MALTA

REPORT

ON THE

HEALTH CONDITIONS OF THE MALTESE ISLANDS

AND ON THE WORK OF THE

MEDICAL AND HEALTH DEPARTMENT

FOR THE YEAR

1958

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INDEX

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MEDICAL & HEALTH DEPARTMENT — MALTA.
14th August, 1959.

Sir,

I have the honour to submit the annual report on the health conditions of the Maltese Islands and on the work of the Medical and Health Department during 1958.

This year was remarkable in that it was comparatively free from adverse hygienic and sanitary circumstances, the level of health of the general public was maintained, indeed in some respects it was raised a bit higher, the standard of education in matters of health has advanced and although there still remain certain prejudices and idiosyncracies amongst a section of the population, the general outlook has improved. There was an increased awareness of individual responsibilities and of the share which every citizen is expected to contribute towards the maintenance of national health. The intelligent citizen today reads and discusses problems of health, takes an interest in them and tries to conform. He realizes that health is not a thing which can be left entirely to the doctors but is enormously a matter for the citizen himself, not only in his private life but in the pressure he can bring to bear on administrative spheres.

The general health of the people is nowadays universally recognised as a public responsibility. In matters of health there are a number of activities which must be organised and correlated and which need the backing and the resources of the Government to be carried out. Water supply, sewage disposal, control of food and drink, protection against epidemics, construction of houses and maintenance of roads, these are all matters that concern public health and cannot be left to the initiative and resources of individual enterprise since they are the concern of Society as a whole. Such activities are the responsibility of various Government Departments and may be considered as joint efforts or combined operations for maintaining a state of health in these Islands.

The great progress made in the field of public health during recent years has had the effect of extending its influence in various aspects of everyday life and the public services have had to be so geared as to satisfy the new demands made on them. As a result there has developed a unity of purpose in certain Government Departments which have become fully alive to the need of collaboration in matters of health and hygiene.

One of the effects of good health both individual and general, is an increase in the population which in the year rose to 321,940 (males 153,911, females 168,029). Paradoxically enough this incremental rise which has been sustained over the last century and which rose abruptly after the 1930's has faced the Government with grave problems of a social, economic and health character. In large industrial countries an increase in the population is accepted as a national asset; in fact such an increase is considered as an indication of national health and prosperity. In Malta, however, an increase in the population is always looked upon with concern although it is never resented. Ours is a small country with few industries and fewer natural resources, yet it has one of the highest densities in the world. In Malta it is 3,102 per square mile; in Gozo 1,025 and in both islands combined the density is 2,642.

This situation is frought with danger from a health point of view because should an epidemic break out, its spread amongst the population so densely crowded, would be extremely rapid and its effects devastating. We have to face the fact that the population is on the increase slowly and steadily yet a reduction in the standard of living is out of question and therefore the only remedy is to encourage emigration and to stimulate new industries, both of which have received due attention during the year under review.

The Chief Secretary,
The Palace.

The incremental rise was well marked in the suburban and central areas whilst in the urban areas it was not impressive; indeed in the latter the population was below the prewar level. In the rural areas the growth of the population was sustained and has even surpassed considerably the prewar figures. These trends result from quick means of transport, from the erection of large blocks of flats outside the old cities, from the building of housing estates and from the tendency to live in the country which has developed since the war.

The proportion between males and females was on the whole tilted towards the latter. The age structure was well maintained. Although the expectation of life has risen, the extent of the "younger" age group shows a well maintained natural increase in the population and eliminates the risk in the foreseeable future of a preponderance of the "old age" group.

During the last decade there has been a reduction in the farming and fishing communities whilst there has been an increase by almost one third in the number of persons employed in the manufacturing and construction. This new trend in occupations has had its repercussions on the public services of the Island necessitating amongst other things the setting up of an occupational health unit as a separate branch of the Department. This industrialization has also been responsible to some extent for the migration from the rural areas and the overcrowding in the suburban and central regions where most of the industrial workers find employment. The health needs in such areas were consequently enhanced, the curative and preventive services were considerably extended, additional medical officers, health inspectors and health visitors had to be appointed, new clinics and new health centres had to be opened and intensive drives for immunization and after-care had to be organised. All these provisions were progressively introduced and during the year were not only maintained but raised to a higher pitch of efficiency.

In our Island like in every other civilized country, the idea of social security has taken root in the mind of the people. One of the main principles of social security is based on the provisions against sickness and disease. I am glad to report that in carrying out their duties the officials of the Department endeavoured to cultivate a tolerant and tactful approach so much so that there was no need for extraordinary Court proceedings of coercion.

This year it is again my pleasure to report a further reduction in our infantile mortality which was 39.99. This year's rate is the lowest ever recorded in our Islands and considering the rapidity of the decline during the recent years one cannot but recognise the success of the means adopted during the last decade for the reduction of our infant mortality which in 1948 was as high as 112.97.

Some of the features which helped us to attain such good results are: The high standard of living which developed in recent years — the people are on the whole cleaner, healthier, and better aware of economic values; domestic comforts have improved; piped water supply has become almost universal and habitations have modern drainage arrangements. All this ties up with the marked improvement in children's health. There is no doubt that with increased prosperity, people do give priority to the health of their infants.

The antenatal clinics and the child health centres have now passed over their initial difficulties and are fully justifying the purpose for which they have been organised, whilst improvements in obstetrics and in gynaecology have contributed a considerable share towards the success of our efforts.

An analysis of our infant deaths will reveal a marked improvement in the infant mortality rate especially during the second to the twelfth month when environmental causes predominate. A reduction has also occurred in the second to the fourth week of life, but figures for stillbirths and for the first week of life remained comparatively high. This wastage of life is generally attributed to congenital malformations, prematurity, birth injury and asphyxia, the latter two are together the main causes; prematurity being however the greatest single factor. We have no perfect knowledge as to how these death producing influences arise but there are reasons to believe that toxaemia is the leading factor.

This vagueness in our knowledge of perinatal mortality is shared by the medical authorities in other countries and in England a national equiry was under

way during the year. These are absorbing problems to be solved and both doctors and midwives will be in a position to offer illuminating advice but it seems to me that the stresses on the mother during pregnancy must have their telling effects. Such stresses may be physical or mental; they result from social, occupational and pathological factors, the former two being the result of the circumstances of modern life.

Concurrently with the reduction in our perinatal mortality there was not a marked improvement as regards the incidence of diseases of pregnancy, childbirth and puerperium, as well as in the mortality resulting from such diseases. To quote two instances: ten years ago, in 1948, the number of notified cases of puerperal fever was 30 whereas this year there were only 3 notifications. The number of deaths from diseases of pregnancy, childbirth and puerperium was 15 in 1948 the corresponding figure for this year is 11.

Admittedly the risk in pregnancy and childbirth has been lessened to some degree. Both doctors and midwives have contributed their share in obtaining this improvement which is admittedly limited. Doctors today possess better medical knowledge and are better equipped for operative interference and the administration of anaesthesia, moreover they have at their disposal improved facilities for the examination of blood and for assessment of the general health of the woman. On the other hand midwives today have a better comprehension of the part they have to play in avoiding the stresses and strains of pregnancy and motherhood. Major responsibilities of course, rest with the doctor, but the midwife can give valuable advice and proper guidance to the mother; she can advise mothers regarding the proper preparation for pregnancy and she can explain about the importance of their diet, she should remain on the look out for obvious signs of blood and endocrine disorders and she should keep in mind the possibility of cardiovascular or renal catastrophies. Above all she should be aware of the dangers of syphilis, rubella, toxoplasmosis, and of X-rays, vitamin deficiency and toxaemias.

In many instances the work of the midwife was rendered easier by the facilities offered by the antenatal clinics, but her influence on the mother remained paramount and her duty unchanged. One notes with satisfaction that on the whole midwives endeavoured to make a success of their duty, i.e. to help a woman to have a live, healthy baby and leave her healthy and undamaged afterwards. During the year we had midwives who were fully qualified to render the best services but we had not enough of them and unfortunately our calls for students did not bring forth many suitable candidates. On the other hand one notes with satisfaction that during the year registered nurses from our school for nurses have gone to England to follow a course in midwifery there. When they return back, their example and their influence will encourage others to follow suit.

Another important factor however which accounts for the amelioration of the health of pregnant women and the reduction of risks in child birth is the new concept of the care of pregnant women. This concept which was fully dealt with by the Cranbrook Committee in England implies a tripartite structure of the maternity service consisting of the consultant, practitioner and midwife. A woman in pregnancy may eventually require the attention of all the three and it is therefore very desirable that she should at one time or another during her pregnancy come to the attention of each of them. Our antenatal clinics in and out of hospital and the facilities available to all general practitioners and midwives for consultant examination and advice, offered effective means of keeping the three professionals in close liaison between themselves during the whole period of gestation.

The gap between the child health centre and the school has not yet been closed but it has certainly been narrowed. The scope of medical care and attention at the child health centre has been extended to cover not only babies but also young infants and toddlers; on the other side school medical officers are finding more time to attend to new entrants in the minor age group, whilst the doctors attached to the inoculation service have the opportunity to examine children who have not yet reached school age. In this way a chain of facilities exists for the examination of children from the postnatal to the school periods of their live. These two periods cover the formative age from a physical and psychological point of view, they assume a great importance in the development of health of the individual. We have invariably tried to impress on parents the grave consequences that may result from

neglecting to check the health progress of the children during these periods and it is a matter of satisfaction to note that parents have increasingly availed themselves of every means to safeguard the health of their children at every phase of their formative years.

The general health of children today presents features quite different from those of a generation ago. Serious malnutrition with its attendant evils of tuberculosis, rickets and skin affection, has almost entirely diasappeared. Indeed nowadays it is the "fat boy" rather than the undernourished child, that requires medical attention. Our boys and girls are stronger, taller, heavier, cleaner, better clad and shod than those who were living in the time of their grand-parents, but they have their shortcomings and are exposed to certain risks which were then unknown.

The excessive consumption of sweets and sugary material does not only account for the obesity amongst children but it is also in a way responsible for the increase in dental decay which was remarked by the school dental surgeons. Another matter of concern is the spread of the habit of cigarette smoking amongst boys and girls, a habit which develops into an ever increasing indulgence that may prepare the way for serious developments in the lungs and other organs. Our children today are also exposed to accidents at home and on the roads which were unheard of when their parents were young. Such accidents were becoming increasingly common during the year.

The laws of adoption in Malta are not so elaborate as in other countries. Many couples usually relatives of dead parents, adopt one or two of the latter's children but they do so from a charitable rather than from a legal point of view. Lately however a voluntary association has come into being for the purpose of assisting the adoption of Maltese orphans or unwanted children by foster parents in North America. The method of procedure is most reliable and the screening is very effective. So far sixteen children have been formally adopted and it is reasonable to assume that they are receiving all the loving care and tender affection which they need.

The medical care and attention of children in Government schools in Malta is not inferior to that obtaining in other countries. The school population in Malta and Gozo was 55.515, The health of these children was looked after by seven school medical officers, four school dental surgeons, and one eye specialist. In Gozo the medical officer of health also acts as school medical officer and an eye specialist calls periodically to examine the school children there. These medical officers are assisted by a staff of nurses and health educational officers. There is also a speech therapist who organises special classes for the education of handicapped children. In addition to the school children service, the children have all the facilities for examination by specialists and consultants. Such facilities in our country are perhaps more easily available than in many other countries. All that is required is a form to be written by the school medical or dental officer referring the case to the specialist who if needs be, will admit the child into the respective ward, or after due investigation and examination, will keep the child as an outpatient.

The school health service has undergone a change during the last few years; it has become preventive both in concept and in practice. In a report on "The Health of the School Child — Fifty years of the School Medical Service" published in England towards the end of the year by Sir John Charles, emphasis is made on the new type of school health service which has evolved during the half century, it has become less rigid, more informal and more comprehensive. A parent-doctor-teacher association has come into being which forms a splendid common ground for all those interested in the health and happiness of children.

A well marked tendency to include the family doctor in the association has developed lately because it has been realised what valid contribution the family doctor with his knowledge of the family history and environment, can make.

A cursory look at our school children today will reveal the success which our modern service is achieving. There is a great improvement in physique, alertness, cleanliness and tidiness although there is still more to be gained. It will be to the advantage of children especially those approaching the end of their school days, if they were given a sane and balanced background which will help them to under-

stand themselves and their relationship and prevent them from forming distorted or morbid ideas. The field for founding sound mental health in our schools is a new and almost unlimited one.

One of the greater public health problems at the present time is mental illness. In our country like the rest of the world, this illness during the year occupied more hospital beds than cancer, heart disease and tuberculosis.

The general health of the people is as stated before, one of the responsibilities of the Government, this responsibility towards mental health is however more subtle and more difficult to define than in regard to the general health. One thing which plays an important role in mental health is to ensure correct relation between the individual and his social institutions and contacts. Few people in our time are free from psychological stress and strain of some degree or other. Everyone experiences a varying degree of tension within himself and if he is alert to the world about him, he will certainly notice many tensions that surround him. These stresses and strains of modern life can seriously affect mental well being.

Becoming mentally ill is the response many people make to problems too big for them to handle. The psychiatrist's duty is to search the hidden forces which are responsible for the tension reproducing the mental illness. There are two types of such tensions. The internal tensions which are related to problems and conflicts within one's self and therefore they remain unshared with other people. There are also the external tensions mostly arising from environmental family or social relations; they are often shared at least to some extent, with other persons. Of the two, external tensions are perhaps the bigger cause of failure in the career of young people because they give rise to feelings of uncertainty, apprehension or outright fear. These are the children who if left uncared will grow up into citizens with a "tranquillizer" in one pocket and a "pep" pill in the other.

It is in the school years that the foundations are laid for promoting mental health. If the rhythm and mode of development are understood and respected, the child will gradually learn to stand on his own feet, to fulfil his duties without being coerced to do so, to help in small tasks, to associate with other children on a wider basis and to engage in activities with them.

Our school medical officers were fully aware of the part they could play in assessing and improving mental health. During the year 151 children were found to be suffering from some form of mental condition, nine of whom were referred for special examination and treatment to the psychiatric clinic of the general hospital. All these cases were of course followed up by the school medical officer and the consultant.

During the year there was a reduction in the number of enlarged tonsils and adenoids observed amongst school children; there were 1,249 against 1,886 cases in the previous year. The reason for this reduction is the better environmental and personal hygiene which nowadays the public is generally adopting. This may also have some influence in lowering the persistent demand by parents for the removal of their children's tonsils. An ordinary attack of tonsillitis in a child will often induce his parents to ask for the removal of the tonsils irrespective of all the indications for an operation. The number of school children operated for the removal of tonsils and adenoids was 50 against 107 during the previous year. This reduction is suggestive of better understanding on the part of the parents.

Tonsillectomy is not an operation to be undertaken without justifying reasons. Though experience has shown that tonsils and adenoids can be removed without causing apparent harm, it is natural to suppose that these organs have a function; they are considered to act as a defence in early life against inhaled and ingested microorganisms and it may not be advisable to deprive young children from this defence.

It was formerly the practice to consider diseases of the chest organs separately and independently but the changing incidence and altered prognosis of the chest diseases make it imperative to reassess our clinical and preventive approach. Pneumonia which not many years ago was treated as a separate pathological process, is nowadays being often regarded as a symptom of underlying diseases and calling for a complete assessment of the patient's general way of life and also of the

possible underlying chest or systemic diseases. The many and varied virus infections, the slowly developing malignant growth in the lung, the congestive heart failure, the increasing consolidation of the lung tissue by industrial dust or atmospheric pollution, the gradual abscess cavity formation of the lung, all these may be triggered by an attack of pneumonia or may be revealed by a touch of that diseases.

Sometimes the incidence of pneumonia is indicative of the prevalence of tuberculosis and in this respect the notification of both diseases during the year did not give cause for alarm. The number of tuberculosis, pulmonary (118) and non-pulmonary (17) was the lowest ever recorded whilst that of pneumonia (63) was also the lowest since 1951.

The incidence of tuberculosis in our Islands is not of such a proportion as to cause undue apprehension and alarm: it compares favourably with that of other European countries, but it calls for a maintained effort of prevention and treatment.

Most of our patients were discovered either by chance or at a routine radiological examination. We have no means for mass radiological surveys but our tuberculosis service has the opportunity to examine a sizable section of the population every year. Each notified case serves as a pivot from which are carried out examinations of the patient's relatives and of other school, office or works contacts. All entrants in the Government service are medically examined and certain categories e.g. nurses, teachers, police constables, those handling food or drink and all entrants into training colleges are subjected to routine chest examination including X-rays. The district dispensaries and the tuberculosis clinics and the out-patients department of the general hospital provide useful means for detecting tuberculous process in initial and advanced stages.

For the most part the patients were apparently healthy people and diagnosis came as a shock to them; others have had complaints from which they had been suffering for some time but which in the absence of complete chest examination were attributed to some other condition most commonly diabetes. The latter cases were the most dangerous from a preventive point of view because they had remained for years unaware of the true condition and had never bothered to take the elementary precautionary measures against the spread of their infections. From a curative point of view the minimal cases of which there were about half the number notified, offered the best chances of recovery or regress of the infective process.

Any person with active tuberculosis should be considered potentially infectious even though the organisms cannot be demonstrated in the sputum or other discharges. The patients should be segregated as far as possible. Ideally every active case should be cared for in a hospital or sanatorium and thus reduce the risk of exposing the family or other contacts. This was always our aim which however was not always feasible because of lack of hospital facilities or the unwillingness or financial inability of the patient to undergo long hospitalization and separation from the family. We have tried to overcome these difficulties in several ways. We have offered our patients treatment in hospitals in England and in Italy and a scale of family allowance was also provided for the family or dependents of the patient. In addition all examinations and supply of drugs, medicinals and appliances were free to these patients and their family contacts. During the year six male patients were sent to Broomfield Hospital and five women patients went to Black Notley Hospital, both in Essex. Four male patients were referred to San Giovanni Hospital, in Alzate Brianza near Como in Italy. During the same period fourteen male patients returned from England, in twelve of whom the disease was in a quiescent state and in two the condition had not improved. Five women patients also returned from the English hospital four of whom had the disease in a quiescent state and in one it was not improved. From the Italian hospital twelve male patients returned home, in six the disease was in a quiescent state and in the other six their condition was not improved. During the year 887 persons being contacts of tuberculosis patients, received assistance and relief.

Treatment of the patient however adequate it is, does not resolve the problem of tuberculosis; it must be integrated into a programme covering all aspects

of the disease: epidemiological, therapeutic, social and economic. In our country such a programme is fourfold, i.e. case finding, care of active cases, routine follow-up and protection against the spread of the disease.

Our case finding includes epidemiological investigation of all cases and deaths; clinics and laboratory facilities for diagnosis of suspected cases, routine follow-up of infected family contacts to detect early signs of infection. The care of active cases includes hospitalization, provision of ambulatory collapse therapy and domiciliary medical attention for patients who do not want to go to hospital. The patients discharged from hospital are regularly followed-up to make certain that the process does not become active again.

The coordination of the programme lies with the chest specialist and the medical officers of health who work in close cooperation together and are aided by a staff of health inspectors and health visitors who have followed a special course of training in England under the auspices of The Chest and Heart Association. They carry out their activities by domiciliary visits, guidance and advice, instructions and explanations. Their first aim is to gain the confidence of the public in general and of the patients and their contacts in particular. They have at their disposal the help and assistance of the consultant and specialists of our hospitals and of the health education section of the Department. They also find ready help from other Government Departments such as the Welfare, Housing and Information Departments.

A scheme for B.C.G. vaccination has been in operation since 1950 and so far 112,960 children were tested, of whom 71,555 received vaccination. During this year 4,106 children were tested of whom 2,384 received vaccination. The use of B.C.G. vaccine is based on the theory that allergy due to a primary infection confers resistance against later exogenous reinfection. In the light of the experience gained so far in our country which is confirmed by results obtained elsewhere, one hopes that the use of the vaccine will make a noticeable impression on the trend of the disease. As a matter of fact the incidence figures particularly those relating to miliary tuberculosis and tuberculous meningitis, have shown a marked drop concurrently with wider acceptance of our offer of B.C.G. vaccination.

In our campaign against tuberculosis this year we again organised holiday camps for children who were exposed to tuberculous infection or who were poor in health. With the help of the Sovereign Order of Malta we were able to send 102 boys and girls to Tagliaccezo, a mountain resort enjoying natural beauty and bracing air. The children were sent in two parties; the first party consisting of 32 boys left on the 6th July and the second party consisting of 70 girls left on the 26th of the same month. They travelled there and back by a flight of planes of the Order. The holiday camps were much appreciated by the parents and proved very popular with the children who returned home full of life and happiness having increased in weight and were feeling generally better than before they left. We had proposed to send 200 children in four parties but when the third party was due to leave, information was received of an outbreak of poliomyelitis in Italy which upset our programme.

The incidence of poliomyelitis in Malta during the year was the lowest for the last decade; the number of cases,two, was a cause of satisfaction to health officers and to parents. The two notified cases do not however represent all the persons who in some way or other were attacked by the polio virus which more often than not produces non paralytic symptoms. Recently investigations have shown that the polio virus is one of a group of viruses which have potential though not exclusive neurotropic effects and which appear to prefer the alimentary tract as their habitat.

It was not ascertained whether this minimal incidence was the result of the campaign for vaccination against poliomyelitis which we had vigorously undertaken during the previous year. It is perhaps too early to congratulate ourselves but in other countries with more experience in polio vaccination the opinion is forming that mass vaccination lowers the incidence of the disease and especially of paralytic cases. If however our efforts were responsible for preventing even a small number of crippling, they were certainly not in vain.

So far the response to our campaign has been encouraging but there is room for improvement. If the age of recipients is raised to the 15-25 group a wide sec-

tion of the population would be protected and consequently the possibility of infection diminished. This extension is however conditioned to the supply of vaccine which was not always available during the year so much so that during certain periods we had to go slow owing to the shortage of supplies of the vaccine.

A spectacular decline was in the incidence of undulant fever of which there were 117 notified cases. This figure is the lowest ever recorded and represents a considerable fall in the number of notifications which was 902 in 1949.

Undulant fever was rampant in our Islands towards the end of the last century before its epidemiology was fully understood. It was only after the report of the Mediterranean Fever Commission which did its work in our Island between 1905-1907 that the principles of etiology, transmission and control were established. The disease is characterised by prolonged fever with frequent remissions accompanied by malaise, general weakness and frequent involvement of the joints. This physical disability may last for several months sometimes as long as two years and besides the suffering and distress it produces much loss of work and financial hardship. Only in recent years with the introduction of antibiotics such as Oxytetracycline could the course of the disease be shortened and interrupted but it still has its distressing effects.

Several methods of control had been adopted including legislation prohibiting the sale of raw goat's milk; also testing and slaughtering of diseased animals but the eradication of the infection met with very many practical difficulties. Lately an attempt has been made to immunize sheep and goats by means of a special vaccine which is being developed in the U.S.A. and during the year experiments were carried out on selected goats by the Department of Agriculture. Pending the successful results from such a vaccine and its availability on a commercial scale, pasteurization of milk remains the most effective method at our disposal for the protection of the general community against brucellosis. We have tried by every means at our disposal to popularise the consumption of pasteurized milk and our efforts combined with those adopted by the Milk Marketing are bearing fruit. People are getting into the habit of consuming pasteurized milk not only with their tea and coffee but also as a cool refreshing drink. The sale of raw goat milk has been almost eliminated. The patients who contracted undulant fever during the year obtained their milk from their own goats or from the goats of "kindly" neighbours. In some instances infection through ingestion of dust contaminated by the urine of diseased goats, could not be excluded.

Another low record was the number of typhoid fever cases which at 60 was the lowest for the last ten years. We had cases throughout the year but most of them occurred during the hot summer months when there is usually greater risk of infection by dust, flies and by the consumption of raw vegetables and fruit and seashells. The majority came from country districts where sanitary circumstances are not so advanced as in the larger towns and suburbs.

The decrease in typhoid incidence is in some way attributed to the practice of protective vaccination which we have been offering to the public for many years. The value of protective inoculation has been well established and its efficacy proved on various occasions but unluckily this means of protection does not enjoy much popularity with our people most probably because of the reaction to which it gives rise on occasions, such as headache, vomiting, pyrexia and general malaise which however usually pass within fortyeight hours. This inconvenience is certainly well compensated by the protection acquired against one of the graver forms of infection.

Protective inoculation however is not the only explanation of the good results we had during the year. Typhoid fever is closely linked with the sanitary conditions of the locality and its prevalence is in direct proportion with hygienic standards existing therein. Cleanliness, tidiness, sanitary circumstances, proper methods of preparing, keeping and selling of food and drink are very effective in keeping the incidence of typhoid fever low. The teaching of elementary principles of hygiene and sanitation, which we have practised by every means at our disposal during the year had its beneficial influence, whilst the raising of the standard of living amongst the public contributed its share towards the satisfactory results.

Another cause of satisfaction was the reduction in the incidence of diphtheria Thirtytwo cases were notified and this number represents the lowest figure ever recorded. The disease is highly infectious and it spreads with great rapidity from place to place mainly by contact with cases and carriers. It is practically a disease of children, its maximum incidence being between four and seven years, by the time the adult age is reached, protection by active or passive immunization is usually acquired. We are in a better position to guard against diphtheria than most other infections; our knowledge of the disease is most satisfactory in that we know the cause of the disease and its modes of transmission, we are able to check its spread and we possess specific preventives. During the year we utilized our knowledge of the disease to the fullest extent; we carried an intensive campaign for immunization service, the school medical service, the child health clinics, all of them tried hard to protect as many youngsters as possible against the disease. In this connection I again must mention the favourable effect which the increased awareness by the general public of the benefits of hygiene and sanitation has had on the incidence of infectous diseases in general and of diphtheria in particular.

On the adverse side of the balance we had the incidence of scarlet fever of which there were 68 notifications against 23 during the previous year. The disease is endemic in our Island; in fact we get a certain number of cases every year but from time to time approximately every three or four years, it gives rise to epidemic outbreaks. Usually the attack is obvious with its characteristic signs and symptoms but sometimes the course is so mild that the parents fail to recognise the disease and the child is allowed to return to school or to mix with his playmates before he is really free from infection. Such mild unrecognised cases or "missed cases" as they are usually termed, spread the disease and may cause an outbreak giving rise to many cases that apparently have no contact between each other. The spread is facilitated by the method of infection, droplet infection, but the discharges from the nose and ears of children suffering from the disease or of convalescents are equally effective in spreading the infection.

All the notified cases of scarlet fever were of a mild nature, there was no mortality and there were few complications, the more important being inflammation of the kidneys and discharges from the ear which responded to treatment and healed without difficulty. No valvular disease of the heart or rheumatic fever were attributed to scarlatinal infection.

The notifications of leishmaniasis and murine typhus were slightly in excess of the figures for the previous year, being 24 (16) and 18 (8) respectively. There were no fatal cases amongst typhus patients; of the Leishmaniasis cases one proved fatal.

Leishmaniasis or Kala Azar is endemic in the Mediterranean basin and has always figured in our returns of infectious diseases. It causes prolonged irregular fever, hepatosphenomegaly, leucopenia and anemia; if untreated it may prove fatal. Much research has been done in connection with the disease and observations and investigations were carried out in our Island especially in 1932 when Professor S. Adler came here to study the epidemilogy of the disease on behalf of the Health Organization of the League of Nations.

Man, dogs and hamsters are susceptible to the infection. Man is probably the most important reservoir of infection which is transmitted by the bite of infected female sandflies. We possess today effective drugs for the treatment of Kala-Azar but our aim is to prevent rather than treat the infection. The ideal would be to treat all infected persons and destroy all infected animals but this is not practical. Hence in addition to treatment we must direct our efforts to control the condition of houses and surrounding grounds to exclude breeding places for mosquitoes and to destroy mosquitoes by D.D.T. and other insecticides. Unfortunately it was noted that the effects of D.D.T. on insects were not so destructive as they used to be ten years ago, evidently some sort of resistance has been developed and this may in some way explain the increase in Kala Azar infection.

The increase in the number of cases of murine typhus over the previous year was represented by five notifications only and on the whole the incidence, thirteen cases, did not give cause for alarm. All the patients suffered from a mild form

of the disease, there were no deaths and no complications to speak of. The disease is closely associated with rat infestation, the domestic rat is the usual vector. Our chief remedy against the disease was rodent control which included good general sanitation, direction and advice about the proper storage of food, disposal of garbage and refuse, poisoning, trapping fumigation and rat proofing. The dusting of rat runs and burrows with 10% of D.D.T. powder was found very effective against rat ectoparasites particularly fleas.

Of the non-infections diseases those belonging to the cardio-vascular group have assumed a degree of urgency not only because of etiology as stated before but also because they have reached a high place in the list of our incidence and mortality statistics. Our figures compare favourably with those of the Registrar General in England and with data available for other countries.

Attempts have been made to discover some relation between cardio-vascular diseases and social factors such as employment, responsibility, class, but no basis has been sufficiently established to postulate a causative connection between those diseases and environmental conditions hence preventive measures whether for the individual or the community must be dictated by expediency. It has been suggested that physical and psychological stresses might have some effect on the causation of their diseases. Research studies by biochemists pointed towards excessive consumption of fatty food, especially animal fats but actual proof was not forthcoming.

Congenital heart disease in children is becoming increasingly evident in statistical records but I have my doubt whether the increase is real or is merely due to better facilities for examination of children, better means for diagnosis and above all more reasonable care of children on the part of the parents. Formerly such childrens were doomed to a life of invalidism but modern surgery, care and rehabilitation and regulated life have opened new prospects for them.

The cause of heart trouble prevalent during the year was due to athero-sclerosis which in conformity with other countries, produced most deaths from cardiac diseases. The mortality is considerable as to constitute a public health problem and to warrant some form of concerted action for protection if not prevention. Since medical science can offer no clear and definite plan of avoidance, the best we could do was to insist on rules for good health, regular habit, steady work, outdoor exercise, temperance in eating and drinking and early medical attention on the appearance of suspicious signs or symptoms. Such advice if followed intelligently may be instrumental in warding off disaster.

The statistical graph of cancer showed a disquieting tendency to point upwards. The public feeling towards the disease is that of fear and ignorance and medical science has little to offer in the shape of exact knowledge as regards causation, development and cure of the disease. Scarcely a day passes without the announcement of some new factor as a cause for cancer and every survey of the incidence brings forth some new aspect of development. Heavy cigarette smoking, atmospheric pollution with exhaust gasses, the presence of igneous rocks in the area of residence, even celibacy and early marriage have been blamed as carcinogens.

What is universally accepted as beneficial is the detection of early symtoms and the application of early tratement. Early treatment has on many occasions exploded the myth of incurability at least in certain types of cancer, but owing to prejudice and ignorance, early treatment is not always possible. We have directed our efforts to overcome ignorance of the public, but we had to proceed very warily because experience has shown that intensive propaganda induces more fear and it may also create a distressing phobia amongst a section of the public. We relied more on personal advice and approach and guidance on lines of general health. The urgency of the matter however has been brought to the attention of the medical practitioners because they can play an invaluable part in the campaign against cancer. It was with this purpose in view, apart from statistical reasons, that last year we had made notification of cancer and other new-growths obligatory by regulations.

As a result of our efforts patients did consult their doctors in the early stages of the disease as shown by the fact that an increased number of them were referred to hospitals in London for deep X-ray therapy which is not available locally.

During the last three yearas we sent 65, 58 and 71 cancer patients for treatment in London. The principle is to send for treatment abroad patients whose condition is amenable to treatment or marked improvement. We have been sending cancer patients for treatment in England for the last ten years and our records show that those who received treatment at the proper time were leading a useful life for an average of four years after treatment.

The common cold is as perplexing as cancer albeit not so terrifying. It is responsible for more widespread illness, invalidism, absenteeism and economic loss. Extensive research and study are going on to discover the virus or viruses responsible for the common cold but so far all evidence collected has been of a theoretical value and we are still planning our campaign against this common malady on orthodox principles of hygiene and social health. Judicious living, exercise, nourishment, fresh air, environmental sanitation have been very useful during the year to curb the fury of the infection.

In Malta like in many other countries we have a problem which is increasingly asserting itself from year to year. It is the problem of old age which is closely linked with the expectation of life. The success of the campaigns against infectious diseases, the war against malnutrition, the improved care of children and mothers, the rise in sanitary standards, better education and other advances in social conditions have rendered longer the expectation of life in our islands and accordingly the proportion of old people has increased. Mellow old age should not raise any difficulties, indeed it should command respect and esteem, it is only when it upsets the tenor of family life or takes up more of the doctor's time than other ages or becomes a burden to the family and to the community, that the problem of old age steps up to the fore.

The healthy active old people normally give rise to no anxiety but very often they find it difficult to cope with the current conditions of life. Some of them live in small aparments on upper floors from where it is not easy for them to go for a walk or for a visit to old friends. Some others are left alone all day whilst the rest of the family attend to their normal work. In the long run those frail old folk may nurse a feeling of being neglected and left in solitude which feeling may have an adverse influence on their physical and mental health.

The problem increases when the aged become infirm. Infirmity in this sense does not imply grave sickness or disease, it is an intermediate stage between health and sickness and results from such conditions as osteoarthritis, hypertensive heart diseases, cerebral arterio sclerosis; such conditions are rarely of an acute nature though they may have exacerbations and do not necessitate treatment in a general hospital, but their chronicity needs careful nursing and medical attention. It is such cases which in the long run may produce a domestic crisis.

The problem becomes acute with the aged sick because their management causes a great strain on the family. For a time the family may endeavour to take care of their sick old relative and the doctor is asked to pay daily visits, but the strain cannot be kept up for long. Mental confusion, insomnia, incontinence, progressive cerebral ischemia, the "vegetable" type of apatnic personality, subluxations are conditions of long duration and cannot be tackled away from hospital. Thus these categories of old age constitute difficulties which have repercussions from a health and social point of view.

From the health side geriatrics could be of much help but our geriatric service is not fully developed to satisfy the needs of our aged, also it would require the use of hospital beds for which there is an ever increasing demand by other patients suffering from acute and curable diseases. During the year consultants in our general hospital have remonstrated because a certain number of beds were occupied for long periods by old people who only needed nursing attention and whose transfer to Saint Vincent de Paul's, the home for the aged and infirm, was impossible because of lack of accommodation in that hospital.

Socially, old age can be rendered tolerable by rehabilitation, by prevention of boredom, by hobbies, by provision of slight even repetitive jobs and generally by the promotion of good mental and physical health. The great thing is to prevent the aged becoming a burden to themselves, to their families and to the community.

District nursing operated by health visitors and by the voluntary association "The Malta Memorial District Nursing Association" have been instrumental in easing the needs of old people who are unwilling or unable to leave their home. Old age pension has contributed to the comfort and relief of the aged population. St. Vincent de Paul's in Malta and St. John the Baptist's in Gozo have remained a haven of rest for the aged and the infirm and our efforts have been directed to make their communal life in the hospitals more acceptable, more pleasant and more attractive. We have encouraged by various means, including monetary allowances, the old patients to help in the domestic upkeep of the hospitals; we taught them to take pride in their wards. We have opened a centre for occupational therapy at St. Vincent de Paul's where many inmates have availed themselves of this facility for keeping themselves occupied. We have counterbalanced the effects of ennui and boredom by frequent entertainments, live shows, film shows and outings and we have encouraged the old people to visit their families and to stay in their homes in order to keep up the family ties. It is our experience that the old people in our hospitals who have relatives, are unwilling to detach themselves from their family and to be severed from their homes.

The hospital service in our Islands like in many other countries, is handicapped by lack of beds. The sum total of beds in all our hospitals may give a misleading impression of the accommodation available for the whole population because the greater proportion of beds are found in special hospitals, e.g. St. Vincent de Paul's for the aged and the chronics, St. Barth's for lepers, and the mental diseases hospital. In point of fact the proportion of beds for "general" diseases for acute conditions and for emergencies is insufficient for the ever increasing demand for admission into hospital.

The deficiency has in part been remedied by the opening of the out-patient department at St. Luke's which during the year has operated at full capacity. The majority of patients were referred to the out-patient department for advice or diagnosis and possibility for initiation of treatment which very often was continued on the basis of out-patient attendance; it was only those who required urgent medical treatment or surgical interference that were admitted into the general hospital. In this way the pressure for admission into St. Luke's eased, but the bed complement of that hospital remained inadequate. The inadequacy is increasing concurrently with the expanding popular demand for hospitalization. The following figures for St. Luke's will give some idea of the trend for hospitalization:—

	Admissions as in-patients	Outpatients New Cases	Attendances
1956	10,603	21,862	41,586
1957	10,553	20,736	49,767
1958	9,753	21,471	50,409

There is also another consideration which has come to the fore during recent years: the position which the hospital is taking in the social and economic life of the nation. The hospital service has expanded to cover all classes and grades of society and to deal with all ailments and irregularities which beset the human body and mind. As a result the hospital service has become one of the most expensive, the most discussed and sometimes the most criticised of the health service.

The role of the hospital viz-a-viz the health service is essentially that of support in that it provides specialist advice and treatment that cannot be given at home by members of the health service engaged on fulltime work. It is true that lives which can be saved by treatment are mostly saved in hospital wards but the opportunity of doing that depends on the vigilance of the health officers and the care and attention of the family doctor.

The hospital service, the health service and the general practice constitute the three main pillars that support the temple of health. The modern tendency is to link as closely as possible the three services together and make them interdependent. The private practitioner is the person best placed to give effective advice to his patients on the maintenance of health including mental health and in this respect he is a most useful ally of the medical officer of health. No system of preventive and social medicine can work efficiently unless there is cooperation b-

the clinician in the patient's home and in the hospital ward. The potentiality for such cooperation has its roots in and is much enhanced by the system of medical education available for undergraduates wherein emphasis is increasingly being made on the teaching of social and preventive medicine, the utility of which will be felt when the young graduates go into general practice.

The hospitals on their part can provide an excellent means for completing and polishing a young doctor and render him fully competent to embark on general practice. A young doctor who has just completed his couse of studies may not find it easy to attune himself to conditions of medical practice and may find it difficult to establish smooth working relationship with health officers and with welfare authorities who are increasingly coming into the fore in the modern concept of social structure and administration. Nowadays it is customary for newly qualified doctors to serve for at least a year in a hospital; it is obligatory for those who seek registration in the British Medical Register. It is however all to the good if a young doctor embarks on general practice after a period of hospital experience longer than that afforded by the preregistration appointment. It is a well known fact that the ability of a general practitioner is in direct proportion with the number of years spent in hospital working in each of the main departments in turn.

Our hospitals like other hospitals abroad were handicapped by the shortage of fully qualified nursing staff. Unfortunately this shortage was still acute during the year although we tried various means of attracting suitable young recruits. Many young people, men and women, applied for hospital employment but only as servants or hospital attendants; only few came forward to register for the full course of training in our school for nurses to become state registered nurses. It is this class of nurses that we require more than anything else because they set up a standard in our hospitals and also because they constitute a stiffening element amongst the nursing staff. The reasons for this lack of suitable candidates are many, the chief of them are: more lucrative employment in other Departments or with private firms, lack of proper vocation for the nursing profession and deficient standard of education.

As an inducement for the recruitment of state registered nurses we have included the three years of studying for incremental purpose and we have arranged with the Department of Education to organise special classes for young persons who contemplate sitting for the admission examination to our school for nurses.

Because of the shortage of state registered nurses we had to rely more and more on the service of hospital attendants. As a class the latter are reliable and efficent and have done praiseworthy work in our hospitals but their course of training is limited and although some of them have wide experience they cannot be included in the register of certificated nurses. Moreover there was a continuous wastage amongst them especially the women hospital attendants, many of whom join the service for a few years only until they marry or until they find more remunerative work.

In our hospitals haematology has now asserted itself as an essential adjunct in the practice of medicine and surgery; it has contributed very greatly to the management of haemolytic diseases of the new-born and has provided valuable means of avoiding complications or dealing with emergencies in the wards or in the operating theatre.

Blood group investigation is continuing at an increased pace and the future is likely to show important discoveries especially in the genetic field but for routine purposes in our hospital we were more concerned with tranfusion the utility of which is beyond doubt. In the clinical field increasing refinements of technique have done much to reduce the danger of transfusion and to enable it to meet the ever greater and more stringent demands of the physician and surgeon. Such demands require a constant supply of blood and it is in this respect that we met with frequent difficulties. The blood transfusion officer in our hospital has a list of blood donors but they were not always available. Very often volunteers and friends came forward to donate blood for some particular patient but on occasions the stocks of blood were exhausted. When this happened we were often able to draw supplies from the Army hospital on a reciprocal arrangement. It may be stated that during the year no patient who required blood transfusion was left

without it. The public is slowly realising the need of blood donation and it is reasonable to expect that public consiciousness is being raised and a more generous view is being formed of this public spirited gesture.

There has never been a morbidity survey in our Islands but the general opinion is that our public is becoming more and more conscious of sickness and disease. It may be the facilities for medical care and attention have become more widespread but the calls on general practitioners and the demands for hospitalization have surpassed all expectations. It is significant that the increased tendency to go to the doctor was not limited to any group or class of patients but was evident in all age groups and in all grades of society althogh, as usual, the prevalence was with child patients.

As a result of this attitude and of the increased reliance on the doctor's attention and advice there has developed amongst the public a predilection for the medicine bottle. Many persons with disease, real or imaginary, are not satisfied with a mere medical check up; they insist on their quotas of vitamins, tonics, injections and antibiotics. Unluckily certain antibiotics owing to intensive advertisement in the lay press, have become almost a household commodity and parents anxious about the health of their family manage to buy their supplies irrespective of their doctor's advice.

No one can dispute the great value of antibiotics in the treatment of diseases but it must be realised that their use is not absolutely free from risk. It has been proved that with antibiotics there is the possibility of the development of resistant strains of microorganisms especially staphylococci. It is also known that there are persons who are ultrasensitive to antibiotics, especially penicillin and although the number of toxic and allergic reactions was not very impressive during the year, their eventuality should be kept in mind.

On many occasions we have warned against the indiscriminate use of antibiotics and we have explained why these antibiotics should be used with discrimination and under proper advice. They should not be used against minor infections such as the common cold where other drugs can be employed with equal effect and without the risk of complications. For this purpose we have adopted a restricted procedure in the supply of certain drugs including antibiotics, to out-patients. Our purpose was to ensure that such drugs go to the patients who were really in need of them and who had been so declared by the consultant or specialist.

The new conception of public health is a coordination of efforts and activities for the promotion of personal and environmental health and hygiene. This new conception has given an impetus to occupational health because inadequate conditions in the place of work may have adverse influence on the health and well-being of the workers. In the 42nd International Labour Conference held in Geneva emphasis was made on the organisation of occupational health service in places of employment.

The role of occupational health service is essentially preventive, it is a branch of preventive medicine which dealts with the protection of the health of the industrial population; as such it implies a careful assessment of the various hazards related to particular industries or undertakings. It includes a physical survey of all persons exposed to substances or conditions hazardous to health and routine re-examination of such persons. It also supervises the general environmental conditions. Above all the service should be in a position to supply advice and recommendations for the elimination of disease, protection against hazards and direction for improvement.

In recent years, there has been a marked industrial development in our Islands. New production processes and methods have been introduced and an extraordinary multiplicity of new materials have been employed. All these have given rise to problems in the protection of the worker's health which were inexistent before the last war. This industrial development brought into being an occupational health service which has amply justified its existence.

With the introduction of national insurance, the duties of the occupational health officer and his staff have been multiplied. Problems of environmental health, of industrial injuries, of disabilities and rehabilitation have been referred to him. During the year our occupational health service although not fully developed was worked at high pressure and has given much assistance to other Departments; the staff have been engaged in studies of job analysis with reference to hygienic, physiological and psychological considerations in particular occupations in workshops; on several occasions they have given advice on the adjustment of the workers to their job.

Food in Malta was not a problem although diet presented features that could be improved. Generally speaking there was no deprivation of food and the C.A.R.E. and C.R.S. N.C.W.C. supplies added to the family ration. Unfortunately there is a section of the population that relates the value of food to its bulk, with the result that they consume far in excess of the body requirement, if this is coupled with insufficient exercise the results are disquieting as they may lead to obesity and other diathesis. Even when these conditions are not produced, temporary effects may be observed such as congestion of the digestive tract which in turn may exert a reflex action upon the central nervous system producing headache, mental fatigue and lassitude; these three conditions may have economic repercussions in that they interfere with the rate of activity and productivity.

Diets in these Islands are often defective in that they are unbalanced, that is to say they do not contain the correct proportion of protein, carbohydrates and fats. Such disproportion may be due to poverty but more often than not it results from ignorance, perversion of appetite or prejudice. In Malta bread is the staple article of diet and macaroni supplementary to it. Bread is produced from wheaten flour, no bleachers, improvers or enrichments are added. Different kinds of flour are mixed in various proportions to produce suitable blends of different types of bread; artificial yeast fermentation is becoming increasingly used. The resulting loaf is wholesome, nutritious and digestible.

The final quality of the loaf, however, does not depend solely on the ingredients used; it is conditioned to the personal hygiene of the breadmaker and the baker and to the bakery hygiene. The health officers always insist that all persons before commencing work in a bakery should change into suitable overalls and at least wash their hands. In the bakehouse itself all unnecessary furniture or material should be cleared; all equipment and utensils maintained scrupulously clean and tidy; there should be suitable space for the storage of flour and machinery should be separated from the baking room.

These conditions of cleanliness were likewise enforced in all other factories for the preparation of food and drink and in all shops and other places where articles of food were sold or kept. According to regulations keepers of such premises should provide certain sanitary facilities but some of them were satisfied with the minimum allowed under the regulations, hence the health inspectors during their visits of inspection very often had to interpret the regulations and to advise about improvements involving plumbing and sometimes even about structural alterations.

There is an article of food which since the war has become increasingly popular in our Islands; its consumption especially during the hot summer months has become almost universal. Its popular name, ice-cream, is misleading because the common kind on the market is made of vegetable fats and skim milk powder, there is no dairy cream in it. But this article of food is not eaten for the sake of its calorific value; it is consumed as an agreeable confection which produces a certain amount of pleasure and satisfaction.

Unfortunately ice-cream is liable to contamination either through faulty ingredients or through dirty handling and many cases of food poisoning were traced to consumption of ice-cream. In August there occurred an outbreak of food poisoning at Birkirkara, Hamrun, Marsa and Senglea; on investigation it was established that ice-cream sold by a particular firm was responsible for the outbreak.

During the last few years medical science has given a good deal of attention to turkeys, ducks and pigeons as transmitters to man of a generalized virus infection known as ornithosis. In Malta the disease has not been often diagnosed but there is reason to assume that during the year cases were not very rare. The disease is marked by preliminary disorder and high fever and although the modern tetracycline treatment is very effective, the disease is bound to receive serious attention both from a public health as well as from an economic point of view. It spreads rapidly amongst poultry causing wholesale death and it attacks workers in contact with them, such as farmers, butchers, truck drivers and labourers in processing plants.

Of late, vitamins have been boosted far beyond their real value. In the lay press and in commercial broadcasts they have been advertised inordinately; their food and therapeutic properties have been exaggerated; they have been described as "manna" and "panacea", with the result that in many families a proportion of the weekly budget was spent on the purchase of fancy brands of vitamins when it could be more profitably employed in buying sustaining and nutritious foodstuffs. As everybody knows vitamins are substances necessary to the body in small quantity and if the body is getting enough of them, more than enough will not make the patient better. It is even held that too much vitamins may not be altogether without danger. There may be cases where a deficiency of vitamins exists in the diet and there may be times when the need for special vitamins is increased but these are exceptional and should not be consider as general occurrence.

Health cannot be thrust on the people, it requires their active participation and cooperation. A greater promise for better health for the masses can envolve through cultivation of a health conscience by means of health education. "Health education is the most powerful weapon we have in the field of health" this was the unanimous opinion of 180 delegates and observers attending the World Health Assembly held in May.

Health education is more than mere information and propaganda. It is rather a continuous and active process of teaching and learning. In principle all doctors, nurses, midwives and sanitarians and other paramedical personnel have responsibilities for health education and they have opportunities for teaching and advising in matters of health. They may also be able to improve each in his own way however modest it is, the health attitude and behaviour in the people amongst whom they work.

To be effective, health education should be simple, direct and well timed; it must be based upon an understanding of the people to whom it is addressed and must take into account their likely reactions and their pressing wants. Above all it must be imparted sympathetically and truthfully but not imperiously or impertinently. Campaigns one after another are to be avoided as the population is apt to become surfeited.

