MALTA

REPORT

ON THE

HEALTH CONDITIONS OF THE MALTESE ISLANDS

AND ON THE WORK OF THE

MEDICAL AND HEALTH DEPARTMENT

FOR THE YEAR

1955.

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MEDICAL AND HEALTH OFFICE,
Valletta, 18th June, 1955.

Sir,

I have the honour to submit my annual report on the health conditions of the Maltese Islands and on the work of the Medical and Health Department during the year 1955.

The year under review like the previous one, was free from major infectious diseases and from epidemic outbreaks. The favourable conditions as regards sanitation and public health which have been in evidence during the last few years continued to prevail whilst the advance in preventive and curative medicine which was initiated after the War years has been steadily maintained. All measures of sanitary control have been vigorously pursued for the welfare and benefit of the population and all efforts have been made to keep at a high level the care and attention of the sick both in and outside of hospitals.

With the advances made in the social life of the nation a betterment of the social services had to be expected and in fact the activities of the Medical and Health Department which constitute an important part of the social service of these Islands, were raised to a higher standard and were made more extensive. Nowadays public opinion is taking an ever increasing interest in the affairs of the Department and on the whole it is more cooperative and appreciative. This in itself should be a cause for satisfaction because unless we find public response to our activities, all our efforts will prove fruitless and will be of little avail.

This year is remarkable because of the reduction in the population, an unusual event in our Island. The estimated mid-year population was 314,369 of whom 152,139 were males and 162,230 were females. The preponderance of females over males upon which I had remarked last year, was maintained during the year under review. This excess in the female population may in the long run affect not only the incremental but also the social and industrial factors. With this aim in view the Emigration authorities have very rightly encouraged the migration of whole families and womenfolk were persuaded to join their male relatives abroad.

We had been accustomed to record a yearly increase in the population of these Islands, and this upward trend reached its apex during last year when the mid-year population was 319,787. In the second half of that year a reduction was recorded, the population being estimated 315,952 at the end of the year. The decrease was slowly but steadily maintained during the year under review when the population was estimated to be 314,360 at mid-year and 313,946 at the close of the year. A reduction in the population of a country is usually looked upon with some misgivings because if carried to extremes, it may undermine the vitality and the energy of the nation and also adversely affect its manpower. In the Maltese Islands however overpopulation has reached alarming proportions and has raised serious problems to the Administration. Some decrease offers a welcome relief, but in the interest of national potentiality it must be stated that the situation is not alarming and it is not expected that the downward trend in the incremental rate will ever take a plunge because the natural increase of our population although slightly fluctuating, has maintained a healthy margin.

The intensive migration drive was to a large extent responsible for the decrease in our population. A reduction in the birth rate also contributed to the same event. These two causes however were counterbalanced by two other factors i.e. lowering of the death rate and an appreciable reduction of the infant mortality rate. Were it not for the latter two factors the decrease of our population would have certainly been much more impressive.

The Honourable,
Minister of Health & Social Services.

Like the previous years the birth rate continued to decrease but this falling rate is not impressive, it is slow but steady. During the worst two years of the last World War, 1941 and 1942 our birth rate had suddenly dropped to record low levels 27.09 and 25.15 respectively, but when conditions improved it made a rapid recovery rising to 39.26 in 1944, the highest recorded rate during the last 20 years. That rate however represented the peak of the curve. Since then there has been a yearly gradual fall in the birth rate which this year stands at 27.23, only slightly higher than 1941 when Malta was passing through the most difficult period in its history. The falling birth rate is a phenomenon which is being observed in many advanced countries but most of the reasons for its occurrence elsewhere do not apply to our Islands. In our case mass migration of young adults in the fertility period of their life, appears to be the chief explanation.

Once again I have the satisfaction to report an appreciable reduction in infantile mortality which this year is 44.98. The rate with the exception of slight fluctuation, has been steadily declining since 1945 when it was 144.03. It is a matter of gratification to record that within the short span of a decade the infant mortality rate in our Islands has been reduced by more than 200%. Today our infant mortality is within European averages and compares most favourably with that of other European countries bordering the Mediterranean littoral.

Various factors have contributed to lower our infant mortality rate chief of which are the raising of social standards and the improvement of the economic conditions of the working classes. It has always been maintained that low social levels exert an adverse influence on the health of the people in general and of infants in particular. It has also been observed that poverty and low wages undermine the general health and account for many diseases and malnutritions of infancy. There are other reasons to explain our good results. Mothers have now realised the importance of antenatal care and attention. These are of utmost importance not only in lowering maternal mortality and morbidity but also in reducing the infant mortality especially the neonatal mortality.

Antenatal care can be secured in various ways either through the family doctor, through the D.M.O. or by attendance at the prenatal clinics. As the mother is the most important consideration in the life of an infant, she should be supervised and advised and guided not only for her own sake but for the sake of her offspring. There is a mistaken idea amongst certain classes of mothers that they should seek medical attention and advice only if they themselves or their infants are actually ill. This has been the cause of much unnecessary suffering and even of fatal complications. An early treatment and a timely advice on a hygienic mode of life will do much to keep the mother and her infant in good health.

Maternal or puerperal mortality refers to the death of women occuring as a result of pregnancy, labour and puerperal state. It follows that prenatal, maternal and postnatal care have great influence in determining the prevalence of maternal mortality. Today prenatal, maternal and postnatal care represent a unit of service which is a joint family and community responsibility. The Authority may establish this unit but its success will be limited unless it is freely accepted and properly availed of, by those for whom it is intended.

During these last years a great change has been observed in the attitude of mothers towards maternal service. Whereas formerly mothers looked with indifference sometimes even with diffidence, on such service, today they very willingly avail themselves of it and enjoy its benefits. This change has been brought about by three main reasons i.e. better facilities for specialists' attention and examination, commendable efforts by voluntary associations, shortage of domestic help. These three factors working together have reduced the incidence of puerperal fever from 47 with 2 deaths in 1945 to 10 and no deaths this year.

The general good health of school children was maintained at a satisfactory level. The appointment of an additional School Medical Officer and an additional School Nurse have rendered possible more complete and more detailed examinations of children and have allowed School Medical Officers more time to contact parents and teachers. The success of the School medical service in improving the health of the children and the sanitary conditions of the schools is very closely correlated with the knowledge of hygiene possessed by individual teachers and the practical application of such knowledge.

Today school hygiene is subject of study in training colleges for teachers but the application of the principles learned in the course of studies would be facilitated by the joint action and close collaboration of the doctor and the teacher. The former devotes his attention to keep the child in good health and to be on the look out for apparently trifling ailments. In his way he not only prevents serious ill-health in later years but also enables children to obtain the maximum benefit from their education. On his part the teacher equipped with a sound knowledge of hygiene can play a valuable part and at the same time assist to raise the standard of health and physical fitness. The hygiene of the child is a matter that should receive careful attention not only from the doctor but also from all those who are in some way or other responsible for its welfare and wellbeing. Hygiene is the basis of good health and good health is essential not only for the comfort and happiness of the child but also for the proper development of all his facilities and potentialities.

The School Medical Officers this year reported that "children are deriving great benefit from physical training. This shows itself in the better physique of the school children whose interest in all kinds of sports has reached a high level". This is a fact which has been endorsed by various observers who commented favourably on the energy and vitality shown by Maltese children. Unfortunately no records are available of the average height of our children during past decades but I have been assured from reliable sources that on the whole there has been an increase in the stature of our boys and girls.

Physical training is an important matter in the school curriculum; it is particularly useful during the period of childhood as it promotes the proper development of the immature muscles and nerve cells. Muscular exercises enhance the rapidity and strength of the heart beats thus ensuring a steady flow of blood and quicker aeration; the increased supply of oxygen invigorates the organs and tissues. There is a concurrent intensity of the movements of the diaphragm and abdominal muscles which aid digestion and prevent constipation. Physical exercise should not be overdone but if properly controlled, it promotes a state of physical fitness which helps the body to carry out the ordinary requirements of life and the mind to absorb easily the teaching imparted in schools.

This year there was an increase in the number of school children suffering from some mental condition. 87 cases as against 52 last year. These cases cover all degrees of departure from the normal and include at one end the child who though intelligent is making no progress at school or the child whose occasional temper tantrums normal in infancy, remain or even become worse as it grows older. On the opposite end there are those children who are developing schizophrenia or are otherwise becoming outright psychotic. Such children constitute that condition known today as maladjustment. It presents a problem both educational and social which is claiming urgent attention. In 1951 the Ministry of Education in England set up a committee of School Medical Officers, Psychiatrists, Psychologists and Educationalists to study the whole question of maladjustment. The report cautiously hints that squalor and poverty are often associated with maladjustment, but does not infer causal relationship. There is no doubt that they add to the strain, physical and emotional of family life but the association is due to the fact that certain defects in the parents which make them bad parents, make them also socially incompetent. This should not be taken as a general rule because it is a fact that many poor families have well-adjusted children, but it is well to keep in mind the influence which poverty and squalor may have on the mental development of the child.

In conformity with the current trend in all advanced countries, the incidence of Tb in our Islands is on the decrease. Since 1945 when the effects of the War years were beginning to lift, we have had a steady fall in the number of cases. In that year there were 235 cases of Pulmonary Tb notified and 134 deaths. This year there were 141 cases notified with 41 deaths. This number of notifications is the lowest for the last ten years. Non-Pulmonary forms of Tb were made notifiable in 1952 when there were 88 cases and 12 deaths. This year the numbers were 44 and 5 respectively. This year's mortality at 41 for Pulmonary and 5 for Non-Pulmonary forms of Tb is slightly higher than last year when the figures stood at 36 and 3 respectively. This slight increase should not offer cause for alarm, it represents the number of deaths amongst patients notified during and before the year under review. It is estimated that in Malta and Gozo there were 2,490 persons affected with Tb at the end of the year. With the new methods of treatment there are better chances of recovery from the disease and of elongation of life amongst patients.

This year will remain memorable in the medical annals of our Islands because of the drastic measures taken to tackle the local problem of Tb. The old hospital was closed and arrangements were made to send our Tb patients for treatment abroad.

Our Tb hospital, the Connaught hospital, at Mdina was originally built in the seventeenth century by Grand Master Manoel De Vilhena as one of his official residences with an annexe to serve as a Court of Justice for the old city. After the British occupation it passed into the hands of the Military and about the middle of the nineteenth century it was used as a hospital for cases of Ophthalmia which was rife amongst the troops. The building was handed over to the Civil Authorities in 1908 and it was decided to adopt it for cases of Tuberculosis which were then kept at the Central Hospital in Floriana. His Royal Highness the Duke of Connaught who was at the time High Commissioner and Commander in Chief in the Mediterranean, took an active interest in the project and helped materially towards its equipment. The hospital was declared open by His Majesty King Edward the VII on the 22 April 1909 and was named the "Connaught Hospital of the Antica Corte".

The building was converted into a hospital more for reasons of convenience than suitability. It possessed a good location and offered a lovely view of the North Eastern half of the Island but otherwise it had no other advantages. It lacked the amenities of a modern hospital, was unprovided with proper accommodation for the ancillary services and the planning of its wards was such as to cause unnecessary toil and fatigue to the staff.

The transfer of all patients from one hospital into another is not an easy matter under all circumstances but the transfer of such patients into other hospitals in foreign countries constitutes a formidable proposition which has to be tackled with prudence, sympathy and understanding. For this purpose yourself and the undersigned in August proceeded on a special mission to the United Kingdom. We contacted high Officials of the Ministry of Health and discussed in all its aspects a scheme for sending Tb patients from Malta for treatment in British Sanatoria. We visited English hospitals and sanatoria and we invited a delegation from the Ministry of Health to come to Malta to help us in the final preparation and selection of cases for treatment in England. On our way back we stopped at Milan and went to Como to visit the Ospedale San Giovanni Battista in Alzate Brianza, administered by the Sovereign Order of Malta. The Order had offered to accept male Tb patients from Malta for treatment in their hospital. In Rome we opened negotiations with Representatives of the Order and eventually signed an agreement with the Italian Association of the Order establishing the terms and conditions under which our patients will be accepted for treatment in the hospital of the Order.

On the 19th of September a deputation of the Ministry of Health in England arrived in Malta. It consisted of Sir Frederick Armer, K.B.E., C.B., M.C., Deputy Secretary, Dr. D. Thomas, M.D., D.P.H., Senior Medical Officer and Dr. R. C. Cohen M.D., D.P.H., of Black Notley Hospital, Essex. They immediately set about to familiarise themselves with local conditions and helped us to finalise our plans for sending our patients abroad. They visited our hospitals. Dr. Thomson and Dr. Cohen examined all patients and selected those suitable for treatment in the United Kingdom. We availed ourselves of their presence amongst us to discuss with them the policy of reorganization of our Tb service and asked their advice on the selection of a site for the erection of a modern sanatorium.

On their return to England, Dr. Frederick Armer and his colleagues arranged with Broomfield hospital and Black Notley hospital both in Essex, for the reception of our patients. After that things moved very rapidly. A special plane was chartered and two flights were made. On the 29th November, 25 patients were flown to Milan from where they were carried by waiting ambulances to Alzate Brianza. A second group consisting of 42 patients was flown on the 30th November to England. Unfortunately owing to a strike in the French aerodromes, the latter flight had to be diverted to Bruxelles, but the preparations made for their reception and assistance did not fail and when the patients arrived in London on the 1st December they found help and comfort waiting for them and were taken by ambulance to their hospitals, the men patients to Broomfield and the women patients to Black Notley.

The Government took good care to provide for the welfare of the patients. A monetary allowance for suitable clothes was granted to every patient and a subsidy

was allowed to their families. A number of hospital attendants, males and females were sent with the patients. Maltese doctors accompanied in each flight and were posted in both English hospitals. Chaplains were detailed to look after the welfare of the patients. The whole operation went smoothly thanks to the help and assistance offered by Officials of the Ministry of Health and of the Office of the Commissioner General for Malta in England, by the hospital authorities at both ends, by members of the Department and last but not least by the Red Cross Society which placed at our disposal all the resources of their widespread organization. The British Red Cross, through their Malta Branch, very generously donated parcels of worn clothing to each patient and arranged for the reception and care of the patients on arrival at the London Airport. The British Red Cross also made arrangements with their allied Societies in Milan and Bruxelles for the assistance to our patients on arrival at the respective airports and continued to extend their humanitarian work even after our patients had settled in their hospitals. In fact the British Red Cross kept in constant touch through their local Branch, with relatives of patients in Malta.

It seems that our patients settled comfortably in their new surroundings; they soon adapted themselves to their new environment and were cooperative and orderly in behaviour. The letters they sent home were cheerful and hopeful and the reports we received from the doctors were encouraging. Up to the end of the year none of the patients had expressed a desire to return back to Malta.

The policy of sending our Tb patients for treatment abroad is only of a temporary character and was resorted to as a matter of convenience pending the erection of a modern hospital in which they can be treated. For this purpose steps have been taken to proceed with the plans and projects as early as possible. A lovely site on the Naxxar ridge facing south, was situated and surveyed and works for opening an approach and levelling have already started. A promising young Architect from the Public Works Department was sent to England and to other countries of Europe to gain experience in the planning of a modern hospital.

It is evident that the whole outlook on Tb is undergoing a radical change. At the beginning of this century Tb patients were preferably treated in sanatoria which were built in beautiful spots remote from habitations often amongst pine woods. Today fashion has changed, patients are no longer relegated for a long spell in a sanatorium. Modern treatment has resulted in a quicker turnover of patients, but besides active treatment patients require also recuperation and rehabilitation. Rehabilitation is essential not only because of its utility but also in order to help the patient face with courage the fact that he is still ill, that he may be away from work for some time and that this will cause some disruption of his life. To help the patient to accept his illness in a hopeful cooperative spirit is an important consideration which should receive priority attention in the treatment of all diseases but especially so in Tuberculosis.

Tb is an outstanding example of a bacterial disease whose diagnosis, treatment and prognosis have been profoundly altered during the last few years by the discovery of one effective drug after another. All the new drugs have their intrinsic merit and are extremely valuable in the various methods of treatment, but whether they are used singly or in combination, the possibility of emergence of a drug resistant Tb bacillus should be kept in mind. For this reason chemotherapy alone is not always enough. Many chronic cases require surgical resection combined with chemotherapy.

Today the emphasis has shifted from actual treatment to prevention of Tb. The problem of prevention is of great national importance especially because the encouraging advances made in the treatment seem to be bringing the diseases more under control. It seems that in a nation or a community when the disease has existed for a long time, most individuals may have developed a certain resistance to all but massive or repeated infections or when the conditions of living, housing, nutrition or occupation are unfavourable. This resistance may be promoted by slight inoculations which heal without symptoms. B.C.G. inoculations are now being freely offered to children who have been properly examined and tested. The results have been encouraging and the inoculation is becoming increasingly popular.

Another measure against Tb is the building of preventive housing which provides environment for patients with minimal lesions and for adolescent contacts. A good living accommodation with the essential amenities and sanitary standard will exert a beneficial influence on the course of the disease of the patients and will at the same

time reduce the exposure to infection of susceptible non-infected persons. The present trend in the building industry is to erect small tenements for the working and middle class families. Most of such tenements are built with an eye on speculation but on the whole it may be stated that they contain the minimum standard of hygiene and sanitation. Occasionally the Department of Housing has, on the suggestion of this Department, allocated newly built tenements to Tb families who were living under conditions to the detriment of their health. Such occasions were of great relief to all concerned and it is hoped that they will be repeated more often.

Mass X-ray radiography has not yet been introduced in our Islands, nevertheless a good proportion of the population is X-rayed each year. Thousands of prospective migrants and all the members of their family are X-rayed before they are accepted by the Emigration Department. So also are recruits to the Police Force and the Education Department, hospitals employees, employees of the Milk Marketing Department, inmates of institutes etc. In the case of Tb patients our scheme is to start taking X-rays of the patient himself and expanding to cover his family contacts, his workmates, his neighbours and sometimes even his acquaintances. Naturally mass radiography is not by itself an infallaible or final method of diagnosing chest diseases; it gives a strong indication and the physician has to do the rest. It is especially helpful when no symptoms have been noticed by the patient.

During the year there was a remarkable decrease in the incidence of whooping cough and measles. Of the former disease 123 cases and of the latter 489 cases were notified as against 837 and 2,788 notifications in the previous year. These two diseases have their cyclic outbreaks and a reduction was to be expected after the outbreak of last year. Few other diseases which usually affect children remained more or less stationary. There were 420 cases of chicken pox and 81 cases of diphtheria as against 431 and 85 respectively during the year before. We had an appreciable decline in the incidence of pneumonia and bronco-pneumonia, this year's figures being 75 and 164 against last year's figures of 157 and 303 respectively.

The incidence of cancer and other malignant growths although on the increase, has not jumped up as in some other countries. It is true that the disease is not notifiable and therefore an exact record of the incidence is not available but the great majority of cases sooner or later find their way into our hospital and from their presence there as well as from a perusal of the certificates of deaths some idea may be gathered of the prevalence of the disease. In other countries it has been observed that the incidence of cancer of the lung has risen out of proportion to other forms of neoplasms. Various theories have been adduced to explain this increased prevalence. Inhalation of dust and of exhaust fumes and smoking have all been incriminated and, as it appears, not without reason. In Malta the mortality from cancer of the lung had maintained a slightly varying proportion to that from malignant neoplasm in general. This was the case up to last year as may be evinced from the following table:—

Year	DEATHS			
	Malignant Neoplasm	Cancer of Lung		
		M.	F.	Both Sexes
1946	233	24	7	31
1947	227	19	11	30
1948	216	30	7	37
1949	232	23	8	31
1950	263	22	5	27
1951	248	34	4	38
1952	297	23	6	29
1953	269	27	5	32
1954	287	29	2	31
1955	296	28	10	38

It will be seen that during the year under review the mortality from cancer of the lung in women has risen out of the usual proportion and it has caused not a little concern. Better diagnosis cannot explain this increased incidence of cancer of the lungs in women as it applies equally to men. Likewise increased exposure to carcinogenic dust and fumes is common to both sexes. It has been observed that since the war years the habit of smoking has become very common amongst women in Malta and this may in some way account for an increased morbidity with consequent mortality amongst women.

A factor which plays an important part in the health of the people is nutrition. Unfortunately the true meaning of nutrition is not always understood in its true sense. Many people connect the value of nutrition with the quantity rather than the quality of food and plan their diet accordingly. When considering the nutritional value of a diet it is clear that there are several points which require assessment. These include not only the type and proportion of the constitutents of the individual food ingredients but also the palatability and digestibility of the combined ingredients constituting the diet. The importance of these two factors is self evident for whatever the constitutents of food, if it is not digestible it cannot be absorbed and if it is not palatable it will not be eaten at all.

Before recommending a satisfactory scale of nutrition it is necessary to have good knowledge of the existing diets and food patterns as well as of economic and social background of the community. In general, diet improves with improved economic status. This has been noted also amongst our people. When money is plentiful, people tend to buy more expensive food, of high nutritive value especially animal food, but this is not invariably the rule because it has also been observed that sometimes when economic conditions are improving better nutrition may at first be sacrificed for other things associated with higher living standards such as furniture, radios, motor cars.

With our people bread is a popular article of diet and proportionately it is consumed in greater quantities than any other item of diet. Our extraction rate from wheat is 76 per cent and the resulting flour is not in any way enriched. Enrichment of flour has lately given rise to much speculation but although it is not suggested that enrichment should be prohibited, the idea is prevailing that it need not be insisted upon. The Conference on Post War Loaf held in 1945 of which Lord Horder was a prominent member, held that "the retention of the natural constituents of the wheat grain is so incomparably preferable to reinforcement that they are not perpared to contemplate the adoption of enrichment."

On the whole our national diet is deficient in protein because of the high cost of meat. Imported frozen meat has found its way on the open market in plentiful supplies only since the war and it has done much to extend the consumption of meat amongst the masses, but because of economic reasons the general public is still not getting enough meat in the diet.

On the whole the consumption of fat is satisfactory. It enters the local dietary in various ways but principally as oil and margarine and the proportion of vegetable fat is far in excess to animal fat; however with the modern means of substitution, the animal fat is not so essential as it used to be.

One would like to see more consumption of milk. Milk-drinking has not been sufficiently introduced into our Islands and this is deplorable because milk is the ideal food and in all probability it is the most complete article of diet containing as it does protains, fats, carbohydrates, minerals and vitamins — all combined in such a way as to be easily digested and assimilated. In most countries probably everybody indulges in a glass of milk during the day. With us children and old people usually have their glass of milk, but most of the others during their break from work, take coffee or tea and sometimes they are even satisfied with a bottle of mineral water.

Our School Medical Officers are endeavouring by all means to cultivate the habit of milk drinking amongst school children. This is profitable in more ways than one because the good habits which the children learn in school are taken to their homes where they are extended to other members of the family.

Our people do not lack vitamins in their diet. Vitamins are obtained from various sources which luckily are easily available in our Islands. Except for few cases of pellagra during the worst period of food shortages during the war, conditions of avitaminosis are rare in local medical practice and when they occur they are due to some particular pathological condition rather than to a deficiency in the diet.

The hygienic standards of food and of food production methods engaged our constant attention throughout the year and rightly so because they are matters of grave concern to the Sanitary Authority. With the increasing tendency of mass production of canned food the Authority has to remain continuously alert. So thoroughly has the pure food idea been assimilated and so effectively have the principles of sanitation been applied in the production, handling and inspection of food in recent years, that in general the consumer may now safely expect that food products offered for sale will not contain anything directly deleterious to health. Admittedly there are reputable firms which endeavour by all means to maintain a high standard of purity and their products satisfy the most fastidious consumers, but such firms cannot guarantee that their products will remain unaltered for an indefinite period of time or under adverse conditions of storage. There are also other firms preparing products by dubious processes or of indifferent qualities. For these reasons our Health Officers exercise supervision not only over food material in bulk or in original containers but also over the conditions under which such material is kept, offered for sale or served for consumption.

As in every commodity offered for sale a good deal of advertising has been resorted to in connection with the despatch of various articles of food. Unfortunately, some of the foodstuffs do not deserve all the praise lavished on them and the boosting of the sales constitutes a commercial advantage for the producer rather than a dietetic benefit for the consumer. The American Medical Asociation has undertaken to suppress a certain type of exploitation through food advertising which keeps within the law but yet might rouse exaggerated hopes in the credulous. It is well to keep this in mind when drastic action is taken by the Sanitary Authority here in Malta.

There has recently developed amongst certain classes of the population the habit of taking their meals outside their home; as a result the supervision of public eating places has assumed increasing importance. It is not only the sanitary condition of the premises that interests the Sanitary Officer but also the health and habits of the employees. For these reasons on various occasions we insisted on repeated medical examinations of food handlers in restaurants, bakehouses and factories.

Samples were taken from every place where articles of food were prepared, sold or kept. They were examined and analysed not only for the nature and amount of the component parts but also for their quality, for any deleterious substance, for colouring matter and for adulteration. Anything which makes a food unwholesome or lowers its nutritive value is usually considered as adulteration, whilst to offer a food under false or misleading claims as to its source, kind, quality or amount constitutes misbranding and commercial fraud. Both of these eventualities fall under our law and we did not fail to institute proceedings in appropriate cases.

Throughout the whole year but especially during the late Summer and early Autumn, complaints of fly infestations were made. The ante-insect control continued unabated and the insecticide squad did not relax their activities yet the fly nuisance became increasingly worrying and even troublesome. The common house fly although not a parasite, is an important carrier of disease and may quite easily spread the germs of typhoid, dysentery, diarrhoea, etc. Summer diarrhoea of infants so frequently fatal in babies and which used to swell our infantile mortality, can be propagated by the fly which carries the infection from the motions on soiled napkins of an infected baby to the milk intend for another healthy baby. These reasons account for the intensive campaign which every year is carried against fly infestation.

This year our campaign did not attain all the desired results. Like previous years we relied on protection of foodstuffs, general cleansing, elimination of breeding places and spraying with insecticides but evidently the fly has acquired some sort of resistance to the insecticide used. The development of resistance of disease-bearing insects to insecticides has become a public health problem of great importance. Such resistance constitutes a danger of international concern because a number of these insects spread some of the world's most dangerous epidemic diseases. "Should the degree of resistance in vectors of diseases such as malaria, yellow fever, plague and typhus reach the point where control by the available insecticides is no longer possible, disastrous results from a health viewpoint will inevitably occur in many parts of the world" wrote Dr. Candau, Director General of the World Health Organization.

We used to rely on D.D.T. for the destruction of insect pests. This insecticide is still very useful but its effects are no longer invariably destructive to flies. The work of research for new insecticides has been intensified but the new products which have become available are too few and too limited in efficiency to have a significant effect on the gradual acquisition of resistance. Moreover the majority of materials now being used as alternatives present higher toxic hazard to man than D.D.T. or B.H.C. This being the case we must concentrate on preventive rather than destructive methods in our anti-fly campaign.

Towards the end of the year one of our Medical Officers of Health returned from U.K. after having followed successfully a course in Industrial Health and he immediately came in contact with the Department of Labour which is revising industrial legislation in these Islands. The growth of industrialization in modern times has profoundly affected the lives of vast masses of people not only in economic terms, but also in terms of their physical well-being. Industry has created a new environment in which hitherto unknown diseases have been engendered and old diseases have been modified. The industrial impulse which has taken place in our Island during the last few years necessitated adequate measures.

The need of adequate care in industries is not meant solely for the benefit of the workers but it is advantageous to the rest of the community. A healthy industrialization raises the standard of living because it enhances the national economy, makes available more and better food products and clothing and housing facilities, it improves the hygienic conditions and recreational facilities.

Sewage disposal in our Island has been a matter of topical discussion since very many years. Unluckily schemes and projects have sometimes been discussed in the political arena and raised much heated argumentations. Towards the opening of the century the question of sewerage raised political storms which raged for years. It seems that the crux of the question was of an economic nature because apart from the large capital from public funds, there was also the expenditure by the landlords to be considered. Eventually the utility of the service was recognised and then a popular demand was raised for the extension of the sewers to every village in Malta and Gozo. Lately the whole question of sewage disposal was linked with a drive for agricultural development in these Islands and it was even suggested that the effluent which is discharged into the sea, could with proper safeguards, be utilised for irrigation purposes.

Sewage disposal in unsewered rural areas is usually a mixture of various devices. Practically all out-of-the-way farmsteads have no drains; slop, foul and waste water being thrown over loose earth or buried in the soil. In few remote villages the usual policy is to insist that each house or tenement should have the prescribed cesspool. This installation however is not meant to receive the waste water from the sink, bath and kitchen, the result being frequent overflow on the public thoroughfares with much nuisance and inconvenience. Conditions have become more pressing in recent years with the growing water-mindedness of the public. Conservancy methods are replaced by W.Cs. usually with a flush; baths cease to be the prerogative of the large house, sinks are insisted upon by householders, garages with taps for washing and hosing, replace stables. Hence the greater use of water and the larger amount of effluent. To avoid these nuisances and as a matter of expediency, the Government has introduced a public service for the emptying of cesspools by pneumatic means, free of charge. This service has proved to be a boon to householders but it has not satisfied the claims made by the Department of Agriculture. The Government has considered the possibility of sewage treatment with a view of utilising the effluent for agricultural irrigation and a committee composed of the Director of Public Works, the Director of Agriculture and myself was formed. After much surveying and inspecting, it was agreed to recommend a system of purification for each unsewered village and as a start a detailed project was proposed for a village in the North of the Island. Towards the end of the year another proposal involving the utilisation of water from the main sewer was made and a preliminary survey was carried out. Samples from the main conduit before discharging into the sea were taken by Sanitary Inspectors every hour for 24 hours and were submitted for analysis at the Laboratory of this Department.

The question of hospital accommodation has now become perennial, the demand for hospitalization is becoming increasingly urgent and the overcrowding in certain wards is a matter of deep concern. There are various factors to account for this contingency, economical, social and professional. On the economical side very few people can nowadays afford the domestic help, the added expenditure, and the house comforts and amenities in connection with sickness at home. Socially the public has reached a standard of education which makes it realise the advantages and benefits of hospital against home treatment. It is also easy to understand why Doctors should recommend more hospital admissions than are absolutely necessary. It is much easier to do good work if your patient is subject to the discipline of a hospital ward and under the skilled observation of a trained nurse or sister.

When one considers the present trend in the incidence of disease and the therapeutic measures one cannot but feel perturbed at the incessant clamouring for admission into hospitals. The incidence of disease is changing very appreciably. Infectious diseases are decreasing rapidly partly because we are now able to prevent and treat them more efficiently and partly because of improved hygienic circumstances. The death rate for Tb and for children's diseases is falling yet hospital wards remain overcrowded.

If we assess carefully the nature of cases in our hospitals we find out that a good proportion of beds are occupied by patients who are too old or too lonely or do not know how to look after themselves properly. Somehow or other they find themselves admitted into the general hospital where their presence immediately raises a problem. Naturally they cannot be kept for long periods in the wards occupying a bed that could be allocated to more serious or deserving cases, on the other hand they cannot be easily returned to their homes where they will find nobody to care for them or to look after them. The only place to which they can be transferred is St. Vincent de Paul hospital for the aged and the infirm but during these last few years that hospital has been so overcrowded and the demands for admission so numerous that it offered very little relief to the general hospital.

A good remedy for this state of things is to intensify preventive measures for every disease avoided means a bed available in hospital. For these reasons Health Authorities are concentrating on preventive medicine and in the United States of America some large teaching hospitals have opened a department of preventive medicine. This has been found to be an effective and economical means of reducing requests for admission into hospitals and of limiting bed accommodation to deserving cases.

The modern idea is to link together the medical services, the hospitals and the general practitioner; they should constitute a team working for two main purposes i.e. the prevention and the cure of disease. This idea has been admirably expressed by Dr. G. E. Godber of the Ministry of Health in England, in his talk to members of the Eighth International Hospital Congress held in London in 1953. He said: "It is often said that the hospital is, or should be, the focus of health services for the area, and it is the focus in the sense that it is a point at which all parts of the medical services come together for some purposes. It is not the specialised hospital services, however, which should control the others, rather it is the needs of the others which should largely determine the form which hospital services should take. This is especially true of the family doctor, who relies on the hospital for certain diagnostic services and for treatment only of a small minority of his patients. The family doctor is the first line worker in preventive medicine and the hospital should provide him with opportunities of study or experience in new diagnostic or therapeutic procedures which will enable him to secure the benefits of early diagnosis, treatment and hence rehabilitation for his patients. This is a relationship which is vital to the maintenance of the quality of medical care, and it is one we now seek to develop, albeit progress is slow."

During the year under review we tried every possible means to promote preventive measures against disease. We have extended the school medical service and the child health clinics, we have encouraged attendance at antenatal clinics, we have offered free inoculations, we have tried to educate the public by all means of propaganda, we have encouraged general practitioners to seek advice and assistance from consultants and specialists in hospitals and we authorized them to prescribe drugs, medicaments and surgical appliances to be issued free of charge to low wage families. All this effort has so far shown very little results as regards overcrowding in the general hospital but it is hoped that our aim will be attained in the not distant future when our efforts will be better understood and availed of.

In April I had the honour of representing this Island at the Health Congress organised by the Royal Society of Health at Bournemouth. The occasion provided a world forum at which all interested in matters of health whether professionals or laymen, were brought together in an atmosphere of friendliness and cooperation and were given ample opportunity to discuss common problems and to learn from the experience of each other.

During the year members of my staff and myself served on boards and committees appointed for important and useful purposes. Some of the boards and committees came into being during the year such as the Government Employment Welfare Board, the School Welfare Board, the School Medical Services Committee, the Poor Children and Orphans Committee and the Inter-departmental Board of Water Protection. All these boards and committees carried out investigations and research and submitted their comments and recommendations in formal reports some of which have already been adopted by Government.

Besides the usual courses for student nurses at St. Luke School for Nurses, the Department organised courses for Health Visitors and Sanitary Inspectors. It is gratifying to note that the candidates presenting themselves for these courses possessed high educational qualifications and showed promise. The standard of our courses is patterned as much as possible on that obtaining in England.

It is with pleasure that I place on record the cordial relations existing between the Department and the Medical Services of Her Majesty's Armed Forces. On various occasions we discussed matters of mutual interest and we gladly assisted each other whenever such assistance was asked for. We have now established a close liaison which has proved to be of benefit to all concerned.

We are indebted to local Authorities, Civil and Ecclesiastical, for the help and encouragement which they generously offered whenever we asked for their cooperation and assistance. Distinguished personalities visited our hospitals and other institutions and their visits brought comfort and happiness to patients and inmates and were a source of inspiration to the staff.

Finally it is my pleasant duty to record the unstinted help and loyalty which I received from my immediate assistants, from the heads of branches and from all members of the staff both professional and lay. Much of what was achieved during the year was due to their effort and devotion to duty.

I have the honour to be,
Sir,
Your obedient servant,

J. GALEA,
Chief Government Medical Officer.

I. SUMMARY OF VITAL STATISTICS FOR 1955

		Malta	Gozo	Both Island
AREA	Square miles	94·870	26·974	121·844
POPULATION as estimated on 30th June 1955 ...	Males	138,984	13,155	152.139
	Females	147.767	14,463	162,230
	Total	285,751	27,618	314,369
	Density per sq. mile ...	3,022	1,024	2,580
MARRIAGES	Number	1,966	210	2,206
	Rate per 1000 population...	13.92	15.2	14 03
BIRTHS — Live ...	Males	4,118	342	4,460
	Females	3,781	319	4,100
	Total	7,899	661	8,560
	Rate per 000 population...	27·55	23·93	27.23
Still ...	Number	183	17	200
	Rate per 100 total births ...	2·26	2·51	2.25
DEATHS	Males	1,239	146	1,385
	Females	1,178	120	1,298
	Total	2,417	266	2,683
	Rate per 1000 population...	8.43	9·63	8 53
Maternal ...	Number	5	2	7
	Rate per 1000 births (live and still) ...	0.62	2·95	0·80
Infant (under 1 year) ...	Males	187	24	211
	Females	167	7	174
	Total	354	31	385
	Rate per 1000 births ...	44·81	46·90	44 98
Child (1 year to 5 years)	Males	21	1	22
	Females	31	3	34
	Total	52	4	56
	Rate per 1000 of same group	1 67	1 52	1·66
(5 years and over)	Males	1 031	121	1,152
	Females	980	110	1,090
	Total	2,011	231	2,242
	Rate per 1000 of same group	8·10	9 18	8·73
From tuberculosis of respiratory system	Males	26	2	28
	Females	11	2	13
	Total	37	4	41
	Rate per 1000 population...	0 13	0 14	0·13
From othe forms of tuberculosis ...	Males	3		3
	Females	2		2
	Total	5	-	5
	Rate per 1000 population...	0 02	-	0·01
From respiratory diseas s	Males	87	9	96
	Females	75	13	88
	Total	162	22	184
	Rate per 1000 population...	0·56	0·80	0·58
From malignant neoplasms ...	Males	114	12	156
	Females	122	18	140
	Total	266	30	296
	Rate per 1000 population...	0·93	1 09	0·94

Population. The mid-year civil population for 1955 has been estimated at 314,369 as against 319,787 in 1954.

The excess of births over deaths was 5,877 which is 43 less than in the previous year. The rate of natural increase was 18.69 per thousand as against 18.51 in 1954, 19.32 in 1953 and 18.61 in 1952.

Births. The number of live births during the year was 8,560 which is 431 births less than that of the last year. Of these, 7,899 occurred in Malta and 661 in Gozo, and of which 4,460 were males and 4,100 females. The birth-rate was once again lower than in the preceding year, namely 27.23 against 28.11 in 1954, 28.29 in 1953 and 29.30 in 1952. The downward trend in the birth-rate has continued since 1945.

Still-Births. The number of still-births registered during the year was 200 (183 in Malta and 17 in Gozo) with a rate of 2.28 per hundred total (live and still) births. During 1954 there were 194 still-births (175 in Malta and 19 in Gozo) which gave a rate of 2.11; this shows an increase of 8 still-births in Malta and a decrease of 2 in the figures for Gozo.

Deaths. There were 2,683 deaths, registered during the year, 388 less than last year. Of these 2,417 occurred in Malta and 266 in Gozo. The death rate per thousand population was 8.53 as compared with 9.60 in 1954 and 8.98 in 1953 and 10.69 in 1952.

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

TABLE I

Deaths from Principal Causes.

Year	Infective and Parasitic Diseases	Malignant Neoplasms	Diabetes Mellitus	Diseases of the Blood and Blood-forming Organs	Cerebral Haemorrhage etc.	Arteriosclerotic and Degenerative Heart Disease	Diseases of Arteries (Arteriosclerosis)	Bronchitis	Pneumonia (all forms)	Gastro-Enteritis and Colitis (under 2 years)	Gastro-Enteritis and Colitis (2 years and over)	Acute Nephritis	Chronic Nephritis	Diseases of Pregnancy, Childbirth and the Puerperium	Conrenital Malformations	Ill-defined Diseases Peculiar to Early Infancy and Immaturity Unqualified	Birth Injuries	Post-natal Asphyxia and Atelectasis	Senility
1946	548	233	88	18	306	487	43	124	156	599	17	21	119	25	45	461	16	159	169
1947	383	227	75	26	290	556	38	112	183	567	10	29	115	20	66	419	38	121	172
1948	302	216	71	26	307	603	43	104	111	497	23	25	117	15	68	392	50	90	218
1949	188	232	78	20	357	619	29	84	101	267	7	13	130	15	64	299	47	106	250
1950	183	263	72	16	332	545	36	91	113	266	8	16	91	15	70	268	35	133	225
1951	161	248	83	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

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

Arteriosclerotic and degenerative heart disease	211
Cerebral haemorrhage	132
Malignant neoplasms	110
Senility	66
Diabetes mellitus	31
Gastro-enteritis and colitis (under 2 years)	29
Infective and parasitic diseases	28
Pneumonia (all forms)	25
Ill defined diseases peculiar to early infancy and immaturity unqualified	24
Congential malformations	23
Post natal asphyxia and atelectasis	23
Chronic nephritis	23
Bronchitis	16
Birth injuries	16
Diseases of arteries ,arteriosclerosis)	15
Diseases of the blood and forming organs	3
Acute nephritis	3
Diseases of pregnancy, childbirth and the puerperium ...	3
Gastro enteritis and colitis 2 years and over	1
Other causes	218
	1,000

Infant Mortality. The number of deaths among infants during the year was 385 that is 217 deaths less than in the previous year. The infant mortality rate per 1,000 live births was 44.98 which is the lowest on record. The figure for 1954 was 66.95.

The neo-natal mortality (deaths of infants under 1 month of age) was 218 which is 80 less than in the previous year. The neo-natal mortality rate per 1,000 live births was 23.47 as compared with 33.14 in 1954, 34.30 in 1953 and 33.16 in 1952.

