MALTA

REPORT

ON THE

HEALTH CONDITIONS OF THE MALTESE ISLANDS

AND ON THE WORK OF THE

MEDICAL AND HEALTH DEPARTMENT

FOR THE YEAR

1956.

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MEDICAL AND HEALTH DEPARTMENT,
Valletta, August 2, 1957.

Sir,

I have the honour to submit my annual report on the health conditions of the Maltese Islands and on the work of the Medical and Health Department during the year 1956.

The year under review was most successful from a health point of view. It was free from epidemics and serious outbreaks of diseases. The sanitary standards were maintained at a high level, nay, in some respects they were raised; the general health was well maintained. Provisions for the care and treatment of the sick were kept in a high state of efficiency but the accent was on prevention rather than on cure and we endeavoured to promote by every means at our disposal preventive measures. We have organised new methods for the promotion of general health, such methods were intimately linked with an amelioration of the hygienic conditions. Hygiene has become one of the essentials of modern life. It is responsible not only for the health and welfare of citizens but also for their happiness and well-being. Its importance is recognised by the State because it is linked with social security for which all nations are striving. For this reason official policy nowadays tends to promote the principles and practice of hygiene in the private and the public life of the citizen.

The standard of living in Malta is of European pattern and the medical and health services are planned and geared accordingly. For this reason we have to look North for our inspiration and it is from that direction that we expect help, advice and assistance in our endeavours.

Since the last World War a great change has come over our Islands. The ordeals and hardships suffered during the war years, the contacts made during that period and the burst for reconstruction and renewal soon after the cessation of hostilities altered the mode of life of our people and changed their outlook. The social structure was effected in the sense that rural and agricultural elements were transferred into urban and industrial. This had its repercussion on the old system of public services; great need arose for social service of a modern type and the Medical and Health services, which are the foremost amongst the social services, had to be remodelled on modern lines. These remodelling and reorganization are not yet complete but they are being very actively pursued.

The population of the Islands remained stationary. The mid-year population at 314,066 was only slightly below that of last year which was 314,369. The saturation point has been reached and exceeded years ago and since the last World War big efforts have been made to ease the congestion by encouraging migration. This expedient was resorted to as a matter of necessity rather than choice because the depleting of the population of a proportion of its productive manhood is not a remedy to be countenanced. Overpopulation however has its drawbacks — social, economic, hygienic; and in our Islands it presents more difficult problems than it does elsewhere because of the limited area of our country and the density of its population.

Some satisfaction may be gained from the fact that although there was no appreciable decrease in our population the upward trend has been checked. One should never expect an impressive reduction in the incremental rate because the natural increase has not shown any sign of decline. The little reduction that was recorded was almost totally at the expense of the male population of the Island. This year the males numbered 151,932 as against 152,139 last year and the females numbered 162,134 as against 162,230 last year. This shows that whilst the female population remained practically stationary the male population was slightly reduced.

The birth rate has continued in its slow but steady decline. This year's figure of 26.80 is lower than last year's which was 27.23 and compares with that of 1941, one of the worst years of the War, when it was 27.09. At that time the low birth

The Honourable,
Minister of Health.

rate was the result of unfavourable war conditions as proved from the fact that when circumstances improved after the lifting of the siege in 1944, the birth rate sprang to 39.26. Since then there has been a slow but steady decline in our birth rate and if it were not for the reduction in our infantile mortality, its effects on the population would have already been felt.

The death rate for the year was 9.29 which is higher than last year when it stood at 8.53. There were no epidemic diseases or outbreaks of infections or any other abnormal circumstance to account for the increase in the death rate, probably the explanation may be found in the ageing process of the population. It is to be noted that this year the cases of death due to senility were higher than last year.

It is with pleasure that I record a further reduction in our Infantile Mortality. This year's rate 42.65 is the lowest ever. It compares favourably with other European countries and is lower than that in certain countries in the South of Europe. When one considers that in the short span of ten years our Infantile Mortality rate has been reduced from 120.30 (1947) to this year's level at 42.65 one cannot but feel that a great success has been achieved. It is to be noted that this is a steady advance from year to year.

There are various reasons to account for this satisfactory result but the three principal ones are : sustained effort on the part of the Department to ensure adequate pre-and post-natal care and attention; increased willingness on the part of the mothers and parents generally to make use of the health service available for their benefit and advantage; improved social conditions of the whole population. To these three causes must be added the impetus which paediatrics has been given in the medical education and in medical practice. The focus of paediatric practice has shown a tendency to shift from the sick child to the child health and in so doing it is taking increased interest not only in the child proper but also in the infant and in consequence it has succeeded in lowering the mortality and morbidity of childhood as well as of infancy.

Our child health service has been functioning during the last decade but up to the year under review there was not an organised pre-natal service. Mothers had all the facilities to go to the District Medical Officers and the Specialists of the general hospital but the ante-natal service was not integrated as a unit. This was attained during this year when the Department took over the pre-natal clinics which were being run by the "Save The Children Fund" in few towns and villages and assumed responsibility for pre-natal service all over the Island. The "Save The Children Fund" deserve credit for their pioneering work in the interest of expectant mothers, but with the expansion of the health services in all directions it became evident that such an important aspect as the care and welfare of mothers could not but develop into a Departmental commitment.

The Child Health branch of the Department was thus completed by the institution of a pre-natal service and an adequate staff has been engaged to cope with the increased responsibilities. An additional Child Health Officer was appointed and three other Doctors with an equal number of nurses were entrusted with the running of the ante-natal clinics which have been opened in all towns and villages. The Doctors and the Nurses paid weekly visits and held sessions at the clinics when the local Health Visitors were also in attendance. Expectant mothers call at the clinics for examination and there they also receive guidance and advice. If they require special examinations or investigations, they are referred to the maternity division of the general hospital where they are seen by the consultants and the specialists. The service has proved to be a success as evinced by its increasing popularity and by the rising attendances of mothers.

The Child Health clinics were run on similar lines as the pre-natal ones; most of them were opened twice a week and the Health Visitors took a prominent part because most often they followed up cases and made it a point to pay domiciliary visits to ensure that the advice given by the Doctor was being followed by the mothers. During such visits the Health Visitor discussed with mothers problems affecting personal and environmental hygiene.

One of the immediate effects of the benefits resulting from the combined activities of the child health and pre-natal clinics has been, as already stated, the decrease of infantile mortality but its beneficial influence has also been felt on neo-natal mortality which admittedly has not kept pace with infantile mortality. All neonats are especially susceptible to infections and infants born at home are no exceptions.

The pattern of treating neonatal infections is changing. Since Semmelweis introduced in 1847 his revolutionary method great strides have been made; the use of masks, gloves and artificial creams was substituted by sulphomides which themselves had to make way for the introduction of penicillin that gave heartening results. Encouraged by such results there are Doctors who unfortunately disregard the old established methods of reducing neonatal mortality such as environment of the newborn, breast feeding and other essentials of good health; they lay their hopes on the administration of antibiotics. It is however to be noted that short, unnecessary and ineffectual courses of antibiotics are not only useless but dangerous. Those Doctors who rely solely on antibiotics would do well to study the work of Beaven and Burry in New Zealand (1956) where resistant staphilococci are now very serious problems so much so that the use of antibiotics has become restricted.

The influence of integrated maternity and child welfare has been felt also on the mortality from diseases of pregnancy, child birth and puerperium. This mortality has never given cause for alarm; on the contrary it has been contained within limited proportions. The number of such deaths during the year under review was six as compared to seven during the previous year; for purpose of comparison it may be stated that ten years ago in 1947, the number of deaths was 20.

To obtain these encouraging results we have striven to evolve a pattern of supervision involving the cooperation of the midwife, the family doctor, the prenatal doctor and the specialist. In between them they compile a record of the personal history, the general medical examination, the obstetric examination and the special tests. It is well known that past illnesses or complications in previous pregnancies may interfere with the normal progress of pregnancy whereas renal diseases, heart lesions and tuberculosis may cause serious mishaps, so also malnutrition or excessive worries may be detrimental. Obstetric abnormalities should be early noted for proper attention in due course. It will also be conducive to a happy termination of pregnancy if assessment be made of the basal blood pressure of the expectant mother, her weight and of her blood and urine tests.

Concurrently with the organization of the prenatal service and the expansion of the child health service there has been an extension of the school medical service by the appointment on the reopening of schools in October, of four additional school Medical Officers and one School Dental Surgeon with their respective addition of school nurses. The increase in the school medical service was also necessitated by the great strides made in the expansion of general education in these Islands. Many new schools have been built and thousands of children were newly admitted.

The health of the younger generation is the basis for future prosperity and progress of our nation. When related to children the modern conception of health has a comprehensive meaning as it includes both body and mind as well as environmental circumstances and social relations. Our school medical service strives to cover all these aspects of children's health and the tendency is nowadays not only to treat and cure ailments and diseases but to prevent such conditions by precept, guidance and advice. Guidance and advice were tendered not only to the children themselves but also to those who were responsible for them including parents and teachers. All efforts were therefore directed to encourage teachers and parents to take a more positive outlook on the health of the children.

Throughout his school life every child should run a theme directed toward education in healthy living and the way to escape illness and avoidable accidents. With this purpose in view the School Medical Officers endeavoured to impart basic knowledge of the mechanism of the body so that each child could understand health matters and readily appreciate the importance of new discoveries and therefore the better they could make use of them. In this way children were taught to look upon illness as an event to be prevented rather than treated and possibly cured.

It is gratifying to record the cooperation and response of teachers and parents in our efforts to promote the health and happiness of school children. Not very many years ago some parents who were very keen on their paternal rights used to have suspicions on our efforts to direct the children to better health. They were intolerant of interference. Now the idea has changed: parents and tutors are happy with the provisions made in the schools for the health of the children, nay, parents often make it a point to approach the School Medical or Dental Officer or the Nurse to discuss with them the health of the little ones.

The same helpful attitude has developed amongst school teachers. They regard our Health Officers as their councillors in health matters and freely discuss with them their worries about the health and behaviour of children as well as about their projects for better hygienic standards in the classes and in the school premises.

The education of children in hospitals had engaged our attention for some time. A class for children at Santo Spirito Hospital has been in existence for ten years but this was not enough. Any child who is likely to remain for long in a hospital will be well enough for some teaching. It is important psychologically for children to receive some education or to continue their schooling whilst they are in hospital and thus to have as much continuity as possible in their education. Of late years the number of children at St. Luke's has increased very much and not all of them leave hospital after a short period. Those who remain long enough have now the benefit of a teacher who takes good care of them and gives them instructions in accordance with their ability and potentiality.

The mental condition of our school children as assessed by the School Medical Officers does not give cause for alarm. The number of mentally retarded children, 33, is not high but it does constitute an educational problem. The School Medical Officers have the help and assistance of the consultant in child phychiatry at the general hospital and between them they usually devise a plan for training and educating the mind and the body of such children to the best degree possible.

The first step is to persuade the parents that the child is indeed backward and unlikely to proceed to normal education. This is not always easy but once they realise the condition of the child, the parents are deeply grateful for the help and support made available to them by the school and health authorities. It has been observed that almost all the backward children possess some qualities of socialisation, manual dexterity and intellectual activity and furthermore that precision in these qualities can be substantially enhanced by means of a graduated system of training which becomes by stages more intricate. On the basis of these facts it is now possible to educate and train such children into some useful occupation which will render them self-supporting. Besides the self-satisfaction and self-reliance which the education of backward children produces in themselves, it will relieve the state from the burden of maintenance and support of such defective citizens.

The Department of Education has opened classes for deaf-mutes who received proper education coupled with medical care and attention. The classes were opened during the year and therefore their existence is not long enough to provide a basis for real assessment but the indications are that they promise well for future success.

During the year a wing of the old quarantine station at Manoel Island was reconstructed and modified for adaptation as a centre for the care and rehabilitation of physically handicapped children. The majority of such children suffer from the consequences and complications of Poliomyelitis and are the victims of three epidemics which we had since the last War. There are others who are disabled through other causes. Almost all these children have had the benefit of physiotherapy which improved their condition but not always to the point of complete recovery and therefore they are unable to compete on equal par with normal children. At present we have no special place where to take care of these children. Some of them were discharged from the hospital to their homes, others are scattered in various wards of the different hospitals. The new centre will provide these children with pleasant accommodation where they may receive further treatment whenever possible and where they will be trained in some useful occupation on which to rely when they are finally discharged. The aim is to correlate treatment with rehabilitation and to grade training with the ability of each individual child.

In conformity with current trends in progressive countries the incidence of Tb in Malta is on the decline. The decrease became evident in 1930 when 249 cases of Pulmonary Tb were notified and 150 deaths were recorded; the downward trend in the incidence of the disease was maintained although there was a steep rise during and just after the war years reaching its peak in 1943 during which year 415 cases were notified and 227 deaths occurred.

In 1956 there were 161 notifications and 34 deaths representing a case rate of 0.51 and a death rate of 0.11 per thousand.

It has been observed that the rate of the decline became more and more evident with the use of Streptomycin and P.A.S. There is certainly very little doubt that the further drop from 1952 onwards coincides with the addition of Isoniazid to the other two drugs already available.

In the age groups 11 to 30 years the incidence is more or less the same in both males and females, in the higher groups, males predominate. This is also the case in England and Wales. The same observation can be made on the mortality by age and sex as on the incidence, more men than woman dying in the older age group. Again this has been the case in England and Wales.

According to a statistical report published by the World Health Organisation the death rate for Tuberculosis is declining generally in Europe. Thus between 1950 and 1955 the crude death rate per 100,000 population fell as follows in the following countries :

	1950	1955
England and Wales	36.4	14.6
Denmark	13.8	6.3
Portugal	146.6	63.0
West Germany	39.4	20.1
East Germany	78.5	16.7

In Malta the death rate was reduced during the same period from 26.3 to 13.0. The total number of persons suffering from Pulmonary Tb. and known to be living at the end of 1956 was 2,727.

Of the occupations the most affected according to our statistics were housewives and labourers. Out of 161 cases in 1956 there were 41 housewives, 28 labourers, 9 shipwrights and 8 teachers.

Preventive measures and control of Tb in Malta, include contact clinics, follow up patients, home visits, X-ray examination of certain classes of employees and B.C.G. vaccination, health propaganda by mobile cinema, priority for better housing accommodation, special money allowance above the usual relief rate.

As a result of these measures the incidence of Tb in Malta has been reduced to manageable proportions. There is however in Malta a core of Tb cases which cannot be eradicated by the available means and it must be realised that every Tb patient in Malta constitues a potential source of danger and has social and economic ripercussions. This is because the density of the population is extremely high, there are no natural resources and the economic situation is precarious.

Apart from the social and the economic factors there are other reasons to explain our failure to achieve a decisive victory in our fight against Tb. The principal reason is the lack of an adequate hospital for the treatment of Tb. We have no chest surgery and no means for mass X-raying.

With the recent advances made in the treatment of Tb the aim today is at recovery and subsequent employment. Some lucky patients may have the old jobs waiting for them ; others may have no job or an unsatisfactory one; they should be given opportunity to train for a suitable one during their illness. Nowadays the idea is to start rehabilitation as soon as possible after the admission of a Tb patient into hospital and should continue until the man is not only discharged from hospital but until he is satisfactorily placed in employment. Both treatment and rehabilitation should proceed concurrently; the latter should be in the nature of practical training in a chosen trade and not merely as a diversion or occupational therapy. Rising morale due to clinical recovery must be harnessed as a driving force towards full and economic recovery.

In 1955 a radical decision was taken which involved closing our old inadequate hospital and transferring the patients to hospitals away from the Island. The policy of sending Tb patients for treatment abroad was continued. During the year 35 patients were sent for treatment abroad, 29 to England and 6 to Italy. Of the former 24 were men and 5 were women. All the patients who went to Italy were men.

During the same period 25 patients returned from England whose condition was as follows : In 12 the disease was in a quiescent state; in 4 the condition was improved but not cured. Eight patients returned not cured and in an infective state. One died in hospital.

From Italy 9 patients returned home. In five the disease was in a quiescent state, 4 patients returned not cured of whom 2 died after their return.

As a basis of comparison it may be stated that in 1954 the year before our Tb hospital was closed, out of 92 patients discharged 53 had the disease in a quiescent state. In 32 the condition was improved but not cured; in 7 the condition had not improved at all. During the same year there were 17 deaths.

This year there was an increase in the incidence of respiratory and chest diseases as compared with last year. There were 161 cases of Pulmonary Tb, 100 cases of Pneumonia, 203 of Bronchopneumonia, 137 cases of Influenza. The corresponding figures for last year were 141, 75, 164 and 73 respectively. The mortality rates were also comparatively higher.

Under current conditions of life the respiratory organs constitute the region of the body where the modern man is in most danger especially those who live in towns. The atmosphere in crowded towns is contaminated by carbon particles, noxious gases, motor and exhaust fumes. There are also germs and viruses of great virulence. All these will be inhaled during the respiratory process and extend from the lips and nostrils down into the bronchial tubes until they reach the innermost recesses of the lung tissue. During their flow they come in constant contact with the sensitive covering which lines the passages and if they penetrate the delicate lining they start an inflammatory process which may have deleterious results.

Tuberculosis and pneumonia are serious diseases and the public is well aware of their baneful effects. Indeed amongst a section of our people there is such a terror of Tb that a prejudice has been engendered not only against the disease but also against its victims. This terror has a beneficial effect in that it serves as a stimulus for precautionary measures. No such stimulus however exist for bronchitis which if left unheeded may lead to grave complications.

Bronchitis and other simple forms of pulmonary affections are common diseases generally much worse in Winter and early Spring. The infection spreads rapidly from one person to another, it affects young and old causing pain and ill health and producing a cough with the risk of secondary symptoms of heart failure. In association or as a complication there may be bronchetasis, a troublesome cause of prolonged ill health affecting children and adults. In a child such a condition may be crippling, it ruins education and may produce invalidism. These conditions require not only medical but also social care.

Mortality figures for bronchitis in Malta compare favourably with those obtaining in other countries. They are lower than in England and Wales, but the low mortality is no indication of low incidence, it may be the result of less coal burning and less air pollution.

The most disturbing feature in our chest clinic work in the last five years has been an increase in the number of cases of carcinoma of the lung and this increase has been a matter of concern not only to all those who are dealing with the disease in its clinical manifestation but also to those working in a broader field of preventive and social medicine. In the clinical field it is essential to secure an early diagnosis because successful treatment is directly related to the rapidity of its application. Admittedly it is not always easy to make an early diagnosis but knowing the present trend in the incidence of cancer of the lung every doctor must remain on the look-out for it.

There are two methods of treatment: operation, radiotherapy. Sometimes combined chemotherapy offers good promise but so far it has accomplished very little. Surgical interference if applied in good time can offer a prospect of recovery but one cannot pretend that surgery is the remedy in all cases. Some cancers are highly malignant and produce metastasis so quickly as to necessitate the application of radiotherapy unfortunately often as a palliative.

Those who are concerned with the preventive aspect are faced with great difficulties not the least being the fact that the real cause of malignant changes in the human body remains obscure. It is naturally hard to make improvement in an appalling situation. Cigarette smoking through certain dangerous products emitted in the smoke, is thought to be an important causative agent. The indications point to complex cause of cancer. A good deal of research is actually being done but until definite conclusions are reached very little can be done.

Mass radiography can play a useful part and regular X-ray examination of the middle aged and old people will help bring more cases to light at the curable stage. Efforts can be made to abate the evils of atmospheric pollution and to discourage the habit of excessive cigarette smoking. Mr. Ronald W. Raven, F.R.C.S. of the Royal Marsden Hospital, London, where our cancer patients are sent for treatment, had this to say in respect of smoking habits(*) "In dealing with the rising death-rate from

(*) "Education of the Public regarding Cancer" The Central Council for Health Education — 1957.

lung cancer I believe we must endeavour to dissuade young people from starting to smoke. This is an essential step to take. In my survey I found the reasons 70 students commenced this habit included curiosity (25.7%), friends smoked (18.6%), for sociability (15.4%), to raise prestige (14.3%), because it was forbidden (10%), to relieve boredom (4.2%), to relieve mental tension (4.2%), others (7.1%). Advice should be given to regular adult smokers to curtail radically their cigarette consumption to the point of privation unless they can stop altogether."

Another pathological condition which recently has assumed a certain degree of prominence as being a sign of the times in which we are living, is Leukaemia. Nine cases of Leukaemia came to our notice during this year. Last year there were 14 cases. There has been a tendency to ascribe the condition to the effects of radiation and in some quarters it has even been suggested to discontinue anti-natal radiology. Stewart and her co-workers in Oxford lately published a preliminary report on leukaemia or malignant diseases in childhood and diagnostic irradiation in utero. The investigation is not yet complete but the results so far do not justify condemnation of radiological help. There is no doubt that the contribution of radiology and radiological help given to obstetricians in the past 25 years has played a significant part in lowering birth risks to mothers and infants. The assessment of cephalopelvic disproportion, the precise demonstration of the foetal position, the recognition of placenta praevia and the discovery of foetal abnormalities, all of them if discovered in time by radiological means made much easier the task of conducting a successful delivery.

During the year the only outbreaks of note were those of Chickenpox and Diphtheria. Of the first there were 735 cases notified with no deaths; of the second there were 114 cases and 7 deaths. The respective figures for last year were 420 cases and no deaths and 81 cases with 2 deaths. Chickenpox and Diphtheria are both notifiable and therefore the figures may be considered as accurate.

Chickenpox is usually regarded as one of the minor communicable diseases in that mortality is low and complication and sequelae infrequent but it is not always harmless. When it breaks out into an institution amongst small children it may flare up and assume a character of malignancy. It may leave disfiguring scars; sepsis and erysipelas sometimes originate in the pustules. Complications such as nephritis and gangrene of the skin are also known to occur. Health Officers are usually interested in the disease because the differential diagnosis between it and smallpox is often an important and difficult public health matter.

Our outbreak of chikenpox started in January when 50 cases were notified and continued on the upward surge up to June when 158 cases were notified. In July the number of cases dropped to 90 and after that the incidence was reduced to few cases every month up to the end of the year. The only explanation that seems possible, is that the infection reached two children institutions from where it spread rapidly in the first half of the year.

Diphtheria is endemic almost everywhere in the temperate zone. It is a serious infection and is dangerous because it often begins insidiously without pain or local manifestations and with little or no fever. The disease may exist several days before it is noticed. Sometimes the first inkling of an attack is the onset of post diphetheric paralysis but this should never be the case especially during and immediately after an outbreak. Early recognition of the disease is important both for successful treatment and preventive measures.

Diphtheria is usually transmitted directly from person to person but it may also be transmitted indirectly. It is a contact infection. Most cases are correlated, others can be traced to a convalescent case or to a carrier. Indirect transmission on fomites is possible and milk may also carry the disease. Droplet infection is limited to the radius of the patient.

Indications are that our outbreak originated from carriers and was spread by cases and convalescents. It started where the outbreak of Chickenpox left off, i.e. in the second half of the year. During the month of October there were 26 cases notified. The incidence combined with the reopening of school after the Summer vacation when entrants come in contact with their class mates some of whom may be carriers. As evident from the relative graph, Diphtheria in our Island has a tendency to burst out during the last quarters of the year. It is also to be noted that in the first half of the year owing to the outbreak of Chickenpox, the immunization against Diphtheria was somewhat slackened.

Our experience has proved that when Diphtheria assumes an epidemic form it flares up rapidly and plays havoc amongst children. In former years outbreaks used

to account for hundreds of patients. In 1947 there were 346 cases and 37 deaths but since protective immunization was introduced the disease lost its sting. It can now be safely assumed that were it not for the intensive campaign for inoculation against Diphtheria which has been carried on during the last five years, the incidence of this year's outbreak would have been much higher.

We have been very insistent in our efforts to provide immunity against Diphtheria but as immunization is offered on a volutary basis it can never cover all the population at risk. The protection we offer is practical, effective and simple, it eliminates the disease but not the infection and therefore there must be a continuous response for and acceptance of it in order to cover each group of children. With the facilities and advantages available it may well be said that every community now has the power to determine its own Diphtheria rate.

A satisfactory feature in the epidemiology of the Island is the constant fall in the incidence of Undulant fever, this year's rate (432) being the lowest except that for 1953 (425) for the last ten years. There were 1,390 cases in 1947. The number of cases was as usual highest in Spring and early Summer when milk production is at its peak.

Undulant fever is a distressing disease because of its duration and irregular course although it has low mortality it is not altogether free from complications. We have in Malta a special claim for recognition of the discovery of the source and spread of infection. Seventy years ago Sir David Bruce discovered in Malta the Micrococcus Melitensis in the spleen of patients. In 1905 Sir Temistocle Zammit observed that the Micrococcus was freely excreted in the milk of goats. It was thus possible to establish not only the route of infection but also the best mode of prevention namely either by rejection of goat's milk as an article of food or by rendering it safe by boiling. For obvious reasons the latter course was more practical and when the order went round to boil the milk before ingestion the resulting drop in the incidence of Undulant fever was most impressive.

Meantime in 1895 Professor Bang had discovered the organism of contagious abortion in cows which he called Bacillus Abortus. In 1918 Dr Evans succeeded to prove that Micrococcus Melitensis and Bacillus Abortus are closely related and belong to the same genus which is today known as Brucellae. Subsequently a third form of Brucella was isolated from the pig, the Brucella Suis.

We have thus three strains or possibly species of Brucella: i) caprine (var: "melitensis") which infects goats, ii) bovine (var: "abortus") which infects cattle, iii) porcine (var. "suis") which infects hogs. All the three strains cause disease in man and animals and therefore they influence not only the epidemiology but also the economy of a country.

Up to a few years ago the question of Undulant fever was regarded in relation to prevention and treatment but lately it has received wider attention and is being studied in its implications in animal husbandry and milk production. We have no complete statistical information about the incidence of the disease in cattle but from estimation made by the Veterinary Bacteriologist of the Department of Agriculture it seems that there are about 20% of the goats and 25% of the cattle herds infected with brucellosis. The total milk production in the Islands is not known accurately but the estimated yield from cows and goats is roughly given as 2,200,000 and 2,000,000 gallons respectively.

These figures of the incidence of the disease in animals and of the milk they produce give some idea of the complexity and far reaching effect of Brucellosis in Malta. The present trend in the eradication of the disease is to prepare a vaccine for the protection of cattle and goats against Brucella infection. If this is achieved and the prospects are very hopeful, a supply of safe milk will be ensured. Meanwhile during the year the Government has introduced a scheme for the interchange of diseased animals for healthy ones with the aim of eliminating diseased animals and securing a milk supply free from infection.

In the human beings big advances have been made in the treatment of Undulant fever; it is no longer a lingering debilitating disease. The combination of streptomycin with one of the broad spectrum antibiotics, tetracycline, oxytetracyline or chlorotetracycline have reduced considerably the course of the disease, have lead to a quick recovery and the avoidance of unpleasant complications. In our hospitals with the introduction of antibiotic treatment the period of hospitalization of Undulant fever patients was reduced by 2/3 and the occurrence of complications by 3/4.

During the year, like the one before it, Poliomyelitis did not cause any particular alarm; the few cases numbering 41 were of a mild nature and remained easily under control.

Poliomyelitis is unlike most other notifiable diseases in that only its complicated and exceptional form (paralytic poliomyelitis) are reported with any degree of regularity to the Health Authorities whereas its usual form (asymptomatic and/or non-paralytic poliomyelitis) are never notified regularly. As a result statistical records give indications of the incidence of the paralytic form of the infection which is relatively uncommon but they never give reliable information on the infection itself as a whole.

Although both the paralytic and the non-paralytic forms of poliomyelitis may be responsible for the spread of the disease there is evidence to suggest that paralytic cases excrete particularly large quantities of the virus and they are highly dangerous as a source of infection but non-paralytic and healthy carriers constitute equally serious risks; they are by far the most numerous and uncontrolled and as they are almost symptom free they escape detection not only by the clinician but by the Health Officer. Theoretically then such cases can act as a large human reservoir for the spread of the disease and harbour the virus in a community during inter-epidemic periods. The fact therefore that during the year we had very few cases should not be taken as a proof that we have mastered the infection of polimyelitis. On the contrary the virus of infection may be within us gaining strength to flare up at any time in an epidemic outbreak. Hence the importance of offering some degree of protection and immunization to the public.

Today protection against poliomyelitis is possible by means of a vaccine and as experience has proved that the infection spreads rapidly amongst children, the vaccine is more or less administered to them. It is more than a year since poliomyelitis vaccine was prepared in United States of America. Unfortunately such preparation was inadvisedly given much publicity in the lay press and its claims exaggerated unwisely. The few mishaps which attended its application did not improve matters, on the contrary they created widespread apprehension and anxiety. The state of anxiety was however a direct proof of the great desire of the general public for some safeguard against the disease. In fact when the vaccine was retried with success there was a great demand for it.

Such a demand was also expressed by our people and we could not reasonably resist it. We only wished to be sure of it before taking any hazards. As soon as we knew that the vaccine was being manufactured in England we approached the proper Authorities for a supply for local use. There were certain difficulties to be overcome in producing commercial vaccine; besides inherent difficulties there was the question of quantities to make it available for all the population at risk. We realised all the difficulties and in the interest of our children we waited to be quite certain that the vaccine had passed its final scrutiny.

In November we succeeded to obtain a small quantity of the vaccine which we offered on a voluntary basis. There was a general demand. We vaccinated 1,654 children between one and ten years. This number of children however represents only a fraction of the requests we received. None of the children vaccinated showed any sign or symptoms or developed any complications; few had very slight headache which passed very quickly. It is hoped that next year we will be in a position to offer protection against poliomyelitis to all children whose parents request it.

Not so many years ago the emphasis in our health service was laid on morbidity and mortality and the greatest effort was directed towards reduction of both. This of course is a praiseworthy effort and it still remains the primary object of the service but it should not be carried out to the exclusion of other endeavours. The term public health has today assumed extremely wide implications and its maintenance requires a variety of activities and contributions by various professions. The Guillebaud Committee remarked that "preventive medicine begins with the mother and her unborn child" but then it extends and covers every conceivable human activity together with every circumstance and environment related with human life because "health means more than just staying alive. Health means vigour and efficiency and satisfaction in living."

For these reasons we had to tackle problems and difficulties which were unknown to our predecessors such as housing shortage and motor exhaust fumes to mention two instances only. Our forefathers used to think of housing in terms of slum clearance and they planned for the erection of better houses but their plans were interrupted by

the War which destroyed many fine blocks of buildings and left an acute housing shortage. Great progress has been made in the erection of houses but the demand for accommodation is as pressing as ever.

Bad housing has its evil effect on the health of residents but overcrowding especially the occupation in common by two or more families is considered to be the gravest circumstance in housing, graver, indeed, than structural defects or unhealthy environmental conditions not only because it favours the spread of infection but much more because it injures the happiness and contentment of the families concerned. In order to allay as much as possible the evil effects of bad housing and to encourage the erection of new dwellings the Government during the year adopted a scheme for subsidizing the construction of upper floors in premises having ground floor only. An agreement was also reached between this Department and the Department of Housing for giving priority in the allocation of new premises to families recommended by the Sanitary Authority for reasons of disease or infection.

During the year a special effort was made to abate the nuisance of motor exhaust gases. Lately a good number of buses and heavy goods vehicles were switched over to diesel engines; they are the worst offenders. The more important constituents of exhaust gases are CO2, CO, oxygen, hydrogen, nitrogen, water vapour, oxides of sulphur and of nitrogen, hydrocarbons aldehydes, alcohol, organic acids, particulate matters and ammonia. The continuous inhalation of these constitutents cannot but have a deleterious influence on the constitution of the human body although the carcinoginicity of exhaust gases has not yet been definitely established. It is said by some that smoke from coal burning pollutes the air more than exhaust fumes do. In Malta the air pollution from smoke is not heavy because we have very few domestic fires and not many heavy industries burning coal, moreover the exhaust fumes from motor vehicles are emitted at low level and in the streets and have little time for dispersal before the polluted air is inhaled.

It has been suggested that the production of exhaust gases is in direct relation with the care and maintenance of the engine and the skill of the driver. For these reasons Sanitary Inspectors had instructions to take the number of buses and other vehicles emitting heavy fumes and report to the Police who undertook to deal with the nuisances themselves. The Sanitary Inspectors reported 18 cases to the Police.

Another nuisance we have to bear as a result of the progress of our civilisation is the emitting of noise which in some parts of our towns and during certain hours becomes almost unbearable. The common conception is that noise and intensity of sound vibration adversely affect health and efficiency. In the first place noise predisposes to deafness, it interferes with the power of concentration, produces fatigue and causes accidents. There are relative provisions in our laws and the Police took action but the biggest contribution to the abatement of noise can be made by individuals curbing unbearable sounds, noises and din. In an effort to educate such individuals the propaganda section of our Department during the year organised talks and broadcasts and gave advice and instruction.

During the year seven National Insurance Doctors were appointed provisionally. These appointments were the direct consequence of the National Health Insurance which had become operative in the interest and for the welfare of workers. The scheme provides for sickness and other benefits. The duties of National Insurance doctors is to issue certificates in cases of accidents, injuries or sickness which justify absence from work or duty and entitle the grants of subsidies, relief or other benefits.

One of the Medical Officers of Health who has special qualifications in Occupational Health has been seconded for duties with the Department of Emigration, Labour and Social Welfare. Occupational hygiene has made rapid progress during the last decade. A great impulse was given during the War years and the development has been maintained. Today Occupational health has assumed the status and position of an essential factor in the life of a nation because it has economic, social and political backgrounds. In all advanced countries increasing interest and attention are being devoted to the means by which medical and industrial hygiene facilities can be brought to work together as a single unit. The idea has been studied in all its aspects in America, Canada and Britain. In these countries Occupational hygiene service has been established as a special unit but it has been variously incorporatedwith the Public Health service, the Department of Labour, the Bureau of Mines or linked with the field activities of some large University. The general trend however is to establish the Occupational health unit as a special division of the Health Department.

Food is a matter that concerns everybody and normally it should never present any problem as regards its purity and wholesomeness but any sanitary officer is painfully aware of the abuses committed in connection with food. Articles of food pass through many hands from the moment of preparation to the time of consumption; during this interval which may be a long one, food may be subjected to bad practices that will change precious and vital foodstuffs into carriers of disease. The protection against these bad practices depends partly on the health service and partly on the industries themselves but still more on the cooperation of every member of the public. As in every field of preventive public health work, satisfactory results cannot be expected without the full cooperation of all the members of the community.

During the year we had very few cases of food poisoning but we met several instances of adulteration of food. Unfortunately some of the adulterations originated in the factory during the process of production. In one particular case the quality of the finished product was so abnormal that it caused a general complaint and active measures had to be taken to safeguard the interest of the consumer.

As a nation we are great consumers of carbohydrates and hydrocarbons. Bread, spaghetti, fats and oil are predominant. This upsets the balance of the diet. A balanced diet is necessary for health as it furnishes the optimum means for the maintenance of vigour, promotion of growth and performance of physiological functions. The general public, however, is not well aware of the essential facts about good diet; for many the bulk and the quantity are the more important factors, the result is injudicious or excessive consumption of food. Overeating favours storage of fat with consequent obesity and overweight, a not uncommon feature amongst certain classes of our people. Eating more than is needed also puts a strain on all organs and functions of the body with consequent ill effects.

Much good may result from the education of the public in the principles of proper dietary. The health propaganda section of this Department has endeavoured during the year to popularise the importance of proper and balanced diet but in this respect the general practitioners may be of immense help with their advice and guidance to the families under their care. During the year a useful addition to the diet of the poorer section of the public was made available by the free distribution of certain articles of foodstuffs including first class proteins, through the generosity of C.A.R.E. the American philantropic organization.

A problem which has assumed a degree of urgency as the result of the circumstances attending our life is the problem of old age. This stage of life is often accompanied by physical weakness and disability but normally it need not be also hampered by deterioration, physical, mental or spiritual. Indeed old age should enjoy the privilege of contributing its mature experience and its considered advice to the common weal. But old age is not always that mellow state of life characterised by a feeling of satisfaction in the work done througout the long years and in the enjoyment of well earned retirement. Sometimes old age is a senile condition of gross deterioration of physique and mentality and other abnormalities which are the ill effects of unwise living in earlier periods of life. This abnormal condition of old age has been common in all times but of late it has perhaps become more prevalent on account of the greater stresses and strains of life. There is another factor of a statistical nature which emphasizes the problem. It is the greater proportion of old people in the population. This latter factor has of late assumed a degree of urgency.

To a great extent the increase in our proportion of old people is the consequence of advances made in the general health of the Islands. Improved sanitation, preventive methods and progress in medicine have reduced fatal disease in youth and enabled many more people to reach old age. We have no record of what was the expectation of life in the past but we have reasons to believe that today it is much better than what it must have been at the opening of the century. The intensive emigration drive that has been made since the end of the war has depleted the young adult and middle age groups.

As a result of all these circumstances the pattern of the population has changed; there is today a diminished proportion of wage earners in the middle life supporting an increased proportion of old and unproductive people. This has created an economical aspect of the problem but the health authority is concerned with another aspect of a more pressing nature: "The problem" as Lord Horder remarked "of the care of the elderly persons becomes not only more and more topical, it is of increasing urgency. Whether in sickness or in health the problem is formidable".

Up to now old people unable to look after themselves or suffering from some disease, or having nobody to take care of them were offered hospitalization or shelter at St. Vincent de Paul Hospital. But the procedure did not satisfy everyone. Experience has proved that if the old people themselves had to decide they would far sooner prefer to return home after a period of treatment and care at the hospital; segregation in a home or an institution however well run is not conducive to the happiness of the old in-mates. In England the experiment has been tried often with success, of admitting old people for temporary periods to residential homes so that those members of the family who normaly cared for them could get some respite. The change of environment will also do some good to the old people themselves who will be able to compare the amenities at home with those inside the institution and thus make their choice, but the circumstances surrounding old age in Malta are not identical with those in England.

The general idea is to encourage old people to return to their home but only when they are rehabilitated that is to say when they are able to look after themselves and engage in some occupation which will relieve the tediousness of their lonely life. If they could be rehabilitated to earn their living the effect on their physical and psychological outlook will be great and the national economy may also feel the benefit.

As already mentioned this amelioration in the condition of old age is now possible with the help of geriatric science. Geriatricians however would be able to achieve very little by themselves alone. The scheme for the care and rehabilitation of the old presents complexities of medico-social nature and implies the coordinated efforts of various agencies. In England the Rutherglen experiment showed the good that can come from cooperative effort between Medical Officers of Health, consultants, general practitioners and voluntary agencies.

During the year a step was taken in the direction of reorganising the care and welfare of old people on modern lines and for this purpose Occupational Therapists have been recruited in England and regularly appointed for the first time in our hospitals.

It is not practicable, under present conditions, to discharge from St. Vincent de Paul Hospital all the old patients who do not require medical treatment. This would imply an appreciable increase in the present rate of old age pension, the institution of some sort of home help and domiciliary nursing and the provision of at least one hot meal every day. Whether such arrangements are more economical will have to be seen but even if they were they could not be applied indiscriminately to all the aged. Many of the latter suffer from senile conditions that require constant attention and care which if not available at home may have serious consequences.

A reassessment of the bed accommodation in our hospitals has now become necessary in view of the ever increasing demand for hospitalization from all classes of the population. Under modern conditions of life hospitalization is not related solely with morbidity but has far wider implications. There are so many considerations to be taken into account, social, economical, industrial, occupational and epidemiological. The needs and requirements of all these factors have to be integrated and subordinated to the overriding principle of making adequate provisions for the general health of all sections of the population. This requires close links between the health authority the welfare department, the hospitals and the general practitioner. In this way one may feel assured that the beds in hospitals remain available to those who really need them.

Hospital beds, which are costly, should be only occupied on medical necessity and should be utilized preferably for acute cases. Preventive care and treatment during convalescence should be carried out of the hospital proper in special sections or departments. Investigations required for diagnosis should be carried out in the out-patient department to as great extent as possible. In this connection general practitioners may be of great help in easing the situation in the hospital X-ray, laboratory and other investigations may often be carried out before the patient is admitted into hospital, thus his period of hospitalization is shortened and a greater number of beds will be better utilised.

During the year under review the out-patient department at St. Luke's has started functioning at is full capacity. The Physiotherapy and the Occupational Therapy departments have been opened, the Laboratory has been completed and the Children section occupied. This necessitated the appointment of four Physiotherapists, three Sick Children Nurses, two Doctors for duties in the pathological and bacteriological sections of the laboratory and eight laboratory assistants.

The immediate effect of this expansion was an appreciable increase in the number of new out-patients and in the total number of their attendances which this year amounted to 21,862 and 41,586 as compared with 15,904 and 26,602 respectively last year.

Experience has shown that the biggest demand on our hospital bed accommodation is made by surgery, medicine and children diseases. The wards of the respective departments were in a state of continual overcrowding and a number of sick children were accommodated in wards other than children's department. The increased demand is the direct consequence of several factors such as increased hospital mindedness of the people, improved methods of treatment, better amenities in hospitals, quicker means of communication and transport between the hospitals and the outlying country districts, reduced housing accommodation and limited domestic service.

The increase in our bed complement has not kept pace with the increased demand for admission into hospitals. Besides the Government hospitals there are also three private hospitals : Blue Sisters (100 beds) King George V (70 beds) and Dominican Sisters (24 beds). The beds in these hospitals however are only available for paying patients and their number is not such as to have any great influence on the total bed complement for the general public.

It is to be noted that all the beds in our hospitals are constantly available unlike in other countries where there is a certain proportion of beds which are available only for temporary periods or which are unused owing to lack of staff. In our hospitals there is no distinction between paying and non-paying patients; they are all kept under the same conditions and receive equal care and attention.

Under the current conditions the turnover in our hospitals has been quickened. Gone are the days when patients were kept for long periods in the ward to recuperate. The average stay of patients in hospital has been generally shortened and it has been reduced compatibly with the safety and comfort of the patients. The following figures show the average stay of patients at St. Luke's.

1953	...	...	...	...	...	...	...	19.3 days
1954	...	...	...	...	...	...	...	19.7 days
1955	...	...	...	...	...	...	...	16.6 days
1956	...	...	...	...	...	...	...	17.8 days

This reduction in the period of hospitalization although advisable from an administrative point of view may not always be convenient to the patient or his family but when brought down to a safe minimum it is resorted to as a means of making available more beds for the general public.

As in previous years the Department maintained close liaison with the Medical Authorities of Her Majesty's Services. Our relations with them were harmonious and cooperative. There was mutual understanding and great willingness to help and assist each other. An instance of this cooperation was the supply of Polio vaccine which the Naval Authorities passed on to us. It was a most welcome gesture which was greatly appreciated by the public. The Rodent Control Committee composed of representatives of the Navy, Army, Air Force and Civilian Authority met regularly throughout the year. This Committee has now become a sort of interservice body and its meetings are serving as a venue for the exchange of information and views and for the discussion of common problems and difficulties.

The statutory boards and committees of the Department contributed their share to the success of the year. The members of the Committees and Boards have shown keen enthusiasm for their various activities and responsibilities. Many of the members took a lively interest in the working of their committee and went out of their way even to the extent of personal inconvenience to ensure the success of their deliberations.

The only discordant note in an otherwise harmonious effort throughout the year was the action taken in May by the Medical Officers of the Department, the majority of whom withdrew temporarily from the service as a result of a dispute they had with the Government concerning the conditions of local Medical Services. After some days an agreement was reached between the Government and the Medical Officers Union to end the dispute. As a result of this agreement a Medical Services Commission was appointed and in November we had the pleasure of welcoming the

Members of the Commission: Mr. L. Farrer Brown, Sir Harold Boldero, D.M., F.R.C.P., Mr. J. B. Oldham, F.R.C.S. The Commission made extensive enquiries and studied the points at issue and all their implications.

Dr. J. O. F. Davies, Senior Administrative Medical Officer, Oxford Regional Group of Hospitals, visited our Island at the end of the year and made a useful and helpful survey of our hospital development.

Dr. John Cronin, M.P., visited the Island in October at the invitation of the Government and was given all the facilities to go round our hospitals and other establishments.

Mr. John Wilson, O.B.E., of the British Empire Society for the Blind, during his visit to Malta in November found time to go round the hospitals and interested himself in the conditions of blind persons in our Island.

Dr. Thomson of the Tuberculosis section of the World Health Organization visited our Island in August for the purpose of studying local aspects of Tuberculosis and advising on a campaign for an intensive anti-Tuberculosis drive in the Island.

In June we had the pleasure of welcoming Lady Mounabatten who has always evinced great interest in the work of the Department. During her former stay in the Island her frequent visits to the hospitals were a source of encouragement and inspiration to the patients and staff. This year she visited the hospitals and the antenatal clinics and proved that her interest had not waned after she left the Island.

Before I close I must record the help and assistance and the donations received from various philantropic bodies and persons. We have received presents and donations in money and in kind for the comfort and pleasure of the patients in our hospitals. Such presents and donations were gratefully accepted and heartily appreciated by all. Space does not permit a list of all the donors but I assure them that their benefactions have been duly recorded.

Finally I wish to express my appreciation of the contribution made by the members of the staff towards the success of the year. The achievements gained are the result of coordinated efforts by officials whose devotion to their duty and whose pride in the success of our endeavours deserve all praise.

