

MALTA

REPORT

ON THE

HEALTH CONDITIONS OF THE MALTESE ISLANDS

AND ON THE WORK OF THE

MEDICAL AND HEALTH DEPARTMENT

FOR THE YEAR

1959

MALTA  
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## MALTA

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MEDICAL & HEALTH DEPARTMENT,  
HEAD OFFICE,

15, Merchant Street, Valletta.

Sir,

March 17th, 1961.

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 for the year 1959.

The general health of these Islands has been maintained at a high level. During the year there were no epidemics; and with the exception of an outbreak of influenza towards the end of Winter, there occurred only the ordinary incidence of infectious diseases. The standard of living was generally on the upward grade and the social services functioned smoothly and efficiently. It was observed that people are becoming more health conscious and more appreciative of the services provided for their benefit by the Department to which they are increasingly turning for help, advice and guidance. This confidence of the public is perhaps one of the achievements of the Department during the year.

The population of these Islands has maintained its upward trend. The mid-year population has risen from 321,940 in 1958 to 324,842, an increase of 2,902. The female population as in former years, was predominant, the sex ratio being 169,608 females to 155,234 males. This predominance is mainly the result of male migration to other countries of the Commonwealth; in fact during the year the number of male births was slightly higher than the female; there were born 4,296 male babies and 4,203 female babies.

After the termination of the second World War there was a sudden increase in the population which was maintained during successive years. Migration relieved to some extent the pressure but the high natural increase continues up to the present year. Contrary however to what has happened in some other countries the population pressure did not cause a reduction of the social welfare and of the standard of living in these Islands. Concurrently with a demographic increase there was during these last years a steady decline in the annual death rates.

Mortality continues to decrease throughout the world and infectious diseases are steadily diminishing but within the general tendency, causes of death vary greatly from one country to another. In many regions of the temperate zone, mortality from communicable diseases has been remarkably reduced, and such infections as tuberculosis, diphtheria, whooping cough and scarlet fever, that formerly killed younger people, are on their way out. In other regions of the world, however, endemic diseases such as malaria, smallpox, dysentery, tuberculosis are still problems of great importance.

This year the mortality rate was 8.75 as compared with 8.5 in the previous year and 9.25 in 1957. The increase in the mortality rate over that of last year is due to increased number of deaths from malignant neoplasms, cerebral haemorrhage, arterio-sclerotic and degenerative heart disease and diseases of the arteries; the number of deaths from the latter cause alone arose from 49 in the previous year to 101 during the year under review. Apart from these setbacks the annual deaths have been slowly declining and the decline is due to a younger age structure of the population, to improved methods of prevention of diseases, to increased specialist treatment of diseases and to advances in medical science.

His Honour,

The Chief Secretary.

A welcome feature which during the last decade has been annually recorded in my reports, is the reduction of infantile mortality. This year it reached the lowest ever rate of 34.95. When one compares this rate with that of a decade ago (88.51) and further back to two decades (276.45) he cannot but be convinced that a great advance has been achieved in the matter of maternity and child welfare, an achievement which does credit to the health services of this Island. It brought forward our country from the back to the fore ranks in the state of infant health. Infant mortality rate is traditionally regarded as a good measure of an area's or country's sanitary situation and the improvement of its rate is an indication of the advances made in the health services.

Infant mortality rates are usually divided into two groups: deaths that occur in the first four weeks of life — neonatal deaths, and those that occur later up to the end of the first year — infantile mortality. It is in that later category that the greatest overall improvement has been made and this is due to the general amelioration in the environment of the child. This is in accordance with trends in other countries where the neonatal death rate has lagged behind that of the infantile. During the year under review there was an improvement in both neonatal and infantile deaths rates, the neonatal rate being 22.47 as compared with 23.22, and the infantile rate being 34.95 as compared with 39.99 in the previous year.