Marriages. The number of marriages during the year, including marriages among service personnel, was 2,206 of which 1,996 took place in Malta and 210 in Gozo. The marriage rate, which is expressed as the number of persons married per thousand of the population, was 14.03. This shows an increase on the marriage rates of 1954, 1953 and 1952 which were 13.37, 12.89 and 11.00 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		
1936	8.875	33·85	304	3·3	190·30	17·61	14·4	4.258
1937	8 879	33·54	345	3·8	242·70	20·04	13·6	3.575
1938	8.704	32·39	294	3·3	224·83	20·09	13·2	3,305
1939	8,930	33·08	309	3·3	226 98	19·95	14·6	3.545
1940	8.808	32·53	261	2·8	276·45	22·69	13·4	2,664
1941	7 352	27 09	240	3·1	303·45	23·74	16·7	908
1942	6,768	25·15	227	3·3	345 15	31 97	15·0	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	8,500	27·23	200	2·3	44·98	8·53	14·03	5,877

† Decrease.

II. INFECTIOUS AND COMMUNICABLE DISEASES

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

The total deaths attributed to these diseases during the year was 122 as against 147 in 1954. Calculated as rate 1,000 population the comparable figures are 0.4 in 1955, 0.4 in 1954, 0.4 in 1953 and 0.6 in 1952. The largest percentage of deaths among this group is represented by bronch-pneumonia (41.0) followed by pulmonary tuberculosis (33.6), pneumonia (11.5), T.B. other forms (4.1) and erysipelas (2.4).

Chickenpox. The number of cases that came to the notice of the Department was 420 against 431 in 1954; 416 cases occurred in Malta and 4 in Gozo. The majority of cases occurred in March-June when 353 cases were reported. As in previous years all cases were very mild. Two cases had to be admitted to the Isolation Hospital, of these one was suffering from intercurrent Undulant Fever, the other was a baby five months of age.

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		24 Plague		26B Tetanus neonatorum (b)	
	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.
1946	273	133	...	a) ...	174	12	2410	39	15	...	83	4	241	22	12	...	3	1	5	2	1	13
1947	220	161	. .	a) ...	102	12	1390	33	28	1	75	1	546	37	1411	28	6	...	...	...	12	7
1948	202	104	...	a) ...	54	4	1039	15	46	...	51	2	249	12	1398	65	6	4	...	...	6	5
1949	228	97	...	a) ...	121	3	902	8	166	...	46	...	119	5	24	1	7	3	...	...	1	...
1950	208	82	...	a) ...	106	4	834	6	1050	2	35	...	33	5	500	5	9	5	...	...	3	2
1951	171	68	...	a) ...	180	4	613	6	40	...	43	...	29	1	694	10	4	1	...	...	3	3
1952	146	34	88	12	118	6	550	4	42	...	38	...	208	11	1141	8	8	1	...	...	1	1
1953	177	39	54	14	132	1	425	3	25	...	35	2	140	6	207	1	7	2	...	...	2	2
1954	157	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	...	...	...	...	...

Year	28 Acute anterior poliomyelitis		31 Smallpox		32 Measles		36B Murine Typhus		43H Chicken-pox		43L Leishmaniasis (b)		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.	D.	C.
1946	46	...	5	1	21,168	240	35	4	168	...	37	15	132	1	141	22	311	134	48	4	139
1947	59	2	...	...	2,422	14	28	2	312	...	194	12	39	...	103	28	228	155	48	4	283
1948	11	...	...	...	39	...	17	2	323	...	208	9	250	9	64	26	223	85	30	1	334
1949	1	...	...	...	80	...	21	2	308	...	98	3	84	5	62	13	146	88	39	...	224
1950	154	8	...	...	249	2	57	...	765	...	67	1	26	5	50	18	122	61	25	2	(c)41
1951	43	...	...	...	4,486	17	43	1	284	...	58	3	283	1	81	14	184	61	18	...	(c)55
1952	37	1	...	...	45	...	20	1	435	...	55	...	266	3	69	17	138	79	17	...	(c)51
1953	26	1	...	...	193	...	9	...	356	...	63	1	46	1	86	14	118	53	16	...	(c)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

(a) Not available;
(b) Declared notifiable October 1946;
(c) 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, 1955

LOCALITY	Pulmonary Tuberc.		Other Forms of T. B.		Typhoid Fever		Undulant Fever		Scarlet Fever		Erysipelas		Diphtheria		Whooping Cough		Cerebro-spinal Fever		Tetanus Neonatorum		Poliomyelitis		Measles		Murine Typhus		Chicken pox		Leishmaniasis		Influenza		Pneumonia		Broncho-pneumonia		Puerperal Fever		Trachoma
	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.
Attard	2	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	1	...	...	...	2	...	...	...	...
Balzan	...	...	...	...	1	...	4	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	18	...	...	...	8	...	...	...	...	...	1	1	2	...	1	...	...
Birkirkara	6	4	6	...	8	...	7	...	2	1	...	...	3	...	6	...	...	...	...	...	1	...	18	...	5	...	14	...	1	...	1	...	3	1	5	1	...	...	1
Birżebbuġa	3	...	...	...	...	...	...	...	3	...	...	...	3	...	...	...	...	...	...	...	...	...	26	...	1	...	9	...	...	...	...	...	1	...	2	2	...	...	...
Cospicua	4	1	2	...	1	...	...	...	...	...	2	...	5	1	1	...	...	...	...	...	...	...	8	...	2	...	7	...	1	...	...	...	3	2	5	1	...	...	1
Dingli	...	...	...	...	1	...	14	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...
Floriana	4	1	...	...	...	...	...	...	2	...	2	...	1	...	1	...	...	...	...	...	...	...	23	...	...	...	9	...	...	...	...	...	2	...	6	1	...	...	...
Gharghur	1	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...
Ghaxaq	2	1	...	...	1	...	2	...	...	...	2	...	...	...	7	...	...	...	...	...	...	...	1	...	...	...	1	...	1	...	...	...	2	...	6	1	...	...	...
Gudja	...	...	2	...	1	...	7	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	2	...	2	...	...	...	...
Gżira	9	1	...	1	2	...	1	...	15	...	...	...	1	...	...	...	1	...	...	...	...	...	77	...	...	...	38	...	...	...	1	1	...	...	3	...	...	...	1
Hamrun	8	3	4	1	4	...	12	...	...	...	3	...	2	...	6	...	...	...	...	...	...	...	7	...	...	...	27	...	...	...	2	...	4	1	3	3	...	...	...
Kalkara	1	...	2	...	...	...	...	...	2	...	...	...	1	...	...	...	...	...	...	...	...	...	6	...	...	...	5	...	...	...	1	...	...	...	...	...	...	...	...
Kirkop	2	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Lija	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	6	...	...	...	3	...	...	...	...	...	...	...	3	1	...	...	...
Luqa	...	...	...	...	...	...	26	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	2	...	1	...	...	...	...	...	...	...	1	1	3	1	...	...	1
Marsa	13	2	1	...	3	...	9	...	...	...	...	...	5	...	4	...	...	...	...	...	1	...	23	...	3	...	20	...	...	...	...	...	...	...	1	1	...	...	..
Marsaskala	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	2	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...
Marsaxlokk	...	..	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Mdina	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...
Mellieha	...	...	...	...	2	...	9	...	...	...	...	...	...	...	16	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...
Mġarr & Żebbiegh ...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	3	...	3	...	...	...	1	...	1	...	...	...	...	...	...
Mosta	2	...	1	...	...	...	20	...	...	...	2	1	3	...	1	...	...	...	...	...	...	...	1	...	...	...	5	...	1	...	2	...	...	...	...	...	...	...	1
Mqabba	1	...	1	...	2	...	7	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Msida	5	3	1	..	1	...	5	...	5	...	2	...	...	...	1	1	...	...	...	...	...	...	11	...	...	...	31	...	1	...	3	...	3	...	9	2	...	..	2
Naxxar	1	...	...	...	1	...	15	...	...	...	2	...	2	...	4	...	...	...	...	...	...	...	13	..	...	...	...	...	...	...	4	...	6	...	5	...	1	...	...
Pawla	9	1	3	...	3	...	11	1	3	...	1	...	1	...	2	...	1	...	...	...	...	...	3	1	...	..	32	...	1	...	...	...	...	..	9	4	2	...	1
Pietà	...	...	...	...	...	...	2	...	3	...	...	...	1	1	...	...	...	...	...	...	...	...	14	...	...	...	15	...	1	...	...	...	.	.	...	...	...	...	...
Qormi	4	4	4	1	22	...	40	...	...	...	4	...	3	...	1	...	...	...	...	...	1	...	8	...	5	...	4	...	1	...	1	...	10	3	20	8	...	...	2
Qrendi	1	...	...	...	2	...	7	...	..	...	...	...	1	...	6	...	1	...	...	...	...	...	...	...	..	...	2	...	...	...	...	...	...	...	7	1	...	...	...
Rabat	3	1	...	...	4	...	19	...	3	...	1	...	...	...	20	...	...	...	...	...	1	...	3	...	1	...	5	...	1	...	..	...	4	...	4	4	1	...	...
Safi	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	1	...	3	...	...	...	...	...	...	...	1	...	...	...	...
St. Julian's	2	...	...	..	1	...	2	...	4	...	1	...	...	...	4	...	1	...	...	...	...	...	69	...	...	...	29	...	1	...	1	...	1	1	7	1	1	...	...
St. Paul's Bay ...	...	...	...	...	1	...	9	...	...	...	...	...	2	...	1	...	...	...	...	...	...	...	23	...	..	..	3	...	...	..	...	..	1	1	2	...	...	...	...
St Vennera	3	1	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	1	1	3	...	...	...	...
Senglea	2	1	..	...	...	...	...	...	2	...	...	1	...	...	...	...	...	...	...	...	...	...	4	...	...	...	19	...	..	...	...	...	..	...	2	...	...	..	1
Siġġiewi	...	...	...	...	6	...	25	...	..	...	1	..	15	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	..	...	3	...	1	1	...	...	...
Sliema ...	5	4	3	...	2	...	1	...	29	...	1	...	4	...	7	1	1	...	...	...	...	...	105	...	...	...	66	...	...	...	28	...	7	...	14	5	1	...	7
Tarxien	4	1	...	...	3	...	9	...	3	...	1	...	3	...	3	...	...	...	...	...	...	...	8	...	1	...	16	...	1	...	...	...	2	...	2	1	...	...	...
Valletta	13	1	4	...	7	...	..	...	1	...	1	...	2	...	1	...	...	...	...	...	...	...	2	...	1	...	10	...	...	...	3	...	8	1	7	2	...	...	3
Vittoriosa	...	...	1	...	1	...	...	...	...	...	2	1	...	...	5	...	...	...	...	...	...	...	1	...	1	...	9	...	...	...	1	...	...	...	1	...	...	...	...
Żabbar	10	3	2	1	1	..	21	...	4	..	2	1	4	...	.	1	...	...	...	...	...	...	...	...	1	...	18	...	3	...	...	...	3	1	4	...	...	...	...
Żebbuġ	4	...	1	1	2	...	102	...	1	...	1	...	.	...	14	...	...	...	...	...	...	...	1	...	...	..	...	...	...	...	7	...	2	...	5	1	...	...	2
Żejtun	5	1	1	.	5	.	16	...	...	...	...	...	6	...	.	...	...	...	...	...	1	...	...	...	1	...	...	...	1	...	1	...	1	...	5	2	1	...	...
Żurrieq	3	2	...	...	5	...	31	...	...	...	...	...	2	...	2	...	...	...	...	...	...	...	..	...	3	...	2	...	3	...	14	...	1	...	3	...	...	...	..
Total Malta ...	134	37	39	5	103	...	439	1	84	1	31	3	72	2	117	2	8	...	...	...	5	...	488	1	31	...	416	..	22	...	73	1	74	14	155	44	10	...	23

TABLE IV (cont.)

Notifiable Infectious Diseases by Locality in Gozo, 1955

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	2	...	...	...	...	...	4	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	3
Għarb	...	...	1	...	2	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Għasri	...	...	...	...	...	...	2	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Kerċem	...	...	...	...	...	...	11	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Marsalforn ...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Mġarr	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Munxar	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Nadur	1	1	...	...	1	1	34	...	...	...	...	...	3	...	5	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1
Qala	...	...	1	...	1	...	15	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	1	1	...	1
San Lawrenz	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Sannat	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	...	...	...	...	...	1	2	...	...	...
St Lucia	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Victoria	2	1	...	...	1	...	8	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	2	...	...	...
Xagħra	1	1	...	...	...	...	2	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	1	...	...	...	...
Xewkija	1	...	...	...	...	...	2	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...
Xlendi	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Żebbuġ	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total Gozo	7	4	3	...	6	1	83	...	...	...	4	...	9	...	6	...	1	...	...	...	...	...	1	...	...	...	4	...	4	...	...	...	1	...	9	6	...	...	5
Total Both Islands ...	141	41	42	5	109	1	522	1	84	1	35	3	81	2	123	2	9	...	...	...	5	...	489	1	31	...	429	...	26	...	73	1	75	14	64	50	10	...	28

TABLE V.

Monthly Notifications of Infectious Diseases, 1955

MONTH	1 Pulmonary Tuberculosis		25 Other Forms of T. B.		12 Typhoid Fever		15 Undulant Fever		17 Scarlet Fever		19 Erysipelas		21 Diphtheria		22 Whooping-Cough		23 Cerebro-spinal Fever	
	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.
January ...	15	5	—	—	8	—	29	—	24	—	4	1	6	—	47	—	3	—
February ...	15	1	2	—	4	—	39	—	22	—	1	1	9	1	15	1	1	—
March ...	13	6	4	—	5	—	23	—	29	1	2	—	4	—	6	—	—	—
April ...	9	3	1	—	6	—	39	—	5	—	2	—	3	—	18	1	3	—
May ...	9	3	4	—	13	1	51	—	6	—	2	—	4	—	18	—	1	—
June ...	11	3	3	1	7	—	58	—	1	—	1	—	2	—	9	—	—	—
July ...	14	7	3	—	14	—	63	—	1	—	5	—	1	—	1	—	—	—
August ...	11	5	5	2	16	—	77	1	—	—	8	1	2	—	6	—	—	—
September	14	5	5	1	8	—	52	—	—	—	2	—	6	—	3	—	—	—
October ...	15	1	6	—	12	—	36	—	—	—	4	—	14	1	—	—	—	—
November	9	2	7	—	13	—	38	—	2	—	2	—	19	—	—	—	—	—
December	8	—	2	1	3	—	26	—	3	—	2	—	11	—	—	—	1	—
Total ...	141	41	42	5	109	1	522	1	84	1	35	3	81	2	123	2	9	—

MONTH	26B 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 ...	—	—	—	—	10	—	—	—	16	—	1	—	—	—	5	—	13	6	2	—	2	—
February ...	—	—	1	—	35	—	2	—	17	—	5	—	24	—	2	1	18	5	1	—	1	—
March ...	—	—	—	—	40	—	2	—	57	—	—	—	34	1	14	4	17	4	—	—	1	—
April ...	—	—	1	—	63	—	—	—	95	—	3	—	13	—	11	2	28	5	4	—	4	—
May ...	—	—	2	—	151	—	—	—	122	—	2	—	—	—	8	3	17	9	1	—	1	—
June ...	—	—	—	—	117	—	5	—	69	—	2	—	—	—	3	—	11	3	—	—	4	—
July ...	—	—	—	—	53	—	2	—	17	—	3	—	—	—	5	1	7	9	—	—	2	—
August ...	—	—	1	—	13	1	7	—	—	—	2	—	—	—	5	3	9	2	—	—	1	—
September	—	—	—	—	—	—	5	—	1	—	2	—	—	—	5	—	10	1	—	—	3	—
October ...	—	—	—	—	1	—	8	—	7	—	—	—	1	—	7	—	16	1	—	—	2	—
November	—	—	—	—	—	—	—	—	7	—	2	—	—	—	7	—	9	1	—	—	4	—
December	—	—	—	—	6	—	—	—	12	—	4	—	1	—	3	—	9	4	2	—	3	—
Total ...	—	—	5	—	489	1	31	—	420	—	26	—	73	1	75	14	164	50	10	—	28	—

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	6	3	...	...	6	9	3	6	24	23	14	10	1	...	1	...	..	2	...		...	1	1	...	...	...	...	...	..	...	...	...
1 year	1	...	...	...	6	3	...	1	21	14	4	8	2	1	...	...	6	4	1	...	1	2	...	...	6	3	...	...	..	..	...	...
2 years	1	1	...	...	2	2	...	...	6	2	2	...	3	2	...	..	12	5	...	...	2	...	..	...	9	4	...	...	...	...	...	...
3 years	1	...	...	...	2	..	1	...	1	1	...	...	3	3	...	...	8	8	...	...	1	1	...	...	6	8	...	...	...	...	...	...
4 years	1	...	...	...	...	...	...	...	...	2	...	...	4	3	...	...	3	4	...	...	2	3	...	...	11	8	...	...	...	...	...	...
5 to 9 years...	6	5	...	...	1	1	...	...	3	5	1	1	26	25	...	...	8	11	...	...	14	11	...	...	55	43	...	...	2	...	...	...
10 to 14 „	5	1	...	...	1	2	...	1	...	1	...	...	4	6	...	...	1	1	...	...	15	14	...	...	33	31	...	...	1	...	...	...
15 to 19 „	2	5	...	...	4	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	4	4	...	...	29	35	...	...	2	3	...	...
20 to 24 „	4	7	...	...	...	1	...	...	...	...	...	...	..	...	...	...	...	...	...	...	2	5	...	...	21	24	...	...	1	4	...	...
25 to 34 „	4	6	...	...	6	1	...	...	4	1	1	..	...	1	...	...	...	1	...	1	3	8	...	...	32	37	...	...	1	1	...	...
35 to 44 „	4	1	...	...	3	1	..	...	4	6	...	1	...	...	...	...	1	...	...	...	1	2	...	...	15	17	...	...	2	3	...	...
45 years&over...	5	4	...	1	13	11	1	1	32	13	4	4	...	...	...	...	...	...	...	...	6	7	...	...	52	43	.	1	12	3	...	...
Total	40	33	..	1	44	31	5	9	95	69	26	24	43	41	1	...	44	37	1	1	51	58	1	...	269	253	...	1	21	14	...	...

Whooping-Cough. The number of cases reported was 123 against 837 in 1954, of these 117 occurred in Malta and 6 in Gozo. There were 2 deaths due to the disease, one was a baby of 4 months of age who contracted, and died of, broncho-pneumonia.

Scarlet Fever. The number of notified cases during the year was 84, as against 67 in 1954. All the cases occurred in Malta. Six patients were admitted to the Isolation hospital. There was only one death from this disease, in a patient who was being treated at home. The greater majority of cases occurred during the first three months of the year.

Measles. The number of cases registered during the year was 489 against 2788 in 1954; of these 488 occurred in Malta and only 1 in Gozo. Only two cases were admitted to hospital, one in a patient landed from an airship in transit through Malta. Both cases were discharged as cured. Only one death was recorded as due to the disease, it happened in a child under 1 year of age. The highest incidence was in May-June with 268 cases. The largest number of cases notified from any one locality was 105 from Sliema with a further 77 from neighbouring Gzira.

Diphtheria (including membronous croup). The total number of diphtheria cases notified during the year was 81 of which 72 occurred in Malta and 9 in Gozo; this is less than the number of cases reported during the previous year. There were 2 deaths from this disease. The downward trend of the disease — 2008 in 1952, 140 in 1953, 85 in 1954 and 81 in 1955 has thus been maintained in the current year. The majority of cases (93.8%) occurred in children up to 5 years of age. The ages of the three adult cases were 19, 32 and 39 years. All notified cases with one single exception were removed to hospital. 79 cases were confirmed bacteriologically, 2 were diagnosed on clinical grounds. The cases were spread throughout the year but the disease was more prevalent during October/December.

Notifications were received sporadically from various localities but many of the villages remained free during the whole of 1955: in several other localities only one or two cases were notified. A notable exception is Siggiewi with 15 cases. Ten of these occurred within a period of three weeks in children attending an infant school, the other 5 were brothers or sisters of the patients. Throat and nose swabs were taken from all pupils and teachers in the school in an attempt to detect carriers. They were all found to be negative.

Sessions of the Free Immunization Service had up to then received relatively poor response in Siggiewi but a special session held at the time was well attended and 534 children in the age group 6 months to 7 years were inoculated.

Only two out of the 81 cases notified had received previous preventive treatment, one a boy 9 years of age had been inoculated 6 years earlier, the second had received the first A.P.T. dose three weeks before the onset of the disease.

Free Immunization is still being carried out by School Medical Officers for children of school age and by the Free Immunization Unit for children of pre-school age.

During the year we noticed that in practically all the cases notified, parents had called in a doctor without undue delay. This may partly be due to our propaganda on the subject.

Of the two deaths due to Diphtheria, one occurred in a baby 14 months old. He had been suffering at home from cough for three days but was otherwise apparently fit. A doctor was called in when dyspnoea suddenly set in and conditions deteriorated rapidly. The young patient was remitted to hospital immediately but died soon after admission.

The second death occurred in a woman 32 years of age, who was also suffering from valvular heart disease. Three days before she was admitted to hospital she had disphagia and rigors but refused to take to bed. A doctor was called in on the third day and the patient was remitted to hospital where she died of heart failure on the same day.

Three of the patients had aural diphtheria, another patient, aged 34 years, a baker by trade, was an inmate of the Hospital for Mental Diseases, where he developed a painful ulcerous condition of the skin which necessitated his removal to the Dermatological wards at the Central Hospital. A swab taken from the ulcers was found to be positive to C. diphtheriae, and the patient was transferred to the Isolation Hospital.

On admission the patient was found to have multiple extremely painful ulcers located mostly on the chest, forearms and legs. He was treated in succession with anti-diphtheria serum, sulphadiazine, penicillin and terramycin but no improvement resulted. Swabs taken in hospital were found to be negative, probably due to the treatment he had received before admission, but sores continued to appear. These started as an area of redness which extended rapidly to about 1 or 2 inches in diameter, a bleb appeared at the central part and gradually gave rise to a large vesicle which ruptured an area of deep gangrenous ulceration. The patient was given sedatives to allay pain but he died after 18 days from admission of "Exhaustion due to gangrenous ulceration of the skin".

Apart from the above cases, the disease as a whole ran a mild course and no complications were reported.

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	—	—	—	2

Age Periods of Notified Cases.

Under 1 year	1-	2-	3-	4-	5-	10-	15-	20-	25-	35-	45-	55-	All Ages
2	10	17	16	12	19	2	1	—	1	1	—	—	81
93.8%						6.2%							

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
—	10.0	—	—	—	—	—	—	—	100.0	—	—	—	2.5

Typhoid Fever. There were 109 cases reported with 1 death during the year, giving a case mortality of 0.9. This shows an increase of 2 cases over the previous year, when 107 cases with 2 deaths were notified. Sporadic cases were reported from a number of localities.

As in previous years the highest number of cases was notified from Qormi (22), Zabbar (10) and Birkirkara (8). The remaining cases were reported from different localities in Malta and Gozo.

The age groups most affected were the 10-14 years (29) and 5-9 years age group (25). The only case which proved fatal was the only case which occurred in a child under 1 year of age. Preventive inoculation against Typhoid Fever was continued during the year. The number of persons who received the complete treatment during 1955 is almost double that in 1954.

	1st dose	2nd dose
1953	2782	2228
1954	3274	2558
1955	5126	4411

Undulant Fever. The number of cases notified during the year was 522 (439 in Malta and 83 in Gozo) as against 548 cases (439 in Malta and 110 in Gozo) reported during 1954 and 425 cases in 1953. The above figures show a decrease of 26 cases over those in respect of the previous year. There was only one death as against 2 in 1954 and the case mortality has decreased from 0.4 in 1954 to 0.1 in 1955.

The incidence was highest during the Summer months. The age group most affected is the 5-9 years group (98 cases) followed by that of persons over 45 years of age (95 cases). Żebbuġ with 102 cases heads the list followed by Qormi 40, Żurrieq 31, Luqa 26, Siġġiewi 25, Żabbar 21. In December 1954, the village of Qormi was included in the area within which raw goats' milk may not be sold and it is gratifying to note that the number of cases of Undulant Fever has dropped from 95 in 1954 to 40 in 1955.

During June/September it was noticed that the number of cases in Żebbuġ had shown a sharp rise. At our request, late in September, Żebbuġ, was included with several other villages in the "forbidden area" for raw milk and it is hoped that conditions will gradually improve. The following table which gives the incidence of Undulant Fever in Żebbuġ by month would tend to confirm our view:

Monthly Incidence of Undulant Fever at Żebbuġ.

January	6
February	6
March	4
April	7
May	8
June	13
July	7
August	17
September	15
October	5
November	7
December	7
Total	102

It has to be borne in mind however that people living in the village still prefer raw goats' milk and that this can very easily be obtained from goatherds living in the outskirts and in some cases even within the village itself.

The Milk Marketing Undertaking, the sole supplier of pasteurised milk in Malta is gradually extending its activities. Moreover the Government has lately also adopted the policy of encouraging farmers to replace goats with cows and results should be more apparent in the future.

Influenza. The number of cases notified during the year was 73 as compared with 37 in 1954. One death was attributed to this infection as was the case in 1954. Eleven cases were admitted to hospital including a patient landed from a ship (a member of the crew aged 37) and three patients aged 73, 78 and 81 respectively as well as four infants under 1 year age admitted from an institute.

Pneumonia. During the year the number of notified cases of pneumonia was 75 with 14 deaths as compared with 157 cases and 17 deaths in 1954. Seven cases were notified as virus pneumonia.

Cerebro-spinal Fever. There were 9 cases with no deaths as against 6 cases with 1 death in 1954. One patient aged 26, an emigrant from Greece en route to U.S.A. was landed for treatment at the Isolation Hospital.

Erysilpelas. The cases numbered 35 with 3 deaths as compared with 34 cases and no deaths during the previous year; 18 cases were admitted to hospital one of whom aged 70 died of diabetes and chronic nephritis.

Puerperal Fever. The number of cases reported was 10, which is 1 more than last year's figure. There were no deaths in this and in the previous year.

Murine Typhus. The number of cases was 31 all of which occurred in Malta. No deaths were attributed to this disease. The figures for the previous year were 20 cases with no deaths.

Leishmaniasis. The cases notified during the year were 26, 4 of which in Gozo. This shows a decrease of 23 cases from last year. Again as in 1954 there were no deaths during the year under review.

Tetanus Neonatorum. No cases were notified either this year or in 1954.

Acute Anterior Poliomyelitis. The incidence of poliomyelitis among the civilian population during 1955 amounted to 5 cases all of which occurred in Malta. Three cases occurred in patients under 1 year of age, one in a patient 2½ years, the other was 13 year of age. The cases notified in 1954 were 14; 3 cases were of the paralytic type. 2 non-paralytic. There were no deaths due to this infection as against 1 in 1954. Three patients were transferred for further treatment to St. Luke Hospital, two were discharged as cured.

TABLE VIII

Civilian Cases of Anterior Poliomyelitis in Malta
1955

MONTHLY INCIDENCE :—

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

INCIDENCE BY AGE GROUPS :—

	Males	Females	Total
Up to 6 months	1	—	1
6 months to 1 year	1	1	2
1 year to 2 years	—	—	—
2 years to 3 years	—	1	1
3 years to 6 years	—	—	—
6 years to 10 years	—	—	—
10 years to 20 years	—	1	1
	2	3	5

STATISTICS OF RECOVERY

of the 2 male patients :—
one recovered completely and the other has made satisfactory recovery and is still showing signs of improvement.

of the 3 female patients :—
2 have made complete recovery, and the other has made satisfactory recovery and is still showing signs of improvement.

Recoveries in relation to admission into hospital after onset of symptoms:—

The male patient who recovered completely was admitted into hospital 10 days after onset of symptoms.

The male patient who has made satisfactory recovery and is still showing signs of improvement was admitted 7 days after onset of symptoms.

The two female patients who recovered completely were admitted into hospital 1 day and 4 days after onset of symptoms.

The female patient who has made satisfactory recovery and is still showing signs of improvement was admitted into hospital 10 days after onset of symptoms.

Recoveries by Age groups:—

The male patient who made complete recovery was on admission 8 months of age.

The male patient who has made satisfactory recovery and is still showing signs of improvement was on admission 2 months of age.

The 2 female patients who have made complete recovery were on admission 8 months and 13 years of age.

The female patient who made satisfactory recovery and is still showing signs of improvement was on admission 2½ years of age.

INCIDENCE BY LOCALITY:—

	Males	Females
Marsa	1	—
Qormi	1	—
Rabat	—	1
B'Kara	—	1
Żejtun	—	1
	—	— 5

two were discharged as cured.

Malaria. No cases occured among the local population. A passenger suffering from clinical malaria was landed from a plane and was admitted into the Isolation hospital. He gave a history of previous attacks.

Dysentery. A case of Shiga dysentary was reported in a boy whose family lives in Tripoli and who was attending as a pupil at St. Edwards College. He had a severe attack of vomiting and enterocolitis about 3 weeks after he had started attending school. Shigella Flexner was isolated from the stools.

All the kitchen and domestic personnel at St. Edwards were examined as also the immediate contacts of the patient. Laboratory results of the patient were negative in all cases.

It may be assumed that the patient was already infected before his arrival from Tripoli and that the acute attack must have been due to some contributory factor which has remained obscure.

TABLE IX

Trachoma Incidence
(Malta and Gozo)

A.

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

B.

Periods	New Cases in 1955	
	Males	Females
Under 1 year	—	—
1 ,,	—	—
2 years	—	—
3 ,,	—	—
4 ,,	1	—
5 to 9 ,,	4	6
10 to 14 ,,	4	4
15 to 19 ,,	5	—
20 to 24 ,,	—	—
25 to 29 ,,	1	—
30 to 34 ,,	1	—
35 to 44 ,,	—	—
45 & over	—	2
Total ...	16	12

TRACOMA IN GOZO

The anti-trachoma campaign in Gozo was continued throughout the year. It will be noted that the campaign is now bearing fruit. The Island of Gozo during the last generation was a hot-bed of trachoma; there were few families that were free from the disease. Today the incidence has dwindled and is well under control. It will be seen that most of this year's cases of trachoma were discovered amongst entrants in schools. This justifies our efforts to concentrate on school children in whom the disease is more amenable to treatment and in whom it is possible to obtain a radical cure without a very prolonged course of treatment.

Schools. Schools were visited every week, except during the holidays. Details of findings, type of treatment given and results obtained are given in Table X.

It will be noted that at the end of the scholastic year, 1954-1955, there were 33 cases of active trachoma; on the re-opening of schools in the autumn of 1955, 52 new cases were discovered. Twentyfour cases left over from the previous scholastic year, had either become cured during the Summer holidays, or did not rejoin school. In Table X the column marked "F only" denotes those cases showing only follicles on the tarsal conjunctiva without other signs of inflammation, pannus or other evidence of trachoma. These cases have not received treatment, but have been seen periodically and their evolution checked; a full report on them will be given in next year's report, as during the time under review, the period from the re-opening of schools to the end of December is too short for warranting any conclusions.

Research on the comparative value of different types of treatment was also carried out, and its results were read by our Eye specialist to the second meeting of trachoma experts of the W.H.O. at Geneva in September.

Clinics. Out of 174 persons seen in Government Dispensaries and the general hospital 107 were found cured, and the number of those left on our registers would have been considerably smaller if more people attended the clinics.

General considerations. The anti-trachoma campaign has paid handsome dividends, and the index of the disease has been kept at a very low level. Figures for this year are not substantially different from those of last year. The need for constant supervision, as well as for continued effort cannot be stressed unduly because the present stabilisation at a low level depends on current measures for control.

Antibiotics have proved superior and easier to apply than the sulphonamides. Some of the drugs used this year, were supplied free of charge by the makers for purposes of investigations. The results have been collected by the specialist who in due course will evaluate and assess their value and usefulness.

TABLE X

TRACHOMA (GOZO SCHOOLS DURING 1955)

School		No. of cases July 1955	No. examined Autumn 1955	No. of Trachoma new cases	No. of Conjunctivitis new cases	"F" only	Total Trachoma	Type of treatment given	Cured until Dec. 1955		No. of Cases remaining at end of 1955	
									Trachoma	Conjunctivitis	Trachoma	Conjunctivitis
VICTORIA	Girls	11	578	1	1	2	6	Achromycin Oint.	2	—	4	1
	Boys	8	340	3	3	5	1	Terra-Cortil	1	1	—	2
NADUR	Girls	—	523	7	3	12	7	Achrom + F.	—	—	7	3
	Boys	1	275	—	1	1	1	Achrom.	—	—	1	1
XAGHARA	Girls	1	468	5	1	7	5	Ung. Chlorom.	—	—	5	1
	Boys	—	230	1	—	3	1	Terra-Cortil	—	—	1	—
XEWKIJA	Girls	3	452	8	2	2	9	Ung. Chlorom.	—	1	9	1
	Boys	—	195	1	1	—	1	Terra-Cortil	—	—	1	1
GHAJNSIELEM	Girls	1	198	7	—	6	7	Ung. Chlorom.	—	—	7	—
	Boys	4	117	1	—	2	1	Chlorom.	—	—	1	1
QALA	Girls	2	201	1	—	2	1	Chlorom.	—	—	1	—
	Boys	1	110	1	—	2	2	Achrom.	—	—	2	—
ŻEBBUG	Mixed	—	209	—	2	8	—	Achrom. + F.	—	2	—	—
KERCEM	Mixed	1	215	4	3	4	5	„	4	2	1	1
GHARB	Mixed	—	222	—	2	4	—	„	—	2	—	—
S. LAWRENZ	Mixed	—	82	—	1	6	—	„	—	1	—	—
GHASRI	Mixed	—	95	—	1	10	—	„	—	1	—	—
SANNAT	Mixed	5	305	12	2	6	14	„	9	1	5	1
Total ...		33	4,815	52	23	72	61		16	11	45	13

TABLE XI

Clinics held at Government Dispensaries in 1955

Place	No. of clinics	No. seen	No. found cured	No. still on register
Victoria	2	12	2	67
Xaghra	4	37	35	43
Nadur	3	26	6	56
Qala	1	21	10	76
Xewkija	3	50	40	48
Sannat	1	7	2	30
Għajnsielem	2	20	12	13
Għarb	nil	—	—	—
S. Lawrenz	nil	—	—	—
Għasri	nil	—	—	—
Żebbuġ	nil	—	—	—
Total ...	16	173	107	333

Leprosy. The number of leper patients notified during the year was 14 of whom 6 were males and 8 females. Table XIII.

There are at present 150 cases of leprosy known in these islands. Table XII explains the type of the disease.

TABLE XII

		Males	Females	Total	
In-patients :—	Malta	52	22	74	
	Gozo	3	—	3	
		55	22	77	(1)
Out-patients :—	Malta	17	16	33	(2)
		15	19	34	(3)
	Gozo	3	3	6	(2)
		90	60	150	

(1) The nature of the disease in these patients is as follows :—

Lepromatous, 68 (49 males, 19 females)

Indeterminate 5 (4 males, 1 female)

Burnt out cases at the St. Vincent de Paul Hospital 4 (2 males, 2 females).

(2) These patients were discharged at request and the nature of the disease is as follows :—

Lepromatous, 32 (17 males, 15 females).

Indeterminate 6 (3 males, 3 females).

Major Tuberculoid, 1 female.

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

TABLE XIII

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

Ages	Males	Females	Total
1 — 10	—	1	1
11 — 20	—	—	—
21 — 30	—	2	2
31 — 40	3	3	6
41 — 50	2	2	4
51 — 60	—	—	—
61 — 70	1	—	1
71 — 80	—	—	—
81 — 90	—	—	—
Total	6	8	14

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

TABLE XIV

Cases notified during 1955 and nine preceding years

	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955
Males ...	—	10	7.	10	6	4	9	6	10	6
Females ...	4	3	7	5	6	1	5	5	—	8
Total ...	4	13	14	15	12	5	14	11	10	14

VENEREAL DISEASES

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

Out-patients. The number of new patients attending for investigation or treatment in the out-patient clinic was 393 (156 males, 237 females) while the overall attendance by the new and old patients numbered 4549 (1,783 males, 2,766 females).

These are by far too high as compared with the previous years, but it must be emphasised that at the present time these cannot be classified as venereally diseased persons. It is very unfair to label all of these as Syphilitics. The figures quoted above may be misleading. What can be said is that many of these new patients are positive serological reactors to the Wassermann or Kahn test.

Since certain Syphilitic individuals give negative reaction to the serological tests for Syphilis (S.T.S.) and others non-syphilitics are positive serological reactors, and as our laboratory has yet no facilities to perform the Treponema Pallidum Immobilisation (T.P.I.) or Treponema Pallidum Immune-Adherence (T.P.I.A.) or Treponema Pallidum Agglutination (T.P.A.) tests, it was thought best to treat and at the same time keep under observation all the positive reactors to an S.T.S. 633 persons were serologically tested for Syphilis.

The following table shows the number and the diseases of new V.D. patients :—

Diagnosis	Males	Females	Total
Syphilis prenatal	3	3	6
Syphilis late	6	6	12
Syphilis latent	3	1	4
Gonorrhoea acute	8	6	14
Non-gonorrhoeal urethritis	5	—	5
Non-gonorrhoeal cervicitis	—	9	9
Balanitis	1	—	1
Total	26	25	51

Fifteen foreign seamen attended for treatment during this year. Ten girls were persuaded by the Medical Officers of Health to attend for examination and treatment and three female patients were subjected to compulsory treatment under the provisions of V.D. Regulations.

In-patients. The following is the classification of the new patients :—

Diagnosis	Males	Females	Total
Syphilis prenatal	—	1	1
Syphilis early	1	1	2
Syphilis late	2	2	4
Syphilis observation (a)	1	—	1
Gonorrhoea	1	—	1
Non-gonorrhoeal urethritis	2	—	2
Non-gonorrhoeal cervicitis	—	4	4
Total	7	8	15

(a) The male patient admitted under observation for Syphilis was found to be suffering also from a new growth of the lung.

TUBERCULOSIS

CONTROL & PREVENTIVE MEASURES

Contacts Clinics. During 1955 the total number of persons who attended the "Contacts Clinics" for medical examinations was 7,584, an increase of 1,942 from the previous year.

Of the 141 new cases of Pulmonary Tuberculosis notified during the year, 23 were discovered among the contacts.

For sometime during the year, X-ray examinations of contacts had to be limited to persons who showed abnormal physical signs and to contacts of newly notified cases. This had to be done because the X-ray plant which was to be transferred from the Central Hospital to the Out-Patients block at St. Luke's Hospital took some time to be installed and to start functioning. During this period, the X-ray unit at St. Luke's Hospital had to cope with radiological work from all sections of this hospital.

X-ray Examinations of Prospective Migrants. Out of 9,444 prospective migrants, comprising adults and children over 15 years of age, X-rayed during this year, 93 were referred to the Chest Clinics for clinical investigations because of abnormal lung shadows, and 21 were found to be suffering from active pulmonary tuberculosis. Out of the 21, only 4 had previously been notified as suffering from the disease, and as far as could be ascertained the rest were not aware of their condition. However, in most cases a source of infection could be traced. Thus the radiological examination of prospective migrants is working as a second "Tuberculosis Control" unit.

Table XXXII gives the number of X-ray examination of persons prior to employment with Government or to admission into an Institution. No cases of pulmonary tuberculosis were discovered among the 875 persons examined.

Home Visiting. 1,838 home visits, 324 more than the previous year, were made during this year by the Sanitary Inspectors attached to the clinic.

Members of the household were given advice as to the precautionary measures necessary to prevent the spread of infection, and nearly all the contacts were eventually persuaded to attend X-ray examination.

Overcrowding is still a problem. Fiftythree patients (38.3%) have no room of their own and 35 (25.5%) still share a bed with another member of the family. However, the general standard of sanitation is high, not less than 97.9% of the families visited were considered as "clean".

B.C.G. Campaign. The one team entrusted with the B.C.G. Campaign continued its work uninterruptedly throughout the year, except for a short respite during the summer months.

The number of persons tested this year was 7,451. Of 3,975 who gave a negative von Pirquet no less than 3,913 received B.C.G. vaccination. On 1,163 persons the test was not read. As in previous years, no complications were encountered as a direct or indirect effect of the vaccination.

In Gozo, an after-investigation of 2,278 persons vaccinated in 1951 was carried out. Of these 64.1% were still positive reactors. Surprisingly enough, a similar investigation carried out in Malta last year revealed that of those vaccinated during the mass campaign in 1950, only 24% remained positive reactors. This discrepancy is so marked and unexpected as to merit further investigation. The fact remains that the the benefit derived from B.C.G. vaccination decreases with the passing of years but it would be regained by periodical revaccination.

This year two young women and one young man who had received B.C.G. inoculation were notified as suffering from pulmonary tuberculosis. In each case, the clinical onset of the disease was at least 3 years after the inoculation. The number of known similar cases to date is now 6 — 5 women and 1 man.

