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COUNTY OF ZETLAND

ANNUAL REPORT



of the

MEDICAL OFFICER OF HEALTH

1967

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

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 1967.

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 1967. Figures for the years 1965 and 1966 are given for comparison. The figures are corrected for transfers.

	<u>Zetland</u>			<u>Scotland</u>
	<u>1965</u>	<u>1966</u>	<u>1967</u>	
Population (estimated) .....	17,514	17,371	17,231	
Crude death rate per 1,000 population .....	15.4	14.4	16.4	11.5
Death rate adjusted for age and sex distribution .....	10.0	9.4	10.7	
Live births (including illegitimate) .....	281	264	270	
Birth rate (per 1,000 population) .....	16.0	15.2	15.7	18.6
Illegitimate birth rate (per 100 births) .....	3.9	1.5	3.0	6.9
Infant mortality rate .....	7	11	30	21
Deaths from tuberculosis (all forms) .....	-	-	1	
Death rate from tuberculosis (all forms) .....	-	-	0.06	0.05
Deaths from pulmonary tuberculosis .....	-	-	1	

The above table gives a summary of the principle 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 17,231 which is 140 less than the previous year.

During 1967 there were 270 live births, the average for the past five years being 292.

There was one death from tuberculosis during the year. The infant mortality rate was very high, being 30 per 1,000 live births. The Scottish national rate was 21. Our infant mortality rate average over the last complete five year period (ending in 1965) was 14.

Infant Mortality Rate (5 year average)/

Infant Mortality Rate (5 year average)

1966-67	-	21
1961-65	-	14
1956-60	-	30
1951-55	-	21
1946-50	-	36
1941-45	-	32

It will be observed from the above table that the average for the first two years of the present five year period is higher than previously but this may well change in the next three years.

There were 283 deaths in 1967 which compares with 250 in 1966 and 270 in 1965.

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

	<u>1967</u>		
	<u>Number of Deaths</u>		
	<u>Males</u>	<u>Females</u>	<u>Total</u>
All ages	135	148	283
- 1	5	3	8
1 - 4	-	-	-
5 - 9	-	-	-
10 - 14	1	-	1
15 - 24	3	1	4
25 - 34	2	1	3
35 - 44	5	1	6
45 - 54	10	8	18
55 - 64	28	15	43
65 - 74	23	27	50
75 - 84	44	53	97
85 and over	14	39	53

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	79	28%
Vascular lesions affecting central nervous system	64	23%
Malignant neoplasms	36	13%
Degenerative heart disease	19	7%
Pneumonia (except of newborn)	9	3%

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	-	6	10	14	14	3	47
Females	-	1	2	6	14	9	32
Total	-	7	12	20	28	12	79

There were two deaths from lung cancer, 1 male and 1 female. There were two deaths from accidents in the home and there were 6 male deaths from what the Registrar General terms other violence.

#### 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>1962</u>	<u>1963</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>	<u>1967</u>
Births	320	289	308	281	264	270
Total deaths under 1 year	6	4	6	2	3	8
Neo-natal deaths	2	3	4	2	2	8
Stillbirths	6	7	4	9	3	6
Infant mortality rate	19	14	19	7	11	30

In the whole county, including the town of Lerwick, 6,236 visits were made by District Nurses and by the Health Visitors to 1,413 children of pre-school age. The Child Welfare Clinic at Hillhead was attended by 279 different infants who made a total of 1,127 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 1963, 1964, 1965, 1966 and 1967.

	<u>Cartons of National Dried Milk</u>	<u>Bottles of Cod Liver Oil</u>	<u>Vitamin Tablets</u>	<u>Bottles of Orange Juice</u>
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
1967	16,156	1,397	413	7,898

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/

school dental service whenever the opportunity presents. During the year 38 expectant mothers, 92 nursing mothers and 168 pre-school children were given dental treatment by the School Dental Officers.

#### NURSERY AND CHILD MINDERS REGULATION ACT

There are 4 persons registered as Child Minders under the terms of the Act.

#### MIDWIFERY

During 1967 there were 253 confinements in hospital and 12 confinements at home. Expressed as a percentage this means that 96% of all confinements occurred in hospital. This approximates to the figures for the rest of the area of the North-Eastern Regional Hospital Board.

One case of puerperal pyrexia occurred during the year.

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

13 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 2 of the Appendix to this report.

#### HEALTH VISITING AND HOME NURSING

The Public Health Department's nursing staff consists of a Nursing Superintendent and 20 nurses. 15 of these do triple duties (health visiting, midwifery and home nursing), while 5 do double duty (health visiting and home nursing).

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 16,863 visits were paid by the District Nurses as Health Visitors to 2,753 cases. These visits included 1,745 visits to 228 expectant mothers, 1,840 visits to 252 children born in 1967, 4,386 visits to 575 persons over 65 and 352 visits to 57 tuberculous families.