I have the honour to be,
Sir,
Your obedient servant,
J. GALEA,
Chief Government Medical Officer.

I. SUMMARY OF VITAL STATISTICS FOR 1956

		Malta	Gozo	Both Islands
AREA	Square miles	94·870	26·974	121·844
POPULATION as estimated on 30th June, 1956 ...	Males	138,940	12,992	151,932
	Females	147.659	14,475	162,134
	Total	285,599	27,467	314,066
	Density per sq. mile ...	3,021	1,018	2,578
MARRIAGES	Number	1,841	158	1,999
	Rate per 1000 population...	12.85	11.50	12.73
BIRTHS — Live ...	Males	4,089	325	4,414
	Females	3,705	299	4,004
	Total	7,794	624	8,418
	Rate per 1000 population...	27·19	22·72	26.80
Still ...	Number	173	15	188
	Rate per 100 total births ...	2·17	2·35	2.18
DEATHS	Males	1,380	158	1,538
	Females	1,241	139	1,380
	Total	2,621	297	2,918
	Rate per 1000 population...	9.15	10·81	9·29
Maternal	Number	5	1	6
	Rate per 1000 births (live and still) ...	0.63	1·56	0·70
Infant (under 1 year) ...	Males	191	17	208
	Females	130	21	151
	Total	321	38	359
	Rate per 1000 births ...	41·18	60·90	42·65
Child (1 year to 5 years) ...	Males	21	2	23
	Females	23	3	26
	Total	44	5	49
	Rate p. 1000 of same group	1·43	1·96	1·47
(5 years and over) ...	Males	1,168	139	1,307
	Females	1,088	115	1,203
	Total	2,256	254	2,510
	Rate p. 1000 of same group	9·08	10·44	9·20
From tuberculosis of respiratory system	Males	23	2	25
	Females	9	–	9
	Total	32	2	34
	Rate per 1000 population...	0·11	0·07	0·11
From other forms of tuberculosis ...	Males	1	–	1
	Females	2	–	2
	Total	3	–	3
	Rate per 1000 population ...	0·01	–	0·01
From respiratory diseases... ...	Males	88	9	97
	Females	64	8	72
	Total	152	17	169
	Rate per 1000 population...	0·53	0·62	0·54
From malignant neoplasms ...	Males	149	16	165
	Females	128	16	144
	Total	277	32	309
	Rate per 1000 population...	0·97	1·16	0·98

Population. The mid-year civil population for 1956 has been estimated at 314,066 as against 314,369 in 1955.

The excess of births over deaths was 5,500 which is 377 less than in the previous year. The rate of natural increase was 17.51 per thousand as against 18.69 in 1955, 18.51 in 1954 and 19.32 in 1953.

Births. The number of live births during the year was 8,418 which is 142 births less than that of last year. Of these, 7,794 occured in Malta and 624 in Gozo, and of which 4,414 were males and 4,004 females. The birth-rate was once again lower than in the preceding year, namely 26.80 against 27.23 in 1955, 28.11 in 1954 and 28.29 in 1953. The downward trend in the birth-rate has continued since 1945.

Still-births. The number of still-births registered during the year was 188 (173 in Malta and 15 in Gozo) with a rate of 2.18 per hundred total (live and still) births. During 1955 there were 200 still-births (183 in Malta and 17 in Gozo) which gave a rate of 2.28; this shows a decrease of 10 still-births in Malta and 2 in Gozo.

Deaths. There we 2,918 deaths, registered during the year, 235 more than last year. Of these 2,621 occurred in Malta and 297 in Gozo. The death rate per thousand population was 9.29 as compared with 8.53 in 1955 and 9.60 in 1954 and 8.98 in 1953.

Table I shows the number of deaths from the principal causes of death.

TABLE I

Deaths from Principal Causes.

Year	Infective and Parasitic Diseases	Malignant Neoplasms	Diabetes Mellitus	Diseases of the Blood and Blood-forming Organs	Cerebral Haemorrhage etc.	Arteriosclerotic and Degenerative Heart Disease	Diseases of Arteries (Arteriosclerosis)	Bronchitis	Pneumonia (all forms)	Gastro-Enteritis and Colitis under 2 years)	Gastro-Enteritis and Colitis (2 years and over)	Acute Nephritis	Chronic Nephritis	Diseases of Pregnancy, Childbirth and the Puerperium	Congenital Malformations	Ill-defined Diseases Peculiar to Early Infancy and Immaturity Unqualified	Birth Injuries	Post-natal Asphyxia and Atelectasis	Senility
1947	383	227	75	26	290	556	38	112	183	567	10	29	115	20	66	419	38	121	172
1948	302	216	71	26	307	603	43	104	111	497	23	25	117	15	68	392	50	90	218
1949	188	232	78	20	357	619	29	84	101	267	7	13	130	15	64	299	47	106	250
1950	183	263	72	16	332	545	36	91	113	265	8	16	91	15	70	268	35	133	225
1951	161	248	85	24	335	649	35	101	99	340	12	5	92	7	43	299	35	114	272
1952	101	297	103	8	389	739	52	84	96	178	6	12	73	8	38	186	43	88	197
1953	96	269	87	9	355	604	56	44	68	144	6	12	57	6	39	176	37	87	161
1954	80	287	102	5	315	690	50	75	86	158	6	12	86	8	65	149	34	94	163
1955	76	296	82	9	354	566	40	44	67	79	3	7	61	7	62	64	44	62	176
1956	76	309	78	6	375	679	42	56	55	59	9	4	63	6	70	81	37	61	185

The proportion per 1,000 deaths was as shown in the following figures :—

Arteriosclerotic and degenerative heart diseases	233
Cerebral haemorrhage	129
Malignant neoplasms	106
Senility	63
Ill-defined diseases peculiar to early infancy and immaturity unqualified	28
Diabetes mellitus	27
Infective and parasitic diseases	26
Congenital malformations	24
Chronic nephritis	22
Post natal asphyxia and atelectasis	21
Gastro-enteritis and colitis (under 2 years)	20
Bronchitis	19
Pneumonia (all forms)	19
Diseases of arteries (arteriosclerosis)	14
Birth injuries	13
Gastro enteritis and colitis 2 years and over	3
Diseases of the blood-forming organs	2
Diseases of pregnancy, childbirth and the puerperium ...	2
Acute nephritis	1
Other causes	228
	1,000

Infant Mbrtality. The number of death among infants during the year was 359 that is 26 deaths less than in the previous year. The infant mortality rate per 1,000 live births was 42.65 which is the lowest on record.The figures for 1955 was 44.98.

The neo-natal mortality (deaths of infants under 1 month of age) was 213 which is 5 less than in the previous year. The neo-natal mortality rate per 1,000 live births was 25.30 as compared with 23.47 in 1955, 33.14 in 1954 and 34.30 in 1953.

Marriages. The number of marriages during the year, including marriages among service personnel, was 1,999 of which 1,841 took place in Malta and 158 in Gozo. The marriage rate, which is expressed as the number of persons married per thousand of the population, was 12.73. This shows a decrease on the marriage rates of 1955, 1954 and 1953 which were 14.03, 13.37 and 12.89 respectively.

Table II shows the comparative data for the last twenty years.

TABLE II

Comparative Birth, Death and Marriage Rates

Malta and Gozo.

Year	Births				Death-Rate		Marriage-Rate per 1,000 population	Natural increase
	Live	Rate per 1,000 population	Still	Rate per 100 total births	Infant Mortality-Rate	Total Death-Rate		
1937	8,879	33·54	345	3·8	242·70	20·04	13·6	3,575
1938	8,704	32·39	294	3·3	224·83	20·09	13·2	3,305
1939	8,930	33·08	309	3·3	226·98	19·95	14·6	3,545
1940	8,808	32·53	261	2·8	276·45	22·69	13·4	2,664
1941	7,352	27·09	240	3·1	303·45	23·74	16·7	908
1942	6,768	25·15	227	3·3	345·15	31·97	15·6	1,835†
1943	8,452	31·06	293	3·3	219·00	20·49	19·6	2,874
1944	10,963	39·26	334	2·9	116·39	13·25	19·5	7,263
1945	10,998	38·37	317	2·8	144·03	14·01	16·2	6,982
1946	11,304	38·29	293	2·5	130·75	13·72	14·4	7,254
1947	11,612	38·20	304	2·5	120·30	12·62	12·01	7,774
1948	11,029	36·04	262	2·3	112·97	12·21	12·80	7,292
1949	10,590	34·05	251	2·3	83·76	10·69	11·61	7,264
1950	10,281	32·95	280	2·6	88·51	10·33	11·20	7,057
1951	9,511	30·38	205	2·1	99·78	11·10	12·18	6,035
1952	9,226	29·30	221	2·3	71·75	10·69	11·00	5,861
1953	8,977	28·29	188	2·0	64·82	8·98	12·89	6,139
1954	8,991	28·11	194	2·1	66·95	9·66	13·37	5,920
1955	8,560	27·23	200	2·3	44·98	8·53	14·03	5,877
1956	8,418	26·80	188	2·2	42·65	9·29	12·73	5,500

† Decrease.

II. INFECTIOUS AND COMMUNICABLE DISEASES

The following infectious diseases are notifiable, namely:— Plague, smallpox, cholera, diphtheria and membranous croup, typhus fever, yellow fever, epidemic cerebrospinal meningitis, scarlatina or scarlet fever, typhoid or enteric fever, malarial fever, undulant fever, puerperal fever, measles, erysipelas, varicella, influenza, whooping-cough, hydrophobia, leprosy, pulmonary and all other forms of tuberculosis, pneumonia, broncho-pneumonia, acute anterior poliomyelitis, encephalitis lethargica, dengue fever, granular conjunctivitis or trachoma, tetanus neonatorum and leishmaniasis.

The total deaths attributed to these diseases during the year was 108 as against 122 in 1955. Calculated as rate per 1,000 population the comparable figures are 0.3 in 1956 and 0.4 in 1955, 1954 and 1953. The largest percentage of deaths among this group is represented by broncho-pneumonia (35.2) followed by pulmonary tuberculosis (31.5), pneumonia (15.7), Diphtheria (6.5 and T.B. other forms (2.8).

Chickenpox. The number of cases that came to the notice of the Department was 735 against 420 in 1955; 706 cases occurred in Malta and 29 in Gozo. The majority of cases occurred in January/July when 676 cases were reported. 19 cases were admitted to the Isolation Hospital; the majority of these were from institutes for children.

Whooping Cough. The number of cases reported was 8 against 123 in 1955; of these 7 occurred in Malta and 1 in Gozo. There were no deaths due to the disease. All the cases were treated at their own homes.

TABLE III.

Cases of and Deaths from Notifiable Diseases

Year	1 Pulmonary tuberculosis		2/5 Other forms of tuberculosis		12 Typhoid fever		15 Undulant fever		17 Scarlet fever		19 Erysipelas		21 Diphtheria		22 Whooping-cough		23 Cerebro-spinal fever		28B Tetanus neonatorum	
	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.
1947	220	161	...	a) ...	102	12	1390	33	28	1	75	1	546	37	1411	28	6	...	12	7
1948	202	104	...	a) ...	54	4	1059	15	46	...	51	2	249	12	1398	65	6	4	6	5
1949	228	97	...	a) ...	121	3	902	8	166	...	46	...	119	5	24	1	7	3	1	...
1950	208	82	...	a) ...	106	4	834	6	1050	2	35	...	33	5	500	5	9	5	3	2
1951	171	68	...	a) ...	180	4	613	6	40	...	43	...	29	1	694	10	4	1	3	3
1952	146	34	88	12	118	6	550	4	42	...	38	...	208	11	1141	8	8	1	1	1
1953	177	39	54	14	132	1	425	3	25	...	35	2	140	6	207	1	7	2	2	2
1954	157	76	40	3	107	2	548	2	57	...	34	...	85	7	837	3	6	1	...	...
1955	141	41	42	5	109	1	522	1	84	1	35	3	81	2	123	2	9	...	...	...
1956	161	34	27	3	131	...	432	2	32	...	47	2	114	7	8	...	7	1	...	...

Year	28 Acute anterior poliomyelitis		32 Measles		36B Murine Typhus		43H Chicken-pox		43L Leishmaniasis		86 Influenza		89 Pneumonia		90 Broncho-pneumonia		115 Puerperal fever		43J Trachoma
	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.
1947	59	2	2,422	14	28	2	312	...	194	12	39	...	103	28	228	155	48	4	286
1948	11	...	39	..	17	2	323	...	208	9	250	9	64	26	223	85	30	1	334
1949	1	...	80	....	21	2	308	...	98	3	84	5	62	13	146	88	39	...	224
1950	154	8	249	2	57	...	765	...	67	1	26	5	50	18	122	61	25	2	(b)41
1951	43	...	4,486	17	43	1	284	...	58	3	283	1	81	14	184	61	18	...	(b)55
1952	37	1	45	....	20	1	485	...	55	...	266	3	69	17	138	79	17	...	(b)51
1953	26	1	193	...	9	...	356	...	63	1	46	1	86	14	118	53	16	...	(b)59
1954	14	1	2,788	6	20	...	431	...	49	...	37	2	157	17	302	67	9	...	57
1955	5	..	489	1	31	...	420	...	26	...	73	1	75	14	164	50	10	...	28
1956	41	...	61	...	14	1	735	...	14	1	137	2	100	17	203	38	2	...	18

(a) Not available;
(b) This figure does not include the cases found during the intensive anti-trachoma campaign in Gozo. For further details vide 'Trachoma'.

TABLE IV

Notifiable Infectious Diseases by Locality in Malta, 1956

Locality	Pulmonary Tuberc.		Other Forms of T. B.		Typhoid Fever		Undulant Fever		Scarlet Fever		Erysipelas		Diphtheria		Whooping Cough		Cerebro-spinal Fever		Tetanus Neonatorum		Poliomyelitis		Measles		Murine Typhus		Chicken pox		Leishmaniasis		Influenza		Pneumonia		Broncho-pneumonia		Puerperal Fever		Trachoma
	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	C.
Attard	1	...	...	...	2	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	1	...	2	...	...	...	5	...	...	...	...	...	...	...
Balzan	1	1	...	...	2	...	5	...	4	...	...	...	1	1	...	...	...	...	...	...	...	...	2	...	1	...	8	...	...	...	...	...	2	1	2	...	...	...
Birkirkara	10	...	1	...	6	...	23	...	1	...	2	...	5	1	1	...	1	...	...	...	1	...	...	...	1	...	2	...	...	...	1	...	7	1	5	3	...	...
Birżebbuġa	...	2	...	...	...	...	...	...	2	...	1	...	1	...	2	...	...	...	...	...	1	...	1	...	...	...	45	...	...	...	1	1	...	...	5	1	...	...
Cospicua	7	2	3	1	3	...	6	...	...	...	...	...	3	...	...	...	...	...	...	...	2	...	1	...	1	...	4	...	...	...	...	...	1	1	3	1	...	...
Dingli	...	...	...	...	4	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	2	...	...	...	...	...	16	...	...	...	...	...	1	...	...	...	...	...
Floriana	4	1	...	...	2	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	11	...	...	...	...	...	4	...	5	1	...	...
Għargħur	2	1	...	...	1	...	5	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	2	1	1	...	...	...	...	...	1	...	...	...	...	...
Għaxaq	3	...	1	...	...	...	2	1	1	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	...	2	...	2	...	3	...	16	...	1	...
Gudja	1	...	...	...	...	...	2	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...
Għira	4	2	4	...	...	...	7	1	5	...	4	...	2	...	1	...	...	...	...	...	1	...	5	...	...	...	49	...	...	...	4	...	3	...	5	1	...	...
Ħamrun	8	1	...	...	1	...	10	...	1	...	3	1	4	...	...	...	1	...	...	...	2	...	8	...	...	...	42	...	...	...	3	...	6	1	12	2	...	...
Kalkara	1	1	...	...	1	...	...	...	1	...	...	...	2	...	...	...	...	...	...	...	1	...	...	...	...	...	11	...	1	...	...	...	...	...	4	1	...	...
Kirkop	...	...	...	...	2	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Lija	3	1	...	...	1	...	1	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	7	...	...	...	...	...	1	...	2	...	...	...
Luqa	1	...	...	1	...	...	4	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	12	...	...	...	...	...	7	2	3	1	...	...
Marsa	11	1	2	...	9	...	10	...	...	...	...	...	5	...	...	...	1	...	...	...	1	...	4	...	...	...	12	...	...	...	...	...	6	2	5	4	...	...
Marsaskala	...	...	...	...	2	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...
Marsaxlokk	1	1	...	...	8	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...
Mdina	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...
Mellieħa	...	...	...	...	1	...	22	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	1	...	...	...	...	...
Mġarr & Żebbieġh ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	2	...	4	2	...	...
Mosta	4	1	2	...	2	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	12	...	...	...	4	...	2	...	...	...	1	...	...	...	...	...
Mqabba	...	...	...	...	1	...	2	...	1	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	6	1	...	...
Msida	4	3	...	...	5	...	3	...	4	...	4	...	2	...	...	...	...	...	...	...	...	...	3	...	...	...	45	...	...	...	10	...	...	...	13	1	...	...
Naxxar	...	...	...	...	2	...	8	...	...	...	1	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	3	...	1	...	2	...	5	1	4	...	...	...
Pawla	10	1	3	...	9	...	27	...	1	...	1	...	5	...	...	...	...	...	...	...	...	...	...	...	1	...	17	...	1	...	...	...	4	...	6	...	...	...
Pietà	1	...	...	...	...	...	...	...	2	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	13	...	...	...	11	...	1	...	3	...	...	...
Qormi	7	...	...	...	28	...	43	...	...	...	6	1	...	...	...	...	...	...	...	...	4	...	...	...	2	...	7	...	...	...	...	...	11	1	16	3	...	1
Qrendi	1	...	1	...	4	...	10	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	2	...	2	...	...	...
Rabat	3	...	2	...	8	...	23	...	...	...	1	...	1	...	1	...	...	...	...	...	2	...	4	...	...	...	7	...	...	...	2	1	11	1	...	...	...	...
Safi	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	2	...	...	...	...	...
St. Julian's	7	1	...	...	...	...	6	...	2	...	1	...	1	1	...	...	...	...	...	...	1	...	3	...	...	...	42	...	...	...	4	...	4	...	3	2	...	...
St. Paul's Bay ...	...	...	...	...	2	...	12	...	...	...	...	...	1	...	...	...	...	...	...	...	2	...	1	...	...	...	7	...	...	...	...	...	...	...	1	...	...	...
St. Venera	3	...	1	...	...	...	2	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	10	...	...	...	...	...	...	...	3	...	...	...
Senglea	2	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	5	...	...	...	...	...	3	1	2	...	1	...
Siġġiewi	4	...	...	...	4	...	10	...	...	...	...	...	3	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...
Sliema	9	5	...	...	2	...	2	...	5	...	1	...	10	...	1	...	1	...	...	...	3	...	5	...	1	...	172	...	...	...	31	1	4	...	21	1	...	...
Tarxien	6	1	...	...	...	...	17	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	2	...	13	...	...	...	...	...	...	...	1	...	...	...
Valletta	6	3	2	1	1	...	1	...	...	...	2	...	3	...	...	...	...	...	...	...	1	...	...	...	...	...	57	...	...	...	6	...	3	1	10	3	...	...
Vittoriosa	5	...	1	...	...	...	2	...	...	...	...	...	1	...	...	...	1	1	...	...	...	...	1	...	...	...	6	1	1	1	...	...	1	1	1	...	...	...
Żabbar	6	...	1	...	5	...	21	...	1	...	2	...	12	1	...	...	...	...	...	...	...	...	...	...	2	...	15	2	2	...	...	...	4	1	2	1	...	...
Żebbuġ	8	2	1	...	2	...	41	...	...	...	1	...	...	...	...	...	...	...	...	...	4	...	2	...	...	...	3	...	...	...	1	...	1	...	3	1	...	4
Żejtun	2	1	...	...	3	...	11	...	...	...	...	...	7	...	...	...	1	...	...	...	3	...	...	...	...	...	2	...	...	...	...	...	2	...	3	2	...	...
Żurrieq	4	...	1	...	2	...	26	...	1	...	1	...	2	...	...	...	...	...	...	...	3	...	...	...	...	...	21	...	...	...	9	...	1	...	6	2	...	...
Total Malta ...	150	32	27	3	121	...	370	2	32	..	39	2	81	5	7	...	7	1	...	...	38	..	61	...	14	1	706	...	11	1	94	2	95	17	194	36	2	..	14

TABLE IV (cont.)

Notifiable Infectious Diseases by Locality in Gozo, 1956

Locality	Pulmonary Tuberc		Other Forms of T. B.		Typhoid Fever		Undulant Fever		Scarlet Fever		Erysipelas		Diphtheria		Whooping Cough		Cerebrospinal Fever		Tetanus Neonatorum		Poliomyelitis		Measles		Typhus Murine		Chicken pox		Leishmaniasis		Influenza		Pneumonia		Broncho-Pneumonia		Puerperal Fever		Trachoma
	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	
Kemmuna	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	.	...		...	...	...	...	..
Għajnsielem	1	...	...	...	...	...	3	...	...	...	...	...	3	...	1	..	...	...	...	...	...	...	...	...	...	...	6	...	...	..	3	...	...	...	...	...	...	...
Għarb	...	...	...	...	3	...	2	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Għasri	...	..	...	...	...	...	...	...	...	...	.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Kerċem	1	...	...	.	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	.	..	...	2	...	1		...	..	...	.	...
Marsalforn	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	..	...	...	..	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...
Mġarr	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	..	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Munxar	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	.	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	..	...	...
Nadur	4	...	...	...	1	...	27	...	...	...	...	...	1	..	...	..	...	.	...	...	...	...	...	...	...	...	8	...	1	.	4		...	...	1	...	...	...	2
Qala	2	1	...	...	2	...	5	...	...	...	...	.	1	...	..	...	...	...	...	...	1	..	...	...	...	.	..	..	...	...	1	...	...	...	1	...	...	...	...
San Lawrenz	...	...	.	...	...	...	1	...	...	...	...	...	...	...	...	.	...	...	..	...	...	.	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...
Sannat	1	...	...	...	1	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	.	1	...	1	.	1	...	...	...	2	...	.	...	...
St Lucia	...	...	...	...	...	...	2	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Victoria	1	1	...		1	...	9	...	...	...	1	...	13	1	...	..	...	..	...	...	...	...	...	...	..	...	6	...	1	...	22	...	3	...	4	2	...	..	..
Xagħra	...	...	...	...	1	...	4	...	...	...	6	...	3	...	...	...	...	...	...	...	...	...	...	...	.	...	6	...	...	..	5	...	...	...	...	...	...	...	1
Xewkija	1	...	.	...	...	...	3	...	...	...	...	...	10	...	...	..	...	...	...	...	2	...	...	...	...	...	...	...	...	...	5	...	.	...	1	...	...	...	1
Xlendi	...	...	..	...	1	.	3	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Żebbuġ	...	...	..	...	...	...	...	...	...	...	...	...	2	1	...	..	...	...	...	...	...	..	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total Gozo	11	2	...	..	10	...	62	...	...	...	8	...	33	2	1	..	...	...	...	...	3	...	...	...	...		29	...	3	...	43		5	.	9	2	...	...	4
Total Both Islands...	161	34	27	3	131	..	432	2	32	...	47	2	114	7	8	...	7	1	...	...	41	...	61	...	14	1	735	..	14	1	137	2	100	17	203	38	2	...	18

TABLE V.

Monthly Notifications of Infectious Diseases, 1956

MONTH	1 Pulmonary Tuberculosis		25 Other Forms of T. B.		12 Typhoid Fever		15 Undulant Fever		17 Scarlet Fever		19 Erysipelas		21 Diphtheria		22 Whooping-Cough		23 Cerebro-spinal Fever	
	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.
January ...	18	2	3	—	1	—	21	—	7	—	2	—	12	1	1	—	—	—
February ...	10	4	1	1	1	—	13	1	2	—	2	—	3	—	—	—	2	—
March ...	18	4	2	—	1	—	17	—	4	—	2	—	8	1	—	—	—	—
April ...	10	7	—	1	12	—	38	—	7	—	1	—	7	—	—	—	2	—
May ...	10	2	3	—	13	—	76	1	6	—	4	—	6	—	—	—	—	—
June ...	16	2	1	—	2	—	65	—	—	—	4	—	1	—	1	—	2	1
July ...	12	—	3	—	14	—	71	—	2	—	10	—	2	—	1	—	—	—
August ...	16	4	5	—	17	—	41	—	1	—	5	—	2	—	—	—	—	—
September	20	—	3	—	27	—	45	—	—	—	6	—	5	—	1	—	—	—
October ...	10	4	2	—	25	—	22	—	1	—	7	1	26	1	—	—	—	—
November	13	2	1	1	11	—	13	—	—	—	3	1	25	2	2	—	—	—
December	8	5	3	—	7	—	10	—	2	—	1	—	17	2	2	—	1	—
Total ...	161	34	27	3	131	—	432	2	32	—	47	2	114	7	8	—	7	1

MONTH	28 Acute Anterior Poliomyelitis		32 Measles		36 B Typhus Murine		43 H Chickenpox		43 L Leishmaniasis		88 Influenza		89 Pneumonia		90 Broncho-pneumonia		115 Puerperal Fever		43 J Trachoma	
	C.	D.	C.	D.	C	D.	C.	D.	C.	D.	C.	D.	C.	D.	C	D.	C.	D.	C.	D.
January ...	—	—	4	—	3	—	50	—	1	—	—	—	3	1	10	3	—	—	—	—
February ...	3	—	3	—	—	—	62	—	—	—	30	1	12	2	40	5	—	—	6	—
March	1	—	3	—	2	—	77	—	—	—	54	1	24	2	64	5	1	—	2	—
April	—	—	1	—	1	—	90	—	1	—	3	—	10	—	11	—	—	—	—	—
May	2	—	2	—	—	—	149	—	2	—		—	6	2	11	3	—	—	1	—
June	18	—	5	—	1	1	158	—	2	—	1	—	14	—	15	2	1	—	—	—
July	3	—	3	—	1	—	90	—	2	1	1	—	9	4	14	7	—	—	—	—
August	3	—	1	—	2	—	14	—	2	—	—	—	5	2	4	3	—	—	2	—
September ...	—	—	1	—	2	—	—	—	—	—	—	—	3	2	5	—	—	—	3	—
October... ...	5	—	6	—	2	—	4	—	1	—	4	—	7	1	7	3	—	—	3	—
November ...	5	—	12	—	—	—	21	—	1	—	23	—	6	—	10	5	—	—	1	—
December ...	1	—	20	—	—	—	20	—	2	—	21	—	1	1	12	2	—	—	—	—
Total... ...	41	—	61	—	14	1	735	—	14	1	137	2	100	17	203	38	2	—	18	—

TABLE VI.

Age and Sex Distribution of Cases and Deaths

AGES	Typhoid Fever 12				Undulant Fever 15				Scarlet Fever 17				Diphtheria 21				Murine Typhus 36B				Influenza 88				Pneumonia 89				Broncho-Pneumonia 90			
	Cases		Deaths		Cases		Deaths		Cases		Deaths		Cases		Deaths		Cases		Deaths		Cases		Deaths		Cases		Deaths		Cases		Deaths	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Under 1 year	2	...	...	...	1	...	...	..	...	...	...	..	3	3	...	...	...	...	...	...	4	3	...	...	3	5	3	2	34	33	5	14
1 year	...	3	...	...	2	4	...	...	...	1	...	..	11	6	2	1	...	...	...	...	1	1	...	...	2	8	2	...	7	10	1	1
2 years	1	...	...	...	10	6	...	...	2	1	...	...	9	4	1	1	...	1	...	...	...	...	..	...	...	5	...	2	10	3	1	...
3 years	2	1	...	...	10	9	...	...	1	1	...	...	14	11	1	...	...	...	...	...	...	...	...	...	2	3	...	...	1	1	...	...
4 years	1	5	...	...	9	5	...	...	2	3	...	...	6	8	...	...	..	...	...	...	1	...	...	...	2	...	...	...	3	1	...	1
5 to 9 years...	15	18	...	...	45	34	...	...	7	11	...	...	16	14	1	...	...	...	...	...	2	1	...	...	5	2	...	...	3	6	...	1
10 to 14 „	19	11	...	...	29	26	...	..	...	1	...	...	2	2	...	...	3	1	...	...	3	1	...	...	3	4	...	...	...	...	...	...
15 to 19 „	9	9	...	...	17	20	...	...	...	1	...	...	1	1	...	...	...	1	...	...	3	2	...	...	1	...	...	...	3	...	...	...
20 to 24 „	6	3	...	...	19	18	...	...	...	...	..	...	1	...	...	...	...	...	...	...	15	2	...	...	6	1	...	1	...	...	...	...
25 to 34 „	5	5	...	...	29	23	...	...	...	...	...	..	...	1	...	...	...	1	...	...	17	2	...	...	...	1	...	...	5	2	...	...
35 to 44 „	2	1	...	...	23	20	..	...	1	...	...	...	1	...	...	...	...	...	...	...	15	6	...	...	4	2	...	...	5	3	1	...
45 years&over...	7	6	...	...	30	43	1	1	...	...	...	...	...	...	...	...	5	2	...	...	36	22	...	2	21	20	1	6	36	37	7	6
Total	69	62	..	...	224	208	1	1	13	19	...	...	64	50	5	2	8	6	...	1	97	40	...	2	49	51	6	11	107	96	15	23

Scarlet Fever. The number of notified cases during the year was 32 as against 84 in 1955. All the cases occurred in Malta. There were no deaths from this disease.

Measles. The number of cases registered during the year was 61 against 489 in 1955. All the cases occurred in Malta. Only two cases were admitted to hospital, one a patient landed from an aircraft in transit, the other a patient 74 years of age. Both cases were discharged as cured. No deaths were recorded as due to the disease.

Diphtheria (including membranous croup). The total number of diphtheria cases notified during the year was 114 of which 81 occurred in Malta and 33 in Gozo; this is 33 more than the number of cases reported during the previous year. 3 cases were diagnosed on clinical grounds, all the others were confirmed bacteriologically. The majority of cases (92.1%) occurred in children under 10 years of age. The ages of the five adult cases were 18, 19, 22, 27 and 37 years. The cases were spread throughout the year but the disease was more prevalent during October/December during which period 68 cases were notified.

Cases were reported from various localities but many of the villages remained free during the whole of 1956. The localities from which the highest number of cases was reported were Victoria, Gozo (13), Żabbar (12), Sliema (10), Xewkija, Gozo (10) and Żeitun (7). There were seven deaths from this disease, six of which in children under three years of age, the other in a boy aged 6 years. Death was due to nephritis in one case, bronchitis and heart failure in two, pneumonia and heart failure in one, toxaemia in the fifth. This last case was not confirmed bacteriologically. With the exception of the case who died of nephritis the others died within a few hours of their admission to hospital. Two deaths occurred in Gozo, in patients under two years of age, within twenty-four hours of their admission into hospital. One of these was operated upon for Tracheoctomy.

None of the cases had received preventive inoculation. At present free immunisation is being carried out in the schools and very few mothers bring their younger children there for inoculation. It is hoped that when the Mobile Clinics will have reached us in the near future we shall be able to immunize a much higher number of pre-school children as it will then be possible for us to call on mothers at their own homes.

With one expection all the cases were admitted to the Isolation Hospitals in Malta and Gozo. During the year there was a serious outbreak of cases of Acute Tonsillitis in children. A number of children were referred to the Isolation Hospital as suspected cases of Diphtheria but the diagnosis was not confirmed. This feature may have been a predisposing factor which might account for the higher incidence of Diphtheria during the year under review.

TABLE VII

Diphtheria.

Ages of Death.

Under 1 year	1-	2-	3-	4-	5-	10-	15-	20-	25-	35-	45-	55-	All Ages
—	3	2	1	—	1	—	—	—	—	—	—	—	7

Age Periods of Notified Cases.

Under 1 year	1-	2-	3-	4-	5-	10-	15-	20-	25-	35-	45-	55-	All Ages
6	17	13	25	14	30	4	2	1	1	1	—	—	114
92.1%						7.9%							

Case-mortality at Each Age Period.

(Calculated as a percentage).

Under 1 year	1-	2-	3-	4-	5-	10-	15-	20-	25-	35-	45-	55-	All Ages
—	17.6	15.4	4.0	—	3.3	—	—	—	—	—	—	—	6.1

Typhoid Fever. There were 131 cases reported with no deaths during the year. This shows an increase of 22 cases over the previous year, when 109 cases with 1 death were notified. Sporadic cases were reported from a number of localities.

As in previous years the highest number of cases was notified from Qormi (28), Marsa and Paola (9 each) and Marsaxlokk and Rabat (8 each). The majority of the cases notified from Qormi occurred during the period late September early October. Investigations showed that they were due to the drinking of water from a surface spring which was found to have been contaminated. 8 cases occurred in 2 households in the vicinity of the spring. The remaining cases were reported from different localities in Malta and Gozo.

The age-groups most affected were the 5-9 years (33) and 10-14 years age group (30.)

Undulant Fever. The number of cases notified during the year was 432 (370 in Malta and 62 in Gozo) as against 522 (439 in Malta and 83 in Gozo) reported during 1955 and 549 cases in 1954. The above figures show a decrease of 90 cases on those in respect of the previous year. There were two deaths as against 1 in 1955 and the case mortality was 0.4 as against 0.1 in 1955.

As usual the incidence was highest during the summer months when the milk production is at its peak. The age group most affected is 5-9 years group (79 cases) followed by that of persons over 45 years of age (73 cases). The highest number of notifications came from the following localities:—Qormi 43; Żebbuġ 41; Nadur-Gozo 27; Żurrieq 26; Rabat 23; Birkirkara 23; Mellieha 22; Paola 21; Żabbar 21; Tarxien 17.

Influenza. The number of cases notified during the year was 137 as compared with 73 in 1955. Two deaths were attributed to this infection as compared with one in 1955. An unusual feature was the occurrence of several cases of this disease among babies in a creche six of which had to be treated at the Isolation Hospital for bronchial complications; they were all discharged cured.

Pneumonia. During the year the number of notified cases of pneumonia was 100 with 17 deaths as compared with 75 cases and 14 deaths in 1955. Five cases were notified as virus pneumonia. Cases of broncho-pneumonia were 203 with 38 deaths. The figures for the previous year were 164 cases with 50 deaths.

Cerebro-Spinal Fever. There were 7 cases with one death as against 9 cases with no deaths in 1955.

Erysipelas. The cases numbered 47 with 2 deaths as compared with 35 cases and 3 deaths during the previous year.

Puerperal Fever. The number of cases reported was 2, as compared with 10 in 1955.. There were no deaths in this and in the previous year.

Murine Typhus. The number of cases was 14 all of which occurred in Malta. Only one death was attributed to this disease. Death was due to Septicaemia and occurred in a child 2 years of age. The figures for the previous year were 31 cases with no deaths.

Leishmaniasis. The cases notified during the year were 14, 3 of which in Gozo. The incidence of Leishmaniasis has been gradually decreasing over the last years. This is probably due to proper and timely treatment and to the disinfestation of the area around houses where cases have occurred: Disinfestation is carried out twice. as soon as the case is notified, and about one month later. This shows a decrease of 12 cases from last year. Only one case proved fatal. There were no deaths during 1955.

Tetanus Neonatorum. No cases were notified either this year or in 1955.

Acute Anterior Poliomyelitis. The incidence of poliomyelitis among the civilian population during 1956 amounted to 41 cases 3 of which occurred in Gozo. There were no deaths due to this infection.

TABLE VIII

Civilian Cases of Anterior Poliomyelitis in Malta — 1956

MONTHLY INCIDENCE :—

	Males	Females	Total
January	2	1	3
February	—	—	—
March	1	—	1
April	—	—	—
May	1	1	2
June	8	10	18
July	2	1	3
August	3	—	3
September	—	—	—
October	4	1	5
November	2	3	5
December	1	—	1
	24	17	41

INCIDENCE BY AGE GROUPS :—

	Males	Females	Total
Up to 6 months	—	1	1
6 months to 1 year	4	1	5
1 year to 2 years	10	4	14
2 years to 3 years	2	7	9
3 years to 4 years	4	1	5
4 years to 5 years	1	1	2
5 years to 9 years	2	1	3
10 years to 15 years	1	1	2
	24	17	41

TABLE IX

Trachoma Incidence
(Malta and Gozo)

A.

Year	Cases	
	New	Old
1945	226	111
1946	139	69
1947	283	133
1948	334	145
1949	224	68
1950	41	19
1951	55	12
1952	51	11
1953	59	3
1954	49	8
1955	28	8
1956	18	3

B.

Periods	New Cases in 1956	
	Males	Females
Under 1 year	—	—
1 ,,	—	—
2 years	—	—
3 ,,	—	—
4 ,,	—	—
5 to 9 ,,	5	3
10 to 14 ,,	2	2
15 to 19 ,,	1	—
20 to 24 ,,	—	—
25 to 29 ,,	—	—
30 to 34 ,,	—	—
35 to 44 ,,	—	—
45 & over	1	4
Total ...	9	9

TRACHOMA IN GOZO

The anti-trachoma campaign in Gozo proceeded with success throughout the year and we may now safely state that Gozo does not present a grave problem in connection with the Disease. The campaign is now bearing fruit and the disease is well under control; it is becoming increasingly rare and there is no doubt that in the not distant future it will be subdued and its incidence reduced to the same degree as in Malta.

The Eye Specialist visited Gozo weekly and clinics were held regularly at Government schools and at Government dispensaries. Details of the work done and results obtained will be found in the following tables.

In table X under "F only" are listed those cases with folliculosis of the conjunctiva without other evidence of either trachoma or other known type of conjunctivitis. These cases were not given any treatment, but were kept under observation throughout the year; only one of these turned out to be a case of trachoma, while two other were subsequently diagnosed as follicular conjunctivitis.

TABLE X

TRACHOMA (GOZO SCHOOLS 1955-56)

School		No. Seen	Results of Examination			Cured		Drugs used
			Trach.	Conj.	F. only	Trach.	Conj	
VICTORIA	Girls	578	6	1	2	4	—	Achromycin Ointment
	Boys	340	1	3	5	1	1	Terracycline + Cortisone
XAGHRA	Girls	523	7	3	12	7	3	Terracycline + Cortisone
	Boys	275	1	1	1	1	1	Achromycin ointment
XEWKIJA	Girls	452	9	2	2	5	2	Chlorom. oint. (2 months) Achrom oint. (5 months)
	Boys	195	1	1	—	1	1	Terracortril drops
NADUR	Girls	468	5	1	7	5	1	Chloromycetin ointment
	Boys	230	2	—	3	2	—	Terracortril drops
GHAJNSIELEM	Girls	198	7	—	6	5	—	Chloromycetin ointment
	Boys	117	1	—	2	1	1	Chlorom. oint. (3 months) Achrom. oint. (3 weeks)
QALA	Girls	201	1	—	2	1	—	Achromycin ointment
	Boys	110	2	—	2	2	—	Chloromycetin ointment
ZEBBUG	Mixed	209	—	2	8	—	2	Achromycin + Cortisone
KERCEM	Mixed	215	5	3	4	5	3	Achromycin ointment
GHARB	Mixed	222	—	2	4	—	2	Achromycin + Cortisone
S. LAWRENZ	Mixed	82	1	2	6	1	1	Achromycin + Cortisone
GHASRI	Mixed	95	1	1	10	—	1	Achromycin + Cortisone
SANNAT	Mixed	305	15	3	6	11	1	Achromycin + Cortisone
Total		4,815	65	25	82	52	20	

TABLE XI

Clinics held at Government Dispensaries in 1955

Place	No. of clinics	No. seen	No. found cured	No. still on register
Victoria	7	120	18	48
Xaghra	7	15	6	56
Nadur	7	20	16	41
Qala	5	21	11	60
Xewkija	7	44	19	28
Sannat	4	25	14	10
Ghajnsielem	3	12	5	5
Total ...	40	275	89	237

It affords satisfaction to note that this year the number of cures from Trachoma (52) is much higher than last year's (16) which is perhaps explained by a better awareness of the benefits of proper treatment by the people and greater co-operation by the patients themselves.

The use of antibiotics in the treatment of Trachoma has proved very successful. Admittedly results are inconclusive because of the small numbers involved but they may perhaps serve as a pointer as to their efficacy if nothing more. Best results were obtained by the use of tetracycline and cortisone; the latter has been found by some workers to be an activator of trachoma but the better results obtained when it was used in conjunction with tetracycline could be explained by the assumption that an activated trachoma virus is more susceptible to the action of antibiotics. Such a hypothesis was accepted by the other members of the Committee of trachoma experts of World Health Organization during the second meeting held in Geneva in 1955.

As a result of our efforts the disease has again been kept stabilised at a low level, and continued control over the years will no doubt lead to an even happier situation. All the drugs used were supplied free by the manufacturers as samples.

LEPROSY

The number of leper patients notified during the year was 19 of whom 12 were males and 7 females. TableXIII. Last year the number of notifications was 14. It is considered that this increase in the number of notifications is due to the abolition of segregation which was a great deterrent to patients to come forward and seek treatment.

There are at present 148 cases of leprosy known in these islands. Table XII explains the type of the disease.

TABLE XII

		Males	Females	Total	
In-patients :—	Malta	30	14	44	
	Gozo	3	—	3	
		33	14	47	(a)
Out-patients :—	Malta	37	23	60	(b)
		14	17	31	(c)
	Gozo	5	5	10	(d)
		89	59	148	

(a) The nature of the disease in these patients is a follows:—
Lepromatous 40 (28 males, 12 females)
Indeterminate 3 males
Burnt out cases at the St. Vincent de Paul Hospital 4 (2 males, 2 females).

(b) These patients were discharged at request and the nature of the disease is as follows:—
Lepromatous 48 (30 males, 18 females)
Indeterminate 11 (7 males, 4 females)
Major Tuberculoid 1 female.

(c) These patients are suffering from the Tuberculoid form of the disease and are all "old' out-patients.

(d) Lepromatous 5 (2 males, 3 females); Tuberculoid 2 females: and Indeterminate 3 males.

TABLE XIII

Age and Sex Distribution of Cases of Leprosy notified during the year 1956

Ages	Males	Females	Total
1 — 10	—	—	—
11 — 20	1	1	2
21 — 30	1	2	3
31 — 40	5	1	6
41 — 50	3	1	4
51 — 60	—	2	2
61 — 70	1	—	1
71 — 80	1	—	1
81 — 90	—	—	—
Total	12	7	19

The number of notified cases during the last ten years is given in Table XIV.

TABLE XIV

Cases notified during 1956 and nine preceding years

	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956
Males ...	10	7	10	6	4	9	6	10	6	12
Females ...	3	7	5	6	1	5	5	—	8	7
Total ...	13	14	15	12	5	14	11	10	14	19

VENEREAL DISEASES

The Venereal Diseases clinic, which is situated at the Central Hospital, Floriana, is open daily from 8 a.m. to 6 p.m. Medical attention is however available during the 24 hours day and night and no fees are charged for examination, medical advice and treatment irrespective of the nationality or social status of the patient. The clinic is situated near the Grand Harbour for the convenience of seafaring men.

Out-patients. The number of new patients attending for investigation or treatment in the out-patient clinic was 177 (78 males, 99 females) while the overall attendance by the new and old patients numbered 2,422 (958 males, 1,464 females).

The following table shows the number and the disease of new patients who called for treatment advice :—

Diagnosis	Males	Females	Total
Gonorrhoea acute	8	13	21
Gonorrgoea Chronic	4	14	18
Non-gonorrhoeal urethritis	14	—	14
Non-gonorrhoeal cervicitis	—	18	18
Vulvo Vaginitis	—	4	4
Syphilis prenatal	6	9	15
Syphilis early	7	3	10
Syphilis late	15	18	33
Syphilis observation	16	20	36
Balanitis	4	—	4
Verrucae Acuminatae	4	—	4
Total	78	99	177

Ten foreign seamen attended for treatment during this year.

Most of the patients came of their own free will for observation or treatment. This has been made possible through the popularity of antibiotics. The Gynaecological Department of the general hospital has also been responsible for the remittance to our clinic of a fair number of patients.

In-patients. 8 patients were admitted (2 males and 6 females).

The following is the classification of the patients admitted to hospital :—

Diagnosis	Males	Females	Total
Gonorrhoea Acute	1	1	2
Gonorrhoea Chronic	—	2	2
Syphilis late	1	1	2
Observation for V.D. (later diagnosed not cases)	—	2	2
Total	2	6	8

TUBERCULOSIS

Contact Clinic. During the year under review a total of 9,317 persons attended the chest clinic for medical examination. Of this number no fewer than 1,002 were contacts of newly notified cases of pulmonary and extra-pulmonary tuberculosis. Seventeen of these contacts, all of them adults, were found to be cases with lung lesions in the various stages of the disease from active to stable quiescence. In a few others the pulmonary process was definitely arrested. Four children of contact families between the ages of one and fourteen years had already developed intra-thoracic tuberculosis with primary complex or hilary adenitis. In all four cases the disease was still active while several others on examination were found with healed primary lesions. These latter cases will be kept under constant observation at the chest clinic for a period of at least five years.