The public response to examination and to B.C.G. vaccination is in no small way due to the propaganda carried out by the Medical and Health Department, as well as to the energetic work of the Sanitary Insepctors attached to the clinic.

Incidence. The total number of persons suffering from pulmonary tubercolosis and known to be living up to the end of 1955 was 2,490. At the end of 1948 the number was 1,600.

Notwithstanding an all round improvement in the conditions and means for detection of new cases, only 141 cases of pulmonary tuberculosis were notified during 1955, a drop of 16 from the previous year. Table XXIII gives the sources of notification.

During the last 10 years, the incidence of pulmonary tuberculosis in Malta and Gozo has been gradually decreasing and is now almost half what it was in 1946. Perhaps it would be interesting to recall that between 1931 and 1936, there was also a gradual decrease in the number of reported cases, (1931 — 219 cases, 1936 — 173 cases) with again a steep rise during and just after the war years, reaching the peak in 1943. In 1943, 415 cases were notified, the highest incidence since pulmonary tuberculosis became a notifiable disease. During the same year 227 died from the disease.

Table XVII gives the incidence of pulmonary tuberculosis according to sex and age. It will be noted that although in the age-groups 11-30 the incidence is the same in both males and females, in the higher age-groups, males predominate. This is also the case in England and Wales as has been shown in a recent study. In fact, since 1938, the notification rates per 100,000 in England and Wales of respiratory tuberculosis in men over 65 have actually risen from 50 to over 80.(*)

Mortality rate. Fortytwo persons were reported as having died from pulmonary tuberculosis during 1955. A study of the death-rate for the last 10 years will show that from 1949 onwards there has been a rapid decline, with a further abrupt fall in 1952. This is in the greater part explained by the discovery of better methods of treatment.

In fact, the start of the decline coincides with the use of Streptomycin and P.A.S.; there is certainly very little doubt that the further drop from 1952 onwards coincides with the addition of Isoniazid to the other two drugs already available.

The same observations can be made on the mortality by age and sex as on the incidence, more men than women dying in the older age group. Again, this has also been the case in England and Wales. In fact, "all figures (in England and Wales) show a worsening for men over 65 compared with women in the last 17 years, so that by 1954 male notifications and death rates were almost five times the female rates" (op. cit.).

(*) (E. Gordon Wilkins — British Medical Journal, 21st April, 1956).

TABLE XV

Number of Pulmonary Tuberculosis Cases known to be living on the 31st December, 1955 by Age Groups at Time of Notification

District	5		10		20		30		40		50		60		70		TOTAL
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
MALTA :—																	
Attard	...	...	...	...	1	2	5	2	...	1	1	...	...	...	...	...	12
Balzan	...	..	...	...	4	5	5	6	1	2	2	1	...	...	..	...	26
B'kara	...	...	.	1	35	18	40	22	20	13	13	7	12	3	3	1	188
B'buġa	1	.	...	...	11	4	11	4	3	3	4	1	2	2	...	...	52
Cospicua	...		...	...	6	2	11	5	4	5	6	1	3	3	4	3	53
Dingli	...	...	...	...		1	2	1	1	1	1	1	...	...	...	...	8
Floriana	...	..	...	1	3	4	4	10	4	1	4	2	2	1	3	...	39
Għargħur	...	...	...	...	...	3	4	2	1	1	...	...		...	...	...	11
Għaxaq	...	...	...	..	4	4	2		3	1	...	1	2	...	...	...	17
Gudja	...	..	...	..	1	2	2	1	1	..	...	...	...	...	..	...	7
Gżira	...	1	1	.	7	10	16	19	9	9	4	6	5	3	5	1	96
Hamrun/Pieta	...	1	20	23	55	40	41	42	26	11	15	8	7	6	5	1	301
Kalkara	...	...	..	...	...	1	4	2	...	3	3	2	4	1	...	...	20
Kirkop	...	...	...	...	...	1		...	...	1	1	2	1	...	...	.	6
Lija	...	...	1	..	1	2	5	8	3	1	3	1	2	..	...	...	28
Luqa	...	..	1	1	2	5	6	6	1	3	2	...	...	...	2	...	30
Marsa	...	...	1	...	10	14	30	24	9	6	12	3	6	1	3	3	123
Mellieħa	...	.	...	...	1		.	2	2	2	1	...	...	1	...	...	9
Mġarr	...	...	...	...	...	...	1	...	...	...	...	...	...	..	...	..	1
Mosta	...	...	...	...	2	...	11	2	2	2	2	3	1	1	...	1	28
Mqabba	...	...	...	...	...	1	1	2	...	...	...	1	...	...	...	...	5
Msida	...	..	..	...	8	7	20	13	8	7	2	3	...	4	3	1	2	78
Naxxar	...	...	1	...	2	3	7	3	4	3	3	2	1	1	...	...	31
Pawla	..	...	...	...	4	12	33	23	25	18	6	3	7	3	4	2	3	..	143
Qormi	...	...	...	1	...	...	12	6	21	8	6	4	10	6	5	3	3	..	85
Rabat	...	..	..	...	1	...	6	8	10	14	7	4	6	2	1	3	2	...	64
Qrendi	...	...	...	..	1	...	..	1	3	...	1	...	1	1	...	..	.	...	8
Safi	...	...	...	...	...	...	..	...		...	...	...	...	...	...	1	...	...	1
St. Julian's	...	...	3	...	...	1	...	3	14	6	12	2	2	...	..	1	...	...	44
St. Paul's Bay	...	...	...	1	...	2	...	4	3	...	...	...	...	1	...	...	...	...	11
Senglea	...	...	...	...	...	...	5	6	11	2	2	1	6	1	2	..	1	1	38
Siġġiewi	...	...	...	..	...	2	3	3	8	3	...	2	1	2	...	...	1	...	25
Sliema	...	..	...	1	...	1	2	2	22	19	42	30	25	14	13	7	8	6	2	3	195
Tarxien	...	...	...	2	...	...	6	3	11	8	7	3	8	1	1	3	1	...	54
Valletta	...	...	.	1	..	1	31	33	60	44	28	18	16	6	16	5	5	5	269
Victoriosa	..	...	...	...	...	..	6	5	5	5	3	5	3	1	3	1	2	1	40
Żabbar/M'Skala	...	...	...	...	...	...	10	7	31	16	11	3	9	1	8	...	...	...	96
Żebbuġ	...	...	...	...	...	...	9	3	3	3	2	2	4	2	3	1	...	...	32
Żjetun/M'Xlokk	...	...	.	..	...	...	10	7	14	8	8	2	8	2	6	3	1		69
Żurrieq	...	..	...	..	...	...	5	7	5	2	2	1	2	...	2	1	..	.	27
Total Malta	10	6	54	77	375	289	445	311	223	129	162	73	102	53	45	18	2,370
GOZO :—																	
Għajnsielem	...	...	...	...	...	...	1	1	4	1	1	...	2	...	3	...	...	...	13
Għarb	...	...	...	...	...	1	1	...	...	1	...	...	...	...	...	...	...	...	3
Għasri	...	..	...	...	...	...	..	.	...	...	...	...	..		..	2	...	...	2
Mġarr	...	...	...	...	...	...	...		1	...	..	..	...	...	...	...	...	...	1
Nadur	...	...	...	...	...	...	2	3	2	5	4	2	2	1	2	1	...	...	24
Qala	...	...	...	...	...	...	...	2	2	1	..	2	2	2	..	...	1	...	12
Victoria	...	..	...	...	1	...	4	2	6	9	2	3	3	2	2	...	1	2	37
San Lawrenz	...	...	...	...	..	...	...	...	..	1	...	...	...	..	...	...	...	1	2
Sannat	...	...	...	...	...	..	...	...	...	. .	...	...	1	...	...	1	...	...	2
Xagħra	...	...	...	...	...	...	...	..	2	...	...	...	1	...	. .	...	1	...	4
Xewkija	...	...	...	...	...	...	2	1	2	3	1	...	...	4	...	..	. .	...	15
Żebbuġ	...	...	...	...	...	...	1	...	1	1	...	...	...	...	...	2	...	...	5
Total Gozo	...	..	1	1	11	9	20	24	8	7	11	9	7	6	3	3	120
Total both Islands	10	6	55	78	384	298	465	335	231	136	173	82	109	59	48	21	2,490

TABLE XVI

Distribution of New Cases of Pulmonary Tuberculosis by District.

District	Males	Females	Total
MALTA :—			
Attard	2	—	2
Balzan	—	—	—
B'kara	4	3	7
B'buġa	2	1	3
Cospicua	2	2	4
Dingli	—	—	—
Floriana	2	2	4
Għargħur	1	—	1
Għaxaq	2	—	2
Gudja	—	—	—
Gżira	5	4	9
Hamrun/Pieta	5	5	10
Kalkara	—	1	1
Kirkop	1	1	2
Lija	1	—	1
Luqa		—	—
Marsa	7	6	13
Mellieħa	—	—	—
Mġarr	1	—	1
Mosta	1	1	2
Mqabba	—	1	1
Msida	—	5	5
Naxxar	1	—	1
Pawla	4	5	9
Qormi	2	2	4
Qrendi	1	—	1
Rabat	2	1	3
Safi	—	—	—
St. Julian's	2	—	2
St. Paul's Bay	—	—	—
Senglea	1	1	2
Siġġiewi	—	—	—
Sliema	2	3	5
Tarxien	3	1	4
Valletta	9	4	13
Victoria	—	—	—
Zabbar/M'Skala	5	5	10
Żebbuġ	2	2	4
Żejtun/M'Xlokk	3	2	5
Żurrieq	2	1	3
Total Malta	75	59	134
GOZO :—			
Victoria	1	1	2
Għajnsielem	2	—	2
Għarb	—	—	—
Għasri	—	—	—
Kerċem	—	—	—
Marsalforn	—	—	—
Mġarr	—	—	—
Nadur	—	1	1
Qala	—	—	—
San Lawrenz	—	—	—
Sannat	—	—	—
Xagħra	—	1	1
Xewkija	1	—	1
Żebbuġ	—	—	—
Total Gozo	4	3	7
Total both Islands	79	62	141

TABLE XVII

Incidence of new cases of Pulmonary Tuberculosis by sex and age

Age Periods	Males	Females	Total
0 — 5 years	—	2	2
6 — 10 ,,	—	1	1
11 — 20 ,,	11	12	23
21 — 30 ,,	21	22	43
31 — 40 ,,	8	11	19
41 — 50 ,,	17	1	18
51 — 60 ,,	15	5	20
61 — 70 ,, and over	7	8	15
Total	79	62	141

TABLE XVIII

Incidence of new cases of Pulmonary Tuberculosis by month

Months	Males	Females	Total
January	12	3	15
February	5	8	13
March	8	5	13
April	6	3	9
May	5	4	9
June	4	7	11
July	9	5	14
August	7	4	11
September	8	6	14
October	7	8	15
November	5	4	9
December	3	5	8
Total	79	62	141

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 ,,	3	4	7
31 — 40 ,,	4	2	6
41 — 50 ,,	3	2	5
51 — 60 ,,	7	1	8
61 — 70 ,, and over	11	3	14
Total	28	13	41

TABLE XX

Mortality by month from Pulmonary Tuberculosis

Months	Males	Females	Total
January	4	1	5
February	—	1	1
March	3	3	6
April	3	—	3
May	3	—	3
June	1	2	3
July	5	2	7
August	2	3	5
September	4	1	5
October	1	—	1
November	2	—	2
December	—	—	0
Total	28	13	41

TABLE XXI

Analysis of Cases and Deaths from Pulmonary Tuberculosis

Year	Estimated Population at end of year	Cases Notified	Case-rate per 1000 Population	No. of Deaths	Death-rate per 1000 Population
1947	303,998	220	0.72	161	0.52
1948	305,991	202	0.66	104	0.34
1949	310,985	228	0.73	97	0.31
1950	311,973	208	0.66	82	0.27
1951	312,446	171	0.54	68	0.21
1952	316,619	146	0.46	34	0.09
1953	317,248	177	0.55	39	0.12
1954	319,787	157	0 48	36	0.11
1955	314,369	141	0.45	41	0.13

TABLE XXII

Monthly notification of Pulmonary Tuberculosis

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

TABLE XXIII

An analysis of the sources of notification of new cases

From Hospitals	48
From Private Practitioners	48
From Chest Clinic	23
From H.M's Services	1
From Examination of Prospective Emigrants	21
	41

TABLE XXIV

Synopsis of occupation of cases of Pulmonary Tuberculosis 1955

Bakers	2
Barbers	2
Carpenters	2
Charwomen	—
Clerks	10
Domestic servants	2
Draughtsmen	—
Drapers	1
Drivers	6
Factory employees	1
Farmers	2
Fishermen	1
Foodhandlers	7
Goldsmiths	—
Hawkers	—
Housewives	41
Inmates of Government and Private Institutions	3
Labourers	19
Members of H. M. Forces	1
Messengers	—
Ministers of Religion and Nuns	—
Musicians	1
N.A.A.F.I. employees	—
Nurses	1
Pensioners	4
Plasterers and Painters	5
Plumbers	1
Printers	1
Seamsters	1
Sextons	1
Shipwrights	1
Shopkeepers	3
Stone-dressers	2
Storemen	2
Students	6
Teachers	4
Telephone operators	—
Unemployed	8
Total	141

TABLE XXV

Attendance at Contacts' Clinic

	MALES	FEMALES
January	226	375
February	190	381
March	262	469
April	388	593
May	271	345
June	246	338
July	216	247
August	190	238
September	289	358
October	241	247
November	297	358
December	406	413
Total	3,222	4,362

TABLE XXVI

Number of Cases of Non-Respiratory and Non-Intrathoratic Tuberculosis during 1955

Tuberculosis of the Meninges and C.N.S.	7
,, ,, ,, Intestines, Pesitoneum and Mesenteric Glands	3
,, ,, ,, Bones and Joints	3
,, ,, ,, Vertebral Column	2
,, ,, ,, Lymphatic System	2
,, ,, ,, Genito-Urinary System	7
,, ,, ,, Pleura	3
,, ,, ,, Primary Complexes	17
Total	44

TABLE XXVII

Home visiting — Environmental Figures

Size of families visited	Size of home visited	Room accommodation	Bed accommodation	Sanitation
8 families of 1 person	6 houses of 1 room	88 patients have their own room	128 patients have their own bed	137 clean (97·9%)
10 families of 2 persons	43 ,, ,, 2 rooms			
15 families of 3 persons	37 ,, ,, 3 ,,	(61·07%)	(74·05%)	4 dirty (2·1%)
23 families of 4 persons	31 ,, ,, 4 ,,			
17 families of 5 persons	17 ,, ,, 5 ,,			
17 families of 6 persons	5 ,, ,, 6 ,,			
16 families of 7 persons	1 ,, ,, 7 ,,	53 patients have no room of their own	35 patients have no bed of their own	
9 families of 8 persons	1 ,, ,, 8 ,,	(38·03%)	(25·05%)	
9 families of 9 persons				
8 families of 10 persons				
5 families of 11 persons				
2 families of 12 persons				
2 families of 13 persons				

TABLE XXVIII

Home visits

District	January	February	March	April	May	June	July	August	September	October	November	December	Total
MALTA													
Attard	4	3	3	2	4	2	1	..	6	2	1	4	32
Balzan	3	2	2	1	3	1	...	1	4	1	1	2	21
Birkirkara	12	8	6	2	...	6	4	9	1	2	...	10	60
Birżebbuġa	3	2	1	...	6	...	...	2	1	2	...	3	20
Cospicua	2	6	...	2	1	6	1	4	...	...	3	2	27
Dingli	0	...	...	1	...	1	...	...	2	...	...	...	4
Floriana	1	...	2	1	3	1	1	2	...	1	2	3	17
Għargħur	0	1	2	...	1	1	...	...	2	..	1	1	9
Għaxaq...	1	...	...	1	..	..	2	...	...	1	...	1	6
Gudja	...	...	1	2	...	...	1	1	...	...	...	...	5
Gżira	6	5	6	3	2	...	.	6	...	3	3	1	35
Hamrun	10	5	6	7	8	9	2	3	1	6	2	2	61
Kalkara	...	1	...	1	1	2	...	3	3	...	...	...	11
Kirkop	...	...	...	1	...	...	...	...	...	1	...	...	2
Lija	3	2	...	6	...	1	1	...	...	2	1	...	16
Luqa	...	...	2	...	1	2	1	3	...	1	2	1	13
Marsa	5	6	9	10	11	2	3	6	6	2	5	7	72
Mellieħa	...	...	2	...	...	...	...	2	.	...	4	...	8
Mġarr	...	...	1	...	1	...	...	...	1	1	...	...	4
Mosta	6	5	10	2	6	...	3	3	5	9	6	4	59
Mqabba	1	2	1	1	...	3	2	2	...	1	2	3	18
Msida	4	3	4	6	2	4	3	2	5	7	8	3	51
Naxxar	1	3	2	2	3	1	2	2	4	..	3	3	26
Pawla	10	11	10	8	6	4	6	10	4	10	3	9	91
Qormi	13	12	19	15	15	11	6	20	11	15	17	19	173
Qrendi	3	2	2	1	...	2	6	1	4	6	11	...	38
Rabat	5	12	6	15	6	7	9	11	10	11	10	6	108
Safi	...	...	...	...	1	...	...	...		...	...	1	2
St. Julian's	9	3	10	6	4	8	9	6	1	...	1	6	63
St. Paul's Bay	2	1	...	...	4	...	6	...	...	3	4	3	23
Senglea...	3	2	2	6	...	2	3	3	4	2	2	2	31
Siġġiewi	1	2	3	3	3	4	2	1	2	3	2	2	28
Sliema	15	16	12	12	22	13	12	16	18	14	11	11	172
Tarxien	6	7	8	10	9	13	4	14	15	10	10	6	112
Valletta	10	6	15	4	21	11	16	11	15	6	9	14	138
Vittoriosa	3	1	2	1	1	3	5	1	4	3	1	4	29
Żabbar & M'Skala	6	10	3	9	11	6	6	10	9	6	4	6	86
Żebbuġ	3	6	2	4	1	2	2	3	4	4	3	1	35
Żejtun & M'Xlokk	3	3	2	1	4	3	6	1	4	4	5	4	40
Żurrieq	2	6	4	5	5	3	2	...	1	2	...	1	31
Total ..	156	154	160	151	166	134	127	159	147	141	137	145	1777
GOZO													
Għajnsielem	...	...	1	1	1	...	2	...	3	1	1	2	12
Għarb	...	2	...	...	...	...	...	...	...	...	...	...	2
Għasri	1		...	...	...	...	...	...	...	...	...	1	2
Kerċem	...	...	...	2	...	...	...	...	...	...	...	1	3
Marsalforn	...	...	...	...	...	...	...	...	...	...	...	...	...
Mġarr	..	1	...	...	2	...	...	...	...	...	...	...	3
Nadur	...	...	1	1	...	...	...	...	1	...	...	...	3
Qala	...	...	..	1	1	...	...	...	...	...	...	...	2
Rabat	1	1	2	3	...	2	1	...	2	...	2	2	16
San Lawrenz	..	...	...	...	...	...	...	...	...	..	...	...	...
Sannat	...	...	...	...	...	...	...	...	..	...	...	...	...
Xagħra...	1	...	1	1	...	...	1	...	1	...	1	...	6
Xewkija	...	1	2	...	...	2	1	1	...	1	...	1	9
Żebbuġ	...	...	...	1	...	...	1	1	...	...	...	...	3
Total ...	3	5	7	10	4	4	6	2	7	2	4	7	61
Total both Islands ...	159	159	167	161	170	138	133	161	154	143	141	152	1838

TABLE XXIX

Results of B.C.G. Vaccinations in Malta & Gozo during 1955

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	276	287	25	32	248	247	3	6	246	245	2	2
Mtaħleb (Rabat) ...	14	43	—	6	13	35	1	2	13	35	—	—
Gomerino (Rabat) ...	10	16	—	—	10	15	—	1	10	15	—	—
Baħrija (Rabat)	35	39	6	2	29	34	1	2	26	35	2	—
Gżira	370	433	96	121	204	261	68	52	197	253	6	8
Xewkija (Gozo)	282	374	61	115	138	183	85	90	137	181	1	2
Żebbuġ	53	101	18	56	31	39	4	6	31	39	—	—
Marsalforn Bay	5	8	1	2	3	4	1	2	3	4	—	—
Munxar	97	139	43	72	48	58	6	9	49	57	—	—
Xagħra	401	569	128	330	145	171	128	72	144	171	1	—
Nadur	377	475	142	197	78	97	154	170	78	95	—	2
Kerċem—St. Lucia ...	96	167	11	22	56	116	29	29	58	114	—	—
Qala	138	211	20	50	94	136	24	25	93	131	1	5
Għajnsielem—Mġarr ...	272	363	63	126	173	208	36	34	170	207	3	3
Komino	4	4	1	1	3	3	—	—	3	3	—	—
Għarb	65	107	12	31	50	66	3	10	47	65	3	—
S. Lawrenz	17	23	1	11	10	9	5	4	10	9	—	—
Għasri	24	35	6	14	15	20	3	1	15	18	—	2
Victoria	231	227	100	80	107	115	24	33	104	109	3	6
Msida	321	411	78	120	228	268	5	23	220	266	8	2
Attard	29	36	7	9	22	25	—	2	22	25	—	—
Balzan/Lia	89	177	23	74	60	100	7	3	60	100	—	—
TOTAL ...	3,206	4,245	842	1,471	1,765	2,210	587	576	1,736	2,177	30	32
Both Totals ...	7,451		2,313		3,975		1,163		3,913		62	

TABLE XXX

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

Year	Tested	Positive	Negative	Vaccinated
1954	43	3	28	27
1953	156	7	119	115
1952	260	12	195	199
1951	328	30	256	251
1950	350	30	250	234
1949	537	105	322	319
1948	647	160	379	378
1947	703	181	400	394
1946	721	205	403	403
1945	682	224	368	365
1944	650	233	309	302
1943	528	210	258	265
1942	312	133	143	147
1941	354	122	214	195
1940	195	99	67	66
1939	152	88	36	36
1938	149	79	50	50
1937	94	51	22	24
1936	75	36	27	27
1935	60	31	17	17
1934	55	26	20	20
1933	49	27	12	12
1932	32	18	9	9
1931	17	11	4	4
1930	17	13	4	4
1929	20	18	5	3
1928	23	8	10	10
1927	27	16	9	8
1926	24	16	3	3
1925	27	16	5	5
1924	9	8	2	2
1923	14	10	2	2
1922	17	11	3	3
1921	16	9	2	1
1920	31	22	5	5
1919	1	1	0	—
1915	32	21	6	6
1914	1	1	0	—
1913	1	1	0	—
1910	21	11	6	5
1905	7	5	2	2
1900	7	5	2	2
1899	1	0	0	—
Total	7,451	2,313	3,975	3,913

TABLE XXXI

Result of after investigation of persons vaccinated in 1950

District	Number Re-tested	Negative	%	Positive	%
Xewkija	280	150	53·6	130	46·4
Żebbuġ	80	35	43·7	45	56·3
Marsalforn ...	8	5	62·5	3	37·5
Munxar/Sannat ...	143	44	30·7	99	69·3
Xagħra	537	155	28·8	382	71·2
Nadur	291	53	18·1	238	81·9
Kerċem/S. Luċija	123	99	80.4	24	19.6
Qala	208	161	77.4	47	22.6
Għajnsielem/Mġarr	259	156	60.2	103	39.8
Għarb	116	83	71·5	33	28·5
S. Lawrenż . .	15	7	46·6	8	53·4
Għasri	36	24	66·6	12	34·4
Victoria	182	75	41·2	107	58·8
Total ...	2,278	1,047	45·9	1,231	64·1

TABLE XXXII

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

Persons joining Religious Orders :—	
a) Priests and monks	0
b) Nuns	3
Admission of children into institutions	51
Teachers	644
Nurses, Hospital Attendants	43
Police Constables	116
Sanitary Inspectors	18
Total	875

III. CHILD HEALTH SERVICE

The total number of live births for the year 1955 was 8560 of which 4460 were males and the rest 4100 females. The Birth rate was 27.23.

The total number of still births was 200 — an increase of 6 over last year's figures; the rate for this year being 2.2 as compared with 2.11 of last year.

TABLE XXXIII

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
1953	308	582	43
1954	298	602	82
1955	218	385	56

The total number of children in the age group 0-5 years that have been lost is less than half of what we lost in the previous year. It is indeed gratifying to record such low number of deaths; on the other hand the number of deaths in the under 1 month age group (218) is relatively large enough to direct our efforts in improving on it.

TABLE XXXIV

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
1955	175	18	23	2	218

TABLE XXXV

Causes of Neonatal Deaths

1.	Asphyxia and Atelectasis		59
2.	Birth injuries		43
3.	Congenital Malformations		34
	a) Congenital Heart	10	
	b) Spina bifida	11	
	c) Unspecified	13	
4.	111 defined diseases peculiar to early life (prematurity — marasmus — congenital debility)		47
5.	Enteritis		7
	Intestinal obstruction		2
6.	Broncopneumonis and Pneumonias		8
	Bronchitis		2
7.	Infection		4
8.	Haemolytic disease		4
9.	Miscellaneous		8

Table XXXVI shows more clearly the cause of deaths in the 1st week of life and points out the fact that out of the 218 babies that do not survive the 1st month of life not less than 175 die in the first week, of which 123 die in the 1st day. As to the causation of death at this period one may say that the first two main causes (asphyxia and birth injuries) are really inherent with the hazards of labour; the other two main groups (congenital malformations and marasmus) are less amenable of improvement.

TABLE XXXVI

Neonatal Deaths

Cause of Death	Under 1 day	1 day	2 days	3 days	4 and under 7 days	Total under 1 week
Broncho-pneumonia	—	—	—	—	1	1
Spina bifida and meningocele ...	7	—	—	—	2	9
Congenital malformations of the circulatory system	2	—	1	—	1	4
All other congenital malformations	4	2	1	—	3	10
Birth injuries	33	3	2	3	1	42
Postnatal asphyxia and atelectasis	46	1	3	3	2	55
Diarrhoea of Newborn	1	—	—	—	—	1
Other infections of newborn ...	1	—	—	2	1	4
Haemolytic diseases of newborn ...	—	—	—	1	3	4
All other defined diseases of early infancy	3	2	—	—	—	5
*Ill defined diseases peculiar to early infancy and immaturity unqualified ...	24	5	5	3	1	38
All other accidental causes ...	2	—	—	—	—	2
	123	13	12	12	15	175

* Mostly prematurity, marsamus and congenital debility.

TABLE XXXVII

Infant deaths between 1 and 12 months

Over 1 month under 3 months	Over 3 months under 6 months	Over 6 months under 9 months	Over 9 months under 12 months	Total
64	54	31	18	167

TABLE XXXVIII

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

1.	*Alimentary*		67
	Gastro-enteritis	65	
	Intestinal obstruction	2	
2.	*Respiratory*		42
	Lobar pneumonia	7	
	Broncho-pneumonia	20	
	Bronchitis	12	
	Not specified	3	
3.	*Other infections*		6
	Typhoid	1	
	Scarlet	1	
	Measles	1	
	Whooping Cough	1	
	Infective Hepatitis	1	
	Septicaemia	1	
4.	*Congenital Malformations*		20
	Congenital Heart disease	9	
	Spina Bifida	5	
	Unspecified Congenital Heart	6	
5.	*Ill defined diseases peculiar to early infancy (marasmus, congenital debility)*		17
6.	*Miscellaneous*		6
7.	*Atelectasis*		4
8.	*Haemolytic disease*		2
9.	*Accidents*		3
		TOTAL :	167

Children above 1 year and under 5 years. The total number of children under 5 years but above 1 year was 56 a decrease of 26 over last year's figures.

TABLE XXXIX

Distribution of deaths by ages between 1 and 5 years

Over 1 year under 2 years	Over 2 years under 3 years	Over 3 years under 4 years	Over 4 years under 5 years	Total
40	4	8	4	56

TABLE XL

Causes of death between 1 and 5 years

1.	*Infections*		42
	T. B. Meningitis	2	
	Diphtheria	1	
	Tetanus	1	
	Pneumonia	2	
	B. pneumonia	14	
	Bronchitis	3	
	Acute resp. disease	3	
	Gastro enteritis	7	
	Other alimentary diseases	2	
	Rheumatic fever	1	
	Encephalitis (non specific)	4	
	Cerebral abscess	2	
2.	*Congenital Malformations*		7
	Congenital Heart Disease	5	
	Other congenital malformations	2	
3.	*Leukemia*		3
4.	*Neoplasms*		2
5.	*Accidents*		1
6.	*Miscellaneous*		1

TABLE XLI

Children's Department St. Luke's Hospital

Year	Out-patients (New Cases)	In-patients (Admissions)
1946	513	—
1947	665	—
1948	757	314
1949	880	596
1950	950	692
1951	1,603	763
1952	1,122	919
1953	1,052	894
1954	1,257	1,112
1955	1,208	1,323

Follow up cases in the Children's Out Patient Department ran up to 4657.

TABLE XLII

Home visits by Health Visitors

Year	First Visit	Subsequent Visits	Total
1948	8,685	24,802	33,487
1949	7,988	21,950	29,938
1950	7,457	21,965	29,422
1951	7,156	21,131	28,287
1952	7,012	19,659	26,671
1953	6,797	18,981	25,778
1954	4,312	13,905	18,217
1955	4,167	14,211	18,378

TABLE XLIII

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
1935	216.01	238.44	184.63	219.12	242.77	382.88	410.08	349.54	376.16	385.25	193.93	150.28	285.71
1936	81.97	97 78	88.60	143 04	169.27	237.87	321.77	283.88	252.89	252.52	163.12	146.59	200.30
1937	145.29	102.14	108.89	108.40	165 76	396.25	316.41	333.33	376.93	397.74	277.42	157.64	242.70
1938	121.89	112.94	140.96	123 53	134.41	447.81	424.50	326.47	213 56	243.43	288.70	223.16	224 83
1939	138.62	122.00	129.03	104.90	165.17	282.33	362.98	309.67	287.53	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	241.64	345.15
1943	136.15	84.17	100.72	105.61	142.25	380.13	459.92	446.07	330.04	287.90	147.65	112.02	210.00
1944	84.99	103.06	74.64	74.23	91.96	180.41	140.87	132 69	138.77	125.00	138.70	127.77	116.30
1945	107 17	80.25	56.72	71.51	164.85	250.37	218.03	193.90	202.85	191.55	131.76	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	57.06	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

TABLE XLIV

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
T. B. of meninges and central nervous system	—	—	—	—	—	—	—	—	—	—	1	—	1	—	2	2
Typhoid fever	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	1
Scarlet fever	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	1
Septicaemia and pyaemia	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	1
Diphtheria	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1
Whooping Cough	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	1
Tetanus	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
Measles	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	1
Infectious hepatitis	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	1
Malignant neoplasm of all other unspecified sites	—	—	—	—	—	—	—	1	—	1	1	—	—	—	1	2
Leukaemio and aleukaemia	—	—	—	—	—	—	—	—	—	—	1	—	1	1	3	3
Benign neoplasms and neoplasms of unspecified nature	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1
Asthma	—	—	—	—	—	—	1	—	1	2	—	—	—	—	—	2
All other allergic disorders, endocrine, metabolic and blood diseases	—	—	1	—	1	—	—	—	—	1	—	—	—	—	—	1
Otitis media and mastoiditis	—	1	—	—	1	—	—	—	—	1	—	—	—	—	—	1
All other diseases of the nervous system and sense organs	—	—	—	—	—	—	—	—	—	—	2	1	2	1	6	6
Rheumatic fever	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
Other diseases of the circulatory system	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1
Acute upper respiratory infections	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1
Lobar pneumonia	—	1	1	—	2	3	3	1	—	9	1	—	1	—	2	11
Broncho-pneumonia	1	1	1	1	4	7	2	8	3	24	12	2	—	—	14	38
Primary atypical, other and unspecified pneumonias	—	—	1	—	1	1	—	—	—	2	—	—	—	—	—	2
Acute bronchitis	—	1	1	—	2	2	7	3	—	14	3	—	—	—	3	17
All other respiratory diseases	—	—	—	—	—	—	—	—	—	—	2	—	—	—	2	2
Intestinal obstruction and hernia	—	1	1	—	2	—	—	2	—	4	—	—	—	—	—	4
Gastro-enteritis and colitis between 4 weeks and 2 years	—	—	—	1	1	25	28	7	5	66	7	—	—	—	7	73
Cirrhosis of liver	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1
Other diseases of the digestive system	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1
Spina bifida and meningocele	9	1	1	—	11	1	1	2	1	16	—	—	—	—	—	16
Congenital malformation of the circulatory system	4	2	4	—	10	2	5	1	1	19	3	—	1	1	5	24
All other congenital malformations	10	2	1	—	13	2	2	—	2	19	2	—	—	—	2	21
Birth injuries	42	1	—	—	43	1	—	—	—	44	—	—	—	—	—	44
Post-natal asphyxia and atelectasis	55	2	2	—	59	1	—	1	1	62	—	—	—	—	—	62
Diarrhoea of newborn (under 4 weeks)	1	1	4	—	6	—	—	—	—	6	—	—	—	—	—	6
Other infections of newborn	4	—	—	—	4	—	—	—	—	4	—	—	—	—	—	4
Haemolytic diseases of newborn	4	—	—	—	4	1	1	—	—	6	—	—	—	—	—	6
All other defined diseases of early infancy	5	—	—	—	5	3	1	—	1	10	—	—	—	—	—	10
Ill-defined diseases peculiar to early infancy and immaturity unqualified	38	4	5	—	47	12	1	4	—	64	—	—	—	—	—	64
Accidental falls	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	1
Accidental drowning and submersion	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	1
All other accidental causes	2	—	—	—	2	1	—	—	1	4	—	—	—	—	—	4
Total	175	18	23	2	218	64	54	31	18	385	40	4	8	4	56	441

TABLE XLV

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

Locality	Population	Live Births	Live Birth-Rate per 1000 population	Still Births	Rate per 100 Total Births
MALTA					
Attard	1,492	36	24 1	—	—
Balzan	2,382	61	25.6	—	—
B'Kara	17,655	486	27.5	16	3 2
B'Bugia	5,041	174	34·5	3	1.7
Cospicua	8,448	249	29.5	3	1.2
Dingli	1,679	51	30.4	—	—
Floriana	5 758	159	27.6	3	1.8
Għargħur	1,876	39	20.8	1	2 5
Għaxaq	2,709	77	28.4	3	3.7
Gudja	1,742	41	23.5	—	—
Gzira	9,012	303	33.6	12	3.8
Hamrun & St. Vennera ...	18,772	476	25.4	12	2.5
Kalkara	2,079	69	33.2	2	2 8
Kirkop	1,142	27	23.6	—	—
Lija	2,362	55	23.3	1	1.8
Luqa	4,033	135	33.5	4	2.9
Marsa	13,060	332	25.4	7	2.1
Marsaxlokk	1,326	36	27.1	2	5.3
Mellieħa	4,435	127	28.6	1	0.8
Mġarr	2,253	60	26.6	3	4.8
Mosta	7,603	191	25.1	2	1.0
Mqabba	2,118	58	27.4	1	1.7
Msida & Pieta	8,901	270	30.3	5	1.8
Naxxar	3,968	86	21.7	4	4.4
Pawla & Tarxien	20,006	585	29.2	11	1.8
Qormi	15,019	477	31.8	3	0.6
Qrendi	2 188	46	21.0	1	2.1
Rabat & Mdina	14,703	354	24.1	13	3.5
Safi	717	13	18.1	—	—
St. Julians	6,532	254	38.9	4	1.5
St. Paul's Bay	3,341	98	29.3	7	6.7
Senglea	4,375	172	39.3	2	1.1
Siġġiewi	4,927	113	22.9	7	5.8
Sliema	24,074	578	24.0	13	2.2
Valletta	18,882	470	24.9	8	1.7
Vittoriosa	3,706	126	34 0	6	4.5
Żabbar & M'Scala ...	12,095	307	25.4	5	1.6
Żebbuġ	8,026	197	24.5	5	2.5
Żejtun	11,775	305	25.9	11	3.5
Żurrieq	6,539	206	31.5	2	1.0
GOZO					
Victoria	6,520	158	24.2	5	3.1
Għajnsielem & Comino ...	1,822	48	26.3	—	—
Għarb	1,187	13	10.9	—	—
Għasri	471	7	14.9	—	—
Kerċem	1,221	27	22.1	1	3.6
Nadur	4 104	99	24.1	3	2.9
Qala	1,754	40	22.8	—	—
San Lawrenz	543	10	18 4	—	—
Sannat & Munxar	1,708	52	30.4	2	3 7
Xagħra & Marsalforn ...	3,943	103	26.1	3	2.8
Xewkija	3,167	85	26.8	2	2.3
Żebbuġ	1,178	19	16.1	1	5.0

TABLE XLVI

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	46	164	19	183	916	12	928	1,111
B'Buġa	23	80	42	122	415	42	457	579
Floriana	26	79	39	118	339	16	355	473
Għargħur	23	18	70	88	8	31	39	127
Għaxaq	48	85	14	99	527	96	623	722
Gudja	23	32	8	40	147	38	185	225
Gżira	48	1,376	82	1,458	779	56	835	2,293
Kirkop	25	42	29	71	221	60	281	352
Lija	22	36	2	38	207	34	241	279
Luqa	23	58	44	102	237	39	276	378
Marsa	49	336	59	395	1,091	76	1,167	1,562
Mellieħa	23	72	23	95	256	34	290	385
Mosta	49	109	24	133	693	127	820	953
Mqabba	22	45	20	65	82	26	108	173
Msida	48	89	—	89	1,124	223	1,347	1,436
Naxxar	41	48	19	67	402	140	542	609
Qormi ...	49	97	2	99	1,381	11	1,393	1,492
Qrendi	25	72	47	119	109	33	142	261
Rabat	48	248	53	301	427	30	457	758
Senglea	24	43	5	48	290	8	298	346
St. Julian's ...	46	26	21	47	64	17	81	128
Siġġiewi ...	52	34	18	52	171	22	193	245
Sliema	45	68	14	82	399	50	449	531
Tarxien	52	230	32	262	1,429	345	1,774	2,036
Vittoriosa	24	146	29	175	490	71	561	736
Żabbar	48	121	15	136	690	26	716	852
Żebbuġ	50	96	4	100	528	35	563	663
Żurrieq and Safi ...	50	127	6	133	679	75	754	887
Total ...	1,052	3,977	740	4,717	14,102	1,773	15,875	20,592

IV. SCHOOL MEDICAL SERVICE

During the year under review the staff of the School Medical Service was increased by one Medical Officer and one School Nurse. The persent staff consists of :—

3 School Medical Officers

1 Eye Specialist (part-time)

2 School Dental Surgeons

3 School Nurses

2 School Dental Nurses

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

The service is at present limited to Government Infant and Primary Schools. It is intended however, to extend the service and as a first step three additional posts of School Medical Officer, 2 School Dental Surgeons and 5 School Nurses have been approved.

The Education Authorities provided the following ancillary services :—

2 Health Education Officers

1 Spech Therapist

1 Child Welfare Officer who is in charge of the provision and distribution of milk to school children.

Medical Inspections. The school population was 47,959 of which 6,691 were newly admitted during the scholastic year 1954/55. 104 schools were visited and all the newly admitted children were medically examined as soon as possible after admission. Table XLVII shows the number of children examined.

TABLE XLVII

Medical Inspections

No. of schools visited	Routine Medical Inspections	Special Inspections	Re-Inspections	Total
104	24,717	1,995	11,798	38,510

There was no change in the system of medical inspections when compared with previous years. As a rule children were examined as follows :—

(i) as soon as possible after admission ;

(ii) before leaving the primary schools ;

(iii) at an intermediate stage.

In these routine inspections, the parents were invited to attend. Re-examinations were carried out at appropriate intervals on children found ailing or needing extra attention during the rountine inspections. Special examinations were performed at the request of parents, teachers, medical and education authorities. Children requiring special investigations and/or treatment were referred to the Out-Patient departments of the Government Hospitals.

TABLE XLVIII

Children referred to Out-Patient departments of Hospitals

Clinic	Number of Children
School Dental	881
E. N. T.	524
Ophthalmic	328
Skin	116
T.B. (Contact)	22
Child Health	15
Surgical	11
Medical	7
Orthopaedic	4
Psychiatric	2
Total	1,910

Result of Medical Inspections. The ailments found in children examined are shown in Table XLIX.