These were the general principles which constituted our health programme during the year. Our health education section made use of various means to reach the public, their health talks and shows in towns and villages in Malta and Gozo have become very popular. In some of the smaller villages in the rural areas the health shows have become annual events keenly awaited by the villagers. The attendances by the public were very encouraging and the discussions showed keen interest. The printed and the broadcast word were on ever increasing scale during the year, the cinema was extensively utilised and visual education was regularly employed; many of our posters were meant not only for the slogans they conveyed but also for the lesson they imparted. Health officers gave regular talks and lectures of a popular character in public premises, they alsc broadcast features on current health problems and sanitary questions.

On the whole our efforts were not in vain and there was satisfactory response to all our endeavours; to all with the exception of one i.e. to secure cooperation in the matter of public cleansing. For reasons which are hard to explain residents show indiference to the condition of the streets and thoroughfares which they consider as if they were their own backyard where they can dump all sorts of refuse

and rubbish. This is deplorable because with little cooperation the sanitary condition could be greatly improved and the unsightly accumulations of rubbish and the general untidiness could be eliminated. Untidy streets cause nuisance and inconvenience to residents and passers by, they also constitue a danger to public health and exert an adverse influence on the tourist trade and the economy of the country.

Street cleansing is costly and the more difficult it is made the more expensive it becomes. On the other hand tidy streets are a credit to the inhabitants and attractive to visitors and tourists. Such streets however can only be maintained with the combined effort of the auhorities and the citizens; unless the latter cultivate a sense of civic pride our task will never meet with complete success.

In connection with public cleansing we had the pleasure of welcoming Mr. H. Ardern, M.B.E., A.M.I. Mech. E: F.Inst. P.C., Director of Public Cleansing, City of Westminster, London. He came to Malta in August and made an extensive survey of the methods and system of street cleansing and refuse collection and disposal in our Islands. Mr. Ardern showed keen interest in our problems and difficulties, he visited practically every area and region of our country and made a thorough study of all the peculiar conditions prevailing herein. He recommended certain improvements which were immediately adopted and he prepared a very comprehensive and elaborate report; he was not satisfied with generalities but touched all aspects of the problem and submitted remedies which are being considered by the Government.

Another welcome visitors was His Excellency General Giannantoni of the Sovereign Order of Malta. He came here in February to discuss plans for our children holiday camp at Tagliagozzo and also for the pilgrimage of Maltese patients to Our Lady of Lourdes. This year was a special year of devotion commemorating the centenary of the Apparition of Our Lady at Lourdes. Patients were taken from all parts of the world and with the help of the Sovereign Order that placed a flight of planes at our disposal, we were able to send 41 patients accompanied by doctors and lady helpers, to Lourdes. The pilgrimage was the cause of much relief and comfort to the patients and their escorts.

In January Dr. L. Guttmann, O.B.E., M.D., M.R.C.P., Director of the National Spinal Injuries Centre, Stoke Mandeville came to Malta at the invitation of Lady Laycock. We discussed the question of paraplegics in all its aspects and he had long talks with members of the Polio Rehabilitation Committee; he gave them useful advice on the best way to employ their funds towards opening a centre which would cater for the particular needs of local patients. During his stay here Dr. Guttmann visited our hospitals and examined almost all the paraplegics. Dr Guttmann also deserves our praise for helping us to send a team of Maltese paraplegics to take part in the International Stoke Mandeville Games; they did very well and earned many trophies and much applause.

In November I had the honour of representing our Medical Board at the centenary celebrations of the General Medical Council in London. I was asked to attend meetings of the disciplinary committee of the said Council and on the 27th of November I took part in the plenary session commemorating the hundredth year of the foundation of the Council. I was asked to talk about the functions and duties of the Medical Board of Malta. A full report of the meeting was published in "The British Medical Journal" of the 6th December.

Whilst in London I discussed with Officials of the Colonial Office and of the Ministry of Health matters relating to the treatment of our patients in English hospitals and the recruitment of United Kingdom staff for hospitals in Malta. I explained to Officials of the Ministry of Health the scheme which operates when we send patients from Malta for treatment in England. As regards recruitment of United Kingdom personnel I discussed with Officials of the Colonial Office ways and means of attracting English Physiotherapists, Occupational Therapists and other special nurses to serve in Malta hospitals and to expedite their recruitment.

During my stay in England I visited Maltese patients in the Royal Marsden and in other London hospitals. I also paid visits to Maltese tuberculosis patients

who were under treatment at Black Notley and at Broomsfield hospitals in Essex. All the patients expressed satisfaction with the way in which they were being looked after and felt grateful towards the staff for their kind care and attention.

On my way back I stopped in Rome to meet high dignitaries of the Sovereign Order and I had a long conference with them on the proposal to send Maltese patients requiring deep X-ray therepy for treatment in Rome. With the good offices of the Order I was taken round the Ospedale Regina Elena and I also visited the Clinica Moroni where it was proposed to house our out-patients. At the hospital I gathered the impression that the means for X-ray therepy, the equipment available and the staff, professional and lay, were adequate for the kind of carcinoma cases that are usually referred to London.

In September the Senior Medical Officer was sent to Rome to make investigations about facilities for the treatment of cancer patients there. He was assisted by Officials of the British Embassy who introduced him to the proper authorities. He also derived help from the Sovereign Order of Malta whose interest in the welfare of Maltese patients is well known. The Order offered its services for the benefit of our cancer patients in the same way as it is doing for our tuberculosis patients.

Miss H. Zerafa, Health Visitor, was awarded a scholarship by The Chest and Heart Association of London. This was not the first scholarship awarded to members of this Department by that Association (formerly The National Association for the Prevention of Tuberculosis) and we are indebted to them for their valid help and support in the organization of our tuberculosis service. Miss Zerafa spent six months training in anti-tuberculosis work and on her return to Malta she was in a good position to make an effective contribution to our programme for the prevention of tuberculosis.

Mr. H. Cesareo, Health Inspector, was sent to England for a course of training in the storage of food in general and of grain in particular. He was given all facilities by the Ministry of Agriculture, Fisheries and Food.

Mr. T. Gaffiero, Health Inspector, attended also in England. a course of environmental control at the London School of Hygiene and Tropical Medicine with a preattachment to the Metropolitan Water Board, to again experience in the control of water catchment areas.

Mr. P. Cauchi, Rodent Control Officer, was sent to England for a course of training in rodent control under the auspices of the Infestation Division of the Ministry of Agriculture, Fisheries and Food.

The three members of our staff derived great benefit from their courses of training in England where they were given every opportunity to further their knowledge and to increase their experience: they were also enabled to get acquainted with the latest trends and developments in the particular branches of the service to which they are attached.

Towards the end of the year draft legislation was published for the reorganization of the medical and health services of our Islands. The legislation is meant to give a new impetus to the services and invest them with freedom of action. Let us hope that this freedom will be fully employed for the benefit of the patients and the advancement of health.

As in former years we maintained friendly relations with the medical authorities of H. M. Armed Forces. Because of the small area of our Island there is of necessity close contact between the civilian and the Services population and it is to the benefit of both sides to work in harmony. Our liaison invariably operated smoothly and efficiently. Meetings were held periodically between Medical Officers of the Three Services and of this Department; such meetings proved to be a good venue for the exchange of views and discussions on current problems engaging the attention of one or other authority. On occasions we turned to the Services for supplies urgently required and on our part we offered our help whenever we were asked to do so.

During the year we sent patients for special treatment in hospitals in England and Italy. As in former years our patients received most careful attention and I cannot refrain from expressing my thanks to the hospital authorities who very generously came to our assistance. Although the hospitalization offered was regulated by financial considerations there was also another aspect to be taken into account: it was the professional skill and the nursing experience which were spontaneously given in the best tradition of medical science that knows no bounds as regards race, creed or nationality.

We derived much help from the Church and the State. His Excellency the Governor and Lady Laycock took a personal interest in the welfare work of the Department. Lady Laycock persistently dedicated her time and effort for the benefit of our patients and her visits to our hospitals and other establishments have a source of comfort to the patients and inspiration to the staff. His Grace the Archbishop unhesitatingly offered his support whenever we applied for his help in our efforts to improve the health of the people.

Our relations with other Departments were always cooperative, we offered our services whenever we were asked and we derived assistance on various occasions which required outside help. The various committees and boards of the Department functioned smoothly and the members contributed not a little share towards the success achieved during the year.

It is also my pleasant duty to place on record the generous donations made by constituted bodies and by private individuals whose actions were much appreciated. It is difficult to give a list of all the kind donors but one cannot omit to mention C.A.R.E. and C.R.S. N.C.W.C. organizations of America; they contributed comforts and supplies to patients in our hospitals and donated useful equipment and aids to the school for nurses and to the hospital libraries. Our thanks are also due to the Venerable Order of St. John of Jerusalem, the Sovereign Order of Malta, the Malta Memorial District Nursing Association, the Save the Children Fund and the "Pro Infantia" for their praiseworthy activities for the benefit of our patients.

As in former years I deem it my pleasant duty to record my appreciation of the help and assistance constantly given by the staff of the Department from the highest to the lowest, professional and lay. Their loyalty, their devotion and their dedication were a source of encouragement and were instrumental in securing the success obtained during the year.

I have the honour to be,

Sir,

Your obedient servant,

JOS. GALEA

Chief Government Medical Officer.

I. SUMMARY OF VITAL STATISTICS FOR 1958

		Malta	Gozo	Both Islands
AREA	Square miles	94.870	26.974	121.844
POPULATION as estimated on 30th June, 1958 ...	Males	141,033	12,878	153.911
	Females	153.258	14,771	168,029
	Total	294.291	27,649	321,940
	Density per sq. mile ...	3,102	1,025	2,642
MARRIAGES	Number	2,000	157	2,157
	Rate per 1000 population...	13.59	11.36	13.40
BIRTHS — Live ...	Males	3,069	331	4,300
	Females	3,903	325	4,228
	Total	7,872	656	8,528
	Rate per 1000 population...	26.75	23.73	26.49
Still ...	Number	181	13	194
	Rate per 100 total births ...	2.25	1.94	2.22
DEATHS	Males	1,215	145	1,360
	Females	1,145	152	1,297
	Total	2,360	297	2,657
	Rate per 1000 population...	8.02	10.74	8.56
Maternal	Number	11	–	11
	Rate per 1000 births (live and still) ...	1.37	–	1.26
Infant (under 1 year) ...	Males	163	19	182
	Females	146	13	159
	Total	309	32	341
	Rate per 1000 births ...	39.25	48.78	39 99
Child (1 year to 5 years) ...	Males	20	3	23
	Females	15	1	16
	Total	35	4	39
	Rate p. 1000 of same group	1.16	1.61	1.19
(5 years and over) ...	Males	1,195	142	1,337
	Females	1,130	151	1,281
	Total	2,325	293	2,618
	Rate p. 1000 of same group	9.07	11.94	9.32
From tuberculosis of respiratory system	Males	15	3	18
	Females	5	–	5
	Total	20	3	23
	Rate per 1000 population...	0.07	0.11	0.07
From other forms of tuberculosis ...	Males	1	–	1
	Females	3	–	3
	Total	4	–	4
	Rate per 1000 population...	0.01	–	0.01
From respiratory diseases... ...	Males	76	15	91
	Females	53	9	62
	Total	129	24	153
	Rate per 1000 population...	0.44	0.87	0.47
From malignant neoplasms ...	Males	126	18	144
	Females	131	10	141
	Total	257	28	285
	Rate per 1000 population...	0.87	1.01	0.88

Population. The mid-year civil population for 1958 has been estimated at 321,940 as against 319,446 in 1957.

The excess of births over deaths was 5,871 which is 32 more than in the previous year. The rate of natural increase was 18.24 per thousand as against 18.28 in 1957.

Births. The number of live births during the year was 8.528 which is 266 births less than that of last year. Of these, 7,872 occurred in Malta and 656 in Gozo, and of which 4,300 were males and 4,228 females. The birth-rate was lower than in the preceding year, namely 26.49 against 27.53 in 1957, 26.80 in 1956, 27.23 in 1955, 28.11 in 1954 and 28.29 in 1953. The downward trend in the birth-rate which had been going on since 1945 was interrupted in 1957 and started again in 1958.

Still-Births. The number of still-births registered during the year was 194 (181 in Malta and 13 in Gozo) with a rate of 2.22 per hundred total (live and still) births. During 1957, there were 177 still-births (158 in Malta and 19 in Gozo) which gave a rate of 1.97; this shows an increase of 23 still-births in Malta and a decrease of 6 in Gozo.

Deaths. There were 2,657 deaths, registered during the year, 298 less than last year. Of these 2,360 occurred in Malta and 297 in Gozo. The death rate per thousand population was 8.56 as compared with 9.25 in 1957, 9.29 in 1956, 8.53 in 1955 and 9.60 in 1954.

Table 1 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.	Arterio-sclerotic 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
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	266	8	16	91	15	70	268	35	133	225
1951	161	248	85	24	355	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
1957	72	338	110	8	423	575	44	76	64	41	11	4	77	8	61	73	40	51	206
1958	57	285	136	8	364	545	49	75	45	46	4	2	87	11	54	61	59	39	59

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

Arteriosclerotic and degenerative heart disease ...	205
Cerebral haemorrhage	137
Malignant Neoplasms	107
Diabetes mellitus	51
Chronic nephritis	33
Bronchitis	28
Ill-defined diseases peculiar to early infancy and immaturity unqualified	23
Senility	22
Infective and parasitic diseases	22
Birth Injuries	22
Congenital malformations	20
Diseases of arteries (arteriosclerosis)	18
Pneumonia (all forms)	17
Gastro-enteritis and colitis (under 2 years)	17
Post natal asphyxia and atelectasis	15
Diseases of pregnancy, childbirth and the puerperium ...	4
Diseases of the blood-forming organs	3
Gastro-enteritis and colitis (2 years and over)	2
Acute nephritis	1
Other causes	253
	1,000

Infant Mortality. The number of deaths among infants during the year was 341 that is 17 deaths less than in the previous year. The infant mortality rate per 1,000 live births was 39.99 which is lowest on record. The figure for 1957 was 40.71.

The neo-natal mortality (deaths of infants under 1 month of age) was 198 which is 17 less than in the previous year. The neo-natal mortality rate per 1,000 live births was 23.22 as compared with 24.45 in 1957, 25.30 in 1956, 23.47 in 1955 and 33.14 in 1954.

Marriages. The number of marriages during the year, including marriages among service personnel was 2,157 of which 2,000 took place in Malta and 157 in Gozo. The marriage rate, which is expressed as the number of persons married per thousand of the population was 13.40. This shows an increase on the marriage rates of 1957 and 1956 which were 12.43 and 12.73 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		
1939	9,930	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	6,765	25·15	227	3·3	345·15	31·97	15·0	1,835†
1943	8,452	31·06	293	3·3	210·00	20·49	19·6	2.874
1944	10,963	39·26	334	2·9	116·30	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	298	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	2·2	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	6,129
1954	8 991	28·11	194	2·1	66·95	9·60	13·37	5,920
1955	8,560	27·23	200	2·3	44·98	8·53	14·03	5,877
1956	8,478	26·80	188	2·2	42·15	9·29	12·73	5 500
1957	8 794	27·53	177	2·0	40·71	9·25	12·43	5.839
1958	8.528	26·49	194	2·2	39·99	8·56	13·40	5,871

† Decrease.

II. INFECTIOUS AND COMMUNICABLE DISEASES

The following infectious diseases are notifiable, namely:— Plague, smallpox, cholera, diphtheria, and nembranous 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 conjuctivitis or trachoma, tetanus neonatorum and leishmaniasis. All forms of malignant neoplasms are also notifiable.

The total number of deaths attributed to notifiable diseases except malignant neoplasms during the year was 82, as against 127 in 1957. Calculated as a rate per 1,000 population the comparable figures are 0.3 in 1958, 0.4 in 1957, 0.3 in 1956 and 0.4 in 1955. The largest percentage of deaths among this group is represented by broncho-pneumonia (48.2) followed by pulmonary tuberculosis (27.7), other forms of tuberculosis, whooping cough and influenza (4.8 each) and diphtheria (3.6).

Chickenpox. The number of cases that came to the notice of the Department was 224, against 403 in 1957; 218 cases occurred in Malta and 6 in Gozo. Again as last year the majority of cases occurred in March/June when 154 cases were notified. Four patients, inmates of Charitable Institutions, were remitted to the Isolation Hospital for treatment. They were discharged cured.

Whooping-cough. The number of cases reported was 92, against 3,424 in 1957. The distribution of cases was 79 Malta and 13 Gozo. No deaths were registered as due to this infection. There were 7 deaths in 1957. All the cases were very mild and no one was remitted for treatment in hospital.

Scarlet Fever. The number of notified cases during the year was 68, which is almost three times as much as the corresponding number for 1957 (23 cases). Only one case occurred in Gozo. During the period September/November alone 41 cases were reported, the rest of the cases were evenly distributed throughout the year. No deaths were attributed to this disease. Thirty-four patients were treated in hospital either because of unsatisfactory home conditions or because they were living in institutions. The majority of patients were children under 5 years, but one female patient was 51 years of age. Cases were mild and with the exception of one case of complete exfoliation of the skin, all the others had mild forforaceous peeling.

Measles. The outbreak of measles, which started in 1957, continued during the first three months of 1958. During this quarter not less than 844 cases, out of a total of 888 for the whole year, were reported. There were 4 deaths from this disease. Seventeen cases required admission to the Isolation hospital mostly because of overcrowding at home. Of these patients, 13 were 2 years of age or under, and another was an air hostess 22 years of age. A German sailor on board a freighter in harbour was also admitted to hospital. The majority of cases were relatively mild and complications were not common. None of the children treated in hospital suffered from complications and all were discharged cured.

Diphtheria (including membranous croup). The total number of diphtheria cases notified during the year was 32, 29 in Malta (of which 5 in Hamrun) and 3 in Gozo. This year's figure is 6 less than the number reported during the previous year. The majority of cases (93.75%) occurred in children under 10 years of age. The number of deaths was 3, that is one more than the number of deaths registered in 1957. All the cases were referred to the Isolation hospital. The total admissions to the Isolation hospital were 80, of which 70 were referred as suspected cases (19 later confirmed) and 10 as confirmed cases. Of the 29 cases, 27 were confirmed bacteriolcgically, 2 on clinical grounds. The patients remitted as cases of suspected diphtheria were later diagnosed as acute tonsillitis, 24 cases; acute laryngitis, 15 cases; acute pharyngitis, 3 cases; laryngismus stridulus, 1; Vincent's angina 1; tonsillitis and bronchopneumonia, 2; spasm of larynx following catarrhal inflammation, 1. One carrier was also kept in isolation at the hospital and discharged free from infection.

With the exception of one very mild case which had received anti-diphtheria inoculation, none of the cases had been given immunizing treatment.

The three deaths due to this disease occurred in hospital. One, in a year old baby who had been ill at home for three days before a doctor was finally called. The baby was remitted to hospital as an urgent case: she had broncho-pneumonia and marked dyspnoea and died 15 minutes after admission. The case was confirmed bactericlogically. Another child, 2 years of age, had been kept sick at home for two days. Her condition suddenly deteriorated and as the district medical officer was out visiting cases, a medical student living in a neighbouring house was insistently asked to help. He remitted the case to the Isolation hospital as needing urgent treatment. Tracheotomy was carried out in hospital but the child died of pulmonary oedema 3 hours after admission. The third death occurred in a boy of 8 years. Here again the doctor was called in too late to be of any real help and the patient died 10 hours after admission to hospital.

It is unfortunate that in spite of the propaganda by means of leaflets, by talks on the Rediffusion system and by means of the mobile cinema van a number of deaths due to diphtheria is recorded annually when the doctor is called in too late to save the child's life.

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		26B Tetanus neonatorum	
	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D	C.	D.	C.	D.
1949	228	97	...	a) ...	121	3	902	8	166	...	46	...	119	5	24	1	7	3	1	...
1950	208	82	..	a) ...	106	4	884	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	58	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	36	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	...	...
1957	125	35	28	2	124	. .	257	1	23	...	52	...	38	2	3424	7	9	...	1	1
1958	118	23	17	4	60	...	117	...	68	...	39	1	32	3	92	...	2	1	..	...

Year	28 Acute anterior poliomyelitis		32 Measles		36B Murine Typhus		43H Chicken pox		43L Leishmaniasis		88 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.
1940	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	41
1951	43	...	4,486	17	43	1	284	...	58	3	283	1	81	14	184	61	18	...	55
1952	37	1	45	...	20	1	485	...	55	...	266	3	69	17	138	79	17	...	51
1953	26	1	193	...	9	...	356	...	63	1	46	1	86	14	118	53	16	...	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
1957	7	...	1,721	2	8	1	403	...	16	1	8758	11	75	13	244	51	3	...	b) 38
1958	2	...	888	4	18	...	224	...	24	1	39	4	63	1	130	40	3	...	14

(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, 1958

Locality	Pulmonary Tuberc.		Other Forms of T. B.		Typhoid Fever		Undulant Fever		Scarlet Fever		Erysipelas		Diphtheria		Whooping Cough		Cerebrospinal Fever		Tetanus Neonatorum		Poliomyelitis		Measles		Murine Typhus		Chicken pox		Leishmaniasis		Influenza		Pneumonia		Bronchopneumonia		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	..	...	...	4	...	...		...	...	.	.	2	...			..	...	..	...	...	...	...	...	3	...	...	...	...
Balzan	2	...	...	...	...			...	...	...	3	..	1	1	5	.	...		...	...	..	...	2	...	1	...	1	...	...	...	1	...	1	...	...	...	...	...	...
Birkirkara	8	2	2	1	1	...	2	...	11	.	2	...	3	1	14	.	..		...	...			8	...	2	...	4	...	2	...	1	...	6	1	8	1	...	.	3
Birżebbuġa	2	..	.	...	...	...	1	...	1	.	...	...	...	...	...	...	...	...	..	...	...	.	34	...	...	...	13	...	1	...	1	...	..	..	..	...	...	...
Cospicua	10	1	1	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	..	1	..	...	...	1	...	...	...	...	...	3	...	6	6	...	...	...
Dingli	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	..	...	...	...	...	...	14	...	...	...	2	...	...	..	1	1	1	.	...	...	...	...	.
Floriana	3	...	1	...	..	...	1	...	2	...	2	..	..	...	11	..	...	.	...	...	...	...	8		...	...	5	.	...	...	..	...	1	..	3	2	...	...	...
Għargħur	1	...	...	...	...	...	2	...	...	...	...	...	...	...	3	..	...	...	...	...	...	...	1	...	...	...	...	...	1	..	...	...	3	...	3	...	...	...	...
Għaxaq	1	...	...	...	...	...	5	...	1	...	1	...	...	...	...	...	...	...	...	...	1	.	2	...	...	...	1	...	1	...	2	...	1	...	10	1	...	...	..
Gudja	...	...	..	...	...	...	...	...	..	...	...	.	...	...	...	.	.	.	..	..	...	...	1	...	...	...	..	...	1	..	..	...	1	..	.	.	...	...	..
G ira	2	...	..	...	...	...	...	...	2	...	...	..	2	...	1	...	...	...	...	...	..	...	27	1	...	.	14	.	..	...	1	...	1	...	4	1	...	...	...
Ħamrun	9	4	3	1	3	...	3	...	10	...	1	...	5	...	1	...	...	...	...	...	..	...	59	1	3	...	5	...	...	...	4	1	...	...	11	2	...	...	...
Kalkara	2	1	...	...	1	.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	.	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...
Kirkop	...	...	...	...	...	...	1	...	1	...	2	...	...	...	...	..	...	...	...	...	...	...	9	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...
Lija	...	...	...	...	...	..	1	...	...	...	...	..	...	...	1	..	...	...	...	...	.	...		...	1	...	1	...	...	...	..	...	...	...	3	...	...	...	...
Luqa	3	...	..	...	1	...	3	...	2	..	5	.	..	...	...	...	...		...	...	...	...	35	.	...	...	1	.	..	...	..	...	...	...	3	...	...	...	...
Marsa	8	2	1	...	6	...	4	...	1	...	...	...	...	...	1	...	..	...	...	...	...	...	14	...	1	...	4	.	1		...	...	3	...	3	1	...	.	...
Marsaskala	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	7	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...
Marsaxlokk	1	...	.	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...
Mdina	1	...	...	...	...	...	...	..	...	...	...	...	...	...	...	..	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Mellieħa	...	...	...	...	...	...	4	..	...	...	1	.	...	...	3		...	...	...	...	...	...	20	...	...	...	...	.	...	..	1	...	...	...	1	1	1	...	...
Mġarr & Żebbiegħ ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...
Mosta	3	...	2	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	..	.	1	...	...	...	...	...	...	...	1	...	...	..	...	.	...	...	..
Mqabba	...	...	...	...	...	...	..	...	1	...	1		...	...	...	..	..	.	...	...	..	.	10	...	...	...	..	...	...	...	...	...	3	...	1	1	...	...	...
Msida	3	...	1	1	2	...	2	.	3	...	4	...	2	...	1	.	...	...	...	...	...	...	15	.	...	...	11	...	...	...	2	.	...	...	4	1	...	.	...
Naxxar	1	...	.	...		...	...	..	...	..	1	...	...	...	...	...	...	.	...	...	...	..	5	...	...	..	1	...	2	1	..	...	4		3	1	...	...	1
Paola	3	2	...	1	...	...	2	...	3	.	...	...	1	...	...	...	...	...	...	...	.	..	20	...	...	...	7	...	2	..	..	...	5	...	2	...	1	...	...
Pietà	1	...	1	...	1	...	...	...	...	...	1	..	...	...	..	..	...	...	...	...	...	...	5	.	...	...	3	.	...	...	1	..	...	...	...	...	...	...	...
Qormi	7	2	1	...	10	...	17	..	..		1		3	...	2	...	...	..	...	...	.	..	8	...	2	...	5	...	1	...	...		3	...	10	5	...	...	1
Qrendi	...	...	...	...	1	..	...	...	...	..	...	..	...	...	...	..	..	.	...	...	...	..	1	...	1	...	...	.	...	...	.	...	...	...	1	1	...	...	...
Rabat	4	1	...	...	...	...	1	...	1	...	...	...	1	...	5	...	...	...	...	...	..	...	15	...	...	...	3	..	1	.	1	..	..	.	3	...	...	...	...
Safi	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	7	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...
St. Julian's		..	.	.	2	...	2	...	...	..	1	.	...	...	...	...	...	...	...	...	...	...	45	...	1	.	5	.	1	...	..	...	2	...	2	2	...	...	...
St. Paul's Bay ...	...	...	...	...	1	...	3	...	...	..	1	...	...	...	...	...	...	...	...	...	...	.	15	..	...	.	7	.	1	.	1	..	...	...	...	...	...	...	..
St Venner a	2	...	..	...	...	...	...	...	3	...	...	...	...	..	...	...	...	...	...	...	...	..	9	...	.	...	...	...	...	...	1	...	...	...	1	...	...	...	...
Senglea	4	1	...	...	1	...	1	...	3	...	1	.	...	...	...	..	1	...	...	...	...	...	5	...	...	...	1	..	..	...	...	.	2	...	2	2	...	...	...
Siġġiewi	3	...	...	...	1	...	5	..	..	...	...	...	3	...	1	.	...	...	...	...	...	...	58	1	...	...	...	..	1	...	...	.	3	...	1	...	...	...	...
Sliema ...	7	2	...	...	2	...	...	...	7	...	3	...	...	..	.	.	1	1	..	...	1	.	138	1	...	...	59	..	...	...	4	1	4	...	5	3	...	...	2
Tarxien	1	...	..	...	...	.	6	..	.	..	...	.	3	1	..		...		...	...	...	...	5	...	...	...	6	.	...	...		..	...		2	1	...	...	...
Valletta	7	1	1	...	4	...	1	...	1	...	1	...	..	..	1		...	...	...	...	...	...	80	...	...	...	21		...	...	1	...	1	...	6	1	1	..	5
Vittoriosa	2	..	..	...	2	...	.	..	...	...	...	...	2	...	...	..	...	...	...	...	...	...	...	...	...	...	9		...	...	...	...	...	...	1	...	...	...	...
Żabbar	4	...	..	...	6	.	3	...	12	..	1	...	3		21		...	.	...	...	..	...	7	...	2	..	1		1		6	1	3	..			...	...	...
Żebbuġ	2	...		...	...	..	9	..	1	...	...	...	...	...	1		...	...	...	...	...	...	3	...	2	...	...	..	4	...	...	..	...	...	5	2	...	..	...
Żejtun	4	1	2	..	3		3	...	...	...	...	...	...	...	...	...	...	.	...	...	...	.	5	..	1	...	...	...	...	.	2	...	1	.	...	..	..		
Żurrieq	2	...	1	..	...	...	5	...	...	...	5	1	...	...		...	...	...	...	...	...	...	118	...	1	...	26	...		.	...	..	1	...	6	1	...	.	.
Total Malta ...	113	20	17	4	51		88	...	67	.	39	1	29	3	79	...	2	1	...	...	2	...	823	4	18	...	218	...	24	1	31	4	54	1	114	36	3	..	13

TABLE IV (cont.)

Notifiable Infectious Diseases by Locality in Gozo, 1958

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		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.	C.
Kemmuna	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Għajnsielem and Mġarr	2	1	...	...	1	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	6	..	...	...	...	.	...	...	...	..	...	...	...	...	...	...
Għarb	...	...	...	...	2	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	2	...	...	...	...
Għasri	...	...	..	.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	..	...	2	1	...	..	...
Kerċem and St Lucia	...	...	..	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	12	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...
Marsalforn ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	..	...
Nadur	1	1	...	...	3	...	9	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Qala	1	..	...	...	...	...	1	...	...	...	...	.	...	...	2	...	...	...	...	...	...	..	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...
San Lawrenz	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	.	...	...	...	...	...	..	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...
Sannat and Mnuxar	...	1	...	...	...	...	3	...	...	...	...	...	1	..	10	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Victoria	...	...	...	.	...	...	8	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	26	...	...	...	2	...	...	...	5	...	...	..	3	1	...	1
Xagħra	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	.	...	...	...	...	1	...	...	3	...	...	...	...	...
Xewkija	1	...	...	...	...	...	2	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	18	...	...	...	4	...	...	...	...	...	1	...	3	2	...	...
Xlendi	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Żebbuġ	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total Gozo	5	3	..	..	9	...	29	...	1	...	...	...	3	...	13	...	...	...	...	...	...	...	65	...	...	...	6	...	...	...	8	.	9	...	16	4	...	...	1
Total Both Islands...	118	23	17	4	60	..	117	...	68	...	39	1	32	3	92	...	2	1	...	...	2	...	888	4	18	...	224	...	24	1	39	4	63	1	130	40	3	...	14

TABLE V

Monthly Notification of Infectious Diseases, 1958

MONTH	1 Pulmonary Tuberculosis		2/5 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 ...	9	7	1	1	1	—	7	—	5	—	1	—	7	—	24	—	—	—
February ...	7	3	1	1	1	—	8	—	2	—	1	—	4	1	4	—	—	—
March ...	14	2	1	2	1	—	6	—	2	—	3	—	—	—	8	—	1	—
April ...	6	2	—	—	1	—	11	—	1	—	—	—	1	—	5	—	—	—
May ...	12	1	1	—	4	—	11	—	—	—	3	—	1	—	5	—	—	—
June ...	12	2	1	—	4	—	11	—	3	—	2	—	—	1	8	—	1	1
July ...	11	1	1	—	7	—	16	—	3	—	8	—	4	—	12	—	—	—
August ...	8	1	1	—	7	—	19	—	4	—	5	—	—	—	12	—	—	—
September	13	2	2	—	17	—	8	—	12	—	7	—	3	—	13	—	—	—
October ...	6	—	2	—	9	—	7	—	16	—	2	—	5	1	—	—	—	—
November	10	2	3	—	5	—	4	—	13	—	3	1	4	—	—	—	—	—
December	10	—	3	—	3	—	9	—	7	—	4	—	3	—	1	—	—	—
Total ...	118	23	17	4	60	—	117	—	68	—	39	1	32	3	92	—	2	1

MONTH	26 Tetanus (Neonatorum)		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.	C.	D.
January ...	—	—	—	—	628	2	—	—	19	—	—	—	14	2	9	—	45	8	—	—	1	—
February ...	—	—	1	—	163	2	—	—	15	—	—	—	7	—	16	—	19	7	—	—	—	—
March ...	—	—	—	—	53	—	1	—	27	—	2	1	1	—	4	—	11	3	1	—	3	—
April ...	—	—	1	—	9	—	—	—	29	—	5	—	5	2	5	—	5	1	1	—	1	—
May ...	—	—	—	—	18	—	—	—	54	—	2	—	1	—	5	—	9	2	1	—	3	—
June ...	—	—	—	—	4	—	1	—	44	—	4	—	5	—	3	—	8	1	—	—	3	—
July ...	—	—	—	—	—	—	3	—	23	—	4	—	3	—	1	1	9	2	—	—	1	—
August ...	—	—	—	—	—	—	2	—	—	—	2	—	—	—	5	—	7	6	—	—	—	—
September	—	—	—	—	3	—	3	—	5	—	—	—	1	—	3	—	1	—	—	—	—	—
October ...	—	—	—	—	4	—	6	—	1	—	3	—	—	—	4	—	7	4	—	—	—	—
November	—	—	—	—	3	—	2	—	1	—	—	—	1	—	3	—	6	5	—	—	2	—
December	—	—	—	—	3	—	—	—	6	—	2	—	1	—	5	—	3	1	—	—	—	—
Total ...	—	—	2	—	888	4	18	—	224	—	24	1	39	4	63	1	130	40	3	—	14	—

TABLE VI

Age and Sex Distribution of Cases and Deaths

AGES	Influenza 88				Pneumonia 89				Broncho-Pneumonia 90				Scarlet Fever 17				Diphtheria 21				Typhoid Fever 12				Undulant Fever 15				Murine Typhus 36B			
	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	1	3	...	1	9	7	...	...	21	24	10	17	1	...	...	...	2	..	...		...	...	...	...	...	...	...	...	...	...	...	...
1 year	1	...	...	...	1	3	...	...	13	6	3	1	3	2	..	...	7	1	1	...	..	...	...	...	1	1	...	...	...	...	..	...
2 years	...	...	...	...	3	1	...	...	7	2	2	...	4	4	...	...	1	1	...	...	...	1	..	...	2	...	...	...	...	...	...	...
3 years	...	...	...	...	3	1	...	...	3	...	...	...	4	2	...	...	4	2	...	...	...	...	...	...	...	4	...	...	..	...	...	...
4 years	...	...	...	...	1	3	...	...	...	2	...	...	5	5	...	...	4	2	1	...	2	1	...	...	5	1	...	...	...	...	...	...
5 to 9 years...	...	...	...	...	1	1	...	...	5	2	...	...	10	13	...	...	3	3	...	1	5	5	...	...	5	8	...	...	...	...	...	...
10 to 14 „	2	...	...	...	...	...	...	...	...	1	...	...	1	9	...	...	2	...	...	...	13	8	...	...	14	6	...	...	1	1	...	...
15 to 19 „	...	...	...	...	...	..	...	...	1	1	1	...	1	1	...	...	...	..	...	...	4	2	...	...	5	11	...	...	...	...	...	...
20 to 24 „	2	1	...	...	1	...	...	...	4	1	...	...	...	1	...	...	...	...	...	...	2	3	..	...	11	4	...	...	3	.	...	...
25 to 34 „	4	1	...	...	2	1	...	...	2	...	...	..	...	...		...	...	...	...	...	...	1	...	...	9	3	...	...	2	2	...	...
35 to 44 „	5	3	...	...	1	1	...	...	3	1	1	1	...	1	...	...	...	...	...	...	4	1	...	...	3	3	...	...	2	...	...	...
45 years & over	5	11	1	2	11	12	1	...	20	11	1	3	1	...	...	...	...	...	...	...	4	4	...	...	13	8	...	...	3	4	...	...
Total	20	19	1	3	33	30	1	..	79	51	18	22	30	38	...	...	23	9	2	1	34	26	...	...	68	49	...	...	11	7	...	...

TABLE VII

Diphtheria

Ages of Death

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

Age Periods of Notified Cases

Under 1 year	1-	2-	3-	4-	5-	10-	15-	20-	25-	35-	45-	55-	All Ages
2	8	2	6	6	6	2	—	—	—	—	—	—	32
93.75%						6.25%							

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
—	12.5	—	—	16.7	16.7	—	—	—	—	—	—	—	9.4

Murine Typhus. The number of cases of murine typhus was 18 all of which occurred in Malta. No deaths were attributed to this disease as compared with 1 death out of 8 cases in 1957. Only two cases were admitted to the Isolation hospital, the other 16 were referred to St. Luke Hospital as suffering from pyrexia or suspected enteric fever. Diagnosis was established by serological tests when the patients were convalescing or nearing discharge. Again this year as in previous years, cases occurred in localities which had just been visited by the rodent control squad as part of the anti-rat campaign.

Leishmaniasis. The cases notified during the year were 24, all in Malta. This shows an increase of 8 over last year's figure. As in 1957 and 1956 the number of deaths during 1958 was 1. The incidence was evenly spread between March and December, notifications coming from different localities. The homes where cases of leishmaniasis occurred were repeatedly visited by the entomologist but neither the phlebotomus nor its larvae could ever be traced in the house or in its neighbourhood.

Tetanus Neonatorum. No cases were recorded during the year.

Acute Anterior Poliomyelitis. The incidence of this disease among the civilian population during the year under review was 2, all cases occurring in Malta. As in the years 1957 and 1956 no deaths from poliomyelitis were registered during 1958. Five other patients were referred to hospital as suspected cases of polio but in their case the diagnosis was not confirmed. The two patients had not received immunisation against polio.

Influenza. The number of cases notified was 39 with 4 deaths, the corresponding figures for 1957 were 8,783 cases and 11 deaths. For cases aged respectively 73, 65, 60 and 45 years were admitted to the Isolation hospital because no proper treatment could be given at their homes. They were all discharged cured. A passenger from aboard a ship was referred as "pyrexia of unknown origin" and later diagnosed as a case of influenza. He was discharged cured after a stay of nine days in hospital.

Pneumonia and Broncho-pneumonia. During the year the pneumonia cases reported were 63 cases with 1 death as compared with 75 cases with 13 deaths in 1957.

Five cases were notified as virus pneumonia. Cases of broncho-pneumonia were 130 with 40 deaths. The figures for the previous year were 244 cases with 51 deaths. Of the three cases of broncho-pneumonia referred to the Isolation hospital, one was a baby 1½ years of age, the others were 30 and 41 years old respectively. All were discharged cured.

Cerebro-spinal fever. There were 2 cases one of which proved fatal as against 9 cases with no deaths in 1957. Both cases were admitted to the Isolation hospital. The first, a girl aged 8 years had been ailing at home for four days. She had a high temperature with vomiting and headache. She was admitted at 10 a.m. in a coma and with a marked retraction of the head. She died at 1 p.m. on the same day.

Erysipelas. The cases numbered 39 with 1 death as compared with 52 cases with no deaths during 1957. Eleven cases whose ages ranged from 30 to 78 years were treated for this condition at the Isolation hospital; the average stay in hospital was 15 days. All were discharged cured.

Puerperal Fever. Both in 1958 and 1957 the figures for puerperal fever were 3 cases with no deaths. Only one case was treated at the Isolation hospital.

Typhoid fever. There were 60 cases reported with no deaths during the year. This shows an improvement of just over 50 per cent on last year's figures (124 cases with no deaths). Sporadic cases were reported from a number of localities. The localities with the highest incidence were Qormi 10, Marsa and Żabbar 6 each and Valletta 4. The age groups most effected were 10-14 years (21) and 5-9 years groups (10). The highest incidence occurred in September when 17 cases were reported.

Undulant fever. The number of cases notified during the year was 117 (88 in Malta and 29 in Gozo), as against 257 (175 in Malta and 82 in Gozo) in 1957. The above figures show a decrease of over 50% on those in respect of 1957, during which year 175 cases less than in 1956 had been reported. The incidence is the lowest on record and the next best was recorded in 1944 with 173 cases. It is perhaps worth repeating that the drop in the number of cases in 1944 was the result of the mass slaughter of goats during the war. There were no deaths due to this infection during the year.

The age-groups most affected were that of persons over 45 years of age (21) and the 10-14 years age group (20 cases). The highest number of notifications came from the following localities: Qormi 17; Żebbuġ (Malta) and Nadur 9 each; Victoria 8; Tarxien 6, and Għaxaq, Siġġiewi and Żurrieq 5 each.

TABLE VIII

Trachoma Incidence

(Malta and Gozo)

A

Year	Cases	
	New	Old
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
1957	38	1
1958	14	—

B

Periods	New Cases in 1958	
	Males	Females
Under 1 year	—	—
1 year	—	—
2 years	—	—
3 „	—	—
4 „	—	—
5 to 9 „	3	3
10 to 14 „	6	1
15 to 19 „	—	—
20 to 24 „	1	—
25 to 29 „	—	—
30 to 34 „	—	—
35 to 44 „	—	—
45 & over	—	—
Total ...	10	4

TRACHOMA IN GOZO

The work of the anti-trachoma campaign in Gozo was maintained during the whole of the year under review. The disease in Gozo no longer presents a problem; it is now well under control and its incidence has been reduced to a degree comparable to that for Malta.

The Eye Specialist continued to pay his usual weekly visits to Gozo to examine and treat school children in the school premises and, in addition, to hold clinics at the Government dispensaries in various districts for the examination and treatment of any person requiring attention.

The result of the treatment was not so satisfying as in the previous year, when only 6 out of 63 cases remained for treatment on the closing down of the schools for the Summer holidays; the main reason is that patients sometimes fail to attend for their examination. This year, the number of school children found suffering from trachoma on the reopening of schools was again lower than that recorded in former years.

Details of the work carried out and the results obtained are shown in the following tables.

TABLE IX

Trachoma (Gozo Schools 1957-58)

School		No. Seen	Results of Examination			Cured			No remaining July 1958		
			Trach.	Conj.	F. only	Trach.	Conj	F. only	Trach.	Conj.	F. only
VICTORIA	Girls	503	3	3	17	2	2	7	1	1	10
	Boys	424	2	4	10	2	1	4	—	3	6
NADUR	Girls	531	5	3	27	3	2	1	2	1	13
	Boys	383	4	2	8	4	2	2	—	—	6
XAGHRA	Girls	463	7	1	12	6	1	6	1	—	6
	Boys	277	5	—	2	1	—	1	4	—	1
XEWKIJA	Girls	397	7	6	9	6	4	1	1	2	8
	Boys	246	2	1	5	1	1	2	1	—	3
GHAJNSIELEM	Girls	203	2	—	7	2	—	4	-	—	3
	Boys	121	1	—	7	1	—	4	—	—	3
QALA	Girls	209	3	—	12	2	—	6	1	—	6
	Boys	127	1	—	5	—	—	2	1	—	3
SANNAT	Mixed	206	4	2	5	2	1	—	2	1	5
KERCEM	Mixed	225	2	—	7	1	—	2	1	—	5
ŻEBBUG	Mixed	212	1	1	8	1	1	6	—	—	2
GHARB	Mixed	215	2	—	2	2	—	—	—	—	2
S. LAWRENZ	Mixed	98	2	2	7	2	2	1	—	—	6
GHASRI	Mixed	90	1	6	2	1	6	—	—	—	2
Total		4,930	54	31	152	39	23	62	15	8	90

NOTE:— In the Table above, under "F. only" are listed those cases with folliculosis of the conjunctiva.

TABLE X

Clinics held at Government Dispensaries during 1958

Place	No. of clinics	No. seen	No. found cured	No. still on register
Victoria	3	16	3	27
Nadur	3	16	1	29
Xaghra	5	13	11	32
Qala	1	10	2	42 (8 left
Xewkija	4	14	1	14 [Island)
Sannat	4	7	—	7
Ghajnsielem	1	3	—	4
Total ...	21	79	18	155

The examination of the school-children following the re-opening of schools for the Christmas Term, 1958, revealed only 17 cases of Trachoma out of a total of 5,144 children, as detailed in the table hereunder:—

TABLE XI

Details of Examination of School children in the Autumn of 1958 after re-opening of schools

School		No. seen	No. of Trach.	No. of Conj.	"F" only
VICTORIA	Girls	613	—	5	13
	Boys	492	2	5	14
NADUR	Girls	492	1	6	17
	Boys	346	—	2	8
XAGHRA	Girls	482	3	1	22
	Boys	326	1	3	7
XEWKIJA	Girls	413	1	5	21
	Boys	270	—	4	5
GHAJNSIELEM	Girls	224	2	—	4
	Boys	131	—	—	8
QALA	Girls	202	—	1	13
	Boys	129	—	1	5
KERCEM	Mixed	224	4	3	9
SANNAT	Mixed	322	2	1	6
ZEBBUG	Mixed	220	1	2	8
GHARB	Mixed	194	—	3	4
S LAWRENZ	Mixed	84	—		5
GHASRI	Mixed	65	—	—	4
Total		5,144	17	42	173

LEPROSY

The number of new cases of leprosy notified during the year amounted to 15 (7 males and 8 females). Although this figure compares to the numbers of cases reported during the years when leper patients were compulsorily segregated and when the patients did their utmost to avoid detection, it is as yet too early to state whether the incidence of leprosy in Malta is steadily declining, notwithstanding that there may be indications that it is so.

Of the total number of leprosy cases (168), forty-seven are voluntary in-patients in hospital, while the rest attend regularly as out-patients for observation and treatment. The following table shows the type of the disease which the known lepers are suffering from.

TABLE XII

Type of Hansen's Disease

		Males	Females	Total	
In-patients:—	Malta	31	16	47	(1)
	Gozo	—	—	—	
		31	16	47	
Out-patients:—	Malta	55	32	87	(2)
		11	13	24	(3)
	Gozo	7	3	10	(4)
		104	64	168	

(1) The nature of the disease in these patients is as follows:—
Lepromatous: 39 (27 males, 12 females)
Indeterminate: 4 (2 males, 2 females)
Burnt-out cases at the St Vincent de Paul Hospital, 4 i.e. 2 males and 2 females.

(2) These patients were discharged at request and the nature of the disease is as follows:—
Lepromatous: 64 (41 males, 23 females)
Indeterminate: 16 (11 males, 5 females)
Major Tuberculoid: 7 (3 males, 4 females).

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

(4) Lepromatous: 6 (4 males, 2 females); Indeterminate 3 males; Tuberculoid 1 female.

TABLE XIII

Age and Sex distribution of Cases of Leprosy notified during the year, 1958

Ages	Males	Females	Total
1 — 10	—	—	—
11 — 20	—	1	1
21 — 30	2	2	4
31 — 40	2	3	5
41 — 50	—	—	—
51 — 60	2	1	3
61 — 70	1	1	2
71 — 80	—	—	—
81 — 90	—	—	—
Total	7	8	15

TABLE XIV

Cases notified during 1958 and the nine preceding years

	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958
Males ...	10	6	4	9	6	10	6	12	13	7
Females ..	5	6	1	5	5	—	8	7	8	8
Total ...	15	12	5	14	11	10	14	19	21	15

VENEREAL DISEASES

The Venereal Diseases Clinic is in St. Calcedonius Square ,Floriana, and forms part of the Central Hospital. No tickets of admission are required and both out- and in-patient treatment is free of charge irrespective of the financial means or nationality of the patient.

The Clinic is open from 6 a.m. to 7 p.m. on all days of the week. Consultations are held on weekdays from 8 to 11 a.m. and from 3 to 6 p.m. The Clinic is staffed by two consultant physicians assisted by a houseman in addition to the normal nursing and domestic staff.

Although Malta is not included in the Ratifications or Accessions in the Brussels Agreement, it nevertheless conforms in all respects to the Protocol adopted at the International Health Conference held in New York in June/July, 1946, and is included in the International List of Venereal Disease Treatment Centres at Ports published by the World Health Organisation.

Emphasis is again made on the fact that Venereal Disease is not a major problem in Malta. Although not notifiable, two major factors operate against its spread amongst the population. First and foremost is the restraining influence of the Church and the second is the strict application of Act No. LVIII of 1948. This Act enforces compulsory examination and treatment of persons who, it is known, have infected two or more people with the disease.

The number of new cases who attended for examination was 160 (73 males, 87 females) as compared with 128 last year. The total numebr of other attendances was 1,862 (854 males, 1,008 females) as compared with 1,568 last year. This brings the number of total attendances to 2,022 as compared to 1,696 in 1957.

The diagnosis in the case of the 160 new patients was as follows:—

Diagnosis	Males	Females	Total
Gonorrhoea	8	5	13
Non-gonorrhoeal urethritis	6	—	6
Syphilis early	2	—	2
Syphilis late	2	—	2
Syphilis prenatal	2	1	3
Trichomonas Vaginitis	—	13	13
Candidiasis	—	2	2
Verrucae	3	1	4
Balanitis	1	—	1
Not requiring V.D. treatment	49	65	114
Total	73	87	160

Only 12 of the new cases referred to in the preceding paragraph were found in need of hospitalisation.