The still birth rate has not altered much during the last five years, There were 200 still births in 1955 compared with 193 this year, but ten years ago the number of still births was much higher, then the figure was 280. Still births are related to pathological conditions of the mother and the standard of midwifery, the natal care and attention available for expectant mothers. The incidence of still-births is reduced in relation to the means available for the care of the mothers during their pregnancy and, what is more important, to the willingness of mothers to avail themselves of those means. The number of still births in Malta and Gozo were 175 and 18 respectively; when compared with those for 1958, these figures show a decrease of six in Malta and an increase of 5 in Gozo.

With the expansion of the antenatal and child health clinics to all towns and villages of Malta the health of the mother and child is nowadays safeguarded and it is up to the mothers to avail themselves of the benefits provided for their own as well as for their babies' health and welfare. It is encouraging to note that mothers are attending in ever increasing numbers the clinics both before and after the births of their child; they go there with confidence and freely discuss their health problems and difficulties. They have also become accustomed to the child health clinic to which they apply for guidance and instruction in the way of rearing their infants. There are mothers who have been regular customers at these clinics for the last five years and the Health Visitors report that the standard of health of the families of such diligent mothers is very high. We encourage mothers to come forward and avail themselves of the facilities in our clinics not only for the benefit of their health but also because of the favourable influence which such mothers may exert in the promotion of good health amongst their families, relatives and neighbours.

Child health clinics offer assistance and instruction to mothers. The aim of such clinics is to keep the healthy babies well, although some diagnostic work is done too. Such clinics provide periodical occasions for mothers to discuss the progress of their babies; moreover they are given instructions and advice regarding feeding or diet of babies, bathing, clothing, airing, immunization etc.

The babies are completely examined on the first visit to the clinic, which should be done as early as possible after birth; the subsequent examinations are carried out as a routine at intervals of two weeks or one month. In the clinics babies are weighed and examined and records are kept; those not doing well are referred to the consultant or the specialist of the general hospital.

The services of Health Visitors are of inestimable value in the education of mothers, in the prevention of diseases and in the reduction of infant mortality. These trained officials are posted in every town and large village and some of them are in charge of areas comprising more than one small village or hamlet. They

attend the district dispensary and assist the local district medical officer during his examination of patients but their principal work is in the home of the infant. It is in this connection that the early registration of births at the local police station is of great value in the control of infant mortality and in the promotion of infant health. The Health Visitors call at the home soon after the birth is reported, they ascertain if the mother needs advice or assistance and afterwards they pay regular follow up visits to see that mothers are properly carrying out the advice and instructions given to them. Health Visitors must possess a good deal of tact and understanding but the results of their work are exceedingly beneficial, they exert great influence on mothers who are persuaded to take their babies to the child health clinic.

The number of mothers who take their babies to the child health clinics is on the increase and those who do so usually continue to keep their babies under medical supervision for quite a long time. There were mothers who took babies born during the previous year together with those arriving during this year under review. But however long they continue to visit the child health clinic, mothers will never succeed to keep their infants under state medical supervision until such infants reach school age. There is a gap between the child health clinic and school medical service during which the health of the child remains uncovered. It is during this period that difficulties might arise and when this happens we rely on the intelligence or the prudence of the mother to seek timely medical help and assistance.

When the child is five years of age it enters school and comes under the school medical officer. Because of the law of compulsory education, all children must go to school and therefore generally speaking all children come under the attention of the school medical officer.

All children who enter the Government infant schools are seen by the school medical officer and a full examination is held; another complete examination is held in the last year of the school. In between, the children are routinely examined and meanwhile a complete picture of the child is recorded. In order that such a picture could be as complete as possible all sorts of information are pieced together from parents and teachers, from psychological tests, laboratory examinations and weight and measurement charts.

The school health service has other duties besides clinical examination; it assesses the significance of clinical findings and correlates them to the circumstances revealed from the trend of the health progress. Generalisations are unwise when dealing with the health of large numbers of children but from the reports of our school medical officers one may summarise that the physical health of the vast majority of our school children is satisfactory. Of course there were minor remedial defects but they could be quite easily attended to. There were few cases presenting behaviour problems — disobedience difficulty in working to their intellectual capacity, nervous tics and other symptoms of maladjustments, but such cases are met with by the school medical officers in all other countries, their findings in Malta was not higher than elsewhere.