TABLE XLIX

Return of defects found in course of routine Medical Inspections

Defects or Diseases	No. of Defects
Skin:	
Ringworm (body)	30
Ringworm (head)	126
Scabies	15
Impetigo	174
Other diseases	98
Eye:	
Blepharitis	69
Conjunctivitis	32
Trachoma	10
Corneal Ulcer and opacities	13
Defective vision	188
Squint	155
Other diseases	51
Ear:	
Defective hearing	24
Otitis Media	9
Other diseases	19
Nose & Throat:	
Adenoids	46
Enlarged Tonsils and Adenoids	708
Other conditions	37
Enlarged Cervical Glands (non tubercular) :	74
Defective Speech :	56
Dental Diseases :	1,072

Digestive Tract:	
Stomach	3
Intestines	-
Other conditions	18
Heart & Circulation:	
Heart Diseases (Congenital)	12
Heart Diseases Organic (Rheumatic)	14
Anaemia	365
Lungs:	
Bronchitis	19
Other Diseases	19
Tuberculosis:	
Pulmonary	1
Non-pulmonary	-
Nervous System:	
Epilepsy	4
Other conditions	38
Deformities:	
Rachitich chest	13
Spinal curvature	9
Other conditions	19
Backward	66
Dull	19
Feeble minded	14
Idiots	2
Enuresis	109
Undescended testicles	4
Imperforate vagina	1
Umbilical hernia	1
Inguinal hernia	2
Cretinism	1
Children with anti-social behaviour	4
Diabetes mellitus	1
Migraine	4
Mongolism	1
Dysmenorrhoea	2

Skin Diseases. Although the incidence of ringworm of the scalp has diminished in recent years, it is considered that this is still a thorny problem that awaits solution. Ninetyfive new cases appear in this year's report.

The other skin diseases which are not specified in Table XLIX were the following:— Eczema 2; ichthyosis 1; naevi 4; warts 35; furunculosis 7; urticaria 18; seborrhoea 4; psoriasis 2; septic wound 1; whitlow 2; acne vulgaris 1; saebaceous cyst 1; lichen 2; alopoecia 1; cellulitis 1; keloid 1.

Eye Diseases. The other eye diseases not specified in Table XLIX were:— Styes 16; kalazion 1; partial blindness 1; myopia 2 (one progressive); ptosis of the eyelids 3; nystagmus 1; catarrhal conjunctivitis 9; blindness of one eye 3; dacryocystitis 1, cataract (congenital) 1; pterygium 1. 689 glasses were supplied free of charge to school children and 61 children were operated for squint.

Besides the work of the school medical officers, the eye-specialist examined 29,334 school children. Of these 31 were found suffering from trachoma, 5 being new cases. At the end of the scholastic year 7 were still suffering from the disease. There were 389 cases of follicular conjunctivitis of which 123 were new cases. At the end of the scholastic year 105 were cured and 161 were still suffering from the disease. The number of pupils presenting errors of refraction was 654, of which 425 applied for glasses. The eye specialist's report is summarised in Table L.

TABLE L

School Children inspected by the Eye Specialist in Malta

No. of children examined	Defective vision	Trachoma			Follicular Conjunctivitis		
		New	Old	Cured	New	Old	Cured
29,334	654	5	26	10	123	266	105

Ear, Nose and Throat Diseases. The other diseases not specified in Table XLIX were: External otitis 1; cerumen 2; foreign body 1; allergic rhinitis 11; rhinitis 23; follicular tonsillitis 3; eczema 2; deaf and dumb 2. During the year 44 school children were operated upon for Tonsils and Adenoids.

Digestive tract. The other diseases not specified in Table XLIX were :— Taenia solium 6; threadworms 11; coeliac disease 1.

Heart and Circulations. Twentysix new cases of organic heart disease appear in this year's report. Of these 12 are congenital and 14 rheumatic. These children were referred to consultant Physicians and to the Paediatricians of the general hospital where they received attention and available treatment.

Lungs. The other diseases not specified in Table XLIX were :— asthma 16; bronchiectasis 1.

Nervous System. The other diseases not specified in Table XLIX were :— Petit mal 3; spastic paralysis 3; habit spasm 4; sequelae from poliomyelitis 14; hemiplegia 2; pseudo-hypertrophic paralysis 1; chorea 1; spasmaphilia 2; Erb's palsy 2.

Deformities. The other diseases not specified in Table XLIX were :— hare lip 1; cleft palate 3; congenital defect of hands 5; sprengle shoulder 1; congenital torticollis 1; hypospadias 1; Pott's disease 1.

Nutrition. The satisfactory state of nutrition in school children reported in previous years has been maintained. Children were again classified in 3 categories :— A. Good — excellent or normal, B. Fair — slightly subnormal, C. Poor — Grossly subnormal. Besides explaining to parents the essentials of a nutritious diet and the importance of fresh air, we tried to impress upon them the necessity of long hours of sleep in the growing child. Moreover, lack of appetite leading to under-nutrition was often just one manifestation of the negativistic attitude assumed by children when their parents do not know how to handle them. Table LI shows the classification of school children according to their state of nutrition :—

TABLE LI

Classification of Children during Routine Medical Inspections according to their state of nutrition

No. of children inspected	A — Good (Excellent, normal)		B. — Fair (Slightly subnormal)		C. — Poor (Grossly subnormal)	
	No.	%	No.	%	No.	%
24,717	22,289	90.1	2,119	8.5	321	1.3

TABLE LII

Average state of Nutrition from 1950/55

Nutrition	1950/51	1951/52	1952/53	1953/54	1954/55
Good	87.1 %	86.9 %	88.6 %	91.0 %	90.1 %
Fair	11.9 %	11.7 %	10.5 %	8.1 %	8.5 %
Poor	1.0 %	1.4 %	0.9 %	0.9 %	1.3 %

TABLE LIII

Child Welfare Scheme — Average Weights of Children

Age Groups 5-15 Years

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

TABLE LIV

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

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

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

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

AREA 4 ,, Mosta, Naxxar, Għarghur, Rabat, Dingli, St. Paul's Bay, Mellieħa, Mġarr, Mtarfa.

Provision of milk. During the scholastic year 1954/55 milk was given free of charge to school children on medical and/or financial grounds. The quota was 1/3 pint per head per school day. The number of school children benefiting from this scheme was about 11,200. We note with the greatest pleasure that milk is being given to ALL school children since the reopening of schools in 1955. We had advocated this policy time and time again in our annual reports.

Provision of Cod Liver Oil and other food accessories and Drugs. Cod liver oil was available to all school children. Yeast Food tablets, Iron pills and Calcium tablets were given on medical advice. D.D.T. Hair Oil was given to parents to help them clean their children's heads. Special drugs were prescribed when considered necessary.

TABLE LV

Food accessories and drugs prescribed to children

Cod Liver Oil	925 gallons
Iron pills	90,026 pills
Yeast Food tablets	240,060 tablets
Calcium tablets	285,850 tablets
D.D.T. Hair Oil	63 pints

Infectious and contagious diseases. The control of the spread of infectious and contagious diseases in schools continues to receive priority attention in the school medical service. No major epidemics are reported this year. Children suffering from infectious diseases and their contacts were excluded from school for definite periods.

TABLE LVI

Notifiable Infectious Diseases found in school children

Diseases	No. of Cases
Pulmonary Tuberculosis	1
Chickenpox	7
Measles	8
Diphtheria	2
Poliomyelitis	1*
Undulant Fever	4
Mumps	3
Whooping cough	4

Exemption from school. Fourteen children were recommended for exemption from school on medical grounds. We note with pleasure that provisions are being made for special schools for physically and mentally handicapped children. This was one of the suggesstions contained in our annual report for 1953/54.

TABLE LVII

Physically handicapped and educationally subnormal children exempted from schools

Ailments	Males	Females	Total
Undernourished, nervous and anti-social	-	1	1
Mentally unbalanced	-	1	1
Intellectual level very low	-	1	1
Educationally subnormal	1	1	2
Mental weakness due to severe tetanus	1	-	1
Migraine — Puberty disorders	-	3	3
Migraine	1	-	1
Chronic rheumatic	-	1	1
Chronic Bronchial Asthma	1	-	1
Emotional instability	1	-	1
Pulmonary tuberculosis	-	1	1
Total	5	9	14

* Notified in November 1954.

Cleanliness. The cleanlines of school premises was on the whole very good, notwithstanding the fact that some premises were never meant to be used as schools. The children maintained a satisfactory standard of cleanliness. Routine cleanliness inspections were carried out periodically by the school nurses.

Diphtheria Immunization. Inoculations against diptheria were carried out as in previous years.

TABLE LVIII

Children immunized against Diphtheria

1st Dose	2nd Dose	Booster Doses
1,990	1,956	593

Physical training. Children are deriving great benefit from physical training. This shows itself in the better physique of the school children whose interest in all kinds of sports has reached a high level.

Health Education. The teaching of Hygiene is imparted to school children not only by school medical officers but also by the health education officers and the school nurses.

TABLE LIX

School Dental Clinic (Malta)

Report of work carried out from 1st October 1954 to 30th September 1955

1.	Number inspected			8,511
2.	Number found to require treatment			4,351
3.	Number attended			7,416
4.	Number sent for emergency treatment			4,223
5.	Half days devoted to: a) Inspection	118		
	b) Treatment	687		805
6.	Fillings: Permanent teeth	737		
	Temporary teeth	59		796
7.	Extractions: Permanent teeth	912		
	Temporary teeth	7,399		
	For regulation purposes	789		9,100
8.	Teeth extracted under General Anaesthesia:			
	Permanent	59		
	Temporary	397		456
9.	Administration of general anaesthetics:			
	Number of sessions	31		
	Number attended	134		165
10.	Scaling and polishing			39
11.	Miscellaneous treatment			512
12.	Refusals			42
13.	Cases referred for X-rays			51
14.	Applications for artificial restorations			40

In September 1954 the School Dental Service was extended to Gozo and the Dental Surgeon visited that Island every fourth Friday of the month.

Owing to lack of suitable premises, patients were seen at the Out-Patients' room of the Victoria hospital.

The following work was performed :—

Patients attending for treatment including adults	263
Patients seen in connection with dentures	27
No. of teeth extracted to school children under local or general anaesthesia	194
Teeth extracted to adults and pre-school children	245
No. of school children examined at school of whom 144 required treatment)	416

V. HEALTH SERVICES

Public Health Laboratory

The demand for work at the Laboratory is growing in proportion to the ever increasing importance which everywhere, including our Islands, is being attached to the value of analysis. This pressure of work has accentuated the need for expansion and remodelling of the laboratory and a plan for the appropriate changes in the structure was submitted to the Public Works Department. It is hoped that work on this project will be taken in hand early.

The number of samples examined and/or analysed during the year was 23,174. These samples were submitted by district medical officers, general practitioners, sanitary inspectors as well as by other Government Departments and by the Services.

The samples examined may be classified as follows :—

Food and Drink for chemical analysis	10,905
Water samples from public springs	1,582
,, ,, ,, public boreholes	125
,, ,, ,, private tanks	351
,, ,, ,, mains and taps	46
,, ,, ,, other sources	46
Food samples for bacteriological examination	266
Blood for serum reaction and titration	3,006
Throat swabs and other material	1,649
Urine specimens	1,697
Rats from Rodent Control Officer and Defence Services ...	3,080
Samples from other Government Departments	165
Samples from the Defence Services	15
Total	23,174

CHEMICAL SECTION

Public Water Supply. This supply is checked by means of chemical and bateriological examinations at least once a week when samples from the different sources are taken. Generally the supply was consistently found safe for drinking, the only exception being the Birzebbugia area. Here free ammonia was first detected on the 17th February, and from that day till it was eliminated some time later the water supply was subjected to rigid and frequent examinations. During this period the inhabitants were advised to boil water.

Service mains and taps. It is the practice of the Water Department to take samples of water from service mains in the vicinity of which repairs have been affected, and send these samples to be examined at the Laboratory. The samples examined in this connection totalled 343 of which 217 were found to contain free ammonia and were duly referred back to the Water Department.

Private cisterns and tanks. The samples of water examined from these sources totalled 351. This number consisted of 193 which showed no signs of contamination and were straightaway declared fit for drinking, 54 which showed signs of a slight contamination and were recommended for treatment with chlorinated lime, and 104 which were found to be grossly polluted and were condemned as unfit.

Boreholes and shafts. The Water Department is responsible for the state of water of this origin. In all 125 samples were received. The salinity varied from 131.8 to 172.9 parts of sodium chloride for 100,000 parts of water.

Food and Drink. Sanitary inspectors who are constantly on the watch for any foodstuffs that may have been sold or kept in shops or stores in a state of deterioration and unfitness for consumption, submitted for examination a number totalling 10,905. The number of the different articles analysed with the respective number found abnormal are given in Table LX.

TABLE LX

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

Nature of sample	Number Examined	Found Abnormal	Nature of sample	Number Examined	Found Abnormal
Wheat	339	7	Bread	1,837	6
Flour	3,094	628	Semolina ...	16	—
Cornflour ...	10	—	Baking Powder ...	7	—
Dough	7	—	Paste	1,022	2
Biscuits and Rusks...	89	—	Milk Pasteurized ...	77	4*
Milk tinned ...	6	—	Milk powder ...	5	—
Rkotta	24	—	Cheese	347	13
Maltese Cheese ...	15	—	Butter	162	—
Margarine ...	315	—	Lard	516	—
Oil	173	1	Rice	280	32
Tea	192	—	Coffee	92	-
Chicory	11	—	Sugar	351	99
Confectionery ...	37	1	Salt	23	—
Spices	23	—	Pepper	42	—
Aerated water ...	397	—	Wine	458	3
Vinegar	1	—	Spirits	22	—
Beer	37	—	Eggs	37	—
Cheesecakes ...	23	—	Tomato paste ...	563	28
Cereals	111	1	Dried Fruit ...	62	4
Jam	3	—	Food Colour matter	10	—
Meat preparations ...	9	—	Fish preparations ...	24	1
Citric Acid crystals...	14	—			
Miscellaneous ...	22	—			
			Total ...	10,905	830

* These samples of Pasteurised Milk contained Added Water

a) Cow's milk containing 24.20%
b) Goat's milk containing 24.05%
c) Goat's milk containing 17.90%
d) Goat's milk containing 9.88%

In addition to the above, 362 samples were referred to the Laboratory by the Officer i/c Supplies of our Department and by the Commissioner for Gozo. These samples consisted mainly of ground coffee, sugar and tea and were examined in order to ascertain whether contractors were complying with the terms of their contract. Only two samples of coffee and two samples of sugar were adversely reported upon.

Pharmacy Inspection. One visit to each pharmacy in Malta and Gozo, made conjointly with a Medical Officer of Health, was paid during the year. No serious breach of law was noticed, but recommendations were made for stricter compliance with the new lists of medicinals enforced for stocking and of medicinals considered as poisons.

Medical Officers of Health. These Officers submitted various samples in connection with food poisonings: a case of food-poisoning at Luqa Airport's restaurant was traced to the trifle. Staphylococcus aureus was isolated. In the case of another food poisoning in Valletta, ice-creams and sweets were suspected, but residual samples and utensils employed in the manufacture were examined chemically and bacteriogically without getting positive results. One sample of alcohol, examined on behalf of the Senior Medical Officer, was found to comply with the B.P. standards and to contain 96.08 per cent, by volume, of ethyl alcohol.

St. Luke's Hospital. Samples were submitted from this hospital: one liquid solvent referred for examination in connection with a case of acute poisoning admitted to hospital in an unconscious state was identified as carbon tetra chloride. One specimen from organs taken at post-mortem of a case who died with symptoms of vomiting and diarrhoea gave negative results to the possible presence of inorganic and organic poisons. One specimen of urine from a patient showing signs of narcosis was found free from barbiturates and alkaloids in general. One specimen from the gastric contents of a patient alleged to have swallowed an excessive dose of amytal gave a reaction positive to barbiturates.

Government Departments. A variety of articles were examined on behalf of the Police Department in connection with the investigation of criminal cases. Samples were also submitted for examination by other Government Departments including the Customs, Public Works Department and Milk Marketing Undertaking. A total of 165 samples were analysed on behalf of Government Departments.

Defence Services. As in previous years the Defence Services made use of our Laboratory and submitted a variety of samples for analysis. These included one box ration pack submitted by the Army Headquarters, 8 samples of water from A.M.W. Department sent for chemical analysis, 6 samples of distilled water submitted by the Aeronautical Inspection Service at Safi Aerodrome to establish the degree of purity.

ENTOMOLOGICAL SECTION

The work carried out by the Entomological Section of the Health Laboratory comprised research on Kala-Azar and indexing of fleas from trapped live rats as part of the campaign against rats and plague. Excursions were made to various localities in search of anophelines.

Kala-Azar. The Laboratory was notified of 26 cases of Kala-Azar but after inspecting the premises with the Sanitary Inspector of the district, the Entomologist did not meet with any Phlebotomus.

Flea-Index. The number of rats brought alive to the Laboratory and duly anaesthetized and combed for fleas was 139. From the lot, only 61 fleas were collected of which 47 belonged to the species Xenopysila cheopis, 5 Laptopsylla musculi and 9 Ctenocephalus canis.

Anophelines. The watercourses, pools and other localities suitable for mosquito breeding, were inspected by the Entomologist for larvae of the A. Maculipennis or other species. No specimens were discovered.

BACTERIOLOGICAL SECTION

The Bacteriological Section of the Public Health Laboratory performed clinical tests and investigations for general practitioners and carried out frequent and regular examinations of the sources of water supply as shown in Table LXI. This Table shows the control which the Laboratory maintained on the state of the water supply in the Birżebbuġa area. Fiftysix samples were taken from Wied Dalam Pumping Station and 54 samples from Ghaxaq Reservoir, the two sources of the supply to the area. Also 49 samples from public taps in the area were subjected for bacteriological examination. It may not be out of place to point out that, besides the above samples for bacteriological examination, other samples were taken from the area, to test for the presence of free ammonia and free chlorine. There were 22 samples from Wied Dalam Pumping Station, 41 samples from Ghaxaq Reservoir and 191 samples from taps in the Birżebbuġa area. In addition 7 other samples were analysed by distillation and were found to be saline and albuminoid in nature.

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

TABLE LXI

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	...	...	...	...	...	...	1	53
Buskett (Siggiewi)	52	...	...	...	...	...	...	2	54
Għajn Qajjed	52	...	...	...	..	...	..	1	53
Għajn Tuffieħa	52	...	1	...	...	...	...	...	53
Mellieħa	52	..	...	...	...	...	...	...	52
Wied il Kbir	52	...	...	...	...	...	...	...	52
Tal Ħlas	52	...	...	...	...	...	...	...	52
Wied il Għasel	52	...	...	...	...	...	...	...	52
Dingli Road	52	...	...	...	...	...	...	...	52
Ta' Qali	52	...	...	...	...	...	...	...	52
Ta' Kandia	52	1	...	...	...	...	...	1	54
Wied Dalam	52	...	1	...	...	...	...	3	56
Gozo:									
Għajn Abdul	26	1	...	...	...	...	...	...	27
Għar Ilma	26	...	...	...	...	..	...	1	27
Marsalforn	26	...	...	...	...	..	...	3	29
Mġarr Tax-Xini	26	2	...	1	...	...	...	4	33
Mġarr Pumping Station ...	26	1	...	...	...	...	...	5	32
Reservoirs:									
Schinas	52	...	...	...	...	...	...	...	52
Luqa	52	...	...	...	...	...	...	...	52
Għaxaq	52	1	...	...	...	...	...	1	54
Ta' Qali	52	...	...	...	...	...	...	...	52
Taps:									
Valletta	52	1	...	...	...	...	...	...	53
Floriana	52	...	...	...	...	...	...	...	52
Hamrun	52	...	...	..	..	...	...	...	52
Sliema	52	...	...	...	...	...	...	2	54
Msida	52	2	...	...	...	...	...	3	57
Cospicua	104	3	...	1	...	...	1	2	111
Żebbuġ	52	...	...	...	...	...	...	1	53
Qormi	52	2	...	1	...	...	...	1	56
Żejtun	52	...	...	...	...	...	...	...	52
Birzebbugia	35	2	2	1	..	...	...	9	49
Total	1,517	16	4	4	...	...	1	40	1,582

Agglutination reactions. 3,006 samples of blood sera were submitted for agglutination test against the causative micro-organisms of typhoid and undulant fever, by the slide method. The results are given in Table LXII hereunder :—

TABLE LXII

Results of Examination of Blood for Undulant and Typhoid Fever

	Positive reactions against Br. melitensis			Positive reactions against Salm. typhi			Negative Reactions	Total No. of Tests
	Malta	Gozo	Total	Malta	Gozo	Total		
January	31	5	36	9	1	10	105	151
February	25	5	30	4	1	5	117	152
March	21	6	27	3	1	4	125	156
April	26	11	37	4	—	4	140	181
May	54	13	67	13	—	13	210	290
June	63	9	72	10	1	11	240	323
July	66	9	75	15	6	21	348	444
August	65	10	75	10	—	10	276	361
September	51	8	59	18	4	22	259	340
October	32	6	38	10	2	12	197	247
November	30	4	34	9	1	10	141	185
December	22	4	26	5	—	5	145	176
Total ...	486	90	576	110	17	127	2,303	3,006

In 43 other cases complete titrations were carried out, repeated tests being often done on the same sample to observe changes in titre. In 6 of such cases positive results were obtained against Brucella Melitensis, in 11 cases against Salmonella typhi and in 11 other cases against Proteus O × 19.

Blood culture. Cultures were carried out in three samples of blood. Culture was carried out on tryptone broth and tryptone agar. No pathogenic organisims were cultivated.

Abscesses. Out of six samples of the contents of abscesses, two showed the presence of Staphylococcus aureus, one showed the presence of Diplococcus pneumoniae, another showed the presence of Bacterium coli and Bacillus proteus and another showed the presence of Pseudomonas pyocyanea.

Cerebrospinal fluids. Eight samples were examined. Neisseria meningitis was isolated in five.

Diphtheria control. In connection with measures to control diphtheria, 1,178 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 diptheriae.

In special circumstances when the contacts of a case were engaged in occupations making them unusually liable to spread the infection, they were also swabbed. Out of 144 thus examined one was found to carry Corynebacterium diptheriae which was proved to be virulent.

Virulence tests were carried out when Corynebacterium 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 practitioners is also provided free of charge.

Details of the number of examinations carried out are given in Table LXIII.

TABLE LXIII

Results of examination of Swabs for C. Diphtheriae

Swabs	Onset of Disease			Period of Convalescence						Swabs from Contacts	Swabs from Practitioners	Total
	1st	2nd	3rd	1st	2nd	3rd	4th	5th	6th			
Positive ...	43	4	5	11	8	3	3	—	—	1	29	107
Negative ...	125	176	153	189	147	27	14	12	10	143	75	1,071
Total ...	168	180	158	200	155	30	17	12	10	144	104	1,178

Faeces and Urine. Out of 19 samples of faeces examined, Shigella Boyd III was cultivated in one case only. Most of the samples submitted came from convalescent cases of Typhoid Fever.

Nine samples of urine were received for bacteriological examination. In one, only Staphylococcus albus was cultivated, in 2 Mycobacterium Tuberculosis and in one Bacterium coli and Straptoccoccus faecalis.

In connection with the medical examination of candidates for Government appointments 1,697 samples of urine were examined; 55 showed the presence of Albumin and 38 gave positive reaction for glucose.

Tuberculosis. 213 sputa were examined. Fifty-six samples revealed the presence of Mycobacterium tuberculosis on direct examination.

Three samples of gastric washing were examined by guinea-pig inoculation and cultural methods for the presence of Mycobacterium tuberculosis. The Tubercle bacillus was isolated from all three cases.

Food poisoning. In connection with five suspected cases of milk poisoning, 44 different samples of goat's milk were examined. In all five cases the Staphylococcus aureus was cultivated and the samples contained pus as well. The goats and in one case a cow, were found to be suffering from mastitis.

In connection with a case of ice-cream poisoning, the sample failed to reach the required standard as methylene blue was decolorised after half an hour and Staphylococci and E. coli were cultivated.

In connection with cases of food poisoning occurring after a wedding reception, different samples of pastry, whipped cream, sandwiches and wedding cake were examined as well as a sample of ice-cream. The ice-cream was incriminated as methylene blue was decolorised after 1¼ hours and Staphylococcus aureus was cultivated.

Samples of red cheese and powdered cheese were examined in connection with another case of food poisoning with negative results.

A sample of prawns was examined in connection with another case of food poisoning, but no pathogenic organisms were isolated.

Another case of food poisoning due to ingestion of trifle was investigated. Staphyloccus aureus was cultivated and the contamination was traced to the manufacturer, who was suffering from a septic condition of the thumb.

Slices of cake and samples of evaporated unsweetened milk (Regal brand) were examined with two cases of food poisoning. No pathogenic bacteria were isolated.

Two other cases of food poisoning after ingestion of cooked liver and Gozo cheese were investigated with negative findings.

Ice-cream. Samples of ice-cream were analysed at the laboratory and were examined by the methylene blue test for grading from the hygienic standpoint. 113 samples were examined. Of these 91 were found to be Grade 1, 19 were found to be Grade 2 and 3 failed to reach the necessary standard.

Malaria. Blood smears for malaria were examined with negative results on one occasion. No cases of suspected local origin were reported during the year.

Leprosy. Two nasal smears and two smears from a skin slit were examined for the presence of Mycobacterium leprae with negative findings.

E.N.T. Three swabs were submitted from cases of ear discharge for the isolation of the responsible microorganisms and their sensitivity to sulphathiazole, aureomycin, terramycin, chloromycetin, streptomycin and penicillin.

Miscellaneous. A swab from a chronic bed sore, another swab from discharging lymphglands, a sampe of urine and another sample of sputum were submitted for the isolation of the responsible microorganisms and their sensitivity to the antibiotics commonly used.

Eleven smears from cases of urethral discharge were submitted and five revealed the presence of N. gonorrhoeae.

Hair examinations for the presence of spores and by the culture method were carried out in four cases with negative results.

Samples of luncheon meat, double concentrated tomato paste, chocolate syrup, Creme de Menthe syrup and tomato paste were examined for the presence of bacteria with negative results with the exception of a blown tin of tomato paste which was contaminated with anaerobic spore bearing bacilli.

Two samples of milk were submitted from Government Experimental Farm at Ghammieri. Pus and staphylococci were present in one sample.

Milk and Fresh Cheese. A full bacteriological examination of pasteurized milk was carried out weekly. In all 51 samples of milk were thus examined. The tests were :—

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

Five samples failed to reach the required standards regarding the number of presumptive B. coli but no pathogenic bacteria were isolated.

Thirtysix samples of fresh cheese were examined to exclude the presence of Brucella Melitensis. All samples were found fit for consumption and no pathogenic bacteria were isolated.

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 th Rodent Control Officer and by the Services — none showed any suspicious signs of the disease. The number and species of the rats is shown in Tables LXIV and LXV.

TABLE LXIV

Number and species of rats examined (Civil).

Month	Rattus Norvegicus	Rattus Frugiverus	Rattus Rattus	Mus Musculus	Total	Found infected
January	193	1	—	2	196	Nil
February ...	23	—	—	—	23	Nil
March	73	4	—	2	79	Nil
April	127	2	—	3	132	Nil
May	234	2	—	3	239	Nil
June	117	6	—	27	150	Nil
July	239	—	—	2	241	Nil
August	201	—	—	13	214	Nil
September ...	267	—	—	21	288	Nil
October	190	3	—	6	199	Nil
November ...	258	10	—	5	273	Nil
December ...	50	2	—	—	52	Nil
Total ...	1 972	30	—	84	2,086	Nil

TABLE LXV

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

Month	Rattus Norvegicus	Rattus Frugiverus	Rattus Rattus	Mus Musculus	Total	Found infected
January	11	2	13	12	38	Nil
February ...	9	1	24	13	47	Nil
March	4	5	21	3	33	Nil
April	2	1	11	2	16	Nil
May	15	1	31	10	57	Nil
June	14	18	61	26	119	Nil
July	33	3	16	52	104	Nil
August	35	12	25	39	111	Nil
September .	10	19	11	17	57	Nil
October	6	23	27	20	76	Nil
November ...	13	14	60	15	107	Nil
December ...	14	12	15	49	90	Nil
Total ...	171	111	315	258	855	Nil

PORT HEALTH SERVICE

The number of ships and aircraft inspected during the year under review was 1,712 and 199 respectively as against 1,714 and 490 respectively during the previous year. The decrease in the number of aircraft inspected is due to the fact that the number of aircraft arriving from infected and suspected places had diminished considerably.

From the epidemiological point of view the year under review has been rather uneventful.

There were no major epidemics abroad which threatened directly the health of the population of these islands. Nevertheless constant vigilance had to be kept all the year round because of sporadic cases of smallpox, typhus and relapsing fever in North Africa and in the near East in view of the fact that passengers arrived here from these countries within the incubation period of these diseases. An outbreak of Poliomyelitis in Tripoli, North Africa, in December necessitated stronger vigilance and disembarking passengers from this country were served with warning for surveillance covering a period of 21 days.

Ships of the Royal Navy and of the United States Navy were granted pratique by Radio through the Flag Officer Malta when there were no unhealthy conditions on board. Ships of other N.A.T.O. Nations were also granted pratique after boarding by the local Health Authorities. Medical advice by radio was also given to ships of various nationalities by day and by night.

Cases of infectious diseases landed were measles, Chickenpox, mumps, pneumonia and influenza.

The number of passengers arriving in Malta by sea (excluding Service personnel and passengers-in-transit) was 8,227, by air 22,322, amounting in all to 30,549; out of this total 925 were served with warning for medical surveillance and 1,319 were served with a notice advising them to report to a medical practitioner immediately they felt unwell.

The Port Sanitary Inspector paid various visits of inspection on board ships and advised about sanitary accommodation afloat. The bonded stores, and other warehouses storing foodstuffs were regularly inspected for hygenic purposes.

A summary of the work performed by the Port and Air Health staff during 1955 is shown in Table LXVI.

TABLE LXVI

Summary of the work performed by the Port Health Staff during 1955

Ships inspected in all the Harbours	1,712
Ships inspected in the Grand Harbour	1,594
Ships inspected at Marsaxlokk Bay	72
Ships inspected in Marsamxett Harbour	38
Ships inspected outside harbour	8
Aircraft dealt with by the Port Medical Officers	199
Ships inspected and admitted to pratique	1,704
Ships inspected and kept in quarantine	8
Ships, having or having had infectious diseases on board	30
Aircraft having infectious diseases on board	2
Number of cases of infectious diseases on board	47
Number of cases of infectious diseases disposed of prior to arrival	8
Number of cases of infectious diseases landed at Malta	11
Persons arriving (by sea) served with warning for surveillance	654
Persons arriving (by air) served with warning for surveillance	271
Persons arriving (by sea) served with Notice re infectious disease	262
Persons arriving (by air) served with Notice re infectious disease	1,057
Persons kept under surveillance inspected at the Port Health Office	27
Inspections of imported fish	154 tons
Ships partially disinfected	9
Aircraft disinfected or disinfested	3
Ships, lighters and other craft inspected by the Port Sanitary Inspector	1,807
Certificates re Tomatoes examined	80
Certificates re Lard and Meat products examined	532

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

Preserved Fruit	6,350 lbs.
Preserved Vegetables	34,000 lbs.
Tinned Meat	32,000 lbs.
Frozen Meat	3,650 lbs.
Pigs Feet	3,400 lbs.
Fats	2,560 lbs.
Soups	2,100 lbs.
Tinned Fish	5,360 lbs.
Frozen Fish	120 lbs.
Tinned Milk	12,460 tins
Sugar	30,000 bags
Jam	3,040 lbs.
Biscuits	8,770 lbs.
Chocolate and Sweets	4,070 lbs.
Coffee	870 lbs.
Oatmeal	980 lbs.
Flour	6,000 lbs.
Rice	2,300 lbs.
Wheat	72 tons

FREE IMMUNIZATION SERVICE

During 1955, as in former years, the Free Immunization Service carried its triple immunization and vaccination work against Diphtheria, Typhoid and Tuberculosis. There was only a short interruption in the Autumn months due to an outbreak of measles.

The vaccination team is made up of a doctor, a nurse and a sanitary inspector. The team visited 34 localities during the year. In every locality visited the team uses as its base the Government Primary School where a classroom is provided by the Education Department to serve as a temporary clinic and this is opened to the public.

Press notices are issued by the Department and read on the broadcasting system of the Rediffusion giving details of time and general information to the people of the locality to be visited. The Parish Priest of the locality kindly reads the notice to his parishioners during the Sunday masses preceding the week of inoculations. The Mobile Cinema of the Department visits the locality and gives open air cinema shows with a running commentary in Maltese describing the technique and methods adopted in this preventive service. The sanitary inspector of the district visits the homes of the district and leaves an invitation card and generally educates the residents about the usefulness of these vaccinations.

Immunization against diphtheria is offered to all children from 6 months to 5 years. Several kindergarten schools have been visited during the year to have their young children adequately protected before elementary school age begins.

Anti-typhoid and paratyphoid A.B.C. inoculations were carried out on older children from 8 years to 21 years. For this purpose a number of Secondary schools both Government and private were visited. B.C.G. vaccination was carried out on children from one year upwards and young adults were invited as well. In all localities the vaccination team was welcomed enthusiastically.

Immunization against diphtheria was carried out by giving two injections of 0.5cc A.P.T. with an interval of four weeks between the first and second dose. The total number of children so treated was 3,486 for 1st dose and 2,778 for 2nd dose. Booster doses were given to 86 children and 70 were found to be unfit for immunization.

Inoculations against typhoid were carried out with anti-typhoid paratyphoid A.B.C. Vaccine (T.P.3). The initial dose for children was 0.2 — 0.3cc and the second dose after an interval of four weeks was 0.4 — 0.6cc. In young adults the initial dose 0.4cc and the second dose was 0.8cc given after the same interval as in children. In all cases there were very slight reactions. The number of inoculations carried out was 5,126 1st dose and 4,411 2nd dose. There were 3 refresher doses and 28 persons were unfit for inoculations. Medical practitioners all over the Island are supplied with A.P.T. or T.A.B.C. free of charge on request. During the month of October, a slight epidemic of diphtheria occurred in the village of Siġġiewi. The Free Immunization Team was asked to call at a moment's notice and in a half day immunized 674 young children including children from a kindergarten school. The second dose was as usual administered four weeks later and the epidemic stopped abruptly.

B.C.G. vaccination has now been established as a protective measure against tuberculosis. The general public has become more and more conscious of its merits and more children come forward for this vaccination every year. When the Vaccination Team visits a locality for B.C.G. vaccination the first three days are spent in testing the children with the Adrenaline Von Pirquet method and the second three days in vaccinating the negative reactors with B.C.G. A negative reaction is considered when the infiltration is less than 3mm. The vaccinating dose is 0-1cc of a fresh suspension of B.C.G. bacilli prepared by the State Serum Institute of Copenhagen, Denmark. This vaccine travels by air in a cool container and batches are received weekly during B.C.G. vaccination sessions thus ensuring always a fresh supply.

The number of persons tested was 7,451; of this number 2,313 were positive reactors, 3,975 were negative reactors and 1,163 persons failed to present themselves for the reading of the test. Of the negative reactors 62 were indisposed and 3,913 received B.C.G. vaccine.

TABLE LXVII

Typhoid Immunisation

DISTRICT	1st Dose	2nd Dose	Refresher Dose	Ex-Patient	Unfit for Vaccination
Birkirkara	831	766	1	—	2
Floriana	121	91	—	—	3
Hamrun	1,323	1,256	—	—	-
Marsa	1,022	803	—	—	18
Mellieha	456	396	—	—	—
Mosta	395	320	—	—	1
Pawla	279	201	2	—	1
Pietà	88	71	—	—	—
St. Venera	418	360	—	—	—
Siggiewi	—	—	—	—	—
Vittoriosa	193	147	—	—	—
Total Malta ...	5,126	4,411	3	—	28

TABLE LXVIII

Diphtheria Immunisation

DISTRICT	1st Dose	2nd Dose	Refresher Dose	Ex-Patient	Unfit for Vaccination
Birkirkara	618	540	4	—	15
Floriana	84	71	4	—	9
Hamrun	366	304	—	—	5
Marsa	544	432	30	—	8
Mellieha	287	218	6	—	4
Mosta	260	196	2	—	6
Pawla	238	166	13	—	3
Pietà	63	49	1	—	3
St. Venera	215	168	4	—	9
Siggiewi	674	536	21	—	5
Vittoriosa	137	98	1	—	3
Total Malta ...	3,486	2,778	86	—	70

PUBLIC CLEANSING SERVICE

Scavenging. The systematic cleansing of streets, which comprises the main and most important activity of this service, was regularly pursued during the year under review.

A number of modern covered-wheelbarrows were put into service during the year and it is hoped that, in due course, all wheelbarrows which are not up to the required hygenic standard would be similarly replaced.

A flying squad, composed of a motor truck and four labourers, was detailed as in the previous year, for the cleaning of beaches during the summer months in Malta. Another squad composed of four labourers was similarly employed in Gozo. It was encouraging to note that a definite progress was made in this direction.

During the summer period a drive was effected to clean highways and open spaces from scattered empty tins and other rubbish.

In Valletta, Kingsway and Merchants Street, two of the most important and most frequented streets in Malta, were washed twice daily, by the Mechanical Sprinkler. This vehicle was also used in the washing of cab-stands, the markets at Valletta and Casal Pawla and the promenade at Ghar-id-Dud, Sliema.

The free emptying of cesspits scheme continued to function in Malta and it was also extended to Gozo with satisfying results.

The slop-water removal service covering those districts not yet provided with the main sewer was also extended to include Mqabba and Qrendi. The Department continued its efforts to put in relief the importance of public cleanliness. A methodical propaganda campaign was carried out on the local relay system and a number of posters with appropriate slogans on the importance of public hygiene were issued by the Department.

House-refuse collection Service. The service continued to perform its normal activities which consist mainly in the daily collection of house-refuse. In this connection both the Civil and Service requirements continued to be met notwithstanding the fact that the amonut of collected refuse continued to increase steadily.

The following by-product were taken from the house-refuse collected during the year, which amounted to 12,256.572 tons :—

Pulverized manure	8,661 tons
Scrap-paper	244 tons
Waste cardboard	53 tons
Firewood	32 tons
Rags	9 tons
Scrap-iron	6 tons
Glass-bottles	9 tons

From the sale of by-products, including amounts left over from last year, and from fees for the use of the weighbridge by the public, a total of £3,454. 19s. 10d. was realized as detailed hereunder :—

Pulverized manure	8,579 tons for	£2,144.	18s. 10d.
Scrap-paper	246 tons for	230.	8. 0
Waste cardboard	53 tons for	91.	0. 0
Firewood	33 tons for	145.	1. 0
Rags	9 tons for	33.	5. 8
Glass-bottles	8 tons for	45.	5. 5
Weeds and wild grass (small quanttiy)		1.	10. 0
Earthenware (a quantity)		8.	0. 0
Weighbridge fees		755.	10. 11
Total Revenue ...		£3,454.	19. 10

3248 tons of other refuse of no value were disposed of at Luqa Dump while ·5 ton of glass-bottles was supplied to the medical stores of this Department.

Maintenance of Public Conveniences. The maintenance of public conveniences continued to receive its share of attention and efforts were made to effect alterations and improvements in order to raise, wherever possible, their standard of hygiene. The antiquated system in the structure of a number of latrines raises a great obstacle in this connection; however a number of new modern latrines is under construction. Progress in this direction would help to eliminate, progressively, old and antiquated public conveniences.

RODENT CONTROL

The intensive campaign planned by Scientific Advisers from the Ministry of Food in the United Kingdom when they visited Malta ten years ago was continued by the Department and the methods suggested by them for rat destruction were followed.

The population has now become rat-conscious and all facilities are extended to the Rodent Control Squads when these call to survey and deratise areas in towns and villages.

Many persons have sought our advice regarding the extermination of rats, and on all occasions they were helped and supplied with poison baits free of charge.

During the year under review a total of 57 towns and villages including the surrounding areas and the sewers were given complete treatment, whilst the sewers at Valletta and Floriana in Malta and the sewers at Victoria and Ghajnsielem in Gozo were given routine treatments at six monthly intervals.

These areas required 48,370 surveys from which 9,833 sites were found to require deratting. 232 treatments were effected.

For purposes of control against plague the Rodent Control Officer submitted 112 live rats trapped from different localities to the laboratory for flea-index and examination.

The incidence of murine typhus reported during the year received prompt attention for possible presence of rats in the patients' houses and neighbourhood.

Accumulations of rubbish or refuse which come to the notice of the personnel engaged in Rodent Control work, were duly reported to the sanitary inspector of the area for necessary action.

The Rodent Control Officer gave instructional talks on rat control to Services personnel.

The Rodent Control Committee with Civilian and Services representatives met six times during the year and discussed the bi-monthly progress reports and other matters of interest concerning Medical and Health aspects. The utmost co-operation between the Civil Authorities and the three Services was maintained.

The estimated number of rats destroyed and the number of dead rats found during the year is given in Table LXIX while other informations with rat control work is given in Tables LXX and LXXI.