All the families of contacts in need of extra nourishment were recommended to the Medical Assistance Board for financial help and during last year a total of 741 families were receiving the O.M.R. (Out-door Medical Relief). Cod liver oil and halibut capsules containing vitamins A and D together with extract of malt for children under ten years of age were freely prescribed at the chest clinic.

During the year, 2,285 prospective emigrants had their chest X-rayed and thirteen of these were referred to the clinic with suspected lung lesions for further medical investigations. Nine were found with active disease while in the remaining four the disease was considered to be arrested. The newly discovered cases were advised to call at the out-patient clinic for specific treatment.

A total of 1,735 newly appointed teachers were examined during the year of whom two were discovered to be suffering from Pulmonary Tb in an active state.

It has now become an established rule to submit for chest X-Ray investigation all the new government employees, as also children before their admission as boarders into private or government institutions. During the year under review 311 policemen, 74 hospital attendants and 42 children were referred to the clinic for a routine chest examination. Vide Table XXXI.

A new feature of activity in the control section of our tuberculosis service during the year was the mass chest radiography survey for all the teachers serving in the Government Primary and Secondary Schools. Out of 1,256 persons thus examined six were found to be harbouring the disease in the active stage while 167 had minimal scarrings in the lungs but after more detailed clinical investigations, the latter were declared free from the disease. These persons were however all kept under observation with periodical check-up examination on a long-term basis which varies from six months to two years according to the nature and extent of the former lesions in each particular case.

Home Visiting. 2,107 houses in connection with T.B. cases during the year were visited by the Sanitary Inspectors attached to the tuberculosis Section and almost all the contact families called at the Chest Clinic for a medical check-up. Many members of these families were also eager to get advice on the prophylactic methods in use to prevent further spread of the disease.

81 premises were inspected in connection with application for better housing accommodation by families or contacts of Tb patients. All the deserving cases were recommended for a change of premises. Thanks to the co-operation of the Housing Department no less than twenty T.B. families were re-housed in more spacious, well-aired and better-lighted surroundings.

B.C.G. The number of persons who volunteered for tuberculin testing reached the high figure of 5,812. Of the tests that were read 1,752 were positive and 3,418 were negative reactors. 3,374 received the B.C.G. Vaccine. Table XXX.

Mortality Rate. During the year 34 deaths from pulmonary tuberculosis were recorded for both islands; this is only five less than the previous year. It is rather interesting to observe the mortality rate of the last five years because the figures have remained more or less stationary to an average level of 30-40 per year. By comparing the above figures with the previous five years (1947-1951) when the yearly decline in the mortality rate was very rapid, one can conclude that the downward trend of the death-rate is slackening down and it may be that it is tending to stabilize at the above level for the next few years. Vide Table XIX.

This phenomena may be due to the fact that the maximum benefit from the specific antibiotic therapy available has already been reached and very probably the present average of yearly deaths will remain more or less stationary until some more potent drug or other dramatic improvement in the methods of treatment comes into use, it is hoped, in the not too distant future. Another important fact worth mentioning is the constant decline in the number of deaths in the young age groups (20-35) which has been maintained during the last five years. More and more youthful lives are now being saved every year; until a few years back this class registered the highest percentage in the mortality rate amongst the tuberculous patients in these islands.

TABLE XV

Number of Pulmonary Tuberculosis Cases by Locality, Sex and Age Group at Time of Notification

District	5		10		20		30		40		50		60		70		TOTAL
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
MALTA :—																	
Attard	...	...	...	...	1	3	6	2	:	1	...	...	...	...	...	...	14
Balzan	...	..	...	...	4	5	5	7	1	2	2	1	...	...	...	...	27
B'kara	...	...	..	1	35	24	40	22	22	13	15	7	12	3	3	1	198
B'buġa	...	1	.	...	...	11	4	11	4	3	3	4	1	2	2	...	46
Cospicua	...	...	...	...	1	7	2	12	6	84	6	8	1	3	3	4	3	140
Dingli	...	...	...	...	...	.	1	2	1	1	1	1	1	...	...	...	..	8
Floriana	...	...	...	...	...	1	4	4	4	10	6	1	4	2	2	2	3	...	43
Għargħur	...		...	...	...	...	...	3	4	2	2	1	...	...		...	...	...	12
Għaxaq	...	...	...	...	1	4	4	4	3	1	...	...	1	2	..	..	.	20
Gudja	...	...	...	...	..	1	2	2	1	1	..	...	...	...	..	..	...	7
Gżira	...	...	1	2	.	8	10	17	19	9	9	5	6	5	3	5	1	100
Hamrun/Pieta	...	...	1	21	24	56	42	41	42	28	12	17	8	9	6	5	1	313
Kalkara	...	...	...	...	1	4	2	..	3	3	2	4	1	1	...	.	...	21
Kirkop	...	...	...	...	...	1		...	...	1	1	2	1	.	.	...	...	6
Lija	...	...	1	..	2	3	5	9	3	1	3	1	2	...	...	...	...	1	31
Luqa	...	.	1	1	2	5	6	6	1	3	2	...	...	1	2	...	...	1	31
Marsa	...	...	1	1	11	15	31	24	10	7	13	3	7	1	6	3	1		134
Mellieha	...	...	...	...	...	1		..	2	2	2	1	..	...	1	...	...	...	9
Mġarr	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	..	1
Mosta	...	...	...	2	...	13	2	2	3	2	3	1	1	1	1	1	...		32
Mqabba	...	...	...	...	...	1	1	2	...	...	...	1	..	...	...	...	...	...	5
Msida	...	..	..	...	...	9	8	21	13	8	7	2	3	...	4	3	2	2		82
Naxxar	...	..	1	...	2	3	7	3	4	3	3	2	1	1	1	.	...			31
Pawla	..	...	...	...	4	12	34	24	26	20	7	5	7	4	4	2	4	..		153
Qormi	...	...	...	2	...	...	13	6	22	8	8	5	10	6	6	3	3	..		92
Rabat	...	..	..	...	...	1	...	6	9	11	14	7	4	6	2	2	3	2	...	67
Qrendi	...	...	...	..	...	1	1	...	1	3	...	1	...	1	1	...	..	..	...	9
Safi	...	...	...	...	...	...	.	...	...	...	..	...	...	...	1	...	...		1
St. Julian's	...	...	3	1	...	1	...	5	14	6	14	3	2	1	.	1	...	...		51
St. Paul's Bay	...	...	...	..	1	...	2	...	4	3	...	..	...	1	...	.	...	...		11
Senglea	...	...	...	...	...	5	6	11	2	2	2	1	6	1	2	1	2	1		40
Siġġiewi	...	...	...	..	...	2	3	4	10	4	.	2	1	2	...	...	1	...		29
Sliema	...	..	...	1	.	1	23	19	42	30	28	15	13	7	10	7	2	3		203
Tarxien	...	...	...	2	...	...	6	4	12	8	8	8	12	1	1	3	1	...		66
Valletta	...	...	.	1	...	1	31	33	61	45	28	18	17	7	18	5	5	5		275
Victoriosa	..	...	...	...	..	6	.	6	5	5	5	5	3	1	3	1	2	1		45
Żabbar/M'Skala	...	...	..	...	1	10	8	33	17	12	3	9	1	8	...	...	...		102
Żebbuġ	...	...	...	...	..	11	3	3	4	5	2	3	4	3	3	...	1		43
Żejtun/M'Xlokk	...	...	...	1	.	10	7	14	8	8	2	8	2	7	3	1	.		71
Żurrieq	...	...	..	...	...	5	8	6	2	2	1	2	...	3	1	...	..		30
Total Malta	11	8	60	85	386	307	456	324	325	140	175	79	117	59	48	19	2,599		
GOZO :—																	
San Lawrenz	...	...	...	...	...	...	...	1	...	...	...	..	...	...	...	1	2		
Victoria	...	..	...	...	1	...	4	2	6	9	3	3	3	2	2	...	1	2	38	
Qala	...	...	..	...	...	...	...	3	2	2	...	2	2	2	.	...	...	...	13	
Nadur	...	...	...	...	...	...	4	3	2	6	4	2	2	1	2	1	...	1	28	
Mġarr	..	...	...	...	...	...	...	..	1	...	...	...	...	...	...	...	...	...	1	
Għasri	...	..	...	...	...	...	...		...	...	...	...	..	..	...	2	...	...	2	
Kercem	...	..	...	...	...	...	...	1	..	...	..	...	...	...	...	...	..	..	1	
Għarb	...	..	...	.	...	1	1	...		1	...	...	...	...	...	...	...	..	3	
Għajnsielem	...	...	...	...	..	.	1	1	4	1	1	...	2	...	4	...	...	..	14	
Sannat	...	..	...	...	...	..	1	...	...		...	...	1	...	...	1	...	...	3	
Xagħra	...	...	...	.	...	..	...	..	2	...	...	.	1	...	..	...	1	...	4	
Xewkija	...	...	...	...	...		2	1	2	3	1	1	...	4	...		.	...	14	
Żebbuġ	...	...	...	...	...		1	...	1	1	...	...	...	...	...	2	...	...	5	
Total Gozo	...	...	1	1	14	11	20	24	9	8	11	9	8	6	2	4	128		
Total both Islands	11	8	61	86	400	318	476	348	334	148	186	88	125	65	50	23	2,727		

TABLE XVI

Distribution of New Cases of Pulmonary Tuberculosis by District.

District	Males	Females	Total
MALTA :—			
Attard	1	—	1
Balzan	—	1	1
B'kara	6	4	10
B'buġa	—	—	—
Cospicua	4	3	7
Dingli	—	—	—
Floriana	5	—	5
Għargħur	1	—	1
Għaxaq	2	1	3
Gudja	1	—	1
Gżira	4	—	4
Ħamrun/Pieta	8	5	13
Kalkara	1	—	1
Kirkop	—	—	—
Lija	1	2	3
Luqa	—	1	1
Marsa	8	3	11
Mellieħa	—	—	—
Mġarr	—	—	—
Mosta	3	1	4
Mqabba	—	—	—
Msida	2	2	4
Naxxar	—	—	—
Pawla	4	6	10
Qormi	6	1	7
Qrendi	—	1	1
Rabat	2	1	3
Safi	—	—	—
St. Julian's	3	4	7
St. Paul's Bay	—	—	—
Senglea	1	1	2
Siġġiewi	2	2	4
Sliema	8	2	10
Tarxien	3	2	5
Valletta	4	2	6
Vittoriosa	5	—	5
Zabbar/M'Skala	3	3	6
Żebbuġ	5	4	9
Żejtun/M'Xlokk	2	—	2
Żurrieq	2	1	3
Total Malta	97	53	150
GOZO :—			
Victoria	1	—	1
Għajnsielem	1	—	1
Għarb	—	—	—
Għasri	—	—	—
Kerċem	—	1	1
Marsalforn	—	—	—
Mġarr	—	—	—
Nadur	2	2	4
Qala	—	2	2
San Lawrenz	—	—	—
Sannat	1	—	1
Xagħra	—	—	—
Xewkija	—	1	1
Żebbuġ	—	—	—
Total Gozo	5	6	11
Total both Islands	102	59	161

TABLE XVII

Incidence of new cases of Pulmonary Tuberculosis by sex and age

Age Periods	Males	Females	Total
0 — 5 years	—	2	2
6 — 10 ,,	2	—	2
11 — 20 ,,	10	14	24
21 — 30 ,,	20	18	38
31 — 40 ,,	20	10	30
41 — 50 ,,	20	7	27
51 — 60 ,,	15	4	19
61 — 70 ,, and over	15	4	19
Total	102	59	161

TABLE XVIII

Incidence of new cases of Pulmonary Tuberculosis by month

Months	Males	Females	Total
January	8	10	18
February	8	2	10
March	12	6	18
April	6	4	10
May	7	3	10
June	10	6	16
July	9	3	12
August	10	6	16
September	11	9	20
October	8	2	10
November	9	4	13
December	4	4	8
Total	102	59	161

TABLE XIX

Mortality by age periods from Pulmonary Tuberculosis

Age Periods	Males	Females	Total
0 — 5 years	—	—	—
6 — 10 ,,	—	—	—
11 — 20 ,,	—	—	—
21 — 30 ,,	3	3	6
31 — 40 ,,	5	1	6
41 — 50 ,,	4	2	6
51 — 60 ,,	6	2	8
61 — 70 ,, and over	7	1	8
Total	25	9	34

TABLE XX

Mortality by month from Pulmonary Tuberculosis

Months	Males	Females	Total
January	1	1	2
February	2	2	4
March	3	1	4
April	5	2	7
May	2	—	2
June	2	—	2
July	—	—	—
August	3	1	4
September	—	—	—
October	3	1	4
November	1	1	2
December	3	—	3
Total	25	9	34

TABLE XXI

Analysis of Cases and Deaths from Pulmonary Tuberculosis

Year	Estimated Population at end of year	Cases Notified	Case-rate per 1000 Population	No. of Deaths	Death-rate per 1000 Population
1947	303,998	220	0.72	161	0.52
1948	305,991	202	0.66	104	0.34
1949	310,985	228	0.73	97	0.31
1950	311,973	208	0.66	82	0.27
1951	312,446	171	0.54	68	0.21
1952	316,619	146	0.46	34	0.09
1953	317,248	177	0.55	39	0.12
1954	319,787	157	0.48	36	0.11
1955	314,369	141	0.45	41	0.13
1956	314,066	161	0.51	34	0.10

TABLE XXII

Monthly notification of Pulmonary Tuberculosis

Year	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
1947 ...	14	17	14	21	23	24	28	17	22	10	10	20	220
1948 ...	15	10	17	18	15	17	27	18	20	13	19	15	204
1949 ...	16	10	18	20	23	12	22	27	27	16	17	20	228
1950 ...	9	20	17	15	16	17	22	30	14	20	16	12	208
1951 ...	15	12	19	13	14	10	17	19	16	11	19	7	172
1952 ...	6	13	14	8	8	14	24	13	11	14	11	10	146
1953 ...	17	13	10	11	16	8	19	27	17	22	8	9	177
1954 ...	9	9	15	9	12	13	14	10	9	18	20	19	157
1955 ...	15	13	13	9	9	11	14	11	14	15	9	8	141
1956 ...	18	10	18	10	10	16	12	16	20	10	13	8	161

TABLE XXIII

An analysis of the sources of notification of new cases

From Hospitals	69
From Private Practitioners	40
From Chest Clinic	12
From H.M's Services	1
From Examination of Prospective Emigrants	9
	161

TABLE XXIV

Synopsis of occupations of cases of Pulmonary Tuberculosis 1956

Barbers	1
Carpenters	2
Clerks	4
Draughtsmen	1
Drivers	4
Factory employees	2
Farmers	5
Fishermen	5
Foodhandlers	5
Hawkers	1
Housewives	41
Labourers	28
Members of H. M. Forces	2
Merchants	3
Messengers	1
Ministers of Religion and Nuns	3
Nurses	1
Pensioners	6
Plasterers and Painters	3
Plumbers and Electricians	3
Seamstresses	1
Shipwrights	9
Shopkeepers	3
Stone-dressers	3
Students	5
Teachers	8
Unemployed	6
Stokers	1
Policemen	4
Total	161

TABLE XXV

Attendance at Contacts' Clinic during 1956

	MALES	FEMALES
January	285	221
February	356	225
March	374	305
April	281	297
May	465	541
June	394	468
July	644	423
August	226	222
September	265	315
October	344	533
November	410	544
December	530	649
Total	4,574	4,743
Grand Total		9,317

TABLE XXVI

Number of Cases of Non-Respiratory and Non-Intrathoratic Tuberculosis during 1956

Tuberculosis of the Meninges and C.N.S.	2
Tuberculosis of the Intestines, Peritoneum and Mesenteric Glands	—
Tuberculosis of the Bones and Joints	2
Tuberculosis of the Vertebral Column	3
Tuberculosis of the Lymphatic System	3
Tuberculosis of the Genito-Urinary System	5
Tuberculosis of the Pleura	4
Tuberculosis of the Primary Complexes	7
Tuberculosis of the Eyes	1
Total	27

TABLE XXVII

Home visiting — Environmental Figures

Size of families visited	Size of home visited	Room accommodatio	Bed accommodation	Sanitation
3 families of 1 person	10 houses of 1 room	83 patients have their own room	102 patients have their own bed	154 clean (95·65%)
22 families of 2 persons	50 ,, ,, 2 rooms			
11 families of 3 persons	40 ,, ,, 3 ,,	(51·61%)	(63·35%)	9 dirty (4·35%)
22 families of 4 persons	33 ,, ,, 4 ,,			
22 families of 5 persons	12 ,, ,, 5 ,,	78 patients have no room of their own	59 patients have no bed of their own	
14 families of 6 persons	10 ,, ,, 6 ,,			
18 families of 7 persons	1 ,, ,, 7 ,,	(48·39%)	(36·65%)	
15 families of 8 persons	2 ,, ,, 8 ,,			
16 families of 9 persons	2 ,, ,, 9 ,,			
8 families of 10 persons	2 ,, ,, 10 ,,			
7 families of 11 persons	2 ,, ,, 11 ,,			
2 families of 12 persons	2 ,, ,, 12 ,,			
1 family of 13 persons	1 house ,, 18 ,,			

TABLE XXVIII

Home visits

District	January	February	March	April	May	June	July	August	September	October	November	December	Total
MALTA													
Attard	5	3	2	3	5	3	1	1	5	3	1	6	38
Balzan	3	2	2	4	2	2	1	3	1	1	2	2	25
Birkirkara	10	12	8	5	2	8	4	9	10	2	1	5	73
Birżebbuġa	2	4	...	2	5	1	2	.	1	6	1	...	24
Cospicua	6	1	2	...	1	5	2	4	...	3	4	2	30
Dingli	...	2	...	1	..	3	2	...	1	1	2	...	12
Floriana	...	1	...	4	2	1	...	1	3	6	6	1	25
Għargħ ir	...	...	...	1	...	2	...	1	3	1	...	...	8
Għaxaq...	1	...	...	2	1	2	...	3	1	1	1	2	14
Gudja	...	...	2	...	1	1	...	2	1	1	...	1	9
Gżira	3	4	2	6	1	1	8	1	10	2	1	1	40
Ħamrun	8	6	10	3	7	2	9	4	6	8	2	10	75
Kalkara	1	...	1	2	2	1	1	...	..	1	...	2	11
Kirkop	...		2	...	3	...	...	2	...	1	1	1	10
Lija	4	2	...	1	1	1	...	4	1	2	2	1	19
Luqa	...	...	2	...	3	4	1	...	6	...	...	...	16
Marsa	6	9	3	13	4	7	7	10	12	5	7	8	91
Mellieħa	1	1	...	2	1	1	...	...	1	1	1	...	9
Mġarr	...	...	1	...	...	1	1	...	.	1	...	...	4
Mosta	7	6	11	3	6	1	4	3	5	9	8	5	68
Mqabba ..	2	1	...	2	...	4	3	3	...	1	2	4	22
Msida	6	4	3	7	3	6	6	2	5	9	10	4	65
Naxxar	...	2	1	1	2	1	1	1	4		3	2	18
Pawla	12	15	11	10	9	4	7	11	6	10	3	9	107
Qormi	13	10	15	9	16	12	7	16	9	18	19	16	160
Qrendi	4	3	3	2	...	2	6	2	6	6	10	2	46
Rabat	6	10	10	15	8	9	8	10	12	11	12	8	119
Safi	...	...	...	1	...		...	1		...	...	...	2
St Julian's	9	4	10	10	5	9	10	7	3	3	2	8	79
St. Paul's Bay	3	2	1	1	5	...	5	2	3	2	4	3	31
Senglea	2	...	2	2	3	1	..	2	4	3	4	3	26
Siġġiewi	1	2	4	3	7	...	1	2	3	3	5	4	35
Sliema	16	20	10	14	16	15	13	18	10	13	15	12	172
Tarxien	6	5	10	12	10	13	6	20	15	10	10	8	125
Valletta	12	10	15	6	20	11	16	11	17	6	9	15	148
Vittoriosa	2	2	2	2	2	4	3	2	3	1	4	3	30
Żabbar & M'Skala	5	12	2	11	8	8	10	6	9	5	7	5	88
Żebbuġ	3	6	3	5	2	2	3	3	5	4	3	3	42
Żejtun & M'Xlokk	3	3	2	2	5	3	4	4	5	6	4	3	44
Żurrieq	2	1	..	6	6	6	4	5	2	5	6	1	44
Total	164	165	152	173	174	157	156	173	187	171	172	160	2004
GOZO													
Għajnsielem	...	...	...	1	1	1	...	2	...	3	1	2	12
Għarb	...	2	...	...	...	...	...	...	...	...	...	...	2
Għasri	...	...	...	...	...	...	...	...	...	...	...	...	...
Kerċem	...	1	...	...	1	...	...	...	...	...	1	...	3
Mġarr	...	...	1	...	2	...	...	...	2	...	...	...	5
Nadur	...	...	1	...	...	1	1	...	...	1	...	...	4
Qala	...	...	1	...	2	...	2	...	2	2	3	...	12
Rabat	2	3	3	4	1	4	5	...	2	3	6	7	40
San Lawrenz	.	...	...	...	...	...	...	...	...	...	...	...	...
Sannat	..	...	...	1	...	.	...	...	..	...	...	...	1
Xagħra	1	..	2	2	...	...	1	...	1	...	1	1	9
Xewkija	...	4	...	...	3	...	...	2	...	...	...	2	11
Żebbuġ	...	..	1	...	1	2	...	...	...	1	...	...	5
Total ...	3	10	9	8	11	8	9	4	7	10	12	12	103
Total both Islands ...	167	175	161	181	185	165	165	177	194	181	184	172	2107

TABLE XXIX

Results of B.C.G. Vaccinations in Malta & Gozo during 1956

DISTRICT	ADRENALIN-PIRQUET TUBERCULIN TESTING								B.C.G. VACCINATION			
	TESTED		POSITIVE		NEGATIVE		NOT-READ		GIVEN		NOT-GIVEN	
	M	F	M	F	M	F	M	F	M	F	M	F
Nadur (Gozo)	292	349	121	166	81	82	90	101	75	80	5	2
Mgarr (Malta)	272	317	59	118	157	161	56	38	157	161	—	—
St. Julian's	336	447	74	113	249	323	13	11	249	320	—	3
St. Paul's Bay	208	224	28	52	154	151	25	21	149	148	5	3
Mqabba	162	223	19	54	94	126	49	43	91	115	3	11
Floriana	170	197	48	61	109	122	13	14	107	122	2	—
Cospicua	341	409	110	120	205	262	26	27	205	262	—	—
Senglea	240	209	73	74	149	127	18	8	149	125	—	2
Kalkara	158	257	51	129	92	114	16	14	92	113	—	1
Luqa	108	145	11	16	94	117	3	12	94	115	—	2
Gharghur	136	136	35	38	84	84	17	14	82	81	2	3
Stella Maris College ...	171	—	66	—	99	—	6	—	99	—	—	—
St. Michael School ...	214	—	94	—	113	—	7	—	113	—	—	—
Capna Palace	—	48	—	14	—	34	—	—	—	34	—	—
St. Joseph Institute (Zabbar)	—	43	—	8	—	35	—	—	—	35	—	—
TOTAL ...	2,808	3,004	789	963	1,680	1,738	339	303	1,663	1,711	17	27
Both Totals ...	5,812		1,752		3,418		642		3,374		44	

TABLE XXX

Result of B.C.G. Vaccination in Malta by Year of Birth

Year	Tested	Positive	Negative	Vaccinated
1956	3	—	2	2
1955	34	2	27	27
1954	130	9	107	100
1953	153	13	126	121
1952	153	11	125	124
1951	219	31	160	158
1950	519	66	403	398
1949	635	116	457	452
1948	647	165	401	400
1947	597	152	373	368
1946	660	239	369	366
1945	571	258	268	266
1944	520	201	264	202
1943	352	162	143	143
1942	175	87	71	70
1941	108	51	43	42
1940	61	31	19	18
1939	46	21	14	12
1938	32	24	5	5
1937	23	12	7	7
1936	9	6	—	—
1935	15	9	3	3
1934	10	4	1	1
1933	10	7	2	2
1932	11	3	4	4
1931	8	6	2	2
1930	12	8	3	3
1929–25	42	24	12	11
1924–20	25	17	4	4
1919–15	7	7	—	—
1914–10	8	5	2	2
1909–05	7	5	—	—
1904–00	2	—	1	1
Total	5,812	1,752	3,418	3,374

TABLE XXXI

X-Ray Examination of persons prior to their employment in Government Service or to their admission into private institutions

Persons joining Religious Orders :—	
a) Priests and Monks	6
b) Nuns	6
Civil Defence Volunteers	10
Admissions of children into institutions	42
Employees in :—	
a) Education Department	80
b) Public Works Department	2
c) Milk Marketing Undertaking	11
Teachers	1,735
Police Constables	311
Doctors	14
Sanitary Inspectors	29
Nurses and Hospital Attendants	74
	2,320

III. CHILD HEALTH SERVICE

Once again the Infant Mortality rate at 42.65 is the lowest ever. All the figures show considerable improvement from whichever angle one looks at them. Together with this goes the fact that there has been an expansion in the Child Health Clinics to include every part of the Island. This approach of getting to the mother and repeated methodic teaching is ensuring that at last parents are beginning to realize the importance of correct clothing, feeding and also dealing with toddlers. The modern concept that children should be understood and guided but not bullied about is also beginning to be understood.

However notwithstanding all this when one scrutinizes the causes of the Infant Mortality and especially the neo-natal mortality one cannot but be impressed with the amount of birth trauma that is till existant. This is further confirmed by a small study undertaken in the last 8 months, when all the Erbs palsies for the said period were collected. There were 48 cases and some of them severe enough to offer no hope of recovery. Only a very small percentage of these were born in hospital, the bulk were delivered at home by the private practitioners or by the midwife unaided by a doctor. This fact emphasizes the need of more fully-qualified midwives in the Island.

Analysis of the neo-natal deaths shows that out of 213 babies dying in the first 4 weeks of life, no less than 169 died in the first week and 121 of these in the first 24 hours. 90 of these deaths were actually listed under birth injuries and post-natal asphyxia and atelectasis. The next big group is 53 listed under congenital debility and pre-maturity which supports further the need for better obstetrics and more care of the neonate particularly the premature.

It is gratifying to see that enteritis though still among us is losing its importance as a major cause of death. Despite the poor housing and hygienic conditions, and lack of proper education in the care of infants by many mothers, only 52 cases are listed as dying from enteritis in the first 12 months of life. Even then it is probably nearer the truth that a good number of these 52 cases were only labelled enteritis for lack of a better diagnosis as far as death certification is concerned.

The Child Health Officer has been running for the last two years, a well baby clinic at St. Luke's Hospital, for the babies born in the maternity section. The attendance is excellent and the results are extremely gratifying. In this clinic, mothers are constantly taught about the importance of breast-feeding and correct hygienic methods.

The same approach is being adopted in the Out-patient department of the same hospital and mothers are always drilled as to the advantages of keeping their babies at home and to consent to admission in hospital only as a last resort. We are now beginning to reach a stage already achieved by more progressive countries, wherein all children, including the surgical ones, should be grouped in one Paediatric Department.

The total number of live births for the year 1956 was 8,418 of which 4,414 were males and the remaining 4,004 females. The birth rate was 26.80.

The total number of still births was 188 — a decrease of 12 from last year's figures; the rate for this year being 2.18 as compared with 2.28 of last year.

TABLE XXXII

Age distribution of deaths in children under 5 years

Year	Under 1 month	Under 1 year including 1 month	Over 1 year under 5 years
1954	298	602	82
1955	218	385	56
1956	213	359	49

TABLE XXXIII

Age distribution of Neonatal Deaths

Year	Under 1 week	Over 1 week under 2 weeks	Over 2 weeks under 3 weeks	Over 3 weeks under 4 weeks	Total
1956	169	15	16	13	213

TABLE XXXIV

Causes of Neonatal Deaths

1.	Asphyxia and Atelectasis		59
2.	Birth injuries		35
3.	Congenital Malformations :		
	a) Congenital Heart	6	
	b) Spina bifida	11	
	c) Unspecified	9	
		—	26
4.	Ill-defined disease peculiar to early life (prematurity — marasmus — congenital debility)		65
5.	Enteritis		10
	Intestinal obstruction		2
6.	Broncopneumonias and Pneumonias		8
	Bronchitis		1
7.	Non meningococcal meningitis		2
8.	Haemolytic disease		6
9.	Miscellaneous		7

TABLE XXXV

Neonatal Deaths

Cause of Death	Under 1 day	1 day	2 days	3 days	4 and under 7 days	Total under 1 week
Non-meningococcal meningitis ...	—	—	—	1	—	1
Intestinal obstruction and hernia ..	2	—	—	—	—	2
Spina bifida and meningocele ...	3	1	1	1	1	7
Congenital malformations of the circulatory system	1	—	—	1	3	5
All other congenital malformations	2	—	1	1	—	4
Birth injuries	31	—	2	1	1	35
Postnatal asphyxia and atelectasis	38	5	7	2	3	55
Diarrhoea of Newborn	—	—	—	—	1	1
Haemolytic disease of newborn ...	1	2	1	—	—	4
Other infections of newborn ...	—	—	—	—	2	2
Ill defined diseases peculiar to early infancy and immaturity unqualified ...	30	5	10	5	3	53
	108	13	22	12	14	169

TABLE XXXVI

Infant deaths between 1 and 12 months

Over 1 month under 3 months	Over 3 months under 6 months	Over 6 months under 9 months	Over 9 months under 12 months	Total
51	41	40	14	146

TABLE XXXVII

Causes of death between the age of 1 month to 1 year

1.	Alimentary		53
	Gastro-enteritis	52	
	Cirrhosis of liver	1	
2.	Respiratory		33
	Lobar pneumonia	5	
	Broncho-pneumonia	19	
	Bronchitis	9	
3.	Other infections		3
	Congenital syphillis	1	
	Leishmaniasis	1	
	Septicaemia	1	
4.	Congenital Malformations		26
	Congenital Heart disease	11	
	Spina Bifida	7	
	Unspecified Congenital Heart ...	8	
5.	Ill defined diseases peculair to early infancy (marasmus, congenital debility)		17
6.	Miscellaneous		7
7.	Atelectasis		2
8.	Birth injuries		2
9.	Accidents		3
	Total		146

Children above 1 year and under 5 years. The total number of children under 5 years but above 1 year was 49 a decrease of 7 over last year's figures.

TABLE XXXVIII

Distribution of deaths by ages between 1 and 5 years

Over 1 year under 2 years	Over 2 years under 3 years	Over 3 years under 4 years	Over 4 years under 5 years	Total
27	13	6	3	49

TABLE XXXIX

Causes of death between 1 and 5 years

1	Infections		30
	Meningococcal infections	1	
	Diphtheria	6	
	Infectious hepatitis	1	
	Pneumonia	4	
	B. pneumonia	4	
	Bronchitis	3	
	Murine Typhus	1	
	Gastro enteritis	10	
2.	Congenital Malformations		11
	Congenital Heart Disease	6	
	Spina Bifida	1	
	Other congenital malformations	4	
3.	Neoplasms		1
4.	Accidents		2
5.	Miscellaneous		5

TABLE XL

Children's Department St. Luke's Hospital

Year	Out-patients (New Cases)	In-patients (Admissions)
1947	665	—
1948	757	314
1949	880	596
1950	950	692
1951	1,603	763
1952	1,122	919
1953	1,052	894
1954	1,257	1,112
1955	1,208	1,323
1956	1,126	1,273

Follow up cases in the Children's Out Patient Department ran up to 3995.

TABLE XLI

Home visits by Health Visitors

Year	First Visit	Subsequent Visits	Total
1948	8,685	24,802	33,487
1949	7,988	21,950	29,938
1950	7,457	21,965	29,422
1951	7,156	21,131	28,287
1952	7,012	19,659	26,671
1953	6,797	18,981	25,778
1954	4,312	13,905	18,217
1955	4, 67	14,211	18,378
1956	8,484	23,700	32,184

TABLE XLII

Infant Mortality Rate over the last 20 years by month

Year	January	February	March	April	May	June	July	August	September	October	November	December	Average Rate Per Year
1937	145.29	102.14	108.89	108.40	165.76	396.25	316.41	333.33	376.93	397.74	277.42	157.64	242.70
1938	121.89	112.94	140.96	123 53	134.41	447.81	424.50	326.47	213.56	243.43	288.70	223.16	224.83
1939	138.62	122 00	129.03	104.90	165.17	282.33	362.98	309.67	287.53	459.29	235.29	212 59	226.98
1940	134.53	82.57	120.43	119.56	226.19	406.68	692.96	733 23	396.77	258.74	216.17	147.50	276.45
1941	134 43	134.98	149 44	183.64	290.50	678.06	691.62	495.62	338.26	246.68	270.11	191.20	303.45
1942	164 63	232.89	155.58	198.74	384.23	561.03	541.24	417.82	424.68	482.11	445.91	241.04	345.15
1943	136.15	84.17	100.72	105.61	142.25	380.13	459.92	446.07	330.04	287.90	147.65	112.02	210.00
1944	84.99	103.06	74.64	74.23	91.96	180.41	140.87	132 69	138.77	125.00	138.70	127.77	116.30
1945	107 17	80.25	56.72	71.51	164.85	250.37	218.03	193.90	202.85	191.55	151.76	107.07	144.30
1946	67.30	66 23	71.27	93.20	122.83	130.04	148.71	205.10	149.83	148.32	195.37	163.36	130.75
1947	93.02	74.29	61.97	90.23	109.54	162.50	167.62	177.55	142.12	144.12	129.86	115.34	120.30
1948	98.85	89.85	79.80	95.02	150.07	171.74	139.02	135.86	97.41	131.71	107.47	89.00	112.97
1949	72.55	60 35	72.38	83.33	65 77	93.71	126.56	83.73	106.89	95.87	94.01	63.46	83.76
1950	40.07	56.60	65.92	48.80	72.90	97.31	178.21	160.85	111.40	105.79	78.53	82.21	88.51
1951	81.28	57.03	79.72	70.96	119.25	146.16	132.99	158.67	100.64	101.71	86.29	78.16	99.78
1952	73 64	42.89	51.07	43.53	46.34	137.48	69.21	88.00	83.33	76.82	91.41	69.99	71.75
1953	73.98	55.26	53.45	45.02	54.96	69.54	136.23	67.69	55.26	56.47	53.98	60.86	61.82
1954	43.01	71.33	69.17	42.35	49.49	102.64	96.91	88.40	66.84	57.66	58.66	63.80	66 95
1955	38.91	51.67	26.67	48.92	48.16	52.95	69.32	41.60	39.65	36.66	41.78	49.13	44.98
1956	30.46	54.32	42.29	37.25	46.51	44.23	63.29	46.55	41.98	33.06	33.20	40.38	42.65

TABLE XLIII

Number of deaths under 5 years of age classified by cause of death

DISEASES	Under 1 week	1 & under 2 weeks	2 & under 3 weeks	3 & under 4 weeks	Total under 4 weeks	4 weeks & under 3 months	3 & under 6 months	6 & under 9 months	9 & under 12 months	Total under 1 year	1 year & under 2 years	2 & under 3 years	3 & under 4 years	4 & under 5 years	Total 1 to under 5 years	Total under 5 years
Congenital Syphilis	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	1
Septicaemia and pyaemia	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	1
Diphtheria	—	—	—	—	—	—	—	—	—	—	3	2	1	—	6	6
Meningococcal infections	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1
Infectious hepatitis	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	1
Flea-borne endemic typhus (Murine) ...	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	1
Leishmaniasis	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	1
Malignant neoplasm of all other and unspecified sites	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1
Lymphosarcoma and other neoplasms of lymphatic and haematopoietic system	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	1
Pernicious and other hyperchromic anaemias	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1
Other specified and unspecified anaemias	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	1
Asthma	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	1
All other allergic disorders, endocrine, metabolic and blood deceases ...	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	1
Nonmeningococcal meningitis	1	—	—	1	2	—	—	—	—	2	—	—	—	—	—	2
Epilepsy	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
Otitis media and mastoiditis	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	1
All other diseases of the nervous system and sense organs	—	—	—	—	—	—	—	—	2	2	1	—	—	1	2	4
Lobar pneumonia	—	—	—	—	—	2	1	1	1	5	2	2	—	—	4	9
Broncho-pneumonia	—	—	—	—	—	5	4	9	1	19	2	1	1	—	4	23
Acute bronchitis	—	—	1	—	1	4	1	4	—	10	2	1	—	—	3	13
Intestinal obstruction and hernia ...	2	—	—	—	2	—	—	—	—	2	—	—	—	—	—	2
Gastro-enteritis and colitis between 4 weeks and 2 years	—	—	—	—	—	17	16	16	3	52	7	—	—	—	7	59
Gastro-enteritis and colitis, ages 2 years and over	—	—	—	—	—	—	—	—	—	—	—	2	1	—	3	3
Cirrhosis of liver	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	1
Spina bifida and meningocele	7	2	2	—	11	1	3	1	2	18	1	—	—	—	1	19
Congenital malformation of the circulatory system	5	1	—	—	6	7	2	1	1	17	4	1	1	—	6	23
All other congenital malformations ...	4	3	2	—	9	4	1	3	—	17	2	—	1	1	4	21
Birth injuries	35	—	—	—	35	1	1	—	—	37	—	—	—	—	—	37
Post-natal asphyxia and atelectasis ...	55	1	2	1	59	1	—	1	—	61	—	—	—	—	—	61
Diarrhoea of newborn (under 4 weeks) ...	1	1	5	3	10	—	—	—	—	10	—	—	—	—	—	10
Other infections of newborn	2	3	1	2	7	—	—	—	—	7	—	—	—	—	—	7
Haemolytic diseases of newborn	4	—	1	1	6	—	—	—	—	6	—	—	—	—	—	6
All other defined diseases of early infancy	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	1
Ill-defined diseases peculiar to early infancy and immaturity unqualified...	53	4	3	5	65	6	9	2	—	82	—	—	—	—	—	82
All other accidental causes	—	—	—	—	—	2	1	—	—	3	1	1	—	—	2	5
Total	169	15	16	13	213	51	41	40	14	359	27	13	6	3	49	408

TABLE XLIV

Population, Live Births, Live Birth-rate, Still Births, Still Birth-rate by District.

Locality	Population	Live Births	Live Birth-Rate per 1000 population	Still Births	Rate per 100 Total Births
MALTA					
Attard	1,480	30	20 27	—	—
Balzan	2,397	65	27.12	2	3.0
B'Kara	17,495	495	28.29	10	2 0
B'Bugia	5,087	195	38.33	8	3.9
Cospicua	8,537	284	33.27	5	1.7
Dingli	1,677	30	17.89	—	—
Floriana	5 765	182	31.57	6	3.2
Għargħur	1 875	38	20.27	2	5.0
Għaxaq	2,709	91	33.59	2	2.2
Gudja	1,743	58	33.28	1	1.7
Gzira	8,989	348	38.71	6	1.7
Hamrun & St. Vennera ...	18,407	4 2	25 83	11	2.5
Kalkara	2.080	66	31.73	2	2 9
Kirkop	1,168	36	30.82	1	2.7
Lija	2,340	58	24 79	—	—
Luqa	4.018	130	32.35	1	0 8
Marsa	12,981	321	24.73	7	2.1
Marsaxlokk	1,312	41	31.25	1	2.4
Melleħa	4,284	115	26.84	2	1.7
Mġarr	2,229	53	23.78	2	3 6
Mosta	7,574	190	25.09	4	2.1
Mqabba	2,155	50	23.20	—	—
Msida & Pieta	9.038	302	33.41	7	2.3
Naxxar	3 955	106	26 80	2	1.9
Pawla & Tarxien	20,027	530	26.46	10	1.9
Qormi	15.128	453	29 94	2	0.4
Qrendi	2 176	49	22.52	2	3 9
Rabat & Mdina	14,722	339	22.41	11	3.1
Safi	720	17	23.61	—	—
St. Julians	6.592	246	37.32	6	2.4
St. Paul's Bay	3.341	68	20.35	1	1.4
Senglea	4.532	168	37.07	7	4.0
Siġġiewi	4,966	122	24.57	6	4.7
Sliema	23.921	559	23.37	11	1.9
Valletta	18.821	422	22.42	12	2.2
Vittoriosa	3.760	132	35 11	3	2.2
Żabbar & M'Scala ...	12.117	269	22.20	5	2.9
Żebbuġ	8,042	193	24.00	7	3.5
Żejtun	11,729	262	22.34	4	1.9
Żurrieq	6,650	204	30.68	4	1.9
GOZO					
Għajnsielem & Comino ...	1,790	42	23.46	—	—
Għarb	1,162	15	12.91	1	6.3
Għasri	464	9	19.40	—	—
Kerċem	1.223	24	19 64	—	—
Nadur	4 090	113	27 63	3	2.6
Qala	1 736	36	20.74	—	—
San Lawrenz	535	7	13.08	—	—
Sannat & Munxar	1.714	44	25 67	—	—
Victoria	6,546	133	20.32	4	2 9
Xagħra & Marsalforn ..	3.905	97	24.84	3	3.0
Xewkija	3.147	80	25.42	4	4.8
Żebbuġ	1,156	24	20.76	—	—

TABLE XLV

Return of attendances at Child Health Clinics

Centre	No. of linics held	NEW CASES		Total	OLD CASES		Total	TOTALS
		Under 1 year	Over 1 year		Under 1 year	Over 1 year		
B'Kara	46	142	13	155	907	11	918	1,073
B'Buġa	25	63	—	63	369	14	383	446
Floriana	26	61	28	89	336	8	344	433
Gharghur	24	35	4	39	136	16	152	191
Ghaxaq	47	100	25	125	394	53	447	572
Gudja	25	33	22	55	170	43	213	268
Gżira	48	1,029	95	1,124	711	68	779	1,903
Kirkop	25	53	24	77	198	39	237	314
Lija	28	48	2	50	235	13	248	298
Luqa	24	70	22	92	336	31	367	459
Marsa	48	177	26	203	595	8	603	806
Mellieħa	22	62	13	75	225	27	252	327
Mosta	51	93	16	109	799	159	958	1,067
Mqabba	24	36	13	49	114	29	143	192
Msida	48	71	—	71	897	106	1,003	1,074
Naxxar	42	67	13	80	442	64	506	586
Qormi	51	188	5	193	806	14	820	1,013
Qrendi	23	62	24	86	225	68	293	379
Rabat	48	164	53	217	338	27	365	582
Senglea	27	62	2	64	297	3	300	364
St. Julian's ...	47	69	15	84	39	5	44	128
Siġġiewi	50	33	7	40	41	7	48	88
Sliema	47	65	10	75	353	16	369	444
Tarxien	50	204	42	246	1,162	141	1,303	1,549
Vittoriosa	27	151	17	168	587	21	608	776
Żabbar	48	56	3	59	472	12	484	543
Żabbuġ	47	85	18	103	475	18	493	596
Żurrieq and Safi ...	52	134	—	134	678	55	733	867
Total ...	1,070	3,413	512	3,925	12,337	1,076	13,413	17,338

IV. SCHOOL MEDICAL SERVICE

The Staff of the School Medical Service in Malta consisted of :—

3 School Medical Officers

1 Eye Specialist (part-time)

2 School Dental Surgeons

3 School Nurses

2 School Dental Nurses

In Gozo the duties of School Medical Officer are carried out by the Medical Officer of Health for that Island and an Eye Specialist calls periodically to examine school-children there.

The Educational Authorities provided the following ancillary services :—

2 Health Education Officers : Their function is to instruct children and parents in health Education;

1 Speech Therapist : Speech Therapy is being developed in primary schools; and

1 Child Welfare Officer : In charge of the provision and distribution of Milk and Cod Liver Oil.

Medical Inspections. The school population was 50,562. All the newly admitted children 8,235 were medically examined. The number of schools visited was 109.

The following table shows the number of children examined during the year under review.

TABLE XLVI

Medical Inspections

No. of Schools visited	Routine Med. Inspections	Special Inspections	Re-Examinations	Total
109	21,715	1,675	10,734	34,124

There was no change in the system of Medical Inspections when compared with previous years. Children were examined routinely as follows :—

1. Soon after their admission;

2. At an intermediate stage; and

3. Before leaving the primary schools.

In these routine inspections the parents were invited to attend. Re-examinations were carried out at appropriate intervals on children found ailing previously, or needing special attention. Examinations of special cases, at the request of parents, teachers, medical and educational authorities were also carried out. Children with certificates of absence exceeding eight days, were examined, as well as all children seeking exemption from school on medical grounds. Children who required special investigations and/or treatment were referred to the out-patient departments of the Government hospitals.

Not all schools are provided with a School clinic, which renders examination of children difficult. In some schools children have to be examined in the head teacher's room or in an empty class-room.

TABLE XLVII

Children referred to Out-Patient departments of Hospitals

Clinic	Number of Children
Skin	184
Ophthalmic	454
E. N. T.	356
Child Health	10
Orthopaedic	1
School Dental	621
T.B. (Contact)	83
Psychiatric	6
Surgical	5
Medical	5
Total	1,725

Results of Medical Inspections. The results of the medical examinations are found in the following table. They are recorded in the child's medical history card and filed for reference as occasions arise.