The diagnosis of these patients was as follows:—

Diagnosis	Males	Females	Total
Gonorrhoea	1	2	3
Syphilis late	1	—	1
Trichomas Vaginitis	—	3	3
Candidiasis	—	2	2
Not requiring treatment	1	2	3
Total	3	9	12

Enquiries were made at the Clinic to trace the source of the infection in the V.D. patients. The majority of the patients however were rather reticent possibly because they were afraid of reprisals or repercussions if they divulged names. The general impression gained is that the women in most cases contact the disease from Service personnel; the men from contacts abroad. The occupation of the female patients is usually that of a barmaid, while male patients belong to different callings, but are in most cases owners or drivers of motor-cars.

TUBERCULOSIS

Contacts Clinic. The routine work of the tuberculosis control section of the Department was carried out during the year 1958 on the same basis of former years. At the chest clinic all the members of families of newly notified cases or of suspected cases were medically examined and had their chests X-rayed. About fifty individuals with suspicious lung shadows were further investigated for a proper assessment of their pulmonary lesions and two persons among them were found suffering from the disease in the active stage with positive sputa, while two others had developed carcinoma of the lungs. Twenty children between the ages of one and 16 years were discovered with primary infection either completely healed or else in the process of calcification. Three of the latter cases were referred to hospital for treatment.

A total of 12,885 persons called at the clinic for medical examination and advice during the twelve months under review and this number was made up mostly of contacts, prospective emigrants and other persons seeking employment. All the new entrants into the government service including hospital attendants, policemen and teachers had an X-ray examination of the chest prior to their employment and likewise, the children who were selected for admission into private or government institutions had their lungs examined at the clinic.

Amongst the prospective government employees, 89 persons were found with old lesions which were already healed. These lesions varied in extent from a small calcified Gohn focus to extensive fibrotic changes in one or more lobes. This fact gives much food for thought because it cannot be excluded that some cases of pulmonary tuberculosis remain undetected and consequently uncontrolled while they are still in the active stage. Employees with healed lesions were allowed to pursue their activities in government or private service because they were free from infection, but on condition that they re-submitted themselves to periodical check-ups during a period of twelve to eighteen months, according to the extent of their former lesions, such periodical examinations were continued until the patients cleared up and were declared as such.

In the latter quarter of 1958, a Health Visitor joined the staff of the tuberculosis control section after her return from the United Kingdom where she had undergone a six months scholarship course in anti-tuberculosis work under the aegis of the National Association for Prevention of Tuberculosis (now the Chest and Heart Association) and it was then possible to reintroduce tuberculin testing of contacts and of other suspected cases for diagnostic purposes.

During July and August, children of Tb contact families were taken to summer camps in central Italy with the assistance of the Sovereign Military Order of Malta that provided transport and accommodation for the children. Two hundred and thirty-seven applications were received, but only 179 children were found eligible and selected. The selected children, who had been previously examined at the chest clinic, had to be generally healthy and free from signs of tuberculosis or any other form of infection. The age limit for the girls and boys was from eight to fourteen years. One hundred and two children were sent in batches to the holiday camp for a period of three weeks each, but owing to an unexpected polio epidemic in the region not far from where the children were encamped it was considered prudent not to send the last batch of 77 boys and girls in order not to expose them to the risk of infection.

B.C.G. Compared to previous years, vaccination with B.C.G. was not conducted on such a large scale in 1958 as only one short drive was carried out owing to the immunization team being occupied for the best part of the year in carrying out an intensive campaign of anti-polio vaccination. Nevertheless, in the short space of time available 4,106 persons mostly youngsters between the ages of one to eighteen years, and 2,384 non-reactors were vaccinated.

A new feature in the function of the chest clinic was the introduction of tuberculin testing for the younger members of contact families including the newly-born babies of one month upwards. The scope of this measure is to keep a careful check on the negative reactors prior to their vaccination, in order to avoid inoculating children who may be living in infectious environment. In such a case, the necessary precautions are taken to put the child in temporary isolation until a degree of immunization with B.C.G. vaccine becomes effective. The testing is done by the Adrenalin-Pirquet method, but in future the jelly vaccine will also be re-introduced for infants and youngsters up to six years of age whose tender skin makes the method preferable to scarification.

The above measures at the clinic have become necessary in view of the fact that Tb patients are being encouraged by some general practitioners to receive treatment at home. It is to be hoped that all medical practitioners will co-operate with the health authorities and encourage hospitalization for all the new cases diagnosed by them. It is well known that drug treatment of non-hospitalized patients with pulmonary tuberculosis falls short in every respect of what can be achieved with immediate hospital care by the specialist.

In 1958, no persons previously vaccinated with B.C.G. vaccine were found amongst the newly notified cases of pulmonary or other forms of tuberculosis. During the last nine years since the original campaign was started by the Norwegian Anti-Tuberculosis Team until the end of 1958, the number of persons of all ages which were tested in Malta and Gozo reached the figure of 112,960, which is about 35% of the total population, and 71,555 persons, which makes 23% of the whole population in the Islands, were inoculated. It is to be presumed, however, that a good proportion of those persons have now once more reverted to negative reactors but in almost all those cases the vaccination has served its purpose because it has given them protection during the most critical years of their life when they usually change their surroundings after they leave school. This fact also explains the shifting which has been noticeable during the recent years of the high rate of incidence from the younger generation to the older groups of the population. The decrease of the incidence rate in the younger groups is a phenomenon common to most countries in Europe and in all other places where B.C.G. vaccination has been practised continuously during the last decade.

Home Visits. During the past twelve months, 135 homes including those of newly discovered cases of tuberculosis were visited by the Health Inspectors attached to the tuberculosis control section. Most of those premises, which were largely occupied by the less affluent type of families, were found relatively clean and tidy but almost invariably the number of rooms in the buildings inspected was inadequate in proportion to the size of the families residing in them. The ideal space in a Tb home should be one bedroom of normal size for every two healthy persons in the family with one other room, preferably isolated and reserved solely for the patient. With the inevitable one or two exceptions, all the heads of the families concerned were very co-operative and were always eager to receive advice and instructions from the Health Officers on the prophylactic methods in use. Thus all the members of the infected family generally conformed themselves with essential rules of hygiene in order to protect effectively their own person and prevent the further spread of infection in their family and their immediate neighbours.

Seventy-nine heads of families which were harbouring at least one case of pulmonary tuberculosis applied for alternative and better accommodation. In all cases, the relative certificate was released by the chest specialist and referred to the Housing Department for consideration. At the request of the housing authorities, the seventy-nine residences of the applicants were examined by the Health Inspectors attached to the section and for every house visited a plan was drawn up containing details with reference to the number of rooms and their size, the state of ventilation, lighthing and other sanitary circumstances including the locality where the house was situated. Those plans together with the relative reports were sent to the housing authorities for their consideration in connection with the priorities that are accorded to such deserving families. Twenty-four families were provided with alternative accommodation which in all cases was an improvement on their former residence. This figure although proportionately small is rather encouraging as it shows that much consideration and understanding has been forthcoming from the housing authorities to provide these Tb families with a more spacious and hygienic habitation which is not only desirable but also essential in their case.

TABLE XV

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

(Known to be alive on 31st December, 1958)

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	1	...	...	...	...	...	...	14
Balzan	...	...	...	...	5	5	5	7	1	1	2	1	...	...	1	...	28
B'kara	...	...	...	1	38	27	45	24	23	16	20	8	12	4	3	1	222
B'buġa	1	.	2	...	11	6	11	4	4	4	4	1	2	2	...	...	52
Cospicua	...		1	1	9	6	15	7	6	7	12	1	3	2	4	4	78
Dingli	...	...	...	...		1	2	1	1	1	1	1	...		...	...	8
Floriana	...	1	...	1	5	4	4	11	7	1	5	2	2	2	3	...	48
Għargħur	...	...	...	...	...	3	5	2	2	1	..	1		...	...	...	14
Għaxaq	...	...	...	1	4	4	5	...	3	1	1	1	3	.	..	...	23
Gudja	...	...	...	..	1	2	2	1	1	..	...	...	...		.	1	8
Gżira	...	1	2	1	9	10	17	19	10	9	5	6	5	3	5	1	103
Ħamrun/Pieta	...	2	22	24	60	45	45	44	30	12	16	8	9	8	5	1	331
Kalkara	...	...	...	1	6	2	..	4	5	2	4	2	1	...	..	..	27
Kirkop	...	...	...	...	1		..	...	1	1	2	1	...	..	...	.	6
Lija	1	..	2	3	5	9	3	1	3	1	2	..	1	...	...	1	32
Luqa	1	1	3	5	6	6	2	3	2	...	1	1	2	...	...	1	34
Marsa	1	2	11	16	32	28	13	7	13	1	7	2	6	3	1	.	143
Mellieħa	...	...	...	1		..	2	2	2	2	..	.	1	...	...	...	10
Mġarr	...	...	...	...	1	...	...	...	...	...	...	1	..	..	...	..	2
Mosta	...	...	2	...	13	2	4	3	2	3	2	1	1	1	1	...	35
Mqabba	...	...	...	1	1	2	...	...	...	1	..	...	...	...	...	..	5
Msida	...	2	10	9	21	13	9	7	5	3	1	4	3	2	2		91
Naxxar	1	...	2	3	7	3	6	3	3	2	2	1	1		...		34
Paola	...	...	5	12	36	25	28	23	8	6	10	4	4	2	4	..	167
Qormi	2	...	...	1	13	7	23	9	9	5	12	6	7	3	4	..	101
Rabat	...	...	1	...	9	9	11	14	8	5	7	2	3	3	3	...	75
Qrendi	..	...	1	1	...	1	3	...	1	...	1	1	...	7		...	10
Safi	...	..	...	...	.	...		...	.	..	...	...	...	1	...	...	1
St. Julian's	3	1	...	1	...	5	14	6	14	3	2	...	...	1	...	...	50
St. Paul's Bay	...	...	1	...	2	...	4	3	...	...	...	1	...	...	...	...	11
St. Vennera	...	...	...	...	...	...	...	1	...	..	...	...	...	...	...	...	1
Senglea	...	..	...	...	5	7	11	2	2	1	8	2	2	1	2	1	44
Siġġiewi	...	...	...	2	4	4	10	4	...	2	2	2	1	...	1	...	32
Sliema	1	...	1	4	24	21	41	30	28	15	14	7	11	7	2	3	209
Tarxien	...	2	...	...	6	4	12	8	9	8	12	1	1	3	1	...	67
Valletta	...	1	...	2	31	33	61	48	28	18	18	7	19	5	5	5	281
Victoriosa	...	...	...	...	6	5	6	5	6	5	5	1	4	1	2	1	47
Żabbar/M'Skala	1	...	...	1	10	9	34	17	13	3	9	2	8		...	...	107
Żebbuġ	...	...	...	...	11	3	3	4	5	2	4	5	3	3	1	1	45
Żejtun/M'Xlokk	...	...	1	..	10	8	14	8	8	2	10	2	7	4	1		75
Żurrieq	...	..	...	...	5	8	7	2	2	1	2	...	4	1	..		32
Total Malta	12	13	67	92	408	330	483	336	266	146	203	86	126	63	51	21	2,703
GOZO :—																	
San Lawrenz	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	2
Victoria	...	...	1	...	4	2	6	9	3	3	3	2	2	...	1	2	38
Qala	...	...	...	...	...	4	2	2	.	2	2	2	...	...	...	...	14
Nadur	...	...	1	...	4	3	2	6	4	2	2	6	2	1	...	1	34
Mġarr	...	...	...	...	...	..	...	...	...	...	...	..	...	...	...	...	...
Għasri	...	...	...	...	...	...	...	...	...	..	...	...	...	2	...	...	2
Kercem	...	...	...	...	...	1	...	...	..	...	...	..	...	...	...	...	1
Għarb	...	...	...	1	1	...	...	1	...	...	...	...	...	...	...	...	3
Għajnsielem	...	...	..	.	1	1	4	1	1	1	1	1	3	...	...	..	14
Sannat	...	...	...	...	...	...	...	..	...	...	1	...	..	1	...	...	2
Xagħra	...	..	...	...	...	...	2	...	...	...	1	...	...	...	1	...	4
Xewkija	...	...	...	...	2	1	2	3	2	1	...	4	...	..	.	...	15
Żebbuġ	...	...	...	...	1	...	1	1	...	...	...	...	...	2	...	...	5
Total Gozo	...	...	2	1	13	12	19	24	10	9	10	15	7	6	2	4	134
Total both Islands	12	13	69	93	421	342	502	360	276	155	213	101	133	69	53	25	2,837

TABLE XVI

Distribution of New Cases of T. B. by District

District	Males	Females	Total
MALTA :—			
Attard	—	—	—
Balzan	2	—	2
B'kara	4	4	8
B'buġa	—	2	2
Cospicua	7	3	10
Dingli	—	—	—
Floriana	1	2	3
Għargħur	—	1	1
Għaxaq	1	—	1
Gudja	—	—	—
Gżira	2	—	2
Hamrun/Pieta	8	2	10
Kalkara	1	1	2
Kirkop	—	—	—
Lija	—	—	—
Luqa	3	—	3
Marsa	5	3	8
Mel'ieħa	—	—	—
Mġarr	—	—	—
Mosta	3	—	3
Mqabba	—	—	—
Msida	2	1	3
Naxxar	1	—	1
Pawla	1	2	3
Qormi	4	3	7
Qrendi	—	—	—
Rabat/Mdina	4	1	5
Safi	—	—	—
St. Julian's	—	—	—
St. Paul' Bay	—	—	—
St. Venera	1	1	2
Senglea	2	2	4
Siġġiewi	3	—	3
Sliema	3	4	7
Tarxien	1	—	1
Valletta	3	4	7
Vittoriosa	2	—	2
Zabbar M'Skala	2	2	4
Żebbuġ	2	—	2
Żejtun/M'Xlokk	3	4	7
Żurrieq	2	—	2
Total Malta	73	42	115
GOZO :–			
Victoria	—	—	—
Għajnsielem	—	2	2
Għarb	—	—	—
Għasri	—	—	—
Kerċem	—	—	—
Marsalforn	—	—	—
Mġarr	—	—	—
Nadur	1	—	1
Qala	—	1	1
San Lawrenz	—	—	—
Sannat	—	—	—
Xagħra	—	—	—
Xewkija	1	—	1
Zebbuġ	—	—	—
Total Gozo	2	3	5
Total both Islands	75	45	120

TABLE XVII
Incidence of New Cases of Pulmonary T.B. by Age and Sex

Age Periods	Males	Females	Total
0 — 5 years	1	2	3
6 — 10 ,,	2	1	3
11 — 20 ,,	6	7	13
21 — 30 ,,	13	14	27
31 — 40 ,,	12	10	22
41 — 50 ,,	13	6	18
51 — 60 ,,	15	3	18
61 — 70 ,, and over	12	1	13
Total	74	43	117

TABLE XVIII
Incidence of New Cases of Pulmonary T.B. by Month

Months	Males	Females	Total
January	7	2	9
February	4	3	7
March	10	4	14
April	4	2	6
May	8	4	12
June	7	4	11
July	6	5	11
August	3	5	8
September	10	3	13
October	3	3	6
November	6	4	10
December	6	4	10
Total	74	43	117

TABLE XIX
Mortality by Age Periods from Pulmonary Tuberculosis

Age Periods	Males	Females	Total
0 — 5 years	—	—	—
6 — 10 ,,	—	—	—
11 — 20 ,,	1	—	1
21 — 30 ,,	2	1	3
31 — 40 ,,	—	2	2
41 — 50 ,,	4	—	4
51 — 60 ,,	6	1	7
61 — 70 ,, and over	5	2	7
Total	18	6	24

TABLE XX
Mortality by Month from Pulmonary Tuberculosis

Months	Males	Females	Total
January	5	2	7
February	3	—	3
March	2	1	3
April	1	1	2
May	1	—	1
June	1	1	2
July	1	—	1
August	1	—	1
September	2	—	2
October	—	—	—
November	1	1	2
December	—	—	—
Total	18	6	24

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
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	176	0.55	39	0.12
1954	319,787	157	0.48	36	0.11
1955	314 369	141	0.45	41	0.13
1956	314,056	161	1.51	34	0.10
1957	319,346	125	0.39	37	0.11
1958	323,657	118	0.36	24	0.07

TABLE XXII

Monthly Notification of Pulmonary Tuberculosis

Year	Jan.	Feb	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
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
1957 ...	8	7	11	10	10	12	7	12	12	12	5	19	125
1958 ...	9	7	14	6	12	11	11	8	13	6	10	10	117

TABLE XXIII

An Analysis of the Sources of Notification of New Cases

From Hospitals	37
From Private Practitioners	35
From Chest Clinic	43
From H.M's Services	2
	117

TABLE XXIV

Synopsis of occupation of cases of Pulmonary Tuberculosis in 1958 (at date of notification)

Bakers	1
Book Makers	1
Carpenters	5
Clerks	2
Confectioners	1
Cooks	3
Drivers	3
Farmers	2
Fishmongers	1
Hawkers	1
Housewives/House maids	26
Maid servants	2
Members of H. M. Forces	1
Minister of Religion and Nuns	2
Labourers	14
Pensioners	4
Photographers	1
Plasterers and Painters	2
Plumbers and Electricians	1
Policemen	2
Postman	1
School children	1
Shipwrights and Fitters	12
Stone dressers	2
Teachers	1
Tailor	1
Unemployed	23
Watchmen	1
Total	117

TABLE XXV

Attendance at Contacts Clinic in 1958

	MALES	FEMALES	TOTAL
January	517	845	1,362
February	334	513	847
March	497	685	1,182
April	402	538	940
May	417	603	1,020
June	369	651	1,020
July	415	677	1,092
August	424	617	1,041
September	426	652	1,078
October	440	775	1,215
November	422	654	1,076
December	439	573	1,012
Total	5,102	7,783	12,885

TABLE XXVI

Number of Cases of Non-Respiratory and Non-Intrathoracic Tuberculosis during 1958

Tuberculosis of the Meninges and Central Nervous System (C.N.S.)	2
Tuberculosis of the Intestines, Peritonem and Mesenteric Glands	2
Tuberculosis of the Bones and Joints	2
Tuberculosis of the Vertebral Column	1
Tuberculosis of the Lymphatic System	4
Tuberculosis of the Genito-urinary system	5
Tuberculosis of the Pleura	1
Tuberculosis of the Primary Complexes	1
Total	17

TABLE XXVII

Home-Visiting — Environmental Figures

Size of families visited	Size of home visited	Room accommodatio	Bed accommodation	Sanitation
3 families of 1 person	6 houses of 1 room	54 patients have their own room	91 patients have their own bed	113 clean (97 %)
6 families of 2 persons	38 houses of 2 rooms			
27 families of 3 persons	23 houses of 3 rooms			
21 families of 4 persons	38 houses of 4 rooms			
12 families of 5 persons	9 houses of 5 rooms	64 patients have no room of their own	(77·7 %)	5 dirty (3 %)
12 families of 6 persons	3 houses of 6 rooms		27 patients have no bed of their own	
13 families of 7 persons	1 house of 7 rooms			
6 families of 8 persons				
7 families of 9 persons				
6 families of 10 persons	2 houses of 10 rooms		(22·3 %)	
1 families of 11 persons				
3 families of 12 persons				

TABLE XXVIII

Home visits

District	January	February	March	April	May	June	July	August	September	October	November	December	Total
MALTA													
Attard	2	5	5	2	3	2	...	4	4	3	4	4	38
Balzan	2	3	3	2	4	2	2	3	1	...	3	1	25
Birkirkara	6	8	10	5	10	3	9	6	4	8	4	5	77
Birżebbuġa	4	2	2	..	4	2	...	2	1	5	...	2	24
Cospicua	8	2	...	...	.	2	1	5	6	...	3	4	29
Dingli	2	...	1	1	3	...	..	2	2	1	...	...	12
Floriana	2	2	...	4	...	1	3	1	1	...	6	6	24
Għargħur	1	2	3	...	1	1	...	2	1	1	...	...	12
Għaxaq...	1	...	...	2	1	1	2	1	1	3	1	2	15
Gudja	...	2	1	1	...	...	2	...	...	1	1	2	10
Gżira	3	6	4	8	2	1	1	6	4	3	1	1	35
Hamrun	9	8	6	7	8	2	10	6	8	4	8	4	76
Kalkara	1	1	2	2	..	2	1	...	..	...	...	1	9
Kirkop	1	2	...	...	3	...	...	2	1	...	2	1	11
Lija	5	4	1	..	1	...	2	5	2	2	1	2	24
Luqa	1	...	..	2	4	2	2	4	2	1	...	...	17
Marsa	7	5	9	10	8	5	8	7	8	8	10	12	89
Mellieħa	1	2	1	1	..	...	1	1	1	...	...	...	8
Mġarr	...	...	...	.	...	...	...	...	...	...	...	5	5
Mosta	3	6	7	3	6	11	5	9	4	1	5	9	69
Mqabba	3	2	1	4	2	3	3	...	2	4	1	...	25
Msida	8	6	6	9	5	10	9	5	6	7	4	10	81
Naxxar	1	4	1	1	3	2	1	4	...	1	2	...	20
Paola	14	10	9	11	7	11	6	10	3	9	8	12	106
Qormi	12	16	15	12	16	7	18	20	12	10	11	8	155
Qrendi	2	10	12	6	8	4	...	2	3	6	6	8	64
Rabat	8	12	10	11	8	15	9	8	8	11	12	9	105
Safi	...	...	...	.	...		...	2	...	...	...	...	2
St Julian's	9	10	4	7	2	3	8	6	5	2	3	1	56
St. Paul's Bay	4	3	1	1	1	2	5	2	2	1	2	3	26
Senglea	2	5	.	...	3	1	4	5	4	3	3	2	32
Siġġiewi	4	7	4	3	5	2	3	3	1	2	5	1	40
Sliema	18	16	12	10	14	15	18	10	13	12	14	10	162
Tarxien	6	10	9	5	12	18	10	10	8	6	5	9	108
Valletta	14	10	12	11	16	9	6	14	18	15	10	6	141
Vittoriosa ...	2	4	3	2	2	3	1	4	4	5	2	1	33
Żabbar & M'Skala	6	10	8	11	2	1	5	3	2	4	7	1	61
Żebbuġ	4	6	5	4	2	2	5	3	1	4	5	3	44
Żejtun & M'Xlokk	5	2	2	4	5	6	3	1	4	4	2	3	41
Żurrieq	2	6	5	1	4	2	1	6	4	4	1	6	42
Total	182	207	174	163	175	153	164	184	151	151	151	154	1879
GOZO													
Għajnsielem	...	...	1	4	3	...	...	...	3	1	5	6	23
Għarb	...	...	2	...		...	...	...	...	1	...	...	3
Għasri	...	...	...	...	...	...	...	...	...	...	..	...	...
Kerċem	1		1	...	...	...	...	...	...	1	...	...	3
Marsalforn	...	...	...	...	...	...	...	...	..		...	...	...
Mġarr	..	1	3	...	...	...	...	...	...	1	...	...	5
Nadur	..	2	...	..	4	...	...	...	...	...	..	...	6
Qala		...	.	...	5		..	...	5	4	...	...	14
Rabat	6	...	...	3	.	5	...	...	3		..	6	23
San Lawrenz	...	...	...	...	..		...	...	...	...	...	..	...
Sannat	...	.	...	2		...	...	..	...	...	...	...	2
Xagħra...	2	2	1	...	.	5		...	...		..	1	11
Xewkija	...	.	...	4	..	2	...	...	...	...	4	...	10
Żebbuġ	3	...	...	...	3	..	...	...		...	...	...	6
Total (Gozo) ...	12	5	8	13	15	12	...	...	11	8	9	13	106
Total both Islands ...	194	212	182	176	190	165	164	184	162	159	160	167	1985

TABLE XXIX

Results of B.C.G. Vaccinations in Malta & Gozo during 1958

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
Rabat	316	282	67	52	236	219	13	11	235	219	1	—
Valletta	511	393	111	90	400	290	1	12	400	280	—	10
Floriana	203	213	99	77	92	107	12	29	92	107	—	—
Hamrun	803	756	355	321	399	396	49	39	396	391	3	5
Pietà	77	94	29	27	40	59	8	8	40	59	—	—
Msida	250	208	152	118	91	77	7	13	91	75	6	2
TOTAL ...	2,160	1,946	813	685	1,258	1,148	90	112	1,253	1,131	10	17
Both Totals ...	4,106		1,498		2,406		202		2,384		27	

TABLE XXX

Number of Children Vaccinated by age and sex

Year of Birth	Males	Females	Total
1957	8	6	14
1956	25	20	45
1955	55	24	79
1954	43	50	93
1953	68	65	133
1952	150	143	293
1951	166	169	335
1950	162	144	306
1949	137	113	250
1948	153	119	272
1947	102	110	212
1946	84	81	165
1945	45	50	95
1944	26	20	46
1943	2	3	5
1942	1	—	1
1941	1	2	3
1939	1	1	2
Unknown Age	16	19	35
Total	1,245	1,139	2,384

III. Child Health Service

The total number of livebirths for the year 1958 was 8,528 of which 4,300 were males and 4,228 females. The birth-rate was 26.49. The total number of stillbirths was 194, an increase of 17 over last year's figures; the rate for this year being 2.27 as compared with 1.97 of last year. In actual fact there were 23 stillbirths more in Malta and 6 stillbirths less in Gozo than there were in 1957.

The infant mortality rate was once again the lowest ever at 39.99. The month that showed the lowest rate (24.15) was again that of September, whilst August again had the highest rate (58.31) followed as last year by February (47.16).

The difference in infant mortality rate between Malta and Gozo was not as marked as last year. The rate for Malta was 39.25 and the rate for Gozo was 48.78. The corresponding figures for 1957 were: Malta 38.93 and Gozo 62.04. The number of children who died during the first 4 weeks of life was 198, that is 17 less than the figure for 1957. Of these, 156 died in the first week including 92 who died in the first 24 hours.

The neonatal mortality rate was 23.22 as compared with 24.45 in 1957.

When one ponders to think how high the "Infant Mortality" was but a few years ago, one has to admit that there has been a terrific drive with unthought of results to bring it down to the present level in a period of a few years. The causes of death are now approaching a more European type of distribution in that enteritis is now a minor cause of death and neoplasms and accidents are gradually overhauling all the other causes.

Congenital deformities, including C.H.D. are increasing in number, no doubt that nowadays one is more alert to the possibility of these conditions and hence more often diagnosed.

The bulk of neo-natal deaths fall under three headings.

1.	Birth Injuries	58
2.	Asphyxia and Atelectasis	39
		97
3.	Prematurity-marasmus congenital debility	46
	Total	143

The question of prematurity is a vexed problem, mainly because the cases we get into hospital are already mishandled for any hope of good results.

A step in the right direction has been the co-operation that now exists with the Obstetricians. All the babies born at St. Luke Hospital which amount to an average of 1,700 per year, are now followed up until they are at least 12 months old in a special well-baby clinic run at St. Luke Hospital every Tuesday morning. These clinics are well attended and do much to reduce the mortality rate. In as much as we are able to have the ante-natal, natal and immediate post-natal conditions of these babies, an attempt is made to assess the effect of the stress and strain entailed locally on the development and progress of these babies.

As the standard of education amongst certain mothers is still somewhat low, these mothers are drilled in the elements of hygiene regarding preparation and type of feeding for their children. Exhibits of types and methods of feeding are displayed. The emphasis is however always on the importance of breast feeding. The results are most gratifying and the work is made easier because of the space, hygienic atmosphere and good staff available at the out-patient department at St. Luke Hospital which cannot be said for the Welfare Clinics in the out-lying districts.

Children's Department at St Luke Hospital

Year	New Cases (O.P.)	In-patients (Admissions)
1955	1,208	1,323
1956	1,126	1,273
1957	801	1,094
1958	1,144	1,026

TABLE XXXI

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
1956	213	359	49
1957	215	358	43
1958	198	341	39

TABLE XXXII

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
1957	172	18	13	12	215
1958	156	15	20	7	198

TABLE XXXIII

Causes of Neonatal Deaths

Birth Injuries		58
Asphyxia and Atelectasis		39
Congenital Malformations		
(a) Congenital Heart	4	
(b) Spina bifida	1	
(c) Unspecified	14	
		19
Ill-defined diseases peculiar to early life (prematurity, marasmus, congenital debility)		46
Bronchopneumonia and pneumonia of newborn		7
Enteritis		7
Haemolytic disease		6
Bronchitis of newborn		3
Intestinal obstruction		3
Anaemia		1
Miscellaneous		9
		198

TABLE XXXIV

Neonatal Deaths

	Causes of Death	Under 1 day	1 day	2 days	3 days	4 and under 7 days	Total under 1 week
103	Intestinal obstruction and hernia	1	—	—	2	—	3
128	Congenital malformations of the circulatory system	1	1	—		—	2
129	All other congenital malformations	4	1	2	1	3	11
130	Birth injuries	39	6	3	6	—	54
131	Postnatal asphyxia and atelectasis	20	7	3	1	4	35
132c	Other infections of newborn ...	2	2	—	—	2	6
133	Haemolytic disease of newborn ...	1	1	—	—	3	5
134	All other defined diseases peculiar to early infancy	—	1	—	1	—	2
135	Ill defined diseases peculiar to early infancy and immaturity unqualified	24	7	4	—	3	38
	Total	92	26	12	11	15	156

TABLE XXXV

Infant deaths between 1 and 12 months

Year	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
1957	34	55	37	17	143
1958	50	51	35	7	143

Causes of death between the age of 1 month to 1 year—1958

Alimentary:			46
Gastro enteritis	45		
Other diseases of the digestive system	1		
Respiratory:			41
Pneumonia	2		
Bronchopneumonia	27		
Bronchitis	10		
Acute upper respiratory infections	1		
Influenza	1		
Other Infections:			6
Septicaemia	1		
Measles	2		
Non meningococcal meningitis	2		
Nephritis	1		
Congenital Malformations:			22
Congenital heart disease	13		
Spina bifida	4		
Unespecified	5		
Ill-defined diseases peculiar to early infancy (marasmus, congenital debility, immaturity)			15
Birth Injuries			1
Accidents			4
Miscellaneous			8
			143

TABLE XXXVI

Distribution of deaths by ages between 1 and 5 years

Year	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
1957	22	9	7	5	43
1958	15	12	5	7	39

Causes of death between 1 and 5 years — 1958

Infections:		27
Septicaemia	1	
Diphtheria	2	
Meningococcal infections	1	
Measles	2	
Leishmaniasis	1	
Upper respiratory infections	1	
Bronchopneumonia	6	
Pneumonia	1	
Bronchitis	2	
Gastro enteritis	1	
Appendicitis	2	
Miscellaneous infections	7	
Epilepsy		1
Leukaemia		1
Congenital malformations:		5
Congenital heart	2	
Unspecified	3	
Accidents		5
		39

TABLE XXXVII

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
1939	138.62	122.00	129.03	104.90	165.17	282.33	362.98	309.67	287.53	439.29	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	91.06	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	64.82
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
1957	29.26	51.65	32.14	35.24	41.73	48.89	30.30	53.98	27.17	47.56	42.41	49.80	40.71
1958	36.82	47.16	33.24	34.33	44.73	35.44	32.02	58.31	24.15	46.09	44.57	41.56	39.99

TABLE XXXVIII

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
Septicaemia and pyaemia	—	—	—	—	—	—	—	1	—	1	1	—	—	—	1	2
Diphtheria	—	—	—	—	—	—	—	—	—	—	1	—	—	1	2	2
Meningococcal infections	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1
Measles	—	—	—	—	—	—	1	1	—	2	—	2	—	—	2	4
Leishmaniasis	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1
Leukaemia and aleukaemia	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	1
Other specified and unspecified anaemias	—	—	—	1	1	—	—	—	—	1	1	—	1	—	2	3
Nonmeningococcal meningitis	—	—	—	—	—	1	1	—	—	2	—	—	—	—	—	2
Epilepsy	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1
All other diseases of the nervous system and sense organs	—	—	—	—	—	1	—	—	—	1	—	1	—	—	1	2
Other diseases of circulatory system ...	—	—	—	—	—	—	1	1	—	2	—	1	1	—	2	4
Acute upper respiratory infections ...	—	—	—	—	—	1	—	—	—	1	—	—	1	—	1	2
Influenza	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	1
Broncho-pneumonia	—	—	—	—	—	5	10	10	2	27	4	2	—	—	6	33
Primary atypical, other and unspecified pneumonia	—	—	—	—	—	1	1	—	—	2	1	—	—	—	1	3
Acute bronchitis	—	—	—	—	—	6	3	1	—	10	1	—	—	1	2	12
Hypertrophy of tonsils and adenoids ...	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1
All other respiratory diseases	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	1
Appendicitis	—	—	—	—	—	—	—	—	—	—	—	2	—	—	2	2
Intestinal obstruction and hernia ...	3	—	—	—	3	—	—	—	—	3	—	—	—	—	—	3
Gastro-enteritis and colitis between 4 weeks and 2 years	—	—	—	—	—	11	18	15	1	45	1	—	—	—	1	46
Other diseases of digestive system ...	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	1
Chronic, other and unspecified nephritis...	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	1
Spina bifida and meningocele	—	—	1	—	1	1	1	1	1	5	—	—	—	—	—	5
Congenital malformation of the circulatory system	2	—	1	1	4	8	3	2	—	17	1	—	1	—	2	19
All other congenital malformations ...	11	1	1	1	14	1	3	—	1	19	1	2	—	—	3	22
Birth injuries	54	3	1	—	58	—	1	—	—	59	—	—	—	—	—	59
Post-natal asphyxia and atelectasis ...	35	2	2	—	39	—	—	—	—	39	—	—	—	—	—	39
Diarrhoea of newborn (under 4 weeks) ...	—	3	4	—	7	—	—	—	—	7	—	—	—	—	—	7
Other infections of newborn	6	2	7	—	15	—	—	—	—	15	—	—	—	—	—	15
Haemolytic disease of newborn	5	—	1	—	6	—	1	—	—	7	—	—	—	—	—	7
All other defined diseases of early infancy	2	1	—	1	4	2	1	—	—	7	—	—	—	—	—	7
Ill-defined diseases peculiar to early infancy and immaturity unqualified...	38	3	2	3	46	9	2	2	2	61	—	—	—	—	—	61
Accidental poisoning	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2	2
Accidental falls	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2	2
All other accidental causes	—	—	—	—	—	2	2	—	—	4	—	—	—	1	1	5
All other and unspesified effects of external causes	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	1
Total	156	15	20	7	198	50	51	35	7	341	15	12	5	7	39	380

TABLE XXXIX

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	2,685	34	12.66	1	2.85
Balzan	2,765	90	32.55	2	2.17
B'kara	17,234	496	28.78	13	2.55
Birżebbuġia	5,355	223	41.64	5	2.19
Cospicua	9,149	314	34.32	3	0.94
Dingli	2,053	37	18.02	—	—
Floriana	5.824	129	22.15	3	2.27
Għargħur	1,837	49	26.67	1	2.00
Għaxaq	2,849	70	24.57	2	2.77
Gudja	1,720	53	30.81	2	3.63
Gżira	8,639	321	37.16	5	1.53
Hamrun	16,925	413	20.00	11	2.59
Kalkara	2,142	66	30.81	1	1.49
Kirkop	1,208	24	19.87	—	—
Lija	2,130	48	22.54	3	5.88
Luqa	5 393	115	21.32	3	2.54
Marsa	10,719	292	27.24	7	2.34
Marsaskala	901	21	23.31	—	—
Marsaxlokk	1,493	32	21.43	1	3.03
Mdina	832	17	20.43	1	5.55
Mellieħa	4,307	120	27.86	3	2.43
Mġarr	2,182	59	27.04	2	3.27
Mosta	7,428	198	26.66	5	2.46
Mqabba	2,114	49	23.18	—	—
Msida	6,662	217	32.57	3	1.36
Naxxar	4,735	101	21.33	5	4.71
Paola	11,500	381	33.13	9	2.30
Pieta	4,126	106	25.69	2	1.85
Qormi	15,066	440	29.20	9	2.00
Qrendi	2,162	37	17.11	—	—
Rabat	12,882	327	25.38	11	3.25
Safi	716	12	16.76	—	—
St. Julian's	8,389	268	31.95	5	1.83
St. Paul's Bay	3,064	82	26.76	2	2.38
St. Vennera	5,280	61	11.55	1	1.61
Senglea	5,132	221	43.06	4	1.77
Siġġiewi	5,110	132	25.83	4	2.94
Sliema	23,521	536	22.79	12	2.18
Tarxien	7,786	190	24.40	5	2.56
Valletta	18,247	418	22.91	9	2.10
Vittoriosa	4,257	143	33.59	2	1.37
Żabbar	11,121	261	23 47	4	1.50
Żebbuġ	8,029	213	26.53	6	2.73
Żejtun	11,707	271	23.15	4	1.45
Żurrieq	6,916	185	26.75	10	5.12
GOZO					
Għajnsielem & Comino ...	1.870	56	29.95	1	1.75
Għarb	1.263	22	17.42	—	—
Għasri	471	6	12.74	—	—
Kerċem & Sta. Lucia ...	1,222	28	22.91	—	—
Nadur	4,163	96	23.06	2	2.04
Qala	1,616	36	22.28	—	—
San Lawrenz	429	11	25.64	—	—
Sannat & Munxar	1,660	50	30.12	1	1.96
Victoria	6,385	159	24.90	4	2.45
Xagħra	4,056	77	18.98	—	—
Xewkija	3,308	97	29.32	4	3.96
Żebbuġ	1,206	18	14.93	—	—

TABLE XL

Return of Attendances at Child Health Clinics

Centre	No. of clinics held	NEW CASES		Total	OLD CASES		Total	TOTALS
		Under 1 year	Over 1 year		Under 1 year	Over 1 year		
B'kara	44	105	—	105	535	4	539	644
Birżebbuġa ...	24	64	—	64	292	14	306	370
Dingli	23	27	13	40	130	—	130	170
Floriana	25	27	29	56	118	52	170	226
Għargħur	24	16	3	19	89	—	89	108
Għaxaq	26	26	5	31	85	33	118	149
Gudja	25	41	1	42	33	17	50	92
Gżira	44	297	70	367	411	62	473	840
Hamrun	23	14	—	14	122	37	159	173
Kirkop	26	27	13	40	145	29	174	214
Lija	42	81	17	98	187	16	203	301
Luqa	26	65	13	78	184	32	216	294
Marsa	46	153	4	157	459	4	463	620
Mellieħa	23	63	2	65	173	1	174	239
Mosta	48	91	18	109	498	31	529	638
Mqabba	24	69	8	77	85	—	85	162
Msida	48	109	15	124	496	21	517	641
Naxxar	40	59	3	62	333	34	367	429
Qormi	51	328	2	330	977	2	979	1,309
Qrendi	23	65	—	65	65	1	66	131
Rabat	48	226	52	278	341	1	342	620
Senglea and Cospicua ...	28	338	97	435	217	15	232	667
St. Julian's ...	42	87	31	118	153	17	170	288
Siġġiewi ...	36	42	10	52	57	3	60	112
Sliema	48	66	7	73	258	13	271	344
Tarxien ...	48	181	23	204	1,078	86	1,164	1 368
Valletta	24	30	—	30	202	16	218	248
Vittoriosa ...	28	232	2	234	779	19	798	1,032
Żabbar	48	91	—	91	458	16	474	565
Żebbuġ	46	92	—	92	330	3	333	425
Żejtun	38	27	2	29	208	3	211	240
Żurrieq	51	128	—	128	569	9	578	706
Tota ...	1,140	3,267	440	3.707	10,067	591	10,658	14,365

IV. ANTE-NATAL SERVICE

In June 1953 The Save the Chlidren Fund established a branch in Malta, and started its pioneer work by setting up free ante-natal clinics in some districts of Malta.

Up till then, the only ante-natal care available in Malta, was that offered at the out-patients department of the obstetric division at St. Luke hospital, by the District Medical Officers in the Government dispensaries and by the private doctors. Relatively few mothers, however, used to avail themselves of those services, and present themselves for exemination and supervision, unless they had definite complaints and obvious abnormalities. This state of affairs was due mostly to (i) lack of health education among the public in general, (ii) lack of special facilities. The fact that one's mother "had gone through several pregnancies and had never seen a doctor" used to be a very frequent argument. The second point is that expectant mothers were not always prepared to travel several miles to hospital for examination. Hence, to get mothers to co-operate, facilities had to be as near their residence as possible.

The Save the Children Fund started its work by setting up free clinics in nine important centres. Medical attention, advice and supervision were offered to all classes of the population. The nine centres were Valletta, Birkirkara, Hamrun, Mosta, Cospicua, Tarxien, Sliema, Gżira, and the Vernon Institute for Service wives. On the whole, these clinics were very well patronised and attendance exceeded all expectations. During the first year, ending on the 31st May 1954 the number of examinations carried out was 4,736 and the number of new cases 1,080, each case attending 4.4 times on an average. Although the Organization was run on a voluntary basis, the Department gave its utmost assistance and contributed by all available means to make the venture a success. The first eight clinics were held regularly at the Government Dispensary of the district and invaluable help was given by the several Health Visitors.

By 1956, the ante-natal clinics were well established had become very popular; indeed the need for expansion was being felt. Expansion on a national scale was being sought and by that time, the Government was prepared to take over the running of the then existing ante-natal clinics and establish new ones in the remaining districts of Malta. Three ante-natal medical officers were appointed in 1956, each with his own group of clinics.

The first obvious advantage of this move was that the new clinics were easily accessible to all expectant mothers and free advice was given to all classes of the population. Free drugs, X-rays, and laboratory facilities are available at St. Luke hospital to all those who require them and who are not in a position to pay for them. During the year 1958, attendance at St. Luke hospital clinic totalled 1,060. During the same period, 181 mothers on being referred to the blood tranfusion officer, were typed for Blood Group and Rh factor. At the clinic, each medical officer is regularly assisted by a midwife, and by the health visitor of the district.

Every expectant mother attending the clinic is given an appointment card, and a record sheet is filled in with her present and past history - medical and obstetrical. Then she is examined by the medical officer, her blood pressure is checked and her urine tested. The doctor then gives his advice and treatment if specialist attention is not required. He fills in her ticket of admission into hospital if she chooses to have her confinement in hospital or if her medical condition demands it. As a rule, an expectant mother is given appointments at four-weekly intervals until the 30th week of her pregnancy, while from the 30th to the 36th week she attends every fortnight and every week thereafter until term. Abnormal cases, of course, are usually expected to remain under constant observation if they are not remitted to hospital.

TABLE XLI

Attendance at Ante-Natal Clinics

District	Total No. of Attendances	New Cases	New Cases prima-gravidae	New Cases multi-gravidae	Postnatal cases
Birkirkara	469	84	158	311	8
Gzira	479	62	131	348	16
Msida	271	43	64	203	21
Sliema	518	63	151	367	24
Msierah	69	13	15	52	2
Mosta	177	34	50	118	8
Naxxar	101	20	30	70	—
Mgarr	22	4	6	16	—
St. Vennera	—	—	—	—	—
Lija	114	11	31	83	3
St. Luke Hospital	1,060	213	206	684	11
Floriana	165	16	40	124	2
St. Julian's	149	23	40	107	3
Gharghur	115	11	25	90	2
Melliena	122	28	30	92	—
St. Paul's Bay	55	7	19	36	1
Valletta	259	41	19	40	6
Birzebbuga	122	31	22	100	6
Tarxien	478	132	141	341	6
Mqabba/Qrendi	101	30	42	59	2
Luqa	195	54	57	138	7
Kirkop	109	21	31	78	8
Zurrieq	334	64	90	244	10
Ghaxaq	91	23	28	63	4
Gudja	26	13	2	24	2
M'Xlokk/M'Scala	84	31	9	30	8
Zejtun	382	83	56	119	25
Zabbar	369	77	32	123	11
Senglea	485	99	79	132	9
Kospikwa	274	55	29	69	11
Vittoriosa	505	109	74	134	36
Kalkara/Xghajra	133	36	28	26	8
Dingli	20	2	2	—	—
Siggiewi	77	12	3	9	6
Zebbug	189	35	7	28	3
Hamrun	742	103	25	78	45
Marsa	382	68	14	54	18
Rabat	196	28	4	24	19
Qormi	215	33	10	23	6
Total	9,654	1.812	1,800	4,637	357

V. SCHOOL MEDICAL SERVICE

The object of the school medical service is mainly the supervision of the health of the children attending Government infant and primary schools, the prevention and correction of defects and giving good counsel on health matters to children, teachers and parents alike. Nowadays the work of the service together with the advances in the standard of living, has produced a great improvement in the personal and environmental health of the children.

The school medical service acknowledges indebtedness to the teaching staffs, school nurses, parents, etc. who have contributed in many ways towards the attainment of the high standard of service reached. It is through the help of all concerned that the health of school children has not only been maintained but improved appreciably.

School Medical Service Staff. The staff of this service in Malta is made up of:

7 School Medical Officers
1 Eye Specialist
4 School Dental Surgeons
7 School Nurses
4 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 Department of Education provided the following ancillary services:

2 Health Education Officers — their function being to instruct children and parents in health education;

1 Speech therapist — speech therapy is being developed in primary schools. A scheme is also being organised for the education of physically handicapped children, deaf and dumb and partially sighted children.

1 Child Welfare Officer — charged with the provision and distribution of milk and cod liver oil and school-meals as well as with the quarterly checks on the height and weight of all school children.

Schools and School Population....The number of schools is as follows:—

Girls	37
Infants	10
Infants and Girls	24
Boys, Girls and Infants	10
Boys	32
	113

The number of school children as on the 15th March, 1958, was as under:—

	Boys	*Girls*	*Total*
Infants	6,940	6,492	13,432
Primary	20,959	21,124	42,083
			55,515

Of the above number of children, 9,945 were newly admitted in September, 1957.

Medical Inspections. The majority of the schools lack proper facilities for medical inspections. In consequence, medical inspections have to be carried out in classrooms, halls or other odd rooms which may be available. It is hoped that a suitable medical inspection room be provided in every school as soon as circumstances permit.

All the newly admitted children were medically examined.

Table XLII shows the number of children examined during the scholastic year 1957-58.

TABLE XLII

Medical Inspections

	No. of Schools visited	Routine Med. Inspections	Special Inspections	Re-Examinations	Total Medical Inspections
Malta ...	261	36,390	4,059	19,231	59,680
Gozo ..	18	327	18	39	384

There was no change in the system of medical inspections when compared with previous years. Children were examined routinely on three occasions, soon after their admission, at an intermediate stage, and before leaving school. On these routine inspections, the parents were invited to attend. Special inspections were carried out on such children who, in the opinion of the school medical officer, Health and Education authorities, or parents, required them. Follow-up and re-examinations were carried out at appropriate intervals on children who had been previously found ailing or needing special attention. Checks were kept on children when absent on medical certificates for periods longer than 10 days. Children seeking exemption from school on medical grounds, were also examined. Children who required special investigations and/or treatment were referred to the out-patients departments of the Government hospitals.

TABLE XLIII

Children referred to Out-Patient departments of Hospitals

Clinic	Number of Children
School Dental	1,195
Ophthalmic	588
E N T.	413
Skin	109
T.B. (Contact)	41
Child Health	32
Medical	29
Special Education Centre (Speech)	24
Surgical	15
Psychiatric	9
Orthopaedic	8
Total	2,379

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

TABLE XLIV

Defects found in course of routine Medical Inspections

Defects or Diseases	No. of Defects
Skin	
Impetigo	360
Ringworm (Head)	188
Ringworm (Body)	109
Scabies	5
Other Diseases	400

Eye	
Defective vision	887
Squint	424
Conjunctivitis	191
Blepharitis	137
Corneal ulcer and opacities	8
Trachoma	6
Other Diseases	84
Ear	
Otitis media	66
Defective hearing	27
Deaf mutes	6
Other Diseases	46
Nose and Throat	
Enlarged tonsils and adenoids	1,249
Adenoids	92
Other conditions	122
Enlarged Cervical Glands	705
Defective Speech	73
Dental Diseases	1,685
Digestive Tract	
Threadworm	24
Umbilical hernia	18
Constipation	8
Taenia solium infestation	7
Abdominal colic	2
Ascaris infestation	1
Cirrbosis of liver	1
Colitis	1
Coeliac syndrome	1
Heart and Circulation	
Anaemia	568
Organic heart disease (Congenital)	26
Organic heart disease (Rheumatic)	19
Tuberculosis	
Contacts	48
Pulmonary	—
Non pulmonary	1
Lungs	
Allergic asthma	14
Bronchitis	13
Bronchial asthma	5
Nervous system	
Eneuresis	87
Paralytic conditions (post polio)	28
Paralytic conditions (congenital)	5
Epilepsy	15
Spasmophilia	1
Other Diseases	21
Mental Conditions	
Backward	91
Dull	32
Feeble minded	16
Maladjusted children (socially and emotionally unstable	9
Mongol	2
Obsessional neurosis	1
Deformities	
Pigeon chest	33
Spinal curvature	20
Erb's Palsy	9
Other conditions	13

Other Defects or Diseases

Septic finger	16
Angular stomatitis	13
Migraine	11
Undescended testicles	6
Flat feet	6
Gingivitis	3
Right inguinal hernia	2
Fracture right forearm	2
Vaso-nasal syndrome	1
Herpes Zoster	1
Congenital pseudo-muscular dystrophy	1
Hodgkin's disease	1
Cystitis	1
Chorea	1
Fracture clavicle	1
Ankle sprain	1
Carbuncle	1
Torticollis	1

Skin Diseases. The incidence of ringworm of the scalp and body has diminished considerably in recent years. Children who were found to be suffering from this condition were kept under constant observation not only by the Medical Officers but also by the School Nurses. The teachers themselves saw that the treatment prescribed was being regularly carried out.