TABLE LXIX

Number of rats destroyed during 1955

Period	Estimated number of rats killed	Corresponding number for previous year	Dead rats collected	Corresponding number for previous year
16th December, 1954 to 15th February, 1955	2,870	2,784	434	339
16th February, 1955 to 15th April, 1955	3,775	3,973	389	246
16th April, 1955 to 15th June, 1955 ...	4,361	2,372	541	547
16th June, 1955 to 15th August, 1955 ...	3,600	3,363	721	300
16th August, 1955 to 15th October, 1955	3,063	2,986	628	357
16th October, 1955 to 15th December, 1955	4,148	3,941	620	718
Total	21,217	19,419	3,333	2,507

TABLE LXIX

Summary of operational details in connection with the destruction of rats by the prebaiting method

First Treatment

No. of Areas given first treatment	Quantity of plain baits laid (in ounces)	Plain bait takes observed	Quantity of poison baits laid (in ounces)	Poison bait takes observed (in ounces)	Dead rats collected	Estimated number of rats killed by poisoning
232	32,188	16,871	13,021	6,039	3,252	20,130

Second Treatment

No. of Areas given second treatment	Quantity of plain baits laid (in ounces)	Plain bait takes observed	Quantity of poison baits laid (in ounces)	Poison bait takes observed (in ounces)	Dead rats collected	Estimated number of rats killed by poisoning
208	12,762	1,424	1,417	434½	81	1,087

TABLE LXXI

Quantity of poison in the preparation of baits (in ounces)

Zinc Phosphide	Arsenic	Alpha-Naphthyl-thio-urea (Antu)	Red Squill Powder
5105¾ ozs.	9½	61½ ozs.	204¼ ozs.

INSECT CONTROL

As in former years attention to the fly-control campaign continued unabated. Liquid D.D.T. solution of 5% strength and D.D.T. in powder form of 5 or 10% strength have been used in the treatment of refuse dumps etc, with fairly good results. The problem of clearing all places where flies breed could not be tackled with complete success when it is realised that the control of flies as in the case with all insect pests, involves more than the use of chemical insecticides.

Hospitals, factories, shops and stores were also treated for fly infestation. Rotary-blowers have been also used in diffusing D.D.T. powder in private dwellings and in warehouses for the elimination of bugs, cockroaches and other insects.

Towards the end of the year an unusual infestation by mites (aleurobius farinae) of the local flour mills and some warehouses had to be dealt with by systematic fumigation with insecticide. For obvious reasons the mills could not all be stopped from running at the same time and only two of them could thus be fumigated during the latter part of the year; "fumite" generators of D.D.T. and Tendaxe were used and the premises and the machinery have all been thoroughly treated. Arrangements were made for treating the other mills.

The causes of the infestation may have been several but there has been evidence to show that old sacking has been the chief carrier of insects into the mills. This Department has advised on the use of non returnable bags but as this could not be adopted, this Department has been giving facilities for used sacks to be cleansed and afterwards subjected to the process of heat treatment at the Government Disinfecting Station.

The presence of larvae of mosquitoes in a number of water cisterns in gardens and in water tanks on roofs of houses was dealt with as usual and all possible breeding grounds were rendered mosquito proof.

Twenty six houses and their neighbourhood, where cases of Leishmaniasis have been reported were disinfested with liquid D.D.T. solution.

TABLE LXXII

Summary of work performed in connection with Insect Control

Places treated with D.D.T.	Liquid 5 % solution	5 or 10 % dust
Government hospitals and Institutions	402 gallons	182 lbs.
Private dwellings	29 „	90 „
Private schools...	15 „	30 „
Factories and shops	52 „	201 „
Markets...	75 „	35 „
Civil Abattoir	30 „	15 „
Refuse dumps...	132 „	230 „

FOOD AND DRINK

The quality and standard of food and drink were controlled by frequent visits of inspection of flour mills, bakehouses, confectioneries, restaurants, food stalls; wine, beer and lemonade factories, and other premises where food and drink were prepared, manufactured or stored. Samples were frequently taken and orders were issued for improving the sanitary conditions of the premises.

Sanitary Officers were often asked to examine foodstuffs presented by other Departments. 1.782 tins of sweetened condensed milk which had been returned by customers to the Milk Marketing Undertaking as unfit for human consumption were examined and 762 tins were found unfit for human consumption. 1,020 were found to be "unmarketable" and were allowed to be used in the preparation of confectionery.

Several persons submitted articles of food for examination by this department; a total of 31,691 lbs of various foodstuffs were found to be unfit for human consumption and disposed of under the direction and supervision of this department. The relative certificates were issued to the persons concerned.

TABLE LXXIII

Articles of food unfit for human consumption destroyed by Sanitary Inspectors during the year 1955

	Number of articles	Weight in lbs.
Tinned Milk	2,817 tins	3,764
Cheese	9 parcels	63
Fats	14 parcels	51
Tinned meat	127 tins	172
Fresh or prepared meat	38 parcels	601
Fowls	10 head	28
Tinned fish	67 tins	44
Fresh or cured fish	11 parcels	103
Wheat	1 parcel	112,000
Flour	5 parcels	192
Bread and paste	2 parcels	7
Tinned fruits	439 tins	921
Fruits and vegetables	5 parcels	29
Sugar	1 parcel	18
Confectioneries	42 tins	40
Cheese-cakes	1 parcel	66
Condiments	43 packets	8
	4632 articles	118,107 lbs.

FOOD POISONING

The aim of food hygiene should be the production and serving of food which is not only clean, but which is also free from the risk of causing disease. In order to attain this aim three main factors are necessary: the personal hygiene of those responsible for handling food during production and service, the conditions under which food is stored and the general design of kitchens and their equipment.

It may not be possible to investigate a particular outbreak of food poisoning until some hours or even days after the event and it is most important to record the incubation period, the symptoms and the duration of the illness of the various patients in order to arrive at a conclusion about the cause of the outbreak.

During the year under review there were 8 outbreaks of food poisoning involving 38 persons. Of these outbreaks four were due to the consumption of milk. In two instances the milk was supplied by milk purveyors from goats which on examination by the Veterinary Surgeon were found to be suffering from mammitis. In the two other instances the goats belonged to the two affected families and on examination they were also found to be suffering from mammitis. One of these goats yielded milk tainted with pus and blood. All the diseased goats were eventually destroyed.

In all these cases it was observed that the milk was consumed unboiled and that only these members of the family that partook of the milk had gastro-intestinal symptoms which on the whole were not of a serious character.

Another food poisoning due to the consumption of fresh cheese prepared from the milk of a sheep which on examination was found to yield milk contaminated with staphylococcus aureus. The sheep soon later developed severe mammitis and died.

Another instance of food poisoning was due to bacterial contamination. Four persons were affected and they had consumed food which had been left over at a naval messroom.

Six persons including two children 4½ and 3½ years of age, developed signs and symptoms of food intoxication about three hours after having taken ice-cream. No remnant of the suspected food was found but samples of ice-cream prepared the day after the incident, were on analysis found to be contaminated by staphylococcus aureus. The ice-cream was prepared in unlicenced premises by a family which had no permit to carry on the trade. They were convicted after proceedings in Court.

An outbreak of food poisoning was traced to food consumed in the restaurant of a civil aerodrome. The exact number of persons affected was not known but seven of them were interviewed. Each of them had lunch at the restaurant consisting of spaghetti, salmon pies, chips and baked beans, and all took trifle for dessert. Symptoms developed between 3 and 8 hours later and were marked with severe vomiting and diarrhoea, prostration and pallor. There were three other persons interviewed who had lunched at the same restaurant but did not take trifle and remained free of symptoms. A piece of the trifle was collected from which stapylococcus aureus was cultivated. No metallic contamination was detected.

On investigation it was discovered that the cook had ulcerations on his fingers which he attributed to recent burns; he had also a fresh cut on the left middle finger. A cook's mate was also found to be suffering from ulceration of the left wrist. Both of them were suspended from work until their conditions were perfectly healed as both could have caused the contamination of the trifle.

SANITARY INSPECTORATE

District Sanitary Inspectors carried out 192,090 inspections of licenced premises in Malta and Gozo during the year.

	Malta	Gozo
Bakehouses, flour mills, paste factories	25,681	3,029
Grocery shops	27,076	7,809
Grocery shops licensed also for the sale of wine and spirits ...	18,598	1,709
Confectioneries and shops for the sale of cheesecakes	11,540	675
Restaurants and coffee shops	17,334	1,489
Butchershops	16,606	2,890
Wine and spirits shops	24,825	6,098
Aerated water factories	2,162	181
Milk shops and dairies	18,270	901
Barber shops	4,364	853

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

	Malta	Gozo
Foodstuffs	9,518	1,590
Drinks	1,132	43
Water	1,010	83

The number of inspections of houses and other buildings made by Sanitary Inspectors in Malta and Gozo during 1955 was 102,712 and the following inconveniences were detected:

	Malta	Gozo
Houses kept dirty	3,094	570
Houses having accumulation of refuse or dung	1,711	340
Houses where animals were kept in contravention	1,147	278

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

Households ordered to remove nuisances	5,180	1,111
Households reported in contravention of sanitary laws and regulations	772	78

The number of houses reported upon for special purposes was 9,784 in Malta and 1,853 in Gozo.

The number of inspections of house-drains was 30,314 in Malta and 3,339 in Gozo.

	Malta	Gozo
Drains tested	4,379	407
Drains found defective	3,276	67
Drains found obstructed	3,299	39
Cesspits cleaned by order of the Sanitary Authorities	13,654	771
Cesspits reported in contravention	356	29

The number of new houses and other buildings completed during the year was 1,416 and the number of alterations in existing buildings was 586.

During the same period 964 houses were connected with the public sewer and 382 were connected with cesspits.

The number of alterations in existing drains connected with the public sewer was 639 and in those connected with cesspits, 196.

21,152 inspections of buildings in course of construction were made during the year.

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

	Malta	Gozo
Typhoid fever	117	3
Tuberculosis	100	3
Diphtheria	133	15
Cerebro-spinal meningitis	8	1
Poliomyelitis	8	-
Scarlet fever	13	-
Typhus, murine	17	-
Leprosy	8	1
Erysipelas	2	2
Whooping cough	1	-
Leishmaniasis	10	1
Scabies	1	-
Measles	1	-

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

Nuisances and defects in buildings and drains ...	2,530
The laying of house drains and their connection with the public sewer or with a cesspool ...	647
The emptying of polluted water from cisterns ...	77

POPULAR HEALTH EDUCATION

During 1955 the Mobile Cinema of the Department gave 117 free open-air shows in almost all the towns and villages of Malta. Only two of these shows had had to be potponed due to bad weather.

During the year certain localities were visited for the first time and there was good response. The local residents gathered in large numbers, showed interest and made intelligent questions and remarks. The estimated total attendances for the shows held in Malta was 45,630.

The films "Defeat Diphtheria" and "Unseen Enemy" were shown 36 times in connection with the Free Immunization Service. These films were exhibited in the locality before the visit of the Immunization Team for the purpose of instructing the people on the methods and the value of immunization against Diphtheria and Typhoid Fever.

The film "Vaccination Against Tuberculosis" was shown 20 times again in connection with the activities of the Free Immunisation Service. The film was used to explain the value of B.C.G. vaccination against Tuberculosis.

The film "Vaccination Team" which was produced locally shows our team at work in various parts of Malta and was exhibited on various occasions.

"Undulant Fever" is another locally produced film. Its chief message is the fight against the drinking of raw goat's milk; it has been very popular with the people and was shown for 41 times in the localities mostly affected by the disease.

A new film which was produced by a member of the Health Education Section of the Department and which was shot in our streets, shows how people litter and foul the streets and how the Medical and Health Department fights back to "Keep The Streets Clean". This film coupled with a technicolour cartoon called "Fly About The House" makes a pleasant and instructive programme on environmental and municipal cleanliness. This programme has been shown in 24 different localities.

A total of 7 Health films was shown during the year and 14 films were used to help build up the programmes and attract the attention of the people. Circulars are being sent to headteachers in advance of the Mobile Cinema's visit to the locality and the teachers graciously bring this to the notice of their pupils. During the film shows 3,000 leaflets "Free Immunization Against Diphteria" have been distributed.

During the year posters have been continuously distributed to schools, bandclubs and numerous other institutions. The Dental Board of Great Britain supplied us with 200 posters on teeth hygiene. In the anti-fly campaign 400 large posters and 1,000 anti-fly leaflets were distributed. Anti-diphteria, anti-typhoid and B.C.G. vaccination posters were always exhibited in all the localities where the Free Immunisation Team was working. Influenza leaflets were distributed during the winter months, 2,000 of these leaflets went to clubs and other places of entertainment.

The World Health Organisation continued to send the "W.H.O. Newsletter" and their press releases. Several of these press releases were published in the local press. This material has been distributed mainly to the medical profession, to libraries and to other institutions of a higher level of education.

The Mobile Cinema has again been asked to help during Emigration Week sponsored by the Department of Emigration. The Press has been very co-operative in publishing the programmes of our activities as in past years for which help we are most grateful. The British Council in Malta was again very generous in lending us educational films to build up our programmes.

In Gozo during 1955 fifteen open air cinema shows were held covering all the districts of the Island. The film shown was "Vaccination Against Tuberculosis" which was commented in Maltese thus explaining to the people the benefits of such vaccination which was being carried out by the Free Immunisation Team during the months of May and June. Health leaflets and posters were distributed as in Malta during the year. Twenty one talks were given over the local Rediffusion System on Sunday mornings by the Sanitary Inspectors of the Gozo Health Office. The estimated audiences in Gozo amounted to 11,500 persons.

ADDOLORATA CEMETERY

The Addolorata Cemtery is the principal burial ground in Malta. It was planned in 1869 and since then it has been gradually expanding. It contains some very beautiful chapels and fine memorials and its upkeep and maintenance are of a high standard.

The number of persons buried in this cemetery during the year 1955 was 1,576 of whom 324 were paupers buried at Government expense.

A total of 14 graves and 69 sites for the digging of graves were allocated during the year under review.

Repairs to roads in the cemetery were carried out where necessary and 45 new trees were planted.

The ground-floor of the gravediggers' quarters was limewashed and painted and electric lighting was installed.

SEWERAGE

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

The year 1955 saw the extension of the sewerage system still further into our towns and villages; all told a total length of over 7½ miles of sewers were laid in trenches and galleries in rock varying from globigerine limestone to upper coralline limestone during the period under review.

The main activities carried on by this Section were the following :—

1. **Sewage Purification Scheme for the Island.** A firm of consulting engineers were entrusted to draw up a scheme for the purification of all sewage at present being discharged into the sea via an outfall sewer, with a view of utilizing the final effluent for irrigation. For this purpose, standing wave flumes and notches were installed at selected points in order to find out the volume of sewage at various points in the existing system. In addition round the clock sampling of sewage took place for chemical analysis of the sewage.

2. **Outfall sewer at Mellieha.** Pending the construction of a sewage purification plant for the village, a report on which has been drawn up, steps have been taken to construct an outfall from the village to discharge at a point south of Anchor Bay. The line which the outfall will follow has been chosen in order that the eventuai connection to the purification plant will be effected without much difficulty.

3. **Sewage Pumping Statitons.** The rebuilding of Marsamxett Pumping Station which last year was extensively damaged was completed during the summer.

During the autumn a Pumping Station for Dingli village came into operation. Sewage from the village is being delivered via a rising main to the existing system at Rabat. The pumping units which consist of 2 centrifugal pumps working alternately and driven by diesel engines are each capable of delivering 100 galls. per minute against a head of 150 feet.

Works were also started on the digging of sumps for the sewage pumping station at Birżebbuġa which, it is anticipated, will be completed in 1957.

The following are details of the extension of street sewers in all the various localities :—

Għaxaq : St. Mary's Street, Alley No. 2 — 371 feet.

Birżebbuġa : Queen Victoria Street; Our Lady of Sorrows Street; Church Street; Tank Street; St. Michael Street; St. Stephen Street — 2,642 feet.

Gudja : Sirus Street; Stuart Street; Main Street — 2,277 feet.

Mosta : Cassar Street; Tonna Street; Hope Street; St. Silvester Street; Britannia Street; and Alley No. 1; Ponsonby Street; Short Street, and Alley No. 1; Old Mill Street, St. Margaret Street; Alley 6, Main Street; Tower Street; Constitution Street — 2,908 feet.

Mosta Road (Interceptor) — 1,691 feet.

Naxxar : Alley 1, Victory Street; Alley 2, St. Lucy Street; Luqa Briffa Street; Alley 6, Mosta Road; St. John's Street; St. George's Street; Darnin Square; Extension to new Hospital — 2,794 feet.

Mellieħa : Sixth Street; Old Mill Street; First Street; New Mill Street; Eleventh Street; Ġnien Ingraw; Tenth Street; Valley Road; Our Lady of the Grotto Street; Parish Priest Magri Street; St. Joseph Street — 2,607 feet.

St. Julians : Minsija Road; Ross Street; St. George's Road; Clarissi Street; St. George's Junction; The Gardens — 4,202 feet.

Sliema : New Tower Road; c/w Tignè Street — 658 feet.

Pietà : St. Monica Street; Ursoline Street — 650 feet.

Msida : Princess Margaret Street; Bishop Caruana Street — 378 feet.

Gżira : St. Albert Street — 46 feet.

Rabat : St. Barbara Street; Ferris Street — 582 feet.

Pawla : Old Temples Street — 164 feet.

Żabbar : Bajjada Street; Melita Street — 480 feet.

Kalkara : St. Liberata Street — 560 feet.

Żebbuġ : Main Street; Alley 1 and 2 Main Street; St. Martin Street and Alley 2; Alley 2 Mill Street; De Rohan Street; New Street — 1,748 feet.

Mdina Road (Interceptor) — 1,000 feet.

Siġġiewi : St. James Street; Alleys 1-6 in St. James Street; Fawwara Street and Alley 1; St. John Street and Alley 2; Ta' Bria Road and Valley 1 — 2,131 feet.

Old Church Street (Interceptor) — 835 feet.

Qormi : Anici Street; St. Catherine Street; Valletta Road; Mdina Road — 2,956 feet.

Hamrun : Roads adj. Lyceum; Broad Street; New Street; Victoria Avenue; Parish Priest Valletta Street; Ghost Alley; Spencer Hill — 2,871 feet.

Birkirkara : Tower Street; Qormi Road — 230 feet.

Balzan : New Street B; Pope Alex VII Jn. — 572 feet.

Attard : St. Anthony Street; Birkirkara Road; St. Anthony Jn. — 1,898 feet.

Dingli : Boschetto Road; St. Rocco Street; Church Street; Main Street Ivy Street — 2,124 feet.

Total 39,375 feet.

TABLE LXXIV

Bed and Patient Statistics in Hospitals for 1955

	St. Luke's Hospital	Central Hospital	Connaught Hospital	Santo Spirito Hospital	Hospital for Mental Diseases	St. Vincent de Paul Hospital	St. Bartholomew's Hospital	Isolation Hospital	Victoria Hospital	St. John the Baptist Hospital	St. Theresa Hospital	Chambray Hospital	Sacred Heart Hospital	Isolation Hospital Gozo	TOTAL
1. Total bed complement	514	56	156	60	754†	845	118	60	70	147	16	200	27	30	3,053
2. Average daily number of occupied beds ...	527	51	122	65	897	810	70	12	55	102	11	173	5	2	2,902
3. Highest daily occupation	568	66	137	70	914	834	74	23	79	119	14	180	6	4	3,088
4. Lowest daily occupation	486	42	107	58	883	790	67	3	33	75	10	173	3	1	2,731
5. Total No. of in-patients treated	11,102	746	215	263	1,116	—	77	265	875	142	16	187	6	26	15,036
6. Radiological examinations	20,299*	—	—	83	—	—	—	—	4,164	—	—	—	—	2	24,548
7. Pathological examinations	13,920	—	796	149	3,566	—	—	—	1,368	—	—	—	—	89	19,888
7. Bacteriological examinations	7,743	—	—	—	—	—	—	—	—	—	—	—	—	—	7,743
8. Patients treated by Physiotherapy Dept.	2,508	—	—	—	—	—	—	—	—	—	—	—	—	—	2,508
9. Treatments given by Physiotherapy Dept.	6,905	—	—	—	—	—	—	—	—	—	—	—	—	—	6,905
10. New out-patients	15 904	691	641	—	189	—	2	—	2,110	—	—	—	—	—	19,537
11. Total out-patient attendances	26,602	27,758	4,223	188	1,779	—	80	—	8,500	—	—	12	61	—	69,203
BEDS ALLOCATED															
12. General Medicine	120	—	—	—	—	10	—	—	20	—	—	—	—	—	150
13. General Surgery	164	—	—	—	—	12	—	—	34	—	—	—	—	—	210
14. Gynaecology	22	—	—	—	—	—	—	—	6	—	—	—	—	—	28
15. Obstetrics	42	—	—	—	—	—	—	—	6	—	—	—	—	—	48
16. Paediatrics	58	—	—	—	—	—	—	—	10	—	—	—	—	—	68
17. Psychiatry (including Mental Deficiency) ...	—	—	—	—	734	—	—	—	—	—	—	178	—	—	912
18. Cardiology	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
19. Dentistry	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
20. Dermatology	—	6	—	—	—	—	—	—	—	—	—	—	—	—	6
21. Tuberculosis															
a) Respiratory	—	—	156	—	—	30	—	—	—	—	16	2	—	—	204
b) Non-respiratory	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
22. E. N. T.	48	—	—	—	—	—	—	—	—	—	—	—	—	—	48
23. Infectious Diseases	—	—	—	—	—	—	—	60	—	—	—	—	—	30	90
24. Ophthalmology	—	48	—	—	—	—	—	—	—	—	—	—	—	—	48
25. Orthopaedic Surgery	60	—	—	—	—	—	—	—	—	—	—	—	—	—	60
26. V. D.	—	2	—	—	—	—	—	—	—	—	—	—	—	—	2
27. Chronic Sick	—	—	—	60	20	793	—	—	—	147	—	20	—	—	1,040
28. Leprosy	—	—	—	—	—	—	118	—	—	—	—	—	27	—	145

† Nominal.
* Including 7,634 emigrants.

VI HOSPITAL SERVICES

ST. LUKE'S HOSPITAL

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

	Remaining at end of 1954	Admitted	Transferred from other Hospitals	Discharged					Remaining at end of 1955
				Transferred to other Hospitals	At Request	Cured	Relieved	Died	
Males	164	3819	25	153	578	1733	1155	193	196
Females	279	6759	56	261	1051	3163	2102	249	268
Total	443	10578	81	414	1629	4896	3257	442	464

The daily average number of patients in all Wards was 527 (209 males 318 females).

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

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

Medical	1620		3739
Surgical	3732		4792
Orthopaedic	4066		4135
Children	1208		4654
Ear, Nose and throat	3137		6547
Maternity/Gynaecology	1353		2376
Casualty	4706		3175
Physiotherapy	2508	(out-patients)	
Physiotherapy	253	(in-patients)	
	22583		

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

Alimentary Tract. Appendicectomy 216; Haemorrhoidectomy 66; Gastrectomy 50; Exploratory laparatomy 46; Anal fistula 27; Sigmoidoscopy 27; Cholecystectomy 22; Pilonidial sinus 16; Gastrostomy 14; Anal fissure 9; abdomino-perineal resection 9; Perforated gastric ulcer 7; Undescended testicle 6; Colostomy 5; oesophagectomy 5; Oesophagoscopy 4; Rammstedth's operation 2; Splenectomy 2; Excision of abdominal tumour 2; Excision of scrotum 2; Gastro-jejunostomy 1; Vagatomy 1; Cholecystogastrostomy 1;

Herniae. Inguinal Hernia 251; Umbilical hernia 81; Incisional hernia 20; Strangulated hernia 20; Femoral hernia 11; Intestinal obstruction 8; Scrotal hernia 7; Recurrent hernia 6; Epigastric hernia 2; Diaphragmatic hernia 1.

Orthopaedic cases. Closed manipulation for fracture 45; Arthrodesis of foot 21; Aspirations of joints 20; Bursites 19; Sutures for cut tendons 19; Menisectomy 19; Ganglionectomy 17; Open reduction for fracture 17; Stenosing tenosynovites 14; Smith Peterson pin nailing 8; Osteotomy of hip and hip spica 8; Osteoclasis for bow legs 7; Lambinudi stabilization 6; Exploration of wound for C.P.D. fracture 6; Tendon transplantation 6; Excision of head of radius 6; Compound fractures 9; Plantar fasciotomy 5; Bone plating 5; Patellectomy 4; Craniotomy 4; Suture of Olecranon 4; Steinmann's pin 4; Exostosis 4; Elongation of tendon 4; Closed tenotomy 3; Arthotomy 3; Sequestrectomy 3; Suture of Patella 3; Bone grafting 2; Laminectomy 2; Open tenotomy 2; Hallux Valgus 2; Osteoclasis radius 1; Tendon graft 1.

Genito Urinary Tract. Cystoscopy 160; Prostatectomy 44; Retrograde Pylography 21; Hydrocele 19; Supra pubic cystostomy 19; Nephrectomy 18; Fulguration of papilloma of bladder 14; Stones in bladder 10; Undescended testicle 10; Nephreliotomy 8; Ovarian cyst 6; Passage of sounds 6; Phimosis 5; Hypospadias 3; Stones in ureter 2; Removal of testicle 1; Varicocele 1.

Respiratory tract. Thyroidectomy 21; Radical mastectomy 18; Bronchoscopy 11; Block dissecting 6; Epithelioma of lip 4; Thoracoplasty 4; Pneumonectomy 3; Sympathectomy 2; Explorative thoractomy 2; Lobectomy 1; Infiltration 1; Laryngoscopy 1.

Miscellaneous. Skin grafting 42; Extensive lacero-contused wounds 39; Amputation of leg 17; Adoema of breast 16; Gland biopsy 15; Thyroidectomy 14; Trendellenburgh's operation 13; Lipoma 9; Varicose veins 8; Amputation of finger 8; Plastic operation 7; Hare Lip 7; Radical mastectomy 6; Epithelioma of lip 6; Symphatectomy 4; Amputation of accessory toes 4; Amputation of big toe 2; Stab wounds 2; gun shot wounds 2; excision sarcoma of hand 2; amputation of arm 1; amputation of penis 1; dental splinting 1; miscellaneous minor operations 295.

MATERNITY/GYNAECOLOGICAL DEPARTMENT

Maternity Division. The total number of patients admitted into this division amounted to 977. Some of them were discharged before delivery and others were admitted after having been delivered at home. Deliveries carried out in this hospital are detailed in the following table. The term "Primiparae" here includes patients who have previously had abortions only.

Month	Total of Month	Primiparae	Multiparae	Spontaneous vertex deliveries
January	95	20	75	68
February	76	19	57	62
March	91	18	73	62
April	97	19	78	64
May	75	19	56	50
June	82	29	54	61
July	59	16	43	37
August	77	22	55	53
September	76	19	57	68
October	90	28	62	68
November	71	14	57	67
December	64	12	52	52
Total ...	953	234	719	712

Four patients died one of whom was delivered at home. On two of the others a post-mortem Caesarean section was carried out, one of the babies survived.

Detailed information has been collected on all the abnormalities and complications encountered and hereunder is a synopsis of these findings:

I. **Associated Diseases and Conditions not detailed elsewhere** 53 cases are recorded. These include: Pulmonary Tuberculosis 7; diabetees or glycoruria 11; leucorrhoea 6; pyelitis 5; marked aneamia 5; syphilis 3; varicose ulcers 2; Paget's disease of bone 1; acute cholecystitis 1; leprosy 1; thyrotoxicosis 1; epilepsy 1.

II. **Hyperemesis admitted for treatment.** Two cases were admitted and both occurred in young primigravidae; one admitted with a pregnancy of fourteen weeks and the other six weeks. The pregnancy continued in both.

III **Cardiac Disease** 12 cases. The ages varied between 19 and 40 years. Four were primigravidae. Mitral stenosis was the predominant condition in 8 cases. Delivery was, a) spontaneous in 6 b) forceps in 2 c) lower segment Caesarean Section in 1 d) internal version in 2 e) undelivered in 1. One case of mitral stenosis was complicated by postpartum chorea. One mother died 8 hours after admission as a result of heart failure following spontaneous delivery at home of a still born child. There were 2 still births and 1 neo natal death. No abortions occurred.

IV **Pre-Eclampsia, Essential Hypertension, Chronic Nephritis** 98 cases. Of these, 47 occurred between the ages of 30 and 39 and only 4 were below the age of 20. 30 of these mothers were primigravidae. It is significant that the majority sought admission late in pregnancy. As many as 58 cases had a pregnancy of 38 weeks or more when admitted and only 21 cases attended when 35 weeks or less. The degree of hypertension reached in Malta is rather on the high side. Thus 34 of these cases had a systolic pressure exceeding 180 mm. Hg and in 33 cases the diastolic pressure was 120 mm. Hg or more. Induction of labour was carried out in 36 cases. Delivery was as follows: a) Spontaneous 67; b) Breach 11; c) forceps 8; d) internal version 6; e) lower segment Caesarean section 10; f) post mortem Caesarean section 1; One case developed anuria in the puerperium and required Bull's treatment. Another case was complicated by an ovarian cyst (Pseudomucinous Cystadenoma), which was removed on the 12th day of the puerperium. There was one maternal death in a case of severe pre-eclampsia. Death was due to Cerebral Haemorrhage. There were 5 pairs of twins and one set of triplets. The total number of live births amounted to 87; there were 11 still births and 5 neo natal deaths. 23 of the babies were premature by weight. There were no abortions.

V **Eclampsia** 11 cases. 5 were primiparae. Spontaneous delivery occurred in 6 cases and L.S.C.S. became necessary in one case. There were 1 maternal death, 4 still births and no neo natal deaths.

VI **Accidental Antepartum Haemorrhage** 20 cases, two being primigravidae. Twelve were admitted actually in labour. Delivery was spontaneous in 13 cases. There were no maternal deaths. 12 babies were stillborn, and 2 died in the early neonatal period.

VII **Placenta Praevia** 9 cases, all occurring in multiparae. Delivery was spontaneous in 2 cases. Lower segment Caesarean Section was carried out in 5 cases, and the classical section in one case. Blood transfusion was necessary in 5 cases.

There were no maternal deaths or still births, but there were two neonatal deaths.

VIII **Hydramnios** 6 cases. No primigravidae. Artificial rupture of the membranes was carried out in all cases, and all deliveries were otherwise normal. No maternal deaths occurred. There were two stillbirths and one neonatal death. Three of the babies were anencephalics; in the other three non congenital abnormality was detected.

IX **Persistent Posterior Position of the Occicput and Transverse Arrest** 43 cases, twenty two being primigravidae. Rotation and extraction with Kielland's forceps was the method adopted in 29 cases and ordinary forceps in 5 casse. There were no maternal deaths. Four babies were stillborn, and there were two neonatal deaths.

X **Uncomplicated Breech Deliveries** 43 cases. Ten were primigravidae. The legs were extended in 21 cases. Delivery was unassisted in only nine cases, and in five cases forceps was applied to the after-coming head. Episiotomy was done in 8 cases. No maternal deaths occurred, but there were five foetal deaths and five neonatal deaths.

XI. **Complicated Breech Deliveries** 27 cases, five being in primigravidae. The concomitane obstetric complications were as follows: a) Pre-eclampsia — 10; b) Accidental Haemorrhage — 2; c) Multiple Pregnancy — 13); d) Prolapse of the Cord — 2. Delivery was unassisted in 8 cases and in 2 cases forceps was applied to the after-coming head. There were no maternal deaths; the stillbirths were five, and the neonatal deaths two.

XII. **Face and Brow Presentations** 12 cases, four occurring in primigravidae. Only one was a brow presentation. Delivery was spontaneous in nine cases. Internal was carried out in two cases, of which one was the brow. One case of persistent mento-posterior presentation in a primigravidae was delivered by Lower Segment Caesarean Section. No maternal deaths occurred. There were two foetal deaths (one being an anencephalus) and one neonatal death (also an anencephalus).

XIII. **Transverse and Oblique Lie (in Labour)** 9 cases, one being a primigravida. All the cases except one were transverse lies. Eight cases were delivered by internal podalic version. The remaining one occurred in a primigravida with contracted pelvis, and L.S. Caesarean Section was carried out. There were no maternal deaths, two stillbirths and no-neonatal deaths.

XIV. **Multiple Pregnancy** 21 cases, including on set of triplets Four occurred in primigravidae. The presentations were as follows : a) Vertex and Breech — 7; b) Vertex and Vertex — 4; c) Breech and Vertex — 4; d) Breech and Breech — 3; e) Vertex and Transverse — 1; f) Transverse and Vertex — 1; g) Vertex, Breech and Vertex — 1.

The following deliveries took place : a) Spontaneous vertex — 21; b) internal version — 9; c) Assisted breech — 7; d) unassisted breech — 3. There were no maternal deaths, no stillbirths, and four neonatal deaths (including two of the triplets).

XV. **Labour Following Previous Caesarean Section** seven cases. All the previous Caesarean Sections had been of the Lower Segment type, the indications having been as follows: a) placenta praevia — 3; b) cephalo-pelvic disproportion — 1; c) ovarian cyst complicating labour — 1; d) failed forceps — 1; e) protracted labour — 1. There was one set of twins. Delivery was spontaneous in six cases; and in the remaining case, the first twin was delivered by forceps, and the second one was an assisted breech. No deaths were recorded.

XVI. **Prolapse and Presentation of Cord** 19 cases, two occurring in primigravidae. In 11 cases, the internal os was almost fully dilated on admission to hospital. In 3 cases the cord was already not pulsating; in one case pulsations were faint; in another case a contraction ring was present. The cause for the prolapse was known in the following instances : a) High head — 3; b) transverse lie — 2; c) footling presentation — 2; d) Breech presentation — 2; e) spontaneous premature rupture of membranes — 2. Delivery was as follows : a) Internal version — 9; b) spontaneous vertex — 6; c) Breech — 3; d) L.S.C.S. — 1. There were no maternal deaths. Ten babies were stillborn, and there was one neonatal death.

XVII. **Post-partum Haemorrhage** 11 cases, two being primigravidae. Five of these cases had been delivered at home. Blood transfusion was carried out in four cases. Delivery was a) spontaneous in 9 cases; b) by forceps in 1 case and c) by internal version in 1 case. There were two sets of twins. No maternal death occurred.

XVIII. **Manual Removal of Placenta** 8 cases. Postpartum haemorrhage occurred in one case. Delivery was (a) spontaneous in 5 cases (b) forceps in 2 cases and (c) by internal version in 1 case. There was no maternal mortality.

XIX. **External Version before Labour** 15 cases, eight of them requiring admission to hospital for the external version. Four occurred in primigravidae. The version was carried out for breech presentation in 13 cases and for transverse lie in 2 cases. One case was discharged undelivered. There were no maternal deaths and one stillbirth.

XX. **Surgical Induction of Labour** 107 cases, three being primigravidae. Artificial rupture of the membranes was the method employed in all cases, oxytocias being used as adjuvants in some cases. The main indications were : a) Toxaemia — 29; b) postmaturity — 25; c) term, with a bad obstetric history or concomitant maternal illness — 31; d) maternal disease — 12; e) hydramnios — 2; f) marginal placements praevia — 2. Spontaneous vertex delivery occurred in 91 cases, and L.S.C.S. was carried out in four cases. There was 1 maternal death in a mother with severe pre-eclampsia, cerebral haemorrhage setting in a few hours after the surgical induction. There were five stillbirths and five neonatal deaths.

XXI. **Caesarean Section** 67 cases, 31 being primigravidae. All the operations except three were of the Lower Segment type; and two of these three Classical Sections were carried out postmortem. The main indications were as follows : a) Disproportion — 19; b) Toxaemia — 11; c) placenta praevia — 6; d) previous Caesarean Section with a present subnormality — 8; e) high head — 10; f) failed forceps — 2.

Apart from the two cases where the operation was carried out after the mother had died, there was only one maternal death. There were two stillbirths and three neonatal deaths.

XXII. **Forceps delivery** 67 cases. 38 were primigravidae. The indications were: a) Deep transverse arrest — 29; b) prolonged labour — 15; c) accipito-posterior position — 11; d) foetal distress — 11; e) intrapartum eclampsia — 1. There were no maternal deaths. Five babies were stillborn, and there were 3 neonatal deaths.

XXIII. **Internal Version in Labour** 41 cases, none in primigravidae. Two sets of twins. The chief indications were: a) High head — 14; b) transverse lie — 8; c) prolapse of cord or arm — 8. There were no maternal deaths, but there were 16 stillbirths and four neonatal deaths.

XXIV. **Puerperal Pyrexia** 44 cases, 15 being primiparae. The main sources of the pyrexia were: a) uterine infection — 14; b) urinary tract infection — 11; c) breast engorgement and mastitis — 11. Hobb's treatment was considered necessary in four cases. There were no maternal deaths.

It is not within the scope of this report to enlist all the investigations carried out in the management of the above obstetric cases. It is of interest, however, to record the number of "radiological investigations" done in this past year. These were as follows: 1) Pelvimetry and cephalometry — 79; 11) Other obstetric examinations — 32; iii) Chest examinations — 8; iv) Miscellaneous — 5.

Births can be considered under two headings, viz., live births and stillbirths.

The following table has been drawn up to illustrate the distribution of live births according to the maturity of their gestation and to sex.

Maturity	Total	Male	Female
Under 28 weeks	7	3	4
28 weeks	1	1	—
29 „	—	—	—
30 „	4	4	—
31 „	—	—	—
32 „	6	4	2
33 „	3	1	2
34 „	3	2	1
35 „	7	3	4
36 „	13	8	5
37 „	45	29	16
38 „	75	43	32
39 „	117	52	65
40 „	397	205	192
41 „	129	71	58
42 „	62	31	31
43 „	22	11	11
44 „	11	5	6
Total	902	463	439

The total number of stillbirths amounted to 72, 35 of which were born in a macerated state.

There were 31 neonatal deaths, more than half being associated with prematurity.

There were 17 cases of congenital malformations, distributed thus: a) Microcephalus — 1; b) Talipes — 4; c) Hare-lip or cleft palate — 4; d) Hydrocephalus — 1; e) Anencephalus — 3; f) Meningocele — 1; g) Mongol — 1; h) Hypospadias — 1; i) Diaphragmatic hernia — 1.

Gynaecological Division. The number of new cases attending the out-patient department totalled 1,357.

There were 747 admissions to the Wards, and these were distributed as follows :—

Arbortion :—		
Threatened	23	
Inevitable	29	
Complete	10	
Incomplete	113	
Missed	5	
		180
Prolapse of uterus; cystocele	72	
Rectocele; interocele	16	
Metropathia; "metrorrhagia"	71	
Fibroid of uterus, cervix or vagina	62	
Cervical laceration; ectropion	21	
Polyp	31	
Vaginitis; cervicitis; cervical erosion	62	
Post-menopausal bleeding	8	
Parametritis; pelvic cellulitis	5	
Oophoro-salpingitis; pyosalpinx	1	
Ovarian cyst	22	
Fibrosis of uterus	7	
Carcinoma of cervix	16	
Adenocarcinoma of corpus	2	
Sarcoma of uterus	1	
Cystitis; pyelitis	4	
Dysmenorrhoea; dyspareunia	5	
Ectopic gestation	5	
Perineal laceration	14	
Urethral caruncle	2	
Bartholin's cyst	5	
Retroverted uterus	11	
Pruritus vulvae	2	
Rupture of the uterus	8	
Gartner's cyst	3	
Recurrence of Carcinoma of Cervix	2	
Hypoplaxia genitalis	3	
Subinvolution of uterus	4	
Injuries to vulva	3	
Hydatidiform mole	5	
Leukoplakia vulvae	1	
Under observation for pain, amenorrhoea, etc.	55	

The following operations were carried out :—

Abdominal hysterectomy : subtotal	14	
Curettage	245	
Total	19	
With removal of one ovary	15	
With removal of both ovaries	16	
Wertheim	2	
		66
Polypectomy	32	
Trachelorrhaphy	19	
Anterior or posterior colporrhaphy; perinorrhaphy	35	
Fothergill's operation	34	
Ovariotomy; salpingectomy	16	
Vaginal hysterectomy	20	
Biopsy of cervix	8	
Myomectomy	3	
Excision of Gartner's cyst	2	
Ventrisuspension of uterus	1	
Leparotomy	1	
Vulvectomy	1	
Urethral caruncle	1	

Of the operated patients, only one died.

Pathological Department. A total of 13920 specimens were submitted to this Department during the year under review, details of which are given hereunder:—

Morbid Anatomy and Histology. Surgical histology 773; postmortem examinations 82.

Haematology. Blood counts and pictures 5167; hgb. estimations 306; platelet counts 135; myelograms 133; haematocrit estimations 115; reticulocyte counts 88; narrow and splenic pulp LDB's 50; erythrocyte fragility tests 37; erythrocyte diameter 15.