TABLE XLVIII

Return of defects found in course of routine Medical Inspections

Defects or Diseases	No. of Defects
Skin	
Impetigo	170
Ringworm (Head)	141
Ringworm (Body)	50
Scabies	12
Other Diseases	239
Eye	
Defective Vision	253
Squint	184
Blepharitis	96
Conjunctivitis	81
Trachoma	12
Partially blind (from one eye)	2
Other Diseases	78
Ear	
Otitis media	56
Defective hearing	31
Partially deaf	4
Deaf mutes	2
Other Diseases	40

Defects or Diseases	No. of Defects
Nose and Throat	
Enlarged Tonsils and Adenoids	560
Adenoids	32
Other conditions	115
Enlarged Cervical Glands (non tubercular)	55
Defective Speech	55
Dental Diseases	1,428
Digestive Tract	
Threadworm	70
Taenia Solium Infestation	21
Umbilical Hernia	5
Catarrhal Jaundice	4
Ascaris Infestation	3
Heart and Circulation	
Anaemia	426
Organic Heart Disease (Congenital)	15
Organic Heart Disease (Rheumatic)	8
Tuberculosis	
Contacts	36
Pulmonary	1
Non-pulmonary	—
Nervous System	
Eunuresis	120
Paralytic Conditions 19 (Congenital)	5
Paralytic Conditions 19 (Post polio)	14
Epilepsy	6
Spasmophilia	3
Mental Conditions	
Backward	21
Feeble minded (Mongoloids)	18
Dull	12
Maladjusted Children (Socially and emotionally unstable)	6
Idiots	1
Deformities	
Spinal Curvature	4
Clef-palate	3
Congenital defect of upper limbs	2
Harelip	2
Lungs	
Bronchitis	33
Other diseases (Bronchial Asthma)	16
Other diseases (Allergic Asthma)	6
Other Defects or Diseases	
Pott's disease	4
Diabetes Mellitus	1
Inguinal Hernia	1

Skin Diseases : The incidence of ringworm of the scalp has diminished in recent years. But the treatment of ringworm is still a problem which awaits solution and it is felt that many children suffering from this tedious disease did not get the full benefit of modern treatment owing to their parents objecting to radiological treatment.

The other skin diseases not specified in Table XLVIII were the following :— Verrucosis 150; Urticaria 22; Vascular Naevi 14; Seborrhoea 9; Boils 7; Ichthyosis 6; Alopecia Areata 2; Lichen Spinatus 1; Psoriasis 1.

Eye Diseases : The other eye diseases not specified in Table XLVIII were the following :— Styles 53; Conjunctivitis 43; Nystagmus 5; Ptosis of Eyelids 4; Congenital cataract 2; Progressive Myopia 1; Bupftalmos 1.

Besides the work of the School Medical Officers during routine inspections, the Eye-Specialist examined 26,749 school children in all the Elementary Schools in Malta.

The incidence of Trachoma is very low; only 11 pupils were found with trachoma by the School Eye Specialist in Malta and of these one was later cured.

The number of school children suffering from Follicular Conjunctivitis was 208 and at the end of the year 39 were found cured.

The number of pupils presenting defective vision was 638, of which 478 were supplied with glasses.

Ear, Nose and Throat Diseases : The number of school children operated upon for tonsils and adenoids was 50.

The other diseases not specified in Table XLVIII were :—

Heart and Circulation : 23 new cases of organic heart disease were found during this scholastic year. These cases were either under treatment by the family doctor or were referred to the Medical division of St. Luke's Hospital. Four of the cases found great difficulty to attend school, as they lived far away from it. In winter they failed to attend at all, and finished up by asking for exemption.

Whenever possible, we discussed the conditions of the children with the consultants at the general hospital but this could not be done in all cases.

Anaemia : The children found suffering from aneamia were mostly at the prepuberal age, and girls predominated; they presented the chlorotic type of anaemia. Some cases with vitamin C deficiency were found for which they were given Ascorbic Acid tablets.

All school children were supplied with free milk and cod liver oil. In addition, yeast food tablets, iron tablets, and calcium tablets were given on medical advice. These were all distributed in school, to ensure that the children were taking them, and were doing so regularly. Special drugs, of which glutamic tablets formed an important adjunct, were also given when considered necessary.

Nutrition : The state of nutrition in school-children maintains itself at a very satisfactory level. Children were again classified in three categories: A. Good or normal; B. Fair or Subnormal; C. Poor or Grossly subnormal.

The School Medical Officers explained to parents how essential for children is a nutritious and balanced diet, how important are fresh air and sunshine, and how necessary for the growing children and their nervous systems, as well as for the promotion of their education are sufficient and proper hours of sleep and rest.

Many children go without nourishing food or rather miss their proper meals because they prefer to play; they are given too many sweets which spoil their appetite. Parents who do not know how to manage difficult children, or do not insist enough on their having regular meals are indirectly the cause of malnutrition in some children.

TABLE XLIX

Classification of School Children according to their State of Nutrition

Inspections	A. — Good (Excellent, normal)		B. — Fair (Slightly subnormal)		C. — Poor (Grossly subnormal)	
	No.	%	No.	%	No.	%
20,182	18,357	91.0	1,491	7.4	334	1.6

TABLE L

Average State of Nutrition from 1951/1956

Nutrition	1951/52	1952/53	1953/54	1954/55	1955/56
Good	87.6 %	89.2 %	91.0 %	90 2 %	91.0 %
Fair ...	11.4 %	9.5 %	8.1 %	8.5 %	7.4 %
Poor	1.0 %	1.3 %	0.9 %	1.3 %	1 6 %

TABLE LI

Child Welfare Scheme — Average Weights of Children

Age Groups 5-15 Years

Scholastic Year 1955-56

Age Group	Area 1			Area 2			Area 3			Area 4		
	Stones	lbs.	ozs.	Stones	lbs.	ozs.	Stones	lbs.	ozs.	Stones	lbs.	ozs.
					Boys							
5—6 years	2	9	0	3	2	0	3	8	0	2	12	2
6—7 „	3	3	10	3	5	8	3	3	12	3	3	14
7—8 „	3	7	0	3	7	2	3	7	7	3	8	4
8—9 „	3	11	14	3	11	14	3	12	2	3	12	5
9—10 „	4	2	11	4	3	0	4	3	15	4	3	14
10—11 „	4	8	8	4	8	4	4	8	13	4	8	14
11—12 „	4	13	15	4	13	9	5	1	5	5	0	13
12—13 „	5	6	12	5	5	9	5	6	3	5	8	8
13—14 „	6	2	5	5	12	6	6	0	8	6	4	5
14—15 „	6	11	11	6	8	2	6	8	12	7	1	15
					Girls							
5—6 years	3	1	9	2	12	13	4	4	0	2	11	8
6—7 „	2	13	10	3	2	7	3	2	1	3	2	1
7—8 „	3	5	10	3	5	13	3	6	9	3	6	4
8—9 „	3	10	7	3	10	7	3	10	5	3	12	6
9—10 „	4	1	14	4	1	4	4	1	11	4	1	15
10—11 „	4	7	6	4	7	8	4	7	12	4	9	7
11—12 „	5	1	10	5	0	15	5	0	13	5	2	2
12—13 „	5	10	12	5	9	7	5	9	11	5	12	4
13—14 „	6	6	0	6	4	11	6	5	14	6	7	14
14—15 „	6	13	7	7	0	8	7	3	2	6	11	15

TABLE LII

Average Heights of Children

Age Groups 5-15 Years

Age Group	Area 1		Area 2		Area 3		Area 4	
			Boys					
	Ft.	ins.	Ft.	ins.	Ft	ins.	Ft.	ins.
5–6 years	3	8	3	11	3	10	3	6
6–7 „	3	9	3	8	3	8	3	8
7–8 „	3	10	3	10	3	10	3	10
8–9 „	4	0	4	0	4	0	4	0
9–10 „	4	2	4	2	4	2	4	2
10–11 „	4	2	4	4	4	3	4	4
11–12 „	4	6	4	5	4	5	4	5
12–13 „	4	7	4	7	4	7	4	7
13–14 „	4	10	4	9	4	9	4	10
14–15 „	5	0	4	11	4	10	5	0
			Girls					
5–6 years	3	6	3	6	4	0	3	5
6–7 „	3	8	3	8	3	8	3	8
7–8 „	3	10	3	10	3	10	3	10
8–9 „	4	0	4	0	3	11	4	0
9–10 „	4	2	4	2	4	1	4	2
10–11 „	4	4	4	4	4	3	4	4
11–12 „	4	6	4	6	4	5	4	6
12–13 „	4	8	4	8	4	7	4	8
13–14 „	4	10	4	9	4	9	4	9
14–15 „	4	11	4	11	4	11	4	9

AREA 1 comprises Valletta, Floriana, Cospicua, Gżira, Sliema, St. Julians, St George's, Mensija, Birkirkara, Lija, Attard, Hamrun, Balzan, Ta' Xbiex, St. Venpera.

AREA 2 „ Marsa, Pawla, Tarxien, Ghaxaq, Marsaxlokk, Birżebbuġa, Żabbar, Fgura, Żejtun, Marsaskala, Cospicua, Kalkara, Senglea, Vittoriosa.

AREA 3 „ Gudja, Luqa, Kirkop, Safi, Żurrieq, Qrendi, Mqabba, Siġġiewi, Żebbuġ, Qormi.

AREA 4 „ Mosta, Naxxar, Gnarghur, Rabat, Dingli, St. Paul's Bay, Mellieħa, Mgarr, Mtarfa.

TABLE LIII

Food Accessories and Drugs issued in 1955/56

Cod Liver Oil (gallons)	1,050
Yeast food tablets	425,000
Iron Pills	266,900
Calcium Tablets	501,930
Glutamic Acid tablets	6,400
Ascorbic Acid tablets	1,800

Infectious and Contagious Diseases. The control of the spread of infectious and contagious diseases in schools continues to be an important item of the service. The health education officers were of help in this matter through lectures given to school children. No special epidemics were reported this year. Both the affected children and their contacts were excluded from school for definite periods.

TABLE LIV

Notifiable Infectious Diseases in School Children

Pulmonary T.B.	3*
Primary Complex	7*
Other forms of T.B.	4*
Chicken-pox	10
Measles	3
Diphtheria	2
Poliomyelitis	7*
Enteric Fever	2
Undulant Fever	17
Scarlet Fever	1
Mumps	2

(*) Old Cases.

Exemption from School. This year special provisions were taken for the care of physically-handicapped children.

TABLE LV

Children exempted from School on Medical Grounds in 1955/56

Ailments	Boys	Girls	Total
Rheumatic Endocarditis	1	1	2
Nervous Tic	1	—	1
Mentally deficient, anti-social behaviour	—	3	3
Low intelligence quotient	2	—	2
Mentally deficient, epileptic	1	—	1
Dumbness and feeble mindedness	—	2	2
Mongoloid Cretinism	1	—	1
Dull and Backward	—	1	1
Mentally sully, weak and restle-s	1	—	1
	7	7	14

Cleanliness. The clealiness of school premises was on the whole very good, and the children maintained a satisfactory standard of tidiness. Routine cleanliness inspections were carried out by the School Nurses.

Diphtheria Immunisation. Inoculations against Diphtheria were carried out as in previous years. This year the inoculations were almost double those of last year, an indication that parents are realizing the utility and advantages of this preventive measure against Diphtheria.

TABLE LVI

School Children Inoculated against Diphtheria (A.P.T.)

1st Dose	2nd Dose	Booster Doses
2,676	2,592	467

Diphtheria is a pre-school disease. If the immunisation could be carried out in the pre-school age, then only booster doses would be needed to revive the already existing immunity, when the children enter school.

Physical Training. Children are deriving great benefit from physical training, especially those who attend the big schools. Sports were keenly followed by school children. All forms of health sport and physical exercises should be encouraged, as besides improving the child's physique they also help in the formation of character.

Health Education. Whenever possible teachers were advised about principles of hygiene and were also told about the problems connected with the education of maladjusted children. Besides the work of the school medical officers and of the school nurses in this field of maintaining the standard of hygiene high in our school, very good work was done by the Health Education Officers, especially in the Housecraft School where hygiene is taught together with domestic science.

SCHOOL DENTAL SERVICE

The School Dental Surgeons and nurses had a very busy year to cope with the increased call on them. Table LVII shows report of the School Dental Surgeons.

TABLE LVII

1.	Number inspected			9,271
2.	Number found to require treatment			4,648
3.	Number attended			8,890
4.	Number sent for emergency treatment			4,662
5.	Half-days devoted to : a) Inspection	131		
	b) Treatment	640		
				771
6.	Fillings : Permanent teeth	792		
	Temporary teeth	77		
				869
7.	Extractions : Permanent teeth	1,209		
	Temporary teeth	7,651		
	For Regulation purposes	872		
				9,732
8.	Teeth extracted under General Anaesthesia :	Permanent	44	
		Temporary	363	
				407
9.	Administration of general Anaesthetics :			
	Number of sessions...	28		
	Number attended	102		
				130
10.	Scaling and polishing			35
11.	Miscellaneous treatment			639
12.	Refusals			34
13.	Cases referred for X-rays			46
14.	Applications for artificial restorations including orthodontic appliances			58

V. HEALTH SERVICES

Public Health Laboratory

The work in the Laboratory has been increasing year by year since the last War. The range of examinations has been widened and other Departments as well as private firms and members of the public are availing themselves of the services of our laboratory. In view of this it has been deemed necessary to effect structural alterations which would facilitate the added commitments of the Laboratory.

The structural alterations were taken in hand in the middle of summer. They concern the Chemical section of the building which had never been touched since its erection. With fresh developments taking place through the years and the gradual progress in the methods and technique of chemical analysis some modernization was badly needed.

The total number of examinations at the laboratory was 35,967. Accounting for the unusually high figure of samples examined this year is the fact that the Laboratory was required to work overtime in the survey by the Department of Agriculture to establish the number of goats in Malta and Gozo which were infected with Brucella Melitensis. In the space of three months, 12,094 samples of blood from goats were tested at the laboratory.

The samples examined in this Laboratory during the year may be classified as follows :—

Food and Drink for chemical analysis	11,735
Water from public springs	1,567
Water from public boreholes	186
Water from private tanks	189
Water from mains and taps	231
Water from other sources	60
Food and Drink for bacteriological examination	212
Blood for serum reaction and titration	14,783
Blood Cultures	49
Throat and nose Swabs and Smears	1,694
Sputum and Gastric washings	148
Urine	2,118
Faeces and other materials	146
Rats from Rodent Control Officer and Defence Services ...	2,433
Fleas as part of the Anti-plague campaign	15
Samples from Government Departments	389
Samples from the Defence Services	12
	35,967

CHEMICAL SECTION

Public Water Supply

This supply is checked at least once weekly by taking samples for chemical and for bacteriological examinations from springs, pumping stations and reservoirs. Table LIX gives the results of bacteriological examination. The samples examined chemically during the year totalled 1,447, of which 1,332 were taken from springs, pumping stations, reservoirs and taps in Malta, and 115 were taken in Gozo. These waters never contained ammonia, saline or albuminoid. The purest water was found to be that taken from Qrendi (representing the Fawwara spring), which contained 13 parts chlorine (or 21.41 sodium chloride), 16 parts total hardness, 12 parts permanent hardness, and 55 parts total solids per 100,000 parts of water. The highest impurities, namely 172 parts chlorine (or 283.28 sodium chloride), 46 parts total hardness, 40 parts permanent hardness, and 365 parts total solids, per 100,000 parts of water, were found in the Wied il-Ghasel spring.

Service Mains and Taps

The Water Department submitted 231 samples of water, of which 225 were taken from service mains and 6 from taps, all in connection with the laying of new mains in the vicinity. Of these samples, 172 were found free from any signs of contamination, and 58 were found to contain free ammonia in traces or higher concentrations. One sample was found to be grossly polluted. The relative instructions for the disposal of these waters were issued.

Private Cisterns and Tanks

Sanitary Inspectors submitted 189 samples of water taken to ascertain the condition of this possible danger to health. Of these 97 were found free from organic contamination and fit for consumption, while 37 were found grossly polluted. A recommendation was made for the removal of such water and cleansing of the water tanks. The remaining 55 samples were found to contain free ammonia in amounts where it was considered treatment with chlorinated lime would be justified, and such water was eventually corrected with chlorination.

Boreholes and Shafts

The Water Department submitted 186 samples taken from this source for the estimation of their chlorine content. The different samples had a chlorine content varying from 10 to 109 parts (equivalent to 16.47 to 179.52 parts of sodium chloride) per 100,000 parts of water.

Water from Other Sources. These samples numbered 60 in all, consisting of 2 from mobile tanks, 3 from underground shafts, 13 from taps, 14 from springs, and 28 from percolations into cellars taken and submitted by the Water Department for the purpose of ascertaining their origin. The results of analysis of this item, which were duly referred to the Department concerned indicated a likely public supply origin.

Food and Drink. The number of samples of food and drink was 11,735, higher by 830 than last year's number which, at 10,905, had already been a high figure.

TABLE LVIII

Analysis in accordance with the Food, Drugs, and Drinking Water Ordinance

Nature of sample	Number Examined	Found Abnormal	Nature of sample	Number Examined	Found Abnormal
Wheat	465	—	Tea	40	—
Flour	2,969	52(a)	Coffee	78	—
Semolina ...	16	—	Chicory	12	—
Cornflour ...	3	—	Confectionery&sweets	190	—
Dough	12	—	Wine	504	—
Yeast	15	—	Vinegar	3	—
Bread	1,882	9(b)	Spirits	14	—
Paste	972	1	Aerated water ...	489	41(e)
Biscuits and Rusks...	79	2	Beer	35	—
Milk Pasteurized ...	57	2	Meat preparations ...	75	2
Milk tinned ...	2	2	Fish preparations ...	31	2
Milk powder ...	1	—	Cereals	124	—
Cheese	206	3	Tomato paste ...	789	54(f)
Cheese Maltese ...	12	—	Salt Table ...	27	—
Rkotta	16	—	Cheesecakes ...	25	—
Butter	118	3	Dried Fruit ...	47	—
Margarine ...	225	—	Cocoanut ...	1	1
Lard	454	—	Sugar	509	152(g)
Oil	493	77(c)	Spices	52	—
Rice	619	213(d)	Miscellaneous ...	44	—
			Total ...	11,735	616

a) infested with mites
b) Ropy and 1 containing excessive moisture
c) consisting of or containing palm kernel oil and solidified
d) stale and mouldy
e) containing saccharine — disallowed by Sanitary Laws
f) artificially coloured — disallowed by Sanitary Laws
g) damp, coloured, clotted — not conforming to specifications.

The Officer i/c Supplies, Medical and Health Department submitted 313 samples of coffee and the Commissioner for Gozo also submitted 55 samples of coffee all of which were found free from extraneous matter and from signs of deterioration. The Supplies Officer submitted also 106 samples of tomato paste which were all found free from artificial colouring matter and from signs of deterioration, 4 samples of cheese which were found to contain 1.1, 1.9, 2.2, and 3.6 per cent of sodium chloride respectively, and various other samples including detergents, cigarettes, wine, pepper, and margarine, making a total of 482 samples.

St. Luke's Hospital. Consultants and specialists sent in all 18 specimens made up of 8 wines, 5 cerebrospinal fluids, 4 gastric washings, and a number of pills. Lead was found in one urine, barbiturates were found in one urine, barbiturates were found in three gastric washings and the pills were identified as barbiturates.

Government Departments. The Customs Department, the Milk Marketing Undertaking, the Police, the Trade and Industry Department, besides, of course, the Water and Electricity Department, were the main Departments submitting samples for examination and analysis. The Trade and Industry Department alone sent 221 samples, which included tomato paste, 60 samples, of which two were found to be artificially coloured, sugar 60, and oil 63 samples, all sent for checking as to whether they conform or not to specifications set by Government. The Customs Department sent 128 samples, mostly for classification for assessment of duty; 2 samples of alcohol were sent for examination for fitness (both were found fit) and 14 samples of tea which were sent for examination for freedom from arsenic (all were found free); 13 samples of bran and 43 samples of pollard were sent for a determination of the percentage of their flour content. The Police sent 35 samples among which 5 aerated waters (found to be sweetened with saccharine), 1 liquid for indentification (found to be hydrochloric acid), 1 parcel containing a cap, a shirt, a pair of trousers, a packet of dark brown powder, and poster paper for identification of the stains on clothes and paper (found to be a stain called "terra ombra" like the powder in the packet); gastric washings from a case of attempted suicide were found to contain aspirin and carbolic acid, the former in the percentage of 0.5 w/v (or 6.8 grams in the whole washings), and the latter in the percentage of 0.09 w/v (or 1.298 grams in the whole washings).

Pharmacy Inspection. The annual visits to the phamacies in Malta and Gozo were made, conjointly with a Medical Officer of Health. Recommendations were made and advice given for stricter compliance with the requirements of the law.

Defence Services. Besides examining 698 rats for the Services, as shown in Table LXIV this Laboratory undertook also to examine such other samples as grass 4, and distilled water 7, all for the Royal Air Force, the grass being found to contain 4.4, 4.8, 5.2 and 5.2 per cent of protein and of the distilled water 2 samples were found not to comply with specifications because of a higher total solids content.

ENTOMOLOGICAL SECTION

As in previous years, the Entomologist contributed his share in the campaign against plague, malaria, and kala-azar, visited various premises where cases of kala-azar had been harboured and localities known as suitable for mosquito breeding. Phlebotomus and anophelines were not discovered in any of the places. Seventy-four live rats, two of which were supplied by the Services were combed and 15 fleas obtained; these were examined microscopically and classified.

BACTERIOLOGICAL SECTION

This section performed clinical tests and investigations free of charge for general practitioners and carried out frequent and regular examinations of the sources of water supply as shown in Table LIX. This table includes examinations of samples of waters submitted by the Armed Services.

Bacteriological examinations were also carried out in connection with cases of food poisoning and also for testing of milk, of ingredients used in the preparation of ice cream, cheese and other foodstuffs. Many specimens were submitted for bacteriological examination from hospitals and other Government Departments.

TABLE LIX

Bacteriological Examination of Water.

Springs, etc	Probable number of coliform organisms in 100 ml. of sample (McCready's Tables)								
	Nil	3 to 10	11 to 20	21 to 30	31 to 40	41 to 50	90	180	Total number of samples tested
Malta:									
Springs and Pumping Stations:									
Fawwara (Qrendi)	52	...	...	...	...	...	...	...	52
Buskett (Siġġiewi)	52	...	...	...	...	...	...	2	54
Għajn Qajjed	52	...	...	...	..	...	..	...	52
Għajn Tuffieħa	52	...	...	...	...	...	...	...	52
Mellieħa	52	..	...	...	...	...	...	...	52
Wied il Kbir	52	...	...	...	...	...	...	...	52
Tal Ħlas	52	...	...	...	...	...	...	...	52
Wied il Għasel	52	...	...	...	...	...	...	...	52
Dingli Road	52	...	...	...	...	...	...	...	52
Ta' Qali	52	...	...	...	...	...	...	...	52
Ta' Kandia	52	1	1	...	...	...	...	6	60
Wied Dalam	52	...	...	...	...	...	1	...	53
Gozo:									
Għajn Abdul	26	...	...	...	...	...	...	...	26
Għar Ilma	26	...	...	...	...	...	...	...	26
Marsalforn	26	...	...	...	...	2	1	3	32
Mġarr Tax-Xini	26	1	...	1	...	...	...	1	29
Mġarr Pumping Station ...	26	...	...	...	1	...	...	2	29
Reservoirs:									
Schinas	52	...	...	...	...	...	...	...	52
Luqa	52	...	...	...	...	...	...	...	52
Għaxaq	52	...	...	...	...	...	...	2	54
Ta' Qali	52	...	...	...	...	...	...	...	52
Taps:									
Valletta	52	...	1	...	...	...	...	...	53
Floriana	52	...	...	...	...	...	...	...	52
Ħamrun	52	...	...	..	..	...	1	...	53
Sliema	52	...	...	...	...	...	...	...	52
Msida	52	...	...	...	...	...	2	...	54
Cospicua	104	...	1	4	1	...	...	7	117
Żebbuġ	52	...	...	...	...	...	...	1	53
Qormi	52	...	...	1	...	...	...	1	54
Żejtun	52	...	...	...	...	...	...	...	52
Marsa	2	...	...	..	..	...	...	1	3
Ghadira	3	1	2	...	...	...	...	3	9
Qrendi	9	...	...	...	...	...	...	9	18
Naxxar	6	1	...	...	...	1	...	2	10
Total	1,502	4	5	6	2	3	5	40	1,567

Agglutination Reactions. 2,616 samples of blood sera were submitted for agglutination test against the causative micro-organisms of typhoid and undulant fever, by the slide method. The results are given in Table LX. These results include the examination of contacts of cases of typhoid fever as well as employees of the Milk Marketing Undertaking and other employees engaged in occupations making them liable to spread the infection. These examinations are performed to exclude the possibility of healthy carriers.

In 73 other cases complete titrations were carried out, repeated tests being often done on the same sample to observe changes in titre. In 12 of such cases positive results were obtained against Brucella Melitensis, in 8 cases against Salmonella Typhi, in 7 other cases against Proteun 0 x 19 and in 18 other cases against Shigella Flexneri I.

TABLE LX

Results of Examination of Blood for Undulant and Typhoid Fever

	Positive reactions against Br. Melitensis			Positive results against Salm. Typhi			Negative Reactions	Total No. of Tests
	Malta	Gozo	Total	Malta	Gozo	Total		
January	21	4	25	6	—	6	115	146
February	12	2	14	—	—	—	59	73
March	16	3	19	3	—	3	110	132
April	34	8	42	8	3	11	97	150
May	80	7	87	14	3	17	144	248
June	60	16	76	7	—	7	262	345
July	58	17	75	10	—	10	298	383
August	45	4	49	22	3	25	252	326
September	39	8	47	17	10	27	271	345
October	26	6	32	28	3	31	182	245
November	8	3	11	7	—	7	104	122
December	5	3	8	4	—	4	89	101
Total	404	81	485	126	22	148	1,983	2,616

Blood culture. Cultures were carried out in 49 samples of blood. These were carried out in Tryptone broth and Tryptone agar. Growths of Brucella Melitensis were obtained in 7 cases and of Salmonella Typhi in one case.

Examination of goats. In the survey to find out the number of goats infected with Brucella Melitensis, the laboratory staff had to work overtime and in the space of three months 12,094 samples of blood from goats were submitted and examined. The results are given in the following table. The method used was the slide agglutination against Brucella Melitensis.

TABLE LXI

Result of Examination of Goat's Blood for Undulant Fever

	MALTA			GOZO			Total Positive	Total Negative	Total No. of Tests
	Positive	Negative	Total	Positive	Negative	Total			
January	236	538	774	26	210	236	262	748	1,010
February ...	658	2,147	2,805	141	729	870	799	2,876	3,675
March	766	3,035	3,801	155	591	746	921	3,626	4,547
April	271	1,377	1,648	212	1,002	1,214	483	2,379	2,862
Total	1,931	7,097	9,028	534	2,532	3,066	2,465	9,629	12,094

Diphtheria Control. In connection with measures to control diphtheria, 1,694 swabs were examined throughout the year. The purpose of this procedure is to confirm bacteriologically every case remitted to the Isolation Hospital in Malta and Gozo and not to discharge the patient from isolation before at least two consecutive swabs have failed to show the presence of Corynebacterium diphtheriae.

In special circumstances when the contacts of a case were engaged in occupations making them unusuallly liable to spread the infection, they were also swabbed. Out of 179 thus examined four were found to carry Corynebacterium diphtheriae and 3 of them were proved to be virulent. Virulence tests were carried out when C. diphtheriae was isolated from discharging ears and also in case of diphtheria which yielded a positive result in spite of intensive treatment and when the patient was declared to be clinically cured. A diagnostic service for medical practitioners is also provided free of charge.

Details of the number of examinations carried out are given in the following table. The negative results include 42 infected with Streptococcus pyogenes and 38 with Candida albicans.

TABLE LXII

Results of Examination of Swabs for C. Diphtheriae

Swabs	Onset of Disease			Period of Convalescence							Swabs from Contacts	Swabs from Practitioners	Total
	1st	2nd	3rd	1st	2nd	3rd	4th	5th	6th	7th			
Positive ...	53	10	6	7	10	4	1	—	—	—	4	25	120
Negative ...	248	302	285	202	118	73	25	10	6	2	175	128	1,574
Total ...	301	312	291	209	128	77	26	10	6	2	179	153	1,694

Faeces and Urine. Out of 69 samples of faeces examined Shigella Flexneri I was cultivated in two cases. Most of the samples submitted came from convalescent cases of Typhoid fever. Shigella Flexneri I was isolated from the faeces of two inmates of the Mental Diseases Hospital. 18 other patients gave a positive serum reaction against Sh. Flexneri I in a titre ranging from 1/80 to 1/640 but cultures of their faeces failed to reveal the presence of any pathogenic micro-organisms.

Fourteen samples of urine were received for bacteriological examination. In one Mycobacterium tuberculosis was detected, in four Pseudomonas pyocyanea was cultivated, in one Bacterium coli and in two B. proteus.

In connection with the medical examination of candidates for Government appointments 2,118 samples of urine were examined; 80 showed the presence of Albumin and 39 gave a positive reaction for glucose.

Tuberculosis. 130 sputa were examined. Twenty-four samples revealed the presence of Mycobacterium tuberculosis on direct examination.

Eighteen samples of gastric washings were examined by guinea-pig inoculation and cultural methods for the presence of Mycobacterium tuberculosis. The tubercle bacillus was isolated from one case.

Cerebro-spinal fluids. Twelve samples were examined. Neisseria meningitidis was isolated in four.

Leprosy. Two nasal smears and two smears from a skin slit were examined for the presence of Mycobacterium leprae. One nasal smear with its corresponding skin slit yielded a positive result.

E.N.T. Eight swabs were submitted from cases of ear discharge for the isolation of the responsible mocro-organisms and their sensitivity to sulphatiazole, aureomycin, terramycin, chloromycetin, streptomycin, achromycin and penicillin.

Food Poisoning. In connection with a case of food poisoning a sample of butter and two samples of milk from right and left udder of a sheep were submitted. Pus and staphylococcus aureus were detected in both samples of milk. The sheep was suffering from mastitis. Eight other samples of milk from same sheep were submitted and Staphylococci persisted and were isolated on five other occasions.

In connection with another case of food poisoning a piece of soufflè was submitted for examination. Staphylococcus aureus was isolated.

In connection with other suspected cases of food poisoning samples of cod, milk, pail washings of cod and salted tuna were examined with negative findings.

In connection with an outbreak of diarrhoea at the Hospital for Mental Diseases samples of ice-cream, cooked meat, washings of meat containers and other food items were examined with negative findings. Shigella Flexneri I was isolated from the faeces of two inmates.

Samples of turkish sweet and a sample of cheese were submitted in connection with two other cases of suspected food poisoning. No pathogenic bacteria were detected.

Ice Cream. Samples of ice-cream were analysed at the laboratory and were examined by the methylene blue test for grading from the hygienic standpoint. 111 samples were examined. Of these 95 were found to be Grade I, 15 were found to be Grade 2 and one failed to reach the necessary standard.

Milk and Fresh Cheese. In all 56 samples of pasteurised milk were fully examined bacteriologically. The tests were :—

i) Estimation of the number of viable bacteria per mil;
ii) Presence of B. coli and their number;
iii) Methylene blue test; and
iv) Presence of pathogenic bacteria.

Six samples failed to reach the required standards regarding the number of presumptive B. coli. One failed as well in the Methylene blue test. No pathogenic bacteria were isolated.

Twelve samples of fresh cheese and two samples of gozitan cheese were examined to exclude the presence of Brucella Melitensis. All samples were found fit for consumption and no pathognic bacteria were isolated.

Miscellaneous. Eight smears from casese of urethral discharge were submitted and three revealed the presence of N. gonorrhoeae.

One sample of pleural fluid was examined with negative findings.

Hair examinations for the presence of spores and by the culture method were carried out in eleven cases. Spores were present in three cases and Microsporum Aurouini was cultivated in one case.

Samples of tomato paste and Coca Cola were examined with negative findings.

Ten samples of yeast were examined bacteriologically. B. mesenterious, the causative organism of ropiness in bread, was present in two samples.

Twenty-one samples of spun-yarn from different firms were submitted by the Water and Electricity Department. These samples were tested to prove whether the yarn was free from bacteria and incapable of promoting bacterial growth. Some of the samples were specially impregnated with antiseptics for use in the water supply system. Only five samples were found to be sterile while sixteen were contaminated with different species of bacteria.

Plague. No cases of suspected plague were reported during the year. Dead rats and mice were examined for any suspicion of plague infection. The rats were submitted by the Rodent Control Officer and by the Services — none showed any suspicious signs of the disease. Many showed signs of internal haemorrhage due to warfarin poisoning. The number and species of the rats is shown in Table LXIII and LXIV.

TABLE LXIII

Number and species of rats examined (Civil).

Month	Rattus Norvegicus	Rattus Frugiverus	Rattus Rattus	Mus Musculus	Total	Found infected
January	291	6	—	5	302	Nil
February ...	98	2	—	6	106	Nil
March	64	3	1	4	72	Nil
April	52	—	—	5	57	Nil
May	20	—	2	2	24	Nil
June	27	—	—	3	30	Nil
July	116	—	—	1	117	Nil
August	102	—	—	2	104	Nil
September ...	278	—	—	4	282	Nil
October	169	3	4	4	180	Nil
November ...	262	—	—	4	266	Nil
December ...	185	—	—	10	195	Nil
Total ...	1,664	14	7	50	1,735	Nil

TABLE LXIV

Number and species of rats examined (H.M. Dockyard and Services).

Month	Rattus Norvegicus	Rattus Frugiverus	Rattus Rattus	Mus Musculus	Total	Found infected
January	12	5	32	20	69	Nil
February ...	—	9	12	4	25	Nil
March	—	8	17	8	33	Nil
April	7	2	8	41	58	Nil
May	—	4	6	3	13	Nil
June	4	3	24	13	44	Nil
July	3	10	35	42	90	Nil
August	21	5	124	18	168	Nil
September ...	10	—	41	42	93	Nil
October	9	—	42	3	54	Nil
November ...	13	6	9	3	31	Nil
December ...	4	8	5	3	20	Nil
Total ...	83	60	355	200	698	Nil

PORT HEALTH SERVICE

The number of ships inspected was 1,929 as against 1,712 in the previous year; many motor vessels of small tonnage which arrived from healthy ports have not been included as they were not subjected to medical inspection.

The number of aircraft inspected was 169 as against 199 in the previous year. The reason for this decrease is the fact that the number of scheduled aircraft coming from infected and suspected places had decreased during the last six months of the year under review owing to trouble in the Suez area.

Her Majesty's ships and United States naval ships calling at Malta were all granted pratique by radio through the Flag Officer, Malta, because none of them had unhealthy conditions on board at the time of arrival. Ships belonging to the navies of other nations were boarded by the Port Medical Officer on duty, and granted pratique in the usual way.

From the epidemiological point of view, the year under review has been calm and uneventful, as there were no major epidemics abroad which threatened directly the health of the population of these Islands; nevertheless the routine precautionary measures were carried out with no less efficiency because of the existence of sporadic cases of smallpox, typhus and relapsing fever in North Africa and in the Near East, whence passengers and crews arrived here within the incubation period of those diseases.

The use of wireless telegraphy by ships for the purpose of obtaining medical advice for patients on board is increasing: in fact, masters of ships of various nationalities have frequently availed themselves in this respect of the services of our Port Medical Officers both by day and by night. Their radiograms, which were received through Cable and Wireless Ltd., were always promptly answered by the Medical Officer on duty at the Grand Harbour; our replies were passed by telephone to Cable and Wireless Ltd., who in turn transmitted them directly to the ships by radio; thus the master of a ship may get an answer to his enquiry in a matter of less than a quarter of an hour.

There were many instances when ships called at Malta only to land sick persons suffering from medical or surgical conditions; such ships usually entered the Grand Harbour except when they were carrying inflammable cargo in which case they had to put in at Marsaxlokk Bay.

Among the infectious diseases on board there was nothing worthy of note as they consisted of the common diseases, Measles, German Measles, Chickenpox, Influenza, Pneumonia, Mumps, Pulmonary Tuberculosis and a case of Leprosy who was landed here and remitted to St. Bartholomew Hospital.

The number of passengers (excluding service personnel and passengers in transit) arriving in Malta by sea was 9,044 and by air 24,683 amounting in all to 33,727; out of this total 772 were served with warning for medical surveillance and 1,279 were served with the Notice, advising them to report to a medical practitioner immediately if they felt unwell.

All ships, with the exception of a small number of motor-sailing vessels and yachts, were provided with valid deratting certificates, or more frequently deratting exemption certificates, issued by the Sanitary Authorities, recognised for this purpose by the International Sanitary Regulations.

The number of inspections of imported fresh fish has somewhat decreased as a result of Government policy of encouraging the local fishing industry.

At the Port Health Office are checked the sanitary certificates for imported lard, tomatoes, etc. A strict control was also exercised on the importation of preserved meat products, such as ham, sausages, salami, bacon etc. by the checking of the health certificates relative to each such consignment before its release by the Customs authorities.

The shortage of lighters has created a serious problem to the Lighters' Company as regards keeping the craft in a clean condition; this happened especially at times when there was a rush of ships discharging cargo, as in these circumstances there was hardly any time for withdrawing the lighters from service for the usual routine cleaning. In consequence this state of affairs necessitated the daily supervision of the lighters by the Port Sanitary Inspector in order to keep them in a reasonably clean condition.

The Port Sanitary Inspector, besides his usual port health work, inspected and took samples from consignments of rationed commodities, such as oil and sugar. He took samples for examination of unclaimed and confiscated foodstuffs at the Customs Bonded Stores prior to sale. He also inspected foodstuffs and surplus mess gear at H. M. Victualling Yard before their sale to the public. He continued to perform regular inspections at Luqa airport and particularly at the restaurant which is much frequented by air passengers and crews.

A summary of the work performed by the Port Health Staff during 1956 is shown in the following table.

TABLE LXV

Summary of the work performed by the Port Health Staff during 1956.

Ships inspected in all the Harbour	1,929
Ships inspected in the Grand Harbour	1,824
Ships inspected at Marsaxlokk Bay	68
Ships inspected at Marsamxett Harbour	31
Ships inspected outside harbour	6
Aircraft dealt with by the Port Medical Officers	169
Ships inspected and admitted to pratique	1,923
Ships inspected and kept in quarantine	6
Ships having, or having had, infectious disease on board	41
Aircraft having infectious disease on board	—
Number of cases of infectious disease on board	56
Number of cases of infectious disease disposed of prior to arrival ...	6
Number of cases of infectious disease landed at Malta	17
Persons arriving by sea served with warning for surveillance ...	660
Persons arriving by air served with warning for surveillance ...	112
Persons arriving by sea served with Notice re infectious diseases ...	372
Persons arriving by air served with Notice re infectious diseases ...	907
Persons kept under surveillance inspected at the Port Health Office	17
Inspections of imported fresh fish	125
Ships partially disinfected	6
Ships partially fumigated	—
Aircraft disinfected or disinfested	1
Ships, lighters and other craft inspected by the Port Sanitary Inspector	2,263
Certificates re Hay, Straw and Cotton seed examined	—
Certificates re Tomatoes examined	50
Certificates re Lard examined	161
Certificates re Meat products examined	728

Foodstuffs etc., examined by the Port Sanitary Inspector:—

Preserved Fruit	4,100 lbs.
Preserved Vegetables	18,000 lbs.
Tinned Meat	21,500 lbs.
Frozen Meat	1,000 lbs.
Pigs Feet	1,150 lbs.
Fats	3,300 lbs.
Soups	1,850 lbs.
Tinned Fish	750 lbs.
Frozen Fish	80 lbs.
Tinned Milk	21,000 tins
Sugar	50,000 bags
Jam	1,650 lbs.
Biscuits	5,010 lbs.
Chocolate and Sweets	2,000 lbs.
Coffee	450 lbs.
Oatmeal	230 lbs.
Flour	1,500 bags
Rice	800 lbs.
Wheat	120 tons.

FREE IMMUNISATION SERVICE

This year is the fourth year of a service which offers to the general public free immunisation against Diphtheria and Typhoid Fever and B.C.G. Vaccination against Tuberculosis. During this year a new field of operations was opened when vaccination against Poliomyelitis was also made available to the public in certain selected areas.

The vaccination programme is drawn one month ahead and the vaccination team, which is made up of a doctor, two nurses and a Sanitary Inspector visits the localities on the programme. Malta and Gozo are divided into two areas which are visited by rotation. The localities in one area receive Diphtheria and Typhoid Immunisation while those in the other receive B.C.G. Vaccination. After two years when all the Island has been covered a change over takes place and localities which had received B.C.G. are given Antidiphtheria and Antityphoid and vice versa.

Before a locality is visited the Department issues notices to the press; these are also read in the Central Office of Information Bulletins on the Rediffusion broadcasting system. The Parish Priest of the locality is also furnished with a copy of the notice which he kindly reads during the Sunday masses preceding the immunisation week. The Mobile Cinema of the Department also visits the locality and by means of films with a running commentary in Maltese explains the technique and methods used in this preventive service. The Sanitary Inspector of the district visits the homes in his area, distributes invitation cards and informs the householders of the purpose of these vaccinations.

In every locality visited the Government Primary School is used as the head-quarters for the team. The Education Department provides a class-room which serves as a clinic and which is opened to the public. During this year eleven localities were visited. All the private and Kindergarten schools in each locality were also visited thus providing all the children with the same opportunity of availing themselves of this preventive service.

Immunisation against Diphtheria is offered to all children from six months to five years. This immunisation is carried out by giving two injections of 0.5 cc A.P.T. with an interval of four weeks between the first and second dose. The total number of children who received both doses is 403. There were nine others who received booster doses.

TABLE LXVI

Diphtheria Immunisations

DISTRICT	1st. Dose	2nd Dose	Refresher Dose	Ex-patient	Unfit for Vaccination
Valletta	331	246	9	—	39
Sliema	298	157	—	—	61
Total ...	629	403	9	—	100

Anti-typhoid and para-typhoid A.B.C. inoculations were carried out on children and young adults aged from 7 years to 21 years. All Secondary Schools, both Government and private ones, were visited for this purpose and in every school visited the vaccination team was quite welcome. Inoculations against typhoid fever were carried out with anti-typhoid para-typhoid A.B.C. vaccine (T.P.3).

The first dose for children was 0.2 —0.3 c.c followed four weeks later by the secondary dose of 0.4—0.6 c.c For the adults the first dose was 0.4 c.c. and the second dose, also four weeks later, 0.8 c.c. There were no severe reactions and no ill-effects were noticed. The number of inoculations during the year was 2,265 first dose and 2,009 second dose. There were 3 refresher doses and 66 persons were found unfit.

Medical practitioners are supplied with A.P.T. free of charge but only 30 immunisations were carried out by private practitioners.

TABLE LXVII

Typhoid Immunisatoin

DISTRICT	1st. Dose	2nd Dose	Refresher Dose	Ex-patient	Unfit for Vaccination
Valletta	1,119	1,017	3	2	17
Sliema	1,146	992	—	—	49
Total ...	2,265	2,009	3	2	66

In the following localities the vaccination team carried out only first dose immunisations, due to the fact that cases of Poliomyelitis occurred in the area. These cases lingered on for a number of weeks and very valuable work was thus lost as all immunisation activities were stopped.

TABLE LXVIII

Number of 1st Doses of A.P.T. and T.A.B.C. Immunisations

DISTRICT	A.P.T.	T.A.B.C.	TOTAL
MarsaXlokk	43	60	103
Marsascala	38	66	104
Birzebbugia	197	247	444
Ghaxaq	212	304	516
Gudja	22	81	103
Dingli	56	136	192
Kirkop	99	97	196
Safi	43	50	93
Zurrieq	250	540	790
TOTAL ...	960	1,581	2,541

B.C.G. Vaccination is becoming more and more popular and more parents are taking advantage of this measure to protect their children against Tuberculosis. The routine adopted in B.C.G. Vaccination is as follows: the first three days of the week are dedicated to skin testing; the Adrenalin — Pirquet test is used. For this test, old Tuberculin is used with an addition of 1 drop 1% Adrenalin to each c.c. of tuberculin. Two scratches each 1/2 c.m. long are made though the epidermis on the volar aspect of the left fore arm, in the middle third. One drop of the prepared adrenalin—tuberculin is rubbed by means of a glass rod into the scratches. The test is read 72 hours after the application.

A definite infiltration with a diameter of 3 m.m. is considered as positive and B.C.G. Vaccination is not considered necessary. The second three days of the week are reserved for reading the tests and for B.C.G. Vaccination. The Vaccination is given intracutaneously as superficially as possible into the skin of the deltoid region of the left shoulder. 1/10 c.c. of the vaccine is used. The injection is given slowly in order to avoid harming the tissue, and leaves a wheal about 10 m.m. in diameter. No B.C.G. vaccine is used after 14 days of its preparation.

Ten localities in Malta and one in Gozo, and four major colleges and institutions were visited during the year. 5,812 persons were tested, 1,752 were found tuberculin positive, 3,418 were found negative and 3,374 persons were vaccinated.

For the first time this year a limited amount of anti-Poliomyelitis vaccine was available and the Free Immunisation team visited Żabbar, Gżira, Mosta and Rabat. The response was good and all the supply was exhausted.