The other skin diseases not mentioned in Table XLIV are as under:—

Warts	182
Urticaria	43
Lichen urticatus	31
Ariboflavinosis	30
Furunculosis	23
Seborrheic dermatitis	17
Alopecia areata	12
Icthyosis	11
Acne vulgaris	9
Naevi	8
Psoriasis	6
Sebacious cysts	3
Eczema	3
Allergic dermatitis	2
Vitelligo	2
Spider Angioma	2
Lichen spinatus	2
Lichen simplex	1
Lichen planus	1
Kerion	1
Hairy mole	1

Eye Diseases. The school eye specialist carried out periodical examinations among children for eye diseases. The activities of the school eye specialist are summarized in the following paragraphs. It should however be added that school medical officers attend to such eye conditions as they might encounter during their normal school visits. The other eye diseases not specified in Table XLIV are the following:—

Styes	53
Meiobian cyst	15
Blindness (one eye)	4
Congenital cataract	2
Kalazion	2
Ptosis	2
Chronic dacryocystitis	1
Iritis	1
Nystagmus	1
Aniridis	1
Coloboma	1
Foreign body right eye	1

The following is a summary of the work carried out by the school eye specialist during the scholastic year under review:—

Schools visited	26
Children examined	13,086

The following diseases of the eye were diagnosed:—

Defective vision	13,086
Blepharitis	156
Follicular conjunctivitis	86
Strabismus convergent...	83
Strabismus divergent	4
Chronic allergic	53
Subacute conjunctivitis	38
Blepharo-conjunctivitis	23
Vernal	18
Hordeola (recurrent)	9
Chalazia	7
Trachoma	6
Phthiriasis palpebrarum	4
Phlyctenular	3

The number of reported cases of defective vision and squint do not include those cases who are already under treatment or who have had glasses which are still suitable.

During the second term of the scholastic year, an intensive drive was made to discover children who come under the educational categories of blind and partially-sighted children.

One hundred and seven children suffering from markedly noticeable visual defects were referred to the special education centre, as it was not possible to carry out an accurate examination of the refraction of the eye and fundus in the various schools. Retinoscopy and opthalmoscopy was carried out under homatropine cycloplegia and a subjective refractive test was given to the 75 children out of original number who responded to the request for attendance at the special education centre. Those whose range of visual acuity with correction was from 6/24 to over 6/60 in the better eye were classified as partially sighted. Of these there were:

High myopia with fundus alterations	5
High myopia with fundus alterations plus nystagmus ...	3
Congenital cataracts	3
After cataracts	2
Congenital nystagmus	2
Congenital nystagmus and albinism	1

E.N.T. Diseases. The number of school children operated upon for tonsils and adenoids was 50, made up of 22 boys and 28 girls.

Children suffering from defective hearing were also referred to the E.N.T. outpatient department for proper investigation and subsequently to the special education centre for special educational treatment.

The other diseases and conditions not mentioned in Table XLIV are the following:

Rhinitis	41
Epistaxis	35
Otitis externa	22
Chronic rhinitis	19
Pharynigitis	8
Eczema ear	6
Cerumen	5
Otalgia	5
Cleft palate	4 (2 operated upon)
Otorrhea	3
Laryngitis	3
Allergic rhinitis	2
Hare-lip	1
Nasal polyp	1

Heart and Circulation Diseases. Children suffering from organic heart disease were kept under constant supervision and were examined periodically. These children were exempted from taking active part in intense physical training and were allowed to stay away from school when unwell.

Anaemia. As reported in previous years, the number of cases of anaemia was declining steadily. All cases were treated with iron and vitamin supplements with good results. The majority of such cases were met with among girls in the pre-puberal stage.

Nutrition. Malnutrition used to be a serious complaint among school children. The introduction of free milk, cod liver oil, iron, calcium and vitamin tablets has helped considerably in combating it and has given beneficial results. This can be seen from the drop in the number of children suffering from deficiency diseases and poor nutrition.

Undernourished children were weighed periodically in order to determine the progress of the improvement as a result of the special measures taken for their benefit. The general health of the children has noticeably improved.

The state of nutrition of school children was again classified in three categories: A—Good or normal; B — Fair, or slightly subnormal; C — Poor or grossly subnormal.

The school medical officers explained to parents the value of a nutritious and properly balanced diet, the importance of fresh air and sunshine, the need of sufficient and proper hours of sleep and rest and of graded exercise.

TABLE XLV

Classification of School Children according to their State of Nutrition

Inspections	A — Good (Excellent, normal)		B. — Fair (Slightly subnormal)		C. — Poor (Grossly subnormal)	
	No.	°/o	No.	°/o	No.	°/o
36,390	31,156	85.6	4,798	13.2	436	1.2

TABLE XLVI

Average state of Nutrition from 1953/54 to 1957/58

Nutrition	1953/54	1954/55	1955/56	1956/57	1957/58
Good	91.0 °/o	9.02 °/o	91.0 °/o	77.7 °/o	85.6 °/o
Fair	8.1 °/o	8.5 °/o	7.4 °/o	19.2 °/o	13.2 °/o
Poor	0.9 °/o	1.3 °/o	1.6 °/o	3 1 °/o	1.2 °/o

Milk in Schools. One-third pint of milk is available free of charge to all children attending Government Infant and Primary schools.

The total quantity of milk supplied to all schools in Malta and Gozo during the year 1957-58 was 333,690 gallons. In addition to milk, children were also given cod liver oil free of charge, the usual dose being a tablespoonful daily, to supplement the possible insufficiency of protective food in the diet of school children. Iron, vitamins and calcium tablets were also supplied to children who required them.

Table XLVII shows quantity of cod liver oil, vitamins, etc. consumed in schools.

TABLE XLVII

Food Accessories and Drugs issued in 1957/58

Cod liver oil (gallons)	300
Yeast food tablets	478,000
Iron Pills	360,000
Calcium tablets	518,000

TABLE XLVIII

Child Welfare Scheme — Average Weights of Children

Age Groups 5-15 years
Scholastic Year 1957-58

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

TABLE XLIX

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	7	3	6	3	6	3	6
6–7 ,,	3	9	3	8	3	8	3	9
7–8 ,,	3	11	3	10	4	0	3	10
8–9 ,,	4	1	4	0	4	0	4	0
9–10 ,,	4	1	4	2	4	2	4	0
10–11 ,,	4	4	4	3	4	3	4	4
11–12 ,,	4	6	4	5	4	5	4	6
12–13 ,,	4	8	4	7	4	7	4	7
13–14 ,,	4	10	4	8	4	8	4	9
14–15 ,,	5	0	4	10	4	10	4	11
			Girls					
5–6 years	3	6	3	6	3	5	3	6
6–7 ,,	3	8	3	8	3	8	3	8
7–8 ,,	3	10	3	10	3	10	3	10
8–9 ,,	4	0	3	11	3	11	4	0
9–10 ,,	4	2	4	1	4	2	4	2
10–11 ,,	4	4	4	3	4	3	4	4
11–12 ,,	4	6	4	6	4	5	4	6
12–13 ,,	4	8	4	7	4	8	4	7
13–14 ,,	4	10	4	10	4	9	4	10
14–15 ,,	4	11	4	10	4	10	4	10

AREA 1 comprises Valletta, Floriana, Pieta, Msida, Gżira, Sliema, St. Julians, St George's, Mensija, Birkirkara, Lija, Attard, Hamrun, Balzan, St Vennera.
AREA 2 ,, Marsa, Paola, Tarxien, Ghaxaq, Żabbar, Fgura, Żejtun, Marsa-kala, Cospicua, Senglea, Vittoriosa, Birżebbuġa, Marsaxlokk, Kalkara, Xghira
AREA 3 ,, Qormi, Gudja, Luqa, Kirkop, Safi, Żurrieq, Qrendi, Mqabba, Siġġiewi, Żebbuġ.
AREA 4 ,, Mosta, Naxxar, Gnarghur, Rabat, Dingli, St. Paul's Bay, Mellieha, Mgarr.

The weight and height of children are taken by the school nurses before an inspection is due. The assessment of such physical measurements is made to enable the determination of the physical development and progress of the children. In addition, similar measurements are taken periodically by members of the staff of the child welfare officer of the Education Department.

Infectious and Contagious Diseases. Measles and influenza were the major causes of absence of children from school. Table L shows the number of children suffering from infectious diseases who had to keep away from school during the year under review. The parents and head teachers were given the usual notice by the Health Inspectors to keep away from school both patients and contacts and thus minimize the risk of infection among the school population. The control of the spread of notifiable and infectious diseases is one of the main duties of the school medical service.

TABLE L

Notifiable Infectious Diseases in School Children

Measles	378
Influenza	189
Chicken Pox	9
Diphtheria	2
Whooping cough...	2
Scarlet Fever	2
Mumps	1
German Measles	1
Scabies	1

Tuberculosis. When a pupil or a relative is found to be suffering from Tuberculosis, a careful examination is made of all contacts. All children from tuberculous families are referred to the chest clinic every 6 months for examination and information is obtained from the chest specialist about each case.

Contacts, irrespective of their state of health, are also given the full benefit of the food accessories which are administered in schools.

Diphtheria. Inoculations against diphtheria were carried out as in previous years. The number of cases of diphtheria is going down thanks to diphtheria immunisation. The control of diphtheria has been one of the most successful achievements of the Department.

TABLE LI

Number of school children inoculated against Diphtheria (A.P.T.)

1st Dose	2,799
2nd Dose	2,543
Booster Doses	407

Poliomyelitis. During the year under review, anti-polimyelitis inoculations were carried out by school medical officers; this entailed the suspension of their normal routine work, to give priority to the anti-polio campaign. The total number of children vaccinated by the school medical officers was 8,989, not all of whom were school children, since vaccination was given to children between the ages of one and fourteen years.

TABLE LII

Number of children vaccinated against Polio

1st Dose	9,045
2nd Dose	8,989

Cleanliness. The cleanliness of the school premises as well as that of the children was, on the whole, very satisfactory. Routine cleanliness inspections were carried out by the school nurses as well as by the school medical officers. Each child is seen at least three times a year by the nurse.

The number of children found with vermin has steadily decreased. The school nursing service is playing a major part in combating uncleanliness by persistent education of the children and their parents. Instructions were given to parents on personal and domestic hygiene. The response on the part of parents was quite good.

Exemption. Exemption from schools on medical grounds has fallen considerably, the reason being the setting up of special classes for physically handicapped children, who are now being given special syllabi to meet their abilities and requirements. The number of such exemptions this year has been 12.

Physical education. Physical education in the primary schools is being encouraged and children are deriving great benefit therefrom especially those who attend the big schools. Sports are keenly followed by school children.

Health Education. The school nurses, the teachers and as well as the health education officers have continued to disseminate health education among children and parents by giving good advice on health matters.

School Dental Service. The school health service includes also a dental service which is run by 4 school dental surgeons and 4 nurses. The school dental surgeons carry out surveys of the dental health of school children and carry out preventive and curative treatment in the clinic. Education on the care of teeth was imparted to children and parents by the school dental surgeons and nurses in the course of their duties.

The following Table gives a summary of the work carried out by the School Dental Surgeons during the year under review:—

TABLE LIII

1.	Number inspected		22,244
2.	Number found to require treatment		11,800
3.	Number attended		11,278
4.	Number sent for emergency treatment		3,844
5.	Half-days devoted to: a) Inspection	366	
	b) Treatment	777	1,143
6.	Fillings: permanent teeth	1,308	
	temporary teeth	90	1,398
7.	Extractions: permanent teeth	1,888	
	temporary teeth	8,926	
	for regulation purposes	1,066	11,880
8.	Scaling and polishing		90
9.	Miscellaneous treatment		796
10.	Refusals		36
11.	Cases referred for X-rays		63
12.	Applications for artificial restorations and orthodontic appliances		94

VI. HEALTH SERVICES

Public Health Laboratory

The volume of work flowing into the Public Health Laboratory from various sources, has not only maintained its pressure of previous years, but increased considerably during the year. It will be sufficient to point out that the number of samples analysed and examined exceeded by some 5,300 the number of examinations conducted last year.

An item of which no less than 1,834 samples were submitted and duly analysed was tomato paste; 220 of these samples being found to contain, besides natural colour, an artificial dye derived from coal tar, the purpose of which was to give an attractive appearance to the finished product. Samples of flour, bread, paste, lard, oil and aerated water were all submitted in large quantities i.e. 2,551, 2,061, 1,193, 1,147, 753 and 710 samples respectively. In this connection it may be interesting to observe that among other results obtained, 31 samples of bread were found to be deteriorated and unfit due to attack by rope and 35 samples of aerated water were found to be sweetened with saccharin, a substance which unlike sugar has no nutritive value.

Another contribution to the increase in the number of examinations carried out during the year was made by the supplies officer of the Department who submitted 677 samples to the Laboratory. The Water and Electricity Department and several other Government Departments, as well as the Defence Services, continued to seek the assistance of the Laboratory in the matter of analysis and examinations of certain articles The total number of samples, examined and analysed reached the record figure of 25,341.

The following list is a classification of the samples received, based on their origin and on their nature:—

Food and drink samples for chemical analysis ...	15,588
Water samples taken by the Laboratory personnel ...	1,461
Water samples taken by the Health Inspectors ...	255
Water samples taken by the Water and Electricity Department	241
Samples from other Government Departments ...	390
Samples from the Defence Services	614
Food and Drink samples for bacteriological examination	688
Blood samples for serum reaction and titration ...	1,888
Nose and throat swabs and smears	656
Sputa and gastric washings	34
Urine samples	1,931
Faeces	9
Discharges and purulent materials	29
Miscellaneous samples	60
Rats from Rodent Control Officer	919
Rats from Defence Services	565
Flees found on live rats	13
Total:	25,341

CHEMICAL SECTION

Food and Drink

Health Inspectors submit continually samples of food and drink taken from shops and other places where such articles were kept for sale or stored, as a measure to safeguard the public from foodstuffs which may have been adulterated or have become deteriorated, contaminated, or otherwise become unwholesome, or which may have not be conformed to the provisions of the Food, Drugs and Drinking Water Ordinance.

Table LIV shows the kind and number of samples of food and drink submitted and those found abnormal or not conforming with the provisions of the law.

TABLE LIV

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

Nature of sample	Number Examined	Found Unfit	
Wheat	336	—	
Flour	2,551	4	deteriorated, 2 infested with parasites and 2 mouldy
Semolina	22	—	
Cornflour	4	1	deteriorated, and attacked by parasites
Dough	6	—	
Yeast	13	—	
Bread	2.061	32	31 ropy and 1 ill-leavened
Paste	1.193	—	
Biscuits and Rusks...	141	—	
Milk pasteurized	93	4	sour and clotted
Milk tinned	16	—	
Milk powder	1	—	
Cheese	460	—	
Cheese Maltese	57	—	
Rkotta	47	—	
Butter	19	48	in a state of rancidity
Margarine	616	—	
Lard	1.147	—	
Oil	753	3	2 opaque owing to suspended extraneous matter and 1 containg dirty stearin sediment
Rice	481	—	
Tea	187	—	
Coffee	206	- -	
Chicory...	29	—	
Confectionery & sweets	418	—	
Wine	571	—	
Vinegar...	10	—	
Spirits	27	7	1 Brandy containing sediment (alcohol by vol. 39.81%) and 6 containing methyl alcoho and artificial colouring matte (alcohol by vol. from 36.7 to 37 3$_0$/^{0})
Aerated waters	710	35	Sweetened with saccharin
Beer	7	—	
Meat preparations...	156	2	1 corned beef tin blown, 1 bacon tin unmarketable with bacon in a state of deterioration
Fish preparations	105	1	1 tin unmarketable with contents in a state of deterioration
Cereals	309	—	
Tomato paste	834	220	470 artificially coloured with coal-tar derivatives (non-prohibited), of which 220 were deteriorated
Salt table	50	—	
Cheesecakes	21	—	
Dried fruit	102	-	
Cocoanut	5	—	
Sugar	443	5	damp
Spices	73	—	
Miscellaneous	131	—	
Total ...	15,588	362	

Supplies Branch (Medical and Health Department). Samples, not necessarily foodstuffs, were received for chemical analysis from the supplies branch of the Department. Besides 59 samples of ground coffee sent by the Commissioner for Gozo seven of which samples were found to contain extraneous starchy matter and one to have a weak aroma and a disagreeable smell, 352 samples of ground coffee were sent by the supplies officer. All of the samples were found free from extraneous starchy matter. The same official submitted also 303 samples of tomato paste, 55 of which were not recommended either because they were mouldy and unfit or because they were coloured with an artificial dye, a derivative of coal-tar. He also sent 3 samples of tea, which were found to be of good quality, 1 sample of vinegar, which was likewise found to be of good quality with 4.3 per cent of acetic acid, and 18 samples of liquid detergent, which were compared for power to lather and to stand dilution and anaysed for percentage of active matter which was found to vary from as low as 11.44 to as high as 23.

St. Luke's Hospital. Samples were submitted from St. Luke's Hospital, consisting of two gastric contents, one for the presence of iodine, the other for the presence of barbiturates. Two samples of urine were examined for presence of lead. Results of analysis were negative in all cases.

Water taken by the Laboratory Staff. The Laboratory is responsible for taking regularly samples of water, at least once weekly from springs, pumping stations, reservoirs and service taps for chemical and bacteriological analysis to control the safety of the public water supply. A total of 1,461 samples were taken, of which 160 were taken from Gozo and 16 from Comino. On the whole the public supply was kept safe throughout the year. It was adequately chlorinated. On distillation for free and albuminoid ammonia it gave satisfactory results. Its power to absorb oxygen as a means of organic contamination was found low and normal. Bacteriologically, it grew no B. Coli.

Three cases of contamination of the water supply were detected during the year. One case occurred at Mqabba and extended from the 18th July to the 5th August. The contamination was discovered following a complaint by a resident of a bad taste and smell in the water in the house. The source of the contamination was located in a branch of the water main from where a growth of non-faecal B.Coli was obtained in three instances. Immediately action for correction having been taken, the contamination was eliminated and the water in the street was declared fit for drinking. A pollution with B. Coli Type I was detected in the water at the Civil Abattoir and another contamination with non-faecal B. Coli was detected in the water on the water boat and on certain ships in the Grand Harbour. Active measures were taken to cleanse and chlorinate the tanks.

Water submitted by Health Inspectors. Health Inspectors submitted to this Laboratory 40 samples of tap water, 163 samples of house-tank water, 41 samples of water found percolating into the basements of premises. Other samples of water were submitted from springs, from the boiler of a Rag Factory, from standpipes and from a disused war-shelter. Of the tap water samples, 15 were found to contain free ammonia (these were samples taken from the street in an out-of-the-way village), and 1 sample was found to contain a quantity of calcarious powder in suspension rendering it turbid. Of the samples of water from house tanks, 15 were found to be so grossly polluted that the tanks had to be emptied and cleaned, while 43 other samples showed signs of organic contamination but not to such an extent as not to justify rechlorination and eventual saving of the water. The chlorine content of the percolation samples varied from over 30 to almost 200 parts per 100.000. This, by comparing it with the chlorine content of the water supply in the area, was an index for identifying the kind of water the percolation was deriving from.

Water submitted by the Water and Electricity Department. This Department submitted a total of 241 samples. These mainly came from leakages and were brought to the Laboratory for comparison and help in tracing their origin. Other samples were taken after the laying of new main for ascertaining the absence of contamination during the progress of works. Samples of water from the St. James Cavalier Tank were taken to ascertain the fitness of the water before its distribution for public consumption. Others were miscellaneous samples taken from various sources.

The value of estimating the chlorine content of a leakage can be seen from the fact that there were leakages with a chlorine content as low as 11 and 12, and others with a chlorine content as high as 168 parts per 100.000.

Among the samples from new mains there were 30 containing traces of free ammonia. and also 18 which were found to be grossly polluted. Likewise among the samples taken from the St. James Cavalier Tank, there were two with traces of free ammonia and two which showed signs of gross pollution. In every case appropriate measures were advised to the Authority concerned.

Government Departments. Government Departments submitting samples for chemical analysis included the Milk Marketing Undertaking (99 samples), the Department of Trade and Industry (116 samples), the Customs and Port Department (148 samples) and the Police (27 samples).

The samples received from M.M.U. consisted of 92 samples of butter of which 34 were found to be in a state of rancidity. Six samples of flavoured syrup for milk shakes were submitted for advice as regards quality and composition. One sample of powdered milk was found to be sound and fit for human consumption.

The samples received from the Department of Trade and Industry consisted of 57 samples of sugar which were found to conform to the specifications required; 28 samples of oil which were likewise found to conform to specifications; 8 samples of wheat in which foreign matter was found to vary from 0.017 to 1.130 per cent and moisture from 9.60 to 14.17 per cent; 15 samples of evaporated milk all of which were found to contain 9 per cent of fat and over 31 per cent of total solids; 3 samples of flour which were found to contain 36.0, 38.2 and 38.4 per cent of moist gluten; and 5 samples of tomato paste which were not found to contain any added sugar.

The samples received from the Customs and Port Department consisted of 81 samples of pollard and 17 of bran in which the percentage of flour present was determined for assesment of duty; 9 samples of low gluten content flour meant for confectionery which were found to contain a percentage of moist gluten varying from 20 to 38; 11 samples of other flour in which the moist gluten content was found to be higher and varying from 40 to 50 per cent; 13 samples of wholemeal flour which were found to have bran in the proportion of 16 per cent and more up to 24 per cent; 1 sample of soap powder which was classified as soap; 1 sample of edible oil which was identified as unrefined cotton seed oil; 3 samples of alcohol which were identified as pure ethyl alcohol fit for consumption; and 11 other samples of alcohol which were found to be impaired and recommended for use for industrial purpose.

During the year the Police Department submitted in all 27 articles for examination consisting of 2 samples of spirits; 1 sample of broken glass; 4 pieces of woman's underwear; 1 sample of urine and 1 of blood; and 18 other articles (three milk-tins, one wooden-table, one baby feeding bottle, one portion of cotton-wool, and twelve pieces of wearing and other clothing) relating to one case. The samples of spirits were found to be one whisky and one rum, both with a percentage of ethyl alcohol by volume below that required by law. The glass fragments and women's underwear showed marked signs of the presence of hydrochloride acid. The sample of urine and that of blood were found to contain ethyl alcohol in the proportion of 1 and 1.1 g per 1,000 ml. respectively. As regards the seventeen miscellaneous articles, no traces of blood were found on the table, and the rest contained no mineral or organic poison.

Samples from the Defence Services. The work carried out on behalf of the Defence Services was limited to the analysis of: (a) 29 samples of distilled water at the request of the Chief Inspection Officer, R.A.F. Maintenance Base, Safi. Fifteen of these samples were found not to comply with the specifications required by R.A.F. Chemistry Note No. 627; (b) 12 samples of urine of employees being found free from traces of this poison; (c) 565 dead rats and mice and 8 live rats. The carcases were examined, with negative results, for signs of plague or other infections, and the live rats were combed for fleas for a flea index.

ENTOMOLOGICAL SECTION

In this section 73 live rats (65 received from the Rodent Control Officer) were anaesthetized and combed for fleas. The number of fleas collected totalled 13. Of these the majority (7) were Xenopsylla Cheopis.

During the year 24 cases of Kala Azar had been notified to the Department and, accordingly, the Entomologist carried out searches for Phlebotomi in the premises of patients and in the neighbourhood with negative results.

BACTERIOLOGICAL SECTION

The bacteriological 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 LV. This table includes examinations of samples of waters submitted by the Defence Services, as well as samples from the new borehole at Ta' Bakkja, Żebbuġ.

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

TABLE LV

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)	54	...	...	...	...	...	...	...	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	2	...	...	...	...	1	1	56
Ta' Qali	56	...	...	...	...	...	1	...	57
Ta' Kandia	52	...	...	...	...	...	...	...	52
Wied Dalam	52	...	...	...	...	...	...	...	52
Mosta ta' l-Isperanza	12	...	...	2	1	1	1	16	33
Zebbug Ta' Bakkja	16	...	...	...	...	...	1	2	19
Gozo:									
Għajn Abdul	26	2	...	...	...	...	1	1	30
Għar Ilma	26	1	...	...	...	..	...	1	28
Marsalforn	26	...	1	2	...	1	...	2	32
Mġarr Pax-Xini	26	...	2	1	...	...	3	6	38
Mġarr Pumping Station ...	26	...	1	...	1	...	...	4	32
Comino	2	1	1	1	...	...	3	8	16
Reservoirs:									
Schinas	52	...	...	...	...	...	...	...	52
Luqa	52	...	...	...	...	...	...	...	52
Għaxaq	52	...	...	...	...	...	...	...	52
Ta' Qali	52	...	...	...	...	...	...	...	52
Naxxar	21	..	...	...	1	...	...	...	22
Taps:									
Valletta	52	...	...	...	...	...	...	...	52
Floriana	52	...	...	...	...	...	...	...	52
Hamrun	52	...	...	...	..	...	...	...	52
Sliema	56	..	...	...	...	...	...	...	56
Msida	52	...	...	...	...	...	...	...	52
Cospicua	104	3	5	3	1	...	...	...	116
Żebbug	57	...	...	...	...	...	...	1	58
Qormi	52	...	...	..	...	...	...	...	52
Żejtun	52	...	...	...	...	...	...	..	52
Mqabba	4	...	2	1	..	...	...	...	7
St Paul's Bay	23	1	...	2	...	...	...	...	26
Balzan	7	...	...	...	..	...	...	...	7
Tarxien	3	...	...	...	.	...	...	...	3
Total	1,585	10	12	12	4	2	11	42	1,678

In connection with the bacteriological examination of water, 20 samples were submitted from water bowsers supplying water to civil and military aircraft as well as from water boats supplying ships in the Grand Harbour. Of these, 9 samples were found to be sterile, while the rest were contaminated with non-faecal B. Coli. Three samples of water were submitted from the Civil Abattoir and were found to be heavily contaminated with B. Coli Type 1.

Five samples of sea water taken from Il-Pajjet (Anchor Bay) to assess the presence of B. coli owing too the vicinity of a sewage discharge outlet were examined and two were found slightly contaminated when collected at a distance of 50 yards opposite the outlet.

Three samples of sea water taken from localities from where sea water is collected for the manufacture of rkotta, were found to be sterile.

Agglutination Reactions. 1,842 samples of blood sera were submitted for agglutination tests against the causative microorganisms of typhoid and undulant fever, by the slide method. The results are given in Table LVI. 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 liable to spread the infection. These examinations are performed to exclude the possibility of healthy carriers.

In 46 other cases complete titrations were carried out, repeated tests being done in certain cases to observe changes in titre. In 7 of such cases positive results were obtained against Brucella melitensis, in 19 against Salmonella typhi and in one case against Shigella Flexneri I.

TABLE LVI

Results of Examination of Blood for Undulant and Typhoid Fever

	Positive results against Br. Melitensis			Positive results against Salm. Typhi			Negative results	Total No. of Tests
	Malta	Gozo	Total	Malta	Gozo	Total		
January ...	5	2	7	1	—	1	112	120
February ...	5	3	8	3	1	4	82	94
March	1	6	7	3	4	7	91	105
April	7	6	13	—	1	1	110	124
May	9	5	14	6	3	9	142	165
June	9	1	10	8	—	8	158	176
July	18	1	19	7	1	8	202	229
August... ...	11	8	19	6	3	9	170	198
September ...	7	3	10	12	5	17	233	260
October ...	5	3	8	3	8	11	151	170
November ...	4	1	5	4	3	7	83	95
December ...	9	3	12	4	—	4	90	106
Total ...	90	42	132	57	29	86	1,624	1,842

Blood Cultures. Blood cultures were carried out in 3 samples of blood, with negative findings.

Examination of fresh cheese. In connection with research work done by Dr. Alton to establish the viability of Brucella melitensis in fresh cheese made from sheep's and goat's milk, the Laboratory examined 145 samples. The fresh cheese was inoculated on Albimi Agar to which the following antibiotics were added to suppress the growth of common non-pathogenic contaminants:—

Actidione 10 mgms per ml, Bacitracin 2,500 units per ml, Polymicin B 600 units per 0.1 ml and Ethyl violet 1/800,000 per ml.

These antibiotics failed to suppress the growth of contaminating bacteria in fresh cheese as obtained from the market and consequently it was not possible to isolate the Br. melitensis organism. Dr. Alton corroborated these findings but he established the fact that Br. melitensis remains viable in fresh cheese which he prepared from infected goat's milk in the laboratry of the Government Experimental Farm, Għammieri.

Diphtheria Control. A total of 656 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 liable to spread the infection, they were also swabbed. Out of 93 thus examined four were found to carry virulent C. Diphtheriae; two contacts came from the family of a person who had died from diphtheria.

Virulence tests were carried out where C. diphtheriae was isolated from discharging ears and also in cases 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 proctitioners is also provided free of charge.

Details of the number of examinations carried out are given in the following table. The negative results include 3 infected with Streptococcus and 22 with Candida albicans.

TABLE LVII

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			
Positive	11	6	—	—	—	—	4	10	31
Negative ...	125	136	124	52	32	26	89	41	625
Total ...	136	142	124	52	32	26	93	51	656

Faeces and Urine. Nine samples of faeces were examined with negative findings. These came from cases convalescent from Typhoid fever.

Ten samples of urine were received for bacteriological examination. In one Mycobacterium tuberculosis was detected, in four B. coli and in one B. proteus.

In connection with the medical examination of candidates for Government appointments, 1,921 samples of urine were examined; 92 showed the presence of albumin and 18 gave a positive reaction for glucose.

Tuberculosis. 28 sputa were examined. Two revealed the presence of Mycobacterium tuberculosis on direct examination.

Gastric Washings. Six samples of gastric washings were examined by guinea-pig inoculation and cultural methods for the presence of Mycobacterium tuberculosis with negative findings.

Leprosy. Three nasal smears and three smears from a skin slit were examined for the presence of Mycobacterium leprae with negative results.

Ear, Nose and Throat. Twenty swabs were submitted from cases of ear discharge for the isolation of the responsible micro-organisms and their sensitivity to sulphatiazole, aureomycin, terramycin, chloromycin, streptomycin, achromycin and penicillin.

Ice-Cream. Samples of ice cream were analysed at the Laboratory and were examined bacteriologically and by the methylene blue test for grading from the hygienic standpoint. 444 samples were examined. Of these 372 were found to be Grade I, 58 were found to be Grade II and 14 failed to reach the necessary standard. The products of a particular ice-cream manufacturer were examined in consequence of reported cases of food poisoning and were found to be contaminated with a coagulase positive Staphilococous aureus. The Staphilococous was isolated on 19 different occasions.

Milk. In all, 90 samples of pasteurised milk were fully examined bacteriologically. The tests were:—

i) Estimation of the number of viable bacteria per ml;

ii) Presence of AB. coli and their number;

iii) Methylene blue test and

iv) Presence of pathogenic bacteria.

Eighteen samples failed to reach the required standards regarding the number of presemptive B. coli and three failed as well in the methylene blue test and the viable count. No pathogenic bacteria were isolated.

Food Poisoning. Apart from cases of food poisoning due to ingestion of contaminated ice-cream, already mentioned above, there were 3 other cases of suspected food poisoning. In one case a sample of pasteurised milk was found free from any pathogenic bacteria. In connection with another occurrence of food poisoning after a wedding reception, samples of ice-cream, pastry, cheesecakes, sandwiches and trifle were examined with negative results. Malta sausages were examined in connection with a third case of food poisoning. Only B. proteus and B. coli were isolated.

Miscellaneous. Six smears from cases of urethral discharge were submitted and two revealed the presence of Neisseria gonorrhoeæ.

A sample of ascetic fluid was examined and B. coli was isolated.

Seventeen samples of purulent material were examined. 14 revealed the presence of Staphylococcus aureus coagulase positive; from two Streptococcus hæmolyticus was isolated, and one showed the presence of Neisseria catarrhalis.

Six samples of yeast were examined bacteriologically. B. mesentericus, the causative organism of ropiness in bread was present in one sample.

Six samples of vaginal discharge were examined. Candida albicans was present in two.

Seventeen samples of spun yarn from different firms were submitted by the Water and Electricity Department.

These samples were tested to prove that the yarn was incapable of promoting bacterial growth. Only seven samples were found to fulfil the required specifications.

Sealed milk churns and sealed empty milk bottles were submitted from the Milk Marketing Undertaking to be tested for sterility.

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 Defence Services. None showed any suspicious signs of the disease. Many showed signs of internal hæmorrhage due to "Warfarin" poisoning. The number and species of the rats is shown in Tables LVIII and LIX.

TABLE LVIII

Number and species of rats examined (Civil).

Month	Rattus Norvegicus	Rattus Frugiverus	Rattus Rattus	Mus Musculus	Total	Found infected
January	39	5	—	—	44	Nil
February ...	57	—	—	5	62	Nil
March	34	2	—	—	36	Nil
April	56	—	1	—	57	Nil
May	23	—	—	—	23	Nil
June	102	—	—	—	102	Nil
July	54	—	—	1	55	Nil
August	20	—	—	—	20	Nil
September ...	171	3	—	1	175	Nil
October	68	—	—	—	68	Nil
November ...	124	1	—	5	130	Nil
December ..	146	—	—	1	147	Nil
Total	894	1	1	13	919	Nil

TABLE LIX

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

Month	Rattus Norvegicus	Rattus Frugiverus	Rattus Rattus	Mus Musculus	Total	Found infected
January	25	4	—	4	33	Nil
February ...	6	4	13	3	26	Nil
March	13	6	5	5	29	Nil
April	12	3	12	6	33	Nil
May	48	—	18	15	81	Nil
June	3	—	16	2	21	Nil
July	21	—	31	11	63	Nil
August	37	6	14	9	66	Nil
September ..	26	3	25	11	65	Nil
October	31	—	34	14	79	Nil
November ...	8	—	28	1	37	Nil
December ...	11	1	10	10	32	Nil
Total ...	241	27	206	91	565	Nil

PORT HEALTH SERVICE

The number of ships inspected during the year was 2,004 as against 1,885 in the previous year. This increase is mostly due to the large number of recently registered motor vessels trading in the Mediterraniean and calling at Malta. Most of the small motor and sailing vessels arriving from healthy ports in Sicily and from other Italian ports were not inspected and are not therefore included in the total for the year under review.

The total number of aircraft inspected was 321, as against 263 in the previous year. The increase in this case is due to the greater number of scheduled flights calling at Luqa Airport from places subject to medical inspection.

Ships of Her Majesty's Navy and of the United States Navy calling at Malta were all granted pratique by radio through the Flag Officer, Malta, on account of the healthy conditions abroad at the time of arrival. Ships belogning to foreign navies were boarded by the Port Medical Officers and granted pratique in the same way as merchant vessels.

A new system of accelerated pratique to ships with healthy conditions abroad coming from healthy places was introduced on the 1st January, 1958. The new procedure worked well throughout the year and the masters of 104 ships availed themselves of this facility by which the ships were admitted to pratique while they were still under way in the harbour.

From the epidemiological point of view, the year under review was uneventful as regards the quarantinable diseases i.e. smallpox, plague, cholera, typhus, yellow fever and relapsing fever. There were no major epidemics abroad which threatened directly the health of the population of these Islands. Nevertheless, a careful watch had to be kept on arrivals from places where sporadic cases of infectious diseases existed.

The masters of ships of various nationalities continued to avail themselves of the services of the Port Medical Officers, by day and also by night, in order to obtain medical advice by radio while at sea regarding patients they had no board. There were however many instances when ships called at Malta only to land sick persons, suffering from both medical or surgical conditions. In such cases the ships usually entered the Grand Harbour, except when they were carrying inflammable cargo, in which case they normally put in at Marsaxlokk Bay; though there were several instances when the pratique formalities and the disembarkation of the patients were carried out on the high seas.

There was nothing special among the infectious diseases found on board ships, as they consisted of the usual common diseases: i.e. measles, rubella, mumps, influenza, chickenpox, pneumonias, pulmonary tuberculosis etc.

The number of passengers (excluding service personnel and passengers in transit) arriving in Malta by sea was 9,852 and by air 30,230 amounting in all to 40,083. Out of this total, 1,005 passengers were served with warning for medical surveillance and 2,479 were served with the notice advising them to report immediately to a medical practitioner in case they felt unwell.

Except for few small motor vessels, all the ships inspected on arrival had valid deratting certificates or deratting exemption certificates which are valid for a period of six months from the date of issue.

The number of inspections of imported fresh fish increased during the year to 95. This is due to a slight relaxation in the policy of discouraging the importation of fresh fish by foreign fishing vessels.

Hay, straw and cotton seed, which require special health certificates for their importation into Malta, were not imported. Oil cake, which consists of cotton seed processed in the manufacture of edible oil, is being imported, instead of cotton seed, as fodder.

The shortage of lighters still presents a serious problem for all the services concerned. Shipping agents at times find they cannot discharge cargo as quickly as they would wish, the owners of the lighters find it difficult to withdraw temporarily their lighters from service for the necessary routine cleaning and the Port Health Inspector has therefore to supervise and inspect daily the lighters to ensure that they are kept in a reasonably clean condition.

The Port Health Inspector, during his routine work, carried out eleven chlorinations of the fresh water tank boats and of the water reservoir used for the supply of fresh water to ships. He also performed five disinfestations at the Customs Bonded Stores, took samples of foods, spirits and water, and carried out special duties in connexion with ten instances of transportation to and from abroad, of human remains.

Besides his usual duties at the Grand Harbour, the Port Health Inspector performed 59 inspections at Luqa Airport, where he carried out 13 disinfestations and 2 chlorinations of water tanks.

A summary of the work performed by the Port Health Staff during 1958 is shown in the following table:—

TABLE LX

Summary of the work performed by the Port Health Staff

Ships inspected in all the Harbours	2,004
Ships inspected in the Grand Harbour	1,902
Ships inspected at Marsaxlokk Bay	64
Ships inspected at Marsamxett Harbour	16
Ships inspected at St. Paul's Bay	12
Ships inspected outside harbour	10
Aircraft dealt with by the Port Medical Officers	321
Ships inspected and admitted to pratique	2,000
Ships inspected and kept in quarantine	4
Ships having or having had, infectious disease on board	59
Aircraft having infectious disease on board	—
Number of cases of infectious disease on board	64
Number of cases of infectious disease disposed of prior to arrival	6
Number of cases of infectious disease landed at Malta	8
Persons arriving by sea served with warning for surveillance	816
Persons arriving by sea served with warning for surveillance	189
Persons arriving by sea served with notice re infectious disease	354
Persons arriving by air served with notice re infectious disease	2,125
Persons kept under surveollance inspected at the Port Health Office	17
Inspections of imported fresh fish	95
Ships partially fumigated	Nil
Ships, lighters and other craft inspected by Port Health Inspector	2,346
Certificates re Hay, Straw and Cotton seed examined	—
Certificates re Tomatoes examined	30
Certificates re Lard examined	134
Certificates re Meat products examined	948

Foodstuffs examined, condemned and destroyed by the Port Health Inspector:—

Frozen Rabbit and Game	58 lbs.
Frozen Fish	1,970 lbs.
Tinned Fish	22 lbs.
Ham and bacon	1,678 lbs.
Tinned meats	266 lbs.
Fresh and frozen meat	73 lbs.
Pigs' feet	38 lbs.
Sausages	256 lbs.
Fats, butter and margarine	12,250 lbs.
Tinned Milk	7,446 tins.
Spirits	87 bottles
Wheat	4,200 lbs.
Biscuits and pastries	64 lbs.
Preserved fruits	21 lbs.

OCCUPATIONAL HEALTH SERVICE

During the year under review, the occupational health unit justified itself not only for its preventive work but also for the useful advice it tendered on various occasions.

Industrial health, or occupational health as it is termed in its wider context, has attracted an increasing amount of attention in recent years. Industrial medicine is preventive medicine. Its whole aim and object is directed to the improvement and preservation of the highest possible standard of health of the individual and of the group and to the maintenance of the optimum of industrial environment.

The work and the working environment are factors of considerable importance in relation to the health and working capacity of the employee. Efficiency of productive work can only be obtained when the environmental factors are adjusted to the health of the individual and when the individual is selected in accordance with his fitness to his work and his environment.

The working environment can be considered under four principal headings, i.e. physical, chemical, biological and psychological which give a plan on which the occupational health officer can base his survey when assessing the potential hazards to the worker. An interesting case of environment assessment, which was carried out by the Occupational Health Unit this year is worth mentioning.

Many workers in underground tunnels complaining of fainting spells and on some occasions the unconscious worker had to be dragged out of the tunnel by his colleagues. This was not a question of hydrogen sulphide from sewer gas as the tunnels had no connection with the sewer. The cause was generally attributed to carbon monoxide which might have leaked from underground gas pipes. The matter was subsequently investigated by the occupational health unit who attributed the cause of such mishaps to Black Damp which was found present in the tunnel .

"Black Damp" is a nitrogen, carbon dioxide mixture, which occasionally forms spontaneously by a process of oxidation in unventilated wells or tunnels. Black Damp is not a toxic gas in itself. Its effects on man are due mainly to the diminished oxygen percentage accompanying the admixture of black damp with air.

If the black damp displaces the oxygen content of the air to 8%, symptoms of anoxemia supervene and at 5% there is clouding of consciousness, loss of power over the limbs and eventually death. Black damp is ordinarily recognised by its action in extinguishing a flame. A candle held vertically, will not continue to burn if more than 15.8% of black damp is present. This corresponds to an oxygen percentage of 17.6.

The presence of black damp can be prevented through proper ventilation of subterranean passages by cross ventilation before workers enter the place. If cross ventilation cannot be provided for topographical reasons, the environment should be ventilated by perflation with an air compressor. If neither of the forementioned methods is applicable the use of an oxygen mask should be resorted to. However, as this method is rather cumbersome for manual work, it should only be considered as a last line of defence.

Notification of industrial diseases is one of the means by which the health of the worker is protected. Compulsory notification of occupational diseases initiates measures of prevention, causes the investigation of the working conditions and other circumstances which have caused or are suspected to have caused the disease and helps to compile statistics of occupational diseases. With this aim in view, regulations are being drafted for the compulsory notification of certain occupational diseases.

Places of employment were inspected, when requested by Government departments and the reports on the environmental conditions with suggestions for improvement, where necessary, were submitted accordingly. Such places included:

a) Battery charging stations in connection with the required ventilation to remove sulphuric acid fumes.

b) Motor vessels in connection with the safety temperature for workers handling cement bags.

c) The Government Printing Press with regard to the discharge of harmful fumes and dust from the exhaust ventilator and in connection with the hazard of lead poisoning.

d) Underground tunnelling works at Ta' Bakkja, Ta' l-Isperanza, Has-Saptan, New Power Station (Marsa). These were inspected with special attention to the system of ventilation, blasting operations and the machinery in use.

e) The printing section of a private printing press was also visited to inspect the lighting conditions.

Applications for manufacturing processes were considered by the occupational health unit and these included:

a) Manufacture of paints, b) Production of carbonic acid for the preparation of beverages, c) Production of oxygen for industrial and medical purposes, d) Manufacture of tobacco goods and e) the operation of iron works and allied trades.

A vocational training and industrial rehabilitation committee for disabled persons has been set up under the chairmanship of the Director of Technical Education. The a/senior occupational health officer took the opportunity to present and discuss a scheme for the establishment of an industrial rehabilitation centre. As a start, early this year, 51 disabled persons were examined at the occupational health unit with the object of recommending them for apprenticeship to a suitable trade at the Government training centre.

Disabled persons continued to be examined by the a/senior occupational health officer under the disabled persons employment scheme of the National Employment Board. The number of persons examined during the current year was the following:—

Males	190
Females	27
Young Persons	31
Total:	248

Out of the above number, 26 were subsequently re-examined for re-assessment.

Twenty-five young persons were medically examined in terms of Act No. X of 1952 which provides for the training and employment of apprentices and learners in industry. Only one of these apprentices was found partially unfit. A total of 140 examinations were carried out on Government employees submitted for medical examination by their departments as follows:—

Public Works	82	
Water and Electricity ...	50	(including periodical examinations)
Civil Defence	2	
Education	1	
Agriculture	5	

The undermentioned Departments submitted the number of employees stated for medical examination to verify whether the persons concerned were still capable of rendering a full return of works:—

Water and Electricity	16
Education	4
Civil Defence	3
Courts of Judicial Police	5
Agriculture	8
Technical Education	1
Public Works	8
Milk Marketing Undertaking	1

The Department of Emigration, Labour and Social Welfare required advice based on medical examination regarding:—

Three persons as to their suitability for employment;

Two persons regarding their claim for unemployment benefit;

Four persons prior to their appointment as light house keepers in the Red Sea;

One person in connection with his recession of the agreement under the Regulations for the Training and Employment of Apprentices and Learners in Industry;

Twenty-two persons were referred by the Police department for medical examination in connection with their application for a driving licence;

Four persons were referred for medical examination through the National Employment Board.

Three applicants were medically examined in conection with their application to undergo a course for divers at H.M. Dockyard, Malta.

In connection with the decision to distribute as cash benefits the proceeds derived from the sale of the George Cross stamps to dependants of the civilian war casualties and to civilians who were maimed for life during the Second World War, the occupational health officer examined 132 applicants for confirmation of their war injury and for an assessment of their present disability on a percentage basis.

FREE IMMUNISATION SERVICE

The Free Immunisation Service of the department offers to the public, particularly to children and young adults, free immunisation against infectious diseases such as diphtheria, typhoid, tuberculosis and polimoyelitis.

During 1958, the free immunisation teams of this Service visited 43 districts in Malta and 13 districts in Gozo. Each team consists of a doctor, two nurses and a health inspector. The teams are provided with mechanical transport including a mobile clinic to enable them to work in any part of the Island. Ample accommodation for carrying medical equipment is available and the teams form a compact mobile unit which is highly versatile. The Free Immunisation Service works to a programme prepared months ahead and details regarding the localities to be visited and the time of the visits are also planned in advance.

Before work starts in a pre-determined locality, the health inspector and the health visitor of that place go about bringing to the notice of residents the aim and object of the immunisation team's visit. All the influential persons are approached and asked to support and help disseminate information about the immunisation programme. The Parish Priest of the district assists by publishing the programmes in church during the Sunday services. The school head teachers are visited and arrangements are made to set up the vaccination/inoculation centre in a suitable room on the school premises.

Generally, the Government primary school is used as the main centre for immunisation in each district but the team visits all the private schools in the area so that all the child population may be reached. The head teacher distributes to every school child a parental consent form for parents to authorise the immunisation to be performed on their children. The consent forms also serve as a means of propaganda since they reach the individual householder. The programmes are read on the Rediffusion system and advertised in the press, while the mobile cinema of the Department exhibit films in various places of the district, imparting to the people information on the nature of the immunisation to be carried out. Posters are fixed in prominent places and in shop windows; leaflets are distributed to almost everybody attending the cinema shows and in the clubs and the shops where people gather. The district medical officer of the locality is also informed beforehand of the immunisation programme so that he may tender advice and uses his influence with the public for the success of the campaign. It is a pleasure to record that the leading personalities of every district have been most helpful with their cooperation and the immunisation sessions owe a large measure of success to their leadership and example.

During the year very extensive use made of the mobile clinic. This vehicle which can negotiate any street and lane in Malta and Gozo, was used in 15 districts specially for the purpose of immunising children between the ages of 6 months and 5 years against diphtheria in pursuance of the policy of immunising children before they start attending school. The results were very encouraging. A relatively large number of children received both doses. It is presumed that the majority would have remained unprotected if it were not the mobile clinic. A good number of children received maintenance doses.

The ordinary housewife has found the mobile clinic of enormous help as she can immunise her young children on her very doorstep. The mobile clinic has been fitted with a public address apparatus and it is a common occurrence nowadays to see people coming out of their houses after the first broadcast and present their children for immunisation.