During 1967 a total of 35,840 home nursing visits were made by the District Nurses to a total of 2,267 persons. 14,265 of these visits were to 577 people over 65.

Three nurses attended midwifery refresher courses during the year.

Refresher/

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
1967	148	15	7	4	168	194	18	99	67

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 1967</u>
Unst	113	35	5
Yell	166	65	5
Fetlar	10	12	2
Northmavine	112	34	14
Delting	32	36	9
Nesting, Vidlin, Gurlsta	26	28	7
Whalsay	63	36	7
Skerries	-	6	-
Aithsting, Sandsting	48	41	19
Walls	32	17	9
Sandness	28	16	2
Whiteness, Weisdale, Gott	18	9	11
Scalloway	47	15	22
Burra Isle	18	21	3
Lerwick, Sound	555	210	-
Bressay	5	6	3
Gulberwick, Quarff	5	6	3
Cunningsburgh	16	10	12
Sandwick	25	15	15
Levenwick	10	3	6
Bigton	8	5	6
Virkie	6	10	5
	<u>1,353</u>	<u>636</u>	<u>155</u>

#### Meals-on-Wheels

This service is provided in Lerwick in co-operation with the W.V.S. During the year 17 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 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 the responsibility of the Local Authority.

At/

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 the 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 1967, 129 children were known to have had a primary vaccination against smallpox in this county. This compares with 109 in 1966, 53 in 1965, 74 in 1964, 84 in 1963 and 106 in 1962. Some others were probably vaccinated without the Public Health Office having any record of the fact.

#### Diphtheria Immunisation

21 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 287 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 333 children were given a full course of immunisation against tetanus.

#### Immunisation against Whooping Cough

267 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 296 persons were given primary protection against poliomyelitis. 323 reinforcing doses were given.

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

vaccination against poliomyelitis totalled 5,610 at the end of 1967. Again there is room for real improvement in this figure especially amongst adolescents.

Statistics about immunisations are given on page 4 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 was one death from tuberculosis during the year. 5 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>
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	-	-	-
1967	5	3	8	1	-	1

Over the past ten years we have averaged 7 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/

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

<u>Children 13-14 years</u>		<u>Negative</u>	<u>Percentage</u>	<u>Percentage School Leavers</u>
<u>Tuberculin Tested.</u>		<u>Reactors.</u>	<u>Negative.</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	-
1965	219	210	96	-
1966	211	208	99	-
1967	196	194	99	-

11 contacts of tuberculosis cases were tuberculin tested and all found to be negative. The 11 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 352 visits to 57 people on the tuberculosis register.

Statistics about tuberculosis are given on page 3 of the Appendix.

#### Health Education

The usual short talks on various health topics are given by the District Nurse/Health Visitors to various women's organisations as the opportunity occurred. Twelve such lectures were given by 7 of the District Nurse/Health Visitors and 3 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.

The table below shows the number of cases of notifiable infectious diseases (excluding tuberculosis) in the county during 1967.

<u>Disease</u>	<u>At All Ages</u>	<u>Received Hospital Treatment</u>	<u>Cases not removed to Hospital</u>
Dysentery	32	-	32
Puerperal Pyrexia	1	1	-

#### 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 care at the beginning of the year. Four mental defectives have since been made informal, 1 mental defective was admitted to hospital for treatment, but died. At the end of the year only two mental defectives were under formal care in the county.

9 patients were admitted to hospitals for psychiatric treatment as formal admissions and 36 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 730 visits to 118 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 713 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, 1956

#### NOISE ABATEMENT ACT, 1960

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

#### THE 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.

A P P E N D I XHEALTH 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	228	1,745
2.	Children born in 1967	252	1,840
3.	Children born in 1966	254	1,738
4.	Children born 1962-65	907	2,558
5.	School children	27	27
6.	(a) Persons aged 65 and over	575	4,386
	(b) Persons included above who were visited at the special request of a general practitioner or hospital	103	934
7.	(a) Mental Health: Care and Aftercare	53	370
	(b) Persons included above who were visited at the special request of a general practitioner or hospital	13	92
8.	(a) Other hospital aftercare	110	1,324
	(b) Persons included above who were visited at the special request of a general practitioner or hospital	72	1,026
9.	Tuberculous households	57	352
10.	Other infectious diseases	87	365
11.	Other	15	106

MATERNITY AND CHILD WELFAREAttendance at Lerwick Child Welfare Centre

Number of Children under 1 year attending	-	158
Total attendances of children born in 1967	-	410

Number of Children 1-5 years attending	-	121
Total attendances of children born 1962-1966	-	717

Births during 1967

(1) Total number of live births during year (before correction for mother's residence)	-	261
Total number of Stillbirths	-	4
(11) Total number of births in (1) occurring in institutions	-	253
(111) Total number of births occurring at home:-		
Doctor present	-	10
Doctor not present	-	2