The vaccine used was of English manufacture and was kept at 4°C as specified by its manufacturers. It is a modified Salk-type vaccine for immunisation against all three types of poliomyelitis virus. The three strains have been propagated separately by tissue culture on monkey tissue and killing by formaldehyde. The course of immunisation consists of two injections, each of 1 c.c vaccine with an interval of at least three weeks between them. Administration has been by deep intra-muscular injection into the left upper arm.

The number of children vaccinated against Poliomyelitis in the four localities was 1,654, 839 were males, 815 were females. The following two tables show the number of children vaccinated by District and by Age. There were no complications or ill-effects.

TABLE LXIX

District	Males	Females	Total
Żabbar	510	493	1,003
Gżira	122	114	236
Mosta...	72	102	174
Rabat	135	106	241
Total	839	815	1,654

TABLE LXX

Date of Birth	Males	Females	Total
1955	43	38	81
1954	53	55	108
1953	69	73	142
1952	75	85	160
1951	83	98	181
1950	113	111	224
1949	104	79	183
1948	111	112	223
1947	125	102	227
1946	61	59	120
1945	1	—	1
1944	—	2	2
1943	—	1	1
1942	1	—	1
Total	839	815	1,654

PUBLIC CLEANSING SERVICE

Scavenging. Perhaps no other Service carries out its activities under more sustained and continuous public scrutiny than the Public Cleansing Service. However, the public often expects results from this Service which are not always within its power and limit to effect, or rather to maintain, without the active support and co-operation of the public itself.

During the year under review the daily cleansing of streets was carried out with more thoroughness than heretofore. No efforts were spared to imbue the men on this Service with a higher sense of discipline and to instruct them to perform their work with more propriety and care.

In order to fall in line with modern practice and to give this Service some kind of distinction, street-sweepers in Valletta, Floriana, Hamrun, Msida, Pietà, Sliema, Gżira, Pawla, Tarxien, Rabat and Mdina were issued with uniforms consisting of a khaki jacket and cap, provided with an appropriate badge. It is expected that, in due course, street-sweepers throughout Malta and Gozo would be similarly provided.

The refuse-trucks detailed on this Service were fitted up with suitable coverings to ensure a more hygienic collection and disposal of street-refuse from the various districts.

The service for the removal of slop-water, as well as the service for the free emptying of cesspits, introduced two years ago, continued to function smoothly and continued to prove of great help in keeping clean localities not connected with the main sewer.

The beaches, frequented by bathers and holidaymakers, received constant attention and were regularly cleansed during the summer months by a squad detailed for that particular purpose. A little co-operation from the public would certainly help in maintaining a higher degree of tidiness which everybody is bound to appreciate and enjoy.

House-refuse collection Service. The daily collection of house-refuse was regularly carried out during the year. The collection of refuse from Service areas, which during most of the second half of the year was exceptionally heavy due to extensive troop movements, continued similarly to be performed daily.

This service has always presented the Department with a difficult problem. Charges are sometimes made against the crews of refuse-vans for spilling refuse while emptying dust-bins on to the vans, thereby dirtying the streets. The Department is conscious of these complaints and does not fail to deal severely with evident acts of negligence in this connection. However, there is also another aspect to this problem which, likewise has to be considered. This refers to the quality of the major part of the dust-bins, provided by the public for collection, which definitely are not suitable nor fitted for the intended purpose. The difficulty which perhaps this problem may also raise to the public is not ignored, yet the Department would appreciate if more co-operation is forthcoming in this matter.

The house-refuse collected during the year amounted to 12,684.225 tons and the following by-products were taken :—

Pulverized manure	8,527 tons
Scrap paper	214 tons
Waste cardboard	94 tons
Firewood	33 tons
Rags	8 tons
Scrap iron	78 tons
Glass bottles	22 tons

The sale of by-products including amounts left over from last year, and the fees for the use of the weighbridge by the public, realised a total of £4,433 19s. 11d. as detailed hereunder :—

Pulverized manure ...	8,409.778 tons for	£2,102	17s. 1d.
Scrap paper	214.307 tons for	£ 211	4s. 0d.
Waste cardboard ...	86.17 tons for	£ 135	16s. 0d.
Firewood	28.606 tons for	£ 123	9s. 8d.
Rags	8.311 tons for	£ 33	5s. 8d.
Scrap-iron	97.995 tons for	£ 831	15s. 6d.
Glass bottles	21.014 tons for	£ 88	15s. 5d.
Broken glass	220.0 tons for	£ 22	0s. 0d.
Weighbridge fees ...	... ...	£ 884	16s. 7d.
	Total Revenue	£4,433	19s. 11d.

3,402 tons of other refuse of no value were disposed of at Luqa Dump while .6 tons of glass bottles was supplied to the medical stores of this Department.

Maintenance of Public Conveniences. Measures continued to be taken to keep public conveniences in a proper state of repair and to maintain them, as far as feasible, in a continuous state of hygiene. During the year, two new modern latrines were opened for ladies one at the Upper Barracca Gardens, Valletta, and the other at St. Philip Square, Żebbuġ. Two modern latrines were also opened for men at St. Philip Square, Żebbuġ and at Marina, Senglea.

RODENT CONTROL

The intensive campaign against rat infestation was continued throughout the year.

As in the previous years the method of choice consisted in placing plain baits for a number of days and then substituting with poisoned baits. "Dak Rat Lime" was also used with good effect against mice, and Red Squill was found useful when other poisons could not be used because of danger to pets and domestic animals.

During 1956 farmers in certain areas reported an increase in the number of rats (Rattus Norvegicus) in field and farmsteads. Immediate action was taken by the Rodent Control Staff to deal with such infestations. Several other farmers sought our advice and took advantage of our free distribution of poison baits and of our instructions as to its use. Later several of these farmers reported the good results that they had obtained.

It has been noted that a periodical summer increase in the rat population occurs around farms, fields and dumps; this is followed by a sudden drop with the coming of winter; however the number of rats fluctuates slowly over a number of years.

Towards the end of the year it was decided to carry out tests with "Sorex" Warfarin.

The process, as is well known, is slow killing and whenever there are larger and troublesome infestations particularly in warehouses and storehouses, a knockout operation with Zinc Phosphide poisoning appears to be preferable.

A total of 47 towns and villages including their surroundings were deratted during the year. Other complaints of odd rats or mice infestations were dealt with immediately. The sewers in Valletta, Floriana, Mosta and Żebbuġ in Malta, Victoria and Ghajnsielem in Gozo received routine treatment at six monthly intervals. During the Suez Canal emergency in co-operation with the Army Authorities, areas occupied by Troops were given the utmost attention.

In their surveys the Rodent Control Staff inspected 46,976 sites of which 9,065 were found to require deratting. In localities where there is a public sewer it is the routine practice to place poison down each manhole at the same time that surface baiting is being carried out.

The number of live rats submitted to the Laboratory by the Rodent Control Officer was 72. These rats were trapped in different areas and examined to determine the flea index.

The incidence of Murine Typhus reported during the year has shown an appreciable decrease compared with that of the previous year. In all cases the house where the patient lived and the surrounding areas were inspected for the presence of rats.

Accumulations of rubbish or refuse observed by the staff during their rat inspections were brought to the notice of the Sanitary Inspector of the area and the necessary action was taken.

Theoretical and Practical lectures on rat control were delivered by the Rodent Control Officer to student Sanitary inspectors and Service personnel.

The Rodent Control committee which is composed of representatives of the Medical and Health Department and of the Three Services met every two months and discussed the bi-monthly progress reports and other matters of interest concerning Medical and Health aspects.

The utmost co-operation between the Civil Authorities and the services was maintained.

The quantity of poison (in ozs.) used in the preparation of baits was as follows :— Zinc Phosphide 5.155 ; Arsenic 4½ ; Alpha-naphthly-thio-urea 36½ ; Red Squill powder 270¼ and Warfarin 52½.

The following is a summary of Rodent Control operations by the prebaiting method :

	First Treatment	Second Treatment
Number of areas treated	239	226
Quantity of plain baits laid in ozs.	40,028	12,552
Plain bait takes observed	15,652	1,334
Quantity of poison baits laid in ozs.	11,948	1,163
Poison bait takes observed in ozs.	5,820¼	451
Dead rats collected	2,501	116
Estimated number of rats killed by poisoning ...	19,398	1,135

Table LXXI gives the estimated number of rats destroyed and the number of dead rats found during the year, as compared with 1955 :—

TABLE LXXI

Number of rats destroyed during 1956

Period	Estimated number of rats killed	Corresponding number for previous year	Dead rats collected	Corresponding number for previous year
16th December, 1955 to 15th February 1956 ...	3,920	2,870	617	434
16th February, 1956 to 15th April, 1956 ...	3,816	3,175	381	389
16th April, 1956 to 15th June, 1956	2,726	4,361	265	541
16th June, 1956 to 15th August, 1956	2,076	3,600	219	721
16th August, 1956 to 15th October, 1956	3,081	3,063	609	628
16th October, 1956 to 15th December, 1956... ...	4,914	4,148	526	620
Total ...	20,533	21,217	2,617	3,333

INSECT CONTROL

It has been possible during the year to rid the flour mills and several wheat and flour-storage places of "mite and of weevil" infestations with the application of fumigation by "fumite generators" after a thorough cleansing of machinery and of premises had been carried out under the direction and supervision of this branch.

The operation was started during the last months of the year 1955 when, an unusual infestation by "mites" (aleurobius farinae) of the local flour mills and a number of warehouses had to be dealt with. The treatment of these places which was very laborious, was continued during the first quarter of the year under review. Used jute and cotton sacks which are returned from bakeries were found to be the cause of these infestations and appropriate action was taken for their cleansing and disinfestation.

D.D.T. sprays of 5% strength have been used as formerly to deal with fly-control througout the year but especially during the Summer months. Refuse dumps, manure heaps etc. were treated with liquid D.D.T. and D.D.T. powder; it was not possible however to discover all the breeding sites and, together with the fact that the "flies" are apparently getting resistant to D.D.T., results were not to our entire satisfaction. Other chemical insecticides will have to be used and a start has been made, however, on a small scale with "insecticidal lacquer" for insect control.

The Rotary-blower has been used for the diffusion of D.D.T. dust in premises where infestations of bugs and cockroaches were in evidence. "Fumite" generators were also used effectively to eradicate bugs and cockroaches from the crews' sleeping quarters of a ship in the harbour area.

A number of private water-cisterns and roof tanks were found to contain larvae of "house" mosquitoes ('culex' family) : light oil was sprayed on the surface of those waters that could not be eliminated.

Households were treated with insecticides as a precaution against the spread of Phlebotomas; this was done in connection with cases of Kala-Azar which this year were less numerous than last year.

TABLE LXXII

Summary of work performed in connection with Insect Control

Places treated with D.D.T.	Liquid 5% solution	5 or 10% dust
Government hospitals and Institutions	596 gallons	200 lbs
Private dwellings	20 „	102 „
Private schools	21 „	28 „
Factories and shops	63 „	196 „
Markets	82 „	30 „
Civil Abattoir	39 „	21 „
Refuse dumps	45 „	300 „

FOOD AND DRINK

The quality and standard of food and drink were kept under control by Sanitary Officers who paid frequent visits of inspections to factories, shops and other premises where food and drink are prepared, kept and sold. Samples were frequently taken from factories and shops and from itinerant vendors, and the health of persons engaged in the preparation, sale and handling of foodstuffs was also observed.

A number of tins of sweetened condensed milk was returned by shopkeepers to the Milk Marketing Undertaking as unfit for human consumption. Officials of this Department examined the tins with the following results : 391 tins were found to be unfit for human consumption, 950 tins were "unmarketable" and were passed for use in the preparation of confectionery.

Tradesmen and Insurance Agents submitted specimens of foodstuffs for analysis as to quality and/or analytical standards, at the Laboratory of this Department in accordance with the Food, Drugs and Drinking Water Ordinance. The relative certificates were issued to the persons concerned; moreover a total of 96,523 lbs. of various foodstuffs submitted to this Department by tradesmen and insurance agents as damaged and spoiled goods were inspected and were found to be unfit for human consumption, the goods were disposed of under the direction and supervision of this Department; certificates were issued in connection with inspection and final disposal of the goods.

TABLE LXXIII

Articles of food unfit for human consumption destroyed by Sanitary Inspectors during the year 1956

	Number of articles		Weight in lbs.
Tinned milk	733	tins	648
Cheese	5	parcels	35
Fats	9	packets	23
Tinned meat	305	tins	525
Processed meat	16	parcels	182
Fresh or prepared meat	34	parcels	1,706
Fowls	28	heads	77
Tinned Fish	113	tins	62
Fresh or cured fish	10	parcels	72
Flour	7	parcels	598
Paste	13	parcels	42
Preserved fruits or vegetables	167	tins or packets	153
Tomato paste	481	tins	3,088
Olives	30	barrels	88
Edible oil	27	drums or bottles	1,264
Eggs	2	parcels	377
Cheese-cakes	2	parcels	3
Confectionery	169	boxes or bars	437
Totals	2,151		9,380

FOOD POISONING

The hygienic standards of food and food production methods engaged our attention throughout the year. Sanitary Officers were on the alert for signs of food poisoning and made a thorough investigation of the few cases which occurred. There has recently developed amongst certain classes of the population the habit of dining outside their home, whilst in the homes a greater proportion of tinned food is being consumed; abuses in food handling is painfully common, fingering of foodstuffs particularly those which need no cooking has become an ordinary practice, and the exposure of food to contamination by flies, dust and animals is not rare. All these are factors responsible for food poisoning and they were not lacking in the few cases we had.

During the year eight outbreaks of food poisoning involving 27 persons, 17 men and 10 women, were brought to our attention. Home made cream pastries were found to be responsible for two outbreaks involving 5 persons; tinned and dried fish were found to be the cause of two outbreaks in which 10 persons were affected. An outbreak in which there were 6 patients was caused by tinned milk and another outbreak was traced to the consumption of tinned sausages in which 6 persons were affected.

In all the cases the signs and symptoms were not grave; they consisted of the usual gastro-intestinal manifestations but in the patients poisoned by the sausages there was a rise of temperature and collapse.

The poisoning from the consumption of cream pastries was due to bacterial contamination the pastries having been prepared three days before their consumption and were left exposed to contamination in the heat of the August days. Staphylococcus aureus was found in the remaining pastries which had been submitted for examination at the laboratory of the Department.

Tinned fish was responsible for another outbreak of food poisoning. A housewife who had an acute attack of tonsillitis, had prepared for the family a meal of tunny fish in oil. Three members of the family who consumed the tunny fish had symptoms of food poisoning from six to eight hours after their meal. No sample of the tunny fish were available for examination.

Another family of seven had dry cod for a meal and all of them had an attack of gastro-intestinal irritation with nausea and abdominal pain between 10 and 12 hours after eating the dry cod, samples of which when examined at the laboratory were found to contain Bacillus coli.

A tin of milk which had been opened for 24 hours and exposed to contamination caused food poisioning amongst all the members of the family, six of them, who had drunk the milk mixed with tea. The symptoms were mild and were rather of the nature of indigestion. No sample of the milk was left to be submitted for examination at the laboratory.

The most serious outbreak of food poisoning occurred in a family of six who had a meal of tinned sausages which they had eaten after opening the tin and merely heating its content. The symptoms of gastro-intestinal irritation were rather severe, with vomiting, diarrhoea and a rise of temperature developing between 8 to 10 hours of the consumption of the sausages in question. Two of the patients were removed to hospital. Samples of the sausages were submitted for examination at the laboratory and were found to be contaminated with Salmonella Typhi Murium. The presence of this salmonella in prepared meat makes it advisable to boil, rather than merely heat, the foodstuff before eating because the little heat applied to dissolve the fat in the tin may serve to incubate and consequently reproduce any microorganism packed in the meat.

SANITARY INSPECTORATE

District Sanitary Inspectors carried out 181,427 inspections of licenced premises in Malta and Gozo during the year.

	Malta	Gozo
Bakehouses, flour mills, paste factories	23,714	2,816
Grocery shops	27,125	5,892
Grocery shops licensed also for the sale of wine and spirits	19,180	1,783
Confectioneries and shops for the sale of cheesecakes	10,665	700
Restaurants and coffee shops	16,450	954
Butchershops	15,766	2,686
Wine and spirits shops	23,851	5,036
Aerated water factories	2,045	153
Milk shops and dairies	16,822	694
Barber shops	4,450	645

The number of samples submitted by Sanitary Inspectors to the Laboratory for examination was :—

	Malta	Gozo
Foodstuffs	9,959	1,504
Drinks	1,303	45
Water	515	24

The number of inspections of houses and other buildings made by Sanitary Inspectors in Malta and Gozo during 1956 was 96,145 and the following inconveniences were detected :

	Malta	Gozo
Houses kept dirty	2,369	395
Houses having accumulation of refuse or dung ...	1,639	280
Houses where animals were kept in contravention ...	1,068	275

In connection with the above nuisances, the following action was taken :—

Households ordered to remove nuisances	4,626	900
Households reported in contravention of sanitary laws and regulations	450	50

The number of houses reported upon for special purposes was 9,097 in Malta and 1,472 in Gozo.

The number of inspections of house-drains was 29,093 in Malta and 1,994 in Gozo.

	Malta	Gozo
Drains tested	4,327	387
Drains found defective	2,850	81
Drains found obstructed	3,001	58
Cesspits cleaned by order of the Sanitary Authorities ...	14,750	715
House Drains reported in contravention	337	16

The number of new houses and other buildings completed during the year was 1,128 and the number of alterations in existing buildings was 352.

During the same period 751 houses were connected with the public sewer and 366 were connected with cesspits.

The number of alterations in existing drains connected with the public sewer was 755 and in those connected with cesspits, 148.

24,424 inspections of buildings in course of construction were made during the year.

The number of disinfections or disinfestations of houses performed by Sanitary Inspectors in Malta and Gozo after cases, or suspected cases, of infectious diseases during the year was as follows :—

	Malta	Gozo
Typhoid fever	132	4
Tuberculosis	95	8
Diphtheria	138	64
Cerebro-spinal meningitis	7	—
Poliomyelitis	45	4
Scarlet Fever	26	—
Typhus murine	10	—
Leprosy	6	1
Erysipelas	2	—
Leishmaniasis	6	—
Puerperal Fever	1	—
Chickenpox	5	—

The number of Statutory Notices issued during the year was as follows :

Nuisances and defects in buildings and drains	2,442
The laying of house drains and their connection with the public sewer or with a cesspool	396
The emptying of polluted water from cisterns	70

POPULAR HEALTH EDUCATION

Popular Health Education was carried out during 1956 with more direct approach than previously, new posters were printed, leaflets were distributed, and the Mobile Cinema gave more varied film shows. In all there were 108 free open air Cinema shows. Th amplifier system of the Mobile Cinema van was extensively used to give corner talks during the anti-Poliomyelitis vaccination sessions in Żabbar, Rabat, Gżira and Mosta. The number of corner talks given in the four districts amounted to 65. These corner talks are effective in that they help to stir up the interest of the general public. The number of people in the audiences is naturally less in the winter than in the summer months. The total attendance in Malta was estimated at 50,235.

The Mobile Cinema is used extensively in conjunction with the Free Immunisation Service. Before the Immunisation Team visits a locality cinema films are exhibited to explain to the public the importance of these vaccinations. The film "Defeat Diphtheria" and "Unseen Enemy" were shown 23 times in the localities where anti-Diphtheria and anti-Typhoid vaccinations were to take place. The Swedish film "Vaccination Against Tuberculosis" was shown 32 times in the localities where B.C.G. Vaccination against Tuberculosis was going to be carried out.

The Malta made film "Keep the Streets Clean" was shown in 27 different localities in conjunction with the drive to keep the Island clean, thus benefiting both Public Health and the drive to encourage tourism.

Two special film shows were held in Floriana and Valletta near the most popular public gardens to encourage young girls to became nurses. The Malta-made film "Schools for Nurses" was exhibited.

A film with special interest to food-handlers was shown near the Valletta Market and The Strand at Sliema. This was the Canadian film "Behind the Menu".

The American films on loan from the Central Office of Information and the Lederle Laboratories "How Disease Travels" and "When you choose nursing" were shown in 6 different localities. The latter film is most useful in the drive for the recruitment of nurses.

Several new posters were designed and printed during the year; two of these were printed in conjunction with B.C.G. vaccination. A third poster was produced in connection with the campaign to "Keep Malta Clean". These posters were printed in colours and produced locally.

During the film shows, 4,000 leaflets carrying the message "Free Immunisation Against Diphtheria" were distributed. Anti-Influenza leaflets were distributed in Band clubs etc. The Central Office of Information kindly exhibited "Food Handling" and "Keep Malta Clean" posters in their show boxes fixed in all the localities of Malta and Gozo.

Four special film shows were held for personnel in the Department. One show, held in Gozo, was attended by teachers, health visitors, sanitary inspectors and members of the British Institute.

A film show and lecture was held for catering personnel at St. Luke's hospital in connection with Food poisoning.

The film "Hygiene on the Farm" dealing with the proper building, draining and washing of cowsheds, and with the feeding and grooming of the cows themselves, was shown in rural areas 15 times.

The 'W.H.O. Newsletter', the popular organ of the World Health Organisation, and their press releases continued to be distributed to medical practitioners, libraries, clubs, and cultural institutions.

The Mobile Cinema Van was lent to the Central Office of Information during the Road Safety Campaign held by that Department and to the Emigration Department during their Emigration week. The press published the programmes of the Mobile Cinema shows and Free Immunisation Service sessions as in previous years, for which we are most grateful. Both the Central Office of Information and the British Council were generous enough to lend us educational films to built up our programmes, no less than 9 different health films being shown.

In Gozo the film "Undulant Fever" was shown in 17 different localities. This locally-made film had a very important message to convey — that of guarding the people's health against Brucellosis. About 9,950 people attended the shows. Leaflets and posters were distributed in the same way as in Malta.

CEMETERIES

There are several small cemetries in the proximity of villages but the principal burial ground in Malta is without doubt the Addolorata Cemetery. Owing to the increase in applications for graves, an extension of the East Division of this Cemetery has now been taken in hand and some progress may be reported.

The maintenance of this Cemetery has been kept up-to-date and considerable works have been carried out to improve the condition of the Grave-diggers' and Chaplains' Quarters; in fact in the latter, besides the usual maintenance works, a wash-house has been erected, water service installed and wash-hand basins have been fixed in every room.

Trees have been planted and flower pots added.

Five graves and 19 sites were allotted during the period under review. The big Cross at the entrance of the Main Gate which was damaged during a storm has been renewed and replaced in the centre of the "Piazzetta".

215 permits were issued for the erection of monuments, inscriptions, repairs, etc., whereas 32 permits for deepening of graves were granted.

Works in masonry, decorations and joinery have been carried out in the following Cemeteries :—

Tal Infetti	Birkirkara
Tal Wied	Qormi
Tal Infetti	Żebbuġ
Ta' Trapna	Żebbuġ
San Andrea	Żebbuġ
Via Musta	Rabat
Opposite Roman Villa	Rabat
Ta' Bria	Siġġiewi
Via Bingemma	Mġarr
Via Valletta	Mosta

BUILDING PERMITS

During 1956, 1,908 and 160 Building Notices in terms of Sec. 85 p. 1 of the Building Laws for Malta and Gozo respectively were submitted by private architects and dealt with by this section. 30 of these were refused because they did not comply with the requirements of the law, and 4 were dealt with and approved by the Medical Board. The number of contraventions detected and brought to court was 365: of these 4 were acquitted.

SEWERAGE

(Partly from information supplied by the Engineer, Public Works Dept.)

The extension of the sewerage system into the towns and villages was continued during the year and a total of nearly 8 miles of sewers were laid in trenches and in galleries, in rock varying from globigerina limestone to upper coralline limestone.

The main activities were the following :—

Sewage Purification Scheme for the Island. In connection with the scheme for sewage purification, with a view to utilizing the final effluent for irrigation purposes, Sanitary Inspectors, as the only competent Government officials for the taking of samples, made a round-the-clock sampling of sewage, during February and March, 1956, from points along the whole extension of the sewer from Marsa to Wied Għammieq.

Outfall sewer at Mellieħa. Pending the construction of a sewerage purification plant with the ultimate aim of utilisation of sewage effluent for irrigation purposes, an outfall sewer as part of the above scheme has been laid to discharge to a point south of Anchor Bay.

The work has taken exactly one year to complete. After excavation works were almost complete, the pipes arrived late in November and the task of laying nearly 9,000 feet of pipes was immediately begun. In spite of the difficulties involved among which was the crossing of two valleys and the improvisation, for the most inaccessible sections, of an aerial rope-way by means of which all materials were lowered well over one hundred feet, the task was pushed on with great vigour.

Qormi Relief Interceptor. At present, sewage from Siġġiewi and Żebbuġ passes through Qormi and following storms flooding takes place on occasion in this latter place. In order to lessen the incidence of flooding a new interceptor taking the flow from the two above-mentioned villages by by-passing Qormi was taken in hand.

Birzebbuġa. Work on the excavation of sump below sea level for the sewage pumping station has been given out to tender and it is expected that the successful tenderer will complete the task by the end of the financial year 1957-58 after which the erection of the pumping station building proper will be taken in hand.

The laying of a rising main from the site of the Pumping Station to Bir-id-Deheb was taken in hand and good progress was made up to the end of the year.

Flow Recording. During the summer an expert from England paid a visit to the Island in order to inspect the five recording instruments erected at selected points in the sewerage system. Since then weekly records have been sent regularly to Suppliers in England who require same in connection with the proposed purification scheme for the island.

Maintenance Works

Change-over at Għajn Dwieli Pumping Station. Towards the end of the year, steps were taken in order to change over from steam-driven plant to diesel-driven. By this means it is expected that during the financial year 1957-58, a considerable saving will be made in the running cost of this sewage pumping station.

Measures taken to safeguard the welfare of employees. In order to enable men engaged on maintenance work to undertake the clearing of deep sewers, a gang of four (4) men were sent to the Civil Defence School to train in the use of special Breathing apparatus with the Civil Defence.

Special spark proof floodlights were also obtained from H. M. Dockyard in order to use same in the presence of concentration of sewer gases.

Men engaged on the maintenance of sewers have been provided with eye lotion.

TABLE LXXIV

Bed and Patient Statistics in Hospitals for 1956

	St. Luke's Hospital	St. Vincent de Paul Hospital	Hospital for Mental Diseases	Central Hospital	Santo Spirito Hospital	St. Bartholomew's Hospital	Isolation Hospital	Victoria Hospital	St. John the Baptist Hospital	St. Theresa Hospital	Chambray Hospital	Isolation Hospital Gozo	Sacred Heart Hospital	TOTAL
1. Total bed complement	482	874	754†	65	69	118	70	89	147	16	200	30	27	2,922
2. Average daily number of occupied beds ...	533	868	917	49	67	40	30	58	85	12	179	5	3	2,841
3. Highest daily occupation	576	905	935	65	70	70	66	76	112	16	181	24	4	3,100
4. Lowest daily occupation	492	834	891	28	61	34	4	35	74	11	166	2	3	2,635
5. Total No. of in-patients treated	11,067	—	1,171	598	187	81	431	854	164	18	204	72	4	14,851
6. Radiological examinations	23,613*	—	—	—	60	—	—	4,053	—	—	—	—	—	27,726
7. Pathological examinations	29,972	—	4,239	—	143	—	—	6,229	—	—	-	—	—	40,583
8. Bacteriological examinations	6,903	—	—	—	—	—	—	—	—	—	—	—	—	6,903
9. Patients treated by Physiotherapy Dept.	2,939	—	—	—	—	—	37	—	—	—	—	—	—	2,976
10. Treatments given by Physiotherapy Dept.	7,061	—	—	—	—	—	—	—	—	—	—	—	—	7,061
11. New out-patients	21,862	—	200	5,377	—	2	—	1,828	—	—	—	—	—	29,269
12. Total out-patient attendances	41,586	—	1,777	13,258	223	504	—	7,312	—	—	3	—	65	64,728
BEDS ALLOCATED														
13. General Medicine	120	26	—	—	—	—	—	20	—	—	—	—	—	166
14. General Surgery	120	48	—	—	—	—	—	32	—	—	—	—	—	200
15. Gynaecology	28	—	—	—	—	—	—	6	—	—	—	—	—	34
16. Obstetrics	44	—	—	—	—	—	—	6	—	—	—	—	—	50
17. Paediatrics	50	—	—	—	—	—	—	6	—	—	—	—	—	56
18. Psychiatry (including Mental Deficiency) ...	—	—	734	—	—	—	—	—	—	—	178	—	—	912
19. Cardiology	—	—	—	—	—	—	—	—	—	—	—	—	—	—
20. Dentistry	—	—	—	—	—	—	—	—	—	—	—	—	—	—
21. Dermatology	—	—	—	14	—	—	—	—	—	—	—	—	—	14
22. Tuberculosis														
a) Respiratory	—	112	—	—	—	—	—	—	—	16	2	—	—	130
b) Non-respiratory	—	—	—	—	—	—	—	—	—	—	—	—	—	—
23. E. N. T.	60	—	—	—	—	—	—	—	—	—	—	—	—	60
24. Infectious Diseases	—	—	—	—	—	—	46	—	—	—	—	30	—	76
25. Ophthalmology	—	—	—	49	—	—	—	—	—	—	—	—	—	49
26. Orthopaedic Surgery	60	—	—	—	—	—	—	—	—	—	—	—	—	60
27. V. D.	—	—	—	2	—	—	—	—	—	—	—	—	—	2
28. Chronic Sick	—	688	20	—	69	—	34	—	147	—	20	—	—	978
29. Leprosy	—	—	—	—	—	118	—	—	—	—	—	—	27	145

† Nominal.
* Including 2,285 emigrants.

TABLE LXXV

Movement of the Hospital Population during 1956

Hospital	Remaining at end of 1955	Admitted	Transferred from other hospitals	Total	DISCHARGED					Remaining at end of 1956
					Transferred to other hospitals	At request	Cured	Relieved	Died	
MALTA										
St. Luke's	464	10,603	—	11,067	200	1,665	4,996	3,330	399	477
St. Vincent de Paul	710	160	63	933	22	34	—	—	166	711
St. Vincent de Paul (Extension Wards)	96	101	176	373	19	36	9	47	79	183
Hospital for Mental Diseases	880	258	14	1,152	38	76 (c)	35	57	34	912
Central	38	541	19	598	14	3	449	82	3	47
Santo Spirito	68	50	69	187	21	13	35	9	41	68
St. Bartholomew	70	11	—	81	—	36	—	—	5	40
Isolation	21	260	36	317	54	11	217	4	14	17
Isolation (Extension Wards) (a)	—	109	67	176	108	23	—	—	20	25
GOZO										
Victoria	51	791	12	854	38	91	405	239	30	51
St. John the Baptist	111	47	6	164	33	19	—	—	28	84
St. Theresa	11	6	1	18	2	3	—	—	—	13
Chambray (Mental)	161	5	26	192	9	—	—	—	8	175
Chambray (Extention Ward)	12	—	—	12	—	—	—	—	2	10
Isolation	3	72	—	75	3	—	68	—	2	2
Sacred Heart (b)	3	1	—	4	1	2	—	—	1	—
Total	2,699	13,015	489	16,203	562	2,012	6,214	3,768	832	2,815

(a) With effect from February 8, 1956. (b) Closed down on December 1, 1956.
(c) Discharged as (i) not insane, (ii) not improved and (iii) not requiring treatment.

TABLE LXXVI

AMBULANCE SERVICES MALTA & GOZO

Cost statement for year ended 31st March, 1957

	Total Number of Patients	Total Mileage	Average Number of Miles per Patient	Number of Patients Carried per 1,000 Popul.	COST Directly Provided Service	Cost per Patient	Cost per 1,000 Population
Malta	4850*	40,038	8.2	15.3	£4,760	19s. 7d.	£979 3 4
Gozo	416	2,765	6.6	14.8	£613	£1 9s. 6d.	£1475 0 0

* Inter-hospitals 1566
New Patients 3284
Total 4850

VI HOSPITAL SERVICES

ST. LUKE'S HOSPITAL

The movement of the hospital population during the year was as follows:—

Remaining at end of 1955	Admitted	Transferred from other Hospitals	Discharged					Remaining at end of 1956
			Transferred to other Hospitals	At Request	Cured	Relieved	Died	
Males 196	3915	30	107	696	1820	1213	197	198
Females 268	6610	48	93	1059	3176	2117	202	279
Total 464	10525	78	200	1665	4996	3330	399	477

The daily average number of patients in all Wards was 533 (209 males 324 females).

The classification of diseases and deaths is included in Appendix MA.

The number of patients who attended the out-patients Clinics attached to the Hospital was as follows:—

	New Cases	Attendances
Medical	1535	4163
Surgical	2537	4798
Orthopaedic	2102	3238
Fracture	—	2130
Children	1126	3995
Ear, Nose and Throat	2726	5228
Maternity/Gynaecology	2006	3085
Casualty	5000	—
Physiotherapy	2939	7061
Dental	1891	7888
	21,862	41,586

Surgical Division. The following operations were performed during the year :—

Alimentary Tract : Appendicectomy 147; Explorative Laparatomy 60; Cholecystectomy 49; Haemorrhoidectomy 43; Sigmoidoscopy 41; Gastrectomy 23; Fistula in ano 24; Pilonidal sinus 16; Gastroenterostomy and Vagotomy 15; Oesophagectomy 6; Gastro-enterostomy 6; Colectomy 6; Colostomy 6; Vagotomy 6; Perforated gastric ulcer 5; Rammstedth's operation 5; Adbomino-Perineal Resection 4; Spleenectomy 3; Thoroco-abdomino-Gastrectomy 2; Sigmoidectomy 2; Proctoscopy 2; Gastrostomy 1; Anal fissure 1; Excision of abdominal tumour 1; Hemicolectomy 1; Burst abdomen 1; Interasusseption 1.

Hernae : Inguinal Hernia 92; Umbilical hernia 36; Strangulated hernia 9; Recurrent hernia 7; Femoral hernia 6; Scrotal hernia 3; Incisinal hernia 2; Intestinal obstruction 2.

Orthopaedic Cases : Closed manipulation for fracture 46; Ganglionectomy 14; Minesectomy 13; Arthrodesis foot 11; Aspiration joints 11; Excision of Bursa 10; Excision head of radius 10; Osteotomy hip and hip spica 8; Open reduction for fracture 8; Tendon Transplantation 8; Suturing of Cut Tendon 8; Arthrotomy 7; Bone Graft 6; Exploration of wounds for compound fracture 6; Osteoclasis for Bow Legs 6; Sequestrectomy4; Exostosis 4; Smith Peterson Pin healing 3; Laminectomy 3; Steno-Tenosynovitis 3; Steinmann's Pin 2; Tendon Graft 2; Excision of loose bodies 2; Patethectomy 1; Suturing of Olecranon 1; Bone plating 1; Plantar Fasciotomy 1; Closed Tenotomy 1; Open Tenotomy 1; Hallus Valgus 1; Excision of knee 1; Tenolysis 1; Pinning of os calcis 1; Scalp Caliper Traction 1.

Ear, Nose and Throat cases : Tonsillectomy 947; Adenoidectomy 832 Proof Puncture with Antrum wash out 30; Removal of Foreign Body nose 25; Laryngoscopy 24; Cauterization nose 18; Caldwell Luc. 13; Nasal Polypectomy 11; Bronchoscopy 11; Removal of Foreign Body ear 10; Mastoidectomy 8; Removal of Foreign Body throat 8; Submuscosal Reaction 6; Aural Polypectomy 3; Tracheotomy 3; Plastic operation ear 2; Reduction Fracture nasal bones 2; Endoscopy 2; E.U.A. Naso pharynx 1; Suturing of wound Soft Palate 1; Aspiration of cystic Swelling in Oropharynx 1; Oesophagoscopy 1.

Genito-Urinary Tract : Cystoscopy 145; Prostatectomy 50; Hydrocele 15; Nephrectomy 14; Suprapubic Cystostomy 14; Retrograde Pyelography 14; Undescended testicle 9; Phimosis 7; Passage of sounds 6; Nephrolithiasis 6; Ovarian Cyst 5; Hypospadias 4; Fulguration of papilloma in bladder 3; Varicocele 3; Ascending Pyelography 3; Stones in bladder 2; Cystectomy 2; Orchidectomy 2; Mithral transplantation 2; Amputation of Penis 2; Opharectomy 2; Uretheric catheterization 1; Ureterolithiotomy 1; Hysterectomy 1; Ectopic Gestation 1; Salpingectomy 1.

Respiratory Tract : Thyroidectomy 12; Radical Mastectomy 10; Bronchoscopy 6; Lobectomy 5; Explorative Thoracotomy 2; Thoracoplasty 2; Pneumonectomy 1; Epithelioma of hip 1; Sympatectomy 1.

Miscellaneous : Lacero-Contused Wounds 35; Skin grafting 27; Amputation 15; Varicose Veins 15; Gland Biopsy 13; Adenoma of Breast 10; Amputation finger 9; Trendellenburgh's Operation 7; Compound fracture 6; Cleft palate 6; Change of Hip Spica 5; Excision of Lipoma 4; Open reduction Fracture 3; Amputation Toes 3; Rodent Ulcer 3; Spinal manometry 3; Craniotomy 2; Excision of head of Radio 2; Amputation leg 1; Hare lip 1; Stab wound 1; Excision of Patella 1; Hypospadias 1; miscellaneous minor operations 287.

OBSTETRIC/GYNAECOLOGICAL DEPARTMENT

Obstetric Division. A marked tendency to overcrowding is becoming increasingly evident in this Division, both in the Antenatal Ward and even more so in the Post-natal Ward. Admissions to the former ward are restricted, without exception, to cases evincing some abnormality, such as toxaemia, ante-partum haemorrhage, hyperemesis. Yet throughout the year this ward was almost invariably overcrowded; whilst the normal bed-complement in the ante-natal ward is meant to be 25, the average number of in-patients in 1956 was as much as 28 per day, ranging from 18 in January to 34 in December. An identical picture obtained in the Post-natal Ward — this in spite of the fact that patients with an uneventful puerperium were regularly discharged home on the fifth or sixth day.

All this is reflected in the increase in the number of parturitions conducted in the Labour Ward. From merely 537 deliveries in 1951, the figure has risen to 1,293 in 1956. At the same time it is significant that practically 75 per cent of these deliveries were normal in every respect, as shown in the following table :—

Month	Deliveries	Normal	Abnormal
January	92	77	15
February	100	82	18
March	99	82	17
April	97	72	25
May	98	81	17
June	112	88	24
July	119	43	76
August	108	83	25
September	113	91	22
October	122	85	37
November	118	101	17
December	115	80	35
Total ...	1,293	965	328

A summary of the chief abnormalities and complications that were encountered is enlisted hereunder :—

I. Pre-eclampsia, Essential Hypertension, Chronic Nephritis and Eclampsia — 186 cases.

II. Accidental Antepartum Haemorrhage — 32 cases.

III. Placenta Praevia — 14 cases.

IV. Persistent Posterior Position of the Occiput and Transverse Arrest — 53 cases, terminating as follows :—

a) Spontaneous delivery "face to pubes" : 8
b) Forceps in occipito-posterior position : 3
c) Manual rotation and forceps extraction : 5
d) Rotation and extraction with Kielland's forceps : 37

V. Breech deliveries — 75 cases ; this excludes cases of internal podalic version.

VI. Face presentations — 9 cases.

VII. Brow presentations — 1 case.

VIII. Transverse and Oblique Lie (in Labour) — 10 cases.

IX. Multiple Pregnancy 22 cases, including one pair of macerated Siamese twins.

X. Labour following Previous Caesarean Section — 12 cases, including one patient who had her second Vaginal delivery following Caesarean Section.

XI. Prolapse and Presentation of Cord — 13 cases.

XII. Post-partum Haemorrhage — 9 cases.

XIII. Manual Removal of Placenta — 14 cases.

XIV. Artificial Rupture of Membranes — 65 cases.

XV. Forceps Delivery — 98 cases, with the following indications :—

a) Occipito-posterior position : 6
b) Deep transverse arrest : 38
c) Prolonged second stage : 44
d) Foetal distress : 7
e) After-coming head : 2
f) Face Presentation : 1

XVI. Internal Version in Labour — 34 cases, the indications being :—

a) Transverse lie : 9

b) Prolapse of cord or hand : 6

c) High head : 9

d) others : 10

XVII. Caesarean Section — 57 cases. The indications were :—

a) Cephalo-pelvic disproportion : 15

b) Placenta praevia : 10

c) Severe toxaemia : 9

d) One previous C. S. with present abnormality : 8

e) Two or more previous C.S. : 7

f) Others : 8.

It is interesting to observe the trend in "Caesarean Section rate" over the past three years.

Year	Total Deliveries	Caesarean Sections	Percentage Rate
1954	900	71	7.9
1955	953	67	7.0
1956	1,293	57	4.4

It is pointed out that in this interval of two years the actual number of Caesarean Sections has fallen by 20 per cent. This figure acquires even greater significance when it is realised that the total number of deliveries has increased by no less than 43 per cent in the same period.

The births can be grouped as follows :—

a) Live Births — 1,239;

b) Stillbirths — 76, of which 48 were macerated; and

c) Neo-natal deaths — 45.

The following maternal deaths occurred :—

1) L.F., 44 years. Post-operative Shock, Caesarean Section, Diabetes Mellitus.

2) T.M. 37 years. Pulmonary Oedema.

3) A.A., 37 years. Obstetric Shock, Difficult Forceps.

4) T.P., 30 years. Mesenteric Thrombosis.

Maternity Operating Theatre : Caesarean Sections 57; Curettage 54; E.U.A. 37; Fothergill 35; Sub-total Hysterectomy 21; Biopsy 14; Trachelorraphy 12; Oophoro Salpingectomy 11; Total Hysterectomy 8; Myomectomy 8; Ovariectomy 8; Vaginal Hysterectomy 8; Anterior and Posterior Colporraphy 8; Pan Hysterectomy 6; Rectocele 6; Laparatomy 5; Caesarean Hysterectomy 4; Perineorraphy 4; Removal of Polyp 4; Ectopic Gestation 2; Removal of Vaginal Cyst 2; Vaginal Mymectomy 2; Wertheim 1; Salpingectomy 1; Vulvectomy 1; Excision of Bartholin Cyst 1; Excision of Meso Enteric 1; Separation of Vaginal Septum 1; Cautery 1; Excision of anal sphincter (sinus) 1; Application of forceps 1; Anal Fistula 1.

ANTENATAL WARD

1. *No. of admissions*

		Average per day
January	54	1.74
February	68	2.34
March	78	2.52
April	86	2.87
May	79	2.58
June	82	2.74
July	82	2.64
August	84	2.71
September	84	2.80
October	96	3.10
November	92	3.07
December	71	2.34
	956	2.61

2. *No. of In-patients*

		Average per day
January	554	17.86
February	647	22.31
March	968	31.23
April	906	30.20
May	1,028	33.16
June	827	27.58
July	851	27.45
August	619	19.96
September	805	26.83
October	880	28.39
November	923	30.77
December	1,054	33.99
	10,062	28.00

Average Stay in Hospital :— 10.74 days.

POSTNATAL WARD

1. *No of admissions*

		Average per day
January	79	2.55
February	86	2.97
March	62	2.00
April	81	2.70
May	81	2.61
June	93	3.10
July	101	3.26
August	99	3.19
September	94	3.13
October	102	3.29
November	104	3.47
December	108	3.18
	1090	2.76

2. *No. of In-patients* — *Average per day*

January	555	17.90
February	569	19.62
March	659	21.25
April	559	18.63
May	581	23.59
June	558	18.60
July	616	19.87
August	603	19.45
September	573	19.10
October	706	22.77
November	652	21.73
December	635	20.48
Total	7266	19.86

Average Normal puerperal women per day 14.89
Average Abnormal Puerperal Women per day 4.97
Average Stay in Hospital 7.21

3. *No. of Deliveries*

		Normal	*Abnormal*
January	92	77	15
February	97	81	16
March	97	82	15
April	97	72	25
May	98	81	17
June	112	88	24
July	119	43	76
August	108	83	25
September	113	91	22
October	122	85	37
November	118	101	17
December	115	80	35
	1,288	964	324

Normal Deliveries :— 74.85 per cent.
Abnormal Deliveries :— 25.15 per cent.

Gynaecological Division : The number of admissions amounted to 802, which again is almost double that of 1951. This is the first time on record that the admissions have exceeded 800 in one year. It implies that throughout 1956 there have been more than two admissions per day into these Wards (with a total complement of 28 beds); the average number of daily admissions has fluctuated from 1.65 in December to 3.03 in July. The average stay per patient in these Wards works out to just over ten days.

