Mental Health: Care and aftercare	57	335
	(b) Persons included above who were visited at the special request of a general practitioner or hospital	8	60
8.	(a) Other hospital aftercare	47	663
	(b) Persons included above who were visited at the special request of a general practitioner or hospital	26	363
9.	Tuberculous households	64	810
10.	Other infectious diseases	34	198
11.	Other	866	2,474

MATERNITY AND CHILD WELFAREAttendance at Lerwick Child Welfare Centre

Number of Expectant Mothers attending	-	14
Total attendances	-	29
Number of Children under 1 year attending	-	185
Total attendances	-	754
Number of Children 1-5 years attending	-	203
Total attendances	-	757

Births During 1964

(1) Total number of live births during year (before correction for mother's residence)	-	293
Total number of Stillbirths	-	4
(11) Total number of births in (1) occurring in institutions	-	270
(111) Total number of births occurring at home:-		
Doctor present	-	27
Doctor not present	-	-

DENTAL CARE OF MOTHERS AND YOUNG CHILDREN

	No. inspected.	No. requiring treatment.	No. accepting treatment.	No. actually treated.
Expectant Mothers	23	21	21	21
Nursing Mothers	45	45	45	45
Pre-school Children	59	55	54	54



TUBERCULOSISNumber of Cases Diagnosed as suffering from Tuberculosis

	<u>Males</u>	<u>Females</u>	<u>Total</u>
Respiratory	4	3	7
Non-Respiratory	1	-	1
	<u>5</u>	<u>3</u>	<u>8</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	1	2
Children	-	-
Admitted during the year:		
Adults	5	3
Children	-	-
Discharged during the year:		
Adults	5	4
Children	-	-
Died in Institutions:		
Adults	1	-
Children	-	-
In Institutions on December 31st:		
Adults	-	1
Children	-	-

Number of Persons resident in the Area at 31st December, 1964 who were known to be suffering from Tuberculosis

Respiratory:	Males	-	40
	Females	-	20
Non-Respiratory	Males	-	5
	Females	-	10

B.C.G. VACCINATION

	<u>Tuberculin Tested</u>		<u>Negative Reactors</u>		<u>Vaccinated during 1964</u>	
	<u>Males</u>	<u>Females</u>	<u>Males</u>	<u>Females</u>	<u>Males</u>	<u>Females</u>
Contacts	32	36	30	34	26	31
School Leavers	93	96	92	94	92	94

SUMMARY OF IMMUNISING INJECTIONS DONE  
UNDER THE COUNTY COUNCIL'S SCHEMES 1964

	<u>By Medical Officer of Health.</u>	<u>By Practitioners</u>
<u>Vaccinations of pre-school children</u> <u>against smallpox</u>	37	37
<u>Diphtheria.</u> Number of children given primary course of two injections	-	-
Number given re-inforcing dose	-	64
<u>Diphtheria/Tetanus.</u> Number of children given primary course of three injections	25	16
Number of children given re-inforcing dose	123	62
<u>Tetanus.</u> Number of children given course of three injections	50	21
<u>Whooping Cough.</u> Number of children given course of three injections	-	-
<u>Diphtheria, Whooping Cough &amp; Tetanus</u> Number of children given a course of three injections of combined antigen	63	182
Number given re-inforcing dose	16	27
<u>Poliomyelitis.</u> Number of persons given 2 primary injections of Salk Vaccine	-	-
Number of persons given re-inforcing doses of Salk Vaccine	-	-
Number of persons given course of Oral Vaccine	69	192
Number of persons given re-inforcing dose of Oral Vaccine	289	105
<u>B.C.G. Vaccine</u>		
Number of school leavers vaccinated	186	-
Number of contacts of tuberculous cases vaccinated	57	-



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	6	8	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	47	19	-	-
(iii) Other Premises in which Section 7 is enforced by the Local Authority (including out-workers' premises)	-	-	-	-
<b>TOTAL</b>	<b>53</b>	<b>27</b>	<b>-</b>	<b>-</b>

2. CASES IN WHICH DEFECTS WERE FOUND

Particulars	Number of cases in which defects were found		Referred To H.M. by H.M.		Number of cases in which prosecutions were instituted
	Found.	Remedied.	Inspector.	Inspector.	
Want of cleanliness	4	4	-	-	-
Overcrowding	-	-	-	-	-
Unreasonable temperature	-	-	-	-	-
Inadequate ventilation	-	-	-	-	-
Ineffective drainage of floors	-	-	-	-	-
Sanitary Conveniences					
(a) insufficient	-	-	-	-	-
(b) unsuitable or defective	3	3	-	-	-
(c) not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to outwork)	-	-	-	-	-
<b>TOTAL</b>	<b>7</b>	<b>7</b>	<b>-</b>	<b>-</b>	<b>-</b>

Prescribed particulars on the administration of the  
Factories Act, 1937

Burgh of Lerwick

Part 1 of the Act.

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

Premises	Number on Register	Number of Inspections.	Number of written notices.	Occupiers prosecuted
(i) Factories in which Section 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	12	15	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	57	68	-	-
(iii) Other Premises in which Section 7 is enforced by the Local Authority (including out-workers' premises)	-	-	-	-
<b>TOTAL</b>	<b>69</b>	<b>83</b>	<b>-</b>	<b>-</b>

2. CASES IN WHICH DEFECTS WERE FOUND

Particulars	Number of cases in which defects were found		Referred To H.M. by H.M.		Number of cases in which prosecutions were instituted
	Found	Remedied.	Inspector.	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)	-	-	-	-	-
<b>TOTAL</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>