Chemical Pathology. Urine analysis and microscopical examination 3384; blood urea estimations 1115; C.S.F. exudates and transudates 543; faeces; occult blood, chemical tests 229; blood sugar estimations 180; gastric juice; testmeal analysis 171; glucose tolerance test 134; Faeces: Microscopical examinations 132; plasma alkaline phosphatase 109; pregnancy tests: Friedman's 100; plasma proteins estimations 91; prothrombin estimations 86; plasma bilirubin estimations 77; Van der Berg reaction 69; plasma acid phosphatase 67; plasma amylase determinations 39; blood cholesterol 38; serum calcium estimations 30; urea clearance tests 23; urinary diastases 22; blood uric acid estimations 18; plasma chlorides 6; urine chlorides 5; urine uric acid 3; inorganic phosphates 3; Flocculation tests; thymal turbidity 134; Cad. sulphate tests 106; Takata-Ara reaction 105.

Bacteriological Laboratory. A total of 7743 examinations were carried out during the year, of which the following is a detailed account. *Blood Cultures.* These were carried out using Castaneda's method, with citrated Tryptose Broth and Tryptose agar. 507 samples were examined, growths of *Bruc. melitensis* being obtained in 112 cases, of *Salm. typhi* in 19, and of *Neis meningitidis* in 1 case. Bone marrow, obtained generaly by sternal puncture, was cultivated in 79 cases, the *Bruc melitensis* being grown on 21 occasions.

Agglutination tests....Titrations for agglutinins were carried out on 1375 samples of blood; reactions, generally at high titres, being obtained against *Bruc. melitensis* in 382 cases, against *Salm, typhi* in 176 and against *Proteus O X 19* in 23 cases. A number of sera reacted against *Shig. shigae, Shig flexneri* and *Shig Boydii.*

In 588 cases slide reactions only were carried out, with positive results against *Bruc. melitensis* in 75 cases and against *Salm. typhi* in 15 cases.

As part of a special research, 29 samples of cerebrospinal fluid were examined for the presence of agglutinins against Brucella. These were tested from a final dilution of 1/10 upwards with negative results in all.

The Paul-Bunnell test was carried out with negative results on eight sera.

Wassermann Complement Fixation tests and Kahn tests. A total of 1216 samples of blood sera were examined, with positive results in 500 cases. Many of these samples came from known cases to control progress. Two out of four samples of ascitic fluid gave positive Wassermann Tests, whilst three samples of cerebro-spinal fluid reacted negatively.

Cerebro-spinal fluid. 116 samples of cerebro-spinal fluid yielded the presence of *Neis. meningitidis* in 6, of *Myco. tuberculosis* in 9, of *Str. pneumonia* in 1 and of Staphylococci in 10 cases.

Pus. 122 samples of pus showed the presence of *Myco. tuberculosis* in 13 cases, of Staphylococci in 42, Streptoccocci in 1, *Bruc. melitensis* in 3, *Bact. coli* in 5, and various other bacteria in 23 cases.

In last year's report mention was made of a case in which the presence of *Myco. fortuitum* had been detected in the pus from a cervical adenitis. Since then a paper on this by A. Q. Wells, E. Agius and N. Smith has been published in "The American Review of Tuberculosis and Pulmonary Diseases" Vol. 72 No. 1, July, 1955.

Joint Fluids. From 36 samples of fluid from inflamed joints, *Myco. tubersulosis* was detected in 2 cases, *Bruc. melitensis* in 2 cases, Staphylococci in 2 cases. In six cases a positive agglutination reaction against *Bruc. melitensis*, and in 1 case a positive agglutination reaction against *Salm. typhi* were obtained.

Pleural Fluids. *Myco tuberculosis* was detected in 4 cases and *Strept pneumoniae* in 1 out of a total of 32 samples examined.

Sputum examinations. A total of 531 sputa were examined in 70 of which the presence of *Myco. tuberculosis* was detected; in 3 cases *Candida albicans* was present to a degree which may have been pathogenetically significant. The nature of the predominant flora was determined in a number of other cases.

Gastric contents. All these samples, submitted for the detection of *Myco tuberculosis* from ingested sputum, were examined directly, culturally and by guinea-pig inoculation. Many of them came from prospective emigrants, in whom other examinations had suggested the possibility, generally remote, of an active infection. The *Myco. tuberculosis* was detected in 33 out of a total of 220 samples.

Faeces Examinations. Out of a total of 676 samples submitted, many of which were from convalescent cases to confirm non-infectivity before their discharge from hospital, 34 showed the presence of *Salm. typhi*, 3 that of *Shig. sonnei*, 1 of *Shig. shigae*, 1 of *Shig. Schmitzii*, 1 of *Treponemes*. *Entamoeba histolytica* was met with in 12 cases, *Giardia lamblia* in 15, *Trichomonas hominis* in 5, the ova of *Enterobius vermicularis* in 1 case.

Urine Examinations. Examinations of 379 samples showed the presence of *Myco. tuberculosis* in 21, of *Bact. coli* in 46, of *Staphylococci* in 39, of both *Bact. coli* and *Staphylococci* in 26. In 36 other samples a variety of bacteria was met with including *Strep. faecalis, Strep. pneumoniae, Proteus, Pseudomonas pyocyanea*, etc.

Urethral and vaginal discharges. In 194 samples or discharges from cases of urethritis, leucorrhoea, etc., the *Neis gonorrhoeae* was met with 9 times, *Trichomonas vaginalis* 19 times, *Candida aibicans* 12 times, *Trichomonas vaginalis* together with Candida albicans 4 times, and a variety of bacteria not specifically pathogenic in most of the other cases.

Antibiotics Sensitivity Tests. On 177 occasions material was received for the identification of the bacteria present and to assess their sensitivity to antibiotics. The cases were mainly ones of otitis, throat infections, and purulent discharges. The bacteria isolated were tested against Penicillin, Chloramphenicol, Terramycin, Aureomycin and Streptomycin.

E.N.T. Swabs. A total of 109 swabs from the throat, nose and ears were examined for the pressence of infecting bacteria; 48 such swabs from the throat included three cases of diphtheria. *Coryn. diphtheriae* was also detected in a swab from the ear.

Hair Examinations. These were carried out on 35 cases, most of which were cases of cicatricial alopecia, in whom it was necessary in view of the requirements of the Emigration authorities to eliminate any possibility of infection.

Miscellaneous. Other work included the examination of nasal mucosal scrapings and fluid obtained from a skin slit for the presence of *Myco. leprae*, with positive results in 5 cases, examinations of ascitic and hydrocele fluids, identification of intestinal parasites, preparation of Brucellin, assays of a sample of Penicillin, etc.

Radiological Department. During the year 12,665 patients were X-rayed.

The Number of Films used	22,611
The Number Dentals used	186
The Number of Occlusals used	132

In connection with Emigrants :—

7,634 persons were X-rayed.
9,256 films were used.

Blood Transfusion Department. During the year 1955, the number of patients requiring transfusion was 633 and 898 bottles of blood were issued.

Donors examined numbered 1,260.

The group frequency of the 1,892 persons tested was as follows :—

Group O	40%
Group A	49%
Group B	7%
Group AB	4%

Of 473 patients tested with Anti-D, 88.5% were Rhesus Positive and 11.5% were Rhesus Negative.

CENTRAL HOSPITAL

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

	Remaining at end of 1954	Admitted	Transferred from other Hospitals	Discharged					Remaining at end of 1955
				Transferred to other Hospitals	At Request	Cured	Relieved	Died	
Males	22	327	8	8	—	328	—	—	19
Females	33	350	6	12	—	357	—	3	19
Total	55	677	14	20	—	685	—	3	38

The total number of in-patients treated was 746, of which 691 were new admissions. The average daily number of patients during the year is being given in two readings in view of the transfer of the ENT extension ward patients to St. Luke's Hospital on the 25th February, 1955, i.e. the average daily number of patients between 1st January and 24th February, 1955, amounted to 45 (17 males and 28 females) between 25th February and 31st December, 1955, the average was 51 (23 males and 28 females).

The average stay of patients in hospital was 32 days for period 1.1.55 to 24.2.55, and 50 days for period 25.2.55 to 31.12.55.

First Aid treatment to casualties was given to 22 cases. These consisted mainly of people residing at Floriana, but 2 cases from Rabat, 1 from Qormi and 1 from Attard called at the Central Hospital for treatment.

Ophthalmic Division. The number of patients who received treatment was as follows:—

	Males	Females	Total
In-patients	233	264	497
Out-patients	2,145	2,679	4,824
Operations performed	256	196	452

The in-patients were treated for the following conditions:— anomalies of external muscle 136; diseases of the lens 127; diseases of the cornea 84; conjunctivitis 42; diseases of the eyelid 36; glaucoma 21; diseases of the retina 19; diseases of the iris 14; affections of eye-ball 13; diseases of lacrymal apparatus 7; diseases of orbit and neighbouring parts 4; diseases of the optic nerve 3; hysterical blindness 1.

Out of a total of 4,824 patients who attended the out-patient clinic 2,393 were examined for errors of refraction and had glasses prescribed and 1,641 were prospective emigrants who had been referred for routine examination by the Department of Emigration. The total number of attendances was 10,626.

Dermatological Division. The number of patients who received treatment was as follows:—

	Males	Females	Total
In-patients	57	55	112
Out-patients	530	609	1,139

The in-patients were treated for the following diseases:—

	Males	Females	Total
A. Non-infectious inflammatory Diseases			
Atopic Dermatitis	2	—	2
Allergic Dermatitis	22	7	29
Septic Dermatitis	7	2	9
Seborrhoeic Dermatitis ...	3	—	3
Acne Conglobata	1	—	1
Pemphigus (a)	—	1	1
Erythema Multiforme ...	—	1	1
Psoriasis	1	2	3
Pruritus Anogenital	1	4	5
Stasis Dermatitis	3	3	6
Stasis Ulcers	13	24	37
B. Bacterial Diseases			
Impetigo	1	2	3
Ecthyma	—	1	1
Diphtheria of Skin (b) ...	1	—	1
C. Dermatophytosis			
Tinea Capitis	1	9	10
Tinea Corporis	1	—	1
Tinea Cruris	1	—	1
D. Virus Diseases			
Herpes Zoster	—	1	1
E. Metabolic Diseases			
Avitaminosis	1	—	1
F. Parasitic Diseases			
Scabies (c)	3	—	3
G. Tumours			
Basal-Cell Epithelioma ...	2	—	2
Kaposi's Sarcoma	1	—	1
Total ...	65	57	122

The number of attendances at the out-patient clinic was 6,334 (2,475 males and 3,859 females).

(a) The Pemphigus female patient died despite intensive treatment with Antibiotics and Cortisone.

(b) When the diagnosis of Diphtheria of the Skin was confirmed miscroscopically the patient was transferred to the Isolation Hospital.

(c) The three cases of Scabies were referred for Septic Dermatitis from an Institute for Old People. It was then found out that the whole male population of this Institute was suffering, too, from Scabies and treatment was carried out by the Health Department.

Dental Division. The work in the various sections of this Department still shows an increase. As for treatment the latest methods have been adopted and the most recent material has been used. High doses of Vitamin B 12 have been tried in the treatment of Trigeminal Neuralgia with encouraging results.

The work performed during the year was as follows :—

Number of patients attended to	8,127
New patients	2,407
Extraction of teeth under Local Anaesthesia	9,895
Attendance in connection with prostitic work	5,708
Prophylactic treatment	1,329
Operations under general Anaesthesia including Impacted, buried teeth, Alveolectomies, enucleation of cysts and tumours, etc. ...	169
Patients referred for Radiological and Pathological investigation ...	85
Number of patients fitted with complete or partial dentures	833
Restoration of teeth	520
Scaling of teeth	289
Patients who refused treatment	15
Patients treated for fracture of the jaw	16
Attendances at various hospitals and Prison	61

In addition to the above mentioned work, dental service was regularly provided at various Government Institutions.

Radiological Division. 8,905 persons were examined radiologically from January to July 1955 ; of this number 7,567 were prospective emigrants to the Commonwealth and the U.S.A. The number of films required for their study was 9,282. In August 1955, the Diagnostic Section of the X-ray Department at Floriana was transferred to the Out-patient block of St. Luke's Hospital and the number of cases examined here during the period August to December was 3,725 ; of these 1,877 were prospective emigrants. The number of films required for their investigation was 3,947.

65 patients were treated by X-rays.

The total number of sittings given was 589.

The conditions treated were : Rodent ulcus 29 ; keloid 6 ; Hodgkin's disease 9 ; N.G. breast 7 ; Dermatitis papillaris capillitiae 7 ; Verruca vulgaris 2 ; Lupus vulgaris 1 ; Mycloid leukaemia 1 ; Mixed tumour of parotid 1 ; Dermatiophyosis 1 ; Malignant adenitis 1.

SANTO SPIRITO HOSPITAL

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

	Remaining at end of 1954	Admitted	Transferred from other Hospitals	Discharged					Remaining at end of 1955
				Transferred to other Hospitals	At request	Cured	Relieved	Died	
Males	30	41	94	15	13	50	11	42	34
Females	34	26	38	15	9	18	2	20	34
Total	64	67	132	30	22	68	13	62	68

Most patients treated at this hospital suffered from chronic diseases and were remitted from St. Luke's. Medical cases have increased, while orthopaedic cases were fewer than the previous year.

The daily average number of patients in hospital during the year was 65, thirty men anl thirty-five women.

The highest number of patients in hospital on any one single day was 70, and the lowest 58.

Of the total number of cases admitted, 129 were transferred from other hospitals and 67 were remitted directly from home. The 263 cases treated during the year may be classified into: Medical 145, Surgical 94 and Orthopaedic 24.

Patients were treated for the following diseases: Trauma, Fractures, Wounds 30; New Growths 28; Cerebral Thrombosis 23; Heart Failure 15; Chronic Myocarditis 14; Abscess, Septic Conditions 13; Bronchial Asthma 12; Cerebral Apoplexy 11; Diabetes Mellitus 9; Gangrene (senile and diabetic) 9; Osteo-Arthritis (non-T.B.) 8; Chronic Nephritis 8; Enlarged Prostate 8; Crippling Diseases 7; Congenital Mental Deficiency 6; A.P.M. Sequelae 5; Chronic Bronchitis 5; Senility 5; T.B. Peritonitis 4; Rheumatoid Arthritis 4; Chronic Intestinal Obstruction 3; T.B. Osteo-Arthritis 2; Neuritis and Sciatica 2; Chronic Adenitis 2; Primary Complex 2; Undulant Fever (convalescent) 2; Thrombophlebitis 2; Hepatic Cirrhosis 2; Anxiety Neurosis 2; Arteriosclerosis, Hypertension 2; Chronic Alcoholism 2; Pneumonia (convalescent) 1; Anaemia 1; T.B. Spondylitis 1; T.B. Lungs 1; T.B. Meningitis 1; T.B. Kidney 1; Coronary Thrombosis 1; Chronic Dyspepsia 1; Pellagra and Malnutrition 1; Ingestion of Kerosene 1; Rheumatic Fever 1; Hepatomegaly 1; Progressive Bulbar Palsy 1; Hepatic Abscess 1; Transverse Myelitis 1; Meningo-Vascular Syphilis 1.

The number of X-rays taken at the hospital with the mobile apparatus was 62. The following regions of the body were examined: Chest 26; Spine 10; Femur 6; Hip Joint; Pelvis 3; Hand 3; Radius and Ulna 2; Tibia and Fib. 2; Wrist Joint 2; Foot 1; Shoulder Joint 1; Urinary tract 1; Knee Joint 1.

Twenty-one substitute employees had their chest examined radiologically before being employed.

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

Orthopaedic Boots 5; Walking Calipers 3; Hernia Trusses 3; Abdominal Corsets 2; Artificial Limbs 2.

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

Blood urea 16; blood counts and pictures 13; blood plasma proteins 5; blood for Wasseran & Kahn 3; blood for Serum reaction 2; blood for culture 1; blood for acid phosphatase 1; faeces for occult blood 4; faeces for amoeba 2; urine analysis 40; urine for presence of T.B. 4; urine bile pigments 1; urine for culture 1; urine for proteins 1; Sputum for T.B. 6; Nasal Mucus for Hansen 2.

Besides the above, 47 Erythrocyte Sedimentation Test were made at the hospital.

The number of casualties and urgent cases attended to during the year was 188. The injuries or other conditions treated were as follows :—

Wounds 125; fractures & dislocations 12; sprains & contusions 12; foreign bodies 12; burns and scalds 9; dog bites 6; shock 6; cases of poisoning 4; cerebral concussion 2.

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

Regular Primary School lessons are still being given to the younger patients by a teacher appointed by the Education Department.

The able-bodied patients and all the children are taken out every Wednesday to drives in the country or by the seaside.

CONNAUGHT HOSPITAL

The number of patients remaining in hospital at the end of 1954 was 135 (81 males and 54 females), the number of admissions during 1955 was 80 (45 males and 35 females), thus bringing the total number of patients treated during the year to 215. Nearly all these patients had the severe form of the disease, 107 belonging to Group B II. and 95 to Group B III. (Table LXXVI).

During the year, 84 patients (38 males and 45 females) were discharged. Of these, 59 (30 males and 29 females) had reached the quiescent stage.

At the end of November 1955, 67 patients (61 males and 6 females) were transferred for further treatment abroad — 42 to the United Kingdom and 25 to Italy — as the Connaught Hospital of Tuberculosis was closed down.

14 patients (10 males and 4 females), died during the year, 11 dying within the the first year of admission and 6 within the first month. All had extensive disease of long standing, and the majority were over 40 years of age. **Treatment.** Rest in bed and continuous long-term drug therapy were again the backbone of treatment, almost completely replacing temporary collapse measures. In fact, it was not found necessary to induce pneumothorax in any of the women patients.

Except in the very selected cases, cavities which did not respond to this regime, would not have closed with pneumotherapy, but would have needed surgical intervention in any case.

However, because of the proposed scheme of sending patients for further treatment abroad, only one major surgical operation was carried out during the year — a thoracoplasty on a young woman with cavity closure and sputum conversion.

Two patients who had had B.C.G. Inoculation were admitted for treatment. As with the 3 similar patients admitted last year, both were young women and in both the clinical onset of the disease was at least 3 years after they had received the inoculation. One had bilateral exudative pulmonary tuberculosis with cavities in both middle zones, but has done well with treatment, the other was admitted in a dying condition, because of bronchogenic spread, and is now left with a 'destroyed' lung.

Tomography has now become a routine radiological procedure in our hospital.

Out-patients.

Table LXXXIII gives the relative particulars of the work carried out at the Out-patient Clinic at St. Luke's Hospital.

The total number of patients that attended during the year was 641, 151 more than the previous year. The total number of visits was 4,223, 747 more than the previous year. The majority of patients come for follow-up or for ambulatory 'drug therapy'. These include patients discharged from hospital.

Attendance at the clinic was rather overcrowded because of the **increasingly** large number of patients attending (sometimes as much as 60 at one session, three sessions being held during the week) and because the dispensing of drugs is carried out in the same buliding.

Pulmonary Tuberculosis may have reached the stage when the number of patients requiring in-patient treatment is, perhaps, decreasing, but the number of those suitable for treatment as out-patients will certainly rise, at least for the next few years.

TABLE LXXV

Movement of population during the year

Sex	Remaining at end of 1954	Admitted		Discharged								Remaining at end of 1955
		New Entries	Re-admis-sions	Disease arrested	Quiescent Stage	Improved	Not Improved	Dead	Not suffering from T.B	Transferred to U.K.	Transferred to Italy	
Males	81	27	18	—	29	8	1	10	1	33	25	19
Females	54	19	16	—	30	15	—	4	—	6	—	34
Total	135	46	34	—	59	23	1	14	1	39	25	53

TABLE LXXVI

Classification of In-Patients

Sex	Class "A" Group I	Class "A" Group II	Class "A" Group III	Class "B" Group I	Class "B" Group II	Class "B" Group III	Not suffering from T.B.	Total
Males	—	—	—	5	72	48	1	126
Females	3	—	—	4	35	47	—	89
Total	3	—	—	9	107	95	1	215

TABLE LXXVII

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	—	—	23	31	25	23	18	6	126
Females	—	3	28	22	12	10	11	4	89
Total	—	3	51	53	37	33	29	10	215

TABLE LXXVIII

Duration of stay of patients Discharged during 1955

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	3	4	9	9	20	28	7	6	4	2	5	97
Females	1	2	6	4	12	20	3	2	—	—	1	51
Total	4	6	15	13	32	48	10	8	4	2	6	148

TABLE LXXIX

Duration of stay of patients who Died during 1955

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

TABLE LXXX

Special treatment of in-patients

Sex	Artificial Pneumothorax											
	Unilateral				Bilateral				Pneumo-Peritoneum			
	No. of patients	No. of Refills	Improved	Not Improved	No. of patients	No. of Refills	Improved	Not Improved	No. of patients	No. of refills	Improved	Not Improved
Males	15	377	13	2	1	67	1	—	3	51	1	2
Females	2	3	2	—	—	—	—	—	—	—	—	—
Total	17	380	15	2	1	67	1	—	3	51	1	2

TABLE LXXXI

Ages on Discharge or Death of Patients

Sex	From 1 to 4 years	From 5 to 9 years	From 10 to 14 years	From 15 to 19 years	From 20 to 24 years	From 25 to 29 years	From 30 to 34 years	From 35 to 39 years	From 40 to 44 years	From 45 to 49 years	50 years & over	Total
Males	—	—	—	6	13	16	14	11	12	12	23	107
Females	—	—	1	7	13	11	6	3	4	6	4	55
Total	—	—	1	13	26	27	20	14	16	18	27	162

TABLE LXXXII

Capacity for Work of Patients on Discharge

Capacity	Sex	Class A. Group I	Class A. Group II	Class A. Group III	Class B. Group I	Class B. Group II	Class B. Group III	Not suffering from T.B.	Total
Fit for light work	Males ...	3	—	—	—	13	2	—	18
	Females ...	—	—	—	—	—	—	—	—
Unfit for work	Males ...	—	—	—	2	52	24	—	78
	Females ...	1	—	—	1	29	20	—	51
Not Suffering from T.B.	Males ...	—	—	—	—	—	—	1	1
	Females ...	—	—	—	—	—	—	—	—
Total	... ...	4	—	—	3	94	46	1	148

TABLE LXXXIII

Out-Patient T.B. Chest Clinic

Sex	No. of Pts. attending the Out-Pt. T. B. Chest Clinic					No. of Visits			
	New entries	For A.P.	For P.P.	For General Treatment	Total	For artificial Pneum.	For P.P.	For General Treatment	Total
Males ...	72	23	—	230	325	415	—	2,063	2,478
Females ...	56	14	1	245	316	145	61	1,540	1,746
Total ...	128	37	1	475	641	560	61	3,603	4,224

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, 1955	...	...	...	442	438	880
Admissions — Certificated	96	93	189			
Admissions — Voluntary	9	7	16			
Admissions — Courts of Law	2	..	2			
Retransferred from other hospitals ...	3	6	9	110	106	216
Total under treatment	...	...	...	552	544	1,096
Discharges:						
Not insane	7	1	8			
Recovered	21	25	46			
Relieved	18	22	40			
Not improved	15	30	45			
Not requiring hospital treatment ...	14	8	22			
Transferred to the Hospital for Mental Diseases, (Gozo)	1	3	4			
Transferred to other hospitals ..	5	9	14			
Deaths	19	18	37	100	116	216
Remaining on the hospital registers 31st December, 1955				452	428	880

Admissions (207) were fewer by 23 compared to last year. 75 males and 79 females were first attack cases, and 20 males and 16 females suffered from previous attacks of mental disorder. Congenital cases numbered 11 (6 males and 5 females). 5 cases (males) were found 'not insane' on admission. 1 male patient sent to hospital by order of a Court of Law was still under observation at the end of the year.

The ages on admission during 1955 averaged 38 for males and 43 for females.

Single persons numbered 111 (66 males and 45 females), married 78 (37 males and 41 females) and widowed 18 (4 males and 14 females).

Classification of admissions by mental disorder and sex during the year

	Males	Females	Total
Affective psychoses	27	32	59
Schizophrenia	37	36	73
Paraphrenia	1	7	8
Paranoia	—	2	2
Confusional state	3	2	5
Alcoholic psychoses	7	—	7
Epilepsy & epileptic psychoses ...	5	—	5
Senile & arteriopathic psychoses ...	7	9	16
Dementia paralytica	1	2	3
Psychopathic state	1	—	1
Mental deficiency	5	6	11
Neurosis	2	—	2
Not insane on admission	6	—	6
Unclassified	4	4	8
Under observation	1	—	1

Discharges numbered 161 of whom 46 were considered recovered and 40 relieved. Tranfers to the Mental Hospital in Gozo totalled 4.

Discharges of mental disorder and condition of discharge during the year

	Recovered	Improved	Unimproved	N.R.H.T.
Affective psychosis	34	14	7	3
Schizophrenia	7	16	18	—
Paraphrenia	—	5	4	1
Paranoia	—	—	1	—
Confusional state	6	2	1	—
Alchoholic psychosis	—	2	—	3
Epilepsy & epileptic psychosis ...	—	1	1	4
Senile & arteriopathic psychosis ...	—	—	3	4
Dementia Paralytica	—	—	1	—
Psychopathic state	—	—	1	1
Mental deficiency	—	1	5	2
Neurosis	—	—	1	1
Unclassified	—	—	1	3

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

Transfers to the Gozo Hospital included: Schizophrenia 3 and Epilepsy 1.

Deaths during the year numbered 37 (19 males and 18 females). The death rate on the average number of patients during the year (876) was 4.2%.

The principal causes of death were :—

Heart diseases	13 or 35.1%
Cerebral Vascular diseases	5 or 13.5%
Senility	7 or 18.9%
Status epilepticus	3 or 8.1%
Pulmonary diseases	2 or 5.4%
Other causes	7 or 18.9%

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

We referred 53 cases to the Out-patients' Clinics at St. Luke's Hospital for advice and consulants visited the Hospital when necessary.

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

Hypoglycaemic shock. Only 6 patients (3 males and 3 females) were treated, 3 of whom recovered, 2 remained unimproved and 1 is still under treatment. Since some years we have reserved this treatment for Schizophrenics who do not improve after electro-shock.

Electric Convulsive Treatment. 97 patients (52 males and 45 females treated gave the following results :—

	Males	Females
Symptom free	17	13
Improved	15	13
Not improved	—	15
Treatment suspended	—	1
Still under treatment at the end of the year	7	3

Excluding those under treatment at the end of the year, the percentage of recoveries and improvements amounted to 59.8%.

Modified electric convulsive treatment was carried out on 19 patients (6 males and 13 females). The results obtained are included in the above table.

Prefrontal Leucotomy. On the 27th February, Mr. W. McKissock of the National Hospital, Queen Square, London, visited Malta for three days on the invitation of the Malta Government. He performed 21 leucotomies.

Following is an analysis of the casese treated and the results obtained :—

No.	Sex	Age	Diagnosis	Onset of illness	Type of operation	Result
1	Male	50	Schizophrenia	1 year	Bilateral Rostral	Not improved
2	,,	24	,,	5 years	Full Bilateral	Improved
3	,,	30	,,	10 ,,	,,	Not improved
4	,,	44	,,	16 ,,	,,	Improved
5	,,	25	,,	3 ,,	,,	Not improved
6	,,	33	,,	6 ,,	,,	,,
7	,,	45	,,	9 ,,	,,	Improved
8	,,	46	,,	8 ,,	,,	Not improved
9	,,	35	,,	2 ,,	,,	Improved
10	,,	61	,,	8 ,,	,,	Died
11	,,	25	,,	4 ,,	,,	Not improved
12	Female	45	,,	4 ,,	,,	,,
13	,,	35	,,	4 ,,	,,	Improved
14	,,	28	,,	7 ,,	,,	Not improved
15	,,	49	,,	9 ,,	,,	,,
16	,,	37	,,	7 ,,	,,	Improved
17	Male	64	Depression	10 ,,	,,	,,
18	,,	64	,,	2 ,,	Bilateral Rostral	,,
19	,,	60	Obsessional Compulsive Neuroses	17 ,,	,,	,,
20	,,	54	Obsessional Compulsive Neuroses	9 ,,	Full Bilateral	,,
21	,,	22	Psychopathic State	0 ,,	,,	,,

Summarising the results were :— 11 Improved ; 9 Not Improved ; 1 dead.

All the patients treated were long standing cases presenting on the whole management problems such as aggressiveness, excitement, suicidal tendencies, etc. The percentage of improvements at 52% is satisfactory. Two patients have since been discharged from Hospital and the others listed as improved have shown considerable behaviour and improvement.

Out-Patient Clinic. The number of new out-patients seen at St. Luke's Hospital during the year was 189, a slight increase over last year (179). Total cases attending numbered 368 compared to 326 in 1954, and 1779 interviews held.

Diagnostic Classification of New Cases

Anxiety State	38
Hysteria	4
Obsessional compulsive state	9
Hypochondriasis	10
Affective psychosis	37
Schizophrenia	16
Paraphrenia	1
Paranoia	2
Epilepsy	25
Senile psychosis	2
Dementia paralytica	3
Mental deficiency	17
Abnormalities in children	8
Unclassified	4
No psychiatric disability	7
Other cases	6

Disposal of New Material

A.	Consultations	23
B.	Treatment :	
	(a) ceased attending or refused treatment	40
	(b) admitted as in-patients	9
	(c) remained for treatment	88
	(d) recovered or improved	2

Electric Convulsive Treatment. 47 patients (31 males and 16 females attended as out-patients, with the following results :—

	Males	Females
Symptom free	13	6
Improved	2	4
Not improved	—	1
Stopped attending but improved	1	—
Stopped attending but no response	4	2
Admitted as in-patients	4	—
Still under treatment in 1956	7	3

19 males and 8 females of the above patients had modified E.C.T.

Pathological Laboratory. During the year 3566 investigations were carried out classified as follows :—

Blood. Differential count 411; Serum reaction (Widal) 245; Sugar Estimation 38; Sugar tolerance test 20; Urea estimation 193; Van Den Bergh test 2; Kahn test 660; Kahn-Berger test 16; Wassermann reaction 530; Ketone test 4; Sedimentation rate 10; Bilirubin (Fouchet's test) 6; Coagulation time 2; Leucocytes count 7.

Cerebro-spinal fluid. Chemical test 8; Cytological examination 8; Lange's colloidal gold test 131; Kahn test 98; Wasserman reaction 98.

Urine. Chemical and microscopical examination 913; other chemical tests 126; Zondek test (Friedmann's) 3.

Various. Faeces 15; Sputum microscopical examination 21.

Post Mortem investigation 1.

Occupation and recreation. During the year an average of 193 patients (90 males and 103 females) were occupied daily, compared to 188 (89 males and 99 females) last year.

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

Lady Laycock and the members of the Ladies Hospital Visiting Committee distributed gifts to the patients during Christmastide which were very much appreciated by all.

At the end of the year there were 20 patients from the St. Vincent de Paule Hospital still housed in this Hospital.

ST. VINCENT DE PAUL HOSPITAL

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

Remaining at end of 1954	Admitted	Transferred from other Hospitals	Discharged					Remaining at end of 1955
			Transferred to other Hospitals	At Request	Cured	Relieved	Died	
Males 388	94	26	36	28	—	—	66	378
Females 337	70	38	17	21	—	—	75	332
Total (Inmates) 725	164	64	53	49	—	—	141	710
EXTENSION WARDS								
Male Medical Ward 26	6	22	2	8	—	—	18	26
Male Surgical Ward 21	9	40	1	15	2	1	26	25
Female Surgical Ward 14	14	34	2	9	7	—	26	18
Male T.B. Ward 29	16	5	1	11	—	3	8	27
Total (Patients) 90	45	101	6	43	9	4	78	96
S.V.P.H. Proper 725	164	64	53	49	—	—	141	710
Extension Wards 90	45	101	6	43	9	4	78	96
Grand Total 815	209	165	59	92	9	4	219	806

The daily average population of Inmates was 713, (378 males and 335 females) whilst that of the patients in the four Extension Wards was 26 for the Male Medical, 24 for the Male Surgical, 19 for the Female Surgical and 28 for the Male Tuberculosis, giving a comprehensive average of 810 daily.

The number of Inmates admitted during the year was 228 (120 males and 108 females) as against 255 (131 males and 124 females) in 1954 and 293 (128 males and 165 females) in 1953. There were 141 deaths (66 males and 75 females) as against 182 (88 males and 94 females) in 1954, 185 (64 males and 121 females) in 1953, 231 (108 males and 123 females) in 1952 and 240 (111 males and 129 females) in 1951. As usual the causes of deaths were generally due to diseases common to senility and old age. It will be seen that the number of admissions, in co-relation with that of deaths, has been progressively decreasing over the last years.

28 patients were admitted into the Male Medical Ward; there were 18 deaths; last year's corresponding numbers were 46 admissions and 18 deaths.

In the Male Tuberculosis Ward there were 21 admissions with 8 deaths as against 25 admissions with 6 deaths in 1954.

In the Male Surgical Ward there were 49 admissions with 26 deaths as against 65 admissions with 27 deaths in 1954, while in the Female Surgical Ward 48 patients were admitted with 26 deaths as against the preceding year's 31 admissions with 12 deaths. The admissions in both these two wards, as well as those in the Male Medical Ward were mainly transfers of advanced and incurable cases from St. Luke's Hospital.

The rebuilding of the wing block in the Female Subdivision taken in hand towards the middle of the year is progressing satisfactorily.

Work on the new pavement of the extensive quadrangle in the Female Subdivision, which had been discontinued towards the middle of 1954, was resumed in May of the year under review and completed by the end of August. The cement surfacing of the similarly large quadrangle in the Male Subdivision was taken in hand immediately afterwards and it is also nearing completion.

The replacement of the old kitchen range by two new cooking ranges and the installation of steam pressure cooking appliances and other electrically driven equipment in the main kitchen, besides the remarkable improvement in the preparation and cooking of meals, have provided a successful solution to a long standing problem for the supply of hot meals to the entire hospital population of over a thousand persons.

Other works carried out during the year include the following :—

1. The stone colour washing and painting of 18 wards mainly in the Male Subdivision, of the Sewing Department, the T.B. Staff quarters, the Servants' quarters and the main kitchen.

2. The laying of white glazed tiles, the construction of an inlaid cupboard and the instsallation of a bed pan sink in each of ten ward annexes.

3. The construction of a tripartitioned annexe including a bathroom, a lavatory and water-closets to Ward 21 in the Female Subdivision.

ST. BARTHOLOMEW HOSPITAL

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

Remaining at end of 1954	Admitted	Transferred from other Hospitals	Discharged					Remaining at end of 1955
			Transferred to other Hospitals	At request	Cured	Relieved	Died	
Males 53	3	—	—	3	—	—	3	50
Females 19	1	1	—	—	—	—	1	20
Total 72	4	1	—	3	—	—	4	70

The number of patients remaining at hospital at the end of 1954 was 72, (53 males and 19 females).

The number of patients admitted into the hospital during 1955 was 5, (3 males and 2 females). Of the 2 females admitted, 1 was transferred from the Sacred Heart Hospital, Gozo.

Three male patients in whom the disease was arrested, were discharged at request. During the same period under review four patients died, i.e. 3 men and 1 woman.

The causes of death were as follows :— Two patients died of Chronic Nephritis, one of Congestive Heart Failure, and one of Pulmonary Tuberculosis. The daily average number of patients this year was 70.1, i.e. 51.4 men and 18.7 women.

Sulphones have continued to be given priority in the treatment of Leprosy. Excellent clinical results have been obtained from the use of these drugs after prolonged treatment; bacteriological improvement is, however, slow. Reactions from the use of Sulphones, have been infrequent and when present were on the whole mild and subsided after reduction of the dose or temporary withdrawal of the drug.

Lepromatous laryngeal involvement, once so common among advanced lepromatous cases, is now extremely rare in patients undergoing treatment with Sulphones, and patients rarely complain of nose-block nowadays.

In last year's report it was stated that five patients suffering from advanced lepromatous leprosy and intolerant both to DDS and Sulphetrone therapy had been undergoing treatment with Isonicotinic Acid for five months. It was also pointed out that much clinical improvement had been noted in these patients after four months treatment with this drug. Further treatment with Isonicotinic Acid, however, showed that it only has a vigorous action during the first 4-8 months but subsequently it becomes almost ineffective. Such ineffectiveness may be due to the emergence of resistant strains of Mycobacterium Leprae during the course of treatment with this drug. Two of the patients thus treated showed exacerbations of the disease after ten months treatment. As a local application to lepromatous ulcers, 1% Cortisone ointment has been used. Results so far have been encouraging.

The Ophtalmic Surgeon called on various occasions during the year and examined and treated the eye complications of the patients. Good results have been achieved from the local use of Cortisone in leprotic eye complications. Leprotic blindness, frequently met with in advanced lepromatous cases in former times, is now rare. The Government Dental Surgeon also attended on various occasions.

As usual no efforts were spared to provide entertainment to the patients and local Theatrical Companies have performed on various occasions in the Hospital Entertainment Hall. Cinema shows took place weekly and outings in our own bus were organized frequently.

ISOLATION HOSPITAL

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

	Remaining at end of 1954	Admitted	Transferred from other Hospitals	Discharged					Remaining at end of 1955
				Transferred to other Hospitals	At Request	Cured	Relieved	Died	
Males	12	109	19	6	4	113	5	2	4
Females	7	103	15	12	3	95	1	3	17
Total	19	212	34	18	7	208	6	5	21

A total of 265 patients (140 males and 125 females) were treated during the year. Of these, 246 cases were new admissions. The daily number of patients during 1955 averaged 12.2 (6.2 males and 6 females) ; the highest number of patients on any single day was 23, the lowest 3.

Cases admitted into the Isolation Hospital with a provisional diagnosis of Diphtheria amounted to 136, of which 70 cases were confirmed bacteriologically and one clinically. The remaining 65 were cases of Tonsillitis or of other affections of the upper respiratory passages.

Three of the bacteriologically confirmed cases were diphtheria of the ears, and of these cases one had been fully immunised 6 years before, and another one had the first dose only 3 weeks before admission. The majority of cases of diptheria occurred in children up to 5 years of age.

Of the 71 cases of diptheria, there were three deaths:— One, a man 34 years old, died from exhaustion and profuse and gangrenous ulcers of the skin. This was a confirmed case of Diphtheria of the skin. Another, a woman 32 years old, died within 6 hours of admission from Heart Failure following clinical Diphtheria and Valvular Heart Disease, and the third, a 14 months old baby, died of Diphtheritic Heart Failure within 3 hours of admission.

Cases of Cerebro-Spinal admitted into hospital were eight with no deaths. The cases occurred in different localities between January and May. One of the cases was a passenger on board a ship sailing for Canada and New York. The patient had embarked at Piraeus the previous day. In all the cases the Sulphonamides were the drug of choice.

Cases of Acute Anterior Poliomyelitis admitted during the year were 5. Two of these were non paralytic and were discharged cured; the other three were transferrd to St. Luke's Hospital for further treatment. All the cases were from different localites.

There were 11 cases of Influenza, 2 cases of Puerperal Fever, 8 cases of Murine Typhus, 2 cases of Chichen Pox, 2 cases of Measles, 6 cases of Mumps, 6 cases of Scarlet Fever with no deaths, 9 cases of Whooping Cough of whom a 4 month old twin baby died from concomitant Br. Pneumonia within 36 hours of admission.

There were 18 cases of Erysipelas with one death from the disease. The patient was 70 years old and she was a diabetic. The total of deaths during the year was 5.

A case of Malaria contracted 3 years previously in West Africa was landed from a ship. The diagnosis was made on clinical grounds and on the past history of the patient. He was discharged cured of the attack.

The rest of the cases were admitted under suspicion of various infectious diseases in whom diagnosis was not confirmed.

The Quarantine Station which was extensively damaged during the war has now been reconstructed and disinfection of various articles was taken in hand during the year, such as the hospital beddings, operation drums and about 24.300 bags were disinfested from mites prior to use in flour mills.

VICTORIA HOSPITAL

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

Remaining at end of 1954	Admitted	Transferred from other Hospitals	Discharged					Remaining at end of 1955
			Transferred to other Hospitals	At Request	Cured	Relieved	Died	
Males 22	333	8	20	24	146	130	24	19
Females 31	475	6	24	57	246	126	27	32
Total 53	808	14	44	81	392	256	51	51

The total number of cases treated during the year was 875 as against 822 for 1954. The daily average population was 55 (23 males and 32 females) and the death rate was 5.8%.

The classifications of diseases and deaths is given in Appendix MA.

7 cases of closed tuberculosis of the respiratory system and 2 cases of other forms of Tuberculosis were treated during the year. The corresponding figures for the preceding year were 5 and 2. 2 Typhoid and 20 Brucellosis cases came up for treatment as against 19 and 26 for last year. They were all discharged cured. 5 cases of Tetanus were also treated. 4 of these were discharged cured and one died. Last year's figure was 6 with no deaths.

87 cases as against 76 for last year, were referred to hospitals in Malta for special investigations and specialized treatment. These were referred mostly at the request of the Consultants, or for diathermy, phsiotherapy and special X-ray investigations including tomography.