Diphtheria Immunisation. Immunisation against diphtheria is offered to children between the ages of 6 months and 5 years. In this way children need only an immunising maintenance dose when they go to school. Almost all the diphtheria immunisations during this year were carried out by the team using the mobile clinic.

General practitioners are supplied with diphtheria A.P.T. vaccine free of charge but they have only vaccinated 98 children. The immunisation is carried out by giving two injections of O.5 c.c. Diphtheria Prophylactic A.P.T. with an interval of four weeks between the first and second dose. The total number of children who received both doses was 2,845; 102 others received maintenance doses only, while 103 children who received the first dose were found unfit for the second dose.

Table LXI shows the number of vaccinations carried out in the districts visited.

TABLE LXI

Diphtheria Immunisations

LOCALITY	First Dose	Second Dose			Maintenance Dose	Total
		Given	Unfit	Refused		
Zabbar ...	445	445	—	—	10	455
Xgħajra (Zabbar) ...	38	36	2	—	5	43
Senglea	132	125	7	—	5	137
Vittoriosa	36	34	2	—	6	42
Marsascala	41	41	—	—	—	41
Kalkara	110	102	8	8	8	118
Birkirkara	509	480	11	18	30	539
Luqa	171	145	17	9	1	172
Naxxar	101	94	7	—	4	105
Zurrieq	276	249	18	9	3	279
Birzebbuga	159	148	8	3	16	175
Qormi	378	346	23	9	6	384
Marsaxlokk	65	65	—	—	—	65
Gudia	185	185	—	—	—	185
Marsa	350	350	—	—	8	358
Total ...	2,996	2 845	103	48	102	3,098

Anti-Tuberculosis vaccination. Anti-tuberculosis vaccination has been carried out by the free immunisation service since 1950. During 1958, the free immunisation service teams visited Rabat, Valletta, Floriana, Ħamrun, Pietà and Msida where a total of 4,106 children and young adults were tuberculin tested. Of these, 1,498 were found to be positive, 2,406 negative and 2,384 were vaccinated with B.C.G.

The Anti-tuberculosis vaccine used is the Bacillus Calmette Guerin type and this vaccine is obtained from the State Serum Institute in Copenhagen. The vaccine is prepared every Monday and reaches Malta by air on the following Wednesday. The vaccine is transported in cool-box containers and remains valid up to 14 days from the day of preparation. This procedure has stood the test of eight years and satisfactory results have always been obtained. On one occasion, however, a B.C.G. parcel was lost owing to an air crash. The consignment was immediately replaced and it reached Malta on the following day without causing any disruption to the vaccination service.

The persons who come forward for B.C.G. vaccination are first submitted to a tuberculin test. The Adrenalin-Pirquet method of testing is used. Old tuberculin with a drop of 1% adrenalin per 1 c.c. of tuberculin is used as the testing serum. Two scratches each one-half of a centimeter long are made through the epidermis on the volar aspect of the left forearm in the middle third. One drop of the pre-

pared Adrenalin-Tuberculin is rubbed in by means of a glass rod into the scratches; the glass rod being sterilized each time after it is used. The test is examined 72 hours afterwards and if there is an infiltration of 3 millimeters, the tested person is considered positive and no vaccination is required. An infiltration of less than 3 millimeters is considered negative and B.C.G. vaccination is given.

Vaccination is carried out intracutaneously as superficially as possible and very slowly so as not to harm the tissues, one tenth of 1 c.c. of B.C.G. vaccine is injected until a wheal of 10 m.m. in diameter appears. Very soon this wheal disappears. The person vaccinated feels only a tickling sensation. After 3 to 4 weeks a small zone of redness and a nodule will appear. This will spontaneously heal after some weeks.

Anti-Poliomyelitis vaccination. The nation-wide campaign which was started last year was carried to a satisfactory conclusion this year. The vaccination team visited all the districts including Gozo. For a time, the supply of the vaccine was interrupted due to production shortages in the United Kingdom and elsewhere. To carry out this campaign, the school medical officers were asked to help vaccinating in several districts of Malta. In 22 districts in Malta, 12,972 children were vaccinated and in 13 districts in the sister island of Gozo, 3,607 children came forward for vaccination. The vaccination team had to pay two visits to Gozo, the first visit in the Spring and the second during the Autumn months. Transport between the two islands was very difficult during the Autumn visit owing to bad weather.

The poliomyelitis vaccine used is a modified Salk type vaccine for immunisation against all three types of poliomyelitis virus. It contains a killed strain of each of the three types of poliomyelitis virus Type 1 modified Brun-hilde (Enders); Type II MEF — 1 strain; Type III Saukett strain.

The vaccination is carried out by a course of two intramuscular injections of 1 c.c. vaccine each with an interval of three weeks between them.

The vaccine arrives by air in cool containers. It is at once stored in refrigerators at a temperature of from 2° to 10°C., and protected from light. The immunisation teams have special insulated cool containers in which the vaccine is carried to the immunisation centres. The vaccine is contained in 10 c.c. phials and once a phial is opened, it is discarded within 24 hours of its initial usage.

TABLE LXII

Number of Children vaccinated against Poliomyelitis by Sex and District in Malta

District	Males	Females	Total
Valletta (Office)	240	265	505
Attard/Lija/Balzan ...	251	302	553
Birzebbugia	271	239	510
Chircop	89	69	158
Dingli	132	164	296
Gharghur	120	124	244
Gudja	144	174	318
Gzira-Stella Maris	130	—	130
Hamrun, Lyceum	89	—	89
Hamrun, Fra Diego Institute	—	10	10
Hamrun, St Joseph Institute	75	—	75
Mgarr/Zebbiegh	235	336	571
Mellieha	439	364	803
Mqabba	216	223	439
Naxxar	294	303	597
Paula	1,154	1,192	2,346
Qrendi	83	93	176
Safi	38	40	78
Siggiewi	561	646	1,207
Sliema, Ursoline Sisters ...	48	29	77
St. Paul's Bay	231	196	407
Tarxien	228	209	437
Zebbug	396	606	1,002
Zejtun	344	411	755
Zurrieq	441	568	1,009
Total	6,314	6,658	12,972

TABLE LXIII

Number of Children vaccinated against Poliomyelitis by Sex and District in Gozo

District	Males	Females	Total
Victoria	320	404	724
Għajnsielem	101	147	248
Għarb	41	44	85
Għasri	26	20	46
Kercem	81	94	175
Munxa	5	7	12
Nadur	331	337	668
Qala	97	83	180
Sannat	78	71	149
St. Lawrence	13	12	25
Xagħra	324	327	651
Xewkija	319	204	523
Żebbuġ	64	57	121
Total	1,800	1,807	3,607

TABLE LXIV

Number of Children vaccinated against Poliomyelitis by Age and Sex in Malta

Year of Birth	Males	Females	Total
1957	90	69	159
1956	292	278	570
1955	342	341	683
1954	378	399	777
1953	417	387	804
1952	494	553	1,047
1951	625	632	1,257
1950	657	652	1,309
1949	622	618	1,240
1948	597	726	1,323
1947	561	730	1,291
1946	520	569	1,089
1945	369	362	731
1944	253	183	436
1943	39	25	64
1942	3	1	4
1941	20	1	21
1940	3	—	3
Unknown age	86	78	164
Total	6,368	6,604	12,972

TABLE LXV

Number of Children vaccinated against Poliomyelitis by Age and Sex in Gozo

Year of Birth	Males	Females	Total
1958	2	—	2
1957	26	32	58
1956	100	75	175
1955	80	93	173
1954	103	95	198
1953	108	84	192
1952	143	152	295
1951	199	182	381
1950	213	192	405
1949	183	187	370
1948	164	197	361
1947	156	197	353
1946	174	180	354
1945	87	84	171
1944	33	29	62
1943	4	3	7
1942	1	—	1
1941	4	—	4
1940	1	—	1
Unknown age	19	25	44
Total	1,800	1,807	3,607

PUBLIC CLEANSING SERVICE

Scavenging. This service, which was the subject of frequent comment because of the littering of streets by irresponsible individuals continued to be performed with the same methodical thoroughness as formerly. Road-sweepers went about their daily job and even during the afternoons of an exceptionally hot summer, the work of road cleaning continued to be regularly performed.

It is deplorable to observe that the streets remained free of litter for only brief periods after they had been swept. This situation has made little, if any, improvement from year to year, and is naturally a cause of some concern. To keep putting the blame on an uncooperative section of the public seems to have become a repetitive argument. However, in this respect, there is no better judgement than that expressed by the public in general.

The clearing of the waysides on some highways and other open spaces has absorbed much time and work that could be profitably employed in some other task. Dumping of empty tins and debris of all sorts increased to such an extent as to render almost non-apparent our efforts in maintaining these places clean. It is hoped, however, that the publicity and the emphasis laid upon public cleanliness by the Department and by the local press would find an increasing support from the public.

The work in excess of the normal weekly hours which had been performed for a protracted period by all road-sweepers in Malta and Gozo on Saturday afternoons was suspended just before the end of the previous year. Similar work at Kingsway, Valletta, during Sunday afternoons and after 4.30 p.m. on weekdays, was also suspended. The cleansing of the Valletta Market, which was being carried out by a gang of six road-sweepers after normal working hours was, likewise, suspended. The cleaning and washing of the market was in the meantime performed after 1 p.m. by a gang of 6 road-sweepers withdrawn for the purpose from their respective beats but this measure did not help keep clean the streets of Valletta during the afternoon.

As in former years, a refuse motor-truck and four labourers were employed during the Summer period for the methodical cleansing of beaches. In Gozo, a similar truck was employed for the first time and it helped in no small degree in keeping the popular beaches in a clean condition.

The free service for the emptying of cesspits in Malta and Gozo and the removal of slop-water in Malta, covering those districts not yet provided with sewerage continued to function smoothly.

In early August of the year under review, Mr. H. Ardern, the Director of Public Cleansing, City of Westminster, visited Malta to study the problem of public cleansing and to submit to Government recommendations for improvements in the local system.

Mr. Ardern spared no effort to acquire during his stay, as much knowledge as possible of the different aspects and problems of public cleansing in Malta and Gozo. He went round the Island and gave his utmost attention to the various problems brought to his notice.

House-refuse Collection Service. The service of the daily removal of domestic refuse operated smoothly throughout the year. It would, however, be very advantageous, as it would help to maintain the streets in a cleaner condition, if householders were to cooperate by providing covered bins of a suitable pattern. By means of this cooperation, the spillage of refuse before and during collection would be abated to a great extent and this in turn would help in maintaining the roads in a cleaner state.

The removal of ashes, waste matter and other refuse from Defence Services establishments continued to be carried out as in former years.

It is pleasant to report that the nuisance which the main dumping site at Luqa was causing through the periodical burning of refuse either through spontaneous combustion or otherwise, was completely eliminated following the provision of a bulldozer for work at the dump. The refuse dumped there is run over and crushed by the bulldozer and covered with a layer of soil at the end of each day. This method eliminates completely not only the smoke and smell nuisance but also the possibility of fles breeding in the refuse.

The Refuse Disposal Centre dealt with 13,826.91 tons of material which consisted of the following by-products:—

Pulverized manure	9,955.784	tons
Scrap paper	219.776	„
Waste cardboard	66.473	„
Firewood	85.286	„
Rags	4.742	„
Scrap iron	34.193	„
Glass bottles	8.553	„

From the sale of the by-products and the fees for the use of the mechanical weighbridge by the public, a total of £3,824. 17s. 77d. was realized as detailed hereunder:—

Pulverised manure	9,944.33	tons =	£2,494. 8. 10
Scrap paper	211.296	„ =	201. 12. 0
Waste cardboard	69.148	„ =	133. 15. 0
Firewood	83.250	„ =	220. 10. 0
Rags	4.767	„ =	24. 19. 3
Scrap iron	26.799	„ =	108. 13. 0
Glass bottles	10.013	„ =	33. 19. 6
Mechanical Weighbridge Fees ...		=	607. 0. 4
Total Revenue ...			£3,824. 17. 11

A total of 3,297 tons of other refuse of no value was disposed of at the Luqa Dump, while 27.582 tons of firewood and 0.243 tons of glass bottles were supplied for the use of the Department.

Public Convenience. Two new latrines for men were opened during the year at Luqa and Rabat respectively. These were provided with attendants and kept open day and night.

A new latrine for women was opened at Rabat, Gozo. It was kept open during the day and was provided with an attendant.

Two new latrines were also opened at Xlendi and Marsalforn, Gozo. They were kept open during the Summer period and were provided with attendants.

Maintenance works in existing latrines were carried out whenever required in order to keep the latrines in a good condition.

RODENT CONTROL

In our anti-rat campaign we introduced, in addition to the other acute poisons, a blood anti-coagulant poison known as 'Warfarin'. It is a slow acting poison which when ingested regularly in small doses over a period of days causes haemorrhage in rats and mice. Because "Warfarin" is a slow acting poison it develops no bait shyness, and as no warning is given in taste, the rat continues to feed unsuspectingly until he dies.

Although there is no formula available for calculating the kill in relation to the "Warfarin" poison bait eaten, there can be no doubt that the number of rats destroyed by this method is considerable when taking into account the amount of poison bait consumed.

This newly used poison which is widely used in many countries has proved to be an efficient rodenticide both in sewer and surface baiting.

A total of 52,883 inspections were made during the year under review by the rodent control staff in connection with surveys for rat infestations. These surveys resulted in the deratting of 13,588 localities in several towns and villages, including the public sewers.

8,615 requests for assistance to deal with rat and mice infestations were received by the Department, from occupiers of business premises, factories, dwelling houses and other establishments. The necessary action was taken in every case and it is gratifying to know that the public has become more rat conscious, even to the extent of notifying the Department when odd rat or mouse is seen. There were many who availed themselves, not only of the free poison bait supplied to destroy pests, but also to seek advice to prevent re-infestations. Defects and other rat-proofing work and accumulations of rubbish serving as a harbourage for rats, were brought to the notice of the Health Inspectors concerned after each treatment.

The port area was kept under constant vigilance. The principal sites, namely warehouses, within the area, were surveyed and treated whenever necessary; it was noted that all the rats infestations found during the year were generally of a minor degree.

One hundred rats of the 'Rattus Norvegicus' species were caught during the year by different types of traps from buildings and sewers. Sixty-five of the rats caught were submitted to theBacteriological Laboratory for flea index examination.

The incidence of Murine typhus cases this year shows an increase over that of the preceding year. Immediate and special attention was given to the premises and their surrounding areas whenever each case occured. As no rat-borne disease were notified, the possibility of food contamination by rats and mice has not been excluded.

The Rodent Control Committee composed of Government and Defence Services Representatives met every two months and discussed the work done and the progress achieved by each department in the fiield of rodent control, besides other matters relating to public health in general.

The utmost co-operation in the field of rodent control was maintained throughout the year with the respective branches of the Defence Services departments.

The quantity of poison (in ounces) used in the preparation of baits was as follows:—

"Warfarin" 4343½; Zinc Phosphide 1935¾; Red Squill powder 71½ and Arsenic 1.

The following table gives details of the treatment carried out uring the year.

	Pre-baiting System	Direct poisoning "Warfarin"
Number of area treated	92	361
Quantity of plain baits laid (in ozs)	5,981	Not applicable
Plain baits takes observed	3,382	Not applicable
Quantity of poison baits laid (in ozs)	3,382	25,506
Poison bait-takes observed (in ozs)	1,406¼	44,223¼
Dead rats collected	382	1,556
Estimated number of rats killed by poisoning ...	3,320	Not applicable

INSECT CONTROL

The most prelavent insect-pests are house-flies and cockroaches which disappear or hibernate during Winter and resuscitate again throughout the rest of the year, late Spring and early Autumn being the high seasons for flies.

During the last few years a steady decrease in the fly population has been noted in towns and many villages and the decline was much more in evidence during the year under review.

In rural districts, farmers and animal breeders, conscious of the fact that fly-nuisance reflects adversely on the health, growth and the yield of milk of their animals, are becoming more concerned with keeping their pens clean and free of flies. However fly-control in these areas still remains a difficult problem on account of the conflicting interests of hygiene and agriculture. In spite of a strict supervision of farms and cattle-pens and of frequent drastic actions taken in connection with the rearing of animals in unsuitable places and with the improper disposal of refuse and dung collected for agricultural purposes, the desired advance has not yet been attained

As in previous years public and private institutions and other localities which were known to be infested with flies were effectively treated by spraying or dusting with 5 to 10 per cent DDT. In some instrances, Gammexane, in liquid or powder form, was used as a larvicide on refuse dumps and manure heaps and the results were satisfactory.

Cockroaches are generally carried unnoticed on commodities and their containers and thus rapidly spread from large establishments to shops and houses. Their habits and mode of breeding present some difficulty for their extermination and many times proper control cannot be achieved without repeated attacks on the survivors and the new generations which escape preliminary treatments and emerge in large number from cracks, crevices and other hiding places.

Cockroaches were normally controlled by the application of liquid or powder DDT to their usual haunts and runs; on few occasions insecticidial lacquers were employed and the lasting residual properties of these preparations proved very efficacious. However, their use on a large scale was economically prohibitive.

Bed-bugs and flies were prevalent and widespread pests in the past. Attention to cleanliness, personal and environment, has now almost eliminated the breeding of these irritating and unpleasant insects.

The few complaints of bed-bugs infestations made to the Department, came from communal institutions and were dealt with by the application of a residual deposit of DDT produced by a powerful "rotary blower". Dusty and dirty floors of unoccupied rooms were sometimes found infested with fleas. A spray with Cresol Saponatus followed by washing and cleaning the floors were always found to be practical and safe measures for the extermination of fleas. In the treatment of infested cloths and bedding, insecticidal powders were applied.

Complaints on domestic mosquitoes (Culex Family) were few and the usual control measures were adopted. These involved the detection and removal of undisturbed waters, where eggs were laid and larvae developed, and an attack on adult mosquitoes with liquid DDT. When removal of the stagnant water was not feasible a film of kerosene, or other light oil, dispersed on the surface of the water, was the alternative method which invariably produced a complete larval control.

Houses where cases of Kala-Azar had occurred and their surroundings, were always treated with DDT as a precautionary measure against Phlebotomus, the insect vector of the disease.

Other kinds of insects as well as mites and vermins which usually attack man, animals, commodities and habitations were occasionally brought to the notice of the Department and the best available means and the most convenient methods were employed for their control.

The Department is now equipped with a powered "atomizer", knapsack type, which may be adapted for use as a sprayer, dust-blower or flame-thrower. With this single-operator appliance, large surfaces which may require insecticidal treatment, can be effectively covered with great economy in time, labour and material. Arrangements are also in hand to provide and install in places most frequented by flies portable frames mounted with twine soaked in Dieldrin and the good results obtained in other countries, through this simple device, are anticipated.

TABLE LXVI

Summary of work performed in connection with Insect Control

Places treated with D.D.T.	Liquid solution	dust
Government hospitals and Institutions	523 gallons	191 lbs
Private dwellings	37 „	94 „
Schools	28 „	25 „
Factories and shops	62 „	173 „
Markets	77 „	31 „
Civil Abattoir	40 „	22 „
Refuse dumps	79 „	273 „

FOOD AND DRINK

Shops, markets, dairies, factories and other places where articles of food or drink are prepared, kept or sold were regularly inspected by Health Officials. Frequent inspections of bakehouses, butchershops, restaurants and public houses were made also during irregular hours. The object of these inspections was not limited to a check on the wholesomeness or otherwise of food and drink found on the premises, it included the detection of fraudulent or bad practices, a survey on the sanitary conditions of the premises, the personal hygiene of food handlers, cleanliness of implements and utensils and any other functions of public health importance and also giving advice and guidance on hygienic principles.

Samples of various foodstuffs and drink were frequently taken and submitted for examination at the Public Health Laboratory. During the summer months particular attention was paid to ice-cream factories and ice-cream vendors and a systematic collection of samples was carried out to ensure the purity of ice-creams and their freedom from bacteria or other contamination.

During the year, Health Officials had to devote much of their time to the task of raising to an established standard the hygienic and sanitary conditions of cow-sheds and goat-pens in connection with a drive for the production of safe and clean milk. Another drive for improving and controlling the manufacture and sale of tomato-paste was made during the tomato season.

The sale of tinned milk was still under the control of the Milk Marketing Undertaking. Tins of milk found defective were examined by Health Inspectors and certificates on the result of the examinations were released to the Undertaking by the Department. During the year a total of 1,985 tins were found to be unfit for human consumption and destroyed.

About 3,000 blocks of butter, each weighing about 40 pounds, were examined apiece and reported upon by the Health Officials. The butter showed signs of incipient deterioration and was eventually destroyed. A quantity of tomato-paste, produced in a local factory, was found to contain an artificial colouring matter which though innocuous, is prohibited by the Food, Drugs and Drinking Water Ordinance. To avoid waste and for industrial and economcal reasons, the manufacturer was granted permission to export the paste to other countries, where harmless colouring matter in tomato-paste is allowed.

Various parcels of different foodstuffs, found damaged or deteriorated during transport or storage were examined by Health Officials at the request of claims. A total of 1,215 pounds of such foodstuffs were declared to be unfit for importers and tradesmen for the purposes of insurance policies or other legal Claims. A total of 1,215 pounds of such foodstuffs were declared to be unfit for human consumption and were disposed of under the direction and supervision of the Department. Forty-nine certificates on the condition and the final disposal of the goods examined were issued during the year against payment of the prescribed fees.

Articles of food found unfit for human consumption and destroyed or otherwise disposed of by Health Inspectors during the year 1958

	Number of articles	Weight in lbs.
Tinned Milk	1,832 tins	1,705
Cheese	15 parcels	166
Fats	67 packets	224
Tinned meat	1,858 tins	2,195
Fresh or prepared meat	26 parcels	4,179
Pig trotters	7 barrels	469
Poultry and rabbits	32 heads	122
Tinned fish	123 tins	54
Fresh or cured fish	12 parcels	166
Flour, bread and paste	9 parcels	49
Tinned fruits and vegetables	97 tins	72
Tomato Paste	508 tins	2,778
Confectioneries	9 parcels	69
Spirits	53 bottles	—
Total	4,648	12,248

FOOD POISONING

Three outbreaks of food poisoning occurred in 1958.

One occurred at Mellieħa and was due to the consumption of sausages. Another at Senglea, B'kara and other towns and villages where ice-cream distributed by a particular firm was consumed. A third outbreak occurred at Lija and other localities through the consumption of confectionery bought from Valletta. No specific contamination was discovered in any of the samples obtained from the three outbreaks and submitted for bacteriological examination.

The samples submitted contained, however, a plentiful flora of generic organisms such as B. Coli Proteus and subtilis; these organisms were an index of excessive and unnecessary handling.

The year's record fully justified the strictness with which supervision of the manufacture and sale of foodstuffs was exercised in more ways than one.

Besides the orthodox precautions normally practised in this direction, foodstuffs were not allowed to be sold in shops licensed for the sale of other items not intended for human consumption. Vegetables and other soil-carrying produce of the farm were not allowed to be included in the list of articles of grocery shop on account of the liability of infecting groceries which are ordinarily eaten uncooked.

These precautions, coupled with other measures of cleanliness have had satisfactory results also because they have helped to raise public opinion on the necessity of cleanliness in shops.

It is to be observed that these measures may have had some effect on the incidence on sporadic enteric fever once so frequent with other gastro-intestinal diseases in countries like ours with a sub-tropical climate.

The education of food-handlers was carried on with all the methods available in order that handling of foodstuffs be reduced to a minimum.

HEALTH INSPECTORATE

Health Inspectors carried out 176,465 inspections of licensed premises in Malta and Gozo during the year 1958 as detailed hereunder:—

	Malta	Gozo
Bakehouses, flour mills, paste factories	20,265	2,863
Grocery shops	24,324	5,098
Grocery shops licensed also for the sale of wine and spirits	23,738	3,024
Confectioneries and shops for the sale of cheesecakes	9,151	1,289
Restaurants and coffee shops	18,802	1,556
Butchershops	14,012	2,849
Wine and spirit shops	19,232	4,869
Aerated water factories	1,401	212
Milk shops and dairies	17,839	1,445
Barbers	3,927	570

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

	Malta	Gozo
Foodstuffs	13,232	1,426
Drinks	1,791	76
Water	668	41

The number of inspections of houses and other buildings made by Health Inspectors in Malta and Gozo during 1958 was 79,035 and the following inconveniences were detected.

	Malta	Gozo
Houses kept dirty or containing accumulation of refuse or dung	1,754	275
Houses reported upon for structural defects	2,705	411
Houses where animals were kept in contravention of the Sanitary Regulations	1,215	277

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

	Malta	Gozo
Households ordered to remove nuisance	4,870	891
Households reported in contravention of Sanitary Laws and regulations	804	72

The number of houses reported upon for special purposes was 7,306 in Malta and 1,348 in Gozo.

The number of inspections of house-drains was 24,170 in Malta and 1,390 in Gozo as detailed hereunder:—

	Malta	Gozo
Drains tested	2,816	285
Drains found defective	2,133	63
Drains found obstructed	2,761	80
Cesspits cleaned by order of the health authorities ...	16,258	941
House-drains reported in contravention	235	12

The number of new houses and other buildings completed during the year was 1,122 and the number of alterations in existing buildings was 384.

During the same period 707 houses were connected with the public sewer and 270 were connected with cesspits.

The number of alterations in existing drains connected with the public sewer was 565 and in those connected with cesspits 163.

16,806 inspections of buildings in course of construction were made during the year.

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

	Malta	Gozo
Leishmaniasis	228	—
Diphtheria	65	7
Tuberculosis	60	6
Scarlet Fever	54	—
Typhoid Fever	53	4
Typhus Murine	9	—
Measles	8	—
Leprosy	5	—
Poliomyelitis	3	—
Cerebro-spinal meningitis	1	—
Broncho-pneumonia	1	—
Puerperal fever	1	—
Scabies	1	—

The number of statutory notices issued during the year 1958 was as follows:—

Nuisances and defects in buildings or drains	2,259
The laying of house drains and their connection with the public sewer or with a cesspool	325
The emptying of polluted water from cisterns	34

TABLE LXVII

Contraventions of the Sanitary Laws brought before the Courts

Contraventions against	Nature of Contraventions	Malta	Gozo	Total
The Code of Police Laws (Cap 13)	Collected house refuse without the permission of the Commissioner of Police ...	114	—	114
	Let dirty water to flow into the street ...	3	6	9
	Infringement of Laws or Regulations relating to buildings or drains	95	30	125
	Kept houses not provided with a regular privy	15	1	16
	Kept the floors of yards and rooms in bad state of repair	2	1	3
	Kerrejjas in bad structural and unhygienic conditions	13	—	13
	Drains out of order	38	—	38
	Kept an accumulation of filth	26	15	41
	Kept a pigsty less than 200 yards away from an inhabited area	40	4	44
	Kept more than six fowls without a licence	1	—	1
	Non-fulfilment of sentence	95	—	95
The Medical and Kindred Professions Ordinance (Cap. 51)	Unauthorized persons selling and trading in drugs, in doses and as medicaments ...	1	—	1
The Food, Drugs and Drinking Water Ordinance (Cap. 54)	Kept for sale articles of food not properly protected from contamination ...	41	—	41
	Kept food unfit for human consumption ...	3	—	3
	Unlicensed keeping of milch animals ...	176	24	200
	Kept for sale and sold milk diluted with water	27	4	31
	Kept live animals in grocery shops ...	1	—	1
	Offered for sale unstamped sausages ...	14	—	14
	Kept for sale fish in a state of deterioration	1	—	1
	Used the place in which food is prepared for other purposes likely to impair the wholesomeness of the food	5	—	5
	Kept shops in a dirty condition	9	—	9
	Kept goatpens dirty	3	—	3
	Prepared articles of food in a place not complying with the requirements of the law	2	—	2
	Sold aerated waters containing saccharine	9	1	10
	Failed to paint and whitewash bakehouses	3	1	4
	Kept for sale milk that curdles when boiled	20	—	20
	Kept for sale tomatopaste containing extraneous colouring matters	1	—	1
	Non-fulfilment of sentence	21	2	23
The Prevention of Diseases Ordinance (Cap. 59)	Failed to attend medical inspection following arrival from abroad	1		1

Contraventions against	Nature of Contraventions	Malta	Gozo	Total
	Failed to present infants for vaccination against smallpox	570	—	570
Government Notices 270/1926	Carried about the street articles of food not protected from contamination ...	1	—	1
505/1957	Failed to wear a clean overall	181	9	190
325/1899	Failed to emptv cesspit	3	--	3
110/1934	Infringement of the regulations respecting the construction of houses and drains	6	2	8
324/1955	Infringement of the market Regulations ...	13	—	13
Criminal Code	Insulted the Health Inspector while discharging his lawful duties as Health Inspector	—	1	1
	Total	1,554	101	1,655

POPULAR HEALTH EDUCATION

The health propaganda section of the Department made use of the mobile cinema van, the press, the rediffusion network, posters, hand bills and leaflets to reach and educate the general public in matters dealing with health in all its aspects and the many problems related to it.

The mobile cinema van is a versatile and mobile unit totally independent for power and traction, fully equipped to give open air cinema shows in any locality. During the year under review the van was used to give 103 shows in towns, villages and hamlets. The shows given never failed to attract an audience and the total number of estimated attendances is 42,906.

Eleven films on general health, hygiene and sanitation were exhibited. The films "FLY ABOUT THE HOUSE" and "KEEP THE STREETS CLEAN" were shown four times and seven times respectively. "HOW TO CATCH A COLD", an American cartoon film in colour was shown six times during the winter months. The Swedish film "VACCINATION AGAINST TUBERCULOSIS" was shown together with the locally produced film "FREE IMMUNISATION TEAM". These two films were shown where anti-tubeculosis vaccination with B.C.G. was scheduled to be carried out.

Another locally produced film in colour "POLIO VACCINATION" showing children receiving the new anti-poliomyelitis vaccine was shown 19 times in localities where this new form of preventive vaccination was carried out.

The film "DEFEAT DIPHTHERIA" with a short colour film showing the work of the mobile clinic, was shown 25 times in different localities where the mobile clinic was being utilised by the Free Immunisation Team.

An English anti-smallpox vaccination film "SURPRISE ATTACK" which shows in a dramatic form the spread of infection in the community was exhibited during the smallpox vaccination sessions.

A special cinema show was organised for the catering personnel of the Malta Tourist Entertainment Co. when the films "BEHIND THE MENU" and "ANOTHER CASE OF FOOD POISONING" were exhibited with a running commentary in Maltese.

Exhibition time was granted to the Milk Marketing Undertaking to show a film about the pasteurisation of milk and a film sponsored by the Emigration Division of the Department of Labour, Emigration and Social Welfare was shown twice a week during the cinema programmes.

The programmes for these film shows were published in the press and broadcast on the Rediffusion network. Copies or these programmes are sent to the senior police officer of the district, to the parish priests and to school teachers who circularise the programmes to school children and the information thus disseminated reaches the homes in the locality.

During the cinema shows thousands of leaflets were distributed dealing Poliomyelitis vaccination and B.C.G. vaccination.

Films from the Department's film library were lent to the Royal University and to the School for Nurses. Three film shows were performed in co-operation with the Floriana Civic Committee during their drive to keep that suburb clean.

The World Health Organisation continued to supply the Department with their press reports, booklets and leaflets. To celebrate the 10th anniversary of the foundation of the World Health Organisation, a special cinema show was organised and the Chief Government Medical Officer had the honour to address a large audience at the Royal University Theatre. Booklets and leaflets were distributed to all the persons who attended this celebration show. The Chief Government Medical Officer also broadcasted a fifteen minute talk on the Rediffusion network on the achievements and on the work carried out by the World Health Organisation during its ten years of existence. Two special outdoor film shows, exhibiting World Health Organisation films, were given in two other towns besides Valletta and leaflets were distributed to the general public who attended these shows.

Posters dealing with health matters were distributed to schools and clubs. A large consignment of posters and booklets were received from the Dental Council of Great Britain and were distributed to the best advantage.

In Gozo, fifteen open air cinema shows were held in all the villages of that Island. All the shows were well attended and over 9,470 people made up the audiences. To commemorate the 10th Anniversary of the foundation of the World Health Organisation a cinema show was held at the British Institute Hall at Victoria, which was lent by the kind courtesy of the Representative of British Council in Malta. The Senior Health Officer introduced the films and addressed the audience made up mainly of the leading personalities of that Island, doctors, teachers and members of the general public. The purpose of the film show was to introduce the new anti-poliomyelitis vaccination which was carried out in Gozo for the first time this year.

The services of the mobile cinema were again sought by the Department of Emigration, Labour and Social Welfare during "Emigration Week". The press and rediffusion were very kind in allotting space and air-time to publish the programmes of this service. The parish priests were as usual very co-operative in publishing the programmes to their parishioners during church services.

CEMETERIES

During the year under review the number of applications for the acquisition of sites for constructing graves at the Addolorata Cemetery was higher than in previous years and the area which was available for the purpose in the Cemetery was thus disposed of. In fact, 79 sites were allotted to private individuals, religious communities, clubs and other bodies but 260 applicants remained on the waiting list. Endeavours were made to extend further the Cemetery to incorporate Section PA, Compartments N, O, P, Q, R and S in the West Division, the completion of which, it is hoped will meet the present demand for the purchase of land and the construction of new graves.

Maintenance works at the Addolorata Cemetery were constantly in hand in order to keep the place in good condition and many sundry works of repairing and decoration were carried out. The re-surfacing of the main carriage way with tar macadam which has been outstanding for a long time nearly reached completion by the end of the year. New trees were planted all along the avenues and passages.

One hundred and two permits were issued for the erection of monuments, inscriptions, etc., and 97 permits were granted for the deeping of graves at the Addolorata Cemetery.

The department has already taken the initiative to have all the war damaged chapels and graves repaired out of funds provided by the War Damage Commission.

BUILDING PERMITS

During the year 1958, 2,165 and 255 Building Notices in terms of the provvisions of the Section 85 (1) of the Code of Police Laws (Chapter 13 of the Laws of Malta) in respect of buildings in Malta and Gozo respectively, were received from private architects for the approval of Sanitary Engineering Authority. Eleven of the Notices were referred by the Superintendent of Public Health for the consideration of the Medical Board, who approved nine of them, in certain instances with modifications as suggested. The remaining two Notices were not approved by the Board.

One hundred and five notices in respect of buildings in Malta and 13 in Gozo were rejected by the Sanitary Engineering Authority as not complying with the provisions of the building laws. Appeals against such refusals were made to the Medical Board in seven instances, but the Board upheld only two appeals.

During the year under review, 408 contraventions of the building laws were reported by the Building Inspctors and proceedings in Court were taken in 136 cases.

As a measure to control the quality of concrete building blocks put on the market by manufacturers, 48 samples of such blocks were taken at random from the sites of construction works in progress and submitted to the Public Works Department for testing.

TABLE LXVIII

Bed and Patient Statistics in Hopsitals for 1958

	St. Luke Hospital	St. Vincent de Paul Hospital	Hospital for Mental Diseases	Central Hospital	Santo Spirito Hospital	St. Bartholomew Hospital	Isolation Hospital	Victoria Hospital	St. John the Baptist Hospital	St. Theresa Hospital	Chambray Hospital	Isolation Hospital Gozo	TOTAL
1. Total bed complement	482	945	*754	71	70	118	176	89	147	16	180	24	3,072
2. Average daily number of occupied beds ...	520	866	909	38	66	42	43	44	97	10	171	2	2,808
3. Highest daily occupation	540	890	923	61	70	43	63	65	106	11	175	8	2,955
4. Lowest daily occupation	500	850	877	27	59	41	23	24	88	9	168	1	2,667
5. Total No. of in-patients treated	10,197	1,337	1,171	682	174	45	247	772	115	13	186	15	14,954
6. Radiological examinations	25,939	—	—	—	13	—	—	1,322	—	—	—	—	27,274
7. Pathological examinations	33,488	—	7,012	—	76	—	—	3,468	—	—	—	60	44,104
8. Bacteriological examinations	6,036	—	—	—	—	—	—	—	—	—	—	—	6,036
9. Patients treated by Physiotherapy Dept. ...	302	—	—	—	—	—	2	—	—	—	—	—	304
10 Treatments given by Physiotherapy Dept. ...	11,188	—	—	—	—	—	—	—	—	—	—	—	11,188
11. New out-patients	21,471	—	154	6,617	166	2	11	1,605	—	—	—	—	30,026
12. Total out-patient attendances	50,409	—	2,464	22,631	166	652	22	6,420	—	—	—	—	82,764
BEDS ALLOCATED													
13. General Medicine	120	26	—	—	—	—	29	24	—	—	—	—	199
14. General Surgery	120	40	—	—	—	—	—	37	—	—	—	—	197
15. Gynaecology	30	—	—	—	—	—	—	6	—	—	—	—	36
16. Obstetrics	44	—	—	—	—	—	—	12	—	—	—	—	56
17. Paediatrics	50	—	—	—	—	—	—	10	—	—	—	—	60
18. Psychiatry (including Mental Deficiency) ...	—	—	737	—	—	—	—	—	—	—	180	—	917
19. Cardiology	—	—	—	—	—	—	—	—	—	—	—	—	—
20. Dentistry	—	—	—	—	—	—	—	—	—	—	—	—	—
21. Dermatology	—	—	—	14	—	—	7	—	—	—	—	—	21
22. Tuberculosis													
a) Respiratory	—	114	—	—	—	—	1	—	—	16	—	—	131
b) Non-respiratory	—	—	—	—	—	—	—	—	—	—	—	—	—
23. E. N. T.	58	—	—	—	—	—	—	—	—	—	—	—	58
24. Infectious Diseases	—	—	—	—	—	—	138	—	—	—	—	24	162
25 Ophthalmology	—	—	—	55	—	—	—	—	—	—	—	—	55
26. Orthopaedic Surgery	60	—	—	—	—	—	—	—	—	—	—	—	60
27. V. D.	—	—	—	2	—	—	—	—	—	—	—	—	2
28. Chronic Sick	—	765	17	—	70	—	—	—	147	—	—	—	999
29. Leprosy	—	—	—	—	—	118	1	—	—	—	—	—	119

Nominal.*

TABLE LXIX

Movement of the Hospital Population during 1958

Hospital	Remaining at end of 1957	Admitted	Transferred from other hospitals	Total	DISCHARGED					Remaining at end of 1958
					Transferred to other hospitals	At request	Cured	Relieved	Died	
MALTA										
St. Luke	444	9,745	8	10,197	293	1,527	3,004	4,483	484	406
St. Vincent de Paul	702	185	111	998	45	58	—	—	190	705
St. Vincent de Paul (Extension Wards)	163	45	131	339	13	48	2	50	69	157
Hospital for Mental Diseases	879	257	17	1,153	25	80(a)	37	93	28	890
Central	37	630	15	682	23	—	541	76	2	40
Santo Spirito	63	43	68	174	22	13	30	10	31	68
St. Bartholomew	43	2	—	45	—	2	—	—	—	43
Isolation	27	156	24	207	11	10	157	4	12	13
Isolation (Extension Wards)	26	—	5	31	27	—	—	—	4	—
GOZO										
Victoria	48	706	18	772	53	112	338	187	48	34
St. John the Baptist	91	24	32	147	7	11	—	—	26	103
St. Theresa	11	2	—	13	—	2	—	—	1	10
Chambray (Mental)	169	10	7	186	11	—	—	—	4	171
Chambray (Extension Ward)	9	—	—	9	2	—	—	—	—	7
Isolation	2	13	—	15	1	—	14	—	—	—
Total	2,714	11,818	436	14,968	533	1,863	4,123	4,903	899	2,647

(a) Discharged as (i) not insane, (ii) not improved and (iii) not requiring treatment.

TABLE LXX

AMBULANCE SERVICE MALTA AND GOZO
Cost statement for year ended 31st March, 1959

	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	†5,433	38,905	7.16	18.4	£4,714 5s. 4d.	17s 4d.	15s. 11d.
Gozo	*318	2,327	7.31	11.3	£38 4s. 11d.	£1 1s. 3d	£12 1s 8d.

†Malta { Inter-Hospital 2,160 / New Patients 3,273 } 5,433

*Gozo { Inter-Hospital 69 / New Patients 249 } 318 5,751

Population

Malta 294,291 / Gozo 27,649 } Estimated as on 31. 3. 59.

VII HOSPITAL SERVICES

ST. LUKE HOSPITAL

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

	Remaining at end of 1957	Admitted	Transferred from other Hospitals	Discharged					Remaining at end of 1958
				Transferred to other Hospitals	At Request	Cured	Relieved	Died	
Males	182	2,599	3	146	380	760	1,143	206	151
Females	262	7,146	5	147	1,147	2,244	3,340	278	255
Total	444	9,745	8	293	1,527	3,004	4,483	484	406

Of the total number of in-patients treated, 1,432 (763 males and 669 females) representing 11.2% of the admissions were persons over the age of 60 years. The daily average number of patients in all the wards was 520 (211 males and 309 females), while the daily average number of admissions was 35.

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:—

Department	New cases	Attendances
Medical	1,505	4,242
Surgical	2,999	6,907
Orthopaedic	2,543	4,161
Fracture	—	2,678
Children	1,144	2,732
Ear, Nose & Throat	2,491	4,339
Maternity/Gynaecology	2,254	3,310
Casualty	6,130	2,792
Dental	2,103	8,060
Physiotherapy	302	11,188
	21,471	50,409

Average daily occupation:	103% occupation
Maternity	124%
Gynaecology	66%
Children's Wards	88%
Medical Wards	100%
Surgical Wards	134%
Orthopaedic Wards	125%
E.N.T.	85%
Average stay in hospital:	15 days
Maternity	5 days
Gynaecology	7 days
Medical Wards	18 days
Children's Wards	17 days
Surgical Wards	18 days
Orthopaedic Wards	26 days
E.N.T.	13 days
Mortality per cent:	
Medical Wards	11.2 %
Maternity	.09%
Gynaecology	.65%
Children	8.1 %
Surgical Wards	4.56%
Orthopaedic	1.88%
E.N.T.	.34%

SURGICAL DIVISION

The following operations were performed during the year:—

Alimentary Tract: Laparotomy 42; Oesophagoscopy 4; Gastrectomy 18; Gastro-enterostomy plus vagotomy 19; Gastro-Jejunostomy 8; Perforated Gastric Ulcer 3; Appendicectomy 189; Abdomino-Perineal Resection 5; Rammstedt's operation 7; Sigmoidectomy 3; Colectomy 5; Haemorrhoidectomy 34; Anal fissure 7; Sigmoidoscopy 33; Cholecystectomy 50; Cholecysto-Gastrotomy 2; Cholecysto-duodenostomy 5; Colostomy 3; Splenectomy 6; Exploration of common bile duct 1; Excision of abdominal tumour 1; Hernicolectomy 1; Perforation 1; Uterostomy 1; Cystectomy 7; Anal fistula 6.

Genito-Urinary Tract: Cystoscopy 110; Ascending Pyelography 15; Nephrectomy 1; Nephrostomy 12; Nephrolithotomy 4; Nephropexy 3; Ureterolithotomy 2; Ureteric transplantation 1; Fulguration of bladder 12; Fulguration of Papilloma of bladder 1; Cystostomy 3; Prostatectomy 31; Urithotomy 1; Phimosis 18; Meatotomy 3; Bilateral Oophorectomy 4; Oophorectomy 6; Ovarian cyst 2; Undescended testicles 5; Thorek's operation 11; Orchidopexy 1; Hydrocele 13; Hypospadias 8.

Respiratory Tract: Bronchoscopy 9; Exploration of chest 3; Lobectomy 2; Pneumonectomy 1; Thoractomy 1.

Amputations: Amputation of finger 18; Repair of cut tendon 6; Open reduction 4; Compound fracture 4; Removal of patella 2; Pinning 2; Varicose vein 2; Amputation of hand 1; Minor operations 127; Amputation of legs 15; Amputation of arm 1.

Hernias: Inguinal 201; Umbilical 50; Strangulated 16; Hiatus 8; Recurrent 8; Scrotal 6; Intestinal 6; Epigastric 4; Incisional 2; Femoral 2; Ventral 1.

Miscellaneous: Thyroidectomy 29; Skin grafting 19; Excision Adenoma of Breast 14; Radical mastectomy 14; Excision epithelioma of lip 8; Cleft Palate 7; Hare Lip 6; Excision Cervical spine 6; Gland Biopsy 6; Ammion Implantation 6; Tube grafting 4; Trendelenburg's operation 3; Sympathectomy 2; Rodent Ulcers 2; Angioma 2; Pilonidal sinus 20; Minor operations 167; Meningoceli 2.

Orthapaedic cases: Closed manipulation for fracture 112; Aspiration of joints 36; Open reduction for fracture 21; Carpal Tunnel syndrone 19; Smith Peterson Pin Nailing 19; Ganglionectomy 16; Exostosis 14; Lambrinudi stabilisation 13; Hallus Valgus 12; Stenosing Synovitis 10; Sequestrectomy 9; Menesectomy 8; Patellectomy 8; Exploration of wound for compound fracture 8; Bursitis 7; Osteoclasis for bow legs 7; Arthrodesis of foot (triple) 6; Laminectomy 6; Arthrotomy 6; Suture for cut tendon 5; Suturing of Olecranon 4; Bone grafting 4; Tendon transplantation 4; Suturing of patella 3; Osteotomy of hip spica 3; Steinmann's Pin 3; Loose bodies in joints 3; Osteoclastoma 3; Torticollis 2; Bone plating 2; Plantar fasciotomy 2; Closed tenotomy 2; Sarcoma of femur 1; Exploration of Trochanter Bone Cyst 1; Exploration of shoulder joint 1; Octeoclasis radius 1; Tendon graft 1.

Ear, Nose and Throat cases: Tonsillectomy 657; Adenoidectomy 396; Proof puncture and antrum washout 40; Laryngoscopy and biopsy 25; Cantherisation of nasal mucosa 20; Radical mastoidectomy 11; Bronchoscopy 8; Submucous resection of nasal septum 6; Reduction of nasal fracture 8; Nasopharnygoscopy 7; Tracheotomy 6; Oesophagoscopy 6; Caldwell luc 5; Cortical mastoidectomy 3; Rosen's operation 3; Total laryngectomy 3; Ligature of external carotid 3; Removal of aural polyp 2; Repair of cut throat 2; Biopsy of cervical glands 2; Tympanoplasty 1; Destruction of labyrinth 1; Removal of tumour of pinna 1; Intranasal antrostomy 1; Excision of maxilla 1; Removal of antro channel polyp 1; Laryngoscopy and removal of cyst or epiglottis 1; Diathermy and excision of carcinoma of tonsil 1; Removal of dental cyst 1; Removal of foreign bodies from of carcinoma of tonsil 1; Removal of dental cyst 1; Removal of foreign bodies from: nose 22, ears 10, oesophagus 6, pharynx 6, bronchi 2.

OBSTETRIC/GYNAECOLOGICAL DIVISION

Obstetric Branch: The following table shows the admission of pregnant women into the Ane-Natal Ward during the year.

Antenatal Ward:

Month	No. of Admissions	Daily Average of Admissions	Daily Average of Population
January	126	4.06	28.1
February	80	2.86	27.82
March	114	3.68	27.52
April	97	3.24	25.4
May	116	3 74	25 32
June	104	3 47	22 87
July	118	3 81	26 23
August	114	3 8	20 87
September	113	3 77	30.6
October	112	3.61	22 97
November	115	3.83	23 5
December	135	4.36	28.68
Total ..	1,344	3.68	25.72

The number of deliveries this year has again reached a record figure. The tendency for the deliveries in one year being exceeded by those in the following year still continues without any indication of levelling up. The number of deliveries during the year was as follows:—

Month	Deliveries	Normal	Abnormal
January	180	155	25
February	160	140	20
March	143	107	36
April	146	115	31
May	152	116	36
June	132	98	34
July	162	137	25
August	153	129	24
September	147	121	26
October	174	143	31
November	171	134	37
December	178	149	29
Total ...	1,898	1,544	354

The apparent discrepancy in the number of admissions into the Ante-natal Ward and the number of deliveries shown in the respective tables above, is explained by the fact that women arriving in labour at the hospital are, after delivery, registered in the Post-natal Ward and are included in the number of admissions in the following table:—

Post-natal Ward:

Month	No. of Admissions	Daily Average of Admissions	Daily Average of Population
January	187	6.00	26.00
February	160	5.71	28.89
March	207	6.68	24.81
April	145	4.83	25.37
May	153	4.94	27.77
June	140	4.67	24.87
July	160	5.19	30.00
August	147	4.74	26.55
September	142	4.73	27.03
October	170	5.48	28.26
November	168	6.2	27.63
December	168	5.41	25.26
Total ...	1,948	5.36	26.67

Out of a total of 1,898 deliveries, only 19% were abnormal. A summary of the abnormal conditions that were encountered is given hereunder:—

Abnormal deliveries:—

Toxaemias	14
Ante partum haemorrhage	14
Occipito posterior position	21
Impacted shoulders	24
Breech presentation	74
Footling	16
Extended legs and arms	4
Twin labours	37
Post partum haemorrhage	5
Forceps delivery	91
Caesarean Section	84
Macerated Foetuses	42
Stillbirths	55
Neonatal deaths	70

The deliveries may be grouped as follows:—

a) Live births 1,731
b) Still births ... ... 97 of which 42 were macerated
c) Neo-natal deaths 70

The number of babies born in the hospital and discharged healthy was 1,642.