The pattern of disease in children has changed considerably since the War. There are now fewer delicate children; respiratory diseases have decreased mostly being limited to asthmatic manifestations, Tb. meningitis has become a rarity, cardiac conditions are not of the grave type that used to be so frequent, rheumatic affections are becoming rare and rickets is becoming rarer still. Under-nutrition is no problem, indeed many children could do well with less feeding. There is however the problem of children who are maladjusted and who are occupying more and more the attention of school medical officers.

There are several forms of maladjustment, just as there are many forms of physical illness, but most of these forms can be corrected or treated. The important thing is to find out those conditions early and deal with them with care and sympathy. The medical officer handles such cases with extreme caution because he knows that much of the emotional and behaviour problems of children arise in the home and therefore tries to enlist the cooperation of parents and

teachers in dealing with such cases. Concerted action is aimed because it could bring about not only correction of the maladjustment in question but also prevention of serious consequences even amounting to delinquency.

The school medical officer has a unique opportunity of persuading children to accept those measures which are variously described as vaccination, immunization and inoculation, which measures confer protection against diseases which are prone to attack young persons. This protection from infectious diseases is one of the medical triumphs of modern times. Practically all fevers which a generation ago were widespread and devastating have now been contained.

Persons who have been protected by vaccination, immunization or inoculation may be considered as being armed against particular infections; they are immunised and they will either not develop the disease or if they do, it will be in such a mild form that it will be of little or no consequence. The immunity they acquire usually lasts for several years and sometimes for life.

The school medical officers immunize contacts who had not been already protected and during the year they have also been called upon to help their colleagues of the Free Immunization Service. This service is run by a team that goes round the towns and villages in rotation and offers free immunization against diphtheria, typhoid fever and poliomyelitis; they also offer B.C.G. vaccination. The actual visit of the team to a particular town or village requires much preparatory work and organised effort. A public interest has to be raised by propaganda, health talks, canvassing and personal contact between the local Health Visitor, Health Inspector, general practitioners and householders. The support of the more prominent residents is always cultivated and the help of the parish priest is likewise sought.

As a result of much patient work and persuasion free immunization has now been accepted by the public and an ever increasing number of parents are bringing forth their children, whilst elder boys and girls are presenting themselves voluntarily for the purpose of acquiring immunity.

This intensive immunization drive has been largely responsible for maintaining under control the preventable diseases. Typhoid fever, diphtheria, poliomyelitis and tuberculosis have not shown any high fluctuation; indeed in the case of pulmonary tuberculosis there was an appreciable reduction — 75 notifications and 20 deaths as compared with 118 and 23 respectively in the previous year.

Typhoid fever is endemic in Malta; it is spread by typical and atypical cases and by carriers. Some observers have noted that a proportion of from 0.5 to 11.6 of typhoid cases remain carriers after the acute symptoms of the infection have abated. Carriers are classed as temporary (those discharging bacilli for a short period during convalescence) or chronic, including those not cured spontaneously after one year.

Carriers present the greatest problems in the prevention of typhoid fever, their control is a vexatious problem because most of them are not recognised and it is very difficult to keep under constant observation those also who are known. All cases of typhoid fever before being declared cured of their disease remain under observation for a certain period and confirmatory bacteriological tests are carried out.

Immediately after notification every case of typhoid fever is routinely investigated by the Medical Officer of Health. The purpose of the investigation is to ascertain, if possible, the source and root of infection responsible for the case. Patients and contacts are prohibited from carrying on their trade or occupation if such trade or occupation is connected with foodstuffs and if the patient resides in a premises part of which is used as a shop; such shop is closed until proper disinfection has been carried out.

Most of our cases of typhoid fever occurred in November after the first rains of the season, but we had quite a few cases during Summer. The town with the highest incidence was Żabbar where 9 cases were notified. As a result of investi-

gation it was possible to conclude that 5 patients acquired the infection through eating raw shellfish gathered not far from where sewage effluent is discharged into the sea. As a matter of interest it is recorded that two patients from Birkirkara probably got the infection from the consumption of mulberries sold by street vendors from Zabbar.