The following is a classification of all admissions according to the diagnosis, in order of frequency :—

Abortions :	Threatened	21
	Inevitable	19
	Incomplete	174
	Complete	12
	Missed	8
		234

Functional uterine bleeding	122
Cervicitis; Salpingitis; Parametritis	95
Prolapse of uterus; Cystocele; Rectocele	92
Uterine myoma	50
Cervical polyp	30
Ovarian cyst or carcinoma	25
Adenocarcinoma of body of uterus	16
Carcinoma of cervix	11
Cervical laceration; Ectripion	11
Vulvo-vaginitis; Pruritus vulvae; Leukoplakia	9
Tears in vulva or perineum	9
Rupture of uterus	6
Ectopic gestation	2
Adenomyosis uteri	2
Stress incontinence	2
Cyst of Gartner's duct	2
Carcinoma of vagina	1
Sarcoma of uterus	1
Under observation for pain, amenorrhoea, etc.	68

The following operations were carried out :—

Caesarean Section		57
Abdominal hysterectomy :—		
Wertheim's hysterectomy	1	
Panhysterectomy	6	
Caesarean hysterectomy	4	
Total hysterectomy	8	
Sub-total hysterectomy	21	
		40
Curettage		276
Fothergill's operation		35
Salpingectomy		20
Anterior and Posterior Colporraphy		19
Biopsy of Cervix		19
Trachelloraphy		12
Polypectomy		12
Abdominal Myomectomy		8
Vaginal Hysterectomy		8
Laparatomy		5
Ectopic Gestation		2
Vaginal Myomectomy		2
Vulvectomy		1
Excision of Bartholoni's Cyst		1
Others		5

Six deaths occured in this ward, the causes being

(a) Uterine carcinoma	2
(b) Ovarian carcinoma	2
(c) Mesenteric thrombosis	1
(d) Lymphosarcoma of peritoneum	1

GYNAECOLOGICAL WARD

1. *No of admissions*		*Average per day*
January	52	1.68
February	71	2.45
March	61	1.97
April	59	1.97
May	58	1.87
June	79	2.63
July	94	3.03
August	77	2.48
September	67	2.23
October	62	2.00
November	71	2.37
December	51	1.65
	802	2.19

2. *No. of In-patients*		*Average per day*
January	694	22.39
February	694	23.39
March	801	25.83
April	643	21.43
May	690	22.25
June	679	22.63
July	762	24.58
August	761	24.55
September	652	21.73
October	630	20.32
November	698	23.27
December	672	21.68
	8,376	22.34

Average stay in hospital : 10.20 days

Operations :

Abdominal operations	67
Vaginal Hysterectomies	8
Fothergill operations	37
Caesarean operations	59

Out-Patient Division. The number of patients referred to this clinic totalled 2,006. It is important to observe the steep rate with which this number is steadily increasing year after year. Thus, in 1956 the number of new cases seen as out-patients was almost three times that of 1951 (701, twice that of 1953 (1,005) and 1.5 times that of 1955 (1,357). This rise is also reflected in the "follow-ups" who are attended to at each session. The following is a table of attendances in 1956.

	Number	*Average per session*
New Cases	2,006	13.46
Follow-ups	3,058	20.71
Total	5,064	34.17

Pathological Department

A total of 29,972 specimens were submitted to this Department during the year under review details of which are given hereunder :—

Morbid Anatomy and Histology : Surgical histology 862; postmortem examinations 61.

Haematology. Haemoglobin estimations 5,581; White Blood Cell counts 4,158; Differential White Cell counts 2,888; Red Blood Cell counts 2,084; Haematociet estimations 179; Platelet counts 111; Reticulocyte counts 101; Myelograms 39; Erythrocyte fragility tests 23; Marrow and Splenic pulp for L.D.Bs. 17.

Chemical Pathology. Microscopical examination of urine 3,892; Chemical examination of urine 3,557; Blood Urea estimations 1,520; Blood Sugar estimations 569; Bile pigments analyses 495; Quantitative sugar estimations in urine 315; Prothrombin estimations 204; Glucose Tolerance tests 202; Gastric Juice : Testmeal analyses 180; Plasma lilimbu estimations 178; Plasma Proteins estimations 149; Plasma Alkaline Phosphatase 147; Friedman Pregnancy test 107; Blood Cholesterol estimations 61; Plasma Acid Phosphatase 60; Alkaliresistant Hgb. estimations 55; Plasma Amylase determinations 41; Electrophocetograms 24; Urine Chlorides 20; Urine Diastase 18; Serum Calcium estimations 18; Urea Clearance Tests 14; Plasma Chlorides 8; Blood Uric acid estimations 5; Blood Inorganic Phosphate 3; Cerebrospinal fluids and transudates : Chem. Analyses 475, Cytolog. exams 489; Flocculation tests : Takata-Ara Reaction 211, Cadmium Sulph. Tests 192, Thymol Turbidity 267; Faeces : Occult Blood Chemical tests 251, Microscopical examinations 141.

Bacteriological Laboratory

A total of 6,903 bacteriological investigations were carried out during the year 1956, of which the following is a detailed account.

Blood Cultures. These were carried out for diagnostic purposes on 465 occasions. The method adopted depended on the use of combined liquid and solid media following Castaneda's method, tryptose broth and Tryptose agar being used. As is well known *Brucella Melitensis*, so frequently met with locally, is a slow grower and so no culture was discarded before it had been observed for at least 12 days. *Brucella Melitensis* was cultivated from 79 samples and *Salmonella Typhi* from 25 samples.

Bone marrow obtained by sternal puncture was cultivated in 7 cases, giving a growth of *Brucella Melitensis* in 1 case.

Agglutination tests. Titrations for agglutinins were carried out on 1,182 sera; reactions, generally at high titre were obtained against *Brucella Melitensis* in 247 cases and against Salmonella typhi in 238 cases. In 26 cases double reactions against *Brucella Melitensis* and Salmonella typhi, generally explicable on the basis of a fairly recent vaccination against Salm. typhi were obtained. In 3 cases reactions against *Proteus O X 19* were obtained; in 4 cases against *Shig. flexneri*, and some other cases against *Shig. shigae* and *Shig. Boydii*. In 675 other cases slide reactions were carried out giving 68 reactions against *Bruc. melitensis*, 74 reactions against *Salm. typhi* and 11 double reactions.

Assisting another laboratory in a wide survey of Brucellosis in goats, this laboratory carried out slide agglutinations on the sera from 469 goats, of which 112 reacted positively.

In the last quarter of the year, an investigation was carried out to determine the relative sensitivity of agglutination tests against *Bruc. melitensis* and *Salm. typhi* carried out by the slide method and in Dreyer tubes. In Dreyer tubes sera were tested, at least primarily, at dilutions ranging from 1/40 to 1/320; on the slide the 1/40 dilutions were used. The antigen was the same in both methods being a suspension containing 1,000 million bacteria per ml. of *Bru. melitensis* and *Salm. typhi* respectively. The number of sera tested in these ways was 184, agreement being obtained in 167 cases, whilst in 4 cases reaction was obtained against *Bruc. melitensis* on the slide when the tube test was negative, and in 12 cases reaction against *Salm. typhi* was obtained on the slide alone. Only 1 case reacted against Typhoid in the tubes and gave a negative slide reaction.

Wassermann Complement Fixation tests and Kahn tests : A total of 973 samples of blood sera were examined with positive results in 288 cases. 3 samples of cerebro-spinal fluid and a sample of ascetic fluid were also examined with negative result. Gonococcal complement fixation tests were also carried out in some cases.

Cerebro-spinal fluid : A total of 93 samples were examined : *Neis meningitidis* were identified on 4 occasions, *Myco. tuberculosis* in 4 cases, *Str. pneumonia* in 3, *Bact. coli* in 1, *Staphylococci* in 11 cases and a mixed flora was found in 3 samples.

Pus. 125 samples of purulent material from various sources were examined yielding *Staphylococci* on 36 occasions, *Myco. tuberculosis* in 14 cases, *Bruc. melitensis* in 3, *Pseudromonas pyocyanea* in 1 case, *B. coli* in 1 case, *Coryn. diphteria* in 1 case and a mixed flora in 15 cases.

Joint fluids. Out of 22 samples of fluid from inflamed joints *Staphylococci* were cultivated in 5 and *Bruc. melitensis* in 2 cases.

Pleural fluids. In 38 samples, *Myco. tuberculosis* was met with in 3 occasions and *Staphylococci* in 2. The tests of these fluids include inoculation in a guinea-pig as a routine.

Sputum examination. The number of sputa examined was 874; in 125 cases the *Myco. tuberculosis* was found. In 3 cases *Candida albicans* was found to an extent which may have been pathologically significant. In a large number of other cases the nature of the predominant flora was determined.

Gastric contents. All these samples, submitted for the detection of *Myco. tuberculosis* from ingested sputum, were routinely examined by direct microscopy, by culture and by guinea-pig inoculation. These came from a large proportion of government employees or prospective employees and from intending emigrants in whom other examinations had suggested the possibility, often remote, of a tubercular infection. The presence of the *Myco. tuberculosis* was detected in 18 cases, out of 166 cases examined.

Faeces examinations. A total of 762 samples of faeces were examined, including a very large proportion from convalescent cases to determine their non-infectivity before discharge. *Salm. typhi, Shig. flexneri, Shig. boydii* and *Myca tuberculosis* were detected in some. In others the *Entamoeba histolytica, Giardia* and *Trichomonas* were seen, as well as ova of *Enterbius vermicularis* and of *Hymenolepis nana.* Samples of Taenia were submitted for identification of species.

In July there was an outbreak of food poisoning. The infecting organism was identified as *Salm. typhi murium,* as was confirmed by the Salmonella Reference Laboratory of the Central Public Health Laboratory Service. None of the food on which suspicion centred epidemiologically was available for examination.

Urine examination. Examinations of 396 samples, by direct examination, culture and animal inoculation showed the presence of *Myco. tuberculosis* in 13 cases, *Bruc. melitensis* in 1, *Pseudomonas pyocyanea* in 3, *Bact. coli* in 44 cases and a variety of microorganisms including *Str. pneumoniae, Bact. aerogenes, Candida albicans* etc., on others.

Urethral and vaginal discharges. In 120 samples of discharges from cases of urethritis, leucorrhoea etc., the *Neis. gonorrhoeal* was identified 23 times, *Staphylococci* 10 times, *Trichomonas vaginalis* 12 and *Candida albicans* 9 times. A variety of other microorganisms not specifically pathogenic were also met with.

E.N.T.E. Swabs. A total of 130 swabs from the throat, nose, ears and eyes were examined for the presence of infecting bacteria; the *Congi. diphtheriae* was met with in 2 throat cases, in 1 eye case, in 7 ear swabs, and 1 nose swab. Some of these latter 2 were non-virulent. A variety of bacteria were encountered in the other cases. In 5 nasal smears the presence of *Myco. leprae* was detected. From patients in whom there is the suspicion of leprosy infection a scraping of the nasal mucosa and a smear from fluid obtained by a slitting of the skin in the affected area are both examined. The skin preparation was positive in 8 cases; in no case was there a positive nasal mucosa finding with a negative skin result.

Hair examinations. These were carried out on 47 cases most of which were in treated cases to confirm cure or in cases of cicatricial alopecia to eliminate the possibility of an active infection. *Tinea capitis* was detected in 2 cases and *Achorion* in 3.

Antibiotics Sensitivity Tests. On 278 occasions material was received for the identification of the infecting microorganisms and to assess their sensitivity to antibiotics. These came mainly from case of otitis, from throat infections and from pyogenic infections. The bacteria isolated were tested against Penicillin, Chloramphenicol, Terramycin, Auromycin, Streptomycin and Achromycin.

Miscellaneous. Other work included examination of helminthic parasites, post-mortem specimens, transfusion blood for sterility, Paul-Bunnel tests, preparation of vaccines, etc

RADIOLOGICAL DIVISION

During the year the number of patients X-rayed was 11,254.

Number of Films used	21,881
Number of Dentals used	266
Number of Occlusals used	149

The number of Emigrants X-rayed during the year was 2,285; films used, 2,464.

The number of Hospital Cases X-rayed was 10,074 of whom 1,645 were teachers and 299 were members of the Police. The number of Films used was 11,685.

BLOOD TRANSFUSION DIVISION

During the year 1956 the number of requests for Transfusion was 704 and 935 bottles were issued.

Donors numbered 1,316.

The Group frequency of 704 patients tested was as follows :—

Group O	40%
Group A	50%
Group B	7%
Group AB	3%

Of 679 persons tested with the Anti-D, 85.6% were Rhesus Positive and 14.4% were Rhesus Negative.

DENTAL DIVISION

This department was transferred from the Valletta Dispensary to St. Luke's Hospital Out-Patients Block. On the 11th March, the Hospital Clinic was opened for dental patients, and on the 12th May, 1956, the Clinic was officially inaugurated.

The Clinic, which has been planned on modern lines, is well equipped for dental treatment in a hospital atmosphere where investigations can be carried out with facility; it affords better convenience to the patients, and has proved a great asset to the hospital itself, as many of the in-patients benefited from dental treatment.

Two patients found suffering from Squamous Cell Carcinoma of the mouth (angle of the jaw) were referred to the Royal Marsden Hospital in London, for surgical and irradiation treatment.

During the year the following work was performed :—

Number of patients attended to	7,888
Number of new patients	1,891
Extraction of teeth under local anaesthesia	7,459
Attendance in connection with prosthetic work	3,883
Prophylactic treatment	1,681
Operations under General Anaesthesia including Impacted teeth, buried teeth, enucleation of cysts, alveolectomy, tumours, etc.	101
Patients referred for investigations (Radiologist Pathologist)	169
Number of patients fitted with full or partial dentures ...	841
Restoration of teeth	586
Scaling and gum treatment	336
Patients who refused treatment	6
Patients treated for fracture of the jaws	11
Attendances at various hospitals and Civil Prison	28

Various Government Institutions were, in addition, regularly visited by one of the Dental Surgeons for examiation and treatment of the inmates.

St. Vincent De Paul Hospital

The movement of the hospital population during the year was as follows :—

S. V. P. H. 1956	Remaining at end of 1955	Admitted	Transferred from other Hospitals	Discharged					Remaining at end of 1956
				Transferred to other Hospitals	At Request	Cured	Relieved	Died	
Males	378	70	43	13	21	—	—	71	386
Females	332	90	20	9	13	—	—	95	325
Total (Inmates) ...	710	160	63	22	34	—	—	166	711
Extension Wards									
Male Surgical Ward ...	25	8	28 (a)	—	7	3	2	23	26
Male Medical Ward ...	26	10	42 (b)	6	11	—	1	24	36
Female Surgical Ward ...	18	3	27 (c)	2	8	—	—	17	21
Male Tuberculosis Ward	27	47	43 (d)	6	5	—	28	11	67
Female Tuberculosis Ward	—	18	36 (d)	5	4	—	16	4	25
Tinea Ward	—	15	—	—	1	6	—	—	8
Total (Patients) ...	96	101	176	19	36	9	47	79	183
Grand Total ...	806	261	239	41	70	9	47	245	894

(a) Almost all were transfers from St. Luke's Hospital. Advanced and/or inoperable cases. Corresponding figures last year were 49 admissions and 26 deaths.

(b) Transfers from St. Luke's Hospital. Majority were suffering from chronic or incurable diseases. Corresponding figures last year were 28 admissions and 18 deaths.

(c) As in (a). Corresponding figures last year were 48 admissions and 26 deaths.

(d) On the closing down of the Connaught Hospital on January 16, 1956, 3 female patients had been discharged and 19 male and 31 female patients were tranferred to the Hospital.

The daily average number of inmates was 720 made up of 378 males and 342 females, whilst that of the patients in Extension Wards was 26 for the Male Medical 18 for the Male Surgical, 19 for the Female Surgical, 55 for the Male Tuberculosis and 25 for the Female Tuberculosis, giving a comprehensive average of 863 daily.

The following comparative table shows the number of admissions and deaths of inmates during the years 1953-56 :—

Year	ADMISSIONS			DEATHS		
	Males	Females	Total	Males	Females	Total
1953	128	165	293	64	121	185
1954	131	124	255	88	94	182
1955	120	108	228	66	75	141
1956	113	110	223	71	95	166

The slight increase in the number of deaths over that for 1955, especially among the female inmates, is explained by the fact that many of those admitted during the year were in a far advanced state of their disease and died within a short period of their admission.

Fourteen girls, all under the age of 10 years and suffering from Tinea Capitis and an infant of 4 months suffering from Eczema infantilis of the face were admitted into this Hospital from June onwards. Six of these children were discharged cured and one was withdrawn at request; the remaining 8 had shown a considerable improvement but were still undergoing treatment at the end of the year.

Reconstruction, Repair and Maintenance Work

The reconstruction of the Wing Block on the bomb-damaged site in the Female Subdivision was nearly completed. This Block, previously a two-storey building, will now be built on three floors besides an extensive basement. The whole Block will provide accommodation for a minimum 150 patients.

The repairing of the Quadangle in the Male Subdivision was completed during the year.

Other works carried out, besides those on maintenance and repair, were the following :—

1. The construction of a laundry for the T.B. Section.

2. The laying of cement grooved tiles in place of the stone slabs along almost the entire lengths of the floors of the verandahs in both the Male and Female Subdivisions.

3. The fixing of gauze wire frames to the windows in six of the nine Blocks of Wards in the Hospital.

4. The extension of telephone lines to all the Wards on the first floor.

5. The laying of marble slabs to three staircases.

Tuberculosis Extension Wards

In these wards are kept Tb patients who are unwilling to go for treatment abroad or whose constitution does not warrant such treatment.

The movement of this population during the year was as follows.

	Remaining at end of 1955		Admitted 1956		DISCHARGED								Remaining at end of 1956
	at the Connought Hospital(a)	at S.V.P.H. T.B. Ext. Ward	New Entries	Re-admissions	Disease Arrested	Quiescent Stage	Improved	Not Improved	Trans to U.K.	Trans. to Italy	Dead (c)	Not suffering from T.B.	
Males	19	27	50	21	—	15	2	6	10	6	11	—	67
Females	34(b)	—	19	4	—	22	5	1	—	—	4	—	25
Total	53	27	69	25	—	37	7	7	10	6	15	—	92

(a) These patients are included in column "Transferred from Other Hospitals" in S.V.P.H. table showing movement of hospital population.

(b) 3 Discharged from Connaught Hospital.

(c) In six patients death could not be directly attributable to tuberculosis: one woman who had Diabetes Mellitus, Ischaemic Heart Disease and Cerebral Thrombosis, died of congestive heart failure, while another aged 70 died of Cerebral Haemorrhage when the tuberculosis had reached the quiescent stage. In four of the men the cause of death was inoperable carcinoma of the Bronchus, Uraemia folowing Chronic Pyelonephritis, Cerebral Haemorrhage following diabetic arterio-sclerosis and Laennec's Cirrhosis of the liver, respectively.

Treatment : This was on the same lines as in the previous years — bed rest and prolonged "drug therapy". No temporary or permanent collapse procedures were adopted, because either recovery followed conservative methods or the type of cases were unsuitable for active treatment. The only surgical operations carried out were repair of a diaphragmatic hernia of the stomach and a cholecystectomy, in the same patient.

A trial with a new drug, the P.A.S. salt of Isoniazid, was started. Although it is still premature to give a final assessment as to its value, it is felt that results have not been so favourable as claimed. In fact, bacillary resistance to the drug may constitute a drawback.

One patient, a young woman of 20 years, who had B.C.G. vaccination was admitted for treatment. The clinical onset of the disease was at least 3 years after she had received the vaccine. She had exudative and nodular tuberculosis of the whole of the left lung with cavitations in the upper zone and has done very well with drug therapy.

Transfer of Patients to Sanatoria Abroad

Throughout the year, 16 male patients volunteered for treatment abroad. Ten were sent to England and six to Italy.

During the same year, 25 patients already receiving treatment abroad returned — 13 males and 5 females from England and 7 males from Italy.

Of those returning from England, 6 males and 1 female were still in the infective stage, 2 males and 2 females had continued to improve, one female had also improved but had still to continue pneumoperitoneum treatment in Malta, and 5 males and 1 female had reached the quiescent stage.

Of those returning from Italy, 3 were still in the infective stage, while 4 had continued to improve and had reached the quiescent stage.

Of the returned patients, 6 males, all infective and one female were re-admitted to hospital and 2 of the males have since died. The rest are being followed-up as out-patients.

X-ray Equipment. The X-ray apparatus which was installed in the old Connaught Tuberculosis hospital is being transferred to an annexe of the Tb Wards. It will be placed in position and prepared for use as soon as the conversion to the new electric current system is complete. Meanwhile the patients have to go to St. Luke's for radiological examinations.

Out-Patient Department.

Table LXXXII gives the relative particulars of the works carried out at the out-patient clinic at St. Luke's Hospital.

Three sessions are held during each week. As pointed out last year, an increasingly large number of patients have been frequenting the clinic. In fact, 1,150 attended during 1956, an increase of 510 over the previous year.

ST VINCENT DE PAUL HOSPITAL

Tuberculosis Wards

TABLE LXXVII

Classification of In-Patients

Sex	Class "A" Group I	Class "A" Group II	Class "A" Group III	Class "B" Group I	Class "B" Group II	Class "B" Group III	Not suffering from T.B.	Total
Males	—	3	—	4	28	82	—	117
Females	2	2	3	4	14	32	—	57
Total	2	5	3	8	42	114	—	174

TABLE LXXVIII

Age of all In-Patients

Sex	From 1 to 4 years	From 5 to 14 years	From 15 to 24 years	From 25 to 34 years	From 35 to 44 years	From 45 to 54 years	From 55 to 64 years	From 65 years and over	Total
Males	—	—	10	14	22	28	30	13	117
Females	—	3	19	10	7	7	7	4	57
Total	—	3	29	24	29	35	37	17	174

TABLE LXXIX

Duration of stay of patients Discharged during 1956

Sex	Under 2 weeks	From ½ to 1 month	From 1 to 3 months	From 3 to 6 months	From 6 months to 1 year	From 1 to 2 years	From 2 to 3 years	From 3 to 4 years	From 4 to 5 years	From 5 to 6 years	6 years and over	Total
Males	2	2	8	4	5	9	1	3	1	2	2	39
Females	—	—	3	—	5	14	4	—	2	—	—	28
Total	2	2	11	4	10	23	5	3	3	2	2	67

TABLE LXXX

Duration of stay of patients who Died during 1956

Sex	Under 2 weeks	From ½ to 1 month	From 1 to 3 months	From 3 to 6 months	From 6 months to 1 year	From 1 to 2 years	From 2 to 3 years	From 3 to 4 years	From 4 to 5 years	From 5 to 6 years	6 years and over	Total
Males	2	—	2	2	1	—	2	1	—	—	1	11
Females	—	—	—	—	—	2	2	—	—	—	—	4
Total	2	—	2	2	1	2	4	1	—	—	1	15

TABLE LXXXI

Ages on Discharge or Death of Patients

Sex	From 1 to 4 years	From 5 to 9 years	From 10 to 14 years	From 15 to 19 years	From 20 to 24 years	From 25 to 29 years	From 30 to 34 years	From 35 to 39 years	From 40 to 44 years	From 45 to 49 years	50 years & over	Total
Males	—	—	—	1	2	3	4	5	6	7	22	50
Females	—	—	2	2	4	5	4	1	2	1	11	32
Total	—	—	2	3	6	8	8	6	8	8	33	82

TABLE LXXXII

Out-Patient T.B. Chest Clinic — St. Luke's Hospital

Sex	No. of Pts. attending the Out-Pt. T. B. Chest Clinic					No. of Visits			
	New entries	For A.P.	For P.P.	For General Treatment	Total	For artificial Pneum.	For P.P.	For General Treatment	Total
Males ..	93	5	1	472	571	70	—	2,379	2,449
Females ...	65	2	2	500	569	41	33	2,167	2,241
Total ...	158	7	3	972	1,140	111	33	4,546	4,690

HOSPITAL FOR MENTAL DISEASES

The movement of the hospital population during the year, was as follows :—

	Males	Females	Total	Males	Females	Total
On the Hospital Registers 1st January, 1956				452	428	880
Admissions: Voluntary	15	18	33			
Certified	121	103	224			
Courts of Law	—	1	1			
Re-transferred from other hospitals	6	8	14	142	130	272
Total Cases under treatment				594	558	1,152
Discharges :—						
Not insane	4	2	6			
Recovered	17	18	35			
Relieved	34	23	57			
Not improved	22	35	57			
Not requiring hospital treatment	10	3	13			
Transfers to the Hospital for Mental Diseases - Gozo	17	8	25			
Transfers to other hospitals	6	7	13			
Deaths	20	14	34	130	110	240
Remaining on the Hospital Registers 31st December, 1956				464	448	912

Admissions (258) were more by 51 compared to last year. 110 males and 87 females were first attack cases, and 16 males and 24 females suffered from previous attacks of mental disorder. Congenital cases numbered 13 (5 males and 8 females), 5 cases (3 males and 2 females) were found "not insane" on admission. 1 female patient sent to hospital by order of a Court of Law was still under observation at the end of the year.

The ages on admission during 1956 averaged 42.6 for males and 41.8 for females.

Single persons numbered 133 (72 males and 61 females), married 108 (60 males and 48 females) and widowed 17 (4 males and 13 females).

Classification of admission by mental disorder and sex during the year

	Males	Females	Total
Affective psychoses	25	35	60
Schizophrenia	49	45	94
Paraphrenia	6	7	13
Paranoia	2	1	3
Confusional state	4	5	9
Alcoholic psychoses	6	—	6
Epilepsy & epileptic psychoses ...	5	1	6
Senile & Arteriopathic psychoses ...	12	8	20
Dementia paralytica	1	1	2
Psychopathic state	2	—	2
Mental deficiency	5	8	13
Neuroses	4	5	9
Not insane on admission	3	2	5
Under observation	—	1	1
Parkinsonism	2	—	2
Ganser state	1	—	1
Huntington's Chorea	2	—	2
Organic dementia	1	—	1
Adolescent instability	1	—	1
Unclassified	5	3	8

Discharges by mental disorder and condition of discharge during the year

	Recovered	Improved	Unimproved	N.R.H.T.
Affective psychosis	22	18	5	1
Schizophrenia	10	22	32	—
Paraphrenia	—	4	2	—
Paranoia	—	—	2	—
Confusional state	3	1	—	—
Alcoholic psychoses	—	2	—	—
Epilepsy & epileptic psychoses ...	—	3	1	—
Senile & arteriopathic psychoses ...	—	4	3	4
Dementia paralytica	—	—	1	—
Psychopathic state	—	1	2	—
Mental deficiency	—	—	5	—
Neuroses	—	2	3	1
Huntington's chorea	—	—	1	—
Unclassified	—	1	—	5

Transfers to the Gozo Hospital included : Schizophrenic syndromes 20, mental deficiency 2, senile and arteriopathic psychoses 2, and psychopathic state 1.

The death rate on the average number of patients during the year (894) was 3.8%. The principal causes of deaths were :—

Heart Diseases	12 or 35.3%
Cerebral Vascular diseases	5 or 14.7%
Uraemia	4 or 11.7%
Cancer	3 or 8.8%
Diabetes	2 or 5.8%
Other causes	8 or 23.5%

General Health. The hospital population was free from infectious illness. 2 cases of tuberculosis were reported during the year.

39 cases were referred to the Out-patients' Clinics at St. Luke's Hospital for advice, and consultants visited the Hospital when necessary.

Treatment. The following is a summary of the major forms of treatment carried out during the year and of the results obtained.

Hypoglycaemic Shock. Only 6 patients (5 males and 1 female) were treated, 1 of whom recovered, 3 were improved and 2 remained unimproved. Since some years this treatment is reserved for schizophrenics who do not improve after electro-shock.

Electric Convulsive Treatment. 80 patients (46 males and 34 females) treated gave the following results :—

	Males	Females
Sympton free	7	7
Improved	24	13
Not improved	9	11
Treatment suspended	—	2
Still under treatment at the end of the year ...	6	1

Exluding those under treatment at the end of the year, the percentage of recoveries and improvements amounted to 69.8%.

Modified electric convulsive treatment was carried out on 38 patients (24 males and 14 females). The results obtained are included in the above table.

Out-Patient Clinic. The number of new out-patients seen at St. Luke's Hospital during the year was 200, a slight increase over last year (189). Total cases attending numbered 368 the same number as last year and 1,777 interviews were held.

Diagnostic Classification of New Cases

Anxiety state	32
Hysteria	5
Obsessional compulsive state	6
Hypochondriasis	9
Affective psychoses	63
Schizophrenia	24
Paraphrenia	3
Paranoia	1
Epilepsy	22
Mental deficiency	10
Abnormalities in children	8
Unclassified	8
No psychiatric disability	5
Other cases	4

Disposal of New Material

A. Consultations	8
B. Treatment:	
(a) ceased attending or refused treatment	49
(b) admitted as in-patients	10
(c) remained for treatment	84
(d) recovered or improved	17

Electric Convulsive Treatment. 60 patients (31 males and 29 females) attended as out-patients, with the following results:—

	Males	Females
Symptom free	7	6
Improved	4	8
Not improved	—	2
Stopped attending but improved	6	5
Stopped attending but no response	6	4
Admitted as in-patients	4	3
Still under treatment in 1957	4	1

21 males and 17 females of the above patients had modified E.C.T.

Pathological Laboratory. During the year 4239 investigations were carried out classified as follows:—

Blood. Differential Count and picture 402; Serum reaction (Widal) 284; Sugar estimation 31; Sugar tolerance test 25; Urea estimation 106; Van Den Bergh test 14; Kahn test 909; Wassermann reaction 746; Ketone test 3; Sedimentation rate 31; Bilirubin (Fouchet's test) 13; Coagulation time 2; Leucocytes count 7; Liver Function tests 70.

Cerebro-spinal fluid. Chemical test 11; Cytological examination 10; Lange's collidal gold test 163; Kahn test 116; Wassermann reaction 116.

Urine. Chemical and microscopical examination 976; other chemical tests 123; Zondek test (Friedmann's 9.

Various. Faeces 13; Sputum microscopical examination 29; Ascitic fluid 8; Gastric contents 20.

Post Mortem Investigations. 2.

Occupation and recreation. During the year an average of 156 patients (73 males and 83 females) were occupied daily, compared to 193 (90 males and 103 females) last year.

Cinema and other shows throughout the year provided the patients with very frequent entertainment. Apart from the daily bus outings, a good many patients were taken to the seaside during the summer months.

At the end of the year there were 18 patients from the St. Vincent de Paul Hospital still housed at this Hospital.

CENTRAL HOSPITAL

The movement of the hospital population during the year was as follows :—

	Remaining at end of 1955	Admitted	Transferred from other Hospitals	Discharged					Remaining at end of 1956
				Transferred to other Hospitals	At Request	Cured	Relieved	Died	
OPHTHALMIC									
Males	14	196	6	4	—	174	20	1	17
Females	11	244	1	4	—	200	33	1	18
DERMATOLOGICAL									
Males	5	60	3	3	1	47	12	—	5
Females	6	36	6	1	—	27	14	—	6
VENEREAL									
Males	—	1	1	—	—	—	1	1	—
Females	2	4	2	2	2	1	2	—	1
Total	38	541	19	14	3	449	82	3	47

The average daily number of patients during the year was 49 (23 males and 26 females), and the average stay of patients in hospital was 42 days

The total number of out-patients treated was 5,559; these received treatment in the various out-patients clinics as follows :—

	Ophthalmic	Dermatological	Venereal	Orthoptic
Males	1863	520	78	99
Females	2207	612	97	83
Totals	4070	1132	175	182 = 5559

Ophthalmic Division. The following operations were performed during the year :— Strabismus 58 males 84 females; Foreign bodies cornea 130 males 1 female; Cataract extraction 34 males 39 females; Pterygium 14 males 13 females; After Cataract 8 males 13 females; Chalazion 5 males 7 females; Detachment of retina 9 males 3 females; Excision of Lacrymal Sac 6 females; Wounds of lid 2 males 3 females; Excision of prolapse of Iris 1 male 3 females; Iridectomy 3 males; Glaucoma (Trephine) 1 male 2 females; Entropion 2 males 1 female; Iridotomy 1 male 1 female; Excision of eyeball 1 male 1 female; Melanoma of Conjunctiva 2 females; Obstruction of nasal duct 2 females; Papilloma of lid 1 male 1 female; Congenital Cataract 1 female; Symblepharon 1 female; Epithelioma of cornea 1 female; Ptosis 1 male; Ectropion 1 male; Angioma of lids 1 female; Dermoid cyst of orbit 1 female; Cyst frontal sinuses invading orbit 1 female; Foreign body intraocular (giant-magnet) 1 male.

Total 461. 273 males, 188 females.

The in-patients were treated for the following conditions :— anomalies of external muscle 64 males 82 females; diseases of the lens 46 males 55 females; diseases of the cornea 31 males 26 females; conjunctivitis 7 males 20 females; diseases of the eyelid 13 males 13 females; diseases of lacrymal apparatus 1 male 20 females; glaucoma 8 males 7 females; affections of eye-ball 7 males 8 females; diseases of the retina 10 males 4 females; diseases of the iris 5 males 8 females; Sclerotic diseases 6 males; irido-cyclitis 3 males; diseases of orbit and neighbouring parts 1 male 2 females;

Total 447. 202 males, 245 females.

Out of a total of 4,070 patients who attended the out-patient clinic 2,343 were examined for errors of refraction and had glasses prescribed and 435 were prospective emigrants who had been referred for routine examination by the Department of Emigration. The total number of attendances was 9704.

Dermatological Division. In-patients were treated for the following diseases :—

A. *Non-Infectious Inflammatory Diseases.* Septic Dermatitis 25 males 2 females; Stasis ulcers 11 males 10 females; Psoriasis 5 males 6 females; Contact dermatitis 9 males; Allergic dermatitis 2 males 3 females; Intertrigo 1 male 1 female; seborrheic dermatitis 1 female; Pemphigus 1 male; Erythema multiforme 1 male; Pruritus anogenital 1 male.

B. *Bacterial Diseases.* Impetigo 4 females; Cellulitis 2 females; Lupus vulgaris 1 female; Hansen's disease 1 male.

C. *Dermatophytosis.* Tinea capitis 1 male 10 females; Epidermophytosis 2 males.

D. *Metabolic Diseases.* Avitaminosis 2 females.

E. *Tumours.* Kaposi's Sarcoma 1 male; Verrucae vulgaris 1 male; Cornu cutaneum 1 male.

Total 105. 63 males, 42 females.

Venereal Division.

Shown under Section II.

General. First Aid treatment to casualties was given to 85 cases. These consisted mainly of people residing at Floriana, but several others, from districts as far as Żabbar, Luqa, Safi and Għaxaq called at the Hospital for treatment.

Radiological Division. 51 patients attended for treatment. The total number of sittings given was 498. The conditions treated were :— Rodent Ulcer 26; Keloid 5; Hodgkin's disease 4; Malignant Adenitis 3; Dermatitis papillaris capillitiae 3; N. G. Breast 2; Pruritis ani 2; Eczoema 2; Dermatopnitosis 2; Verruca vulgaris 1; Acne juvenilis 1.

Beside some minor repairs the only work of importance carried out was the repairing of the roofs of the V. D. and Skin Department. This consisted in the application of a special coating, which was to serve as a protection against the periodical seeping of rainwater through cracks and crevices which had formed throughout the last few years.

On the 1st June, the Police took over one further large ward from this Hospital.

SANTO SPIRITO HOSPITAL

The movement of the hospital population during the year was as follows :—

	Remaining at end of 1955	Admitted	Transferred from other Hospitals	Discharged					Remaining at end of 1956
				Transferred to other Hospitals	At Request	Cured	Relieved	Died	
Males	34	29	42	15	8	17	6	25	34
Females	34	21	27	6	5	18	3	16	34
Total	68	50	69	21	13	35	9	41	68

The daily number of patients in hospital during the year was 67 — 33 males and 34 females. The highest number of patients in hospital on any one single day was 70 and the lowest 61.

Of the total number of cases admitted, 66 were transferred from St. Luke's 3 came from other hospitals and 50 were remitted directly from home..

The 187 cases treated during the year may be classified into : Medical 102, Surgical 61, and Orthopaedic 24.

Patients were treated for the following diseases :—

Trauma, Fractures, Wounds 25; Cerebral Thrombosis 15; Enlarged Prostrate 14; Heart Failure 12; New Growths 10; Osteo-Arthritis (non-T.B.) 9; Diabetes Mellitus 8; Abscess, Septic Conditions 7; Senility 7; Accidental Kerosene Drinking 6; Cerebral Apoplexy 6; Chronic Bronchitis 6; Chronic Nephritis 6; Chronic Myocarditis 6; Rheumatoid Arthritis 5; Gangrene (senile & diabetic) 5; Congenital Mental Deficiency 5; Hepatic Cirrhosis 5; Congenital Malformations 4; Arteriosclerosis 4; T.B. Peritonitis 3; T.B. Osteo-Arthritis 2; A.P.M. Sequelae 2; Motor Neurone Disease 2; Chronic Alcoholism 2; Bronchial Asthma 1; Transverse Myelitis 1; Splenomegaly 1; Osteomyelitis 1; Huntington's Chorea 1; Tenosynovitis 1; T.B. Lungs 1; Pellagra & Malnutrition 1; Anaemia 1; Psycho-Neurosis 1; Rheumatic Fever 1.

The number of X-Rays taken at the hospital with the mobile apparatus was 60. The regions of the body examined were :— Chest 17; Femur 10; Spine 6; Tibia & Fibula 5; Urinary Tract 4; Pelvis 3; Knee Joint 3; Hand 2; Foot 2; Shoulder Joint 2; Skull 2; Hip Joint 2; Stomach 1; Gall Bladder 1.

The following orthopaedic and surgical appliances were supplied to patients treated during the year :—

Orthopaedic boots 4 pairs; Walking calipers 3; Hernia Trusses 3; Abdominal corsets 2; Hand crutches 1 pair.

One hundred and one Laboratory specimens were sent to the Pathologist at St. Luke's Hospital. The following examinations were made :—

Blood urea 18; blood for Wassermann 15; blood counts and pictures 14; blood for Serum reaction 5; blood plasma proteins 2; blood for culture 1; urinalysis 35; urine for presence of T.B. 3; urine for culture 1; sputum for T.B. 3; sputum for N.G. cells 1; faeces for amoeba 1; swabs for culture 2.

Besides the above, 42 Erythrocyte Sedimentation Tests were made at the hospital.

The number of casualties attended to during the year, as well as other cases requiring urgent attention, were 223. The injuries or other conditions treated were as follows :—

Wounds 158; fractures and dislocations 24; sprains and contusions 9; foreign bodies 8; burns and scalds 7; cases of poisoning 7; dog bites 4; heart failure : collapse 2; cerebral concussion 2; epileptic fits 1; mental deficiency 1.

Thirty-seven of the above cases were given first aid and remitted to St. Luke's for further investigation and treatment. Three were transferred to the Military Hospital at Mtarfa; the rest received treatment at the hospital and were sent home or kept for some time as in-patients.

In the way of entertainment, several films were shown to the patients during the year. The Central Office of Information lent us most of the films, which were projected from the hospital "Talkie" apparatus donated by patients and ex-patients of the hospital. Outings in buses were also organised during the year.

ST. BARTHOLOMEW HOSPITAL

The movement of the hospital population during the year was as follows :—

Classification	Remaining at end of 1955	Admitted	Transferred from other Hospitals	Discharged					Remaining at end of 1956
				Transferred to other Hospitals	At request (b)	Cured	Relieved	Died (c)	
Males									
Lepromatous	46	5(a)	—	—	22	—	—	4	25
Indeterminate	4	3	—	—	4	—	—	—	3
Females									
Lepromatous	19	3(a)	—	—	9	—	—	1	12
Indeterminate	1	—	—	—	1	—	—	—	—
Total ...	70	11	—	—	36	—	—	5	40

(a) cases who although still active were discharged at their own request in the previous years.

(b) the majority were cases in whom the disease has been arrested, while the rest were cases, who although still active can be effectively isolated in their own homes. All such patients must, however, continue to attend at regular intervals for treatment at the out-patients' clinic attached to the Hospital, in order to qualify for financial assistance. Should they fail to attend regularly for treatment their allowances will be discontinued. By this method, together with the improved standard of living and improved education, it is hoped to bring Leprosy under control.

(c) two died of Chronic Myocardial Disease, two of Chronic Nephritis and one of Congestive Heart Failure.

The daily average number of patients this year was 39 — 28 males and 11 females.

Treatment. As in previous years Sulphone treatment in various forms has remained the standard treatment of Leprosy in this Hospital. There is no doubt that Sulphones, despite certain defects, constitute a most useful weapon against Leprosy, and are the treatment of choice in Lepromatous Leprosy, which is the commonest type of Leprosy in our country. Every patient is also supplied regularly with Iron and Yeast preparations.

Several patients are undergoing combined treatment with Streptomycin and Sulphones. As an adjuvant to Sulphones, Streptomycin is administered in low dosage, i.e. 0.5g. daily. Mucous membrane lesions show rapid improvement on such treatment.

Most patients undergoing Sulphone treatment continue to improve steadily both clinically and bacteriologically. We are glad to register that the degree of cooperation by the patients with regard to treatment is satisfactory.

In our opinion Isonicotinic Acid Hydrazide is of little use in Leprosy. One patient was operated upon by the Junior Surgeon of St. Luke's Hospital for Fibro-adenoma of the breast. Treatment was successful. The out-patient clinic attached to this Hospital dealt with an aggregate of 504 attendances.

The Visiting Physician was consulted in various occasions during the year, whilst the Government Ophthalmic Surgeon called several times and examined and treated the eye complications of the patients.

The Government Dental Surgeon also attended when requested.

Works carried out in Hospital during the year. — A room adjoining the Male Employees Quarters has been constructed for use as a dining room for them.

Frames with gauze wire have been fixed to the windows of several Wards.

Several passages in the grounds of this Hospital have been paved with cement tiles.

During the year various works of a general character have also been carried out.

Visitors and Entertainment. Local Theatrical Companies have performed on various occasions in the Hospital Entertainment Hall. Cinema shows took place weekly.

A new bus was provided for the patients in February, and outings, which have proved to be a welcome break from the monotony of hospital life, were organized frequently.

NOTE: Vide Chapter on "Leprosy" under Section II.

ISOLATION HOSPITAL

The movement of the hospital population during the year was as follows:

Remaining at end of 1955		Admitted	Transferred from other hospitals	Discharges					Remaining at end of 1956
				Transferred to other hospitals	At request	Cured	Relieved	Died	
Males	4	139	19	30	4	105	3	8	12
Females	17	121	17	24	7	112	1	6	5
Total	21	260	36	54	11	217	4	14	17

The daily average population was 17 (7 males and 10 females). The highest number of patients on any single day was 32, the lowest 3.

151 cases were admitted for suspected diphtheria: 79 were bacteriologically confirmed, 4 diagnosed clinically and of the remaining, 47 were acute tonsillitis and 21 acute laryngitis; there were 5 deaths.

Cases of acute anterior poliomyelitis numbered 37: 6 were discharged as cured, 28 referred to St. Luke's Hospital for further treatment and 3, with good chances of an entire recovery, were sent home at the request of parents; in other 7 cases, suspected of suffering from the disease, the diagnosis was not confirmed. Arrangement was made for patients who return home to attend as out-patients at the Physiotherapy clinic.

There were 9 cases of typhus and one case of typhoid fever. A child, admitted urgently at 5.20 a.m. for suspected meningococcal meningitis, died soon after; serological tests and autopsy showed that the cause of her death was murine typhus.

Other cases were the following: erysipelas 20, chickenpox 18, influenza 13, cerebrospinal meningitis 10, bronchopneumonia 4, scarlet fever 4, measles 2, gangrene 2, herpes zoster 1, carrier of dysentery bacilli 1, puerperal fever 1, post vaccinal encephalomyelitis 1, streptococcal septicaemia 1, acute colitis 1 and infestation 1. Eight of these patients died: an infant died of cerebro-spinal meningitis, a young child of bronchopneumonia, a woman aged 54, of erysipelas and five men, admitted for influenza, aged 88, 81, 73, 62 and 58 respectively, died of congestive heart failure.

In February a ward of this hospital was opened as an extension ward of the St. Vincent d Paul Hospital for the reception of patients awaiting admission into the latter hospital. The movement of its population was as follows:

Sex	Admitted	Transferred from other hospitals	Discharges					Remaining at end of 1956
			Transferred to other hospitals	At request	Cured	Relieved	Died	
Males ...	31	34	51	10	—	—	4	—
Females ...	78	33	57	13	—	—	16	25
Total ...	109	67	108	23	—	—	20	25

The daily average population of the inmates was 20, and the highest number of them on any one single day was 34, the lowest 1. Strict separation existed between this ward and the isolation wards so as to prevent the direct and indirect transmission of any infectious agent to the inmates.

CONNAUGHT HOSPITAL

This Hospital was officially closed down on January 16, 1956, when out of the 53 patients remaining at the end of 1955, 3 female patients had been discharged.

The remaining 50 patients — 19 males and 31 females — were transferred to the Extension Wards of St. Vincent de Paul Hospital.

A full account of this closing down is given in the Introduction to the Report for the year 1955.

VICTORIA HOSPITAL

The movement of the hospital population during the year was as follows :—

Remaining at end of 1955	Admitted	Transferred from other Hospitals	Discharged					Remaining at end of 1956
			Transferred to other Hospitals	At Request	Cured	Relieved	Died	
Males 19	349	7	18	38	163	115	18	24
Females 32	442	5	20	53	242	124	12	27
Total 51	791	12	38	91	405	239	30	51

The daily average population was 58 — 21 males and 37 females.