Lower segment caesarean sections were performed in 84 instances. The indications for these were the following:—

Pelvis disproportion	23	
Difficult labour	15	
Toxaemia	10	
Breech presentation	8	
Rupture of uterus	8	
Placenta previa	6	
Transverse lie and foetal distress	3	
Obstructive labour	2	
Anti-partum haemorrhage	2	
Contracted pelvis	2	
Diabetes	2	
Prolonged labour	1	
Essential hypertension	1	
Elderly prima gravida	1	84

The following three maternal deaths occurred during the year:—

1) G.M. — aged 41 years — Rupture of uterus — shoulder presentation. Podalic version.
2) G.C. — aged 40 years — Cardiac Failure — Obstetric shock. Forceps delivery — severe toxaemia.
3) P.C. — aged 23 years — Rupture of uterus — Acute anaemia from post partum haemorrhage — Difficult labour.

Maternity Operating Theatre. The following operations were performed during the year:— Caesarian section 85; curettages 77; Examniation under anaesthesia 65; Subtotal hysterectomy 30; Total hysterectomy 27; Fothergill's operation 24; Biopsy 16; Vaginal hysterectomy 15; Trachelorrhaphy 10; Polypectomy 10; Colpo-perinorrhaphy 9; Exploratory laparatomy 8; Anterior colporrhaphy 8; Myomectomy 6; Ovariotomy 5; Repairing of wounds 5; Appendicectomy 4; Bilateral ophoro-salpingectomy 4; Unilateral ophoro-salpingectomy 4; Bilateral ophorectomy 4; Vulvectomy 3; Unilateral ovariectomy 3; Unilateral inguinal adenectomy 3; Anterior and posterior colporrhaphy 3; Incision of haematoma 3; Gillian's operation 2; Episiotomy 2; Ovarian cystectomy 2; Bilateral ovariectomy 2; Bilateral salpingectomy 2; Le Fort's operation 2; Herniatomy 2; Trachelorplasty 2;Canterization 2; Insertion of pessary 2; Aritificial rupture of membranes 1; Kelly's operation 1; Unilateral partial salpingectomy 1; Bilateral salpingo ophorectomy 1; Unilateral salpingo ophorectomy 1; Unilateral ophorectomy 1; Rupture of omeningocele 1; Repair of rectovaginal fistula 1; Amputation of cervix 1; Excision of sinus 1; Removal of cyst 1.

Gynaecological Branch. The admissions into the Gynaecological ward and the average daily population were as follows:—

Month	No. of Admissions	Daily Average of Admissions	Daily Average Population
January	66	2.13	20.81
February	59	2.11	19.64
March	85	2.74	21.74
April	85	2.83	22 63
May	59	1.90	20 84
June	92	3.06	24.47
July	74	2.39	19 16
August	48	1.93	19.48
September	66	2.13	19.7
October	67	2.16	19.13
November	57	1.9	16.2
December	70	2.26	20.61
Total ...	838	2.43	20.37

The following is a classification according to the diagnosis of the admissions recorded on the above table:—

Abortions:	Threatened	55	
	Inevitable	71	
	Incomplete	55	
	Complete	16	
	Missed	17	214
	Functional uterine bleeding		121
Cervicitis — salpingitis — parametritis			97
Uterine myoma			71
Prolapse of uterus — cystocoele — rectocoele			60
Under observation for pain-amenorrhoea etc.			49
Diagnosis of Pregnancy			29
Retroversion of uterus			28
Ovarian cyst or carcinoma			26
Cervical polyp			21
Carcinoma of cervix			21
Infertility			18
Vulvo vaginitis-pruritus vulvae leukoplakia			13
Cervical laceration — Ectropion			12
Tears in vulva or perineum			8
Leucorrhoea			7
Ectopic gestation			6
Chronic endometritis			5
Adeno-carcinoma of body of uterus			4
Stress incontinence			4
Vaginal fistula			3
Bartholin cyst			2
Haematuria			2
Rupture of uterus			2
Cystitis			2
Pelvic peritonitis			1
Metritis			1
Epithelioma of vulvae			1
Rupture hymen			1
Anaemia			1
Post partum shock			1
Perforated uterus			1
Carcinoma of peritoneum			1
Threatening eclampsia			1
Annexitis			1
Trichimonas			1
Renal colic			1

Four deaths occurred during the year amongst the patients in the gynaecological ward. The cause of death is shown below:—

1) F.A. — aged 60 years — Sarcoma of uterus.

2) L.M. — aged 55 years — Intestinal obstruction — Ovarian carcinoma.

3) S.A. — aged 25 years — Perforated uterus and ileus — Pulm. oedema — Myocarditis — Peritonitis — Rupture Intestinal Anastomosis — Paralytic ileus — Bowel resection.

4) B.R. — aged 33 years — Myocardial insufficiency.

Gynaecological Out-patients Clinic: The number of attendances of new cases referred to this clinic during the year was 2,254 and that in respect of follow-up attendances amounted to 3,310. The average number of attendances per session works out at 38.64. Among the out-patients there were 202 cases requiring diathermy treatment and 438 cases of erosion.

Pathological Division

The following are the details of the investigations carried out in the laboratories at this hospital during the year:—

Morbid Anatomy and Histology: Surgical histology 1,040; Post mortem examinations 57.

Haematology: Haemoglobin estimations 5,991; Red blood cell counts 1,454; White blood cell counts 5,111; Differential white cell counts 3,673; Haematocrit estimations 209; Platelets counts 148; Reticulocyte counts 106; Prothrombin time estimations 257; Ertythrocytes fragility tests 64; Myelograms 24; Cytology: (LDB. LE. Tumour cells) 87.

Chemical Pathology: Microscopical exam of urine 4,380; Chemical examination of urine 4,086; Bile pigments analysis 733; Urine quantitive sugar estimations 26; Friedman pregnancy test 27; Urine chlorides 9; Urine diastase 9; Urea clearance test 17; Blood urea estimations 1994; Blood sugar estimations 385; Glucose tolerance tests 277; Blood cholesterol estimations 106 Blood uric acid estimations 14; Blood inorganic phosphate 10; Plasma bilirubin estimations 274; Plasma proteins estimations 260; Electrophorestograms: serum proteins 355, Haemoglobins 25; serum glutamic-oxalacetic transaminase estimations 100; Serum glutamic-pyruvic transaminase estimations 100; Plasma alkaline phosphatase 196; Plasma acid phosphatase 59; Alkali-resistant Hgb. estimations 78; Plasma analyse determination 28; Plasma chlorides 9; Flocculation tests: Takata-Ara reaction 37, Zinc sulphate tests 267, Thymol turbidity 296; Serum calcium estimations 19; Serum sodium estimations 9; Serum Potassium estimations 15; C.S.F. and other fluids: chemical analysis 240; cytological exam 244; Faeces; occult blood, chemical tests 237, Fat estimations 8, Microscopical exam 182; Gastric Juice: test meal analysis 156.

Bacteriological Laboratory

The laboratory had throughout the year carried out all the bacteriological work for this hospital and for most of the other hospitals in Malta and Gozo. A total of 6,036 examinations were performed.

Blood Cultures. 282 samples of blood were received; in 25 cases *Brucella melitenis* was cultivated, in 13 *Salm. typhi,* in 6 coagulase positive *Staph. pyogenes.* Cultures were carried out on a combined solid and liquid medium using Tryptose agar and broth according to Castaneda's method. Bone marrow cultures were carried out in 5 cases giving growth of *Brucella melitensis* in 3

Agglutination reactions. A total of 1,123 samples of blood serum were examined for the presence of agglutinins against *Bruc. melitensis, Salm. typhi* and other micro-organisms. Full titrations were carried out on 858 sera, of which 102 reacted against *Bruc. melitensis,* 187 against Salm. typhi, 21 against Proteus O X 19 and some others against *Salm. paratyphi A* and *B* and the Shigellae. In the later months of the year the use was adopted, following the practice of other laboratories, of moulded Perspex plates (M.R.C. pattern, as described in the J. Clin. Path. 1954, 7, 73) in place of Dreyer tubes. This method was found very convenient affecting a considerable saving in washing up etc.

In 265 cases only slide tests could be performed as only a capillary tubeful blood has been submitted. This method has many limitations and is only used as a preliminary test.

The Paul-Bunnell test was carried out in 39 cases, with a positive result in 3.

Wassermann Complement Fixation Tests and Kahn Tests. 749 samples of blood and 4 samples of cerebro-spinal fluid were examined by both tests, with positive results in 93 cases. In a number of cases the two tests were not equally strong. Complement fixation tests for *Neis. gonorrhoeae* were carried out in 6 cases with one positive result.

Cerebro-spinal fluid. 85 samples were examined. *Myco tuberculosis* was detected in 3 cases, *Str. pneumoniae* in 2, *Neis. meningitidis* in 2. In 2 samples from the same patient *Cryptococcus neoformans* was found. The identity of the fungus was confirmed by the Mycology Reference Laboratory of the Public Health Laboratory Service in London. This is the first occasion in which this micro-organism has been met with as a pathogen in Malta.

Pus. A variety of bacteria were met with in 284 samples of pus from different sources. In 197 of the cases sensitivity tests against the more important antibiotics were carried out by the paper disc method.

Joint fluids. 26 samples of fluid from inflamed joints yielded *Myco, tuberculosis* in 2 cases and *Staph, pyogenes* in 3. Three of the fluids showed the presence of agglutinins against *Bruc. melitensis.*

Pleural fluids. From 19 samples, *Myco. tuberculosis* was detected twice and *Staph. pyogenes* once.

Sputum examination. A total of 840 sputa were examined. The normal procedure is to make a direct smear examination, then to examine a concentrated deposit from the sample after treatment with 4% NaOH and also to make a cultural test using Lowenstein-Jensen's Medium. There was a result of 131 positive samples.

It is worth noting that acid-fats bacilli are occasionally met with which have characterters differing from those usually associated with *Myco. tuberculosis.* Throughout this year we have come across at least 10 strains which grew on plain agar. The pathogenicity of 7 of these towards guinea-pigs was tested; 3 were found to be fully pathogenic.

Gastric contents. 97 samples were submitted for the detection of *Myco. tuberculosis* from ingested sputum. These were found in 9 samples.

Tests for the sensitivity of *Myco. tuberculosis* from various sources against Streptomycin and other drugs are being carried out on an increasing number of specimens.

Faeces examination. 613 samples of faeces were examined in which the presence of a variety of pathogenic bacteria and parasites was noted. These included *Salm. typhi, Salm. enteritidis, Salm, typhi murium,* special coli types, *Endamoeba histolytica, Trichomonas,* the ova of *Ascaris, Giardia, Hymenolepis nana,* etc.

In this Laboratory we are increasingly aware, as others in so many places, of the importance of special types of *Bacterium coli* as causative agents of infantile enteritis. This condition, so prevalent and so fatal in the past, still occurs less frequently but probably just as severely. In samples of faeces from such cases no other pathogenic bacteria are detected except *Bact. coli* type 111, type 55, type 26 and other types to which a pathogenic role has been attributed.

Urine examinations. Examination of 398 samples showed the presence of *Myco. tuberculosis* in 11 cases, *Bact. coli* and coliform bacteria in 27, etc. In 113 cases the sensitivity of the bacteria present to the principal antibiotics was also determined.

Urethral and vaginal discharges. In 127 samples, *Neis. gonorrhoeae* was detected twice, Trichomonas in 28 cases, *Candida albicans* in 4, together with a number of other pathogens including *Str. pneumoniae, Staph, pyogenes,* etc.

Ear, Throat, Nose and Eye swabs. A total of 244 swabs taken from discharging ears, from the throat, the nose and the eyes were received for identification of pathogens and in 238 of them for assessment of their sensitivity to antibiotics.

Skin and nasal mucosa examination. The presence of *Myco. leprae* in the skin and in the nasal mucosa was sought in 52 cases with positive result in 21. Many of these cases were known to be suffering from leprosy and the examination was intended to assess treatment.

Hair and skin examinations. 49 examinations were carried out mainly for the presence of dermatophytic fungi. These were found in 5 cases. *Staph. pyogenes* was the infecting agent in 3 other cases. Most of the patients were suffering from cicatricial alopecia and were being examined prior to their admission to orphanages and other institutions to eliminate the possibility of infection.

Miscellaneous. 45 miscellaneous examinations were carried out including identification of helminth parasites, examination of paper points to assess sterility of the dental root canals from the dental department, etc.

BLOOD TRANSFUSION SERVICE

The Blood Transfusion Division dealt with 890 requests for blood transfusion and 989 bottles were used during the year under consideration.

The group frequency of 880 patients tested was as follows:—

Group O	41.5%
Group A	46%
Group B	8%
Group AB	4.5%

Persons tested with the Anti-D, 89.5% were Rhesus Positive and 10.5% were Rhesus Negative.

Routine antenatal blood-testing was started towards the end of the year.

RADIOLOGICAL DIVISION

During the year under review this Division was responsible for the radiological examination of 25,939 patients.

Of these, 11,973 were dealt with in the In-patient section. The work carried out in this section consisted mainly in X-raying the in-patients of the hospital and included all the major investigations such as barium meals, pyelographies, bronchograms and arteriograms.

In the Out-patient section, 9,119 cases were dealt with. The examinations carried out were those of patients referred from the Tb. clinic and the other out-patient departments, including 959 routine chests of persons in Government employment or prior to employment. In addition 3,259 prospective migrants had their chest X-rayed.

The Division is also responsible for the radiological work performed at Victoria hospital in Gozo where 1,588 x-ray examinations were carried out during 1958. The films taken there are sent regularly to this Division for interpretation. The Radiologists take it in turn to pay periodical visits to Victoria Hospital in Gozo, to carry out radioscopies and other special investigations.

To summarise:

The number of films used were:—

St. Luke hospital:	In-patients Sections	26,726
	Out-patients Section	10,196
	Emigrants	3,655
Victoria hosiptal, Gozo:		2,875
		43,452

Radiological Division

(In-patients)

Month	Number of Patients	No of films	Ba. meals and Ba. enemas	I.V.P.	Ascending Pyelograms	Cholecystogram	Spines and Pelvis	Skulls	Extremities Casualty and Orthopaedic	Chest	Tomograms	Salpingograms	Myelograms	Pregnancies	Bronchograms	Pleurograms
January	1,063	2,217	84	39	2	40	124	123	297	185	2	1	1	15	1	1
February	922	1.984	79	35	—	31	135	73	386	175	4	2	—	20	—	—
March	1,042	3,494	80	44	4	39	130	120	441	160	6	3	3	21	1	—
April	968	2,059	84	31	—	37	120	94	442	146	2	1	1	15	4	—
May	1,044	2,218	87	38	—	20	143	120	483	212	6	1	1	25	1	—
June	914	2,227	73	43	1	11	93	88	400	113	3	4	—	16	4	—
July	1,039	2,190	94	27	1	26	169	118	514	160	3	5	1	28	2	—
August	1,031	2,031	73	32	—	25	146	117	457	182	6	—	—	25	1	—
September ...	1,080	2,095	75	35	1	24	150	130	450	201	4	2	—	30	2	—
October	966	2,030	80	40	—	30	132	144	432	192	5	1	1	35	3	—
November	903	2,039	92	45	1	22	95	118	502	211	6	3	1	27	1	—
December	979	2,142	84	43	2	31	164	132	524	205	7	1	1	40	3	1
Total	11,951	26,726	995	452	12	336	1,601	1,357	5328	2142	54	24	10	297	23	2

DENTAL DIVISION

As in the previous years the work of this Division continued at a high peak and it is refreshing to note that the patients are becoming increasingly aware of the benefits of dental care. On the whole, there were very few complications and complaints, but while the attendance of patients was numerous and regular, it is regretted to state that the kind of treatment indicated for the condition of their mouths was mainly surgical and prosthetic while very little conservative work was possible. Obviously more dental health propaganda is required to make the patients realise that early prophylactic and conservative treatment is worthwhile.

The General Dental Council of United Kingdom donated a considerable number of dental health education material for free distribution. Posters were fixed in schools and other public places and leaflets and booklets have been distributed to school children and the out-patients of this Division. They were found to be very helpful and instructive.

The co-operation between this and the other Divisions of the hospital has been reciprocal and the services rendered to the in-patients were much appreciated.

The number of dentures worked on a contract basis was over 600.

A summary of the work carried out in this Division follows, viz:—

Number of patients attended to	2,060
Number of new patients	2,103
Extraction of teeth under local anaesthesia	8,648
Attendances in connection with prosthetic work ...	4,278
Prophylactic traetment	1,234
Operations under general anaesthesia, including impacted teeth, buried teeth, treatment of cysts and tumours, alveolectomies	105
Patients referred for investigations (radiology or pathology)	315
Number of patients fitted with full and partial dentures	852
Restoration of teeth	483
Scaling of teeth and gum treatment	284
Patients treated for fracture of the jaws	15
Attendances at various hospitals	8

OCCUPATIONAL THERAPY DIVITION

The last year has been one of steady progress. An increasing number of out- and in-patients received "specific" treatment in the department and the therapists have continued to visit ward patients daily. There have been 1,164 attendances in the Division and 2,725 visits were made in the wards, making a total of 3,890 treatments during the year.

Arrangements were made for an ambulance to collect several patients along a route, making it possible for them to attend for treatment and so hastening their recovery. They were all patients unfit to get to the hospital in any other way and would otherwise have been unable to attend.

Successful liaison were established with the District Resettlement Officer at the Labour Office of the Department of Emigration, Labour and Social Welfare who has been most helpful in endeavouring to find suitable employment for several patients.

The following equipment and apparata were added during the year to those already in the Division:—

1. Small printing press and accessories.
2. Cabinets for drawers of printers type — made by hospital carpenters.
3. Sectional cabinet — made by patients for printing accessories.
4. Printing tables—fitted with attachments and bar with ball races to enable the printing press to be used for a variety of leg and upper girdle treatments.
5. Store rooms — large rack built, with slatted shelves, last February for storage of materials.
6. Shelves — made and fitted by hospital carpenters in both light and heavy sections for work in progress and equipment. The shelves were sanded and polished by the patients to give them a pleasant appearance.
7. Basketry and leather tool cupboard — made and fitted with Terry's clips, etc., by several patients,
8. Electric sander — small sander fitted on wall bench with electric motor attached to wall underneath, so that it can be used by patients in wheel-chairs as well as others, for sanding basket basis prepared on the bicycle and treadle fretsaws and other work. Belt guard made and wall bench sanded and polished by patients.
9. Working light — Glass has been put into the outside doors in the heavy workshop. These were previously solid, making he department very dark.

The following additional occupations and crafts were introduced during the year.

1. Printing — It is hoped that some hospital stationery will be printed in the Division by patients undergoing treatment.
2. Rug weaving — The upright rug loom, with spring resisted beater has been set up and put into use for treating patients requiring general strengthening of their upper girdle — arms, shouder and back muscles.

During the spring a member of the Education Department staff was given a course of instruction in simple basketry and stool seating to enable him to teach children at a school for the blind, which is being started.

In December, the Division was presented with 6 Selvage tin tool kits by the Co-operative for American Remittances to Everywhere Inc.(CARE).

Considerable delay is still being experienced in receiving orders placed. Delivery takes as long as about six months to be made and this has hampered the activities of this Division. The sale of finished articles realized the sum of £71.8s.0d. which was passed to Revenue.

Month	Patiens on Register	Patients attending for Treatment	New Patients
Out-patients:			
January	210	678	44
February	205	628	31
March	230	765	25
April	203	745	23
May	205	820	33
June	177	633	21
July	162	918	22
August	280	714	24
September	120	777	22
October	134	782	13
November	137	539	12
December	98	696	32
Total	2,161	8,675	302

Month	Patients on Register	Patients attending for treatment
In-patients		
January	54	361
February	46	255
March	22	242
April	21	180
May	23	230
June	20	91
July	12	137
August	10	94
September	7	88
October	12	191
November	19	172
December	33	472
Total	279	2,513

Hospital Circulating Library

In March, 1958, a circulating library was set up for the benefit of the patients.

The number of books issued on loan to patients during period March-December, 1958, was 1,047.

ST VINCENT DE PAUL HOSPITAL

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

	Remaining at end of 1957	Admitted	Transferred from other Hospitals	Discharged					Remaining at end of 1958
				Transferred to other Hospitals	At Request	Cured	Relieved	Died	
Males	371	99	32	32	32	—	—	82	356
Females	331	86	79	13	26	—	—	108	349
Total (Inmates) ...	702	185	111	45	58	—	—	190	705
Extension Wards									
Male Surgical Ward ...	27	1	24	1	8	2	—	13	28
Male Medical Ward ...	34	11	47	4	22	—	4	25	37
Female Surgical Ward ...	18	6	21	—	7	—	1	17	20
Male Tuberculosis Ward	59	19	28	5	8	—	30	10	53
Female Tuberculosis Ward	25	8	11	3	3	—	15	4	19
Total (Patients) ...	163	45	131	13	48	2	50	69	157
Grand Total ...	865	230	242	58	106	2	50	259	862

The daily average population of inmates was 706 made up of 347 men and 359 women, whilst that of the patients in the extension wards was 37 for the male medical, 28 for the male surgical, 19 for the female surgical, 56 for the male tuberculosis and 20 for the female tuberculosis, giving a comprehensive average of 866 daily.

The number of inmates admitted during the year was 296, or 131 males and 165 females, as against 326 (152 males and 174 females) in 1957, 223 (113 males and 110 females) in 1956, 228 (120 males and 108 females) in 1955 and 255 (131 males and 124 females) in 1954. There were 190 deaths (82 males and 108 females) as against 230 deaths (107 males and 123 females) in 1957, 166 (71 males and 95 females) in 1956, 141 (66 males and 75 females) in 1955 and 182 (88 males and 94 females) in 1954. The causes of death were generally due to complaints of a senile character. As in previous years the majority of the inmates admitted were in an advanced stage of their illness and a considerable number died within a short period of their admission. However, in the absence of such abnormal circumstances as the heat wave in the summer and the influenza epidemic in the autumn of the year 1957, it is gratifying to record, this year, a marked drop in the number of deaths over that of last year.

In the male medical ward therewere 58 admissions, of whom 47 were transfers from St. Luke hospital; the majority of these patients were suffering from chronic or incurable diseases; there were 25 deaths. Last year's correspinding figures were 56 admissions with 30 deaths.

In the male surgical ward there were 25 admissions with 13 deaths as against 29 admissions with 17 deaths in 1957, while in the female surgical ward the number of patients admitted was 27 with 17 deaths as against the preceding year's 22 admissions with 15 deaths. Almost all the admissions in both these wards were transfers of advanced or inoperable cases from St. Luke hospital.

For the first time in the history of the hospital an occupational therapy department was being set up under the charge of a qualified occupational therapist. The bulk of the required equipment and material was received at the hospital and certain necessary alterations were carried out in one of the wards which was allocated for this purpose. It is hoped that this important branch of modern geriatric therapy, so indispensable towards the rehabiliation of the old inmates, will start functioning in the near future.

The extension ward for female inmates at the Isolation hospital was closed down on the 31st March and the 27 inmates under treatment in that ward were transferred to this hospital.

In 1956, it was found necessary to assign the West Wing Block in the male subdivision to Tuberculosis patients from the Connaught hospital which had been closed down. To provide alternative accommodation for some of the walking male inmates of this hospital, the small ward on top of the Administration Block was opened. This year, this ward being no longer required was closed down in June thus releasing the staff in charge for more useful service elsewhere in the hospital.

In the reconstructed three-storey East wing in the female division the outstanding works on drainage, plumbing and decoration and other miscellaneous works were completed towards the end of the year. This block when fully staffed will provide accomodation for an additional 160 inmates.

Apart from the reconstructed Wing no other work and very little maintenance work was carried out in this hospital during this year.

A programme of donations of food by the people of the United States to the Malta Hospitals through the Catholic Relief Services was inaugurated in this hospital by the United States Consul General in July of the year under review. Certain articles of food were distributed to patients in addition to their normal diet.

Tuberculosis Wards

The movement of the patients in these wards, which are reserved for Tuberculosis patients who do not wish to go abroad for treatment or whose condition does not warrant such transfer, was as follows: —

TABLE LXXI

Sex	Remaining at end of 1957	Admissions		DISCHARGED							Remaining at end of 1958
		New Entries	Re-admissions	Disease Arrested	Quiescent Stage	Improved	Not Improved	Trans. to U.K.	Trans. to Italy	Died	Not suffering from Tb	
Males	59	33	14	—	30	8	1	2	—	10	1	53
Females	25	15	2	—	17	2	1	1	—	4	—	17
Total	84	48	16	—	47	11	2	3	—	14	1	70

The total number of patients treated in the Tb wards during the year was 148 (106 males and 42 females) as against 184 (123 males and 61 females) during the previous year. The daily average population of Tb patients during the year under review was 76.

The total number of patients remaining at the end of 1957 was 84 (59 males and 25 females) as against 92 (67 males and 25 females) in the previous year. A considerable number of these were old chronic or far advanced cases, with very little hope of ever being able to leave hospital.

Statistics show that the number of chronic cases tends to increase in the future. This is due to the steady increase in the admissions of advanced chronic cases and to the present drug treatment which improves the general condition of the patients and reduces the toxaemia to such an extent that they survive longer years. Consequently the death rate amongst these patients is very low.

The number of patients seeking admission is gradually decreasing each year. There were 50 new entries (33 males and 17 females) during the year under review. The number of female admission, all sputum positive cases, was the lowest yet.

This fall in hospital admission does not correspond to a similar fall in the notification of cases. As a matter of fact the majority of cases notified do not seek hospitalization but prefer home treatment.

During the year under review there were 16 re-admissions (14 males and 2 females). Two of these were male patients suffering from haemophtysis and who had been discharged from hospital years ago when their disease was quiescent. Five more males were re-admitted for different diseases which had no connection with their previous lung illness; no re-acutization or relapse of the old process had taken place, but they were referred respectively suffering from carcinoma of the pharynx, pneumococcal pneumonia, nephrosis and ureamia, feverish cold and cerebral congestion.

Another re-admission was a male patient who had returned from Italy where he had been under treatment for two years. The remaining 6 male re-admissions were patients who had previously left hospital at their own request and against medical advice.

The Duration of Stay

The duration of stay has practically remained unchanged during the last few years. As a general rule acute cases are kept from 11 to 15 months, whereas for chronic cases the stay is considerably longer. Taking into consideration the severity and extent of the disease of the acute cases, the duration of stay in hospital is quite satisfactory.

Beds were available during the whole year as the majority of notified cases did not seek admission into hospital but preferred to be treated at their own homes.

TABLE LXXII

Duration of stay in hospital of patients dicharged during 1958

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	1	7	4	17	8	3	1	—	—	—	43
Females	1	1	1	1	10	6	1	—	—	—	—	21
Total	3	2	8	5	27	14	4	1	—	—	—	64

TABLE LXXIII

Ages on Discharge or Death of Patients during 1958

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	otal
Males	—	—	—	2	4	2	5	5	3	9	23	53
Females	—	—	1	1	3	3	2	2	4	2	7	25
Total	—	—	1	3	7	5	7	7	7	11	30	78

Age Groups of Patients treated in Hospital.

The greatest number of patients treated in hospital occurred in the age groups 45-54 and 55-64 years, the number of patients being 43 and 30 respectively.

It is worthwile remarking that a few years ago the greatest number of patients treated was still at the age groups of 15-25-35 years but during this year an appreciable shift from the younger to the older generation has taken place. This is in conformity with other European countries.

TABLE LXXIV

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	—	—	9	10	13	35	27	12	106
Females	—	1	10	9	7	8	3	4	42
Total	—	1	19	19	20	43	30	16	148

Advice was frequently sought from the consultant staff who visited the hospital whenever their services were required. Patients were also referred for treatment or advice to the out-patient clinics in other hospitals.

The number of patients discharged from hospital during the year was 63 (43 males and 20 females). Of these 47 (30 males and 17 females) had their disease in a quiescent stage. Three (2 males and 1 female) were transferred to the hospitals in the United Kingdom for continuation of treatment and one male suffering from bronchial carcinoma, was transferred to St. Luke Hospital where he was operated upon. Eleven (10 males and 1 female) left hospital at their own request and against medical advice.

Discharged patients are invited to continue to attend at the chest clinic for continuation of treatment and for checking up purposes and they are all kept under supervision for a considerable time.

Morality.

The number of deaths which occurred in the Tb wards during the year was 14 (10 male and 4 females) as against 20 (15 males and 5 females), in the previous year. This is still a high percentage when compared with the number of admissions. Consideration should however be taken of the state of health of patients at the time of admission. As in previous years, patients continue to arrive in hospital when their disease is far advanced and, at times, even when in a moribund state.

A male patient died from cardio-renal insufficiency after 25 days from admission. Another male patient died from carcinoma of the pharynx after 70 days from admission; no relapse or re-acutization of the lung was present. Five more deaths of male patients occurred after 10, 21, 27, 35 and 137 days from admission respectively. The four female patients who died all had extensive disease of long standing and in only two cases was death directly attributable to tuberculosis. The other two had "arrested" disease; one died of cardio-respiratory failure, because of extensive pulmonary fibrosis, and the other died of uraemia owing to diabetic nephro sclerosis. Three of the deaths occurred within three months of admission. This confirms the state of health in which patients arrive in hospital.

TABLE LXXV

Duration of stay of patients who died in hospital during 1958

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	1	3	2	1	1	1	—	1	—	—	—	10
Females	1	1	1	—	1	—	—	—	—	—	—	4
Total	2	4	3	1	2	1	—	1	—	—	—	14

Treatment.

Modern treatment has completely changed the outlook of tuberculosis patients in hospital; they look more cheerful and full of confidence.

Chemotherapy and antibiotics have reached the climax, while surgery, collapse treatment and sanatorium regime itself are gradually losing ground and must be regarded as adjuvants.

Rest in bed and prolonged drug therapy were the mainstay of treatment during the year.

Sputum sensitivity tests to the three standard drugs, Streptomycin, P.A.S., and Isoniazid, are now being carried out in every case before starting treatment.

Eleven patients (7 males and 4 females) had tubercle bacilli resistant to two drugs on admission. Of these, 8 (6 males and 2 females) had had irregular drug therapy at their own home and 3 (1 male and 2 females) had not yet had any treatment at all. The consequent serious epidemiological implications for the future, as well as the difficulties in treatment are obvious.

It is most unfortunate that there is a growing tendency to regard the treatment of tuberculosis as "simple" and "easy". This is far from being the case. Good response to adequate treatment is not synonymous with easy treatment. "In avoiding resistance (to drugs) it was important to see that the regimes laid down were understood and carried out by the patients, who varied considerably in intelligence. There was a danger that treatment might be regarded too lightly and admission to hospital was desirable in the first instance". (J.G. Scadding, British Tuberculosis Association, Meeting held in September 1958). One cannot emphasize too strongly that the uncontrolled use of anti-tuberculosis drugs by the inexperienced and the uninformed is an injustice to the patient and a menace to the community.

It is now the recognised procedure to start triple therapy with three standard drugs, until the results of sputum sensitivity are available, and then a continue with a combination of two drugs.

Many "new " antituberculosis drugs have been introduced recently, but none was found to be a substitute for any of the three standard drugs.

Use of these less effective drugs, the so called "Salvage Drug" is made occasionally especially in cases resistant to all combinations of the standard drugs.

It is worth while mentioning a male case treated with "Salvage Drugs" (Teba fen) and postural treatment. Considerable results were obtained; after 8 months treatment, there was a closure of a large cavity and conversion of sputum. This patient has been in hospital for these last twelve years, two of which he spent in a U.K. sanatorium. Resistant to all three standard drugs, artificial pneumothorax and artificial pneumoperitoneum failed to improve the patient and surgery was unsuitable.

Side Effects of Drug Treatment.

Two male cases of peripheral neuropathy due to the use of Isoniazid were encountered during the year. This was manifested by a burning feeling in the limbs, hypersensitivity of the hands and the feet and considerable wasting of the palms and soles. Both patients are progressing favourably.

Surgery.

Artificial pneumothorax was continued on two male patients who returned from Italy. Two major operations (pneumonectomy) were performed for bronchinal carcinoma.

Chest Clinic out-patients.

The attendance at the out-patients chest clinic at St. Luke hospital is shown in the following table:—

TABLE LXXVI

Out-Patient Tb Chest Clinic St. Luke Hospital

Sex	No. of Pts. attending the Out-Pt. Tb. Chest Clinic					No. of Visits			
	New entries	For A.P.	For P.P.	For General Treatment	Total	For A P.	For P.P.	For General Treatment	Total
Males ..	72	2	—	372	446	29	—	3,983	4,012
Females ...	46	1	—	354	401	26	—	3,637	3,663
Total ...	118	3	—	726	847	55	—	7,620	7,675

118 new patients (72 males and 46 females) were examined at the chest clinic. Of these 19 males were found to be free from lung disease, one male was suffering from carcinoma of the lung and was referred for operation, another male was suffering from Hansen's disease and was directed to the appropriate department for treatment; 11 more males were still undergoing investigations at the end of the year. Twelve of the 46 female patients were found to have active pulmonary tuberculosis.

The attendance was satisfactory. A total of 847 patients (446 males and 401 females) attended for treatment or advice and a total of 7,675 visits (4,012 males and 3,663 females) were made, that is 1,102 more than the previous year.

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, 1958				440	439	879
Admissions: Voluntary	21	29	50			
Certificated	103	102	205			
Courts of Law	1	1	2			
Re-transferred from other hospitals	4	13	17	129	145	274
Total Cases under treatment				569	584	1,153
Discharges.—						
Not insane	7	1	8			
Recovered	19	18	37			
Relieved	45	48	93			
Not improved	24	36	60			
Not requiring hospital treatment	6	6	12			
Transfers to the Hospital for Mental Diseases - Gozo	3	4	7			
Transfers to other hospitals	4	14	18			
Deaths	14	14	28	122	141	263
Remaining on the Hospital Registers 31st December, 1958				447	443	890

Admission (257) of which 50 were voluntary, were more by 28 compared to last year's figure. The number of voluntary admissions was the highest since 1953 when this form of admission was introduced. Voluntary admissions are restricted to persons who are desirous of voluntarily submitting themselves for treatment and are mentally capable of expressing their wish to be so treated. First attack cases numbered 190 (88 males and 102 females) and 43 cases (18 males and 25 females) suffered from previous attacks of mental disorder. Congenital cases totalled 16 (14 males and 2 females), 6 cases (4 males and 2 females) were found "not insane on admission". One male patient and one female patient sent to hospital by order of a Court of Law were still under observation at the end of the year.

The ages on admission during 1958 averaged 44.7 for males and 41.4 for females.

Single persons numbered 125 (66 males and 59 females), married 122 (58 males and 54 females) and widowed 20 (1 male and 19 females).

Classification of admissions by mental disorder and sex during the year

	Males	Females	Total
Neuroses	2	4	6
Affective psychoses	25	41	66
Schizophrenia	43	53	96
Paraphrenia	2	7	9
Confusional state	2	1	3
Alcoholic psychoses	10	—	10
Epilepsy and epileptic psychoses	5	2	7
Senile and arteriopathic psychoses ...	11	13	24
Dementia paralytica	1	—	1
Huntington's chorea	—	1	1
Mental deficiency	11	5	16
Psychopathic state	4	—	4
Unclassified	4	2	6
Under observation (Courts of Law) ...	1	1	2
Not insane on admission	4	2	6

Discharge numbered 210 of whom 37 were considered recovered and 93 relieved. Transfers to the Mental Hospital in Gozo totalled 7.

Discharges by mental disorder and condition of discharge during the year

	Recovered	Improved	Unimproved	N.R.H.T.
Neuroses	—	3	1	—
Affective psychoses	19	28	8	—
Schizophrenia	15	36	32	2
Paraphrenia	—	2	6	—
Paranoia	—	—	1	—
Confusional state	3	2	—	2
Alcoholic psychoses	—	8	1	2
Epilepsy and epileptic psychoses ...	—	—	2	1
Senile and arteriopathic psychoses ...	—	3	4	3
Mental deficiency	—	6	4	—
Psychopathic state	—	2	1	—
Unclassified	—	1	1	2

Cases discharged as not considered suffering from mental disorder numbered 8.

Deaths during the year numbered 28 (14 males and 14 females). The death rate on the average number of patients during the year (890) was 3.14%.

The principal causes of deaths were :—

Senility	1 or 3.57%
Heart disease	17 or 60.71%
Pulmonary diseases	4 or 14.29%
Cerebral vascular diseases	1 or 3.57%
Other causes	5 of 17.86%

Growth of Mental Hospital Population. In the last ten years the mental hospital population (including Gozo) increased by 83 and following are the relevant figures :—

Year	Population
1949	978
1950	988
1951	1,000
1952	1,035
1953	1,043
1954	1.045
1955	1,041
1956	1,087
1957	1,048
1958	1,061

The increased growth means greater overcrowding but some relief will be forthcoming when the new female admisson ward will be ready somtime n 1960. The new ward (actually a replacement of a ward demolished during the war) will house 80 patients. A new male ward is also under construction.

General Health. One case of tuberculosis, 3 cases of cancer and 4 cases of bronchopneumonia were reported during the year.

Fifty-two cases were referred to the out-patients' clinics at St. Luke hospital for advice and consultants from St. Luke and Central hospitals also 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:— This treatment is still considered the most valuable help in the case of Schizophrenia. Ten patients (7 males and 3 females) were treated; two recovered, one was improved, two remained unimproved and five were still under treatment at the end of the year.

Electric convulsive treatment:— (In-patients). Fifty-two patients (31 males and 21 females), 44 of whom had modified E.C.T. with muscle relaxants and thiopentone, were treated during the year with the following results:—

	Males	Females
Symptom free	7	11
Improved	14	6
Not improved	7	3
Still under treatment at the end of the year ...	3	1

Excluding those under treatment at the end of the year, the percentage of recoveries and improvements amounted to 79%.

Ataractics are extensively used and continue to be of great help particularly in the management of disturbed patients. Since the introduction of these drugs in mental hospital practice the environment has almost completely changed and the patients receive very beneficial individual attention.

Out-patient clinic. The number of new out-patients seen at St. Luke hospital during the year was 154, a decrease of 44 over last year's figure of 198. Total cases attending numbered 335, compared to last year's 398 and 2,464 interviews were held.

During the last five years the number of cases seen in the Out-patients' clinic was as follows:—

Year	New Cases	Total attending	Number of interviews
1954	179	326	1,607
1955	189	368	1,779
1956	200	368	1,777
1957	198	398	1,909
1958	154	335	2,464

From the above figures it emerges that lately the number of new cases seen has decreased but the total number of interviews has increased by 857 compared to the year 1954. The decrease shown in the number of new cases for the current year is due to restricted acceptance owing to physical limitations, to see new cases and to the compelling necessity to follow-up the old ones who have been attending more consistently and frequently.

Diagnostic classification of New Cases

Anxiety neurosis	27
Hysteria	4
Obsessional compulsive neurosis	8
Hypochondriasis	8
Affective reactions	37
Schizophrenic reactions	25
Epilepsy	17
Senile paranoid state	1
Migraine	1
Huntington's chorea	1
Personality change following cerebral catastrophe ...	2
Mental deficiency	11
Habit disorder	1
Unclassified	5
No psychiatric disability	6

Disposal of New Material

A.	Consultations		10
B.	Treatment	(a) ceased attending or refused treatment	45
		(b) admitted as in-patients	5
		(c) remained for treatment	86
		(d) recovered or improved	8

Electric convulsive treatment. Twenty-three patients (9 males and 14 females), 21 of whom had modified E.C.T. with muscle relaxants and penthotal, attended as out-patients, with the following results:—

	Males	Females
Symptom free	1	2
Improved	8	4
Not improved	—	2
Stopped attending result unknown	—	4
Admitted as in-patients	—	1
Still under treatment in 1959	—	1

Pathological laboratory. During the year 7,012 investigations were carried out classified as follows:—

Blood. Absolute value 34; Bleeding time 2; B.S.R. (Widal) 240; Cardiolipin complement fixation test 652; Coagulation time 5; Complete count and picture 415; Differential count of leukocytes 482; Erythrocytes count 2; Erythrocytes diameter 408; Kahn test 849; Reticulocytes count 28; Sedimentation rate 34; Thrombocytes count 80; Total leukocytes count 479; Wassermann complement fixation test 652; Acid phosphatase test 1; Alkaline phosphatase test 3; Amylase test 2; Cadmium sulphate test 90; Cholesterol plasma estimation 2; Colloidal gold test 85; Fouchet's test 93; Haemoglobin estimation 93; Icterus index 3; Ketone bodies 1; Plasma protein 6; Prothrombine time 4; Sugar estimation 57; Sugar tolerance test 21; Takata-ara reactions 79; Thymol turbidity test 93; Urea estimation 108; Zinc sulphate turbidity test 93; Van den Bergh test 92.

Cerebo-spinal fluid. Chemical examination 5; Cytological examination 5; Cardiolipin complement fixation test 48; Kahn test 32; Lange's colloidal gold test 85; Wassermann complement fixation test 48.

Faeces. Bacteriological examination 5; Chemical examination 2; Microscopical examination 6.

Gastric Juice. Concentration test for M.B.T. 5; Guineapig inoculation 5.

Sputum. Sputum for M.B.T. 13; Throat swabs 3.

Urine. Chemical and microscopical examination 941; Chemical examination only 513; Friedmann's Zondek test 6.

Post-mortem investigations. 2.

Occupation and recreation. During the year an average of 158 patients (80 males and 78 females)) were occupied daily, compared to 151 patients 72 males and 79 females) last year.

Apart from the usual outings and cinema and theatrical entertainments, the patients have been provided with two other television sets, which now number three on the male side and one on the female side and which are greatly appreciated.

At the end of the year there were 17 patients from the St. Vincent de Paule Hospital still housed a this hospital.

CENTRAL HOSPITAL

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

	Remaining at end of 1957	Admitted	Transferred from other hospitals	Discharged					Remaining at end of 1958
				Transferred to other hospitals	At Request	Cured	Relieved	Died	
OPHTHALMIC									
Males	10	200	3	3	—	190	8	—	12
Females	14	221	6	6	—	208	7	2	18
DERMATOLOGICAL									
Males	7	99	3	6	—	60	39	—	4
Females	6	98	3	8	—	71	22	—	6
VENEREAL									
Males	—	3	—	—	—	3	—	—	—
Females	—	9	—	—	—	9	—	—	—
Total	37	630	15	23	—	541	76	2	40

The total number of in-patients treated was 682, of which 630 were new admissions. The daily average number of pateints during the year amounted to 38 i.e. 15 males and 23 females while the average stay patients in hospital was 40 days.

The patients treated in this hospital were distributed as follows:—

	Ophthalmic	Dermatological	Venereal
Males	213	109	3
Females	241	107	9
Total	454	216	12

The total number of new out-patients treated was 9,153. These received treatment in the four out-patients' clinics as follows:

	Ophthalmic	Dermatological	Venereal	Orthoptic
Males	2,026	698	73	1,385
Females	2,770	826	87	1,288
	4,796	1,524	160	2,673 = 9,153

Ophthalmic Division

The following operations, totalling 455, were performed during the year in the Ophthalmic Division:—

	In-patients	
	Males	Females
Cataract extraction	54	44
After Cataract	12	7
Congenital cataract	2	3
Excision of prolapse of iris	9	4
Iridectomy	4	3
Glaucoma (Trephine)	—	1
Strabismus	43	63
Detachment of retina	5	6
Excision of eyeball	2	2
Ptosis	2	—
Entropion	—	1
Chalazion	8	12
Wound of lid	—	3
Rodent ulcer of lid	—	1
Excision of lacrymal sac	—	8
Probing of lacrymal duct	—	6
Suturing of sclera	—	1
Dermoid cyst of orbit	—	1
Pterygium	15	7
Foreign body intra-ocular (giant magnet	2	—
Foreign body intra-ocular (giant magnet)	2	—
Foreign bodies cornea	118	—
Excision of granulations upper lid	2	1

The in-patients were treated for the following conditions:—

Conjunctivitis

Acute	1	6
Purulent	2	—
Bepharo	—	—
Vernal	1	—
Ophthalmia Neonatorum	—	9
Pterygium	1	—
Burn of Conjunctiva	1	—
Tuberculosis of Conjunctiva	—	1

Diseases of the cornea

Keratitis—		
Ulcerative	7	15
Influenzal	—	1
Kerato-Hypopion	4	3
Abrasion of cornea	3	—
Penetrating wounds of cornea	13	4
Burns of cornea	13	2
Staphiloma	1	—
Foreign bodies cornea	2	—

Diseases of sclerotic

Wound of Sclera	—	1

Diseases of Iris

Chronic Iritis	1	3
Diabetic Iritis	—	3
Irido-Cyclitis	2	—
Irido-cyclitis and Pulmonary oedema and Myocardial Infarcation	1	1

	In-patients	
	Males	Females
Diseases of Lens		
Cataracts		
Senile	55	44
Traumatic	2	1
Congenital	2	3
After Cataract	5	3
Glaucoma		
Chronic	—	1
Simplex	2	2
Acute	1	6
Absolute and chronic myocarditis	—	2
Diseases of the Choroid		
Choroiditis	1	—
Melano sarcoma of choroid	—	1
Diseases of the Retina		
Detachment of retina	8	9
Diabetic retinitis	—	2
Hypertension retinitis	1	—
Diseases of the Nerve		
Papilloedema	—	1
Affections of eyeball		
Foreign bodies eyeball	2	—
Contusions of eyeball	10	3
Endophthalmitis	—	1
Rupture of eyeball	—	1
Motor Anomalies of External Muscles		
Strabismus		
Comitant	41	65
Diseases of the Eyelid		
Chalazion	—	1
Blepharits	—	1
Entropion	—	1
Symblepharon	1	—
Ptosis	2	1
Ulcer rodent of lid	3	1
Wounds of lid	4	5
Burns of lid	1	2
Cellulitis of lid	1	—
Herpes Zoster ophthalmicus	1	2
Diseases of Lacrymal Apparatus		
Dacry-cystitis		
Chronic	1	5
Acute	—	10
Obstruction of nasal duct	1	2
Lacrymal abscess	—	1
Diseases of orbit and neighbouring parts		
Cellulitis of orbit	5	1
Rodent ulcer of orbit	—	1
Periostitis of orbit	—	1

Out of the total of 4,796 out-patients who attended the Ophthalmic Clinic, 2,424 were examined for error of refraction and all had glasses prescribed to them. Nine hundred and ninety-seven of these were school children to whom glasses were also prescribed and supplied. Seventy-nine out-patients, also school-children, were operated for squint. Seven hundred and five of the out-patients were prospective migrants who were referred for routine examination by the Department of Emigration, Labour and Social Welfare. The total number of out-patients' attendances amounted to 9,887.

Dermatological and Venereal Division

Dermatological Department

The number of new patients calling for investigation and treatment at the out-patients clinic in 1958 was 1,524 (698 males and 826 females) while the overall attendances of the old and new patients numbered 9,733 (3,941 males and 5,792 females); an average of 187 patients per week.

A total of 203 admissions were made during the year under review. These consisted of 101 males and 102 females.

