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COUNTY OF ZETLAND

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

1966





Public Health Office,
64, St. Olaf Street,
LERWICK, September, 1967.

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 established pattern and gives an account of the main features of the work of the Public Health Department during the year 1966.

I am, Sir,
Your obedient Servant,

William M. Prentice,

Medical Officer of Health.



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VITAL STATISTICS

The following is a summary of the principal statistics for the year 1966. Figures for the years 1964 and 1965 are given for comparison. The figures are corrected for transfers.

	<u>Zetland</u>			<u>Scotland</u>
	<u>1964</u>	<u>1965</u>	<u>1966</u>	
Population (estimated)	17,719	17,514	17,371	
Crude death rate per 1,000 population	14.9	15.4	14.4	
Death rate adjusted for age and sex distribution	9.7	10.0	9.4	12.3
Live births (including illegitimate)	308	281	264	
Birth rate (per 1,000 population)	17.4	16.0	15.2	18.6
Illegitimate birth rate (per 100 births)	3.4	3.9	1.5	6.4
Infant mortality rate	19	7	11	23
Deaths from tuberculosis (all forms)	2	-	-	
Death rate from tuberculosis (all forms)	0.11	-	-	0.06
Deaths from pulmonary tuberculosis	2	-	-	

The above table gives a summary of the principal statistics for the past three years and the comparable rates for the country as a whole.

The Registrar General's estimate of the population of the county in the middle of the year was 17,371 which is 143 less than the previous year.

During 1966 there were 264 live births, the average for the past five years being 292.

There were no deaths from tuberculosis during the year. The infant mortality rate was low, 11 per 1,000 live births, but as we are dealing with relatively small numbers it is more liable to fluctuation and it is best really to assess this figure over five year periods. The infant mortality rate over the last five year period was 14. The Scottish national rate was 23.

Infant Mortality Rate (5 year average)/

Infant Mortality Rate (5 year average)

1961-65	-	14
1956-60	-	30
1951-55	-	21
1946-50	-	36
1941-45	-	32

It will be observed from the above table that there has been considerable improvement in the infant mortality rate of the county over the past two decades.

There were 250 deaths in 1966 which compares with 270 in 1965 and 266 in 1964.

The following table shows the number of deaths classified by ages from all causes:-

	<u>1966</u>		
	<u>Number of Deaths</u>		
	<u>Males</u>	<u>Females</u>	<u>Total</u>
All ages	128	122	250
- 1	2	1	3
1 - 4	-	1	1
5 - 9	2	-	2
10 - 14	1	-	1
15 - 24	1	-	1
25 - 34	-	-	-
35 - 44	5	1	6
45 - 54	9	2	11
55 - 64	25	15	40
65 - 74	25	30	55
75 - 84	40	41	81
85 and over	18	31	49

The following table 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	65	26%
Vascular lesions affecting central nervous system	45	18%
Malignant neoplasms	38	15%
Degenerative heart disease	14	6%
Other diseases of heart	11	4%
Pneumonia (except of newborn)	11	4%
Other circulatory disease	10	4%

As will be seen the greatest number of deaths are due to arteriosclerotic heart disease including coronary thrombosis. These deaths can be tabulated by age as follows:-

Age	-35	-45	-55	-65	-75	75+	Total
Males	-	2	2	10	9	17	40
Females	-	-	-	5	7	13	25
Total	-	2	2	15	16	30	65

There were five deaths from lung cancer, three males and two females, three of the deaths being in persons under 55. It is worth recording that there were three deaths from accidents in the home and there were also three male deaths from what the Registrar General terms other violence, two of those deaths being due to drowning.

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).

	1959	1960	1961	1962	1963	1964	1965	1966
Births	245	286	279	320	289	308	281	264
Total deaths under 1 year	5	6	3	6	4	6	2	3
Neo-natal deaths	4	6	1	2	3	4	2	2
Stillbirths	3	5	8	6	7	4	9	3
Infant mortality rate	20	21	11	19	14	19	7	11

In the whole county, including the town of Lerwick, 6,691 visits were made by District Nurses and by the Health Visitor to 1,365 children of pre-school age. The Child Welfare Clinic at Hillhead was attended by 299 different infants who made a total of 952 attendances.

WELFARE FOODS

Welfare foods and vitamin preparations were issued from the Public Health Department and the Child Welfare Centre at the Hillhead.

The following table illustrates the uptake of welfare foods during 1962, 1963, 1964, 1965, and 1966.