9 cases of closed tuberculosis of the respiratory system, as against 7 for last year, and 2 cases of tuberculosis of joints and bones, as against the same figure for last year, came up for treatment during the year. 3 of the former and one of the latter were transferred to other hospitals. In the rest the disease became quiescent and were discharged as such.

7 cases of Typhoid and 22 of Brucellosis were treated. With the exception of 2 cases of the latter, which at the end of the year were still in hospital, all the rest were discharged cured. The corresponding figures for last year were 2 and 20 respectively, also with no deaths.

8 cases of Tetanus, as against 5 for last year, were treated and discharged cured.

67 cases, as against 86 for last year, were transferred to hospitals in Malta for a variety of conditions such as congenital heart (3) cerebral tumours, malignancy, and gastro-intestinal affections. Others required electrical treatment, including diathermy for cervical erosions, tomography and other special X-Ray investigations.

233 operations, as against 273 for last year, were performed during the year. These include all emergency operations, and all obstetrical and gynaecological operations, performed by the permanent Medical Staff of the hospital, and the specialized operations, which are outside the province of the general surgeon or not strictly urgent, which were performed by the consultants during their respective monthly session at the hospital.

Out-Patient Department. 1,828 cases, as against 2,110 for last year, were attended to in this department during the year. Of these 123 were for errors of refraction and 369 for dental service. The eye and dental clinics are always the most crowded. Some of the new equipment for the dental clinic has already been received.

Clinical Laboratory. As against 1,368 for last year the number of tests and examinations performed at the Laboratory during the year under review was 1,714. These included 303 blood groupings, 213 blood counts and picture, 251 examinations of sputum and 251 complete urinanalysis.

Laboratory Test and Examinations. Blood groupings 303; complete examination of urine 251; examination of sputum 251; blood count and picture 213; examination of hair and scraping for parassite 160; blood serum agglutination 143; Friedman test for pregnancy 123; blood urea estimation 103; examination of throat swabs 38; Van den Bergh's test 26; examination of urine for T.B. 21; nasal swabs for H.B. 17; examination of faeces for amoebae 15; vaginal swabs 11; examination of faeces for occult blood 10; examination of C.S.F. 10; splenic pulp. for L.D.B. 10; pus discharges, scraping etc. 8; examination of gastric contents 4.

Surgical Division. The following operations were performed during the year :—

Gastro-Intestinal Tract. Appendicectomy 3 males 6 females; fistula in ano 1 male; cholecystectomy 1 male 1 female; gastrectomy 1 male 1 female; Perianal sinus 1 male.

Hernia. Inguinal 10 males 3 famales; femoral 3 females; Strangulated 2 females;

Bones, Joints, Tendons, etc. Fractures 31 males 21 females; Cellulitis 2 males 8 females; Foreign bodies 3 males 4 females; Abscesses (Anaesthetic) 2 males 3 females; Dislocations 2 males 1 females; Osteo-arthritis 1 male 2 females; Amputation toe 1 male 1 female; Fractures depressed, skull 1 male 1 female; Ingrowing toenail 2 female; Mastectomy 2 females; Wounds extensive 2 males; Warts 2 males; Accessory finger 1 male; Amputation above knee 1 female; Cyst 1 male; Dislocation open 1 female; Epithelioma 1 male; Gland excision 1 male; Haemangioma 1 male; Suture of nerve 1 male; Suture of tendon 1 male; Skin graft 1 female; Tenotomy 1 male;

Genito Urinary Tract.

Passage of sounds 3 males; Cystoscopy 2 males; Meatotomy 2 males; Prostatectomy 2 males : Laparotomy 1 female; Hydrocele 1 male; Undescended testicle 1 male; Cystostomy 1 male; Phimosis 1 male; Urethral caruncle 1 female;

Face and mouth.

Epulis mandible 1 female; N.G. tongue 1 male.

E.N.T.

Tonsillectomy 12 males 18 females.

Neck.

Thyroid Adenoma 1 female; Thyroid Cyst 1 female.

Eye.

Cataract 2 males 1 female; Capsulotomy 2 males; Iridectomy 2 females; Squint 2 females; Trichiasis 2 females; Chalazion 1 male; Dermoid cyst eyelid 1 male; Examination of fundi under Anaest 1 male; Epilation of eyelashes (diathermy) 1 male; Entropion 1 female; Pterygium 1 female;

Gynaecological and Obstetric Work.

Curettage 10 females: Breech presentation 6 females; Forceps delivery 4 females; Caesarean section 3 females; Internal version 2 females; Antipartum haem. 2 females; Rupture of uterus Hysterectomy 1 female; Ovarian cyst excision 1 female; Vulvo vaginitis E.U.A. 1 female; Manual removal of placenta 1 female.

Out-patients Department. The number of new cases seen in this Department included :—

	Males	Females	Total
Ophthalmic	43	103	146
Surgical	42	28	70
Medical	13	15	28
Accidents	866	545	1411
Dental	135	225	360
	1099	916	2015

The total number of attendances was 4040 — 2396 males and 1644 females.

X-ray Department.

The total number of X-ray investigations for this year was 4053, a decline of 111 on the last year's figure, standing at 4164. The considerable drop in the number of X-ray examinations is due to the decrease in the number of prospective emigrants calling for chest X-ray. Also, children migrants under 12 are no longer required to have an X-Ray.

With the exception of screening of the gastro-intestinal tract, performed by the Radiologist, all X-Ray work was carried out by the Radiographer. Three sessions a week, on Tuesdays, Thurdays and Saturdays were held, but more often than not, one or more X-Rays for urgent cases were taken almost daily. The number of films used was 4515.

Consultant Service.

This service, now in its 9th year of life, has once more proved its worth and importance. Owing to the re-introduction of the Radiologist's service and the setting up of a Dental Clinic the number of Consultants, each holding one monthly session, has risen from 3 to 5. As reported elsewhere the popularity of the dental clinic, which caters for the ordinary class of out-patients as well as for school children, is increasing.

New Works.

Some of the works taken in hand last year were completed during the year under review. Amongst them was the conversion of the former sheds into well-appointed Magistrate's Inquest Room and a Waiting Room for witnesses.

Two new lavatory sets, one for the Victoria and the other for St. John the Baptist's Hospital, have been provided and fixed in the place of the old ones, which were worn out.

A small room close to the main gate was converted into a ladies' lavatory for the use of the out-patients and visitors. New modern eqiupment of 1st class glazed material, referred to in last year's annual report, has been received and will be fixed up shortly. This includes a post-mortem table, two large and three small sluice troughs for bed-pans and urinals, one dental lavatory (basin with accessories) and the sets lavatories referred to which are already in position.

General.

Each division is now provided not only with a radio set but also with rediffusion service.

Outings in buses were held several times during the year, and two theatrical performances were staged.

ST. JOHN THE BAPTIST HOSPITAL

The movement of the hospital population during the year was as follows:—

Remaining at end of 1955	Admitted	Transferred from other Hospitals	Discharged					Remaining at end of 1956
			Transferred to other Hospitals	At request	Cured	Relieved	Died	
Males 52	26	3	19	11	—	—	17	34
Females 59	21	3	14	8	—	—	11	50
Total 111	47	6	33	19	—	—	28	84

This hospital is a home for the aged and/or chronic infirm. There are two divisions one for each sex with 80 beds in each. Twenty of the beds are reserved for the bed-ridden cases in a separate ward, known as the "Infirmery". This is usually filled to capacity, but the number of walking cases accommodated in a separate large ward, is under normal, and has been so ever since the Old Age Pension came into operation.

The average daily population during the year was 38 males and 47 females. Amongst them 9 males and 8 females were Maltese patients transferred from St. Vincent de Paul Hospital.

The deaths were due to the following causes:

Senility 6; Congestive heart failure 4; Cerebral haemorrhage 3; Diabetes 2; Congestive Heart failure Pulmonary oedema 2; Pulmonary T.B. 1; Chronic myocarditis with heart failure 1; Chronic myocarditis 1; Cerebral thrombosis 1; Senile Atrophy 1; Coronary Thrombosis 1; Congestive heart failure 1; Congestive Cardiac failure 1; Enteritis 1; Spastic Hemiplegia 1; Cerebral Tumour 1; Bronchial Asthma and Pulm. Emphysema 1.

Cases requiring special treatment or investigation are transferred to the Victoria Hospital and kept there until they are in a condition to be moved back to St. John the Baptist's. This happens when an operation has to be performed, in acute pulmonary or other infections, requiring antibiotics and in other cases calling for close medical supervision and/or skilled nursing.

The Medical Staff of the Victoria Hospital is in charge also of St. John the Baptist's and besides urgent calls a ward round is carried out daily by one of the Medical Officers. Amongst the works carried out lately in this hospital are the fixing up of a new sluice trough in each division and of a set of 3 glazed urinals on the Men's side. The lavatories in each division have been enclosed in cubicles and this has improved conditions.

ST. THERESA HOSPITAL

The following table gives the movement of the hospital population during the year:—

Remaining at end of 1955	Admitted	Transferred from other Hospitals	Discharged					Remaining at end of 1956
			Transferred to other Hospitals	At Request	Cured	Relieved	Died	
Males 6	4	1	2	3	—	—	—	6
Females 5	2	—	—	—	—	—	—	7
Total 11	6	1	2	3	—	—	—	13

The daily average population was 12—7 males and 5 females.

The established number of beds is 8 for each division.

Movement of patients was necessarily limited, as the patients under treatment were mostly of the chronic fibrotic type. Still some of the patients were with a positive sputum (3 men and 2 women) and with a comparatively high sedimentation rate. Amongst the men there were two recent cases. One of them, a young man of 22, on conservative treatment alone, made steady and definite progress and his sputum is now negative and his sedimentation within normal limits. The other, aged 33 also on medical treatment, is still in bed, running an intermittent fever and with a positive sputum and high sedimentation. Another recent case in the Female Division, a married woman of 27 years, a diabetic, was lately discharged relieved after 5 months detention in hospital on medical treatment. Her disease is now quiescent.

Amongst the comparatively recent works carried out in this hospital was the construction of a day-room in each division and an isolation room.

On the Male Division the Isolation Room had to be used for other purposes. It was converted into a Chaplain's quarters in the place of another room, which in many ways was found unsuitable as an officer's quarters.

CHAMBRAY HOSPITAL FOR MENTAL DISEASES

The movement of the hospital population during the year was as follows :—

	Remaining at end of 1955	Admitted	Transferred from other Hospitals	Discharged					Remaining at end of 1956
				Transferred to other Hospitals	At request	Cured	Relieved	Died	
Males	80	3	17	5	—	—	—	6	89
Females	81	2	9 (a)	4 (a)	—	—	—	2	86
Total	161	5	26 (b)	9 (c)	—	—	—	8	175

Extension Ward

St. Vincent de Paul Hospital

	Remaining at end of 1955	Admitted	Tranferred from other Hospitals	Discharged					Remaining at end of 1956
				Transferred to other Hospitals	At request	Cured	Relieved	Died	
Males	9	—	—	—	—	—	—	2	7
Females	3	—	—	—	—	—	—	—	3
Total	12	—	—	—	—	—	—	2	10
Grand Total	173	5	26	9	—	—	—	10	185

(a) Includes one female patient who was temporarily transferred to Victoria Hospital for Surgical Treatment and who was transferred back to this hospital during the year.

(b) Apart from the female patient mentioned in (a), the other 25 patients were transfers from the Hospital for Mental Diseases in Malta.

(c) Apart from the female patient mentioned in (a), 3 male and 2 female patients were transferred to Hospital for Mental Diseases, Malta, for examination and eventual retention, and 2 male and 1 female patients were old cases who were transferred to the same hospital for examination by the Board for Mental Diseases and possible discharge.

The daily average number of patients was as follows :—

	Males	Females	Total
Chambray	86	83	169
Inmates from St. Vincent de Paul ...	7	3	10
Total	93	86	179

Admissions. According to existing Regulations, admissions should be limited to transfers from the Hospital for Mental Diseases or from St. Vincent de Paul Hospital, Malta. However, urgent cases from Gozo, who for unavoidable circumstances cannot be sent directly to Hospital for Mental Diseases, Malta, may be provisionally admitted to this hospital.

Discharges. These occur as transfers either to a general hospital for specialized treatment or to the Hospital for Mental Diseases, Malta, for examination by the Board for Mental Diseases.

Deaths. The causes were the following :—

Diseases of the Heart — 5 :

a) Chronic myocarditis	4 (3 males and 1 female)
b) Valvular Heart Disease	1 (female)
Renal insufficiency	1 (male)
Senility	1 (male)
Cerebral Haemorrhage	1 (male)

There were no cases of infectious illness during the year and the general health of the hospital population was good. Two old cases of quiescent pulmonary tuberculosis, reported in previous years, enjoy relative good health.

About 24 males and 18 female patients were given occupations during the year. Some of the male patients are encouraged to take an interest in gardening and under the supervision of the gardener, occupy themselves usefully in the hospital grounds. A few female patients, who are lace workers and still proficient in this trade, are provided with the necessary implements and material and are thus kept occupied. Other patients help the staff in house work.

Patients continue to enjoy frequent walks and bus trips as well as whole day outings.

St. Vincent de Paul Hospital, Extension Wards.

Of the 20 beds (10 in the male and 10 in the female division) reserved for these inmates, only 10 are still occupied (7 males and 3 females).

The causes of the two deaths which occurred during the year were Cerebral Haemorrhage and Entero Colitis

ISOLATION HOSPITAL (GOZO)

The movement of the hospital population during the year was as follows :—

Remaining at end of 1955	Admitted	Transferred from other Hospitals	Discharged					Remaining at end of 1956
			Transferred to other Hospitals	At request	Cured	Relieved	Died	
Males 1	40	—	1	—	38	—	2	1
Females 2	32	—	2	—	30	—	—	1
Total 3	72	—	3	—	68	—	2(a)	2

(a) The cause was Diphtheria.

The average daily population was 5.

Patients were treated for the following conditions :— Acute Tonsillitis 21 Males 16 Females ; diphtheria 12 m. 14 f. ; acute laryngitis 4 m. 1 f. ; acute anterior poliomyelitis 2 m. 1 f. ; erysipelas 2 m. ; arthritis due to undulant fever (originally referred as suspected poliomyelitis) 1 f. ; tonsillitis and broncho-pneumonia 1 f. Total 75 — 41 males and 34 females.

Two cases of confirmed poliomyelitis came from Xewkija, whilst the other came from Qala.

The age-groups of the patients treated were 64 cases (36 males and 28 females) under 6 years, 8 cases (3 males, 5 females) under 11 years and 3 cases (2 males, 1 female) over 11 years.

SACRED HEART HOSPITAL FOR LEPERS

The following Comparative Table shows the movement of the hospital population during the years 1950-1956 :—

	Remaining at the begining of the year.	Admitted	Transferred from other hospitals	Discharged					Remaining at end of year
				Transferred to other hospitals	At Request	Cured	Relieved	Died	
1950									
Males ...	4	2	1	1	—	—	—	—	6
Females	6	2	1	1	—	—	—	1	7
1951									
Males ...	6	—	—	—	—	—	—	—	6
Females	7	1	—	1	—	—	—	—	7
1952									
Males ...	6	—	—	—	—	—	—	—	6
Females	7	1	1	1	—	—	—	1	7
1953									
Males ...	6	—	—	1	1	—	—	1	3
Females	7	—	1	1	—	—	—	2	5
1954									
Males ...	3	—	—	—	—	—	—	—	3
Females	5	—	—	1	1	—	—	—	3
1955									
Males ...	3	—	—	—	—	—	—	—	3
Females	3	—	—	1	2	—	—	—	—
1956									
Males ...	3	1	—	1	2	—	—	1(a)	—
Females	—	—	—	—	—	—	—	—	—

(a) Died of Glycosuria.

The Hospital was closed down on the 1st December, 1956, for lack of patients. However the out-patients clinic remains open for those patients who wish to benefit from the continuation of treatment. There were ten out-patients who in various times visited the clinic and in all there were 65 attendances during the year.

VII. ADMINISTRATION

STAFF

HEAD OFFICE

Medical: Chief Government Medical Officer, Senior Medical Officer, Senior Health Officer, Principal Laboratory Officer, Medical Officers of Health 4, Medical Officer General Service, Tuberculosis Medical Officer, Junior Analysts 2, Junior Bacteriologist, Senior Laboratory Assistant.

Administrative: Administrative Secretary, Accountant, Supplies Officer, Almoner, Higher Executive Officers 4, Executive Officers 6, Higher Clerical Officers 3, Clerical Officers 9, Shorthand Typists 2, Clerks/Clerk Typists 24.

Health: Chief Sanitary Inspector, Senior Sanitary Inspectors 6, Tuberculosis Officer, Rodent Control Officer.

HOSPITALS

Resident Medical Superintendents 8, Physicians 3, Surgeons 3, Accoucheurs 2, Surgeons E.N.T. 2, Pathologists 3, Venereal Diseases Officers and Dermatologists 2, Bacteriologists 3, Orthopaedic Surgeon, Blood Transfusion Officer, Ophthalmologists 2, Dental Surgeons 2, Radiologists 3, Anaesthetists 3, Resident Medical Officers 9, Registrars 3, Assistant Medical Officers 25, Sister Tutor, Registered Nurses 24, Sick Children's Nurses 3, Masseuses and Physiotherapy Sisters 4, Occupational Therapist, Orthoptic Nurse, Midwives 4, Radiographers 6, Chief Pharmacist, Pharmacists 5, Assistant Apothecaries 12, Laboratory Assistants 11, Dental Mechanics 2, Wardmasters 6, Chief Male Nurses 4, Hospital Attendants 712, Hospital Engineer, Store Officers 16, Higher Clerical Officer, Clerical Officers 4, Shorthand Typists 3, Clerks/Clerk-Typists 9.

SPECIAL SERVICES

Port Medical Officers (including Luqa Airport) 5, School Medical Officers 7, District Medical Officers 42, Child Health Officers 3, School Dental Surgeons 3, School Eye Specialist, Ante-Natal Medical Officers 2, Sanitary Inspectors 55, Public Cleansing Officer, Health Visitors 48, School Nurses 8, Subsidized Midwives 5.

APPOINTMENTS

The following appointments were made during the year:—

Dr. A. J. Cremona, B.Sc., M.D., appointed Resident Clinical Officer at St. Luke's Hospital with effect from the 13th March, 1956.

Drs. John Azzopardi, Humbert Grech, Albert Glenday and Charles Fava, appointed Medical Officers for duty with the National Insurance Division of the Department of Emigration, Labour and Social Welfare with effect from the 1st May, 1956; Drs. Joseph Zammit Lupi and Emanuel Licari with effect from the 2nd June, 1956 and 18th June, 1956, respectively.

Dr. Joseph L. Grech, M.D., appointed Junior Pathologist with effect from the 8th June, 1956.

Dr. Joseph Mifsud, M.D., appointed Junior Bacteriologist with effect from the 10th July, 1956.

Drs. Oliver Azzopardi, M.D., B.Sc., D.R.C.O.G., Renè Eminyan, M.D., D.R.C.O.G.(Lond.) and Anton Tabone, M.D., appointed Medical Officers in the Ante-Natal Service with effect from the 2nd July, 1956.

Dr. Edwin Aquilina, M.D., appointed Medical Officer in the National Insurance Division of the Department of Emigration, Labour and Social Welfare with effect from the 3rd August, 1956.

Mr. Charles Boffa, B.Ph., B.Ch.D., appointed School Dental Surgeon with effect from the 21st February, 1956.

Drs. George Borg, M.D., Mario Sant Cassia, M.D., Anton J. Cremona, B.Sc., M.D. and Maurice Gatt, M.D., appointed School Medical Officers with effect from the 20th September, 1956.

Dr. Giuseppe Schembri, M.D., appointed Resident Medical Officer at St. Vincent de Paul Hospital with effect from the 8th August, 1956.

Dr. Alfred M. Laferla, M.D., appointed Child Health Officer with effect from the 5th November, 1956.

TRAINING OF PERSONNEL

Mr. Cosmos D. Sciberras, Sanitary Inspector, was awarded a Scholarship by the National Association for the Prevention of Tuberculosis.

Dr. John Cremona, Medical Officer at St. Luke's Hospital, was awarded a Scholarship, under the Colonial Development Fund, in the study of Radiological Diagnosis.

Mr. Anthony Apap was awarded a Scholarship, under the Colonial Development Fund, in the study of Radiography.

Mr. John Bugeja was sent to the United Kingdom for a course on Radiography under the Colonial Development Fund.

Mr. Joseph Spiteri, Sanitary Inspector, was awarded a C.D.F. Scholarship at the National College of Food Technicology in London.

Dr. Anton Agius Ferrante returned to Malta from the United Kingdom after attending a course of training in Dermatology. He also visited a number of hospitals and clinics on the Continent.

LEGISLATION

Act No. XXI of 1956 amending the Food, Drugs and Drinking Water Ordinance, enabling the Governor to make regulations respecting the preparation, packing, keeping and sale of food.

MISCELLANOUS

Council of Health. No meetings were held during the year.

Medical Board. There were 13 ordinary and one extraordinary sitting during the year.

The following main items were successfully concluded by the Board :—

1. Recognition by the Dental Board of Victoria, Australia, of Dental Degrees granted by the Royal University of Malta, although unofficially this procedure had been adopted ever since these degrees had been recognised for registration by the Dental Board in the United Kingdom.

2. Amendments to the requirements for permission to land human remains in Malta.

3. Recognition of the M.B. and B.S. Degrees of the Universities of Karachi, Dacca and Sind (in the case of the last-mentioned University only when granted on or before June, 1951); this was part of the reciprocity enjoyed with the Medical Council of Pakistan.

A Sub-Committee was appointed to study the proposals in connection with the construction and rendering of exposed single party walls.

The Board considered and recommended the following applications to practise their relative professions : Doctors 13; Dentists 2, Apothecaries 24, Midwife 1, State Registered Nurses 18, and Assistant Apothecaries 4. One application to practise as Apothecary was refused.

Seven assessments of doctors' and midwives' fees, two requests for special considerations by the Chamber of Pharmacists as well as seventeen other miscellaneous requests were dealt with by the Board.

Twenty-two appeals regarding statutary notices for the construction and/or structural alterations to existing buildings were considered by the Board. Fifteen applications were approved with some modifications imposed by the Board, four were granted and three were dismissed.

Medical Examinations. A total of 1,589 Government Officials were examined by the Medical Officers of Health prior to their appointment. They also examined 55 Government Officials who had exceeded their statutory period of sick leave or were reported unfit for further service by their Head of Department as well as other Government employees who were retained in Government service after attaining the retiring age limit.

Pharmacies. The Medical Officers of Health inspected 119 dispensaries during the year. These inspections were carried out according to Section 36 of the Medical and Kindred Professions Ordinance in order to ascertain that all private dispensaries complied with the provisions of the law. All pharmacies complied with the provisions of the law and no infringements relative to the dangerous drugs regulations were detected.

Vaccination. In terms of the Prevention of Disease Ordinance all parents are obliged to have their babies vaccinated against small-pox. Such vaccinations must be carried out after the baby attains the age of two months. Although vaccination may be carried out by all medical practitioners, the department holds two yearly sessions of public gratuitous vaccinations. The vaccine lymph is always provided free of charge by this Department and is available to all medical practitioners.

The number of babies vaccinated during the year totalled 5,351.

District Medical Service. The staff of the District Medical Service is made up of 42 medical practitioners who attend daily at the Government District Dispensaries and also pay domiciliary visits free of charge to necessitous persons. The number of atttendances at the District Dispensaries totalled 102,745, and domiciliary visits totalled 13,458 during the same period.

St. Luke's Training School for Nurses. No entrance Examinations to the School were held during the year, because of lack of candidates. However the question of increasing the cash allowance to Student Nurses was being actively considered in the hope that this would attract suitable candidates.

Two Preliminary and two Final Examinations for the Certificate of Trained Nurse were held. Ten out of fourteen students were successful in the Preliminary Examinations, whilst five out of eleven students passed their Finals and were awarded State Registration Certificates.

Medical Stores: The total value of Medical Supplies issued during the Financial Year 1956-57 is detailed hereunder:

	Drugs	Dressings	Equipment	Total
Hospitals, District Dispensaries and other Branches of the Medical and Health Department including approved prescriptions — Malta	£56,156 10 2	£8,759 1 6	£24,350 9 1	£89,226 0 9
Gozo	2,530 19 3	420 5 5	839 19 8	3,791 4 4
Other Government Departments	417 1 7	392 17 8	187 6 4	997 5 7
Sales from Medical Stores, St. Luke's and Central Hospitals	808 13 9	— — —	— — —	808 13 9
	£59,913 4 9	£9,572 4 7	£25,377 15 1	£94,863 4 5

Medical Relief. The National Assistance Act, 1956, which establishes the benefits, the grants of social assistance and medical assistance, and the class of beneficaries was introduced during the year. The promulgation of this Act brought to a standstill certain activities of the Department connected with the casework and accounting of funds for the grant of financial aid to Leprosy and Tuberculosis patients, milk grants to new-born babies of pauper families and financial relief during sickness.

These activities have been taken over by the Department of Emigration, Labour and Social Welfare which is working in close co-operation with this Department in assessing the means to pay or otherwise of persons seeking hospitalization and the free grant of medical aids, under the conditions stipulated by the Act.

Greater use has been made of the arrangement made with the Ministry of Health in London for remitting to hospitals in England, patients suffering from certain diseases for which no treatment is available in Malta. A total of 95 cases, the highest number so far, were sent to the hospitals shown hereunder :—

	1954	1955	1956
Royal Marsden Hospital	30	45	65
Middlesex Hospital	11	9	3
National Hospital for Nervous Diseases	5	11	13
Glasgow Dental Hospital and School	1	—	—
Queen Victoria Hospital, East Grinstead, Sussex ...	1	1	—
Royal National Orthopaedic Hospital	1	—	—
Hospital for Sick Children	1	1	4
Moorfields Westminster Central Eye Hospital ...	1	—	—
The Atkinson Morley Hospital	1	—	—
St. Thomas' Hospital	1	3	4
New End Hospital	—	1	—
King's College Hospital	—	1	—
Mount Vernon Hospital	—	1	3
Chelsea Hospital for Women	—	—	1
St. Mary Hospital	—	—	1
St. Mark Hospital	—	—	1
Total ...	53	73	95

Total Cost of the Medical and Health Department

The expenditure during the financial year 1956-57 — structural repairs not included — was as stated hereunder. The expenditure for 1955-56 is given for comparision.

	1955-56	1956-57
	£	£
General Expenses and General Administration ...	21,896	21,562
Health Branch and Laboratory	51,056	52,554
Ante-Natal Service (a)	—	1,741
Child Health Service	11,992	12,652
Cemeteries	7,671	7,491
School Medical Service	5,404	8,046
Hospitals	925,072	969,633
St. Luke's Hospital Training School (b)	12,107	14,305
District Medical Service	25,671	25,270
Grant to the Malta Memorial District Nursing Association	2,000	2,000
Grant to the Ladies Hospitals Visiting Committee ...	250	250
Grant to the Mothers and Infants Health Association	450	450
Maintenance of seven beds in the Malta War Memorial Hospital for children	630	630
Grant to the St. John Ambulance Association (Malta Centre)	122	122
Relief to families of inmates of St. Bartholomew Hospital, Malta, and Sacred Heart Hospital, Gozo (c)	3,790	—
Outdoor Medical Relief, including milk subsidies and midwifery assistance (c)	29,240	—
Relief to T.B. cases and/or to their families (c) ...	36,847	—
Maintenance and treatment of patients in hospitals abroad	21,377	17,760
Treatment of T.B. patients abroad	16,097	29,589
Residence allowances and fees to Midwives attending paupers (d)	—	1,925
Maintenance of 50 children at the Creche, Ursuline Sisters (d)	—	3,934
Expenses in connection with the burial of paupers ...	960	1,289
Grant to the Bureau of Hygiene and Tropical Medicine	25	50
Public Cleasing Service	252,555	260,298
	1,425,212	1,431,551

(a) New Service.

(b) Formerly shown under School for Nurses.

(c) Now paid by the Department of Emigration, Labour and Social Welfare out of the provision for benefits under the National Assistance Act.

(d) Formerly shown under Outdoor Medical Relief, etc.

Total Revenue collected by the Medical and Health Department

			Actual Revenue 1955-56	1956-57
			£	£
II.	2.	Quarantine Dues	—	—
III.	17.	Miscellaneous Fines	14	—
VII.	A.	Fees of Office :—		
	16.	Permits, certificates, etc.	231	273
	17.	Radiography Fees	403	627
	18.	Pathological examinations	6	10
	19.	Stamping Sausages Fees	1,355	1,421
	31.	Miscellaneous	226	94
	B.	Reimbursements :—		
	63.	Refund of Expenses for watching corpses at the Addolarata Cemetery	162	148
	64.	Sale of Produce of Lands	488	399
	65.	Sale of Offal, old stores, etc.	5,020	5,210
	66.	Refund of Ambulance and funeral expenses	83	124
	67.	Sale of Medicines	893	1,142
	68.	Collections from Public Conveniences ...	1,066	927
	69.	Hospital Fees	10,823	13,018
	101.	Miscellaneous	1,076	1,234
XIV.	1.	Widows and Orphans Fund Contributions	2,738	3,065
XVII.	1.	Sale of House Refuse	2,640	3,519
	2.	Miscellaneous	158	659
	3.	Weighbridge Fees	851	955
XVIII.	1.	Sale of Crown Lands	728	4
		Total ...	£28,961	£32,829

APPENDIX A

Applications for Licences dealt with by the Medical and Health Department

	Bake-Houses			To work in the preparation of bread			Premises for the preparation of paste			Mills			Aerated Water Factories			Factories for the making of Sausages			To keep Stables			To keep Goat pens			To keep Cowsheds			To sell meat of inferior quality			To work in Sausage Factories			Sale of Milk		
	Applications received	New licences issued	Licences renewed	Applications received	New licences issued	Licences renewed	Applications received	New licences issued	Licences renewed	Applications received	New licences issued	Licences renewed	Applications received	New licences issued	Licences renewed	Applications received	New licences issued	Licences renewed	Applications received	New licences issued	Licences renewed	Applications received	New licences issued	Licences renewed	Applications received	New licences issued	Licences renewed	Applications received	New licences issued	Licences renewed	Applications received	New licences issued	Licences renewed	Licences received	New licences issued	Licences renewed
MALTA ...	31	17	313	49	36	456	4	2	26	1	1	15	4	3	26	—	—	4	1	—	7	24	10	527	49	25	78	21	—	—	6	7	44	47	39	124
GOZO ...	7	3	51	1	1	40	—	—	7	—	—	4	—	—	5	—	—	—	—	—	—	5	—	20	1	—	—	—	—	—	—	—	18	10	6	—

APPENDIX B

Applications for Police Licences reported upon by the Medical & Health Department

	Wine & Spirits Shops	Wine Factories	Non-Intoxicants	Groceries	Butchers' Shops	Coffee Shops	Restaurants	Lodging Houses	Shops for the sale of Cheesecakes	Schools	Cinemas & Theatres	Applications to exercise noxious trades	Hotels	Market Stalls	Confectioneries	Cold Stores	Manufacture of foods	Barber Shops	Fish Stores	House drains	Miscellaneous
MALTA ...	415	5	81	570	32	48	1	2	22	1	31	60	6	17	321	—	10	18	—	505	395
GOZO ...	34	4		39	12	9	2	1	4	—	6	10	2	—	17	—	5	3	10	54	17

Appendix HA.

Table showing diseases causing death, by month, in accordance with the International List of Causes of Death.

Causes of Death	Jan.	Feb.	Mch.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
I. *Infective and Parasitic Diseases.*													
1. Tuberculosis of the respiratory system	2	4	4	7	2	2	...	4	...	4	2	3	34
3. Tuberculosis of intestines, peritoneum and mesenteric glands	...	1	...	...	...	...	...	...	...	...	1	...	2
4. Tuberculosis of bones and joints	...	...	...	1	...	...	...	...	...	...	...	...	1
6. Congenital syphilis	...	...	...	...	...	...	...	...	...	...	...	1	1
8. Tabes Dorsalis	...	...	...	...	...	..	1	...		...	...	...	1
9. General paralysis of insane	...	...	...	...	..	...	...	1	...	...	...	...	1
10. All other syphilis	1	...	...	1	...	...	...	1	...	...	...	...	3
15. Brucellosis (undulant fever)	...	1	...	...	1	...	...	...	...	...	...	...	2
16*a*. Bacillary dysentery	...	...	..	...	...	...	.	...	...	...	...	...	—
16*b*. Amœbiasis	...	...	..	...	...	...	...	...	..	...	...	...	—
16*c*. Other unspecified forms of dysentery	...	...	...	...	..	...	...	...	...	...		...	—
17. Scarlet fever	...	...	...	..	..	...	...	...	...	...	...	...	—
19 Erysipelas	...	...	...	...	...	...	...	...	...	1	1	...	2
20. Septicæmia and pyaemia	1	...	...	...	...	...	...	...	...	...	1	...	2
21. Diphtheria	1	...	1	...	...	...	...	...	...	1	2	2	7
23. Meningococcal infections	...	...	...	...	...	1	...	...	...	...	...	...	1
25. Leprosy	...	...	...	...	1	...	1	2	1	1	2	...	8
26. Tetanus	...	1	1	...	1	...	1	...	2	...	..	...	6
34. Infectious hepatitis	...	...	...	1	...	...	...	...	1	...	1	...	3
36. Flea-borne endemic typhus (Murine).	...	...	...	...	...	1	...	...	...	...	...	...	1
43l. Leishmaniasis	...	...	...	...	...	...	1	...	...	...	...	...	1
II. *Neoplasms.*													
44. Malignant neoplasm of buccal cavity and pharynx ...	..	...	1	1	1	...	1	1	...	..	..	...	5
45. Malignant neoplasm of œsophagus	2	1	...	1	1	1	4	3	1	1	2	1	18
46. Malignant neoplasm of stomach	6	4	2	5	3	12	4	6	4	3	6	3	58
47. Malignant neoplasm of intestines, except rectum ...	1	2	3	4	3	1	1	...	1	2	5	3	26
48. Malignant neoplasm of rectum	...	..	2	..	1	2	..	...	2	...	1	1	9
49. Malignant neoplasm of larynx	...	...	2	...	2	...	1	...	1	1	...	...	7
50. Malignant neoplasm of trachea, and of bronchus and lung not specified as secondary	7	3	5	4	2	1	2	...	3	5	...	3	35
51. Malignant neoplasm of breast	2	4	4	1	2	4	2	1	2	1	2	2	27
52. Malignant neoplasm of cervix uteri	...	...	...	...	...	...	...	1	...	...	1	1	3
53. Malignant neoplasm of other and unspecified parts of uterus	5	4	1	1	4	1	...	2	2	1	...	5	26
54. Malignant neoplasm of prostate	1	...	...	.	...	...	...	...	...	...	...	1	2
55. Malignant neoplasm of skin	...	1	...	...	...	1	...	...	..	...	...	...	2
56. Malignant neoplasm of bone and connective tissue ...	...	...	...	1	..	...	...	...	1	...	...	...	2
57. Malignant neoplasm of all other and unspecified sites	8	10	5	8	9	5	6	7	4	13	7	7	89
58. Leukæmia and aleukæmia	...	...	...	...	1	2	...	1	2	...	1	2	9
59. Lymphosarcoma and other neoplasms of lymphatic and haematopoietic system...	2	2	1	1	...	2	1	1	2	2	1	3	18
60. Benign neoplasms and neoplasms of unspecified nature	2	1	...	...	...	...	...	...	...	...	...	...	3
III. & IV. *Allergic, Endocrine System, Metabolic and Nutritional Diseases and Diseases of the Blood & Blood-forming Organs.*													
61. Nontoxic goiter	...	1	...	1	...	...	...	...	...	...	...	...	2
62. Thyrotoxicosis with or without goiter	...	...	...	...	...	.	...	...	...	...	..	1	1
63. Diabetes mellitus	6	10	4	7	8	3	5	8	8	4	9	6	78
65*a*. Pernicious and other hyperchromic anæmias ...	1	...	...	...	...	..	...	...	..	...	...	...	1
65*c*. Other specified and unspecified anaemias	...	1	...	...	...	1	...	1	2	...	...	...	5
66*a*. Asthma	3	6	2	2	2	1	...	2	1	1	2	4	26
66*b*. All other allergic disorders, endocrine, metabolic and and blood diseases	1	...	3	...	1	...	1	1	1	1	...	...	9
V. *Mental, Psychoneurotic and Personality Disorders.*													
67. Psychosis	...	...	1	...	...	...	...	2	...	...	...	1	4
68. Psychoneurosis and disorders of personality ...	...	...	...	...	...	...	...	2	...	...	...	...	2
VI. *Diseases of the Nervous System and Sense Organs.*													
70. Vascular lesions affecting central nervous system ...	35	49	43	33	31	22	27	25	23	23	51	33	375
71. Non-meningococcal meningitis	...	...	1	...	1	...	2	...	...	...	...	...	4
73. Epilepsy	...	...	1	1	1	1	...	1	1	...	...	1	7
77b. Otitis media and mastoiditis	...	...	...	...	...	...	1	...	...	...	...	...	1
78*b*. All other diseases of the nervous system and sense organs	1	1	...	...	...	...	2	2	1	...	2	...	9
Carried forward ...	88	107	87	81	78	64	64	75	66	65	80	84	939

APPENDIX HA — (*Continued*).

Table showing diseases causing death, by month, in accordance with the International List of Causes of Death.

Causes of Death.	Jan.	Feb.	Mch	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Brought forward ...	88	107	87	81	78	64	64	75	66	65	80	84	939
VII. *Diseases of the Circulatory System.*													
79. Rheumatic fever	..	1	..	...	1	1	...	...	..	...	...	...	3
80. Chronic rheumatic heart disease	...	2	...	3	...	1	...	...	1	2	2	1	12
81. Arteriosclerotic and degenerative heart disease ...	58	82	77	64	56	36	50	55	38	40	56	67	679
82. Other diseases of heart	13	18	15	13	7	7	14	15	6	14	13	23	158
83. Hypertension with heart disease	8	7	14	10	4	8	6	6	4	6	6	9	88
84. Hypertension without mention of heart... ...	2	1	3	2	2	1	1	...	2	3	3	..	20
85. Diseases of arteries	5	6	2	3	5	4	5	1	4	3	2	2	42
86. Other diseases of circulatory system	1	1	...	4	2	...	1	2	3	...	...	4	18
VIII. *Diseases of the Respiratory System.*													
87. Acute upper respiratory infections	...	...	...	...	..	..	...	...	...	...	...	...	—
88. Influenza	...	1	1	...	...	...	...	...	..	...	...	...	2
89. Lobar pneumonia	1	2	2	..	2	...	4	2	2	1	..	1	17
90. Broncho-pneumonia	3	5	5	...	3	2	7	3	...	3	5	2	38
91. Primary atipical, other and unspecified pneumonia ...	...	...	..	...	...	...	...	...	...	...	...	...	—
92. Acute bronchitis...	3	6	3	3	..	1	8	3	...	4	1	...	32
93. Bronchitis, chronic and unqualified	...	3	4	1	1	1	1	4	...	3	5	1	24
94. Hypertrophy of tonsils and adenoids ...	...	...	..	...	...	...	..	...	...	...	...	...	...
95. Empyema and abscess of lung	1	...	1	.	1	...	1	...	...	...	...	...	4
97*b*. All other respiratory diseases	7	5	9	5	4	4	7	...	1	3	4	3	52
IX. *Diseases of the Digestive System.*													
99. Ulcer of stomach	2	1	...	...	...	1	...	1	2	3	...	...	10
100. Ulcer of duodenum	...	...	...	...	...	...	...	...	...	...	...	...	—
101. Gastritis and duodenitis	...	...	...	...	...	...	...	..	...	...	...	...	—
102. Appendicitis	1	...	...	1	...	1	..	2	...	1	...	...	6
103. Intestinal obstruction and hernia	3	2	2	1	...	3	3	3	1	...	2	4	24
104*a*. Gastro-enteritis and colitis between 4 weeks and 2 years	1	2	2	4	1	2	12	8	9	5	6	7	59
104*b*. Gastro-enteritis and colitis ages 2 years and over	...	...	..	1	3	...	3	1	...	1	...	...	9
104*c*. Chronic enteritis and ulcerative colitis	...	1	2	...	...	...	...	...	1	1	...	...	5
105. Cirrhosis of liver	..	2	4	...	4	2	4	...	2	5	4	1	28
106. Cholelithiasis and cholecystitis	1	...	...	1	...	...	...	...	...	...	...	...	2
107. Other diseases of digestive system	...	2	...	1	...	...	...	...	2	2	...	3	10
X. *Diseases of the Genito-Urinary System.*													
108. Acute nephritis	1	..	1	...	...	...	...	..	...	1	1	...	4
109. Chronic, other and unspecified nephritis ...	8	5	10	10	4	3	6	6	5	3	3	...	63
110. Infections of kidney	4	...	1	2	1	...	2	2	...	6	1	1	20
111. Calculi of urinary system	..	...	...	...	...	...	1	...	...	...	2	...	3
112. Hyperplasia of prostate	1	...	1	1	2	2	...	2	...	...	...	...	10
114*c*. All other diseases of the genito-urinary system ...	...	...	1	...	...	...	...	...	1	1	...	...	3
XI. *Deliveries and Complications of Pregnancy, Childbirth and the Puerperium.*													
116. Toxaemias of pregnancy and the puerperium ...	...	1	...	...	...	...	...	...	.	...	...	..	1
117. Hæmorrhage of pregnancy and childbirth ...	...	...	...	...	...	...	...	...	...	...	1	...	1
120*a*. Other complications of pregnancy, childbirth and the puerperium	...	...	1	...	...	1	...	...	...	..	2	...	4
XII. *Diseases of the Skin and Cellular Tissue*													
121. Infections of skin and subcutaneous tissue ...	...	...	...	...	...	...	...	..	1	...	...	...	1
XIII. *Diseases of the Bones and Organs of Movement.*													
122. Arthritis and spondylitis	...	...	2	...	1	...	...	...	...	1	...	..	4
126*a*. Chronic Ulcer of Skin (including trpioal ulcer) ...	...	...	...	..	..	...	...	...	...	...	...	...	..
126*b*. All other diseases of skin	.	..	1	...	...	...	...	...	...	...	...	...	1
126c. All other diseases of musculo-skeletal system ...	...	...	...	...	...	1	...	...	...	...	...	...	1
Carried forward ...	212	263	251	211	182	146	200	191	151	177	191	214	2,397

APPENDIX HA — (*Continued*).

Table showing diseases causing death, by month, in accordance with the International List of Causes of Death.

Causes of Death.	Jan.	Feb.	Mch.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Brought forward ...	212	263	251	211	182	146	200	191	151	177	199	214	2,397
XIV. *Congenital Malformations.*													
127. Spina bifida and meningocele	1	2	..	...	...	3	3	2	4	3	...	1	19
128. Congenital malformation of circulatory system ...	...	5	2	4	1	1	5	2	3	1	2	2	28
129. All other congenital malformations	1	3	2	1	2	1	3	1	..	3	3	3	23
XV. *Certain Diseases of Early Infancy.*													
130. Birth injuries	2	4	5	3	6	2	4	3	2	3	2	1	37
131. Postnatal asphyxia and atelectasis	7	9	5	4	10	8	4	4	2	1	4	3	61
132*a*. Diarrhœa of newborn (under 4 weeks)	1	...	...	...	...	4	2	2	...	...	1	...	10
132*c*. Other infections of newborn	1	1	1	...	1	...	1	.	...	...	...	3	8
133. Hæmolytic disease of newborn	...	2	1	...	..	...	..	1	...	...	2	...	6
134. All other defined diseases of early infancy	1	...	...	...	...	...	.	...	.	...	...	...	1
135. Ill-defined diseases peculiar to early infancy, and immaturity unqualified	5	8	8	9	5	7	5	5	9	7	4	9	81
XVI. *Symptoms, Senility and Ill-defined Conditions.*													
136. Senility without mention of psychosis	13	31	23	13	7	12	13	14	3	20	21	15	185
XVII. *Accidents, Poisoning and Violence.*													
138. Motor vehicle accidents	...	...	...	...	...	1	.	2	1	...	1	2	7
139. Other transport accidents	...	...	...	..	...	...	...	...	..	...	...	2	2
140. Accidental poisoning	...	.	.	...	2	...	...	...	...	...	...	...	2
141. Accidental falls	3	1	1	3	2	3	6	2	1	2	1	1	26
142. Accident caused by machinery	...	..	...	...	...	.	...	...	...	...	.	..	...
143. Accident caused by fire and explosion of combustible material	1	...	...	...	..	...	...	..	1	...	.	3	5
145. Accident caused by firearm	...	...	...	..	...	..	...	...	...	...	..	...	—
146. Accidental drowning and submersion	.	...	...	1	...	.	..	1	..	...	...	...	2
147*a*. Foreign body entering eye and adnexa	...	..	...	.	...	...	...	...		...	...	...	—
147*b*. Foreign body entering other orifice	...	...	...	..	...	..	...	...	..	...	...	.	—
148. All other accidental causes	1	2	3	3		1	1	1	2	2	2	...	18
149 Homicide and injury purposely inflicted by other persons (not in war)	...	...	...	...	...	...	...	..	...	...	..	...	—
Total ...	249	331	302	252	218	189	247	231	179	219	242	259	2,918

Appendix HB.