Diagnostic classifications of new out-patients and in-patients

	Out-patients			In-patients		
	Males	Females	Total	Males	Females	Total
Diseases of the Skin and its Appendages						
1. Congenital						
Ichthyosis	4	3	7	1	—	1
Epidermolysis bullosa	—	1	1	—	1	1
2. Inflammatory (non-infectious)						
Dermatitis (physical causes)	4	—	4	—	—	—
Dermatitis (primary irritants)	—	1	1	—	—	—
Allergic dermatitis	34	41	75	29	12	41
Atopic dermatitis	15	13	28	3	2	5
Neurodermatitis	6	5	11	—	—	—
Dermatitis artefacta	—	3	3	—	—	—
Pruritus anogenital	6	1	7	3	2	5
Nummular eczema	—	2	2	—	—	—
Septic dermatitis	19	34	53	12	20	32
Seborrhoeic dermatitis	1	4	5	—	—	—
Lichen spinolosus	2	1	3	—	—	—
Lichen planus	1	5	6	1	1	2
Psoriasis	19	18	37	4	3	7
Pityriasis rosea	—	1	1	—	1	1
Urticaria	6	7	13	1	2	3
Papular urticaria	14	21	35	—	—	—
Perniosis	—	1	1	—	—	—
Rosacea	—	1	1	—	—	—
Erythema nodosum	1	—	1	—	—	—
Stasis dermatitis	3	7	10	9	5	14
Ulcera cruris	12	33	45	8	17	25
Purpura	—	1	1	—	1	1
Pemphigus	—	1	1	—	1	1
Dermatitis herpetiformis	1	2	3	1	—	1
Miliaria	1	1	2	—	—	—
Cheilitis	—	1	1	—	—	—
Alopecia areata	15	28	43	—	—	—
Alopecia traumatica	4	2	6	—	—	—
Trichotillo mania	—	2	2	—	—	—
Clavus	2	1	3	—	—	—
3. Bacterial						
Impetigo	41	53	94	6	4	10
Pustular bacteria	2	—	2	—	1	1
Furunculus	3	—	3	—	—	—
Folliculitis	18	4	22	4	—	4
Dermatitis papillaris capillitii	4	—	4	—	—	—
Pityriasis alba	5	3	8	—	—	—
Psuedo tinea amiantacea	—	2	2	1	—	1
Hansen disease	11	9	20	—	—	—
Tuberculosis cutis	1	1	2	—	—	—
Granuloma anulare	—	1	1	—	—	—

	Out-patients			In-patients		
	Males	Females	Total	Males	Females	Total
4. Dermatophytic						
Tinea capitis	160	229	389	—	3	3
Tinea cruris	1	1	2	—	—	—
Tinea corporis	7	10	17	—	—	—
Dermatophytosis of hands and feet	19	12	13	3	4	7
Onychomycosis	4	7	11	—	—	—
Tinea versicolor	5	1	6	—	—	—
Candidiasis	1	5	6	—	—	—
5. Viral						
Herpes simplex	1	1	2	1	—	1
Herpes zoster	4	2	6	4	—	4
Molluscum contagiosum ...	—	2	2	—	—	—
Verrucae	37	65	102	7	20	27
6. Parasitic						
Scabies	9	6	15	—	—	—
7. Metabolic/Hormonal						
Acne	3	8	11	1	—	1
Pityriasis alba	19	14	33	—	—	—
Avitaminosis	3	5	8	—	—	—
Chloasma	—	4	4	—	—	—
Keratoderma climactericum	—	4	4	—	2	2
Vitiligo	2	5	7	—	—	—
8. Systemic Diseases of Unknown Cause						
Lupus erythematosus ...	1	1	2	—	—	—
Scleroderma	1	—	1	—	—	—
9. Tumours						
Naevus verracosus	—	2	2	—	1	1
Senile keratosis	1	—	1	—	—	—
Cornu cutaneum	1	—	1	1	—	—
Leukoplakia	1	—	1	—	—	—
Squamous cell carcinoma ...	3	2	5	—	—	—
Basal cell epithelioma ...	6	5	11	1	—	1
Keloid	1	3	4	—	—	—
Neurofibromatosis	1	4	5	—	—	—
Naevus flammeus	1	1	2	—	—	—
Naevus vasculosus	3	5	8	—	—	—
Angioma cavernosum ...	1	3	4	—	—	—
Granuloma pyogenicum ...	1	1	2	—	—	—
Naevus araneus	1	6	7	—	—	—
Naevus pigmentosus ...	5	1	6	—	—	—
Lentigo	1	—	1	—	—	—
Mongolian spot	—	1	1	—	—	—
10. Various						
Contacts of leprosy ...	23	30	53	—	—	—
Not object	116	65	181	—	—	—
Total	698	826	1524	101	102	203

Venereal Department

Shown under Section II.

Radiotherapy Division

A total of 67 cases were treated by X-rays at the Radiotherapy Division during the year. The total number of sittings was 809.

The conditions treated were: Basal-cell carcinoma 40; Squamous-cell caricnoma (skin) 2; Keloid 7; Hodgkins disease 4; Keratosis 3; Sarcoma (recurrence after surgical excision) 2; Plantar warts 2; Dermatitis papillaris capillitiae 2; Veruca vulgaris 2; Eczema 2; Cavernous angioma 1.

General. There were 30 casualties from various parts of the Island calling for treatment. These consisted of lacero-contused wounds of a slight nature.

In the hospital is the pharmacy for the free supply of drugs. The number of patients or their relatives calling for their supplies is still on the increase and on each session about 250 prescriptions are dispensed. This work is carried out by one pharmacist and two assistant apothecaries, together with a third assistant apothecary who attends twice a week in the morning.

SANTO SPIRITO HOSPITAL

This hospital continued to be used for the treatment of the chronic sick and old standing orthopaedic cases. The type of patients treated were chronic cases either transferred from St. Luke hospital or admitted from their home.

The total bed complement is 70, 35 beds in each of the two divisions. The daily average number of patients in this hospital during the year was 66, 32 males and 34 females. The highest number of patients in hospital on any one single day was 70, and the lowest 59.

The movement of the hospital population during the year is given in the following table:—

	Remaining at end of 1957	Admitted	Transferred from other hospitals	Discharged					Remaining at end of 1958
				Transferred to other hospitals	At Request	Cured	Relieved	Died	
Males	29	29	60	17	11	23	10	23	34
Females	34	14	8	5	2	7	—	8	34
Total	63	43	68	22	13	30	10	31	68

Of the total number of cases admitted, 64 were transferred from St. Luke hospital, 4 from other hospitals and 43 were admitted directly from their home.

The 174 cases treated during the year may be classified as follows: Medical 116, Surgical 42 and Orthopaedic 16.

Patients were treated for the following diseases:—
Cerebral Vascular diseases 24; Trauma, fractures, wounds 17; Diseases of the heart 14; Diabetes mellitus 13; New growths 12; Congenital malformations 9; Osteo-arthritis (non-T.B.) 8; Senility 7; Diseases af the nervous system 7; Hyper-tens.. and arteriosclerosis 7; Bronchial asthma 6; Hyperplasia of prostate 5; Rheumatoid arthritis 5; Chronic nephritis 5; Primary complex 4; Gangrene (senile) 4; Chronic bronchitis 4; Accidental poisoning 4; Psycho-neurosis 3; A.P.M. Sequelae 2; Hernia 2; Burns and scalds 2; Hypochromic anaemia 2; Coronary thrombosis 2; Hepatic cirrhosis 2; Sciatica and Neutritis 1; Transverse myelitis 1; Huntington's chorea 1; Pulmonary Tb 1.

Few patients required a radiological examination during 1958. Thirteen X-rays were taken at the hospital with the mobile apparatus and ten were taken at St. Luke hospital. The 13 cases, X-rays in this hospital, had the following regions examined:— Chest 8; Spine 2; Femur 2; Frontal sinus 1.

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

Orthopaedic boots (pairs) 5; Abdominal corsets 3; Walking calipers 2; Male urinal 1; Peg leg 1.

Seventy-six laboratory specimens were sent to be examined by the pathologist at St. Luke hospital. The following examinations were made:—

Blood urea 8; Blood count 6; Urine for routine analysis 60; Sputum for Tb 1; Faeces for amoeba 1.

Besides the above, 22 Erythrocyte sedimentation tests were made at the hospital.

The number of casualties attended to during the year, including other cases brought to the hospital for urgent treatment, was 166. The injuries or other conditions treated were as follows:—

Wounds 106; Sprains and bruises 22; Fractures and dislocations 18; Burns and scalds 6; Foreign bodies 5; Cases of poisoning 4; Cerebral concussion 2; Fainting fits 2; Intestinal obstruction 1.

Thirty-four of the above cases were given first aid and remitted to St. Luke hospital or other hospitals, for further investigation and treatment. The rest received treatment at this hospital and were sent home or kept under observation as in-patients.

Patients were entertained, during the year, both inside and outside the hospital. The weekly outings by bus were continued with few unavoidable interruptions. On several occassions the younger patients attended parties and rallies. Films were shown to the patients by means of the hospital "talkie" projector.

ST. BARTHOLOMEW HOSPITAL

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

Classification	Remaining at end of 1957	Admitted	Transferred from other hospitals	Discharged					Remaining at end of 1958
				Transferred to other hospitals	At request	Cured	Relieved	Died	
Males									
Lepromatous	27	1	—	—	1	—	—	—	27
Indeterminate	2	—	—	—	—	—	—	—	2
Tuberculoid (Minor	—	—	—	—	—	—	—	—	—
Tuberculoid (Major	—	—	—	—	—	—	—	—	—
Tuberculoid (Reactional	—	—	—	—	—	—	—	—	—
Borderline	—	—	—	—	—	—	—	—	—
Total	29	1(a)	—	—	1(b)	—	—	—	29
Females									
Lepromatous	13	—	—	—	1	—	—		12
Indeterminate	1	1	—	—	—	—	—	—	2
Tuberculoid (Minor	—	—	—	—	—	—	—	—	—
Tuberculoid (Major	—	—	—	—	—	—	—	—	—
Tuberculoid (Reactional	—	—	—	—	—	—	—	—	—
Borderline	—	—	—	—	—	—	—	—	—
Total	14	1	—	—	1	—	—	—	15
Grand Total	43	2 a)	—	—	2(b)	—	—	—	43

The number of patients remaining in hospital at the end of 1957 was 43 (29 males and 14 females.

(a) The number of patients admitted into hospital during 1958 was 2. Both were readmitted cases who although still having the disease in an active state, had been discharged at their own request in previous years.

(b) Two patients, in whom the disease had been arrested, were discharged at their own request. All discharged patients, irrespective of whether their disease is active or arrested, must continue to attend at regular intervals for treatment at the out-patients' clinic attached to this hospital in order to qualify for financial assistance. Should they fail to attend regularly for treatment, their allowances will be discontinued.

No patients died during the year under review.

The daily average number of patients this yoar was 42 i.e. 28 males and 14 females.

Treatment. Sulphone therapy by mouth or parenterally still occupies the foremost place in the treatment of leprosy in this hospital. Of all the drugs tried in the treatment of leprosy patients during the last decade, sulphones have been found the most effective. There is no doubt as to the value of sulphones in the treatment of leprosy. Early diagnosis, however, is all important for successful treatment, and no efforts are being spared in teaching young doctors to recognize the disease in its early phases when cure may be more hopefully expected.

It is gratifying to note that since 1953, when compulsory segregation was abolished, patients suffering from leprosy still in its early stage, who hitherto were driven into hiding for fear of segregation, are nowadays coming forward voluntarily for treatment.

Although modern drugs can control leprosy, they cannot, by themselves, eradicate it. To hasten its decline and its eventual eradication from our Islands, preventive masures are being actively taken.

In the fight against leprosy, besides the purely medical aspects, social aspects also play a great part in preventing infection. Leprosy is a disease which is peculiarly susceptible to the influence of social factors. Improved hygienic conditions and better housing conditions will assuredly diminish contagion and consequently, are of importance in the prevention of the spread of leprosy.

Towards the end of this year treatment with "Ciba-1906" was tried on a number of patients.

During the year under review two patients, a male and a female, were referred to the surgical department at St. Luke hospital; the former for enlarged prostate and the latter for fibro-adenoma of her left breast. Both cases were treated surgically with success.

Another female patient suffering from a rodent ulcer at the root of her nose attended at the Central hospital for X-ray therapy. Treatment was successful.

The total number of attendances at the out-patients' clinic attached to this hospital amounted to 652.

The visiting physician has been of great help as a consultant during the year and the ophthalmic surgeon called on various occasions during the year to examine and treat several patients for eye complications.

Local theatrical companies have performed on various occasions in the hospital entertainment hall.

Outings to the countryside and to the seaside in the hospital char-a-banc were organized frequently.

Food parcels as well as articles of clothing donated by the Catholic Relief Services of the United States of America were distributed to and were greatly appreciated by the patients.

ISOLATION HOSPITAL

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

	Remaining at end of 1957	Admitted	Transferred from other hospitals	Discharged					Remaining at end of 1958
				Transferred to other hospitals	At request	Cured	Relieved	Died	
Males	18	88	9	6	4	87	2	7	7
Females	9	68	15	5	6	70	2	5	
Total	27	156	24	11	10	157	4	12	13

The cases treated during the year totalled 207; the daily average population was 16 (5 males and 11 females) and the highest number of patients on any one single day was 34, the lowest 9.

The number of admissions for suspected diphtheria amounted to 73. Twenty-nine were bacteriologically confirmed and 2 were diagnosed clinically. The others were: acute tonsillitis (22), acute laryngitis (15), acute pharyngitis (3), laryngismus stridulus (1) and catarrhal spasm of the larynx (1). There were three deaths from diphtheria. The three patients died within a short time of their admission; in one case tracheotomy was performed.

Cases referred to this hospital with a provisional diagnosis of acute anterior poliomyelitis number 7; only two were confirmed.

Other cases were the following: scarlet fever 34, measles 17, erysipelas 11, tinea capitis 7, chickenpox 4, influenza 4, broncho-pneumonia 4, meningococcal meningitis 2, typhus fever 2, puerperal fever 1, ascariasis 1, thrush 1, leper 1 and rubella 1.

Eleven other cases, remitted to this hospital under a suspicion of an infectious disease, were suffering from another condition and 11 out-patients were treated for scabies.

A ward in this hospital which was being used as an extension ward of the St. Vincent de Paul hospital was closed down in March. The remaining inmates were transferred to the above-mentioned hospital. The movement of the population in that ward was as follows:—

	Remaining at end of 1957	Admitted	Transferred from other hospitals	Discharged					Remaining at end of 1958
				Transferred to other hospitals	At request	Cured	Relieved	Died	
Males	—	—	—	—	—	—	—	—	—
Females	26	—	5	27	—	—	—	4	—
Total	26	—	5	27	—	—	—	4	—

The daily average population of the inmates was 27 and the highest number of them on any one single day was 29, the lowest 14. Strict separation existed between this ward and the proper isolation wards of the hospital.

The quarantine station served fully its purpose as in the past; many articles were disinfected and the disinfection of ambulances after conveying patients to hospitals took place as usual.

VICTORIA HOSPITAL

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

	Remaining at end of 1957	Admitted	Transferred from other hospitals	Discharged					Remaining at end of 1958
				Transferred to other hospitals	At Request	Cured	Relieved	Died	
Males	21	288	9	28	48	100	102	24	16
Females	27	418	9	25	64	238	85	24	18
Total	48	706	18	53	112	338	187	48	34

The daily average population was 44 (19 males and 25 females).

The total number of cases treated during the year was 772. Of these 74.8% were discharged as cured or relieved or transferred to other hospitals and 14.5% were discharged at their own request.

Two cases of pulmonary tuberculosis were admitted in this hospital. One of these had severe spontaneous pneumothorax and died within a few hours of reaching hospital. The other, being a closed case, was kept for a prolonged period of treatment.

Four cases of typhoid and 5 of brucellosis were treated and discharged as cured. Eight cases of tetanus were dealt with successfully and no deaths occurred.

Seventy-eight cases (35 males and 43 females) were either remitted or transferred to hospitals in Malta, mainly to St. Luke hospital. These were patients requiring specialised investigations and/or treatment, the majority of whom was remitted on the advice of the consultants.

The number of operations performed during the year amounted to 211. This figure includes all surgical and obstetric operations performed by the permanent, temporary and consultant members of the medical staff. The operations carried out are detailed hereunder:—

	Males	Females
Head and Neck		
Epithelioma of lip, excision	1	—
Foreign body in skull, removal	1	—
Rodent ulcer of face, excision	2	1
Thyroid adenoma	—	2
E.N.T.		
Tonsillectomy	6	9
Eye		
Cataract extractions	2	2
Correction of squint	1	—
Needling of cataract	1	1
Obstetrics and Gynaecology		
Curettage for incomplete abortion	—	9
Breech with extended legs	—	8
Ruptured ectopic pregnancy, removal of tube	—	1
Examination under anaesthesia	—	2
Forceps delivery	—	11
Caesarian sections (lower segment)	—	6
Hysterectomy (subtotal) for fibroid	—	1
Internal versions	—	5
Repair of third degree laceration	—	1

	Males	Females
Gastro-Intestinal Tract		
Anal fissure	1	—
Appendicectomy	3	2
Contusion and rupture small intestine, resection and anastomosis	—	1
Gastro enterostomy and vagotomy	1	—
Inguinal hernia, repair	6	3
Umbilical hernia, repair	—	3
Epigastric hernia, repair	—	1
Haemorroids, dissection and ligature	3	—
Laparotomy, exploratory	1	1
Sigmoidoscopy	1	—
Genito-Urinary Tract		
Circumcision	1	—
Cystoscopy	7	1
Prostatectomy	5	—
Bones, Joints, Tendons, etc.		
Arthrodesis of inter phalangeal joint	—	1
Avulsion of nail	1	2
Amputation of toe	—	1
Cellulitis, incision	6	4
Dislocations reduction	1	1
Excision of nodules	—	4
Fractures	30	18
Cut artery — ligature	1	—
Cut tendons, suture	1	1
Cut nerve, suture	1	—
Hydrocele, eversion	2	—
Osteomyelitis	3	1
Skin grafting	4	2
Lacero contused wound	4	2
Warts, excision	3	3

Out-Patients Department

The total number of out-patients treated by this department during the year amounted to 1,605.

The new cases seen in this department during the year are classified hereunder:—

	Males	Females	Total
Medical	68	62	130
Surgical	218	165	383
Ophthalmic	79	112	191
Dental	142	184	326
Accidents	410	165	575
Total	917	688	1,605

Clinical Laboratory

1,322 tests and examinations were carried out during 1958 as detailed hereunder:-

Complete examination of urine 231; Blood count and picture 224; Blood grouping 201; Examination of sputum 194; Examination of hair and scraping for parasite 181; Friedman test for pregnancy 122; Blood urea estimation 51; Nasal swabs for H.B. 31; Examination of faeces for occult blood 17; Examination of faeces for amoebae 14; Vaginal swabs 14; Pus, discharges, scraping, etc. 11; Van den Bergh's test 10; Examination of urine for Tb 9; Examination of throat swabs 5; Splenic pulp for L.D.B. 4; Examination of C.S.F. 2; Examination of gastric contents 1;

In addition, an appreciable amount of material was sent to the Laboratory at St. Luke hospital and to the Public Health Laboratory. These consisted mostly of requests for Biopsies, Blood sertum reactions, Wassermann Tests and Drug Sensitivity tests.

Radiological Department

The examinations carried out cover a wide field and it is rarely necessary to refer patients for X-ray examination to St. Luke hospital. Films requiring expert interpretation are referred to the Radiologists at St. Luke hospital who also pay periodic visits to this hospital to carry out such examinations as screenings and barium meals. The total number of X-ray investigations for this year was 3,468. The number of films used was 4,242. Below is the work of this division in a summarized form:—

Nature of examination	In-Patients	Out-Patients including emigrants and Tb. contacts	Private Cases	Total
Bones and joints including vertebral column	223	388	200	811
Chest	212	1,400	153	1,765
Foreign body localization	46	50	16	112
Genito-urinary tract				
1. Plain	24	16	8	48
2. Intravenous urography ...	68	75	24	167
3. Cystography	4	3	—	7
Biliary tract				
1. Plain	12	9	4	25
2 Cholecystogram	40	30	13	83
Abdomen	30	24	22	76
Skull	84	101	29	214
Screening				
1. Heart	2	9	—	11
2. Barium meal	10	48	13	71
3. Barium enema	13	4	3	20
4. Chest	5	18	3	26
5. Oesophagus	11	17	4	32
Total ...	784	2,192	492	3,468

Consultant Service

The consultant service in Gozo has continued to function regularly and monthly visits were paid by consultants in medicine, surgery, ophthalmology and dentistry to hold clinics. A radiologist from St. Luke hospital paid periodical visits.

New Works.

During the year under review a garage for the ambulance was built within the hospital precincts. The ceiling of the kitchen was raised and the walls were covered with glazed tiles.

Amenities.

At various times patients were taken on outings to the countryside or by the sea in buses. In-door film shows were also held and a live show was staged for the benefit of the patients. CARE (Co-operative for American Remittances to Everywhere Inc.) and CRS (Catholic Relief Services) food parcels donated through the local respective representatives were greatly appreciated by the patients.

ST. THERESA HOSPITAL

The movement of the population in this hospital for Tuberculosis patients was as follows:—

Remaining at end of 1957	Admitted	Transferred from other hospitals	Discharged					Remaining at end of 1958
			Transferred to other hospitals	At request	Cured	Relieved	Died	
Males 8	2	—	—	2	—	—	1	7
Females 3	—	—	—	—	—	—	—	3
Total 11	2	—	—	2	—	—	1	10

The daily average population was only 10 (7 males and 3 females).

The population of this hospital continues to dwindle owing no doubt to the early detection and the modern treatment of new cases of pulmonary tuberculosis both in hospital and at home.

On the male side there were two admissions, one of whom, a patient aged 23 years, was in hospital on a previous occasion. The other patient, aged 48 years, was suffering from well established pulmonary tuberculosis and is making satisfactory progress.

One of the patients, aged 64 years, died during the year. He was suffering from advanced pulmonary tuberculosis and diabetes.

Two patients were discharged at request. One of these was the patient, aged 23 years. who was admitted earlier the same year. The other patient, a diabetic, aged 52 years, with quiescent pulmonary tuberculosis, left after a year of treatment. Both patients were instructed to attend as out-patients.

ST. JOHN THE BAPTIST HOSPITAL

An average population of 44 males and 53 females was catered for during the year 1958 in this asylum for the aged and infirm.

The following table shows the movement of population in this hospital:

Remaining at end of 1957	Admitted	Transferred from other hospitals	Discharged					Remaining at end of 1958
			Transferred to other hospitals	At request	Cured	Relieved	Died	
Males 42	6	12	3	6	—	—	5	46
Females 49	18	20	4	5	—	—	21	57
Total 91	24	32	7	11	—	—	26	103

The average daily population during 1958 was 44 males and 53 females as against 39 males and 49 females during the previous year. Out of 56 new admissions 16, 1 male and 15 females came from Malta on account of lack of accommodation at the St. Vincent de Paul Hospital in Malta.

Some of the inmates (6 males and 8 females were given light employment and for their services they received a small monthly remuneration.

The deaths that occurred during the year were due to the following causes:

Cerebral thrombosis	2
Pulmonary embolism	1
Hypostatic pneumonia and senility	6
Coronary artery thrombosis	1
Cardiac degeneration	2
Myocardiac degeneration	1
Old age	1
Heart failure	2
Coronary thrombosis	1
Chronic myocarditis	4
Hypertensive heart disease	1
Cerebral haemorrhage and hypertension	1
Hypostatic pneumonia and gangrene left foot and senility ...	1
Hypostatic pneumonia and fracture shaft right femur ...	1

HOSPITAL FOR MENTAL DISEASES, GOZO

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

Remaining at end of 1957	Admitted	Transferred from other hospitals	Discharged					Remaining at end of 1958
			Transferred to other hospitals	At request	Cured	Relieved	Died	
Males 89	7	3	8	—	—	—	2	89
Females 80	3	4	3	—	—	—	2	82
Total 169	10	7	11	—	—	—	4	171

EXTENSION WARD

St. Vincent de Paule, Hospital

Remaining at end of 1957	Admitted	Tranferred from other hospitals	Discharged					Remaining at end of 1958
			Transferred to other hospitals	At request	Cured	Relieved	Died	
Males 7	—	—	1	—	—	—	—	6
Females 2	—	—	1	—	—	—	—	1
Total 9	—	—	2	—	—	—	—	7
Grand Total 178	10	7	13	—	—	—	4	178

The average daily number of patients during the year was 169 (88 males and 81 females).

Ten new urgent cases from Gozo, who were provisionally admitted in this hospital were transferred later on during the year to the Hospital for Mental Diseases, Malta, where they were examined by the Hospital Board in accordance with existing regulations governing new cases. Another male patient was also transferred for possible discharge.

The classification of patients by disease and sex treated during the year is as follows:—

	Males	Females	Total
Affective psychosis	9	8	17
Schizophrenia	55	56	111
Paraphrenia	6	4	10
Psychopathic state	1	—	1
Epilepsy and epileptic psychosis	2	3	5
Mental deficiency	12	9	21
Psychoneurosis	2	2	4
Unclassified	2	—	2
Under observation	7	3	10

Four deaths occurred during the year, the causes being:—

Cerebral haemorrhage (male)	1
Cerebral thrombosis (male)	1
Chronic myocarditis (female)	1
Bronchopneumonia (female)	1

The hospital population was free from infectious diseases and the general health was satisfactory. However, one case of bronchopneumonia was notified. During the year 621 chemical analysis of urine were carried out. As all the patients at this hospital are chronic cases who have already undergone specialised treatment at the Hospital for Mental Diseases, Malta, the treatment is mainly symptomatic.

Mental patients are always encouraged to occupy themselves usefully. About 25 males and 20 females were given occupation during the year. Besides helping the staff in domestic work, male patients are encouraged to work with the gardener in the hospital grounds and female patients are encouraged to do lace work.

Bus trips and whole day outings as well as frequent walks are the main recreations provided to patients. During the summer months, the patients were taken to Comino island on two different occasions.

St. Vincent de Paul Hospital, extension wards.

Nine inmates (7 males, 2 females) of St. Vincent de Paule hospital were still housed in this hospital. During the year two (1 male and 1 female) were transferred to St. Vincent de Paul hospital, Malta.

There were no admissions and no deaths occurred.

Leper Out-patients clinic.

An out-patients clinic for leper patients was kept open throughout the year and 10 patients were treated; the total number of attendances was 81.

Following is a list showing the type and sex of the cases treated:—

Type	Males	Females	Total
Lepromatous	4	2	6
Mixed	3	—	3
Tuberculoid	—	1	1
Total	7	3	10

ISOLATION HOSPITAL

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

	Remaining at end of 1957	Admitted	Transferred from other hospitals	Discharged					Remaining at end of 1958
				Transferred to other hospitals	At request	Cured	Relieved	Died	
Males	—	8	—	—	—	8	—	—	—
Females	2	5	—	1	—	6	—	—	—
Total	2	13	—	1	—	14	—	—	—

The hospital was kept open for 149 days in 1958. The total number of cases treated was 15 patients, who suffered from the following diseases:—

Diphtheria (3 males, 2 females)	5
Tonsillitis (2 males)	2
Vincent's angina and tonsillitis (1 males)	1
Broncho-pneumonia and tonsillitis (2 females)	2
Measles (1 female)	1
Pediculosis pubis (2 males, 2 females)	4
Total (8 males, 7 females)	15

The age groups of patients treated were as follows:

Under 6 years (5 males, 5 females)	10
Under 11 years (1 male)	1
Over 11 years (2 males, 2 females)	4
Total (8 males, 7 females)	15

VIII. ADMINISTRATION

STAFF

HEAD OFFICE:

Medical: Chief Government Medical Officer, Senior Medical Officer, Senior Health Officer, Principal Laboratory Officer, Senior Occupational Health Officer, Medical Officer of Health 3, Medical Officer General Service, Tuberculosis Officer, Junior Analyst, Junior Bacteriologist.

Administrative: Administrative Secretary, Accountant, Supplies Officer, Higher Executive Officers 4, Executive Officers 6, Higher Clerical Officer 1, Clerical Officers 9, Shorthand Typists 2, Clerks/Clerk-Typists 24.

Health: Chief Health Inspector, Senior Health Inspector, Tuberculosis Officer, Rodent Control Officer.

HOSPITAL:

Resident Medical Superintendents 9, Physicians 3, Surgeons 4, Accoucheurs 2, Surgeons E.N.T. 2, Pathologists 3, Venereal Diseases Officers and Dermatologists 2, Bacteriologists 2, Orthopaedic Surgeons 2, Blood Transfusion Officer 1, Ophthalmologists 2, Dental Surgeons 3, Radiologists 3, Anaesthetists 4, Resident Medical Officers 9, Registrars 4, Assistant Medical Officers 25, Hospital Secretary 1, Sister Tutor 1, Registered Nurses 31, Sick Children's Nurses 3, Masseuses and Physiotherapy Sisters 4, Occupational Therapists 3, Orthoptic Nurse 1, Midwives 8, Radiographers 5, Chief Pharmacist 1, Pharmacists 5, Assistant Apothecaries 17, Laboratory Assistants 7, Dental Mechanics 2, Wardmasters 6, Chief Nurses 6, Hospital Attendants 710, Operating Room Orderly 1, Orderly Electro-Therapeutic Department 2, Hospital Engineer 1, Store Officers 18, Higher Clerical Officer 1, Clerical Officers 6, Shorthand Typists 3, Clerk/Clerk Typists 12.

SPECIAL SERVICES:

Port Medical Officers (including Luqa Airport) 5, School Medical Officers 7, District Medical Officers 42, Child Health Officers 3, School Dental Surgeons 4, School Eye Specialist 1, Ante-Natal Medical Officers 3, National Insurance Medical Officers 7, Senior Health Inspectors 7, Health Inspectors 60, Puiblc Cleaning Officer 1, Health Visitors 48, School Nurses 8, Subsidised Midwives 5.

APPOINTMENTS:

The following appointments were made during the year:—

Dr. Raphael Attard, M.D., F.R.C.S. appointed Registrar with effect from 15th December, 1958.

Mr. Joseph Camilleri, B. Pharm., appointed Junior Pharmacist with effect from 21st April, 1958.

Mr. John Bugeja appointed Radioprapher with effect from 2nd January, 1958.

Mr. Albert V. Galea, D.D.S., appointed School Dental Surgeon with effect from 25th June, 1958.

Dr. Walter V. Cuschieri Ph. C., M.D., D.A., appointed Junior Anaesthetist with effect from 21st January, 1958.

Dr. Joseph A. Muscat, M.D., F.R.C.S., appointed Junior Surgeon with effect from 22nd April, 1958.

Mr. Lawrence Vassallo, B.E.M., appointed Chief Health Inspector with effect from 31st July, 1958.

Messrs. John Satariano, Paul Scerri and Elia Borg appointed Senior Health Inspectors with effect from 21st April, 1958.

Mr. Carmel Cesareo appointed Senior Health Inspector with effect from 25th June, 1958.

Mr. Joseph Serracino appointed Senior Health Inspector with effect from 31st July, 1958.

Messrs. Lawrence Micallef, Peter Farrugia, Joseph Piscopo, Victor G. Cachia, Paul Attard, Anthony Baldacchino, Felix A. Zahra, Joseph P. Grima appointed Health Inspectors with effect from 19th September, 1958.

TRAINING OF PERSONNEL:

Miss Helen Zerafa, Health Visitor, was awarded a scholarship by the Chest and Heart Association (formerly the National Association for the Prevention of Tuberculosis) to attend a 6 months course of training in anti-tuberculosis work.

Mr. Thomas Gaffiero, a Health Inspector, attended a three months' course in Environmental Control at the London School of Hygiene and Tropical Medicine with a pre-arranged attachment to the Metropolitan Water Board to gain experience in the control of water catchment areas.

Mr. Paul Cauchi, Rodent Control Officer, attended a short course of training in Rodent Control, under the auspices of the Infestation Division of the Ministry of Agriculture, Fisheries and Food.

The Misses Mary Gauci and Winifred Bugeja were granted a government scholarship to undergo a course of training in medical gymnastics and physiotherapy.

Miss Josephine Serracino Inglott started a government-sponsored course of instruction in orthoptics.

Mr. Herbert Cesareo, Health Inspector, proceeded to the United Kingdom to attend a course in Food Storage with emphasis on grain at the Ministry of Agriculture, Fisheries and Food.

LEGISLATION.

Laws and Regulations. The following Acts and Regulations relating to matters of public health came into force during the year.

i) The Shops and Hawkers (Business Hours) Act, 1957, regulating among other business concerns, the opening of pharmacies on Sundays on a rota basis.

ii) Government Notice No. 132 prohibiting the sale of, offering or keeping for sale raw milk other than pasteurized in any inhabited area in Malta.

MISCELLANEOUS.

Council of Health. No meetings of the Council of Health were convened.

Medical Board. During the year the Medical Board held an extraordinary meeting to conduct an inquiry into the case of a medical practitioner alleged to have issued untrue, misleading and improper medical certificates. Two other extraordinary meeting were held in order to conduct the examination required by law in respect of medical graduates possessing qualifications granted by a recognised foreign medical school prior to recommending them for the grant of the licence to practise their profession locally.

The Medical Board held twelve ordinary meetings in 1958, at which the Board considered, among other things, the following items and took measures, where necessary, for their implementation:—

1. Legislation to amend section 51 of the Medical and Kindred Professions Ordinance (Cap. 51) to repeal the provision that no midwife shall practise concurrently as a nurse.

2. Legislation to enforce stricter control on the prescribing and dispensing of medicinals containing poisons or poisonous substances.

3. Legislation aiming at maintaining in clean and hygienic condition the common parts of flats and defining the party responsible for that condition.

4. Regulations defining the qualifications required of persons applying for registration as chiropodists.

5. Regulations for the manufacture, control and testing of pre-cast building concrete blocks.

6. Formulation of policy regarding the introduction of legislation making post mortem examinations compulsory in the case of deaths occurring during general anaesthesia.

7. Revision of conditions for the crating of human remains for transport by air.

8. Preliminary inquiries into five cases of medical practitioners alleged to have issued untrue, misleading or improper certificates.

9. Establishment of the reciprocal recognition and registration of the medical degress with the colony of Hong Kong and the continuation of negotiations for that purpose with the State of Queensland, Australia.

10. Initiation of action for the introduction of a tariff of fees payable to pharmacists.

11. Application for the opening of a private hospital.

12. Recommendation for the grant of the Governor's licence to practise as:—

a)	medical practitioners	33
b)	dental surgeons	2
c)	apothecaries	9
d)	midwives	13
e)	assistant apothecary	1

13. Admission of 12 applicants to the General Part of the Register of Nurses for the Sick and 2 others (a physiotherapist and an occupational therapist) to the Register of Medical Auxiliaries.

14. Assessment of fees for professional services rendered by (a) 2 medical practitioners and (b) a midwife and the assessment in three instances of surgical operation fees.

The Medical Board considered 18 notices for the construction of new buildings and/or alterations to existing buildings. Eleven of the notices were referred by the Superintendent of Public Health for the decision of the Board which approved 9 of the notices, imposing certain conditions and alterations; the other 2 notices were refused. The remaining 7 notices were appeals filed by the respective architects against the decisions taken by the Department. Three of the appeals were upheld and the rest rejected.

Medical Examinations. The Mdical Officers of Health examined 2,600 persons prior to their taking up appointment/employment in the Public Service. In addition, 157 serving officers/employees who had exceeded their statutory period of absence on sick leave or were reported as physically unfit for further service by their Heads of Departments were also examined by various boards of medical officers in most cases, under the chairmanship of a Medical Officer of Health to ascertain their state of health.

Pharmacies. During the year under review, the Medical Officers of Health, accompanied by an Analyst from the Public Health Laboratory, carried out surprise inspections of 168 private pharmacies all over Malta and Gozo in terms of the provisions of section 36 of the Medical and Kindred Professions Ordinance (Chapter 51 of the Laws of Malta). During their inspections, which are made in order to verify that no imperfect, deteriorated or obnoxious substances are kept, and that the pharmacies are maintained in accordances with the provisions of the law, no irregularities were detected. The registers were examined and found in order and there were no infringements of the regulations particularly of those relating to dangerous drugs.

Vaccinations. T.A.B., Cholera and Yellow Fever inoculations and Smallpox vaccinations were given to 2,700 persons proceeding abroad either as migrants or for other purposes and requiring a complete and valid International Certificate of Vaccinations.

All parents are compelled by the provisions of the Prevention of Disease Ordinance (Chapter 59 of the Laws of Malta) to have their babies vaccinated against smallpox soon after the child attains the age of two months. Any medical practitioner may perform the vaccination and issue the relative certificate. Nevertheless, the Department holds two sessons of public gratuitous vaccinations every year in each district dispensary. In all cases, the vaccine lymph which is available too all medical practitioners is supplied free of charge.

The number of babies vaccinated by the district medical officers during the year amounted to 2,456.

District Medical Service. The district medical service available to all the members of the public and free of charge in the case of necessitous persons covers the whole of Malta and Gozo. This service in run by 43 District Medical Officers who hold daily clinics at the government dispensary in every district during which time the local Health Visitors are also in attendance. The number of attendances at all the district dispensaries totalled 108,256 during the year. In addition to their attendance at the dispensary, District Medical Officers also pay domiciliary visits to necessitous patients. The number of such visits amounted to 13,081.

St. Luke Training School for Nurses. Two courses for student nurses were started during 1958 at the St. Luke Training School for Nurses where student midwives and student health visitors had lately been also admitted for tuition in general nursing prior to continuing with their respective course of training.

The bi-annual preliminary and final examinations for the certificate of Trained Nurse were held in June and in December. Six out of twelve students were succssful in the prliminary examination and twelve out of fifteeen students were successful in the final examination. The twelve trained nurses applied for and were admitted to the General Part of the Register of Nurses for the Sick.

Medical Stores. The total value of medical supplies issued during the financial year 1958-59 is detailed hereunder :—

Comparative figures for 1957-58 are given in brackets.

	Drugs	Dressings	Equipment	Total
Hospitals, District Dispensaries and other Branches of the Medical and Health Department including approved prescriptions — Malta	£72,152 0 6 (74,166 14 9)	£8,801 16 10 (10,461 0 10)	£30,669 8 1 (26,350 4 1)	£111,623 5 5 (110,977 19 8)
Hospitals, District Dispensaries and other Branches of the Medical and Health Department including approved prescriptions — Gozo	£3,564 1 3 (3,131 15 3)	£586 2 2 (467 14 4)	£1,058 17 1 (957 5 6)	£5,209 0 6 (4,556 15 1)
Other Government Departments	£415 18 9 (385 15 5)	£333 2 7 (316 6 3)	£96 17 9 (156 16 2)	£845 19 1 (858 17 10)
Sales from Medical Stores, St. Luke, Central and Victoria Hospitals ...	£1,132 0 11 (1,061 18 4)	— — — — — —	— — — — — —	£1,132 0 11 (1,061 18 4)
Total ...	£77,264 1 5 (78,746 [illegible] 9)	£9,721 1 7 (11,245 1 5)	£31,825 2 11 (27,464 5 9)	£118,810 5 11 (117,455 10 11)

Treatment of Patients in Hospitals Abroad

An increasing number of patients availed themselves of the opportunity being provided under the Government sponsored hospital patient scheme, whereby medical treatment not available in Malta is sought in United Kingdom hospitals.

The consultant staff of the Department recommended 139 patients who, in the opinion of that staff, stood a fair chance of recovery, or would have had their life saved, or at least prolonged by means of the treatment available abroad.

Twenty-one of these patients were not however sent abroad either because the United Kingdom hospital specialists considered their disease as too advanced, or because the patients themselves refused to proceed abroad for further treatment.

A total of 118 patients, the highest number so far, was admitted during this year to the following hospitals in the United Kingdom:—

	1956	1957	1958
Royal Marsden Hospital	65	58	71
Middlesex Hospital	3	4	3
National Hospital for Nervous Diseases ...	13	15	15
Holy Cross Hospital	—	1	—
Royal National Orthopaedic Hospital ...	—	1	—
Hospital for Sick Children	4	3	10
Westminister Hospital	—	1	10
The Atkinson Morley Hospital	—	1	—
St. Thomas Hospital	4	3	5
Mount Vernon Hospital	3	—	1
Chelsea Hospital for Women	1	1	—
St. Mary Hospital	1	—	—
St. Mark Hospital	1	—	—
St. Bartholomew Hospital	—	1	1
Brompton Hospital	—	—	2
The Royal Free Hospital	—	—	2
Guy's Hospital	—	—	1
Harefield Hospital	—	—	5
Stoke Mandeville Hospital	—	—	1
	95	89	118

Total Cost of the Medical and Health Department

The expenditure during the financial year 1958-59 — structural repairs not included — was as stated hereunder. The expenditure for 1957-58 is given for comparison.

	1957-58	1958-59
	£	£
General expenses and general administration ...	23,781	21,667
Health Branch and Laboratory	60,016	55,982
Ante-Natal Service	1,401	1,380
Child Health Service	14,189	13,786
Occupational Health	955	2,008
Cemeteries	8,204	8,277
School Medical Service	9,764	10,159
Hospitals	1,127,801	1,158,401
St. Luke Hospital Training School	16,397	12,282
District Medical Service	26,973	27,223
Grant to the Malta Memorial District Nursing Association	3,000	4,000
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 Memorial Hospital for children	630	630
Grant to the St. John's Ambulance Association (Malta Centre)	122	122
Maintenance and treatment of patients in hospitals abroad	24,389	23,872
Treatment of Tb patients abroad	60,271	31,895
Residence allowance and fees to midwives attending paupers	2,085	1,751
Maintenance of 50 children at the Creche, Ursuline Sisters (a)	3,986	—
Expenses in connexion with the burial of paupers	1,188	1,021
Grant to the Bureau of Hygiene and Tropical Medicine	25	25
Grant to the Applied Nutrition Unit (b)	—	50
Holidays abroad for children exposed to Tb infection (c)	—	2,425
Public Cleansing Service	278,848	274,541
Total	1,664,725	1,652,197

(a) Now paid by the Department of Emigration, Labour and Social Welfare.

(b) New Grant.

(c) Approved in 1957-58 under General Service now shown under Subsidies.

Total Revenue collected by the Medical and Health Department

			Actual Revenue 1957-58	1958-59
			£	£
II.	2.	Quarantine Dues	—	—
III.	17.	Miscellaneous Fines	15	7
VII.	A.	*Fees of Office*		
	16.	Permits, certificates, etc.	249	274
	17.	Radiography Fees	617	532
	18.	Pathological examinations	—	30
	19.	Stamping Sausages Fees	1,191	1,625
	33.	Miscellaneous	69	41
	B.	*Reimbursements*		
	63.	Refund of expenses for watching corpses at the Addolorata Cemetery	175	144
	64.	Sale of Produce of Lands	370	347
	65.	Sale of Offal, old stores, etc.	6,441	6,922
	66.	Refund of ambulance and funeral expenses	172	142
	67.	Sale of medicines	1,761	1,516
	68.	Collections from Public Conveniences ...	908	1,009
	69.	Hospital fees	23,619	23,171
	69A.	Reimbursement of emoluments of N.I. Medical Officers	4,236	5,067
	101.	Miscellaneous	1,015	1,572
XIV.	1.	Widows and Orphans Fund Contributions	2,612	3,129
XVII.	1.	Sale of House Refuse	3,609	3,144
	2.	Miscellaneous	139	100
	3.	Weighbridge fees	954	626
XVIII.	1.	Sale of Crown Lands	553	225
		Total	£48,705	£49,723

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	Applications received	New licences issued	Licences renewed
MALTA ...	33	27	311	60	51	422	—	—	20	—	—	13	—	—	31	—	—	4	—	—	5	158	39	409	230	106	136	—	—	—	11	9	51	76	42	171
GOZO ...	5	5	53	5	5	36	—	—	7	—	—	4	1	1	4	—	—	—	—	—	—	37	1	22	50	1	2	—	—	—	1	1	17	3	2	9

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 ...	420	14	80	478	19	79	45	1	30	3	10	102	1	7	225	—	5	8	15	526	375
GOZO ...	23	5	13	44	7	7	1	1	2	—	—	11	1	—	25	—	2	2	7	97	14

APPENDIX HA

Table showing diseases causing death by month, in accordance with the International List of Causes of Death

Causes of Death	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
I. *Infective and Parasitic Diseases.*													
1. Tuberculosis of the respiratory system	7	3	2	2	1	2	1	1	2	...	2	...	23
4. Tuberculosis of bones and joints	...	1	...	...	..	...	.	...	...	...	...	...	1
5. Tuberculosis, all other forms	1	...	2	...	...	...	...	...	...	...	..	...	3
9. General paralysis of insane	...	...	...	..	...	...	...	...	...	...	1	.	1
16*a* Bacillary dysentery	..	...	...	..	...	.	...	1	...	...	..	..	1
19. Erysipelas	...	...	...	...	.	...	...	...		...	1	...	1
20. Septicæmia and pyaemia	1	...	...	...	1	1	...	...	...	..	...	...	3
21. Diphtheria	...	1	...	...	.	1	1	...	...	1	...	...	4
23. Meningococcal infections	...	..	...	.	...	1		...	...	...	...	...	1
26 Tetanus	...	...	..	2	.	...	...	1	1	...	...	..	4
30. Late effects of acute pihomyelitis and acute infectious encephalitis	1	...	1	...	...	...	...	1	...	...	...	..	3
32. Measles	2	2	...	...	...	...	...	...	..	...	...	...	4
34 Infectious hepatitis	...	..	1	1	...	...	1	...	...	..	...	...	3
36. Louse-borne epidemic typhus	1	...	...	...	...	...	...	.	...	...	...	...	1
37. Vivax malaria (benign tertian)	1	...	...	...	...	...	...	...	...	...	...	...	1
43. Lymphogranuloma venereum	...	...	...	...	...	...	...	...	...	...	1	...	1
43*l*. Leishmaniasis	.	...	1	...	..	...	...	...	...	...	..	...	1
43*p*. All other diseases classified as infective and parastic	...	...	...	..	..	...	.	...	1	...	...	...	1
II. *Neoplasms.*													
44. Malignant neoplasm of buccal cavity and pharynx	1	...	...	1	2		...	1	1	1	1	2	10
45. Malignant neoplasm of œsophagus	.	1	2	..	2	...	..	...	...	...	1	1	7
46. Malignant neoplasm of stomach	4	2	2	5	2	5	4	9	2	3	5	5	48
47. Malignant neoplasm of intestines, except rectum	2	1	3	...	2	3	3	1	1	2	1	...	18
48. Malignant neoplasm of rectum	...	1	1	...	2	3	...	...	..	1	...	...	8
49. Malignant neoplasm of larynx	...	2	2	1	...	1	1	...	1	...	...	...	8
50. Malignant neoplasm of trachea, and of bronchus and lung not specified as secondary	1	...	4	4	3	2	3	4	2	4	2	1	30
51. Malignant neoplasm of breast	7	7	2	3	2	4	1	9	3	3	..	...	41
52. Malignant neoplasm of cervix uteri	..	...	1	...	1	...	...	1	...	1	2	...	6
53. Malignant neoplasm of other and unspecified parts of uterus	4	..	3	...	2	3	1	2	1	..	1	4	21
54. Malignant neoplasm of prostate	...	1	1	...	...	...	...	1	...	...	...	...	3
55. Malignant neoplasm of skin	...	...	...	...	...	...	...	...	1	.	...	2	3
56. Malignant neoplasm of bone and connective tissue	...	...	1	...	1	2	2	1	2	1	1	...	11
57. Malignant neoplasm of all other and unspecified sites	5	5	6	1	5	7	5	4	2	6	7	4	57
58. Leukæmia and aleukæmia	2	1	...	...	...	...	2	...	3	...	...	...	8
59. Lymphosarcoma and other neoplasms of lymphatic and haematopoietic system	...	...	2	...	2	1	...	1	...	...	...	1	7
60. Benign neoplasms and neoplasms of unspecified nature	2	...	1	3	.	...	2	2	4	2	1	1	18
III. & IV. *Allergic, Endocrine System. Metabolic and Nutritional Diseases and Diseases of the Blood & Blood-forming Organs.*													
61. Nontoxic goitre	...	...	...	1	.	...	...	.	...	...	...	...	1
62. Thyrotoxicosis with or without goitre	...	...	..	...	1	...	...	...	1	...	...	...	2
63. Diabetes mellitus	13	18	11	10	8	12	13	13	11	11	10	6	136
64*d*. Other deficiency states	...	...	...	...	...	...	...	...	...	...	...	...	...
65*a*. Pernicious and other hyperchromic anæmias	1	...	...	...	...	1	..	...	...	...	...	...	2
65*b*. Iron deficiency anaemias (hypochromic)	...	...	...	...	.	..	...	...	...	...	1	...	1
65*c*. Other specified and unspecified anaemias	1	2	...	...	1	...	...	...	...	...	...	1	5
66*a*. Asthma	2	2	..	2	1	1	1	2	1	...	2	2	16
66*b*. All other allergic disorders, endocrine, metabolic and and blood diseases	..	...	...	.	...	...	...	...	...	2	1	...	3
V. *Mental, Psychoneurotic and Personality Disorders.*													
67. Psychosis	...	...	...	.	3		..	2	...	...	...	...	5
68. Psychoneurosis and disorders of personality	...	1	...	1	1	...	...	...	...	1	...	...	4
69. Mental deficiency	.	...	...	...	...	..	...	...	...	...	...	...	...
VI. *Diseases of the Nervous System and Sense Organs.*													
70 Vascular lesions affecting central nervous system	46	21	18	17	21	26	31	47	27	34	34	42	364
71. Non-meningococcal meningitis	...	1	...	...	1	...	...	...	...	...	...	...	2
73. Epilepsy	1	...	1	..	1	1	...	...	1	..	...	...	5
77*b* Otitis media and mastoiditis	...	...	1	1	...	...	...	...	...	...	...	...	2
78*b*. All other diseases of the nervous system and sense organs	1	2	1	1	2	2	...	2	..	...	2	5	18