	<u>Tins of National Dried Milk.</u>	<u>Bottles of Cod Liver Oil</u>	<u>Vitamin Tablets</u>	<u>Bottles of Orange Juice</u>
1962	25,233	1,129	555	5,725
1963	21,784	1,226	437	6,978
1964	21,889	1,530	525	7,062
1965	20,418	1,811	534	7,191
1966	17,672	1,304	453	8,004

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. The District Nurses encourage expectant and nursing mothers and pre-school children to obtain treatment from the school dental service whenever the opportunity presents. During the/

the year 58 expectant mothers, 106 nursing mothers and 211 pre-school children were given dental treatment by the School Dental Officers.

NURSERY AND CHILD MINDERS REGULATION ACT

There are 2 persons registered as Child Minders under the terms of the Act.

MIDWIFERY

During 1966 there were 252 confinements in hospital and 14 confinements at home. Expressed as a percentage this means that 94% of all confinements occurred in hospital. This approximates to the figures for the rest of the area of the North-Eastern Regional Hospital Board.

No cases of puerperal fever occurred during the year.

19 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

The Public Health Department's nursing staff consists of a Nursing Superintendent and twenty two nurses. One of those nurses is a whole-time health visitor, the remainder are district nurses who also act as Health Visitors. Six members of our nursing staff hold the Health Visitors Certificate.

Recruitment to the service has been sluggish, 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.

The staffing of those islands in which there is no resident doctor has caused us particular concern. Such a post requires a nurse of high quality, she must be able and self sufficient. Every effort should be made to render such posts attractive and adequate reward made to those nurses for the heavy and unique responsibilities which they carry.

A total of 18,240 visits were paid by the District Nurses as Health Visitors and by the Lerwick Health Visitor to 2,898 cases. These visits included 1,663 visits to 231 expectant mothers, 2,131 visits to 255 children born in 1966, 4,319 visits to 584 persons over 65 and 610 visits to 57 tuberculous families.

During 1966 a total of 33,902 home nursing visits were made by the District Nurses to a total of 1,948 persons. 15,099 of these visits were to 577 people over 65.

One nurse commenced training for the combined Queen's Nurse/Health Visitor course in Edinburgh whilst 4 District Nurses attended midwifery/

midwifery refresher courses during the year.

Refresher courses are very necessary to maintain the interest and efficiency of nurses who have to work for long periods in comparative isolation.

DOMESTIC HELP SCHEME

The home help service is an essential component of our community care services. With the home nursing and health visiting service it helps to provide a home care service. The service has increased greatly over the past ten years and it, along with the mental health service, are the two services of the local authority which have expanded most both on a national and a local basis.

The table below illustrates this expansion as far as Shetland is concerned.

PERSONS HELPED IN CATEGORIES							HOME HELPS		
	Old People.	Chronic Sick.	Mentally Disordered.	Mat- ernity.	Other.	Total	Full- time.	Part- time.	Full- time Equiv- alent.
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
1965	125	4	3	9	22	163	13	118	75
1966	129	14	9	3	20	175	25	108	79

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.

CARE OF THE AGED

As was stressed in previous reports this is the most important medico-social problem facing this county and our aim has been to assist old people to remain in their own communities whenever possible. This aim coincides with the wishes of most old people who are naturally reluctant to leave their home areas and live their last years among strangers. In order to facilitate this the County Council has had to increase its community care services. These community care services have the additional merit of helping to reduce the heavy pressures on hospital beds and facilitating earlier discharge from hospital in certain cases.

A great deal of the district nurse/health visitors' time is devoted to the care of the elderly and the home help service is used principally by the elderly as indicated by the above table.

Chiropody Service

The County Council provides a free Chiropody Service for old people. Treatment is given on the general practitioner's recommendation and the service is essentially a domiciliary one operated throughout the county, as will be seen from the following table.

The/

The following is a list of the numbers of patients per district and numbers treated.

<u>District</u>	<u>No. of visits made in the district.</u>	<u>No. of patients in the district.</u>	<u>No. of trips to each district during 1966.</u>
Unst	68	27	3 (10 days)
Yell	131	45	5 (15 days)
Petlar	32	12	3
Northmavine	77	29	9
Delting	31	18	8
Nesting, Vidlin, Girdsta	69	28	22
Whalsay	69	36	7
Skerries	6	6	1
Aithsting	24	10	10
Sandsting	37	20	11
Walls	20	11	11
Sandness	37	11	7
Whiteness, Weisdale	20	7	4
Gott	6	2	3
Scalloway	43	14	22
Burra Isle	27	12	2
Lerwick, Sound	576	201	-
Bressay	16	6	5
Gulberwick, Quarff	13	6	9
Cunningsburgh	10	6	7
Sandwick	24	9	4
Levenwick	11	6	6
Bigton	10	5	5
Virkie	20	10	8
	<u>1,377</u>	<u>537</u>	<u>172</u>

Meals-on-Wheels

This service is provided in Lerwick in co-operation with the W.V.S. During the year 15 old people were given meals five days per week.