TUBERCULOSISNumber of Cases Diagnosed as suffering from Tuberculosis

	<u>Males</u>	<u>Females</u>	<u>Total</u>
Respiratory	1	4	5
Non-Respiratory	-	3	3
	<u>1</u>	<u>7</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	-
Children	-	-
Admitted during the year:		
Adults	2	5
Children	-	-
Discharged during the year:		
Adults	1	5
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, 1967 who were known to be suffering from Tuberculosis

Respiratory:	Males	-	43
	Females	-	25
Non-Respiratory:	Males	-	4
	Females	-	7

B.C.G. VACCINATION

	<u>Tuberculin Tested</u>		<u>Negative Reactors</u>		<u>Vaccinated during 1967</u>	
	<u>Males</u>	<u>Females</u>	<u>Males</u>	<u>Females</u>	<u>Males</u>	<u>Females</u>
Contacts	8	3	8	3	8	3
School Leavers	92	104	91	103	91	103

SUMMARY OF IMMUNISING INJECTIONS DONE  
UNDER THE COUNTY COUNCIL'S SCHEMES 1967

	<u>By Medical Officer of Health</u>	<u>By Practitioners</u>
Vaccinations of pre-school children against smallpox	12	117
<u>Diphtheria.</u> Number of children given primary course of two injections	-	-
Number given re-inforcing dose	-	20
<u>Diphtheria/Tetanus.</u> Number of children given primary course of three injections	3	17
Number of children given re-inforcing dose	15	214
<u>Tetanus.</u> Number of children given course of three injections	1	45
<u>Diphtheria, Whooping Cough &amp; Tetanus.</u> Number of children given a course of three injections of combined antigen	21	246
Number given a re-inforcing dose	21	205
<u>Poliomyelitis.</u> Number of persons given 2 primary injections of Salk vaccine	-	-
Number of persons given a course of Oral Vaccine	17	279
Number of persons given re-inforcing dose of Oral Vaccine	3	323
<u>B.C.G. Vaccine</u>		
Number of school leavers vaccinated	194	-
Number of contacts of tuberculous cases vaccinated	11	-

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<u>Vaccinated</u>		<u>Tested</u>		<u>Contacts</u>	
<u>1967</u>	<u>1966</u>	<u>1967</u>	<u>1966</u>	<u>1967</u>	<u>1966</u>
5	5	3	8	5	5
103	11	103	41	92	104

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	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	6	9	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	56	71	7	-
(iii) Other Premises in which Section 7 is enforced by the Local Authority (including out-workers' premises)	-	-	-	-
<b>TOTAL</b>	<b>62</b>	<b>80</b>	<b>7</b>	<b>-</b>

2. CASES IN WHICH DEFECTS WERE FOUND

Particulars	Number of cases in which defects were found		Referred To H.M. Inspector. by H.M. Inspector.		Number of cases in which prosecutions were instituted
	Found.	Remedied.			
Want of cleanliness	-	-	-	-	-
Overcrowding	-	-	-	-	-
Unreasonable temperature	-	-	-	-	-
Inadequate ventilation	-	-	-	-	-
Ineffective drainage of floors	-	-	-	-	-
Sanitary Conveniences					
(a) insufficient	2	2	-	-	-
(b) unsuitable or defective	-	-	-	-	-
(c) not separate for sexes	1	1	-	-	-
Other offences against the Act (not including offences relating to outwork)	-	-	-	-	-
<b>TOTAL</b>	<b>3</b>	<b>3</b>	<b>-</b>	<b>-</b>	<b>-</b>

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		Written Occupiers	
	Register	Inspections.	notices.	prosecuted
(i) Factories in which Section 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	6	5	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	39	20	5	-
(iii) Other Premises in which Section 7 is enforced by the Local Authority (including out-workers' premises)	-	-	-	-
<b>TOTAL</b>	<b>45</b>	<b>25</b>	<b>5</b>	<b>-</b>

2. CASES IN WHICH DEFECTS WERE FOUND

Particulars	Number of cases in which defects were found		Number of cases in which prosecutions were	
	Found.	Remedied.	Referred	
			To H.M. Inspector.	by H.M. Inspector.
Want of cleanliness	4	4	-	-
Overcrowding	-	-	-	-
Unreasonable temperature	-	-	-	-
Inadequate ventilation	-	-	-	-
Ineffective drainage of floors	-	-	-	-
Sanitary Conveniences				
(a) insufficient	3	-	-	-
(b) unsuitable or defective	5	4	-	-
(c) not separate for sexes	1	1	-	-
Other offences against the Act (not including offences relating to outwork)	8	6	-	-
<b>TOTAL</b>	<b>21</b>	<b>15</b>	<b>-</b>	<b>-</b>