Table showing mortality in quinquennial and decennial age groups by sex

Locality	Ages																											
	Under 5		5 & under 10		10 & under 15		15 & under 20		20 & under 25		25 & under 35		35 & under 45		45 & under 55		55 & under 65		65 & under 75		75 & under 85		85 & under 95		95 and over		Total		Total both sexes
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Attard	...	2	...	...	...	...	1	...	...	...	...	...	1	..	1	1	1	1	6	...	2	1	1	1	...	...	13	6	19
Balzan	2	...	...	...	...	...	...	...	..	...	1	...	1	1	2	...	1	3	1	4	6	6	1	2	...	...	15	16	31
Birkirkara	18	7	...	1	...	...	..	1	...	1	1	2	...	3	6	9	23	15	24	21	15	12	6	3	...	1	93	76	169
Birzebbuġa	3	4	...	...	...	...	...	...	1	...	..	1	...	1	1	...	2	3	7	2	3	5	1	3	1	...	19	19	38
Cospicua	6	8	...	1	...	...	...	...	...	...	1	2	2	2	6	...	6	6	6	5	7	10	3	6	...	...	37	40	77
Dingli	1	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	1	4	1	1	1	...	1	...	...	8	5	13
Floriana	4	4	...	...		...	1	...	2	...	...	...	..	...	1	2	3	6	6	2	4	...	...	2	...	...	21	16	37
Gharghur	...	2	...	...	...	...	1	...	...	...	...	...	1	...	...	1	..	1	5	4	1	2	1	...	...	..	9	10	19
Ghaxaq	...	...	1	...	...	..	...	...	...	...	1	..	...	...	4	...	2	1	2	7	3	...	2	...	...	...	15	8	23
Gudja	2	2	...	...	1	...	..	...	...	...	...	...	..	...	2	...	1	1	1	6	1	1	...	1	...	...	8	11	19
Gżira	9	5	...	...	...	1	1	...	...	1	1	1	...	...	2	3	10	4	5	8	8	7	1	4	...	...	37	34	71
Hamrun	8	8	...	1	1	...	1	...	1	...	1	1	2	3	7	6	26	14	26	32	28	37	8	13	...	...	109	115	224
Kalkara	2	...	...	...	...	..	...	...	...	...	1	...	1	...	3	...	3	...	3	2	3	1	1	1	...	...	17	4	21
Kirkop	...	...	...	...	...	...	...	...	..	...	...	..	...	...	...	...	...	3	4	1	...	2	..	..	...	...	4	6	10
Lija	...	1	...	...	...	...	..	...	1	...	...	...	...	...	...	...	1	1	3	4	6	7	4	6	...	2	...	15	21	36
Luqa	4	2	...	...	...	1	...	...	...	...	...	...	4	...	1	1	5	2	5	5	5	4	1	1	...	...	25	16	41
Marsa	18	7	2	...	...	...	1	1	...		...	1	1	1	4	5	13	5	10	11	4	13	2	4	...	...	55	48	103
Marsaskala	1	1	...	1	...	...	...	...	...	..	...		...	1	...	1	...	1	3	1	..	...	...	.	...	...	4	6	10
Marsaxlokk	1	...	...	...	...	..	...	...	..	..	.	...	...	...	...	1	...	...	1	1	1	...	...	..	...	...	3	2	5
Mdina	.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	1	...	1	...	2	...	..	1	5	6
Mellieha	2	5	...	...	...	...	...	...	...	...	...	...	..	...	1	1	3	4	3	2	10	5	...	1	...	...	19	18	37
Mġarr and Żebbieh	2	2	...	...	..	...	...	..	...	...	...	1	2	1	...	1	1	...	...	1	4	1	2	...	...	...	11	7	18
Mosta	4	5	..	...	...	..	...	....	...	..	1	1	2	1	3	2	9	5	14	8	9	8	5	6	...	1	47	37	84
Mqabba	1	1	...	...	...	...	...	...	...	...	..	...	...	...	..	...	1	1	3	2	4	1	...	2	...	...	9	7	16
Msida	5	2	.	...	...	..	...	..	...	1	2	1	2	...	2	1	5	3	6	3	8	5	2	1	...	1	32	18	50
Naxxar	5	3	...	...	...	...	...	1	...	1	1	...	...	...	1		2	2	9	5	7	6	3	2	...	...	28	20	48
Pawla	6	5	1	...	...	1	...	...	...	...	1	3	2	3	4	5	18	9	16	13	13	10	1	4	...	...	62	53	115
Pietà	2	1	...	...	...	...	...	...	...	..	...	1	...	1	1	2	4	3	3	...	2	...	...	...	...	1	12	9	21
Qormi	5	12	1	1	1	.	...	1	.	...	4	2	3	2	7	4	13	12	16	10	8	11	3	4	...	...	61	59	120
Qrendi	4	2	...	...	..	...	...	...	...	...	...	...	...	...	...	1	1	1	5	1	5	8	...	.	...	...	15	13	28
Rabat	11	5	...	1	1	1	...	...	...	...	...	3	2	1	3	4	13	12	16	13	13	19	2	5	..	1	61	65	126
Safi	...	...	...	..	...	...	...	...		...	...	...	...	...	...	...	...	...	1	2	1	1	1	...	...	...	3	3	6
St. Julian's	4	3	1	...	...	...	...	1	...	...	...	3	3	...	2	3	7	6	4	8	6	4	3	3	...	...	30	31	61
St. Paul's Bay	3	2	...	1	...	...	...	...	...	...	1	...	...	...	...	...	3	3	4	2	5	1	1	1	...	...	17	10	27
Sta. Venera	1	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	..	...	...		1	..	...	...	...	1	3	4
Senglea	2	3	1	...	...	...	...	...	...	...	...	...	...	..	...	...	3	4	2	4	2	4	1	...	...	...	11	15	26
Siġġiewi	6	3	...	...	..	...	1	1	...	...	...	...	...	...	2	...	4	3	4	4	5	4	3	1	...	...	25	16	41
Sliema	12	5	...	1	...	...	..	...	...	..	2	2	3	1	12	9	31	9	26	29	18	26	4	13	1	2	109	97	206
Tarxien	5	2		...	...	...	1	...	...	...	1	2	1	...	2	2	6	6	5	4	6	7	1	3	...	...	28	26	54
Valletta	12	10	3	1	1	...	...	...	...	..	...	5	4	5	9	5	16	15	20	32	20	23	4	2	...	1	89	99	188
Vittoriosa	2	4	...		1	...	..	1	...	1	...	...	...	...	2	2	...	4	8	1	4	7	1	1	...	...	18	21	39
Żabbar	10	4	...	1	..	...	...	1	...	...	...	1	...	1	6	2	7	10	14	8	9	7	5	3	...	...	51	38	89
Żebbuġ	10	3	...	...	...	...	..	...	...	...	1	...	...	...	4	3	7	7	12	6	10	11	2	1	...	...	46	31	77
Żejtun	6	9	...	...	...	...	1	...	...	...	1	1	3	1	7	6	13	7	13	18	10	12	2	..	...	...	56	54	110
Żurrieq	13	7	1	1	...	...	...	...	...	...	2	1	2	1		2	2	1	4	6	6	4	1	4	...	..	31	27	58
Total Malta	212	153	11	11	6	4	9	8	5	6	24	35	43	30	109	87	270	198	333	303	281	295	75	103	2	8	1,380	1,241	2,621

APPENDIX HB.—*cont.*

Table showing mortality in quinquennial and decennial age groups by sex

LOCALITY	AGES																												
	Under 5		5 & under 10		10 & under 15		15 & under 20		20 & under 25		25 & under 35		35 & under 45		45 & under 55		55 & under 65		65 & under 75		75 & under 85		85 & under 95		95 and over		TOTAL		TOTAL both sexes
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Comino	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	..
Ghajnsielem	2	1	...	...	.	1	...	...	...	...	...	..	...	...	..	...	2	...	4	3	2	1	4	4	...	...	14	10	24
Gharb	...	...	1	...	1	...	..	...	..	.	...	...	..	...	...	...	2	...	2	2	2	3	1	...	...	...	9	5	14
Ghasri	1	..	...	...	...	...	..	...	...	...	...	..	...	...	.	...	...	...	2	...	3	...	..	...	...	...	6	...	6
Kerċem	2	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	1	...	3	2	2	1	...	2	.	...	9	6	15
Marsalforn	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Mġarr	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	1
Munxar	...	...	...	...	...	...	...	...	...	...	...	...	.	...	...	...	1	...	...	1	1	1	...	1	...	...	2	3	5
Nadur	4	2	1	...	...	...	...	...	...	...	..	1	1	...	...	...	1	4	5	5	3	5	1	...	...	...	16	17	33
Qala	1	1	...	..	...	...	...	...	...	...	...		1	1	...	1	1	3	5	1	5	3	1	1	..	...	14	11	25
San Lawrenz	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	2	...	1	...	1	...	...	...	4	4
Sannat	1	1	...	...	...	...	1	...	..	...	..	...	1	...	...	...	...	1	2	...	...	1	2	...	...	...	7	3	10
Santa Lucia	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Victoria	3	3		...	1	...	...	1	1	...	1	1	1	...	3	1	7	8	9	13	11	4	5	5	...	..	42	36	78
Xaghra	4	7	1	...	...		...	...	...	...	...	1	...	...	...	...	1	2	2	4	4	3	1	5	...	...	13	22	35
Xewkija	1	5	...	...	...	...	.	...		...	...	...	1	...	1	...	1	2	6	2	8	3	3	2	...	...	21	14	35
Xlendi	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Żebbuġ	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	1	1	4	2	..	...	...	...	5	7	12
Total Gozo	19	24	3	...	3	1	1	1	1	...	1	4	5	1	4	2	17	20	41	37	45	28	18	21	...	...	158	139	297
Total Both Islands...	231	177	14	11	9	5	10	9	6	6	25	39	48	31	113	89	287	218	374	340	326	323	93	124	2	8	1538	1380	2918

Appendix HC.

Deaths by Cause according to Age and Sex

CAUSES OF DEATH	Under 1 year		1 year and under 2		2 years and under 3		3 years and under 4		4 years and under 5		5 years and under 10		10 years and under 15		15 years and under 20		20 years and under 25		25 years and under 35		35 years and under 45		45 years and under 55		55 years and under 65		65 years and under 75		75 years and under 85		85 years and under 95		95 years and over		TOTAL		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Both Sexes
I. *Infective and Parasitic Diseases*																																					
1. Tuberculosis of respiratory system																			6	4	3		4	4	9		3			1					25	9	34
3. Tuberculosis of intestines, peritoneum and and mesenteric glands																				1				1												2	2
4. Tuberculosis of bones and joints																											1								1		1
6. Congenital syphilis	1																																		1		1
8. Tabes Dorsalis																										1										1	1
9. General paralysis of insane																									1										1		1
10. All other syphilis																							1		1		1								3		3
15. Brucellosis (undulant fever)																											1	1							1	1	2
19 Erysypelas																								1						1						2	2
20. Septicaemia and pyaemia		1																												1						2	2
21. Diphtheria			2	1	1	1	1				1																								5	2	7
23. Menigococcal infections				1																																1	1
25. Leprosy																				1	2		1		2		2								7	1	8
26 Tetanus															1							1					3	1							4	2	6
34. Infectious hepatitis					1						1															1									2	1	3
36b. Flea borne endemic typhus (Murine)						1																														1	1
43l. Leishmaniasis		1																																		1	1
II. *Neoplasms*																																					
44. Malignant neoplasm of buccal cavity and pharynx																		1							1		2		1						4	1	5
45. Malignant neoplasm of oesophagus																							1	2	4	1	5	2	2	1					12	6	18
46. Malignant neoplasm of stomach																				2	2		3		10	7	11	6	10	6	1				37	21	58
47. Malignant neoplasm of intestines, except rectum																			1	1				1	1	5	3	6	1	7					6	20	26
48. Malignant neoplasm of rectum																			1						3		5								9		9
49 Malignant neoplasm of larynx																							1		2		2		2						7		7
50. Malignant neoplasm of trachea, and of bronchus and lung not specified as secondary																					2	1	6	1	13	2	7		3						31	4	35
51. Malignant neoplasm of breast																						3		8		7	1	7		1					1	26	27
52. Malignant neoplasm of cervix uteri																				1		1				1										3	3
53 Malignant neoplasm of unspecified parts of uterus																				2		2		5		10		4		3						26	26
54. Malignant neoplasm of prostate																											2								2		2
55. Malignant neoplasm of skin																							1				1								2		2
56. Malignant neoplasm of bone and connective tissue																									1	1									1	1	2
57. Malignant neoplasm of all other and unspecified sites				1							1		1	1					1	2	3	2	3	5	13	9	19	13	10	2	2	1			53	36	89
58. Leukaemia and aleukaemia												1	1					1	1		1		1	1			1		1						6	3	9
59. Lymphosarcoma and other neoplasms of lymphatic and haematopoietic system					1						1								1	2	1		2	2	3	1	4								13	5	18
60. Benign neoplasms and neoplasms of unspecified nature																							1					1			1				2	1	3

Deaths by Cause according to Age and Sex

CAUSES OF DEATH	Under 1 year		1 year and under 2		2 years and under 3		3 years and under 4		4 years and under 5		5 years and under 10		10 years and under 15		15 years and under 20		20 years and under 25		25 years and under 35		35 years and under 45		45 years and under 55		55 years and under 65		65 years and under 75		75 years and under 85		85 years and under 95		95 years and over		TOTAL		
III. *Allergic, Endocrine System, Metabolic and Nutritional Diseases.* & IV. *Diseases of the Blood and Blood-forming Organs*	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	BOTH SEX
61. Nontoxic goiter.	...	...	...		...		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	1	1	2
62. Thyrotoxicosis with or without goiter ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	1
63 Diabetes mellitus	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	1	...	2	3	3	5	11	6	23	6	14	1	1	...	...	21	57	78
65a. Pernicious and other hyperchromic anaemias ...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1
65c. Other specified and unspecified anaemias ...	1	...	...	...	...	...	...	...	...	...	1	1	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	1	5
66a. Asthma	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	3	2	3	...	3	3	6	2	1	1	...	...	...	...	17	9	26
66b. All other allergic disorders, endocrine, metabolic and blood diseases	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	3	1	...	2	...	...	...	...	...	...	...	4	5	9
V. *Mental, Psychoneurotic and Personality Disorders*																																					
67. Psychosis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	...	...	...	...	...	1	...	...	...	...	...	...	...	3	1	4
68. Psychoneurosis and disorders of personality	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	1	1	2
VI. *Diseases of the Nervous System and Sense Organs*																																					
70. Vascular lesions affecting central nervous system	...	...	...	...	...	...	...	...	...	...	1	1	...	...	1	1	...	...	1	...	2	...	11	10	41	37	77	74	45	51	12	9	...	1	191	184	375
71. Non-meningococcal meningitis	2	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	4	...	4
73. Epilepsy	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	1	...	1	...	1	...	...	...	...	...	1	...	...	...	...	...	4	3	7
77b. Otitis media and mastoiditis	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
78b. All other diseases of the nervous system and sense organs	...	2	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	1	2	1	...	...	...	...	...	...	...	...	2	7	9
VII. *Diseases of the Circulatory System*																																					
79. Rheumatic fever	...	...	...	...	...	...	...	...	...	...	2	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	3
80. Chronic rheumatic heart disease	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	2	4	...	1	...	1	...	...	1	1	...	...	...	...	...	...	3	9	12
81. Arteriosclerotic & degenerative heart disease	...	...	...	...	...	...	...	...	...	...	...	1	1	...	1	...	1	...	11	3	39	13	81	61	93	91	98	115	21	48	1	...	346	333	679
82. Other diseases of heart ...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	1	...	...	1	1	3	2	7	6	18	16	13	26	28	21	6	2	...	1	82	76	158
83. Hypertension with heart disease ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	2	10	15	11	18	11	13	2	4	...	1	35	53	88
84. Hypertension without mention of heart ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	5	2	3	4	2	2	...	...	...	...	12	8	20
85. Diseases of arteries	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	3	1	6	4	12	7	1	5	...	1	23	19	42
86. Other diseases of circulatory system ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	1	2	3	4	3	1	1	...	1	...	...	...	...	8	10	18
VIII. *Diseases of the Respiratory System*																																					
88. Influenza	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	2	2
89. Lobar pneumonia	3	2	2	...	...	2	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	2	1	3	...	...	...	1	...	...	...	6	11	17
90. Bronchopneumonia	5	14	1	1	1	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	1	...	...	1	1	1	2	5	1	1	1	...	...	...	15	23	38
92. Acute bronchitis	7	3	1	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	3	...	1	...	4	2	4	2	...	2	...	...	21	11	32
93. Bronchitis, chronic and unqualified ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	7	...	10	...	3	...	1	...	...	...	...	...	23	1	24
95. Empyema and abscess of lung	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	2	...	...	...	1	...	...	...	...	...	...	...	4	...	4
97b. All other respiratory diseases	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	2	3	3	7	4	11	4	5	9	1	1	...	...	28	24	52
IX *Diseases of the Digestive System*																																					
99. Ulcer of stomach	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	3	2	2	...	2	...	...	...	...	...	...	...	8	2	10
102. Appendicitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	1	...	...	...	1	1	...	...	...	...	3	3	6
103. Intestinal obstruction and hernia	1	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	1	1	...	2	2	1	5	2	4	...	...	2	...	...	14	10	24
104a. Gastro-enteritis and colitis between 4 weeks and 2 years	27	25	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	31	28	59
104b. Gastro-enteritis & colitis, ages 2 years & over	...	...	...	...	2	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	2	2	...	...	...	...	5	4	9
104c. Chronic enteritis and ulcerative colitis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	1	1	...	...	...	...	...	...	3	2	5
105. Cirrhosis of liver	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	5	...	6	1	7	3	2	1	...	...	...	...	...	...	21	7	28
106. Cholelithiasis and cholecystitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	2	2
107. Other diseases of digestive system	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	1	...	...	1	...	...	...	4	...	...	...	1	...	...	...	2	8	10

APPENDIX HC — (*Continued*).

Deaths by Cause according to Age and Sex

CAUSES OF DEATH	Under 1 year		1 year and under 2		2 years and under 3		3 years and under 4		4 years and under 5		5 years and under 10		10 years and under 15		15 years and under 20		20 years and under 25		25 years and under 35		35 years and under 45		45 years and under 55		55 years and under 65		65 years and under 75		75 years and under 85		85 years and under 95		95 years and over		TOTAL		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	BOTH SEXES
X. *Diseases of Genito-Urinary System*																																			
108. Acute nephritis	..	...	..	...	...	.	...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	...	1	1	1	1	...	...	..	2	2	4
109. Chronic, other and unspecified nephritis	..	...	..	.	...	..	..	..	...	...	..	..	..	...	...	..	1	1	2	3	1	.	4	4	6	4	13	10	6	5	2	1	35	28	63
110. Infections of kidney	...	..	...	...	..	...	...	..	..	..	..	..	...	.	...	.	1	..	1	1	...	1	..	1	2	...	4	5	3	...	..	...	..	...	11	9	20
111. Calculi of urinary system	..	..	..	.	...	.	..	..	...	...	..	...	..	...	..	..	.	.	...	...	1	..	..	...	1	.	..	1	.	.	..	.	..	.	2	1	3
112. Hyperplasia of prostate	..	...	..	.	..	.	...	..	...	...	..	...	..	..	..	..	.	.	.	.	..	...	..	1	.	1	3	...	2	.	3	.	...	...	10	..	10
114c. All other diseases of the genito urinary system	...	.	..	...	..	..	...	...	..	..	..	..	..	.	..	..	..	..	1	..	.	...	1	.	..	...	..	...	1	..	...	..	.	.	3	...	3
XI. *Deliveries and Complications of Pregnancy, Childbirth and the Puerperium*																																			
116. Toxaemias of pregnancy and childbirth	..	..	..	...	...	..	..	...	..	...	..	...	..	..	1	.	..	..	..	..	..	..	..	..	...	..	..	...	...	.	...	...	..	...	..	1	1
117. Haemorrhage of pregnancy and childbirth	.	.	.	...	...	...	.	...	...	...	.	..	..	..	...	...	...	...	..	1	..	..	..	..	...	...	...	..	...	...	..	..	..	...	..	1	1
120a. Other complications of pregnancy, childbirth and the puerperium	..	...	..	..	..	..	..	...	..	...	.	.	..	...	..	..	..	..	..	2	...	2	.	...	.	..	..	...	.	..	..	..	..	...	..	4	4
XII. *Diseases of the Skin and Cellular Tissue*																																			
121. Infections of skin and subcutaneous tissue	...	...	...	..	..	...	...	..	...	..	..	..	..	..	...	..	..	..	..	..	...	1	..	..	..	..	..	..	..	...	..	..	..	..	..	1	1
XIII. *Diseases of the Bones and Organs of Movement*																																			
122. Arthritis and spondylitis	...	...	...	...	.	.	...	...	..	..	...	..	..	..	...	..	..	..	..	..	...	..	..	...	..	1	...	.	1	2	...	.	...	1	3	4
126b. All other diseases of skin	...	...	...	...	...	.	...	...	..	..	.	..	..	...	..	..	...	.	..	..	..	..	...	...	..	...	...	1	...	..	..	...	...	.	1	1
126c. All other diseases of musculo-skeletal system	...		...	..	...	...	...	...	..		..	..	..	..	..	..	..	..	...	...	...	...	...	...	..	...	1	..	..	..	..	...	1	.	1
XIV. *Congenital Malformations*																																			
127. Spina bifida and meningocele	12	6	...	1	...	..	...	..	..	...	...	..	...	.	...	...	..	..	.	.	...	...	..	.	...	..	.	...	...	...	.	..	...	...	12	7	19
128. Congenital malformation of circulatory system	11	6	1	3	...	1	..	1	...	..	...	2	...	1	1	1	..	.	.	.	...	..	..	..	...	...	...	...	...	...	..	..	...	...	13	15	28
129. All other congenital malformations	10	7	1	1	...	...	...	1	...	1	1	..	..	...	1	...	..	...	...		...	.	.	...	...	...	...	...	...	...	...	...	...	...	13	10	23
XV *Certain Diseases of Early Infancy*																																			
130. Birth injuries	25	12	...			...	...	...	...	..		...		...	..	.									...	...	.	...		...	...	.	...	25	12	37
131. Postnatal asphyxia and atelectasis	33	28	...	..	..	.	...	...	...	..	..	..	..	..	..	.	...	..	...	...	...	..	...	...	...	...	.	.	..	...	..	...	...	...	33	28	61
132a. Diarrhoea of newborn (under 4 weeks)	6	4		...	...	...	...	...	..	...	..	...	...	...	.	.	...	...	..	..	...	..	...	...	...	...	..	..	..	..	..	..	..	..	6	4	10
132c. Other infections of newborn	2	6	..	...	...	..	...	...	...	...	...	..	..	.	..	.	...	...	..	..	...	..	...	...	...	..	..	..	...	.	.	...	...	...	2	6	8
133. Haemolytic disease of newborn	3	3	...	..	...	.	...	..	..	..	..	...	.	.	..	..	...	...	...	...	...	..	..	..	...	..	..	..	...	..	...	..	..	..	3	3	6
134. All other defined diseases of early infancy	...	1	...	..	...	.	..	..	...		...		...		...		...		..		...		...		...		...		...		...		...		...	1	1
135. Ill-defined diseases peculiar to early infancy, and immaturity unqualified	54	27	...		...	.	...	...		...	.	...	...	...	...	...		...	...	...	...	...	...	...	...	...	..	...	..	...	...	...	...	54	27	81
XVI. *Symptoms, Senility and Ill-defined Conditions*																																			
136. Senility without mention of psychosis	...	.	...	.	.	..	...	...	..	...	..	...				..		...	...	...	...	..	...	.	...	...	...	7	8	47	46	32	40	1	4	87	98	185
XVII. *Accidents, Poisonings and Violence*																																			
138. Motor vehicle accidents	..	.	..	.	...	..	...		..	...	2	...	..	2		2		..	...	..	..	..	...	...	...	..	1	.	...	...	...		..		5	2	7
139. Other transport accidents		...	...	...	...	...	...		..	...	...	...	...	..	..	.	..	...	...	...	...	...	...	...	...	...	...	...	2	...	..	..	..	..	2	2
140. Accidental poisoning	...		...	.	...	...	...	...	..	..	...	..	...	...	...	.	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	2		2
141. Accidental falls	.	...	...	...	...	...	.	..	...	...	1	...	3	.	2	...	1	...	...	...	...	..	...	...	...	4	1	2	3	2	2	1	4	...	..	16	10	26
143. Accident caused by fire and explosion of combustible material	...	...	..	...	...	...	..	...	...	.	...	..	..	...	...	...	...	..	..	..	...	...	.	...	1	1	...	1	1	...	1	..	..	...	...	2	3	5
146. Accidental drowning and submersion	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	2	...	2
148. All other accidental causes	3	...	1	...	1	..	...	...	..	...	1	...	2	...	...	..	..	..	2	3	2	...	..	1	1	...	...	...	1	.	...	...	...	..	14	4	18
TOTAL	208	151	13	14	8	5	1	4	1	3	14	11	9	5	10	9	6	6	25	39	48	31	113	89	287	218	374	340	326	323	93	124	2	8	1538	1380	2,918

APPENDIX MA.

GENERAL HOSPITALS IN MALTA AND GOZO

Return of diseases and deaths (in-patients) for the year 1956

Disease	Remaining in Hosp. at end of 1955	Admissions	Transfers from other Hospitals	Total cases treated	Deaths	Discharges	Transfers to other Hospitals	Remaining in Hospital at end of 1956
I. *Infective and Parasitic Diseases.*								
1. Tuberculosis of the respiratory system	5	33	1	39	6	19	13	1
2. Tuberculosis of the meninges and central nervous system	4	4	...	8	...	7	...	1
3. Tuberculosis of intestines and peritoneum and mesenteric glands	2	1	2	5	1	2	2	...
4. Tuberculosis of bones and joints	6	34	...	40	...	32	2	6
5. Tuberculosis, all other forms	9	3	...	12	...	11	...	1
6. Congenital syphilis	...	2	...	2	1	...	...	1
7. Early syphilis	...	2	...	2	...	2	...	...
8. Tabes Dorsalis	...	3	...	3	...	2	...	1
9. General paralysis of insane	...	...	...	...	..	...	...	...
10. All other syphilis	..	2	...	2	1	...	...	1
11. Gonococcal infections	2	5	3	10	1	6	2	1
12. Typhoid fever	3	122	...	125	1	118	1	5
13. Paratyphoid fever and other Salmonella infections	...	...	...	...	...	...	..	...
14. Cholera	...	...	...	...	...	...	...	..
15. Brucellosis (undulant fever)	15	216	...	231	4	211	4	12
16a. Bacillary dysentery	...	9	...	9	...	7	1	1
16b. Amœbasis	...	12	...	12	...	12	...	...
16c. Other unspecified forms of dysentery	...	...	...	...	...	...	...	...
17. Scarlet fever	.	...	...		...	...	...	..
18. Streptococcal sore throat	...	1	...	1	...	1	...	...
19. Erysipelas	...	4	...	4	...	2	2	...
20. Septicaemia and pyaemia	...	2	..	2	...	2	...	...
21. Diphtheria	..	1	...	1	.	...	1	...
22. Whooping cough	..	...	...	...	...	...	...	...
23. Meningococcal infections	...	...	...	...	...	...	...	...
24. Plague	...	...	...	...	...	...	...	...
25. Leprosy	70	13	...	83	5	37	...	41
26. Tetanus	...	15	...	15	2	12	...	1
27. Anthrax	...	...	...	...	...	...	...	...
28a. Acute poliomyelitis	4	27	...	31	...	18	...	13
28b. Polioencephalitis	...	2	...	2	...	...	...	2
29. Acute infectious encephalitis	...	...	...	...	...	...	...	...
30. Late effects of acute poliomyelitis and of acute infectious encephalitis	1	14	...	15	...	13	1	1
31. Smallpox	...	...	...	...	...	...	...	...
32. Measles	...	...	...	...	..	...	...	...
33. Yellow fever	...	...	...	...	...	...	...	...
34. Infectious hepatitis	...	15	...	15	...	14	..	1
35. Rabies	...	...	...	...	...	...	...	...
36a. Louse-borne epidemic typhus	...	1	...	1	...	1	...	...
36b Flea-borne endemic typhus	...	...	...	...	...	...	...	...
36c. Tick-borne epidemic typhus	...	...	...	...	...	...	...	...
36d. Mite-borne typhus	...	...	...	...	...	...	...	...
36e. Other and unspecified typhus	...	1	...	1	1	...	...	...
37a. Vivax malaria (benign tertian)	..	...	...	...	...	...	...	...
37b. Malariae malaria (quartan)	...	...	...	...	...	...	...	...
37c. Falciparum malaria (malignant tertian)	...	...	...	...	...	...	...	...
37d. Blackwater fever	...	...	...	...	...	...	...	...
37e. Other and unspecified forms of malaria	...	...	...	...	..	...	...	...
38a. Schistosomiasis vesical (S. hæmotobium)	...	...	...	...	...	...	...	...
38b. Schistosomiasis intestinal (S. hansoni)	...	...	...	...	...	..	...	.
38c. Schistosomiasis pulmonary (S. japonicum)	...	...	...	...	...	...	...	...
38d. Other and unspecified schistosomiasis	...	...	...	...	..	...	...	...
39. Hydatid disease	...	1	...	1	...	1	...	...
40a. Onchocerciasis	..	...	...	...	...	...	...	...
40b. Loiasis	...	...	...	...	...	...	...	
40c. Filariasis (bancrofti)	...	...	...	...	...	...	...	...
40d. Other filariasis	...	...	...	...	...	...	...	
41. Ankylostomiasis	...	.	...	.	...	...	...	...
Carried forward	121	545	6	672	23	530	29	90

APPENDIX MA — *(Continued)*.

GENERAL HOSPITALS IN MALTA AND GOZO

Return of diseases and deaths (in-patients) for the year 1956

Disease	Remaining in Hosp at end of 1955	Admissions	Transfers from other Hospitals	Total cases treated	Deaths	Discharges	Transfers to other Hospitals	Remaining in Hosp. at end of 1956
Brought forward ...	121	545	6	672	23	530	29	90
42a. Tapeworm (infestation) and other cestode infestations	...	9	...	9	...	9	...	...
42b. Ascariasis	...	1	...	1	...	1	...	...
42c. Guinea worm (dracunculosis)	...	...	...	...	...	...	...	...
42d. Other diseases due to helminths ...	...	...	...	...	...	...	...	...
43a. Lymphogranuloma venereum	...	...	...	...	...	...	...	...
43b. Granuloma inguinale, venereal ...	...	...	...	...	...	...	...	...
43c. Other and unspecified venereal diseases...	...	...	...	...	..	..	...	...
43d. Food poisoning infection and intoxication	...	14	...	14	..	14	...	...
43e. Relapsing fever	...	...	...	...	...	...	..	...
43f. Leptospirosis icterohæmorrhagica (Weil's disease)	...	...	...	...	...	...	...	..
43g. Yaws	...	...	...	...	...	...	...	...
43h. Chickenpox	...	...	...	...	...	...	...	...
43i. Dengue	...	...	...	...	...	...	...	...
43j. Trachoma	...	..	...	...	..	...	..	...
43k. Sandfly fever	...	1	...	1	...	1	..	...
43l. Leishmaniasis	1	15	...	16	1	15	...	...
43m. Trypanosomiasis gambiensis Trypanosomiasis rhodesiensis Other and unspecified Trypanosomiasis	...	..	...	...	...	...	...	...
43n. Dermatophytosis	...	...	...	...	...	...	...	...
43o. Scabies	...	...	...	...	...	..	...	...
43p. All other diseases classified as infective and parasitic	...	4	...	4	..	4	..	...
II. *Neoplasms*								
44. Malignant neoplasm of buccal cavity and pharynx	...	14	...	14	1	13	...	...
45. Malignant neoplasm of œsophagus ...	1	8	..	9	5	3	...	1
46. Malignant neoplasm of stomach ...	4	45	3	52	12	31	5	4
47. Malignant neoplasm of intestines except rectum	1	10	...	11	3	8	...	..
48. Malignant neoplasm of rectum	1	11	...	12	3	9	...	...
49. Malignant neoplasm of larynx	...	12	...	12	3	9	...	...
50. Malignant neoplasm of trachea, and of bronchus and lung not specified as secondary	4	19	...	23	6	10	3	4
51. Malignant neoplasm of breast	2	37	...	39	5	31	2	1
52. Malignant neoplasm of cervix uteri ...	1	...	...	1	...	...	...	1
53. Malignant neoplasm of other and unspecified parts of uterus		2	...	2	1	1	...	...
54. Malignant neoplasm of prostate ...	3	5	1	9	2	3	2	2
55. Malignant neoplasm of skin	...	11	...	11	...	11	...	...
56. Malignant neoplasm of bone and connective tissue	2	26	...	28	9	18	...	1
57. Malignant neoplasm of all other and unspecified sites	7	38	2	47	11	30	1	5
58. Leukæmia and aleukæmia	...	11	...	11	6	4	...	1
59. Lymphosarcoma and other neoplasm of Lymphatic and hæmatopoietic system	1	19	...	20	5	14	...	1
60. Benign neoplasms and neoplasms of unspecified nature	9	168	2	179	4	157	2	16
Carried forward	158	1,025	14	1,197	100	926	44	127

APPENDIX MA — (*Continued*).

GENERAL HOSPITALS IN MALTA AND GOZO

Return of diseases and deaths (in-patients) for the year 1956

Disease	Remaining in Hosp. at end of 1955	Admissions	Transfers from other Hospitals	Total cases treated	Deaths	Discharges	Transfers to other Hospitals	Remaining in Hosp. at end of 1956
Brought forward ...	158	1,025	14	1,197	100	926	41	127
III. & IV. *Allergic, Endocrine System Metabolic and Nutritional Diseases. Diseases of the Blood and Blood-forming Organs.*								
61. Nontoxic goitre	...	34	...	34	...	34	...	...
62. Thyrotoxicosis with or without goitre	2	31	..	33	...	31	1	1
63. Diabetes mellitus	15	203	7	225	20	147	15	43
64a. Beriberi	...	...	...	...	...	...	...	...
64b. Pellagra	1	3	...	4	...	3	...	1
64c. Scurvy	...		...	...	...	...	...	...
64d. Other deficiency states	1	11	...	12	...	12	...	...
65a. Pernicious and other hyperchromic anæmias	...	2	...	2	...	2	...	...
65b. Iron deficiency anæmias (hypochromic)	...	10	...	10	2	7	1	...
65c. Other specified and unspecified anæmias	4	21	...	25	1	22	...	2
66a. Asthma	2	80	1	83	5	74	2	2
66b. All other allergic disorders, Endocrine, Metabolic and Blood Diseases ...	10	74	...	84	4	76	3	1
V. *Mental, Psychoneurotic and Personality Disorders.*								
67. Psychoses	2	4	...	6	...	5	1	...
68. Psychoneuroses and disorders of personality	2	72	...	74	...	65	7	2
69. Mental deficiency	1	1	...	2	1	...	...	1
VI. *Diseases of the Nervous System and Sense Organs*								
70. Vascular lesions affecting central nervous system	24	136	4	164	54	64	16	30
71. Non-meningococcal meningitis	3	36	...	39	5	29	4	1
72. Multiple sclerosis	...	1	...	1	...	1	...	...
73. Epilepsy	...	12	...	12	...	12	...	...
74. Inflammatory diseases of eye	...	...	...	...	...	...	...	...
75. Cataract	...	6	...	6	...	5	...	1
76. Glaucoma	...	3	...	3	...	3	...	...
77a. Otitis externa	9	3	...	12	...	12	...	...
77b. Otitis media and mastoiditis	8	53	...	61	...	49	...	12
77c. Other inflammatory diseases of ear ...	...	199	...	199	...	199	...	...
78a. All other diseases and conditions of eye	25	447	7	479	2	434	8	35
78b All other Diseases of the Nervous System and Sense Organs	19	107	...	126	3	116	...	7
VII. *Diseases of the Circulatory System.*								
79. Rheumatic fever	4	55	...	59	2	53	...	4
80. Chronic rheumatic heart disease ...	1	15	...	16	2	10	...	4
81. Arteriosclerotic and degenerative heart disease	6	78	2	86	25	54	6	1
82. Other diseases of heart	10	69	6	85	21	51	1	12
83. Hypertension with heart disease ...	6	72	...	78	9	61	1	7
84. Hypertension without mention of heart	3	71	...	74	8	56	5	5
85. Diseases of arteries	8	46	2	56	5	44	4	3
86. Other diseases of Circulatory System ...	5	165	1	171	5	155	4	7
Carried forward	329	3,145	44	3,518	274	2,812	123	309

APPENDIX MA — (*Continued*).

GENERAL HOSPITALS IN MALTA AND GOZO

Return of diseases and deaths (in-patients) for the year 1956

Disease	Remaining in Hosp. at end of 1955	Admissions	Transfers from other Hospitals	Total cases treated	Deaths	Discharges	Transfers to other Hospitals	Remaining in Hosp. at end of 1956
Brought forward ...	329	3,145	44	3,518	274	2,812	123	309
VIII. *Diseases of the Respiratory System.*								
87. Acute upper respiratory infections ...	4	382	...	386	1	380	3	2
88. Influenza	...	5	...	5	...	5	...	...
89. Lobar pneumonia	1	11	...	12	...	12	...	...
90. Broncho-pneumonia	2	131	...	133	5	111	7	10
91. Primary atypical, other and unspecified pneumonia	...	78	...	78	9	65	3	1
92. Acute bronchitis	...	33	1	34	...	32	2	...
93. Bronchitis, chronic and unqualified ...	7	135	3	145	9	111	12	13
94. Hypertrophy of tonsils and adenoids ...	48	664	...	712	1	690	...	21
95. Empyema and abcess of lung	...	9	...	9	1	6	1	1
96. Pleurisy	...	24	...	24	...	20	...	4
97a. Pneumoconiosis	...	2	...	2	...	2	...	...
97b. All other Respiratory Diseases ...	1	67	...	68	3	60	1	4
IX. *Diseases of the Digestive System.*								
98a. Dental Caries	...	48	...	48	...	48	...	...
98b. All other diseases of teeth and supporting structures	...	14	...	14	...	14	...	...
99. Ulcer of stomach	3	69	...	72	4	67	1	...
100. Ulcer of duodenum	6	31	...	37	...	36	...	1
101. Gastritis and duodenitis	1	23	...	24	1	22	...	1
102. Appendicitis	10	368	...	378	2	367	...	9
103. Intestinal obstruction and hernia	25	495	1	521	13	480	7	21
104a. Gastro-enteritis and colitis between four weeks and two years	16	367	...	383	23	354	5	1
104b. Gastro-enteritis and colitis, ages two years and over	...	55	...	55	3	50	1	1
104c. Chronic enteritis and ulcerative colitis	5	4	...	9	1	7	...	1
105. Cirrhosis of liver	2	30	2	34	12	19	...	3
106. Cholelithiasis and cholecystitis ...	2	44	...	46	...	40	1	5
107. Other Diseases of the Digestive System	14	237	1	252	4	229	5	14
X. *Diseases of the Genito-Urinary System.*								
108. Acute nephritis	8	43	...	51	2	48	...	1
109. Chronic, other and unspecified nephritis	9	67	...	76	11	50	3	12
110. Infections of kidney	1	22	...	23	6	17	...	...
111. Calculi of urinary system	3	30	...	33	1	27	2	3
112. Hyperplasia of prostate	8	21	9	38	8	15	7	8
113. Diseases of breast	...	6	1	7	...	6	1	...
114a. Hydrocele	...	6	...	6	...	6	...	...
114b. Disorders of menstruation	...	3	...	3	...	3	...	...
114c. All other Diseases of the Genito-Urinary System	11	250	...	261	4	225	9	23
XI *Deliveries and complications of Pregnancy, Childbirth and the Puerperium.*								
115. Sepsis of pregnancy, childbirth and the puerperium	...	...	...	...	...	...	...	...
116. Toxæmia of pregnancy and the puerperium	...	3	...	3	...	...	1	2
117. Hæmorrhage of pregnancy and childbirth	..	10	...	10	...	10	...	...
118. Abortion without mention of sepsis or toxæmia	9	16	...	25	...	23	...	2
119. Abortion with sepsis	...	...	...	...	...	...	...	...
120a. Other complications of pregnancy, childbirth and the puerperium ...	2	1,026	...	1,028	4	998	...	26
120b. Delivery without complications ...	4	988	...	992	...	958	...	34
Carried forward	531	8,962	62	9,555	402	8,425	195	533

APPENDIX MA — (*Continued*).

GENERAL HOSPITALS IN MALTA AND GOZO

Return of diseases and deaths (in-patients) for the year 1956

Disease	Remaining in Hosp. at end of 1955	Admissions	Transfers from other Hospitals	Total cases treated	Deaths	Discharges	Transfers to other Hospitals	Remaining in Hosp. at end of 1956
Brought forward ...	531	8,962	62	9,555	402	8,425	195	533
XII. *Diseases of the Skin and Cellular Tissue.*								
121. Infections of skin and subcutaneous tissue	7	219	1	227	...	218	1	8
122. Arthritis and spondylitis	25	205	7	237	1	214	7	15
123. Muscular rheumatism and rheumatism, unspecified	1	9	...	10	...	9	...	1
124. Osteomyelitis and periostitis	5	48	1	54	1	47	...	6
125. Ankylosis and acquired musculoskeletal deformities	...	28	.	28	..	26	...	2
126a. Chronic Ulcer of Skin (including Tropical Ulcer)	...	26	1	27	...	24	...	3
126b. All other Diseases of Skin	11	137	9	157	...	141	4	12
XIII. *Diseases of the Bones and Organs of Movement.*								
126c. All other diseases of muscul. skeletal system	7	90	...	97	...	79	3	15
XIV. *Congenital Malformations*								
127. Spina bifida and meningocele	...	2	...	2	1	...	1	...
128. Congenital malformation of the Circulatory System	...	11	...	11	3	8	...	...
129. All other congenital malformations ...	16	57	..	73	7	57	...	9
XV. *Certain Diseases of Early Infancy.*								
130. Birth injuries	...	3	...	3	...	3	...	...
131. Postnatal asphyxia and atelectasis ...	...	24	...	24	8	16	...	...
132a. Diarrhoea of newborn (under 4 weeks)	...	1	...	1	...	1	...	...
132b. Ophthalmia neonatorum	...	...	..	...	...	...	...	...
132c. Other infections of newborn	...	...	...	...	...	...	...	...
133. Hæmolytic disease of newborn ...	...	...	...	...	...	...	...	...
134. All other defined diseases of early infancy	...	43	...	43	3	34	6	...
135. Ill-defined diseases peculiar to early infancy, and immaturity unqualified	1	49	...	50	8	39	1	2
XVI. *Symptoms, Senility and Ill-Defined conditions.*								
136. Senility without mention of psychosis	2	10	4	16	3	1	8	4
137a. Pyrexia of unknown origin	1	31	...	32	...	32	...	...
137b. Observation, without need for further medical care	1	12	...	13	..	13	...	...
137c. All other ill-defined causes of morbidity	16	468	...	484	14	449	11	10
XVII. *Accidents, Poisonings and Violence.*								
138. Motor vehicle accidents	6	90	...	96	4	87	3	2
139. Other transport accidents	2	35	...	37	1	34	...	2
Carried forward	632	10,560	85	11,277	456	9,957	240	624

APPENDIX MA — (*Continued*).

GENERAL HOSPITALS IN MALTA AND GOZO

Return of diseases and deaths (in-patients) for the year 1956

Disease	Remaining in Hosp. at end of 1955	Admissions	Transfers from other Hospitals	Total cases treated	Deaths	Discharges	Transfers to other Hospitals	Remaining in Hosp. at end of 1956
Brought forward ...	632	10,560	85	11,277	456	9,957	240	624
140. Accidental poisoning	31	473	...	504	5	467	14	18
141. Accidental falls	11	132	10	153	6	123	10	14
142. Accidents caused by machinery ...	1	19	...	20	...	18	...	2
143. Accidents caused by fire and explosion of combustible material	1	178	...	179	3	168	6	2
144. Accidents caused by hot substance, corrosive liquid, steam and radiation	...	83	..	83	1	80	...	2
145. Accidents caused by firearm	...	208	...	208	...	200	...	8
146. Accidental drowning and submersion ...	2	132	...	134	4	128	2	...
147a. Foreign body entering eye and adnexa	...	43	...	43		43	...	...
147b. Foreign body entering other orifice ...	...	7	...	7	...	7	...	...
147c. Accidents caused by bites and stings of venomous animals and insects ...	...	...	...	...	...	...	...	...
147d. Other accidents caused by animals ...	...	1	...	1	...	1	...	...
148 All other accidental causes	9	122	...	131	...	126	...	5
149. Homicide and injury purposely inflicted by other persons (not in war)... ...	...	38	..	38	...	37	...	1
150. Injury resulting from operations of war	1	8	...	9	...	8	...	1
Total	688	12,004	95	12,787	475	11,363	272	677