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 keep old people in their own communities, it has been suggested that flatlets for old people should be provided in various districts of Shetland, and already the County Council have agreed to provide such a unit in Walls and Mid Yell.

Hospital Services

There are 50 beds for geriatric patients at the Brevik Hospital and approximately 10 of those beds are classified as Part III beds and are/

are the responsibility of the Local Authority.

At Montfield Hospital there are 23 beds and nearly all of those beds 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.

Despite all the activity of the Local Authority, the voluntary organisations and the hospital authorities in this field, 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 and it is important that this should be appreciated.

VACCINATION AND IMMUNISATION

Vaccination against Smallpox

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.

During 1966, 109 children were known to have had a primary vaccination against smallpox in this county. This compares with 53 in 1965, 74 in 1964, 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.

Diphtheria Immunisation

20 years have passed 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 274 children were given a full course of immunisation against diphtheria. Our figures show that about 80 per cent of the children of pre-school age have been immunised against diphtheria.

Immunisation against Tetanus

During the year 292 children were given a full course of immunisation against tetanus.

Immunisation against Whooping Cough

274 children were immunised against whooping cough during the year. All were given this as part of a combined antigen.

Protection against Poliomyelitis

During the year 323 persons were given primary protection against poliomyelitis. 408 reinforcing doses were given.

The total number of persons having received a protective course of vaccination against poliomyelitis totalled 5,287 at the end of 1966. Again there is room for real improvement in this figure especially amongst adolescents.

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

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

PREVENTION OF ILLNESS, CARE AND AFTER CARE

Tuberculosis

There were no deaths from tuberculosis during the year. 4 new pulmonary cases were notified. The following table shows the yearly average of notifications and 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 ten 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
1962	8	1	9	-	-	-
1963	7	2	9	2	-	2
1964	7	1	8	2	-	2
1965	4	-	4	-	-	-
1966	4	-	4	-	-	-

Over the past ten years we have averaged 6 new notifications per year. 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 later 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 208 school leavers were given B.C.G. vaccine.

	Children 13-14 years Tuberculin Tested.	Negative Reactors.	Percentage Negative.	Percentage School Leavers Negative in Scotland.
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	-
1965	219	210	96	-
1966	211	208	99	-

7 contacts of tuberculosis cases were tuberculin tested and all found to be negative. The 7 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 610 visits to 57 people on the tuberculosis register.

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

Health Education

The usual short talks on various health topics were given by the District Nurse/Health Visitors to various women's organisations as the opportunity occurred. Ten such lectures were given by eight of the District Nurse/Health Visitors and 4 nurses gave courses of lectures in first aid and 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 nurse is at present the most effective form of health education available to us.

It would appear, however, that there is an opportunity for a co-ordinated national campaign of health education using the means of mass communication such as television, radio and the press and backed by local efforts.

INFECTIOUS DISEASES

The table below shows the number of cases of notifiable infectious diseases (excluding tuberculosis) in the county during 1966.

<u>Disease</u>	<u>At All Ages</u>	<u>Received Hospital Treatment</u>	<u>Cases not removed to Hospital</u>
Cerebro-spinal Fever	1	1	-
Dysentery	2	-	2
Erysipelas	1	-	1
Jaundice, acute infective	1	-	1
Scarlet Fever	2	-	2

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 55 under informal care.

7 patients were admitted to hospitals for psychiatric treatment as formal admissions and 41 were admitted informally. 45 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 512 visits to 87 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.

PORT HEALTH ADMINISTRATION

During the year there were 671 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.

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 four 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, 1966School 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.
 D. F. Irving, B.D.S.

School Nurses (part-time)

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

Specialist Medical Officers

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

Clerks

2 (part-time)

GENERAL STATISTICS

Population of Area	-	17,371
Number of Schools		
Primary	-	37
Senior Secondary	-	1
Junior Secondary	-	11
Side Schools	-	1
Number of children on register	-	2,802
Number of children in average attendance	-	2,569
Percentage attendance for year	-	93%

Report on School Medical Inspection

This report covers the school year ended 31st July, 1966. The School Medical Officer visited all the schools in the county with the exception of the schools at Foulis, Trondra, Skerries and Fetlar.