During the year there were 38 notifications of diphtheria and no deaths from the disease, as compared with 32 and 3 deaths in the previous year. The increase is accounted for by an outbreak that occurred in Rabat and its environs. In Rabat there were 19 cases, two other cases occurred in Mdina and one in Dingli.

Diphtheria used to be one of the big killers but since immunity measures, active and passive, have been introduced its fatality has been greatly lowered. Infants are born with a certain degree of immunity acquired from the mother but such immunity is lost during the first six months of life during which period infants not only are poor formers of anti-toxin but the residual maternal anti-toxin still circulating interferes with attempts at specific immunization. For these reasons we offer vaccination to children from six to five years, but in spite of propaganda and advice very few mothers bring their infants for vaccination against diphtheria. Most of the children are vaccinated when they enter school. It is to be noted that 89.5 of the cases notified during the year were patients under 10 years of age.

No relation could be established between the cases occurring in Rabat, with the exception of two sisters who became ill at a short interval from each other. On examining the contacts it was found that another sister aged 5 years was a carrier of virulent *Corynebacterium*, in which cases the source of infection was obvious.

Poliomyelitis was kept under control and although the number of notifications was 14 against 2 in the previous year, there was never any cause for alarm. Vaccination against the disease was continued throughout the whole year and 9,680 children were protected. The largest number of children immunised were between three and ten years of age. Mothers in Malta are accustomed to immunise their children in the following chronology: against smallpox when the infant is few months old (according to law every child born in Malta must be vaccinated against smallpox after reaching its second month of life); against diphtheria when the child is between one and two years; against poliomyelitis after the third year.

The anti-polio vaccine we used was a modified Salk-type vaccine for immunization against the three types of poliomyelitis virus. It contains a killed strain of each of the three types of poliomyelitis virus, i.e. Type I modified Brunhilde (Enders), Type II, MEF — 1 strain, Type III Saurkett strain.

In other countries they are trying to induce immunization by administering live vaccine containing viruses tamed into harmlessness yet capable of conferring immunity. Such a vaccine is the Sabin type living poliovirus vaccine which is undergoing a very large scale trial in Russia, but the infectivity, although mild, cannot be excluded. The idea is that the three types of epidemic polio could be administered as a "cocktail". Experience has not yet confirmed this and until the results of live vaccine are definitely known we are not justified in changing our method of immunization.

Tuberculosis did not present a serious problem in Malta. This year we had the lowest ever number of notifications of pulmonary tuberculosis which was 75 as against 118 in 1958 and 208 in 1950. On the other hand the number of non-pulmonary Tb. rose to 51 against 17 in 1958 and 88 in 1952 when non-pulmonary forms of Tb were made notifiable.

In tuberculosis prevention is more important than cure and for this reason the main scope of our Tuberculosis service is centred on ways and means of prevention. The prevention and care of Tuberculosis has now developed into a combined action in which the health authority, the specialist, the general practitioner, the health worker and the social worker contribute their share in raising public awareness of the disease, in teaching the elementary principles for its prevention, in popularising the means for protection against it and finally in administering the latest methods of treatment.

Every patient of Tuberculosis perhaps more than in any other infectious disease, presents a problem which has two aspects: the uncertain and lengthy nature of treatment and the special characteristic of the infectivity which may be considered as a family illness and not one when the patient can be considered in isolation.

When tuberculosis is first diagnosed and the patient is told that a year or even longer must be faced before he can hope for a complete recovery, his prospects look dark and uncertain. The patient will have to interpret the predicament in which he has found himself in the light of how his condition will affect his everyday life, his job and his whole pattern of existence. This period of anxiety is perhaps the most critical in the whole course of the disease and calls for the care and sympathy of the chest physician, the timely advice from health workers as to nursing and hygiene, the help and assistance of the social worker. It is the failure of such coordinated work which sometimes engenders a sense of helplessness in the patient and a prejudice against the disease which is so evident in Malta.