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.	Mar	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
VII. *Diseases of the Circulatory System.*													
79. Rheumatic fever	.	2	..	1	...	..	..	.	.	1	...	1	5
80. Chronic rheumatic heart disease	2	3	1	...	3	...	...	2	2	...	2	1	16
81. Arteriosclerotic and degenerative heart disease	58	48	61	42	49	26	29	44	40	41	52	55	545
82. Other diseases of heart	14	8	4	3	5	8	5	11	4	1	3	5	71
83. Hypertension with heart disease	7	12	12	20	12	5	8	14	7	13	4	8	122
84. Hypertension without mention of heart	...	9	19	16	6	11	5	5	2	4	..	...	77
85. Diseases of arteries	3	9	7	8	4	1	4	4	3	1	4	1	49
86 Other diseases of circulatory system	3	.	2	2	1	1	2	1	...	1	...	2	15
VIII. *Diseases of the Respiratory System.*													
87. Acute upper respiratory infections	...	1	...	...	2	1	.	...	...	..	..	...	4
88. Influenza	2	...	...	2	...	..	..	...	...	...	..	...	4
89. Lobar pneumonia	...	...	...	...	...	...	1	..	...	..	.	..	1
90. Broncho-pneumonia	8	7	3	1	2	1	2	6	...	4	5	1	40
91. Primary atipical, other and unspecified pneumonia	...	1	...	...	...	1	...	1	...	...	.	...	4
92. Acute bronchitis	6	2	2	2	...	..	2	1	...	2	2	..	19
93. Bronchitis, chronic and unqualified	4	2	5	9	10	3	...	5	5	4	4	5	56
94. Hypertrophy of tonsils and adenoids	...	...	...	...	1	..	.	...	...	...	..	...	1
96 Pleurisy	...	...	...	...	...	..	...	..	1	...	...	.	1
97*b*. All other respiratory diseases	3	1	1	1	3	...	1	3	...	3	5	2	23
IX. *Diseases of the Digestive System.*													
99. Ulcer of stomach	...	2	1	...	...	...	1	2	...	1	1	...	8
100 Ulcer of duodenum	...	2	...	...	...	...	..	...	...	...	1	.	3
101. Gastritis and duodenitis	...	...	1	...	...	...	1	...	...	...	.	..	2
102. Appendicitis	...	...	1	...	...	1	1	...	...	...	...	...	3
103. Intestinal obstruction and hernia	...	...	3	2	4	1	2	2	1	...	3	1	19
104*a*. Gastro-enteritis and colitis between 4 weeks and 2 years	2	7	4	2	1	3	6	12	2	3	2	2	46
104*b*. Gastro-enteritis and colitis ages 2 years and over	...	...	...	1	...	1	...	1	...	1	...	...	4
104*c*. Chronic enteritis and ulcerative colitis	...	...	...	...	2	1	...	...	...	1	...	...	4
105. Cirrhosis of liver	1	...	2	3	2	3	...	2	3	2	...	1	19
106. Cholelithiasis and cholecystitis	1	...	2	...	1	...	...	...	1	...	...	...	5
107. Other diseases of digestive system	2	1	...	1	2	...	1	1	1	2	...	1	12
X. *Diseases of the Genito-Urinary System.*													
108. Acute nephritis	1	...	...	...	...	...	...	..	...	1	.	...	2
109. Chronic, other and unspecified nephritis	8	11	8	4	6	10	12	2	7	6	4	9	87
110. Infections of kidney	2	...	...	...	2	3	2	3	...	1	2	...	15
111. Calculi of urinary system	...	...	1	...	1	2	1	...	1	...	2	...	8
112. Hyperplasia of prostate	1	...	1	...	..	4	2	1	7	7	...	6	29
114*c*. All other diseases of the genito-urinary system	...	2	1	1	...	1	...	...	...	1	...	1	7
XI. *Deliveries and Complications of Pregnancy, Childbirth and the Puerperium.*													
116. Toxaemias of pregnancy and the puerperium	...	...	1	...	...	...	...	1	...	1	1	..	4
118. Abortion without mention of sepsis or taxæmia	.	...	...	...	...	1	.	...	...	.	...	...	1
120*a*. Other complications of pregnancy, childbirth and the puerperium	...	1	...	...	1	..	1	...	1	...	...	1	5
120*b*. Delivery without complications	...	...	...	...	...	...	...	...	...	1	...	...	1
XII. *Diseases of the Skin and Cellular Tissue*													
121. Infections of skin and subcutaneous tissue	...	...	...	1	...	...	1	..	.	...	...	...	2
XIII. *Diseases of the Bones and Organs of Movement*													
122. Arthritis and spondylitis	...	...	...	...	...	...	...	..	...	..	...	1	1
123. Muscular rheumatism and rheumatism, unspecified	...	..	...	.	..	1	...	..	1	...	...	...	2
126*b*. All other diseases of skin	...	2	...	...	...	...	...	...	.	...	...	...	2
126*c*. All other diseases of musculo-skeletal system	...	...	...	1	...	...	..	...	...	...	...	..	1

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.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
XIV. *Congenital Malformations.*													
127. Spina bifida and meningocele	...	...	...	...	1	...	...	...	...	1	3	...	5
128. Congenital malformation of circulatory system	5	1	...	3	1	2	3		2	...	3	3	23
129. All other congenital malformations	4	3	1	2	1	2	2	1	..	6	3	1	26
XV. *Certain Diseases of Early Infancy.*													
130. Birth injuries	3	3	3	6	13	3	5	9	3	1	4	6	59
131. Postnatal asphyxia and atelectasis	6	1	2	1	4	5	2	4	2	8	4	...	39
132*a*. Diarrhœa of newborn (under 4 weeks)	...	1	...	...	1	...		1	...	1	3	..	7
132*c*. Other infections of newborn	...	...	4	...	4	...	...	2	1	...	1	3	15
133. Hæmolytic disease of newborn	...	...	1	...	...	...	1	2	...	3		...	7
134. All other defined diseases of early infancy	...	...	2	1	...	...	...	...	1	1	1	1	7
135. Ill-defined diseases peculiar to early infancy, and immaturity unqualified	4	7	3	5	3	6	2	2	5	7	4	13	61
XVI. *Symptoms, Senility and Ill-defined Conditions.*													
136. Senility without mention of psychosis	19	5	2	4	5	3	4	5	1	2	5	4	59
XVII. *Accidents, Poisoning and Violence.*													
138. Motor vehicle accidents	2	2	1	..	3	3	1	...	2	...	1	.	15
139. Other transport accidents	...	...	...	..	1	...	2	...	...	...	...	1	4
140, Accidental poisoning	...		1	...	1	...	...	..	...	1	...	...	3
141 Accidental falls	1	3	4	2	1	2	2	1	...	1	1	2	20
142. Accident caused by machinery	...	..	..	...	..	.	...	1	...	...	..	...	1
143. Accident caused by fire and explosion of combustible material	1	...	...	.	...	3	2	..	1	...	..	...	7
146. Accidental drowning and submersion	1	...	...	...	...	..	1	4	...	..	...	1	7
148. All other accidental causes	2	..	1		...	3	2	3	2	1	1	2	17
148*b*. Suicide and self inflicted injury	...	1	...	...	...	...	...	...	..	...	...	...	1
149 Homicide and injury purposely inflicted by other persons (not in war)	...	...	...	...	...	...	...	...	...		...	1	1
150. All other and unspecified effects of external causes...		...	...	...	...	..	...	...	...	...	1	...	1
Total ...	283	235	238	203	227	200	191	265	178	210	211	221	2,657

Table showing mortality in quinquennial and decennial age groups by sex

LOCALITY	AGE																											
	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	
Attard	1	...	...	...	...	..	...	...	...	...	...	...	1	1	...		1	3	2	3	2	3	...	2	...	...	7	12	19
Balzan	...	...	...	1	1	...	...	1	..	...	...	...	1	..	1	...	1	6	2	7	1	5	1	...	...	...	8	20	28
Birkirkara	14	7	...	...	...	...	...	...	...	1		...	6	4	8	5	18	4	19	13	9	17	3	2	...	...	77	53	130
Birzebbuga	4	4	...	...	...	1	...	...	...	...	1	1	1	1	2	...	3	3	3	6	6	2	1	1	...	...	21	19	40
Cospicua	16	5	1	...	...	...	...	...	1	...	...	...	...	1	5	...	13	5	20	13	14	9	2	2	...	1	72	36	108
Dingli	1	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	2	3	1	2	2	...	1	1	...	...	8	7	15
Floriana	4	4	...	...		...	1	...	...	...	...	...	...	...	2	2	9	1	8	5	1	6	2	1	1	...	28	19	47
Gharghur	...	1	...	...	...	...		...	1	...	.	..	...	...	...	2	...	1	2	...	5	7	...	...	...	.	8	11	19
Ghaxaq	1	2	...	...	...	...	...	...	...	...	...	1	..	...	...	...	2	3	4	2	1	4	...	...	...	...	8	12	20
Gudja	3	...	...	...	...	...	...	...	...	...	...	...	...	1	.	1	1	1	1	2	4	2	...	...	...	...	9	7	16
Gżira	3	5	...	...	...	...	1	...	...	...	1	1	1	2	4	3	4	4	7	9	2	4	2	2	...	...	25	30	55
Hamrun	7	7	3	1	...	...	...	...	...	1	2	4	2	3	10	7	21	17	18	25	29	30	3	7	...	...	95	102	197
Kalkara	2	...	1	...	...	...	...	...	1	...	1	...	...	...	...	...	4	2	3	1	3	3	...	1	...	...	15	7	22
Kirkop	...	1	...	...	...	...		...	...	...	...	...	1	...	...	...	...	1	...	1	1	1	...	..	...	...	2	4	6
Lija	..	...	...	...	...	...	...	...	...	...	...	...	...	...	2	2	4	1	4	4	3	4	1	...	...	..	14	11	25
Luqa	2	3	...	...	...	...	1	...	2	...	1	1	...	1	...	1	4	4	9	3	..	1	3	...	...	...	22	14	36
Marsa	3	8	...	...	...	...	...		..		..	1	1	3	3	6	9	5	12	13	11	4	1	3	...	...	40	43	83
Marsaskala	1	1	...	...	...	...	...	...	...	..	...	..	...	...	...	...	1	...	1	2	..	...	...	...	...	...	3	3	6
Marsaxlokk	2	2	...	...	...	..	...	...	...	...	...	...	1	...	...	...	1	4	1	...	1	1	...	...	...	..	6	7	13
Mdina	...	...	...	...	...	...	...	.	...	...		...	...	...	2	...	...	1	2	1	...	3	...	..	...	..	4	5	9
Mellieha	4	3	...	...	...	...	...	...	...	...	...	1	..	...	1		2	7	4	5	2	3	2	...	...	1	15	20	35
Mgarr and Żebbieh	1	1	..	...	..	...	...	...	...	...	1	..	1	...	..	...	...	...	2	1	...	3	...	...	2	...	7	5	12
Mosta	7	6	...	...	...	...	...		2	..	1	1	...	...	...	...	6	5	6	6	8	8	5	2	...	...	35	28	63
Mqabba	2	1	...	...	...	...	...	...	...	...	..	...	1	1	...	1	1	1	1	...	1	2	1	...	...	...	7	6	13
Msida	7	4		...	...		...		1	2	1	...	1	1	2	3	3	3	13	9	4	5	2	3	...	1	34	31	65
Naxxar	..	3	...	...	...	...	...	...	...	...	...	...	2	1	1	1	1	1	4	6	8	4	1	...	...	.	17	16	33
Paola	7	8	2	..	...	..	...	..	1	..	...	1	...	2	4	3	8	9	15	11	7	13	3	5	...	...	47	52	99
Pietà	1	...	..	...	...	...	...	...	...	...	1	...	...	1	1	1	1	1	3	3	2	2	...	...	...	...	8	9	17
Qormi	10	14	1	...	...	.	...	1	1	...	2	1	3	1	8	3	8	7	13	16	5	13	4	2	...	...	55	58	113
Qrendi	3	...	...	...	..	...	..	...	...	...	...	...	...	...	1	1	...	1	4	3	5	1	1	...	...	...	14	6	20
Rabat	5	5	1	...	...	..	1	...	...	...	...	...	...	2	2	7	16	6	14	14	14	13	3	2	..	...	56	49	105
Safi	...	1	...		...	...	...	...		...	...	...	1	...	...	...	1	...	1	..	...	...	...	1	...	...	3	2	5
St. Julian's	8	6	...	...	...	...	...	...	.	...	..	1	...	...	...		3	3	3	7	4	7	...	6	...	...	18	30	48
St. Paul's Bay	2	...	...	1	...	...	...	...	...		...	...	...	...	1	1	3	3	3	2	3	3	2	1	...		14	11	25
Sta. Venera	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	1	...	1	3	2	2	...	...	...	...	5	6	11
Senglea	3	7	...	...	1	...	...	..	...	1	...	...	1	...	2	1	4	3	3	6	1	7	...	2	...	...	15	27	42
Siġġiewi	2	5	...	...	..	...	..	1	1	...	1	1	...	...	...	1	3	8	7	5	3	8	4	...	...	...	21	29	50
Sliema	13	17	...	...	1	...	...	...	2	...	2	2	2	2	5	5	16	15	22	22	17	27	7	10	..	2	87	102	189
Tarxien	2	3	...	...	...	...	...	...	...	..	4	1	1	2	2	2	3	5	4	7	8	5	...		...	...	24	25	49
Valletta	8	5	2	...	...	...	..	..	...	1	...	3	7	4	9	6	20	15	20	19	14	15	1	10	...	1	81	79	160
Vittoriosa	6	2	...	...	...	...	...	...	...	...	...	...	1	...	2	1	7	4	4	8	9	4	1	1	...	...	30	20	50
Żabbar	2	4	...	...	1	...		...	...		3	1	...	2	2	...	9	2	3	5	6	5	1	...	...	...	27	19	46
Żebbuġ	5	3	...	...	1	...	1	...	...	...	...	...	1	4	4	4	5	3	10	11	9	10	3	1	...	...	39	36	75
Żejtun	10	6	...	...	1	...	.	...	...	...	...	...	...	2	3	2	9	10	14	11	15	2	1	2	...	...	53	35	88
Żurrieq	11	6	...	...	.	..	...	...	...	...	..	1	1	1	2	1	3	2	6	5	5	4	3	2	...	.	31	22	53
Total Malta	183	161	11	3	6	1	6	3	14	7	21	23	38	41	91	74	231	183	299	297	247	272	65	72	3	6	1,215	1,145	2,360

APPENDIX HB — (*Continued*).

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	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..
Għajnsielem & Mġarr ...	6	...	...	...	...	...	...	...	1	...	...	...	...	...		1	...	3	3	1	4	1	...	3	..	...	14	9	23
Għarb	2	1	...	...	1	1	...	...	...	...	...	...	...	...	...	2	1	...	1	5	1	6	2	2	...	...	8	17	25
Għasri	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	1	...	...	1	.	...	2	3	5
Kerċem & Santa Lucia ...	1	...	...	..	...	...	...	...	...	...	...	...		...	...	...	1	...	1	4	2	3	2	...	...	...	7	7	14
Nadur	3	2	1	...	1	...	...	...	...	...	...	...	1	...	...	...	2	...	7	6	1	8	5	1	...	...	21	17	38
Qala	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	1	2	5	1	...	2	...	...	7	6	13
San Lawrenz	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	1	1	1	...	...	...	...	2	3	5
Sannat & Munxar	...	...	...	...	...	...	...	...	1	...	..	...	...	...	...	2	2	1	2	2	3	3	...	...	..	...	8	8	16
Victoria...	3	6	...	...	...		...	...	...	...	...	...	...	...	1	1	6	5	9	13	8	12	5	7	...	1	32	45	77
Xagħra & Marsalforn ...	4	1	...	...	...	...	..	...		...	...	1	...	...	...	...	2	3	10	1	4	6	8	3	...	...	28	15	43
Xewkija	3	4	...	...	...	...	...	2	1	...	...	...	...	...	...	1	...	1	4	3	3	6	...	1	...	...	11	18	29
Żebbuġ	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...		1	...	1	3	2	1	...	...	..	5	4	9
Total Gozo	22	14	1	...	2	1	1	2	3	1	...	1	1	...	2	8	14	15	40	40	36	49	23	20	...	1	145	152	297
Total Both Islands...	205	175	12	3	8	2	7	5	17	8	21	24	39	43	93	82	245	198	339	337	283	321	88	92	3	7	1,360	1,297	2,657

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
I. *Infective and Parasitic Diseases*																																				
1. Tuberculosis of respiratory system ...	...	...	...	..	...	...	...	..	...	...	...	...	...	...	...	...	2	...	1	1	2	1	3	...	7	1	3	2	...	...	...	...	..	...	18	5	23
4. Tuberculosis of bones and joints	...	..	...	...	...	...	...	...	...		...	.	..	...	..	...	...	...	.	1	..	..	...	...	.	...		...		...	...	...	...	...	1	1
5. Tuberculosis, all other forms	.	...	...		...	...	...	...	...		...	.	...		...	..	...	...	...	1	...	...	...	1	...	.		...	1	...	...	...	...	1	2	3
9 General paralysis of insane	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	1	1
16a. Bacillary dysentery	...	...	...	...	...	.	..	..	...	...	...	...	...	..	...	...	..	...	.	1	.	.	...	...	..	...	...	...	...	...	...	...	...	...	1	1
19. Erysipelas	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	..	...	.	1	...	...	...	...	...	...	...	...	...	...	...	...	...	..	1	1
20. Septicaemia and pyaemia	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	2	1	3
21. Diphtheria	...	.	1	.	.	...	...	...	1	...	..	1	1		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	1	4
23. Meningococcal infections	.	...	1	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1
26. Tetanus	.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	1	..	1	...	...	...	...	...	...	3	1	4
30. Late effects of acute poliomyelitis and acute infectious encephalitis	...	...	...	...	...	.	...	...	...	...	...	..	...	...	...	..	...	...	...	...	...	1	...	1	...	.	1	...	...	...	...	...	...	3	...	3
32. Measles	1	1	...	...	1	1	...	..	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	2	4
34. Infectious hepatitis		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		1	...	...	...	...	1	..	1	..	...	...	...	...	...	...	...	2	1	3
36. Louse-borne epidemic typhus		...	...	.	...		...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	1
37. Vivax malaria (benign tertian)	...	...	...		...	...	...		...		...		...		...	...	...		...	...	...	...	...		...		...		1	...	...	...	...	1	1
43. Lymphogranuloma venereum		...	...		...		...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	..	.	...	..	...	...	...	...	...	...	...	...	1	.	1
43l. Leishmaniasis	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	1	1
43p. All other diseases classified as infective and parasitic	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	1
II. *Neoplasms*																																				
44. Malignant neoplasm of buccal cavity and pharynx	..	...	...		...	...	...	...	...	..	...	...	...		...	.	..	1	.	...	...	1	1	2	2	...	2	...	1	..	...	...	...	...	6	4	10
45. Malignant neoplasm of oesophagus ...	...	...	...	.	...	...	..	...	...	.	...	...	...	..	...	...	...	...	...	...	...	...	...	1	1	1	1	...	2	..	1	..	...	...	2	5	7
46. Malignant neoplasm of stomach	..	...	...	...	...	...	...	...	.	...	...	...	...	...	...	...	...	...	...	...	2	1	2	3	5	5	12	6	6	5	1	.	...	...	28	20	48
47. Malignant neoplasm of intestines, except rectum		...	..		...	...	...	..	...	...	...	...	...		...	...	...		.		...	...	...	1	6	3	2	1	1	3	...	1	...		9	9	18
48. Malignant neoplasm of rectum	.	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...		2	...	2	2	...	...	...	...	...	...	5	3	8
49 Malignant neoplasm of larynx	...	...	...		...	.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	3	...	1	.	1	...	...	...	8	...	8
50. Malignant neoplasm of trachea, and of bronchus and lung not specified as secondary	...	..	...	.	...	...	..	...	...	...	...	...	...	...	...	...	...	...	.	1	...	6	.	14	1	7	...	1	...	...	...	...	...	29	1	30
51. Malignant neoplasm of breast	..	...	.	.	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	2	...	6	...	10	...	10	...	9	...	1	...	...	...	...	41	41
52. Malignant neoplasm of cervix uteri ..	...	...	...	...	...	...	..	..	.	.	..	.	..	..	.	...	...	...	...	2	...	2	...	1	...	1	...	...	...	...	...	...	...	...	6	6
53 Malignant neoplasm of unspecified parts of uterus	...	...	...	...	...	...	..	..	...	..	...	...	...	..	.	...	...	...	...	1	...	2	...	6	...	8	.	4	...	.	..	...	...	21	21
54. Malignant neoplasm of prostate	.	...	.	...	...	...	...	...	...	...	.	...	..	...	...	...	...	...	...	...	...	...	...	...	...	1	..	2	...	...	...	...	...	3	...	3
55. Malignant neoplasm of skin ...	..	...	...	.	...	...	...	...	...		...	.	...		...	..	...	...	...	...	...	...	1	...	1	1	...	...	...	...	...	...	...	...	2	1	3
56. Malignant neoplasm of bone and connective tissue	..	...	...	...	...	..	...	...	...		...	...	1	..	...	1	...	...	...	...	1	1	1	1	2	1	1	...	1	..	..	7	4	11
57. Malignant neoplasm of all other and unspecified sites	..	...	...	.	...	...	...	...	...	...	1		...	.	...	.	...	...	1	1	5	1	9	7	15	9	2	2	3	1	..	...	36	21	57
58. Leukaemia and aleukaemia	...	.	...	...	...	1	.	...	.	1	...	1	.	1	...	.	...	...	...	...	...	...	...	1	..	2	1	..	...	...	..	..	6	2	8
59. Lymphosarcoma and other neoplasms of lymphatic and haematopoietic system ...	..	...	.	...		...	...	...	...	.	1	.	...	...	...	.	1	...	...	1	1	...	...	...	...	1	2		...	.	...	...	...	4	3	7
60. Benign neoplasms and neoplasms of unspecified nature	...	...	...	...	...	...	...	...	.	...	...	...	...	...	...	...	...	1	1	..	2	2	1	3	2	1	3	1	1	...	...	..	...	8	10	18
III. *Allergic, Endocrine System, Metabolic and Nutritional Diseases.* & IV. *Diseases of the Blood and Blood-forming Organs*																																				
61. Non-toxic goitre.	...	...	..	...	...		...	...	...	...	...	.	...	...	...				..	...	...	...	...	1	...	..	...	...	.	...	...	...	...	...	1	1
62. Thyrotoxicosis with or without goitre ...	..	...			...	...	...	...	..		...		...	...	...		...		...	...	...	...	..	..	...	1	...	...	1	...	...	...	...	...	2	2
63 Diabetes mellitus	...	...	...		...		...	...	...	...	..		..		...	...	...	.	...	...	5	5	18	22	23	34	7	18	2	2	...	...	55	81	136

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
65a. Pernicious and other hyperchromic anaemias	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	1	1	2
65b. Iron deficiency anaemias (hypochromic) ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	1
65c. Other specified and unspecified anaemias ...	1	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	1	...	...	...	...	3	2	5
66a. Asthma	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	1	2	2	2	1	2	2	1	...	...	...	10	6	16
66b. All other allergic disorders, endocrine, metabolic and blood diseases	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	1	...	...	...	...	...	...	3	3
V. *Mental, Psychoneurotic and Personality Disorders*																																			
67. Psychosis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	2	1	1	...	...	...	1	4	5
68. Psychoneurosis and disorders of personality	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	1	1	...	...	...	...	...	...	1	3	4
VI. *Diseases of the Nervous System and Sense Organs*																																			
70. Vascular lesions affecting central nervous system	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	1	10	9	35	31	54	71	60	72	8	9	...	...	171	193	364
71. Non-meningococcal meningitis	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	2
73. Epilepsy	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	1	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	3	2	5
77b. Otitis media and mastoiditis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	1	2
78b. All other diseases of the nervous system and sense organs	1	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	1	...	1	3	2	1	3	2	1	...	...	...	11	7	18
VII. *Diseases of the Circulatory System*																																			
79. Rheumatic fever	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	2	...	...	1	...	...	...	...	...	...	...	...	...	...	...	3	2	5
80. Chronic rheumatic heart disease	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	1	3	1	1	1	...	...	...	1	1	...	...	...	...	8	8	16
81. Arteriosclerotic & degenerative heart disease	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	1	1	3	3	5	2	23	15	61	38	79	76	75	91	29	41	1	3	227	268	545
82. Other diseases of heart ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	2	...	8	5	13	9	14	10	3	3	...	2	42	29	71
83. Hypertension with heart disease ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	1	9	12	15	25	22	26	6	2	...	...	56	66	122
84. Hypertension without mention of heart ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	3	4	3	7	15	17	4	15	5	3	...	...	31	46	77
85. Diseases of arteries	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	1	4	...	8	7	9	10	1	4	2	1	26	23	49
86. Other diseases of circulatory system ...	...	2	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	2	...	...	1	4	2	...	1	...	...	...	...	6	9	15
VIII. *Diseases of the Respiratory System*																																			
87. Acute upper respiratory infections	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	3	1	4
88. Influenza	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	...	...	...	...	1	3	4
89. Lobar pneumonia	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	1
90. Bronchopneumonia	10	17	3	1	2	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	1	1	1	...	...	...	1	...	...	...	...	18	22	40
91. Primary atypical, other and unspecified pneumonia	1	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	3	4
92. Acute bronchitis	7	3	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	4	1	...	...	...	11	8	19
93. Bronchitis chronic and unqualified ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	3	1	6	2	17	5	11	4	4	1	...	42	14	56
94. Hypertrophy of tonsils and adenoids ...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1
96. Pleurisy	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	1
97b. All other respiratory diseases	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	1	...	4	...	4	4	1	2	2	1	...	...	13	10	23
IX. *Diseases of the Digestive System*																																			
99. Ulcer of stomach	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	3	2	1	...	...	...	...	...	...	4	4	8
100. Ulcer of duodenum	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	1	...	...	...	...	...	...	...	3	...	3
101. Gastritis and duodenitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	2	2
102. Appendicitis	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	3
103. Intestinal obstruction and hernia	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	2	1	1	1	3	7	...	...	1	...	12	7	19
104a. Gastro-enteritis and colitis between 4 weeks and 2 years	18	27	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	19	27	46
104b. Gastro-enteritis & colitis, ages 2 years & over	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	2	2	4
104c. Chronic enteritis and ulcerative colitis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	1	1	...	...	...	...	1	3	4
105. Cirrhosis of liver	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	1	3	4	1	2	1	3	1	1	...	...	...	12	7	19
106. Cholelithiasis and cholecystitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	...	3	...	...	...	...	1	4	5
107. Other diseases of digestive system	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	2	...	1	...	...	1	3	2	1	...	...	...	...	...	...	4	8	18

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	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	2	...	2
109. Chronic, other and unspecified nephritis ...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	1	1	1	2	1	3	6	11	12	14	10	11	7	2	2	...	...	46	41	87
110. Infections of kidney	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	3	1	1	...	4	4	2	...	...	...	...	5	10	15
111. Calculi of urinary system	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	2	1	1	...	...	...	...	...	4	4	8
112. Hyperplasia of prostate	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	7	...	14	...	4	...	...	...	29	...	29
114c. All other diseases of the genito urinary system	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	2	...	...	...	4	1	1	...	...	1	1	...	...	...	2	5	7
XI. *Deliveries and Complications of Pregnancy, Childbirth and the Puerperium*																																					
116. Toxaemias of pregnancy and puerperium																			1	...	3	...															
118. Abortion without mention of sepsis or toxaemia			...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	4
120a. Other complications of pregnancy, childbirth and the puerperium	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	5	5
120b. Delivery without complications	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
XII. *Diseases of the Skin and Cellular Tissue*																																					
121. Infections of skin and subcutaneous tissue	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	2	...	2
XIII. *Diseases of the Bones and Organs of Movement*																																					
122. Arthritis and spondylitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
123. Muscular and unspecified rheumatism ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	1	1	2
126b. All other diseases of skin	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	2	2
126c. All other diseases of musculo-skeletal system	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	1
XIV. *Congenital Malformations*																																					
127. Spina bifida and meningocele ...	2	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	3	5
128. Congenital malformation of circulatory system	8	9	1	...	...	...	1	...	...	...	2	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	13	10	23
129. All other congenital malformations ...	10	6	...	1	1	1	...	...	...	...	2	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	13	13	26
XV *Certain Diseases of Early Infancy*																																					
130. Birth injuries	42	17	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	42	17	59
131. Postnatal asphyxia and atelectasis ...	21	18	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	21	18	39
132a. Diarrhoea of newborn (under 4 weeks) ...	3	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	4	7
132c. Other infections of newborn	4	11	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	11	15
133. Haemolytic disease of newborn	6	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	6	1	7
134. All other defined diseases of early infancy ...	5	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	5	2	7
135. Ill-defined diseases peculiar to early infancy, and immaturity unqualified	32	29	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	32	29	61
XVI. *Symptoms, Senility and Ill-defined Conditions*																																					
136. Senility without mention of psychosis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	5	10	13	11	16	...	1	24	35	59
XVII. *Accidents, Poisonings and Violence*																																					
138. Motor vehicle accidents	...	...	...	...	...	...	...	...	...	...	...	...	3	1	...	...	4	...	2	...	1	...	1	...	1	1	1	...	...	...	...	...	...	...	13	2	15
139. Other transport accident	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	1	3	4
140. Accidental poisoning	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	3
141. Accidental falls	...	...	...	...	...	...	...	...	...	2	1	...	...	...	...	...	...	...	1	2	...	1	2	...	1	3	1	1	4	...	1	...	...	8	12	20
142. Accident caused by machinery	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1
143. Accident caused by fire and explosion of combustible material	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	1	...	2	1	...	...	1	...	...	...	...	...	...	...	...	...	6	1	7
146. Accidental drowning and submersion ...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	1	...	1	...	...	...	1	2	...	...	...	...	...	...	...	...	...	...	6	1	7
148. All other accidental causes	3	1	...	...	...	...	...	...	1	...	...	...	2	...	2	...	1	...	2	1	...	...	...	...	1	...	1	1	...	...	1	...	...	...	11	6	17
148b. Suicide and self inflicted injury	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1
149. Homicide and injury purposely inflicted by other persons (not in war)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	1
150. All other and unspecified effects of external causes	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
TOTAL	182	159	11	4	6	6	3	2	3	4	12	3	8	2	7	5	17	8	21	24	39	43	93	82	245	198	339	337	283	321	88	92	3	7	1360	1297	2,657

APPENDIX MA

HOSPITAL OR INSTITUTION

Return of diseases and deaths (in-patients) for the year 1958

Disease	Remaining in Hosp. at end of 1957	Admissions	Transfers from other Hospitals	Total cases treated	Deaths	Discharges	Transfers to other Hospitals	Remaining in Hospital at end of 1958
I. *Infective and Parasitic Diseases.*								
1. Tuberculosis of the respiratory system	1	23	1	25	3	3	15	4
2. Tuberculosis of the meninges and central nervous system	...	2	...	2	...	1	...	1
3. Tuberculosis of intestines and peritoneum and mesenteric glands	..	..	...	...	...	...	...	...
4. Tuberculosis of bones and joints	7	16	...	23	...	19	...	4
5. Tuberculosis, all other forms	5	12	...	17	...	15	1	1
6. Congenital syphilis	...	...	...	...	...	...	...	...
7. Early syphilis	...	...	...	...	...	...	...	...
8. Tabes Dorsalis	...	..	...	...	...	...	...	...
9. General paralysis of insane	...	...	...	...	..	...	...	...
10. All other syphilis	...	1	...	1	...	1	...	...
11. Gonococcal infections	...	16	...	16	...	15	...	1
12. Typhoid fever	3	51	...	54	..	53	...	1
13. Paratyphoid fever and other Salmonella infections	...	1	...	1	...	1	...	...
14. Cholera	...	...	...	...	...	...	...	...
15. Brucellosis (undulant fever)	...	68	...	68	...	65	...	3
16a. Bacillary dysentery	...	3	...	3	...	3	...	...
16b. Amoebiasis	.	3	...	3	...	3	...	...
16c. Other unspecified forms of dysentery	1	7	...	8	...	8	...	
17. Scarlet fever	...	34	...	34	...	33	1	...
18. Streptococcal sore throat	...	6	...	6	...	6	...	...
19. Erysipelas	...	9	2	11	2	7	1	1
20. Septicaemia and pyaemia	...	4	...	4	4	...	...	
21. Diphtheria	10	31	...	41	3	35	...	3
22. Whooping cough	...	...	...	...	...	...	...	...
23. Meningococcal infections	...	...	...	...	...	...	...	...
24. Plague	...	...	...	...	...	...	...	...
25. Leprosy	...	3	...	3	...	3	...	...
26. Tetanus	1	29	...	30	2	28	...	...
27. Anthrax	...	...	...	...	...	...	...	...
28a. Acute poliomyelitis	2	6	...	8	...	4	2	2
28b. Polioencephalitis	...	...	...	...	...	...	...	...
29. Acute infectious encephalitis	...	...	..	...	...	..	...	...
30. Late effects of acute poliomyelitis and of acute infectious encephalitis	4	15	...	19	...	16	1	2
31. Smallpox	...	..	...	...	...	...	...	...
32. Measles	17	14	7	38	2	31	5	...
33. Yellow fever	...	...	...	...	...	...	...	...
34. Infectious hepatitis	...	4	...	4	1	3	..	...
35. Rabies	...	...	...	...	...	...	...	...
36a. Louse-borne epidemic typhus	...	7	...	7	...	7	...	...
36b Flea-borne epidemic typhus	...	15	...	15	...	15	...	...
36c. Tick-borne epidemic typhus	...	...	...	...	...	...	...	...
36d. Mite-borne typhus	...	...	...	...	...	...	...	...
36e. Other and unspecified typhus	...	2	...	2	...	2	...	...
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	...	2	...	2	...	2	...	...
40a Onchocerciasis	..	1	...	1	...	1	...	...
40b. Loiasis	...	...	...	...	...	...	...	...
40c. Filariasis (bancrofti)	...	...	...	...	...	...	...	...
40d. Other filariasis	...	...	...	...	...	...	...	
41. Ankylostomiasis	...	...	...	...	...	...	...	...

APPENDIX MA — (*Continued*).

HOSPITAL OR INSTITUTION

Return of diseases and deaths (in-patients) for the year 1958

Disease	Remaining in Hosp at end of 1957	Admissions	Transfers from other Hospitals	Total cases treated	Deaths	Discharges	Transfers to other Hospitals	Remaining in Hosp. at end of 1958
42a. Tapeworm (infestation) and other cestode infestations	...	13	...	13	...	13	...	...
42b. Ascariasis	...	1	...	1	...	1	...	...
42c Guinea worm (dracunculosis)	...	...	...	...	...	...	...	...
42d. Other diseases due to helminths	...	2	...	2	...	2	...	...
43a. Lymphogranuloma venereum	...	...	...	...	...	...	...	...
43b. Granuloma inguinale, venereal	...	1	...	1	...	1	...	...
43c. Other and unspecified venereal diseases	...	...	...	...	.	...	...	...
43d Food poisoning infection and intoxication	...	6	...	6	..	6	...	...
43e. Relapsing fever	...	1	...	1	...	1	...	...
43f. Leptospirosis icterohæmorrhagica (Weil's disease)	...	...	...	...	...	...	...	..
43g. Yaws	...	...	...	...	...	...	...	...
43h. Chickenpox	...	1	3	4	...	3	...	1
43i. Dengue	...	...	...	...	...	...	...	...
43j. Trachoma	...	..	...	...	..	...	..	...
43k. Sandfly fever	...	2	...	2	...	2	.	...
43l. Leishmaniasis	...	19	...	19	...	19	...	...
43m. Trypanosomiasis gambiensis Trypanosomiasis rhodesiensis Other and unspecified Trypanosomiasis	...	...	...	...	...	...	...	...
43n. Dermatophytosis	...	...	...	...	...	...	...	...
43o. Scabies	...	...	...	...	...	..	...	...
43p All other diseases classified as infective and parasitic	1	22	1	24	2	20	1	1
II. *Neoplasms*								
44. Malignant neoplasm of buccal cavity and pharynx	...	17	..	17	...	11	1	5
45. Malignant neoplasm of œsophagus	...	6	...	6	1	5	...	...
46. Malignant neoplasm of stomach	...	8	1	9	7	2	...	...
47. Malignant neoplasm of intestines except rectum	...	3	...	3	1	2	...	...
48. Malignant neoplasm of rectum	...	4	...	4	1	...	2	1
49. Malignant neoplasm of larynx	1	7	...	8	...	8	...	...
50. Malignant neoplasm of trachea, and of bronchus and lung not specified as secondary	...	11	...	11	6	...	1	4
51. Malignant neoplasm of breast	...	3	...	3	...	2	1	...
52. Malignant neoplasm of cervix uteri	1	8	...	9	...	8	1	...
53. Malignant neoplasm of other and unspecified parts of uterus	2	2	...	4	...	3	1	...
54. Malignant neoplasm of prostate	...	6	...	6	...	2	1	3
55. Malignant neoplasm of skin	...	10	...	10	...	10	...	...
56. Malignant neoplasm of bone and connective tissue	...	13	2	15	9	5	...	1
57. Malignant neoplasm of all other and unspecified sites	11	22	2	35	12	14	7	2
58. Leukæmia and aleukæmia	1	12	...	13	2	9	...	2
59. Lymphosarcoma and other neoplasm of Lymphatic and hæmatopoietic system	2	4	...	6	1	4	...	1
60. Benign neoplasms and neoplasms of unspecified nature	9	342	...	351	21	301	12	17

APPENDIX MA — (*Continued*).

HOSPITAL OR INSTITUTION

Return of diseases and deaths (in-patients) for the year 1958

Disease	Remaining in Hosp. at end of 1957	Admissions	Transfers from other Hospitals	Total cases treated	Deaths	Discharges	Transfers to other Hospitals	Remaining in Hosp. at end of 1958
III. & IV. *Allergic, Endocrine System Metabolic and Nutritional Diseases. Diseases of the Blood and Blood-forming Organs.*								
61. Nontoxic goitre	1	24	...	25	...	25	...	...
62. Thyrotoxicosis with or without goitre	1	19	.	20	1	18	...	1
63. Diabetes mellitus	20	178	5	203	21	146	25	11
64a. Beriberi	...	1	...	1	...	...	...	1
64b. Pellagra	...	2	...	2	...	1	...	1
64c. Scurvy	...	...	...	...	...	...	...	...
64d. Other deficiency states	1	11	...	12	...	9	3	...
65a. Pernicious and other hyperchromic anæmias	...	14	...	14	1	12	...	1
65b. Iron deficiency anæmias (hypochromic)	1	9	1	11	1	10	...	...
65c. Other specified and unspecified anæmias	3	21	...	24	1	22	1	...
66a. Asthma	2	72	2	76	3	67	3	3
66b. All other allergic disorders, Endocrine, Metabolic and Blood Diseases	9	104	...	113	2	96	9	6
V. *Mental, Psychoneurotic and Personality Disorders.*								
67. Psychoses	1	9	...	10	...	7	3	...
68. Psychoneuroses and disorders of personality	9	95	...	104	2	94	8	...
69. Mental deficiency	1	6	...	7	...	6	1	...
VI. *Diseases of the Nervous System and Sense Organs*								
70. Vascular lesions affecting central nervous system	26	100	10	136	76	10	29	21
71. Non-meningococcal meningitis	...	16	1	17	8	6	1	2
72. Multiple sclerosis	...	3	...	3	...	2	...	1
73. Epilepsy	...	14	...	14	...	12	2	...
74. Inflammatory diseases of eye	...	10	...	10	...	10	...	...
75. Cataract	1	8	...	9	...	6	1	2
76. Glaucoma	...	...	...	...	...	...	...	...
77a. Otitis externa	.	1	...	1	...	1	...	...
77b. Otitis media and mastoiditis	15	300	...	315	...	302	...	13
77c. Other inflammatory diseases of ear	...	9	...	9	...	9	...	...
78a. All other diseases and conditions of eye	25	442	10	477	2	433	11	31
78b All other diseases of the Nervous System and Sense Organs	22	146	9	177	9	141	14	13
VII. *Diseases of the Circulatory System.*								
79. Rheumatic fever	10	70	...	80	1	74	...	5
80. Chronic rheumatic heart disease	...	40	1	41	1	35	2	3
81. Arteriosclerotic and degenerative heart disease	9	64	...	73	16	43	5	9
82. Other diseases of heart	18	41	9	68	21	26	10	11
83. Hypertension with heart disease	...	37	1	38	10	20	5	3
84. Hypertension without mention of heart	9	88	...	97	7	63	19	8
85. Diseases of arteries	8	35	4	47	7	18	13	9
86. Other diseases of Circulatory System	11	125	...	136	14	119	...	3

APPENDIX MA — (*Continued*).

HOSPITAL OR INSTITUTION

Return of diseases and deaths (in-patients) for the year 1958

Disease	Remaining in Hosp. at end of 1957	Admissions	Transfers from other Hospitals	Total cases treated	Deaths	Discharges	Transfers to other Hospitals	Remaining in Hosp. at end of 1958
VIII. *Diseases of the Respiratory System.*								
87. Acute upper respiratory infections ...	...	120	2	122	1	119	1	1
88. Influenza	...	8	1	9	...	9	...	...
89. Lobar pneumonia	1	9	...	10	1	6	1	2
90. Broncho-pneumonia	2	87	1	90	29	53	8	...
91. Primary atypical, other and unspecified pneumonia	...	20	...	20	8	12	..	...
92. Acute bronchitis	...	16	...	16	...	16	...	...
93. Bronchitis, chronic and unqualified ...	14	140	1	155	12	117	18	8
94. Hypertrophy of tonsils and adenoids ...	4	517	...	521	...	506	1	14
95. Empyema and abcess of lung	...	11	...	11	...	10	...	1
96. Pleurisy	2	16	...	18	...	17	...	1
97a. Pneumoconiosis	...	...	...	...	...	...	...	...
97b. All other Respiratory Diseases ...	12	185	2	199	23	165	7	4
IX *Diseases of the Digestive System.*								
98a. Dental Caries	...	19	...	19	...	17	2	...
98b. All other diseases of teeth and supporting structures	...	6	...	6	...	6	..	...
99. Ulcer of stomach	2	44	2	48	2	45	1	...
100. Ulcer of duodenum	1	9	...	10	...	7	...	3
101. Gastritis and duodenitis	...	7	1	8	...	7	1	...
102. Appendicitis	10	210	...	220	1	211	...	8
103. Intestinal obstruction and hernia	19	385	2	406	5	383	3	15
104a. Gastro-enteritis and colitis between four weeks and two years	...	22	...	22	1	20	1	...
104b. Gastro-enteritis and colitis, ages two years and over	3	16	1	20	2	18	...	...
104c. Chronic enteritis and ulcerative colitis	1	10	...	11	1	8	1	1
105. Cirrhosis of liver	1	19	1	21	13	...	3	5
106. Cholelithiasis and cholecystitis ...	8	80	...	88	...	82	2	4
107. Other Diseases of the Digestive System	9	70	...	79	6	65	4	4
X. *Diseases of the Genito-Urinary System.*								
108. Acute nephritis	1	63	...	64	...	56	6	2
109. Chronic, other and unspecified nephritis	5	22	5	32	10	15	4	3
110. Infections of kidney	1	48	1	50	4	38	3	5
111. Calculi of urinary system	2	12	...	14	...	12	...	2
112. Hyperplasia of prostate	12	12	3	27	3	17	3	4
113. Diseases of breast	2	22	...	24	...	17	...	7
114a. Hydrocele	2	3	...	5	...	5	...	...
114b. Disorders of menstruation	1	93	1	95	...	94	...	1
114c. All other Diseases of the Genito-Urinary System	6	271	1	278	1	256	4	17
XI *Deliveries and complications of Pregnancy, Childbirth and the Puerperium.*								
115. Sepsis of pregnancy, childbirth and the puerperium	1	1	...	2	...	2	...	...
116. Toxæmia of pregnancy and the puerperium	...	7	...	7	...	7	...	...
117. Hæmorrhage of pregnancy and childbirth	..	7	...	7	...	6	...	1
118. Abortion without mention of sepsis or toxæmia	3	76	...	79	...	78	...	1
119. Abortion with sepsis	...	...	...	...	...	...	...	...
120a. Other complications of pregnancy, childbirth and the puerperium	5	93	...	98	2	95	...	1
120b. Delivery without complications ...	40	2,207	...	2,247	2	2,197	...	48

APPENDIX MA — (*Continued*).

HOSPITAL OR INSTITUTION

Return of diseases and deaths (in-patients) for the year 1958

Disease	Remaining in Hosp. at end of 1957	Admissions	Transfers from other Hospitals	Total cases treated	Deaths	Discharges	Transfers to other Hospitals	Remaining in Hosp. at end of 1958
XII. *Diseases of the Skin and Cellular Tissue.*								
121. Infections of skin and subcutaneous tissue	8	114	5	157	3	132	4	18
122. Arthritis and spondylitis	25	199	5	229	...	208	5	16
123. Muscular rheumatism and rheumatism, unspecified	...	15	...	15	...	9	1	5
124. Osteomyelitis and periostitis	4	59	...	63	...	53	1	9
125. Ankylosis and acquired musculoskeletal deformities	3	35	.	38	1	36	...	1
126a. Chronic Ulcer of Skin (including Tropical Ulcer)	4	17	...	21	...	16	2	3
126b. All other Diseases of Skin	13	214	8	235	...	209	15	11
XIII. *Diseases of the Bones and Organs of Movement.*								
126c. All other diseases of musculoskeletal system	5	90	1	96	...	89	2	5
XIV. *Congenital Malformations*								
127. Spina bifida and meningocele	1	4	...	5	...	5	...	...
128. Congenital malformation of the Circulatory System	...	8	...	8	2	6	...	...
129. All other congenital malformations	11	68	3	82	2	65	1	14
XV. *Certain Diseases of Early Infancy.*								
130. Birth injuries	2	7	...	9	5	...	1	3
131. Postnatal asphyxia and atelectasis	...	4	...	4	4	...	...	...
132a. Diarrhoea of newborn (under 4 weeks)	...	5	...	5	...	4	1	...
132b. Ophthalmia neonatorum	...	...	...	...	...	...	...	...
132c. Other infections of newborn	1	3	...	4	3	...	...	1
133. Hæmolytic disease of newborn	...	...	...	...	...	...	...	...
134. All other defined diseases of early infancy	1	10	...	11	1	8	...	2
135. Ill-defined diseases peculiar to early infancy, and immaturity unqualified	...	31	...	31	22	9	...	..
XVI. *Symptoms, Senility and Ill-Defined conditions.*								
136. Senility without mention of psychosis	11	1	5	17	3	3	8	3
137a. Pyrexia of unknown origin	2	36	...	38	9	23	5	1
137b. Observation, without need for further medical care	...	1	...	1	..	1	...	...
137c. All other ill-defined causes of morbidity	25	711	...	736	96	587	26	27
XVII. *Accidents, Poisonings and Violence.*								
138. Motor vehicle accidents	4	58	3	65	3	56	2	4
139. Other transport accidents	...	44	...	44	...	41	...	3

APPENDIX MA — (*Continued*).

HOSPITAL OR INSTITUTION

Return of diseases and deaths (in-patients) for the year 1958

Disease	Remaining in Hosp. at end of 1957	Admissions	Transfers from other Hospitals	Total cases treated	Deaths	Discharges	Transfers to other Hospitals	Remaining in Hosp. at end of 1958
140. Accidental poisoning	...	106	...	106	...	103	3	...
141. Accidental falls	48	584	10	642	9	569	32	32
142. Accidents caused by machinery ...	...	14	...	14	...	13	...	1
143. Accidents caused by fire and explosion of combustible material	9	95	1	105	...	91	3	11
144. Accidents caused by hot substance, corrosive liquid, steam and radiation	...	47	...	47	1	46	...	...
145. Accidents caused by firearm ...	...	1	...	1	...	...	1	...
146. Accidental drowning and submersion ...	...	1	...	1	...	1	...	...
147a. Foreign body entering eye and adnexa	...	...	...	...		..	...	...
147b. Foreign body entering other orifice ...	...	73	...	73	...	70	3	...
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 .. .	16	586	...	602	6	567	20	9
149. Homicide and injury purposely inflicted by other persons (not in war)... ...	..	...	..	...	...	...	..	...
150. Injury resulting from operations of war	...	...	...	.	...	...	...	..
Total	645	11,280	138	12,063	581	10,492	429	561