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

- I. All entrants and pupils not previously given a routine medical inspection.
- II. Pupils born in 1958 (examined for visual acuity and hearing only).
- III. Pupils born in 1956.
- IV. Pupils born in 1952.
- V. Pupils born in 1949.

Special examinations were also conducted on certain pupils of all ages at the request of the parents, teachers, general practitioners, or as re-examinations by the School Medical Officer.

The Findings of Medical Inspection

Table on page 1 of the appendix shows that 25 children seen at routine examination and 9 who were given a special examination were notified as requiring treatment. This total of 34 children requiring treatment is 5 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 examination. Over the last few years these totals have not varied much. As usual under the heading of "Mouth and Teeth Unhealthy" children requiring treatment for uncomplicated dental caries have not been included. Cases of abscesses, unhealthy gums and advanced dental caries only have been recorded here.

The routine testing of vision of all school entrants by the Chevasse E Test which was commenced in 1963 was continued.

In all 24 children were recommended for refraction because of defective vision during the year. This part of the routine school medical inspection is certainly very worth while, as so often visual defects remain unknown or uncomplained of until detected at routine examination.

As defective colour vision can preclude boys from certain occupations it is important that such defects should be ascertained. Accordingly the colour vision of all boys born in 1952 was tested and 10 boys were found to have defective colour vision.

The audiometric screening of children to detect hearing defects which was introduced five years ago continued and as last year, school entrants and seven year olds were surveyed.

The findings of the audiometric screening were as follows.

(a) Entrants

Number given audiometric test	-	227
Number requiring further investigation	-	20

(b)/

(b) Seven year olds

Number given audiometric test	-	207
Number requiring further investigation	-	10

In addition 76 other children were surveyed at the request of general practitioners, teachers or parents. 5 of these children required further investigation

Table III is much the same as in previous years but once more it is pertinent to point out that standards of assessment and classification can easily vary between different medical officers in different areas and it is therefore difficult to compare areas.

Table IV details particulars about handicapped pupils.

It is rather disappointing to record that the Education Authority has not yet been able to recruit an Educational Psychologist to its staff although such an appointment was approved of in 1965. However, the City of Glasgow Education Authority kindly seconded an Educational Psychologist to us for six weeks. His services were of great help and underlined once more the usefulness of such a service.

As has been explained in previous reports it has not been practical to employ some of the alternative methods of health supervision as outlined in S.H.H.D. Circular 58/1962 due largely to the geographical character of this county. However, the object of these alternative methods is to facilitate the continuous health supervision of the child. The Health Services in Shetland are much more highly integrated than in most other parts of the country and the School Medical Officer has consequently good contacts formally and informally with the general practitioners and visiting hospital specialists. The lists of the general practitioners are not large and as practice is not competitive on the islands and more isolated mainland districts, an arrangement has been made for the general practitioners to visit the schools in their areas at regular intervals. This facilitates the continuous health supervision of the child.

The sanitary condition of the schools is generally speaking good considering the particular difficulties which arise in this county due to the geographical factors already outlined. All schools have hand washing facilities, disposable towels being provided, although hot water for this purpose is only available at the Anderson Institute, Scalloway Junior Secondary School, Symbister House Junior Secondary School, Olnafirth, Gott, North Roe, Fetlar, Skerries and Lerwick Primary School.

The following schools do not as yet have water borne flush toilet sanitation, viz., Burravoe, East Yell, Eshenness, Firth, Papa Stour and Trondra. The new school at Burravoe will rectify the situation with regard to the Yell schools. The remainder of the above schools have a total roll of 45 pupils.

A P P E N D I XTABLE 1

Total number of children examined at:-

(A)		Systematic Examinations:-
Ordinary Schools	(Entrants	272
	(Second Age Group	236
	(Third Age Group	213
	(Fourth Age Group	175
Secondary Schools	(Fourth Age Group	69
	(Fifth Age Group	62
		<u>1,027</u>

(B)	Other examinations:	Special cases	58
		Re-inspections by Medical Officer	59
			<u>117</u>

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

Entrants	-	5
Second Age Group	-	10
Third Age Group	-	5
Fourth Age Group	-	4
Fifth Age Group	-	1
Other systematic examinations	-	-
		<u>25</u>

Of 117 children given a re-inspection or special examination 9 were notified to parents as requiring treatment and 5 were noted for re-inspection again during the school year 1966-67.