The second aspect of the problem, the infectious nature of the illness, adds to the anxiety and fear, the fear of being a danger to one's nearest and dearest, the awareness of social ostracism which even in these days can weigh heavily on the sensitive patient.

Throughout the illness, whether he enters hospital or remains at home, the patient may need help from many sources and it is therefore essential that the teamwork of doctors and others should persist. Most of the work is carried out or originates from the chest clinic. It has often been said that the chest clinic is the hub of the whole service. The chest clinic combined with the family doctor and the Tuberculosis Officer is the means by which diagnosis is made in a good number of cases especially amongst contacts; it is the mechanism through which the treatment is started and it is the way in which the disease, in one direction, is brought under control. A total of 3,635 persons were examined at the chest clinic during the year; 41 cases of tuberculosis of the lung and other chest abnormalities were discovered during the examinations, and this number is a good argument in favour of the utility of such clinic as a means of diagnosis and prevention of the spread of the disease. Were it not for the examination at the clinic, some of these patients might have remained unknown with grave consequences to themselves and others.

During the year the incidence of influenza reached outbreak proportion and although the bulge was not so high as that of the Asiatic Influenza of 1957, the number of notifications was considerable; 4,124 cases were notified to which must be added many others that were of a light nature and did not come under the attention of a doctor; other cases were perhaps diagnosed as feverish cold which is not notifiable. The first cases made their appearance with the new year and rose in number in February; the upward trend continued in March and reached its peak in May when 2,637 cases were notified. After that month the outbreak began to subside but the incidence lingered to the end of the year.

At first the cases were generally of a mild nature but the severity increased gradually and towards the end of the year there were serious cases necessitating hospitalization. The outbreak was spread through the islands of Malta and Gozo but naturally it was most marked in urban areas.

Influenza is usually an acute illness of short duration and is characterised by sudden onset with a sensation of illness, fever, nasopharyngeal irritation, cough and systemic reaction varying from malaise to irritation. In uncomplicated cases the infection runs its course in about eight days during which period it requires careful management. It is not perhaps sufficiently stressed that patients ought to retire to bed and remain confined until convalescence is well established.

Lack of these prudent measures are responsible for the rapid spread of infection and serious complication of the disease. Of the latter the most important are inflammation of the respiratory tract with consequent broncho-pneumonia or pneumonia. As a matter of fact during the year the incidence of broncho-pneumonia and pneumonia was higher than in previous year; there were 249 cases of broncho-pneumonia and 91 cases of pneumonia as compared with 130 and 63 respectively in 1958.



I ascribe this increase in respiratory affection to the outbreak of influenza. On the whole the course of both diseases was mild except during the last months of the year when concurrently with the rise in the severity of influenza, the gravity of some broncho-pneumonia and pneumonia cases became more pronounced, especially as regards broncho-pneumonia of which there were 33 fatal cases. This is rather a high mortality rate but I feel sure that were it not for the advanced methods of treatment and nursing and also for the antibiotics at our disposal, the number of fatal cases would have been much higher.

During the year there was an increase in the incidence of undulant fever which rose from 117 in 1958 to 220 this year. In a way we were expecting such an increase because owing to a dispute about the price of milk supplied to the Milk Marketing Undertaking some herdsmen were selling their milk surreptitiously to consumers who drank it unboiled. Legal actions were taken but it was impossible to restrain all the purveyors of goat milk.

Not many years ago undulant fever was the bane of these Islands; cases used to be counted by the thousand, but then there was a big drive against the disease and a step forward was made in 1936 with the introduction of pasteurization and the enactment of legislation prohibiting the sale of raw goat milk. An appreciable decrease in the incidence of the disease was immediately recorded and the downward trend continued, but then the disruption brought about by the Second World War made control difficult and the disease raised its head again.