273 operations were performed as against 186 for last year. As usual, all emergency and all obstetrical operations were performed by the Medical Staff of the hospital while specialized operations, outside the province of general surgeon, or not strictly urgent, were performed by the Consultants during their respective monthly session at the hospital. During the last quarter of the year a re-conditioned high pressure sterilizer was provided and this did away with the inconvenience formerly arising from the necessity of having to send to Malta twice a week or oftener, all the material for sterilization.

The operations performed were as follows:— Bones, Joints and Tendons etc., 112; E.N.T. 45; Gastro-Intestinal Tract 42; Gynaecological and Obstetric cases 38; Eye 24; Genito-Urinary tract 6; Face and Mouth 3; Neck 2; Chest 1.

2,110 cases were seen in the Out-Patient Department during the year. Amongst them were 122 refractions, 401 dental cases and 621 wounds of every variety representing cases of emergency reporting for treatment at any time of the day or night.

The number of examinations and tests performed in the Laboratory during the year was 1,368 as against 1,283 for last year. The tests carried out were as follows:— Examination of Sputum 232; Blood Grouping 212; Complete examination of Urine 200; Blood count and Picture 171; Friedman test for pregnancy 114; Examination of hair and scraping for parasite 101; Blood urea estimation 94; Blood serum agglutination 70; Examination of throat swabs 44; Nasal swabs for H.B. 18; Van der Bergh's test 17; Examination of faeces for amoebae 17; Examination of urine for T.B. 17; Splenic pulp for L.D.B. 16; Vaginal swabs 14; Examination of faeces for occolt blood 11; Examination of C.S.F. 9; Pus, discharge, scrapings etc. 7; Examination of gastric contents 4.

The total number of X-ray examinations performed during the year was 4,164 as against 4,504 for last year. The difference is accounted for by the lesser number of prospective emigrants calling for X-ray chest.

The periodical visit of a Radiologist from Malta for screening examinations was re-introduced during the year and 126 cases were dealt with. This was very much appreciated by the Medical Staff as well as by the patients concerned.

The Consultant Service, now in its 8th year of life, has once more proved its worth and importance. All the Consultants held regularly and punctually their respective session. One of them on one occasion was called to see an urgent case outside his session.

Several outings in buses for the benefit of patients and inmates of the Victoria Hospital and of the St. John the Baptist Hospital respectively were organized and theatrical performances by Dramatic Companies were staged.

ST. THERESA HOSPITAL

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

Remaining at end of 1954	Admitted	Transferred from other Hospitals	Discharged					Remaining at end of 1955
			Transferred to other Hospitals	At request	Cured	Relieved	Died	
Males 7	1	—	—	2	—	—	—	6
Females 5	1	2	1	—	—	—	2	5
Total 12	2	2	1	2	—	—	2	11

The daily average population was 11 (6 males and 5 females).

ST. JOHN THE BAPTIST HOSPITAL

An average population of 48 men and 54 women were kept in this Asylum for the aged and infirm during the year 1955.

The following table shows the movement of the population :—

	Remaining at end of 1954	Admitted	Transferred from other Hospitals	Discharged					Remaining at end of 1955
				Transferred to other Hospitals	At request	Cured	Relieved	Died	
Males	33	16	19	1	7	—	—	8	52
Females	44	11	19	—	2	—	—	13	59
Total	77	27	38	1	9	—	—	21	111

The deaths were due to the following causes :—

Cerebral haemorrhage	3
Cerebral thrombosis	4
Senility	5
Senility arteriosclerosis	1
Senile atrophy	1
Chronic intestinal obstruction	1
Cachexia from intestinal neoplasm with multiple metastasis ...	1
Diabetes	2
Uraemia	1
Hypostatic pneumonia	1
Valvular heart disease	1
Total ...	21

HOSPITAL FOR MENTAL DISEASES (GOZO)

The Movement of the Hospital Population during the year was as follows :—

	Remaining at end of 1954	Admitted	Tranferred from other Hospitals	Discharged					Remaining at end of 1955
				Transferred to other Hospitals	At request	Cured	Relieved	Died	
Males	82	2	1	3	—	—	—	2	80
Females	83	3	3	7	—	—	—	1	81
Total	165	5	4	10	—	—	—	3	161

The total number of admissions during the year under review was 9 (3 males and 6 females) ; five cases (2 males and 3 females) were new admissions and the other four (1 male and 3 females) were transfers from the Hospital for Mental Diseases, Malta.

The average daily population was 164 (81 males and 83 females).

There were ten discharges (3 males and 7 females); one, a male, was remitted to Victoria Hospital for Surgical Treatment and the other nine cases (2 males and 7 females) were transferred to the Hospital for Mental Diseases, Malta.

The number of deaths during the year was 3 (2 males and 1 female).

The causes of death were: Cirrhosis of the liver 1, Senility 1, Valvular Heart Disease 1.

The total number of patients remaining on the Hospital Registers on the 31st December, 1955, was 161 (80 males and 81 females).

There were no cases of infectious disease during the year; two old cases of tuberculosis of the lung, reported in previous years, are in a quiescent state and enjoying relative good health.

One out-patient, reported for follow-up once every month.

An average of 42 patients (24 males and 18 females) were engaged on some occupational work, daily during the year. Patients continued to enjoy frequent walks and bus trips. During the summer months, those patients who could swim, were allowed to enjoy sea bathing; they also had several whole-day outings and a day at the neighbouring island of Kemmuna was much enjoyed.

Of the 20 beds (10 in the male and 10 in the female division) reserved for inmates of the St. Vincent de Paule Hospital only 12 are still occupied (9 males and 3 females). There was one new admission (male) — a transfer from St. John the Baptist Hospital. One death (male) occurred during the year. The cause of death was Chronic Myocarditis.

SACRED HEART HOSPITAL

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

Remaining at end of 1954	Transferred from other Hospitals	Discharged					Remaining at end of 1955
		Transferred to other Hospitals	At request	Cured	Relieved	Died	
Males 3	—	—	—	—	—	—	3
Females 3	—	1	2	—	—	—	—
Total 6	—	1	2	—	—	—	3

The number of patients at the end of 1954 was 6(3 males and 3 females). During the year under review all three females patients left the hospital: two were discharged as improved and at their own request and one was transferred to St. Bartholomew's Hospital, Malta.

There were no new admissions during the year; so that the Hospital Population has been reduced only to three male patients.

Sulpha Drugs are still being used as the main treatment.

Six out-patients attended for treatment during the year; the total number of attendances was 61.

ISOLATION HOSPITAL (GOZO)

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

	Remaining at end of 1954	Admitted	Transferred from other Hospitals	Discharged					Remaining at end of 1955
				Transferred to other Hospitals	At Request	Cured	Relieved	Died	
Males	1	15	—	3	—	15	—	—	3
Females	—	10	—	—	—	5	—	—	—
Total	1	25	—	3	—	20	—	—	3

On December 31st, 1954, there was only one patient on the hospital register.

The total number of patients treated during the current year was 26.

The cases treated consisted of the following:

Diphtheria	7	(5 males and 2 females)
Acute tonsillitis	5	(5 males and 0 females)
Acute Laryngitis	1	(1 male and 0 females)
Influenza and laryngitis	3	(2 males and 1 female)
Vincent's angina	2	(0 males and 2 females)
Tonsillitis and broncho-pneumonia...	1	(1 male and 0 females)
Erysipelas	3	(0 males and 3 females)
Whooping cough	3	(1 male and 2 females)
Poliomyelitis	1	(1 male remaining in haspital from previous year)
Total ...	26	(16 males and 10 females)

The age groups of the patients treated were the following:—

Under 6 years	18	(13 males and 5 females)
Under 11 years	3	(3 males and 0 females)
Over 11 years	5	(0 males and 5 females)

The cases discharged from hospital are classified as follows:—

Cured 20 cases (15 males and 5 females).

Transferred to Victoria Hospital 3 cases (3 females).

There were no deaths during the year.

On December, 31st 1955, there were still 3 patients (1 male and 2 females) undergoing treatment in this hospital.

VII. ADMINISTRATION

Staff:

HEAD OFFICE

Medical:— Chief Government Medical Officer, Senior Medical Officer, Senior Health Officer, Principal Laboratory Officer, Medical Officers of Health 4, Medical Officer General Service, Junior Analyst, Junior Bacteriologist.

Administrative:— Administrative Secretary, Accountant, Almoner, Supplies Officer, Higher Executive Officers 4, Executive Officers 8, Higher Clerical Officer 1, Clerical Officers 5, Shorthand Typists 2, Clerks/Clerk-Typists 15.

Health Inspectors:— Chief Sanitary Inspector, Senior Sanitary Inspector, Tuberculosis Officer, Rodent Control Officer.

IN HOSPITALS

Resident Medical Superintendents 9, Physicians 3, Surgeons 4, Accoucheurs 2, Surgeons E.N.T. 2, Pathologists 2, Venereal Diseases Officers and Dermatologists 2, Psychiatrists 6, Bacteriologist, Tuberculosis and Chest Specialist, Orthopaedic Surgeons 2, Blood Transfusion Officer, Ophtalmologists 2, Dental Surgeons 2, Junior Dental Surgeons 2, Radiologists 4, Anaesthetists 3, Resident Medical Officers 10, Resident Clinical Officers 3, Assistant Medical Officers 25, Sister Tutors 2, Registered Nurses 22, Sick Children's Nurse, Masseuses and Physiotherapy Sisters 6, Midwives 6, Radiographers 4, Chief Pharmacists 4, Assistant Apothecaries 13, Laboratory Assistants 5, Store Officers 11, Wardmasters 4, Clerical Officers 4, Shorthand Typists 4, Clerks/Clerk-Typists 6.

IN DISTRICTS

Port Medical Officers (including Luqa Airport) 5, School Medical Officers 3, District Medical Officers 42, Child Health Officers 2, School Dental Surgeons 2, School Eye Specialist, Sanitary Inspectors 59, Public Cleansing Officer, Health Visitors 38, School Nurses 4, subsidized midwives 5.

APPOINTMENTS

The following appointments were made during the year:—

Dr. Leo S. Portelli, M.D. appointed District Medical Officer as from the 21st January, 1955.

Mr. Maurice A. Ellul, M.D., appointed District Medical Officer as from the 5th March, 1955.

Dr. A. Agius Ferrante, M.D., appointed Junior Medical Officer in charge Venereal and Dermatological Department as from the 20th April, 1955.

Dr. Joseph Pisani, M.D., D.P.H. (England) appointed Resident Medical Officer at the Hospital for Mental Diseases as from the 1st July, 1955.

Dr. Henry Copperstone, M.D., appointed District Medical Officer as from the 5th July, 1955.

Dr. Mario V. Tua, M.D., D.R.C.O.G. (Lond.) appointed District Medical Officer as from the 8th August, 1955.

Edgar Cassar, Esq., appointed Administrative Secretary as from the 8th November, 1955.

Dr. Frank C. Callus, M.D., D.M.R., appointed Radiologist as from the 16th November, 1955.

Dr. Fortunato N. Zammit, M.D., D.M.R., appointed Radiologist as from the 16th November, 1955.

Training of Personnel. Dr. John Attard, Medical Officer of Health was awarded a fellowship in Occupational Health by the International Labour Organization. He proceeded to the United Kingdom for studies and obtained the Diploma in Industrial Health of the Royal College of Physicians of London and the Royal College of Surgeons of England as well as the Diploma in Industrial Health of the Society of Apothecaries of London.

Dr. Joseph Pisani, one of the Resident Medical Officers at the Hospital for Mental Diseases, returned to Malta after finishing a postgraduate course in Psychological Medicine at Maudsley College.

Dr. A. Cuschieri, Medical Officer General Service was awarded a scholarship under the Colonial Development Fund and proceeded to the United Kingdom for a Course in Hospital Administration.

LEGISLATION

The following legislation was approved and published during the year :—

i) Act No. VII of 1955 amending the Medical and Kindred Professions Ordinance Section 16 in respect of the qualifications necessary for the grant of the licence of apothecary.

ii) Government Notice No. 210 of the 10th May, 1955 — Regulations of the Medical Board.

iii) Government Notices No. 563 and 648 of the 12th October, 1955 and 25th November, 1955 respectively publishing the list of medicinal substances which apothecaries may sell without prescription.

iv) Government Notices No. 564 and 648 of the 12th October, 1955 and 25th November, 1955 respectively publishing the schedule of poisonous substances for the purpose of the Medical and Kindred Professions Ordinance.

v) Government Notices No. 565 and 648 of the 12th October, 1955 and 25th November, 1955 respectively publishing the list of medicinal substances with which dispensaries are to be kept supplied.

MISCELLANEOUS

Council of Health. No Council of Health meetings were held during 1955.

Medical Board. The Medical Board held sixteen sittings during the year, four of which were extraordinary meetings.

Negotiations with the Medical Board and the Nurses Board of Victoria, Australia with a view of establishing reciprocal recognition of Medical degrees and Nursing certificates between the State and Malta were opened and successfully concluded during the year under review.

The sub-committee appointed to study the revision of fees payable to doctors finalized its report.

The Board considered and recommended twenty-nine applications from doctors for a licence to practise the medical profession locally. Four dentists, fifty-four apothecaries and four assistant apothecaries were also recommended for the grant of the relative licence, whilst thirteen nurses and three physiotherapists were admitted to the Register for Nurses and Physiotherapists respectively.

Eleven appeals against the decision of the Superintendent of Public Health in connexion with notices for the construction and/or structural alterations to existing buildings were considered by the Board. Seven applications were approved after improvement in the plans were imposed by the Board. Three appeals were dismissed.

Medical Examinations. A total of 1,169 Government Officials were examined by the Medical Officers of Health prior to their appointment. They have also examined 99 Government Officials who had exceeded their statutory period of sick leave or were reported unfit for further service by their Head of Department as well as other Government employees who were retained in Government service after attaining the retiring age limit.

Pharmacies. The Medical Officers of Health together with the Analyst of this Department paid 112 surprise inspections to pharmacies throughout the year. These inspections were carried out in terms of Section 36 of the Medical and Kindred Professions Ordinance in order to ascertain whether the provisions of the Law were being complied with. All the pharmacies were found to be supplied with the medicinal substances required by law and no substance was found to be imperfect, spoilt or noxious. Registers were found to be properly kept and the prescriptions containing dangerous drugs conformed with the provisions of Government Notice No. 212 of 1939. 7 forged prescription for pethidine were seized and the forger who was found to be a drug addict was apprehended.

Vaccination:—In terms of the Prevention of Disease Ordinance all parents are obliged to have their babies vaccinated against small-pox. Such vaccinations must be carried out after the baby attains the age of two months. Although vaccination may be carried out by all medical practitioners, the department holds two yearly sessions of public gratuitous vaccinations. The vaccine lymph is always provided free of charge by this Department and is available to all doctors.

The number of babies vaccinated during the year totalled 3022.

District Medical Service:—The staff of the District Medical Service is made up of 42 medical practitioners who attend daily at the Government District Dispensaries and also pay domiciliary visits. The number of attendances at the District Dispensaries totalled 99817 domiciliary visits totalled 13012 during the same period.

School for Nurses:—Two entrance examinations for the St. Luke's Training School for Nurses were held during the year. Two preliminary and two final examinations were also held. Twelve out of nineteen candidates were successful in the preliminary examinations whilst eight out of fourteen candidates passed the final examination and were awarded State Registration certificates.

Medical Stores:—The total value of Medical Supplies issued during the Financial Year 1955-56 was £83,573. 15s. 10d. as detailed hereunder:—

	Drugs	Dressings	Equipment	Total
Hospitals, District Dispensaries and other Branches of the Medical and Health Department including approved prescriptions — (Malta)	£41,236 3 8	£6,969 5 2	£30,903 5 11	£79,108 14 9
Hospitals, District Dispensaries and other Branches of the Medical and Health Department including approved prescriptions — (Gozo)...	1,895 11 6	435 6 7	886 7 0	3,217 5 1
Other Government Departments	280 7 1	140 2 1	115 6 7	535 15 9
Sales from Medical Stores, St. Luke's and Central Hospitals	712 0 3	— — —	— — —	712 0 3
	£44,124 2 6	£7,544 13 10	£31,904 19 6	£83,573 15 10

Medical Relief:—The grants to the households of patients at St. Bartholomew's Hospital were increased by a third as well as all other grants and subsidies for which the Board of Charity Commissioners are responsible.

As in former years patients suffering from certain diseases for which treatment is not available in Malta were remitted to United Kingdom hospitals. Seventy three cases were therefore sent to these hospitals distributed as follows:—

The Royal Marsden Hospital	45
The National Hospital	11
The Middlesex Hospital	9
St. Thomas Hospital, London	3
New End Hospital, London	1
King's College Hospital	1
Queen Victoria Hospital, Sussex	1
Mount Vernon Hospital	1
The Hospital for Sick Children	1

Expenditure on medical relief and kindred services during the financial year 1955-56 was as follows:—

Grant to sick persons and their dependants	£ 13,486	17	6
Grant to dependants of T. B. patients	37,269	11	0
Subsidies for milk for babies	11,001	10	0
Infants kept at the Ursuline Institute, Sliema	3,537	0	0
Grants to households at inmates of the Sacred Heart and St. Bartholomew Hospital	3,788	12	0
Fees to Midwives for services rendered to necessitous mothers	552	18	6
Travelling expenses on behalf of patients remitted to U.K. hospitals	4,655	16	11
Cost of treatment of patients in U.K. hospitals ...	16,720	15	3

Total cost of the Medical and Health Department

The expenditure during the financial year 1955-56 — structural repairs not included — was as stated hereunder. The expenditure for 1954-55 is given for comparison.

	1953-54	1954-55
General Administration and general expenses ...	£ 20,662	£ 21,896
Health Branch and Laboratory	47,061	51,056
Child Health Service	9,849	11,992
Cemeteries	7,268	7,671
School Medical Service	4,951	5,404
Hospitals	840,273	935,072
School for Nurses	10,468	12,107
District Medical Service	23,640	25,671
Grant to the Malta Memorial District Nursing Association	2,000	2,000
Grant to the Ladies Hospitals Visiting Committee	250	250
Grant to the Mothers and Infants Health Association	450	450
Maintenance of seven beds in the Malta War Memorial Hospital for children	630	630
Grant to the St. John Ambulance Association (Malta Centre)	122	122
Relief to families of inmates of St. Bartholomew Hospital, Malta, and Sacred Heart Hospital, Gozo	3,249	3,790
Outdoor Medical Relief, including milk subsidies for babies and Midwifery assistance	30,776	29,240
Relief to T.B. cases and/or to their families ...	24,654	36,847
*Maintenance and treatment of patients abroad ...	—	21,377
Treatment of T.B. patients abroad	—	16,097
Expenses in connexion with the burial of paupers	1,091	960
Grant to the Bureau of Hygiene and Tropical Medicine	50	25
Public Cleansing Service	225,778	252,555
	£1,253,222	£1,425,212

* Formerly shown under Outdoor Medical Relief, etc.

Heads and Subheads of Revenue

			Actual Revenue 1953-54 £	1954-55 £
II.	2.	Quarantine Dues	—	—
III.	17.	Miscellaneous Fines	1	14
IV.	A.	Fees of Office :—		
	15.	Permits, certificates, etc.	226	231
	16.	Radiography	369	413
	17.	Pathological examinations	13	5
	18.	Stamping Sausages Fees	2,009	1,355
	33.	Miscellaneous	86	236
	B.	Reimbursements :—		
	62.	Refund of Expenses for watching corpses at the Addolorata Cemetery ...	180	161
	63.	Sale of Produce	396	488
	64.	Sale of Offal	4,056	5,0021
	65.	Ambulance and funeral expenses ...	78	90
	66.	Sale of Medicines	895	884
	67.	Collections from Public Conveniences...	1.244	1,060
	68.	Hospital Fees	7,066	10,804
	99.	Miscellaneous	1,389	1,076
XIV.	1.	Widow and Orphans Fund	2,797	2,738
XVII.	1.	Sale of House Refuse	3,105	2.640
	2.	Miscellaneous	1,473	158
	3.	Weighbridge Fees	512	851
XVIII.	1.	Sale of Crown Lands	6	728
			£25,901	£28,953

Appendix A

Applications for Licences dealt with by the Medical and Health Department

	Bake-Houses			To work in the preparation of bread			Premises for the preparation of paste			Mills			Aerated Water Factories			Factories for the making of Sausages			To keep Stables			To keep Goat pens			To keep Cowsheds			To sell meat of inferior quality			To work in Sausage Factories			Sale of Milk		
	Applications received	New licences issued	Licences renewed	Applications received	New licences issued	Licences renewed	Applications received	New licences issued	Licences renewed	Applications received	New licences issued	Licences renewed	Applications received	New licences issued	Licences renewed	Applications received	New licences issued	Licences renewed	Applications received	New licences issued	Licences renewed	Applications received	New licences issued	Licences renewed	Applications received	New licences issued	Licences renewed	Applications received	New licences issued	Licences renewed	Applications received	New licences issued	Licences renewed	Licences received	New licences issued	Licences renewed
Malta ...	51	35	314	44	36	548	4	2	23	1	1	14	—	—	29	—	—	4	1	—	7	64	32	547	41	19	64	19	—	—	5	2	47	62	36	102
Gozo ...	12	8	53	6	6	37	—	—	7	—	—	4	—	—	5	—	—	—	—	—	—	4	3	17	—	—	—	—	—	—	2	2	17	—	—	—

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 ...	470	9	40	462	27	55	87	2	6	4	17	66	5	3	257	—	7	13	4	711	640
Gozo ...	32	2	11	69	4	6	4	—	7	—	1	6	2	—	43	—	16	2	—	73	29

APPENDIX HA.

Table showing diseases causing death, by month, in accordance with the International List of Causes of Death.

Causes of Death	Jan.	Feb.	Mch.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
I. *Infective and Parasitic Diseases.*													
1. Tuberculosis of the respiratory system	5	1	6	3	3	3	7	5	5	1	2	...	41
2. Tuberculosis of the meninges and central nervous system	...	...	...	...	...	1	...	...	1	...	...	...	2
3. Tuberculosis of intestines, peritoneum and mesenteric glands	...	...	...	...	...	...	...	...	...	...	...	1	1
5. Tuberculosis, all other forms...	...	...	...	...	...	..	...	2		...	...	...	2
10. All other syphilis	1	...	...	...	1	...	...	1	...	...	...	...	3
12. Typhoid fever	...	...	...	...	1	...	...	..	...	...	...	...	1
15. Brucellosis (undulant fever)	...	..	...	...	...	...	...	1	...	...	...	...	1
16*a*. Bacillary dysentery	...	...	..	...	...	...	.	...	...	...	...	...	—
16*b*. Amœbiasis	...	...	..	...	...	...	...	...	...	...	...	...	—
16*c*. Other unspecified forms of dysentery	...	...	...	...	..	...	...	...	...	...		...	—
17. Scarlet fever	...	...	1	...	.	...	...	...	...	...	...	...	1
19 Erysipelas	1	1	...	...	...	...	...	1	...	...	...	...	3
20. Septicæmia and pyaemia	...	...	...	...	...	...	...	1	1	...	...	...	2
21. Diphtheria	...	1	...	...	...	...	...	...	...	1	...	...	2
22. Whooping cough	...	1	...	1	...	...	...	...	...	...	...	...	2
25. Leprosy	...	...	...	1	1	...	...	1	1	1	...	...	5
26 Tetanus	...	...	...	1	...	3	1	...	..	...	...	...	5
32. Measles	...	...	...	...	...	...	...	1	...	...	...	...	1
34. Infectious hepatitis	...	...	...	1	...	...	...	...	1	...	...	1	3
43*p*. Scabies	...	...	...	1	...	...	...	...	...	...	...	...	1
II. *Neoplasms.*													
44. Malignant neoplasm of buccal cavity and pharynx ...	...	...	1	...	1	2	3	...	3	..	1	...	11
45. Malignant neoplasm of œsophagus	1	...	1	2	3	2	1	1	1	1	1	...	14
46. Malignant neoplasm of stomach	2	6	5	4	4	4	5	7	1	6	6	7	57
47. Malignant neoplasm of intestines, except rectum ...	1	3	1	1	1	1	5	3	1	2	2	1	22
48. Malignant neoplasm of rectum	...	...	1	1	..	..	1	1	4	2	1	...	11
49. Malignant neoplasm of larynx	...	...	2	...	...	1	2	1	1	...	...	...	7
50. Malignant neoplasm of trachea, and of bronchus and lung not specified as secondary	4	1	4	2	2	5	3	3	5	2	3	4	38
51. Malignant neoplasm of breast	1	...	5	6	4	1	3	1	2	2	1	3	29
52. Malignant neoplasm of cervix uteri	..	1	...	...	...	...	...	2	...	...	...	...	3
53. Malignant neoplasm of other and unspecified parts of the uterus	2	1	1	1	3	3	...	...	3	4	3	2	23
54. Malignant neoplasm of prostate	...	...	1	.	...	...	...	...	...	...	...	...	1
55. Malignant neoplasm of skin	...	...	1	1	1	...	1	...	...	...	...	...	4
56. Malignant neoplasm of bone and connective tissue ...	...	1	...	1	.	...	...	1	...	...	...	2	5
57. Malignant neoplasm of all other and unspecified sites	8	9	5	2	4	6	9	6	6	7	4	5	71
58. Leukæmia and aleukæmia	1	3	1	1	3	2	1	...	1	1	..	...	14
59. Lymphosarcoma and other neoplasms of lymphatic and haematopoietic system...	2	1	...	2	2	1	2	1	1	1	1	2	16
60. Benign neoplasms and neoplasms of unspecified nature	...	...	1	...	...	...	1	...	1	...	2	...	5
III. & IV. *Allergic, Endocrine System, Metabolic and Nutritional Diseases and Diseases of the Blood & Blood-forming Organs.*													
63. Diabetes mellitus	8	12	8	4	4	8	8	5	5	3	7	10	82
64*b*. Pellagra	...	...	1	1	..	...	...	...	...	...	..	...	2
65*a*. Pernicious and other hyperchromic anæmias ...	...	...	1	...	...	.	1	...	2	1	...	1	6
65*c*. Other specified and unspecified anaemias	...	...	...	...	...	...	2	1	...	...	...	...	3
66*a*. Asthma	7	...	...	2	2	...	...	1	5	2	2	3	24
66*b*. All other allergic disorders, endocrine, metabolic and and blood diseases	...	...	...	1	...	...	1	2	1	1	1	...	7
V. *Mental, Psychoneurotic and Personality Disorders.*													
67. Psychosis	...	...	...	...	1	...	...	1	...	...	...	...	2
68. Psychoneurosis and disorders of personality ...	...	...	...	...	...	...	...	...	...	...	...	...	—
69. Mental deficiency	...	...	...	...	...	...	...	...	...	...	...	...	—
VI. *Diseases of the Nervous System and Sense Organs.*													
70. Vascular lesions affecting central nervous system ...	36	28	37	26	22	29	42	30	20	30	24	30	354
71. Non-meningococcal meningitis	...	...	...	...	...	...	...	...	...	...	...	...	—
73. Epilepsy	1	...	...	...	1	2	1	1	...	..	...	...	6
77b. Otitis media and mastoiditis	1	...	...	...	1	...	...	...	...	...	1	...	3
78*b*. All other diseases of the nervous system and sense organs	1	3	2	1	3	..	1	2	1	2	...	1	17
Carried forward ...	83	73	86	67	68	74	101	83	73	70	62	73	913

APPENDIX HA — (*Continued*).

Table showing diseases causing death, by month, in accordance with the International List of Causes of Death.

Causes of Death.	Jan.	Feb.	Mch	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Brought forward ...	83	73	86	67	68	74	101	83	73	70	62	73	913
VII. *Diseases of the Circulatory System.*													
79. Rheumatic fever	2	...	2	1	2	...	1	1	.	1	...	1	11
80. Chronic rheumatic heart disease	1	3	2	...	...	1	...	1	1	...	1	1	11
81. Arteriosclerotic and degenerative heart disease ...	62	51	62	45	37	40	60	38	38	42	42	49	566
82. Other diseases of heart	9	10	13	12	8	5	11	6	8	6	7	8	103
83. Hypertension with heart disease	6	4	11	4	5	4	4	4	1	1	2	4	50
84. Hypertension without mention of heart... ...	3	2	2	3	...	1	2	1	2	...	2	1	19
85. Diseases of arteries	4	4	5	5	5	1	1	1	1	4	6	3	40
86 Other diseases of circulatory system	1	1	...	...	1	...	1	1	1	2	2	2	12
VIII. *Diseases of the Respiratory System.*													
87. Acute upper respiratory infections	1	...	...	...	. .	..	...	...	...	...	...	...	1
88. Influenza	...	...	1	...	...	...	...	...	...	...		...	1
89. Lobar pneumonia	...	1	4	2	3	...	1	3	...	...	. .	...	14
90. Broncho-pneumonia	6	5	4	5	9	3	9	2	1	1	1	4	50
91. Primary atypical, other and unspecified pneumon ...	..	...	...	...	1	...	1	...	...	1	...	...	3
92. Acute bronchitis...	3	2	5	1	6	1	3	1	1	2	2	1	28
93. Bronchitis, chronic and unqualified ...	1	2	...	2	...	1	...	2	1	2	...	5	16
94. Hypertrophy of tonsils and adenoids ...	...	..	...	...	1	...	...	...	...	...	...	...	1
95 Empyema and abscess of lung	...	..	...	...		...	...	1	...	1	...	...	2
97*b*. All other respiratory diseases	5	5	10	6	7	9	3	3	3	6	5	6	68
IX. *Diseases of the Digestive System.*													
99. Ulcer of stomach	2	1	...	...	1	...	...	1	1	...	1	...	7
100 Ulcer of duodenum	1		...	...	1	...	...	...	1	1	2	1	7
101. Gastritis and duodenitis	...	...	...	...	...	...	...	...	...	...	...	...	—
102. Appendicitis	1	...	...	...	...	...	...	..	...	...	...	...	1
103. Intestinal obstruction and hernia	1	...	...	1	4	...	...	2	3	1	3	3	18
104*a*. Gastro-enteritis and colitis between 4 weeks and 2 years	1	5	1	2	6	13	20	8	4	5	2	6	73
104*b*. Gastro-enteritis and colitis ages 2 years and over	...	...	..	...	...	...	1	2	...	...	...	...	3
104*c*. Chronic enteritis and ulcerative colitis	...	...	1	1	1	...	...	...	...	...	...	...	3
105. Cirrhosis of liver	1	2	2	2	1	2	1	2	3	3	2	2	23
106. Cholelithiasis and cholecystitis	...	1	...	1	1	...	...	...	1	...	...	...	4
107. Other diseases of digestive system ...	1	2	1	1	...	...	1	2	1	2	...	3	14
X. *Diseases of the Genito-Urinary System.*													
108. Acute nephritis	...	...	1	...	1	...	1	...	..	2	...	2	7
109. Chronic, other and unspecified nephritis ...	3	10	8	6	3	5	2	5	3	3	6	7	61
110. Infections of kidney	1	3	1	1	1	1	4	3	2	...	2	..	19
111. Calculi of urinary system	...	...	...	1	1	...	...	...	...	...	...	...	2
112. Hyperplasia of prostate	3	1	1	...	1	2	...	...	...	1	3	3	15
114*c*. All other diseases of the genito-urinary system ...	...	...	...	1	1	...	...	1	1	..	...	...	4
XI. *Deliveries and Complications of Pregnancy, Childbirth and the Puerperium.*													
117. Hæmorrhage of pregnancy and childbirth ...	...	...	...	...	...	...	1	...	...	...	...	...	1
120*a*. Other complications of pregnancy, childbirth and the puerperium	...	...	1	1	1	...	...	2	1	..	...	...	6
XII. *Diseases of the Skin and Cellular Tissue*													
121. Infections of skin and subcutaneous tissue ...	...	...	...	...	...	...	...	...	..	...	...	...	...
XIII. *Diseases of the Bones and Organs of Movement.*													
122. Arthritis and spondylitis	...	...	...	1	...	...	...	...	...	...	...	...	1
126*a*. Chronic Ulcer of Skin (including tropical ulcer) ...	...	..	...	..	1	...	...	...	...	..	...	...	1
126*b*. All other diseases of skin	..	..	...	..	...	...	...	...	...	1	...	...	1
126c. All other diseases of musculo-skeletal system ...	...	...	...	...	...	...	...	...	...	...	1	...	1
Carried forward ...	202	188	223	172	178	163	229	176	152	158	154	185	2,181

APPENDIX HA — (*Continued*).

Table showing diseases causing death, by month, in accordance with the International List of Causes of Death.

Causes of Death.	Jan.	Feb.	Mch.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Brought forward ...	202	188	223	172	178	163	229	176	152	158	154	185	2,181
XIV. *Congenital Malformations.*													
127. Spina bifida and meningocele	...	2	3	1	1	1	2	...	1	1	3	1	16
128. Congenital malformation of circulatory system ...	2	2	4	2	2	1	3	5	2	1	...	1	25
129. All other congenital malformations	4	4	...	2	2	2	...	...	1	2	2	2	21
XV. *Certain Diseases of Early Infancy.*													
130. Birth injuries	2	5	2	5	3	7	4	2	3	3	3	5	44
131. Postnatal asphyxia and atelectasis	7	7	3	3	5	4	4	2	2	5	14	6	62
132*a*. Diarrhœa of newborn (under 4 weeks)	...	...	...	...	2	...	...	..	1	1	1	1	6
132*c*. Other infections of newborn	1	1	...	...	...	...	..	1	...	1	...	...	4
133. Hæmolytic disease of newborn	...	1	...	2	...	..	1	1	...	...	...	1	6
134. All other defined diseases of early infancy .	3	1	1	2	1	...	...	2	..	...	...	...	10
135. Ill-defined diseases peculiar to early infancy, and immaturity unqualified	12	5	3	9	4	4	7	3	8	3	1	5	64
XVI. *Sypmtoms, Senility and Ill-defined Conditions.*													
136. Senility without mention of psychosis	28	7	9	12	12	9	20	16	18	15	10	20	176
XVII. *Accidents, Poisoning and Violence.*													
138. Motor vehicle accidents	1	...	...	...	...	..	1	..	1	2	1	3	9
141. Accidental falls	3	1	1	4	...	1	...	1	5	2	...	2	20
142. Accident caused by machinery	...	..	...	...	1	.	...	...	...	...	...	...	1
143. Accident caused by fire and explosion of combustible material	...	3	...	2	2	...	...	3	..	...	..	2	12
145. Accident caused by firearm	...	...	...	..	...	..	...	...	...	...	...	...	—
146. Accidental drowning and submersion	1	...	...	.	...	2	2	...	1	1	...	...	7
147*a*. Foreign body entering eye and adnexa... ...	...	..	...	.	...	...	...	...	..	...	...	...	—
147*b*. Foreign body entering other orifice	...	...	...	...	...	...	...	...	..	...	...	.	—
148. All other accidental causes	2	..	...	3	2	1	4	2	1	1	1	1	18
149 Homicide and injury purposely inflicted by other persons (not in war)	...	...	...	...	...	1	...	...	...	...	...	...	1
Total ...	268	227	249	219	215	196	278	214	196	196	190	235	2,683

APPENDIX HB.

Table showing mortality in quinquennial and decennial age groups by sex

LOCALITY	AGES																												
	Under 5		5 & under 10		10 & under 15		15 & under 20		20 & under 25		25 & under 35		35 & under 45		45 & under 55		55 & under 65		65 & under 75		75 & under 85		85 & under 95		95 and over		TOTAL		TOTAL both sexes
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Attard	...	1	...	...	1	...	...	...	...	...	...	...	2	.	...	1	3	...	4	2	3	2	...	...	...	...	13	6	19
Balzan	2	1	...	...	...	...	..	1	..	...	1	.	...	...	...	1	1	2	...	2	2	4	...	...	1	...	7	12	19
Birkirkara	11	13	...	...	1	...	1	1	...	1	3	1	3	...	9	9	14	19	22	13	11	10	3	4	...	...	78	71	149
Birzebbuġa	3	2	...	...	...	...	1	...	...	...	1	...	...	1	1	1	2	4	2	1	2	4	...	1	...	...	12	14	26
Cospicua	6	5	...	...	1	...	...	...	1	...	4	..	3	3	8	3	9	5	10	10	2	9	1	2	...	...	45	37	82
Dingli	1	1	...	...	...	...	...	...	...	...	...	...	..	1	...	1	...	3	2	...	...	1	1	2	...	...	4	9	13
Floriana	4	2	...	...	.	...	...	...	1	...	...	...	...	2	4	1	9	4	7	7	4	6	...	...	...	...	29	22	51
Għargħur	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	2	1	1	1	1	...	1	1	...	...	7	4	11
Għaxaq	3	3	...	...	...	...	...	...	...	...	1	1	1	...	...	1	3	1	3	2	1	1	...	...	...	...	12	9	21
Gudja	3	1	...	...	...	...	...	...	...	...	...	1	...	...		1	1	...	2	1	5	2	...	...	...	...	11	6	17
Gżira	6	7	...	1	..	1	...	...	...	...	1	2	2	3	4	4	4	5	3	3	2	4	1	1	...	...	23	31	54
Hamrun	11	0	...	1	...	...	...	...	...	...	1	2	3	4	4	3	18	11	26	25	29	30	7	4	...	...	99	92	191
Kalkara...	4	1	...	...	...	..	1	...	...	...	...	...	2	1	1	2	1	3	1	...	...	3	2	1	...	...	12	11	23
Kirkop	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	2	...	1	...	..	...	1	4	4	8
Lija	6	...	...	...	...	...	...	...	...	...	...	1	...	...	3	2	4	1	4	6	1	5	...	.	...	1	18	16	34
Luqa	5	3	...	...	...	1		...	...	...	1	...	...	...	...	2	2	4	6	8	6	2	2	..	...	...	22	20	42
Marsa	10	6	2	...	...	...	1	...	...		...	1	3	...	3	5	10	9	11	15	6	6	...	3	...	..	46	45	91
Marsaskala	1	...	...	...	...	...	1	...	...	...	...	..	1	...	...	...	...	1	1	...	2	...	...	1	...	...	6	2	8
Marsaxlokk	1	1	...	...	...	..	...	...	..	...	.	...	...	...	...	...	2	...	2	1	...	...	1	...	...	...	6	2	8
Mdina	..	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	.	1	..	...	...	...	...	...	1	2	3
Mellieħa	3	2	1	...	1	1	...	...	...	...	...	...	1	...		2	2	1	4	...	1	4	3	4	...	...	16	14	30
Mġarr and Żebbieħ	1	1	...	...	..	...	...	...	...	...	...	1	...	...	...	...	...	...	2	1	4	...	1	2	...	..	8	5	13
Mosta	8	8	..	...	...	...	...	...	...	1	1	...	1	...	1	2	6	5	10	7	7	6	...	2	...	..	34	31	65
Mqabba	...	...	...	...	...	..	1	...	...	...	...	1	1	...	..	...	1	...	2	3	2	3	...	..	...	...	7	7	14
Msida	5	4	1	...	1	...	1	1	...	...		1	2	2	1	4	6	5	6	7	1	4	...	4	...	...	24	32	56
Naxxar	2	1		...	...		...	.	...	1	...	...	1	3	...	2	4	4	3	3	6	9	1	1	...	1	17	25	42
Pawla	15	7	...	...	...	...	...	1	...	1	1	2	2	4	10	3	12	9	14	9	9	5	2	3	...	.	65	44	109
Pietà	1	3	...	...	...	...	...	...	...	...	...	1	...	...	1		1	1	3	...	...	1	...	1	...	...	6	7	13
Qormi	16	18	2	1	1	.	...	1	.	. .	...	2	1	2	1	7	17	15	15	5	10	11	4	3	...	...	67	65	132
Qrendi	1	1	...	...	..	...	...	...	...	...	...	...	...	...	1	1	3	1	3	...	5	4	1	...	...	...	14	7	21
Rabat	9	10	...	2	...	...	1	...	1	...	1	1	1	1	9	6	10	9	11	13	15	12	4	5	1		63	59	122
Safi	1	2	...		...	...	...	...	...		...	...	...	...	...	...	...	...	...	1	...	...	1	1	...	...	2	4	6
St. Julian's	5	4	...	1	...	...	...	1	1	...	...	...	1	1	2	2	2	3	9	4	3	4	1	1	...	...	24	21	45
St. Paul's Bay	1	1	...	...	...	...	...	...	...	...	..	...	...	...	...	...	1	2	3	4	1	...	1	...	...	...	7	7	14
Sta. Venera	2	3	...	...	...	1	...	...	1	...	...	...	...	...	...	1	3	1	2	2	3	3	...	...	...	...	11	11	22
Senglea...	1	4	...	...	...	...	...	...	...		...	1	2	1	3	...	3	2	6	3	3	3	...	1	...	...	18	15	33
Siġġiewi	4	3	...	...	...	...	...	...	...	...	...	1	...	...	...	2	3	4	5	4	2	3	1	1	...	...	15	20	35
Sliema	14	19	...	1	1	1	2	...	1	...	1	...	4	2	11	8	18	16	22	29	19	28	7	10	...	2	100	116	216
Tarxien	6	7	...	...	...	1	1	...	...	...	2	1	...	...	1	...	5	3	5	4	3	1	...	2	...	...	23	19	42
Valletta...	9	9	...	2	2	1	...	1	1	..	...	1	1	2	14	3	19	15	26	26	16	19	3	6	...	...	91	85	176
Vittoriosa	3	2	...		...	...	...	...	1	...	...	...	...	...	2	1	4	5	5	3	1	2	2	2	...	...	18	15	33
Żabbar	7	3	1	...	...	...	1	...	...	...	1	...	2	1	9	4	9	11	9	7	3	7	...	3	...	...	42	36	78
Żebbuġ	5	8	...	...	...	...	1	...	...	...	1	1	2	1	3	2	4	3	12	9	7	9	1	3	...	1	36	37	73
Żejtun	4	13	...	...	...	...	...	...	...	...	1	2	2	2	2	3	9	13	15	15	14	9	2	3	...	...	49	60	109
Żurrieq	5	9	2	..	...	...	...	...	...	...	3	...	...	...	2	...	4	1	5	5	5	4	1	2	...	..	27	21	48
Total Malta	208	198	9	9	9	7	13	7	8	4	25	26	44	37	112	91	232	202	305	264	217	247	55	80	2	6	1,239	1,178	2,417

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	
Ghajnsielem	1	...	...	...	...	...	...	1	...	...	...	1	2	...	...	...	1	2	4	2	1	3	...	2	...	...	9	11	20
Għarb	1	...	...	1	...	...	...	...	...	...	..	...	...	...		1	1	2	...	1	3	1	1	...	...	...	6	6	12
Għasri	...	..	...	...	...	...	..	...	..		...	...	...	...	...	...	...	...	1	1	1	...	1	...	.	...	3	1	4
Kerċem	2	1	...	...	...	...	..	...	...	...	...	...	...	...	...	1	...	3	2	...	7	...	...	2	...	...	11	7	18
Munxar	...	...	...	...	...	...	...	...	...	...	1		..	...	...	...	...	...	1	...	1	2	...	...	.	...	3	2	5
Nadur	3	..	...	1	...	...		...	...	...	...	...	...	3	...	2	3	3	...	2	3	6	2	3	...	...	11	20	31
Qala	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	2	...	2	1	5	3	..	...	...	...	10	4	14
San Lawrenz	...	...	...	..	...	...	1	...	...	...	2	...	...	...	...	...	1	1	...	1	...	...	...	1	...	...	4	3	7
Sannat	3	1	..	..	...	...	...	...	...	...	1	...	...	...	1	...	1	1	3	1	1	2	...	2	...	...	10	7	17
Victoria...	6	5	2	...	...	...	...	1	1	...	1	...	2	2	...	2	8	3	6	6	9	10	4	2	..	1	39	32	71
Xagħra	6	1	...	...	...	...	...	...	1	...	...	...	...	...	1	1	1	3	3	5	8	2	1	2	...	1	21	15	36
Xewkija	3	2	...	...	...	1	...	..		...	...	...	...	...	1	...	2	2	2	3	4	1	1	...	...	...	13	9	22
Xlendi	...	...		...	...	...	..	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Żebbuġ	...	...	...	...		...	..	...	...	...	...	...	...	..	2	...	2	1	1	1	1	...	...	1	...	...	6	3	9
Total Gozo	25	10	2	2	...	1	1	2	2	...	5	1	4	5	6	7	22	21	25	24	44	30	10	15	...	2	146	120	266
Total Both Islands...	233	208	11	11	9	8	14	9	10	4	30	27	48	42	118	98	254	223	330	288	261	277	65	95	2	8	1385	1298	2683

Appendix HC.