[illegible]

TABLE 11 (Cont'd.)

[illegible]

TABLE 11 (Cont'd.)

Nature of Defect.	Total defective at all ages	Entrants		Third Age Group		Fourth Age Group		Fifth Age Group		All Ages	
		Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
(b) Acquired (Infantile Paralysis)	-	-	-	-	-	-	-	-	-	-	-
(c) Acquired (probable rickets)	-	-	-	-	-	-	-	-	-	-	-
(d) Acquired (Other causes)	6 0.8	1 0.6	1 0.9	1 1.0	1 0.9	-	2 1.6	-	-	2 0.5	4 1.0
15. Infectious diseases	-	-	-	-	-	-	-	-	-	-	-
16. Other diseases or defects	33 4.2	8 5.2	7 6.0	4 4.1	8 6.9	5 4.3	1 0.8	-	-	17 4.3	16 4.0

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:													
	1,027	155	117	118	118	97	116	117	127	26	36	513	514
Visual acuity:													
Fair	77	13	7	4	9	6	7	11	8	1	11	35	42
	7.5	8.4	6.0	3.4	7.6	6.2	6.0	9.4	6.3	3.8	30.6	6.8	8.2
Bad	38	3	2	10	2	3	1	6	7	3	1	25	13
	3.7	1.9	1.7	8.5	1.7	3.1	0.9	5.1	5.5	11.5	2.8	4.9	2.5
Number recommended for refraction													
	24	2	2	7	3	2	3	1	3	1	-	13	11
	2.3	1.3	1.7	5.9	2.5	2.1	2.6	0.9	2.4	3.8	-	2.5	2.1

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 exd. in this group	No. of children in this group	% of the children exd. in this group	No. of children in this group	% of the children exd. in this group	No. of children in this group	% of the children exd. in this group	No. of children systematic medical exams.	% of the children exd. at systematic medical exams.
Group 1	233	85.66	178	83.56	211	86.47	53	85.49	675	85.34
" 11(a)	7	2.57	8	3.76	14	5.74	7	11.29	36	4.55
" 11(b)	1	0.37	1	0.47	-	-	-	-	2	0.25
" 11(c)	-	-	-	-	-	-	-	-	-	-
Total	8	2.94	9	4.23	14	5.74	7	11.29	38	4.80
" 111	16	5.88	9	4.23	8	3.28	1	1.61	34	4.30
" 1V(a)	13	4.78	16	7.51	6	2.46	1	1.61	36	4.55
" 1V(b)	2	0.74	1	0.47	5	2.05	-	-	8	1.01
Total	15	5.52	17	7.98	11	4.51	1	1.61	44	5.56
Total number of children examined	272	100.00	213	100.00	244	100.00	62	100.00	791	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, 1966

<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	5.3	46.8	45.5
Females	5	6.6	43.8	45.2
<u>Third Age Group:-</u>				
Males	9	7.4	73.7	54.9
Females	9	6.6	73.5	54.7
<u>Fourth Age Group:-</u>				
Males	13	8.9	111.7	62.7
Females	13	9.8	117.9	62.4
<u>Fifth Age Group:-</u>				
Males	16	10.7	145.3	68.2
Females	16	9.8	131.3	63.6

VISITS TO SCHOOL CHILDREN IN THEIR HOMES BY SCHOOL NURSES

34 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	-	1	-	1
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 ordin- ary school books or to see well enough to be taught in an ordinary school.	-	-	-	-
3. Deaf:				
Grade 1	-	-	-	-
" 11(a)	-	-	-	-
" 11(b)	-	-	-	-
" 111	-	2	-	2
4. Defective speech:				
(a) Defects of articulation requiring special educ- ational measures ...	1	-	-	1
(b) Stammering requiring special educational measures	1	-	-	1
5. Mentally defective:				
(Children between 5 and 16 years)				
(a) Educable	5	-	2	7
(b) Ineducable	-	-	10	10 (+3)
6. Epilepsy:				
(a) Mild and occasional ...	2	-	-	2
(b) Severe (suitable for care in a residential school)	-	-	-	-
7. Physically Defective:				
(Children between 5 and 16 yrs.)				
(a) Non-pulmonary tuberculosis (excluding cervical glands)	-	-	-	-
(b) General orthopaedic conditions	4	-	-	4
(c) Organic heart disease ...	-	-	-	-
(d) Other causes of ill health	1	-	-	1
8. Multiple defects	-	-	1	1