The aftermath of war brought with it amongst other disturbing factors, a rise in the morbidity and mortality; In 1946 the number of notifications of undulant fever rose to 2,410 and prospects looked rather bleak. A determined effort was however made and vigorous measures were taken to eradicate the disease. Such measures included: control of the sale of milk, modernization of goat-pens, promotion of hygienic methods amongst herdsmen, teaching the public the importance of drinking clean and safe milk.

Those efforts were persistently maintained and proved successful in the long run. The extent of the success is proved by the reduced incidence of the disease during the last decade and especially during the last three years.

During this year however the downward trend was not maintained so much so that the number of notified cases rose from 117 in 1958 to 206. This increase of 89 cases during the current year as compared with 1958, is more apparent in Gozo where the number has more than doubled — from 29 to 64 — with an increase of 35 cases (221%), than in Malta — from 88 to 142 — an increase of 54 (48%).

The greatest incidence occurred in Sannat 3 to 20, Kercem 0 to 8, Xewkija 2 to 8 and Qala 1 to 5; however considering that the sale of raw milk in Gozo is unrestricted, and that the figures for each locality are relatively small, the increase may perhaps be due to one infected goat in the several localities.

In Malta the increase was limited to a few localities especially Mdina-Rabat-Dingli area where the cases have increased from 1 in 1958 to 31 in 1959 — an increase of 30 which accounts for 1/3 of the total for Malta, Cospicua-Vittoriosa from nil to 7, Żurrieq 5 to 13, Żejtun 3 to 11 and Ghaxaq-Gudja 5 to 11. In most other localities the figures show a decrease especially in Qormi where the cases have gone down from 17 in 1958 to 12 in 1959. Here too we are dealing with relatively small numbers, and the figures may easily be doubled without there being any apparent explanation; even one infected goat may give rise to a noticeable increase in the number of cases.

Every single case was investigated. From the reports submitted to the Medical Officers of Health it appears that the following causes may have contributed to the increase in the number of cases:—

a) In 58 out of the 142 cases in Malta and in 50 out of the 64 in Gozo the patients admitted having drunk raw goat's milk from their own goats and a further 22 in Malta and 9 in Gozo of having consumed raw goat's milk bought from milk purveyors.

b) Of the remaining cases, 49 in Malta and 4 in Gozo admitted having consumed fresh cheeselets, and experiments carried out at our Laboratory have shown that when cheeselets are prepared from raw goats milk they may contain the causative organisms of undulant fever in considerable numbers.

c) A good number of goatpens are situated either within inhabited places or at very short distance from dwelling houses and it is very easy for neighbours to obtain small supplies of milk from individual herdsmen without the probability of their being detected notwithstanding the sharp lookout for offenders kept by the Health Inspectors.

d) The few cases in which no specific cause could be determined may be due to inhalation of infected dust in localities where goats are plentiful. This cause has today been accepted as one of the factors through which the disease may be contracted. Handling of goats has also been accepted as another factor.

e) The increase was mainly limited to the period May/October — that is the period of peak production, when milk is abundantly available and its consumption increased during the hotter summer months.

Of late a good deal has been said about stress as a cause of disease. There seems to be no difficulty in accepting that physical stress is a factor in the aetiology of disease; it is known that such external influences as a trauma, infection, starvation, air pollution, contact with toxic substances at work and such internal influences as worry and anxiety, are harmful under certain circumstances. Unfortunately modern life is full of such influences and the circumstances under which we live make it difficult to escape them.

Stress is often said to be a cause of coronary heart disease, diseases of the stomach and duodenum and functional nervous disorders, but apart from these factors there may be other unknown stimuli, both pathological and physical, that disturb the organism to the point of mental or physical illness.

Additional hazards resulting from circumstances of modern life are those arising from ionizing radiation and exhaust fumes. The World Health Assembly held in Geneva in May emphasized the danger to mankind from ionizing radiation and insisted on the need of teaching and training of technical personnel in the safe usage of and protection from radiation. The expanding use of radio active substances in factories, in educational and other establishments, is giving rise to anxiety amongst workers in public health and quite rightly so when it is feared that serious diseases may be caused. The exact mechanism whereby radiation may induce serious diseases is not known but the general belief is that increasing exposure to radiation predisposes to leukaemogenic dangers and neoplastic lesions.