Deaths by Cause according to Age and Sex

CAUSES OF DEATH	Under 1 year		1 year and under 2		2 years and under 3		3 years and under 4		4 years and under 5		5 years and under 10		10 years and under 15		15 years and under 20		20 years and under 25		25 years and under 35		35 years and under 45		45 years and under 55		55 years and under 65		65 years and under 75		75 years and under 85		85 years and under 95		95 years and over		TOTAL		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Both Sexes
I. *Infective and Parasitic Diseases*																																			
1. Tuberculosis of respiratory system ...	...	...	..	..	...	...	...	...	...	...	.	...	...		...	1	..	1	7	2	6	2	1	1	10	3	2	3	2	...	...	...	..	...	28	13	41
2. Tuberculosis of meninges and central nervous system	...	..	...	1	...	...	1	...	...		...	..	...	...	...	...	...	...	...	...	..	...	...	...	...	...	.	...	...	...	...	..	...	...	1	1	2
3. Tuberculosis of intestines, peritoneum and and mesenteric glands	...	.	...	...	...	...	...	...	...		...	...	...	.	...	...	...	...	...	1	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
5. Tuberculosis, all other forms	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	..	..	..	..	. .	...	...	...	. .	...	2	...	2
10. All other syphilis	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...		...	..	...		...	1	...	2		...	...	. .	...	.	...	3	...	3
12. Typhoid fever	1	...	...	...	...		...	...		...	...	...	..	...	...	...	...	...	...	...	...		...	...	...	..	...	...	...	...	...	...	...	1	...	1
15. Brucellosis (undulant fever)	...	.	...	...	...	...	...	...	..	...	.	.	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
16a. Bacillary dysentery	...	...	...	...	..	..	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	.	..	...
16b Amoebiasis	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...	...	...	...	.	...	...	..	.	..
17. Scarlet fever	1	..	...	...	...	...	...	...	...		..		...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	1	..	1
19 Ersypelas	...	...	.	...	...		...	...	...	...	..	.	...	..	...	..	...	..	...	...	...		...	...	...	...	3	.	...	...	...	...	...	...	.	3	3
20, Septicaemia and pyaemia	1	...	...	...	...	.	...	...	..	...	...	...	...	.	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	1	2
21. Diphtheria	...	...	1	..	...	...	...	...	..	..	...	...	...	...	...	...	..	...	...	1	...	..	...	..	...	...	...	...	...	...	...	...	...	..	1	1	2
22. Whooping cough	..	1	...	..	...		...	.	...	...	...	...	...	...	...	...	...	...	...	...	1	..	...	...	...	...	...	.	...	..	...	...	...	...	1	1	2
25. Leprosy	.	...	...	..	...	. .	...	...	...		...	..	...	...	...	...	...	...	...	1		2	1	..	1	...	...	...	...	...	...	...	...	...	2	3	5
26. Tetanus		...	...	.	...	...	1	...	...	.	...	...	1	...	...	...	1	...	...	...	...		...	1	..	...	...	...	...	...	...	...	...	...	4	1	5
32. Measles	1	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	1	1	..	...	...	...	...	...	...	2	1	1
34. Infectious hypatitis	1	...	..	...	...	...	...	...	...	..	...	...	...	...	..	...	...	...	1	...	...	1	...	...	...	...	...	..	...	...	...	...	...	...	2	1	3
43p. All other diseases clasified as infective and Parasitic	...	. .	...	...	..	...	...	..	...	...	...		...	. .	..	..	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
II. *Neoplasms.*																																						
44. Malignant neoplasm of buccal cavity and pharynx	...	...	...		...	...	...	...	...	..	...	...	...		...	..	...	...	...	...	...	...	3	...	4	...	...	1	1	2	...	.	...	...	8	3	11
45. Malignant neoplasm of oesophagus ...	..	...	...	.	...	...	...	...	...	. .	...	...	...		...	...	...	...	...	...	...	.	...	...	1	3	5	3	1	...	1	.	...	.	8	6	14
46. Malignant neoplasm of stomach	...	...	...	...	...	...	...	...	...	...	...	...	...		...		...	...	...	...	...	...	6	1	4	7	11	9	12	6	..	1	...	...	33	24	57
47. Malignant neoplasm of intestines, except rectum	...	...	..	...	...	...	..	.	...	...	...	...	...		...	...	1	. .	..	...	..	...	1	1	1	5	4	2	4	2	...	1	...		11	11	22
48. Malignant neoplasm of rectum		...	...	...	...	...	..	.	..	...	...	...	1	...	...	...	...	...	...	...	...	...	.	..	2	2	1	3	1	1	...	.	...	...	5	6	11
49 Malignant neoplasm of larynx	.	...	...		..		...	...	...	...	...	..	...	...	..	...	...	...	...	1	...		1	...	...	...	3	.	1	1	...	...	...	...	5	2	7
50. Malignant neoplasm of trachea, and of bronchus and lung not specified as secondary .	...	..	...	.	...	...	...	...	...	..	...	...	...	...	...	...	...	..	...	...	3	2	5	1	9	1	7	4	4	2	...	...		...	28	10	38
51. Malignant neoplasm of breast	...	...	. .	...	...	...	...	...	..	...	..	...	...	...	...	...	...	.	...	...	...	4	..	10	...	10	...	3	...	2	...	...	..	...	.	29	29
52. Malignant neoplasm of cervix uteri ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...		...	1	...	..	...	2		. .	...	..	...	...	...	...	...	...	...	3	3
53. Malignant neoplasm of unspecified parts of uterus	...	...	...	...	...	.	...	...	...	...	...	...	...	...	...	1	...	...	...	..	2	...	...	4	...	6	...	6	. .	4	...	...	...	...	23	23
54. Malignant neoplasm of prostate	...	...	...	...	...	..	...	...	...	...	...	.	...	...	...	...	...	...	...	...	...		1	...	...	..	...	...	.	...	...	...	...	...	1	...	1
55. Malignant neoplasm of skin	...	...	..	...	...	...	...	...	...		...	...	...	...	...	..	..	...	...	1	...	..	...	..	.	...	3	...	...	...	...	...	...	...	3	1	4
56. Malignant neoplasm of bone and connective tissue	...	...	...	...	...	...	...	...	...		1	1	1	...	...		...	...	1	..	...	...	...	...	...	...	...	...	1	...	...	...	...	...	4	1	5
57. Malignant neoplasm of all other and unspecified sites	1	...	1	...	...	...	...	...	...	...	..	...	...	...	.	...	...	...	1	..	...	1	5	2	18	8	18	6	4	3	2	1	...	...	50	21	71
58. Leukaemia and aleukaemia	...		1	...	...		.	1	...	1	1	1	..		.		1	1	1	...	...	...	...	...	2	2	2	...	...	...	...		...	...	8	6	14
59. Lymphosarcoma and other neoplasms of lymphatic and haematopoietic system ...	..	...	.	...	...	..	...	...	...	...	1		...	...	1	.	..	...	3	.	3	...	2	2	3	.	1	..			...	...	...	...	14	2	16
60. Benign neoplasms and neoplasms of unspecified nature	...	...	...	...	...	...	...	...	1		...	..	...	.	...	...	...	.		...	...	1	1	1	...	...	1	..	...	...	...	...	...	...	3	2	5

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
III. *Allergic, Endocrine System, Metabolic and Nutritional Diseases.* & IV. *Diseases of the Blood and Blood-forming Organs*																																				
63. Diabetes mellitus	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	1	6	6	18	8	20	7	13	...	1	...	...	23	59	82
64a. Beriberi	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	2	2
65a. Pernicious and other hyperchromic anaemias	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	1	2	...	...	...	...	1	5	6
65c. Other specified and unspecified anaemias	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	2	1	3
66a. Asthma	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	5	2	4	2	4	3	1	...	1	...	...	...	17	7	24
66b. All other allergic disorders, endocrine, metabolic and blood diseases	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	2	...	1	2	...	...	...	...	...	...	...	3	4	7
V. *Mental, Psychoneurotic and Personality Disorders*																																				
67. Psychosis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	2	...	2
68. Psychoneurosis and disorders of personality	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
69. Mental deficiency	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
VI. *Diseases of the Nervous System and Sense Organs*																																				
70. Vascular lesions affecting central nervous system	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	2	4	4	15	13	35	47	61	67	39	47	8	9	...	1	163	191	354
71. Non-meningococcal meningitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
73. Epilepsy	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	2	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	5	1	6
77b. Otitis media and mastoiditis	...	1	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	3
78b. Il other diseases of the nerv us system and sense organs	...	...	...	2	...	1	1	1	...	1	1	...	...	...	1	...	...	...	1	...	2	1	...	2	2	...	...	...	1	...	...	...	...	...	9	8	17
VII. *Diseases of the Circulatory System*																																				
79. Rheumatic fever	...	...	...	...	...	...	...	1	...	...	3	2	2	1	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	6	5	11
80. Chronic rheumatic heart disease	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	2	1	1	3	1	...	...	...	1	...	1	...	...	...	...	...	5	6	11
81. Arteriosclerotic & degenerative heart disease	...	...	...	...	...	...	...	...	...	...	...	1	...	2	1	2	...	...	2	1	8	4	27	13	77	53	77	68	78	102	18	30	1	1	289	277	566
82. Other diseases of heart	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	5	4	3	16	9	20	15	10	13	5	3	...	1	56	47	103
83. Hypertension with heart disease	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	7	3	5	5	12	9	5	3	...	...	...	...	...	...	29	21	50
84. Hypertension without mention of heart	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	3	4	2	4	3	2	...	...	...	...	...	...	...	11	8	19
85. Diseases of arteries	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	1	3	5	5	4	9	5	1	5	...	...	...	...	19	21	40
86. Othe diseases of circulat ry system	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	1	1	1	2	2	1	1	...	...	...	...	...	7	5	12
VIII. *Diseases of the Respiratory System*																																				
87. Acute upper respiratory infections	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	1
88. Influenza	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
89. Lobar pneumonia	3	6	...	1	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	5	9	14
90. Bronchopneumonia	14	10	4	8	2	...	...	...	...	...	1	1	...	...	...	...	...	...	1	...	...	1	2	...	...	2	1	...	1	2	...	...	...	...	26	24	50
91. Primary atypical, other and unspecified pneumonia	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	2	1	3
92. Acute bronchitis	7	7	1	2	...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	1	...	1	...	1	2	...	3	1	...	...	...	...	...	14	14	28
93. Bronchitis, chronic and unqualified	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	2	...	1	1	4	2	1	1	1	1	...	...	...	10	6	16
94. Hypertrophy of tonsils and adenoids	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
95. Empyema and abscess of lung	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	1	2
97b. All other respiratory diseases	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	1	...	2	...	5	2	10	10	14	7	7	7	...	1	...	...	...	...	38	30	68
IX. *Diseases of the Digestive System*																																				
99. Ulcer of stomach	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	2	...	2	...	2	...	2	...	...	...	...	...	7	...	7
100. Ulcer of duodenum	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	1	...	2	1	1	...	...	...	...	...	...	...	...	...	6	1	7
102. Appendicitis	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
103. Intestinal obstruction and hernia	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	4	2	1	1	1	...	2	1	...	...	...	...	8	10	18
104a. Gastro-enteritis and colitis between 4 weeks and 2 years	32	34	3	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	1	...	...	...	...	35	38	73
104b. Gastro-enteritis & colitis, ages 2 years & over	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	1	2	3
104c. Chronic enteritis and ulcera ive colitis	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	2	...	6	2	5	3	...	1	...	...	...	...	16	7	23
105. Cirrhosis of liver	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	1	3	3	...	...	...	...	...	...	6	8	14
106. Cholelithiasis and cholecystitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
107. Other diseases of digestive system	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	1	3	...	1	3	3	...	...	...	...	...	...	3	1	4

APPENDIX HC — (*Continued*).

Deaths by Cause according to Age and Sex

CAUSES OF DEATH	Under 1 year		1 year and under 2		2 years and under 3		3 years and under 4		4 years and under 5		5 years and under 10		10 years and under 15		15 years and under 20		20 years and under 25		25 years and under 35		35 years and under 45		45 years and under 55		55 years and under 65		65 years and under 75		75 years and under 85		85 years and under 95		95 years and over		TOTAL		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	BOTH SEXES
X. *Diseases of Genito-Urinary System*																																			
108. Acute nephritis	.	...	...	...	...	.	...	...		..	...	..		...	...	1	1	...	...	...	..		1	1	2	...	.	1	...	...	...	..	..	...	4	3	7
109. Chronic, other and unspecified nephritis	..	...	...	...	...	...	...	...	...	...	...		...	.	1	1	1	1	3	2	1	2	2	2	5	9	10	9	8	3	2	1			31	30	61
110. Infections of kidney	...	..	...	...	..	...	...	...		...	..	...	...	.	...	...	...	..	1	1	1	...	2	4	3	2	1	4	...	...	..	...		...	8	11	19
111. Calculi of urinary system	...	...	...	.	...	...	...	...	...	...	..	...	...	...	...	...	..	..	...	...	...	...	1	...	1	...	..	...	...	.	...				2	...	2
112. Hyperplasia of prostate	...	...	...	...	...	...	...	.	...	...	...	...	...	...	.	...	.	...	.	...	...	...	...	...	1	...	6	...	6	...	2	...	...	...	15	...	15
114c. All other diseases of the genito urinary system	...	...		...	...	..	1	...	..	..	...	...	...	...	...	...	...	...	...	...	..	...	1	1	1	.	..	1	...	.	...	...		...	2	2	4
XI. *Deliveries and Complications of Pregnancy, Childbirth and the Puerperium*																																			
117. Hæmorrhage of pregnancy and childbirth	..	..	. .	...	...	...	...	...	..	...	...	.	...		...	..		. .	...	...	1	...			...		...		...	...	...	..		...	...	...	1	1
120a. Other complications of pregnancy, childbirth and the puerperium	...	...	...	...	.	...	..	..	...	...	...	...	..	..	...	..	..	..	..	5	...	1	.	..	...	...		...	...	..	...	...	..	...	..	6	6
XII. *Diseases of the Skin and Cellular Tissue*																																			
121. Infections of skin and subcutaneous tissue	...	...	...	..		...	...	.		...	..	..	..	...	..	...	...	...	..	...	...	..	.		..	...	...	..	...	...	...		...	..	..	...	
XIII. *Diseases of the Bones and Organs of Movement*																																			
122. Arthritis and spondylitis	..	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	..	...	...	...	..	...	..	...	...	1	...	...	...	...	...	..	...	1	...	1
126a. Chronic ulcer of skin (includ. tropical ulcer)	...	...	...	...		..	...	...		...	...	.	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	.	...	...	.	...	..	...	1	.	1
126b. All other diseases of skin	...	...	...	...	...	...	...	...	...	..	..	..	...	...	...	...	...	...	...	1	...	.	...	..	...	...	...	...	...	...	...	...	..	...	..	1	1
126c. All other diseases of musculo-skeletal system	...		...	..	...	...	...	...	...	.	...	..	..	..	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	.	..	...	...	...	...	1	1
XIV. *Congenital Malformations*																																			
127. Spina bifida and meningocele	7	9	...	...	...	...	...	..	..	..	...	..	...		...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	.	..	...	...	7	9	16
128. Congenital malformation of circulatory system	11	8	1	2	...	.	1	..	1	...	...	...	...	...	...	1	..	.	...	...	...	..	...	...	..	...	...	...	...	...	.	...	...	...	13	12	25
129. All other congenital malformations	9	10	...	2	...	...	...	.	..	...	...	..	...	...	.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	9	12	21
XV *Certain Diseases of Early Infancy*																																			
130. Birth injuries	29	15	...		..	...	...	...	...	...	.	...		...	...	...	..	...	...	...	..	...	...	...	...	...	1	...	...	...	...	...	...	...	29	15	44
131. Postnatal asphyxia and atelectasis	35	27	...	..	..	.		...	.	...	...	..		...	...	...	...	...	...	...	..	...	...	...	...	...	..	...	...	...	...	...	...	...	35	27	62
132a. Diarrhoea of newborn (under 4 weeks)	4	2		...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	2	6
132c. Other infections o, newborn	...	4	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	4
133. Haemolytic disease of newborn	4	2	...	...	...	.	...	..	...	...	.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	2	6
134. All other defined diseases of early infancy	3	7	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	7	10
135. Ill-defined diseases peculiar to early infancy, and immaturity unqualified	39	25	...	.	...	..	...	...	...		...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	39	25	64
XVI. *Symptoms, Senility and Ill-defined Conditions*																																			
136. Senility without mention of psychosis	...	.	...	...	...	...	...	...	..	...	..	...	..	.	...	.	...	...	...	...	...	..	..	...	...	...	13	13	41	42	22	39	1	5	77	99	176
XVII. *Accidents, Poisonings and Violence*																																			
138. Motor vehicle accidents	...	...	.	...	...	...	...	...		...	...	1	1	...	3		...	.	...	...	...	...	...	...	2	...	2	...	...	...	...	...	..	.	8	1	9
141. Accidental falls	...		...	...	1	...	...	..	...	...	...	1	...	...		...	...	..	...	...	1	...	..	...	2	...	5	...	3	5	...	2	..	..	12	8	20
142. Accident caused by machinery	...	...	...	...	...	...	...	...	..	..	...	..	...	...	...	...	...	...	...	...	1	...	...	..	.	...	...	...	...	...	...	...	...	...	1	.	1
143. Accident caused by fire and explosion of combustible material	..	..	...	...	...	...	...	...	...	...	1	...	1	.	1	...	...	...	1	...	1	1	1	1	...	2	...	1	...	1	...	...	...	...	6	6	12
146. Accidental drowning and submersion	...	1	.	...	...	...	...	...	...		...	...	1	1	1	...	...	...	1	...	1	.	...	...	1	...	..	1	...	..	...	...	...	..	4	3	7
148. All other accidental causes	3	1	...	...	...	..	. .	...	...	...	1		2	.	4	.	...	...	1	1	...	1		.	...		...	2	1	1	...	...	...	...	12	6	18
149. Homicide and injury purposely inflicted by other persons (not in war)	...	.	...	...	...	..	...	..	...	...	...		...	...	...	...		...	...	..	...	...	1	...	...	...	...	...	...	...	...	..	...	1	...	1
TOTAL	211	174	14	26	3	1	4	4	1	3	11	11	9	8	14	9	10	4	30	27	48	42	118	98	254	223	330	288	261	277	65	95	2	8	1385	1298	2,683

APPENDIX MA.

GENERAL HOSPITALS IN MALTA AND GOZO

Return of diseases and deaths (in-patients) for the year 1954

Disease	Remaining in Hosp. at end of 1953	Admissions	Transfers from other Hospitals	Total cases treated	Deaths	Discharges	Transfers to other Hospitals	Remaining in Hospital at end of 1954
I. *Infective and Parasitic Diseases.*								
1. Tuberculosis of the respiratory system ..	4	52	2	58	3	28	22	5
2. Tuberculosis of the meninges and central nervous system	1	18	...	19	3	11	1	4
3. Tuberculosis of intestines and peritoneum and mesenteric glands	2	6	4	12	...	8	2	2
4. Tuberculosis of bones and joints ...	1	22	2	25	1	15	3	6
5. Tuberculosis, all other forms	10	10	2	22	1	9	3	9
6. Congenital syphilis	...	...	...	...	...	...	...	...
7. Early syphilis	...	...	...	...	...	...	...	...
8. Tabes Dorsalis	...	2	...	2	...	2	...	...
9. General paralysis of insane	...	11	...	11	1	10	...	...
10. All other syphilis	1	1	...	2	1	1	...	...
11. Gonococcal infections	...	14	...	14	...	11	1	2
12. Typhoid fever	4	105	...	109	1	105	...	3
13. Paratyphoid fever and other Salmonella infections	...	1	...	1	...	1	...	...
14. Cholera	...	...	...	...	...	...	...	...
15. Brucellosis (undulant fever)	21	297	1	319	...	298	6	15
16a. Bacillary dysentery	1	5	...	6	...	6	...	...
16b. Amœbasis	1	22	1	24	...	24	...	...
16c. Other unspecified forms of dysentery ...	...	4	...	4	...	4	...	...
17. Scarlet fever	...	...	...	...	...	...	...	.
18. Streptococcal sore throat	...	...	...	.	...	...	...	...
19. Erysipelas	...	4	...	4	...	1	3	...
20. Septicæmia and pyaemia	...	4	..	4	1	3	...	...
21. Diphtheria	..	2	...	2	..	...	2	...
22. Whooping cough	...	...	...	...	...	...	...	...
23. Meningococcal infections	...	5	...	5	...	4	1	...
24. Plague	...	...	...	...	...	...	...	...
25. Leprosy	72	5	1	78	4	4	...	70
26. Tetanus	...	23	...	23	3	20	...	...
27. Anthrax	...	...	...	...	...	...	...	...
28a. Acute poliomyelitis	6	27	1	34	...	27	3	4
28b. Polioencephalitis	...	...	...	...	...	...	...	...
29. Acute infectious encephalitis	...	...	..	...	...	...	...	...
30. Late effects of acute poliomyelitis and of acute infectious encephalitis ...	...	3	...	3	...	2	...	1
31. Smallpox	...	...	...	...	...	...	...	...
32. Measles	...	...	...	...	...	...	...	...
33. Yellow fever	...	...	...	...	...	...	...	...
34. Infectious hepatitis	...	7	...	7	2	4	1	...
35. Rabies	...	...	...	...	...	...	..	...
36a. Louse-borne epidemic typhus	...	...	...	...	...	...	...	...
36b Flea-borne endemic typhus	...	8	...	8	...	8	...	...
36c. Tick-borne epidemic typhus	38	605	2	645	15	554	35	41
36d. Mite-borne typhus	...	13	...	13	...	13	...	...
36e. Other and unspecified typhus	...	...	...	...	...	...	...	...
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	...	...	...	...	...	...	...	...
40a Onchocerciasis	..	...	...	...	...	...	...	...
40b. Loiasis	...	...	...	...	...	...	...	
40c. Filariasis (bancrofti)	...	...	...	...	...	...	...	...
40d. Other filariasis	...	...	...	...	...	...	...	
41. Ankylostomiasis	...	.	...	...	...	...	...	...
Carried forward ...	162	1276	16	1454	36	1173	83	162

APPENDIX MA — (*Continued*).

GENERAL HOSPITALS IN MALTA AND GOZO

Return of diseases and deaths (in-patients) for the year 1954

Disease	Remaining in Hosp. at end of 1953	Admissions	Transfers from other Hospitals	Total cases treated	Deaths	Discharges	Transfers to other Hospitals	Remaining in Hosp. at end of 1954
Brought forward ...	162	1276	16	1454	36	1173	83	162
42a. Tapeworm (infestation) and other cestode infestations	...	3	...	3	...	3	...	...
42b. Ascariasis	...	1	...	1	...	1	...	...
42c. Guinea worm (dracunculosis)	...	...	...	...	...	...	...	...
42d. Other diseases due to helminths ...	...	1	...	1	...	1	...	...
43a. Lymphogranuloma venereum	...	...	...	...	...	...	...	...
43b. Granuloma inguinale, venereal	...	3	...	3	...	3	...	...
43c. Other and unspecified venereal diseases...	...	...	...	...	..	...	...	...
43d. Food poisoning infection and intoxication	...	...	...	...	..	...	...	...
43e. Relapsing fever	...	...	...	...	...	...	...	...
43f. Leptospirosis icterohæmorrhagica (Weil's disease)	...	...	...	...	...	...	...	..
43g. Yaws	...	...	...	...	...	...	...	...
43h. Chickenpox	...	...	...	...	...	...	...	...
43i. Dengue	...	...	...	...	...	...	...	...
43j. Trachoma	...	..	...	...	..	...	...	...
43k. Sandfly fever	...	...	...	...	...	...	..	...
43l. Leishmaniasis	..	6	...	6	...	5	...	1
43m. Trypanosomiasis gambiensis Trypanosomiasis rhodesiensis Other and unspecified Trypanosomiasis	...	...	...	...	...	...	...	...
43n. Dermatophytosis	...	...	...	...	...	...	...	...
43o. Scabies	...	...	...	...	...	..	...	...
43p. All other diseases classified as infective and parasitic	2	3	...	5	1	4	...	...
II. *Neoplasms*								
44. Malignant neoplasm of buccal cavity and pharynx	1	22	...	23	5	18	...	...
45. Malignant neoplasm of œsophagus ...	...	15	1	16	3	12	...	1
46. Malignant neoplasm of stomach ...	1	47	6	54	15	29	6	4
47. Malignant neoplasm of intestines except rectum	2	18	...	20	7	12	...	1
48. Malignant neoplasm of rectum	1	13	...	14	3	10	...	1
49. Malignant neoplasm of larynx	...	...	...	...	...	...	...	...
50. Malignant neoplasm of trachea, and of bronchus and lung not specified as secondary	...	41	5	46	17	21	4	4
51. Malignant neoplasm of breast	7	44	4	55	9	35	9	2
52. Malignant neoplasm of cervix uteri ...	2	22	...	24	2	20	1	1
53. Malignant neoplasm of other and unspecified parts of uterus	...	8	1	9	...	7	2	...
54. Malignant neoplasm of prostate ...	...	3	6	9	2	4	...	3
55. Malignant neoplasm of skin	1	1	...	2	...	2	...	...
56. Malignant neoplasm of bone and connective tissue	2	4	...	6	...	3	1	2
57. Malignant neoplasm of all other and unspecified sites	12	80	4	96	24	58	5	9
58. Leukæmia and aleukæmia	...	4	...	4	1	3	...	...
59. Lymphosarcoma and other neoplasm of Lymphatic and hæmatopoietic system	2	17	...	19	6	12	...	1
60. Benign neoplasms and neoplasms of unspecified nature	13	288	5	306	...	291	6	9
Carried forward	208	1,920	48	2,176	131	1727	117	201

APPENDIX MA — (*Continued*).

GENERAL HOSPITALS IN MALTA AND GOZO

Return of diseases and deaths (in-patients) for the year 1954

Disease	Remaining in Hosp. at end of 1953	Admissions	Transfers from other Hospitals	Total cases treated	Deaths	Discharges	Transfers to other Hospitals	Remaining in Hosp. at end of 1954
Brought forward ...	208	1,920	48	2,176	131	1727	117	201
III. & IV. *Allergic, Endocrine System Metabolic and Nutritional Diseases. Diseases of the Blood and Blood-forming Organs.*								
61. Nontoxic goitre	...	10	...	10	...	10	...	...
62. Thyrotoxicosis with or without goitre	1	38	...	39	...	37	...	2
63. Diabetes mellitus	10	1 9	9	128	13	94	6	15
64a. Beriberi	...	...	...	...	...	...	...	...
64b. Pellagra	...	2	1	3	...	2	...	1
64c. Scurvy	...	...	...	...	...	...	...	...
64d. Other deficiency states	...	3	...	3	...	2	...	1
65a. Pernicious and other hyperchromic anæmias	2	63	...	65	3	55	7	...
65b. Iron deficiency anæmias (hypochromic)	1	8	1	10	1	6	3	...
65c. Other specified and unspecified anæmias	...	16	...	16	1	11	...	4
66a. Asthma	6	79	7	92	7	73	10	2
66b. All other allergic disorders, Endocrine, Metabolic and Blood Diseases ...	2	51	2	55	2	41	2	10
V. *Mental, Psychoneurotic and Personality Disorders.*								
67. Psychoses	2	5	...	7	...	4	1	2
68. Psychoneuroses and disorders of personality	2	79	...	81	...	79	...	2
69. Mental deficiency	...	1	...	1	...	...	...	1
VI. *Diseases of the Nervous System and Sense Organs*								
70. Vascular lesions affecting central nervous system	13	121	15	149	55	52	18	24
71. Non-meningococcal meningitis	2	30	...	32	...	24	5	3
72. Multiple sclerosis	...	2	...	2	...	2	...	...
73. Epilepsy	1	31	...	32	...	32	...	...
74. Inflammatory diseases of eye	2	3	...	5	...	4	1	...
75. Cataract	...	8	...	8	...	7	1	...
76. Glaucoma	...	4	...	4	...	4	...	...
77a. Otitis externa	...	229	...	229	...	220	...	9
77b. Otitis media and mastoiditis	...	84	...	84	...	75	1	8
77c. Other inflammatory diseases of ear ...	6	69	...	75	...	75	...	...
78a. All other diseases and conditions of eye	35	503	4	542	...	511	6	25
78b. All other Diseases of the Nervous System and Sense Organs	8	111	3	122	4	90	8	20
VII. *Diseases of the Circulatory System.*								
79. Rheumatic fever	16	109	2	127	2	119	2	4
80. Chronic rheumatic heart disease ...	4	40	1	45	7	35	2	1
81. Arteriosclerotic and degenerative heart disease	2	27	2	31	9	15	1	6
82. Other diseases of heart	19	148	2	169	39	118	6	6
83. Hypertension with heart disease ...	7	92	8	107	22	63	12	10
84. Hypertension without mention of heart	2	76	...	78	4	65	6	3
85. Diseases of arteries	9	103	11	123	32	72	11	8
86. Other diseases of Circulatory System ...	7	232	4	243	32	196	10	5
Carried forward	367	4,106	120	4,893	364	3,920	236	373

APPENDIX MA — (*Continued*).

GENERAL HOSPITALS IN MALTA AND GOZO

Return of diseases and deaths (in-patients) for the year 1954

Disease	Remaining in Hosp. at end of 1953	Admissions	Transfers from other Hospitals	Total cases treated	Deaths	Discharges	Transfers to other Hospitals	Remaining in Hosp. at end of 1954
Brought forward ...	367	4,406	120	4,893	364	3,920	236	373
VIII. *Diseases of the Respiratory System.*								
87. Acute upper respiratory infections ...	1	25	...	26	4	13	5	4
88. Influenza	...	3	...	3	...	3	...	...
89. Lobar pneumonia	...	31	1	32	1	28	2	1
90. Broncho-pneumonia	7	99	...	106	18	79	7	2
91. Primary atypical, other and unspecified pneumonia	...	40	...	40	5	28	7	...
92. Acute bronchitis	...	40	...	40	...	36	4	..
93. Bronchitis, chronic and unqualified ...	8	95	2	105	18	68	12	7
94. Hypertrophy of tonsils and adenoids ...	...	976	...	976	...	928	...	48
95. Empyema and abcess of lung	2	14	...	16	...	15	1	...
96. Pleurisy	4	28	...	32	...	30	2	...
97a. Pneumoconiosis	...	...	...	...	...	...	...	...
97b. All other Respiratory Diseases ...	1	87	...	88	4	76	7	1
IX *Diseases of the Digestive System.*								
98a. Dental Caries	...	41	...	41	...	41	..	...
98b. All other diseases of teeth and supporting structures	3	39	...	42	...	42	...	...
99. Ulcer of stomach	10	54	...	64	...	61	...	3
100. Ulcer of duodenum	...	39	2	41	4	31	...	6
101. Gastritis and duodenitis	2	56	.	58	1	53	3	1
102. Appendicitis	8	368	9	385	1	371	3	10
103. Intestinal obstruction and hernia	22	460	7	489	4	449	11	25
104a. Gastro-enteritis and colitis between four weeks and two years	6	250	...	256	17	215	8	16
104b. Gastro-enteritis and colitis, ages two years and over	...	3	...	3	...	3	...	...
104c. Chronic enteritis and ulcerative colitis	2	47	...	49	1	39	4	5
105. Cirrhosis of liver	...	23	3	26	6	15	3	2
106. Cholelithiasis and cholecystitis ...	7	88	3	98	1	90	5	2
107. Other Diseases of the Digestive System	5	170	5	180	10	143	13	14
X. *Diseases of the Genito-Urinary System.*								
108. Acute nephritis	7	144	...	151	18	119	6	8
109. Chronic, other and unspecified nephritis	9	65	5	79	12	50	8	9
110. Infections of kidney	...	28	2	30	1	25	3	1
111. Calculi of urinary system	2	90	4	96	...	89	4	3
112. Hyperplasia of prostate	2	58	12	72	7	53	4	8
113. Diseases of breast	...	28	...	28	...	28	.	...
114a. Hydrocele	...	15	...	15	...	15	...	...
114b. Disorders of menstruation	...	135	...	135	...	135	...	...
114c. All other Diseases of the Genito-Urinary System	62	372	4	438	1	416	10	11
XI *Deliveries and complications of Pregnancy, Childbirth and the Puerperium.*								
115. Sepsis of pregnancy, childbirth and the puerperium	...	1	...	1	...	1	...	...
116. Toxæmia of pregnancy and the puerperium	...	12	...	12	...	3	9	...
117. Hæmorrhage of pregnancy and childbirth	..	8	...	8	1	7	...	...
118. Abortion without mention of sepsis or toxæmia	...	257	...	257	...	248	...	9
119. Abortion with sepsis	...	...	...	...	...	.	...	...
120a. Other complications of pregnancy, childbirth and the puerperium ...	5	403	...	408	1	405	...	2
120b. Delivery without complications ...	2	798	...	800	...	796	...	4
Carried forward	544	9,896	179	10,619	500	9,137	377	575

APPENDIX MA — *(Continued)*.

GENERAL HOSPITALS IN MALTA AND GOZO

Return of diseases and deaths (in-patients) for the year 1954

Disease	Remaining in Hosp. at end of 1953	Admissions	Transfers from other Hospitals	Total cases treated	Deaths	Discharges	Transfers to other Hospitals	Remaining in Hosp. at end of 1954
Brought forward ...	544	9,896	179	10,619	500	9,137	377	575
XII. *Diseases of the Skin and Cellular Tissue.*								
121. Infections of skin and subcutaneous tissue	15	259	13	287	1	265	14	7
122. Arthritis and spondylitis	33	226	8	267	...	232	10	25
123. Muscular rheumatism and rheumatism, unspecified	1	13	...	14	...	13	...	1
124. Osteomyelitis and periostitis	4	44	1	49	...	41	3	5
125. Ankylosis and acquired musculoskeletal deformities	...	8	.	8	...	8	...	...
126a. Chronic Ulcer of Skin (including Tropical Ulcer)	1	16	1	18	...	17	1	...
126b. All other Diseases of Skin	15	110	10	135	3	108	13	11
XIII. *Diseases of the Bones and Organs of Movement.*								
126c. All other diseases of musculoskeletal system	5	153	5	163	...	148	8	7
XIV. *Congenital Malformations.*								
127. Spina bifida and meningocele	...	...	...	...	..	...	...	...
128. Congenital malformation of the Circulatory System	...	...	...	...	...	...	...	...
129. All other congenital malformations ...	12	123	2	137	13	96	12	16
XV. *Certain Diseases of Early Infancy.*								
130. Birth injuries	...	3	...	3	...	3	...	...
131. Postnatal asphyxia and atelectasis ...	...	13	...	13	5	8	...	...
132a. Diarrhoea of newborn (under 4 weeks)	...	...	...		...	...	...	...
132b. Ophthalmia neonatorum	...	...	...	...	...	...	...	...
132c. Other infections of newborn	...	...	...	...	...	...	...	...
133. Hæmolytic disease of newborn ...	...	...	...	...	...	...	...	...
134. All other defined diseases of early infancy	1	6	...	7	1	4	2	...
135. Ill-defined diseases peculiar to early infancy, and immaturity unqualified	1	58	...	59		55	2	1
XVI. *Symptoms, Senility and Ill-Defined conditions.*								
136. Senility without mention of psychosis	4	99	1	104	5	78	19	2
137a. Pyrexia of unknown origin	...	79	...	79	...	74	4	1
137b. Observation, without need for further medical care	3	5	...	8	..	6	1	1
137c. All other ill-defined causes of morbidity	9	300	1	310	10	270	14	16
XVII. *Accidents, Poisonings and Violence.*								
138. Motor vehicle accidents	1	222	2	225	5	204	10	6
139. Other transport accidents	4	36	...	40	...	34	4	2
Carried forward	653	11,669	223	12,545	544	10,801	494	676

APPENDIX MA — (*Continued*).

GENERAL HOSPITALS IN MALTA AND GOZO

Return of diseases and deaths (in-patients) for the year 1954

Disease	Remaining in Hosp. at end of 1953	Admissions	Transfers from other Hospitals	Total cases treated	Deaths	Discharges	Transfers to other Hospitals	Remaining in Hosp. at end of 1954
Brought forward ...	653	11,669	223	12,545	544	10,801	494	676
140. Accidental poisoning	34	273	...	307	...	259	17	31
141. Accidental falls	12	134	21	167	11	137	8	11
142. Accidents caused by machinery ...	...	12	...	12	...	12	...	...
143. Accidents caused by fire and explosion of combustible material	5	31	...	36	3	29	3	1
144. Accidents caused by hot substance, corrosive liquid, steam and radiation	...	11	...	11	...	11	...	...
145. Accidents caused by firearm	8	166	...	174	...	163	11	...
146. Accidental drowning and submersion ...	4	51	...	55	...	49	4	2
147a. Foreign body entering eye and adnexa	...	65	...	65		61	4	...
147b. Foreign body entering other orifice ...	...	28	...	28	...	27	1	...
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 .. .	8	125	...	133	5	114	6	8
149. Homicide and injury purposely inflicted by other persons (not in war)... ...	...	93	...	93	...	89	4	...
150. Injury resulting from operations of war	...	17	...	17	1	15	...	1
Total	724	12,676	244	13,644	564	11,798	552	730