*

3 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	231	1,663
2.	Children born in 1966	255	2,131
3.	Children born in 1965	261	1,912
4.	Children born 1961-64	849	2,648
5.	School children	34	34
6.	(a) Persons aged 65 and over	584	4,319
	(b) Persons included above who were visited at the special request of a general practitioner or hospital	185	2,679
7.	(a) Mental Health: Care and Aftercare	46	293
	(b) Persons included above who were visited at the special request of a general practitioner or hospital	10	94
8.	(a) Other hospital aftercare	36	247
	(b) Persons included above who were visited at the special request of a general practitioner or hospital	25	200
9.	Tuberculous households	57	610
10.	Other infectious diseases	3	14
11.	Other	322	1,396

MATERNITY AND CHILD WELFAREAttendance at Lerwick Child Welfare Centre

Number of Children under 1 year attending	-	169
Total attendances	-	635
Number of Children 1-5 year attending	-	130
Total attendances	-	317

Births During 1966

(1) Total number of live births during year (before correction for mother's residence)-	-	263
Total number of Stillbirths	-	3
(11) Total number of births in (1) occurring in institutions	-	252
(111) Total number of births occurring at home:-		
Doctor present	-	12
Doctor not present	-	2

TUBERCULOSISNumber of Cases Diagnosed as suffering from Tuberculosis

	<u>Males</u>	<u>Females</u>	<u>Total</u>
Respiratory	4	-	4
Non-Respiratory	-	-	-
	4	-	4

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	4	2
Children	-	-
Admitted during the year:		
Adults	4	-
Children	1	1
Discharged during the year:		
Adults	7	2
Children	1	1
Died in Institutions:		
Adults	-	-
Children	-	-
In Institutions on December 31st:		
Adults	1	-
Children	-	-

Number of Persons resident in the Area at 31st December, 1966 who were known to be suffering from Tuberculosis

Respiratory:	Males	-	45
	Females	-	23
Non-Respiratory	Males	-	6
	Females	-	6

B.C.G. VACCINATION

	<u>Tuberculin Tested</u>		<u>Negative Reactors</u>		<u>Vaccinated during 1966</u>	
	<u>Males</u>	<u>Females</u>	<u>Males</u>	<u>Females</u>	<u>Males</u>	<u>Females</u>
Contacts	4	3	4	3	4	3
School Leavers	106	105	105	103	105	103

SUMMARY OF IMMUNISING INJECTIONS DONE
UNDER THE COUNTY COUNCIL'S SCHEMES 1966

	<u>By Medical Officer of Health.</u>	<u>By Practitioners</u>
Vaccinations of pre-school children against smallpox	21	88
<u>Diphtheria.</u> Number of children given primary course of two injections	-	-
Number given re-inforcing dose	-	-
<u>Diphtheria/Tetanus.</u> Number of children given primary course of three injections	6	40
Number of children given re-inforcing dose	132	216
<u>Tetanus.</u> Number of children given course of three injections	-	19
<u>Diphtheria, Whooping Cough & Tetanus</u> Number of children given a course of three injections of combined antigen	31	243
Number given re-inforcing dose	23	198
<u>Poliomyelitis.</u> Number of persons given 2 primary injections of Salk Vaccine	-	-
Number of persons given course of Oral Vaccine	65	258
Number of persons given re-inforcing dose of Oral Vaccine	76	332
<u>B.C.G. Vaccine</u>		
Number of school leavers vaccinated	208	-
Number of contacts of tuberculous cases vaccinated	7	-

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	6	-	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	61	-	-	-
(iii) Other Premises in which Section 7 is enforced by the Local Authority (including out-workers' premises)	-	-	-	-
TOTAL	67	-	-	-

2. CASES IN WHICH DEFECTS WERE FOUND

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

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	6	2	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	39	33	6	-
(iii) Other Premises in which Section 7 is enforced by the Local Authority (including out-workers' premises)	-	-	-	-
TOTAL	45	39	8	-

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	3	3	-	-	-
Overcrowding	-	-	-	-	-
Unreasonable temperature	-	-	-	-	-
Inadequate ventilation	-	-	-	-	-
Ineffective drainage of floors	-	-	-	-	-
Sanitary Conveniences					
(a) insufficient	2	2	-	2	-
(b) unsuitable or defective	5	5	-	2	-
(c) not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to outwork)	-	-	-	-	-
TOTAL	10	10	-	4	-