In our country the intensity of pollution is not considered to be harmful but it is a fact that of late years the incidence of leukaemia has shown a tendency to rise. With a view of enabling the Department to assess the presence and concentration of radio-active elements in the atmosphere, steps have been taken to train suitable personnel and to acquire the required instruments for testing not only the atmosphere but also foodstuffs and drinking water.

A more obvious source of polluting is the diesel engine; there has been recently a remarkable increase in the use of diesel traction with consequent deterioration of atmospheric pollution. For reasons not well known, certain vehicles powered by diesel oil emit intermittently clouds of black smoke which not only cause nuisance and danger to traffic but produces pollution of the air. The evidence that such pollution of the air is carcinogenic in nature has become increasingly convincing during the last fifteen years which coincided with a marked increase in bronchial and bronchiolar affections and lung cancer. Special legislation has been enacted to control the abuse but such legislation cannot be altogether effective unless the drivers of the vehicles cooperate.

The popularity of motor transport has brought about another hazard which is becoming increasingly serious from year to year. Road vehicle accidents have become a matter of almost everyday occurrence and they exert a constant strain

on the casualty department of our hospitals. There are certain groups which appear to be unduly at risk; children whether on foot or on bicycles, elderly pedestrians and young motor cyclists are the most commonly involved and although bad or careless driving is usually to blame, there may be other causes which contribute to the ever rising number of casualties and fatalities.

In old age reaction times are lengthened and sensory perceptions diminished in acuity, hence the aged are less likely to take quick evasive action. Besides old age there are other factors which may perhaps influence the casualty figures. We do not know exactly what influence have on driving certain drugs which are in common use today, some of which are obtainable without prescription. Stimulants and sedatives, hypotensive drugs and tranquillisers, the anti-histamines and others may all affect driving skill. Of course the harmful effects of alcohol intoxication are too well known but it may not be generally realized that amounts of alcohol insufficient to induce a clinically recognisable state of intoxication, can seriously impair driving ability. To all these must be added the effect of exhaust fumes escaping inside the car or present in the air in heavy traffic.

To the hazard of exhaust fumes must be added that of excessive smoking which is fraught with grave dangers. In 1953 the Medical Research Council first published details of an investigation which seemed to point out the relation between cigarette smoking and the prevalence of lung cancer. Then on the 27th June 1957 the Minister of Health in England made the following Parliamentary statement:

“The Government feel that it is right to ensure that this latest authoritative opinion is brought effectively to public notice so that everyone may know the risks involved in smoking. The Government consider that these facts should be made known to all those with responsibility for health education. Local health authorities will be asked to take appropriate steps to inform the general public.”

Tobacco is not only known to be connected with the rising tide of cancer of the lung but it is also being linked with other disorders of middle and old age especially with heart disease and bronchitis.

It is rather difficult to induce a habitual smoker to give up his cigarettes and for this reason most people think that the prevention of lung cancer and other diseases connected with smoking has to be tackled at school. Our school medical officers and our health education team are doing their best to teach boys and girls why smoking is dangerous.

With the ever increasing efforts for industrialization of our country, industrial health is asserting itself. For some time the hygiene of a man's workplace was considered of paramount importance but today medical science is looking much further. New techniques and materials have introduced new hazards and new possibilities to harm the unprotected. It is also logical to infer that the surroundings in which a man works and the general atmosphere of his environment may have an influence on his health and on his productivity, and therefore there is scope for the industrial health to step in and promote modifications with a view of reducing hazards and of making adjustments of stress and strain to the worker.

Industrial health is now concerning itself not only with the physical but also with the mental well-being of workers in whatever field of activity they may be engaged whether manual work or administrative work. As a result there has developed in our Island as indeed it had developed in other countries, a coordination between the industrial health and the general health service, the school medical service and the national health insurance and social welfare service. Steps have been also taken to gain the cooperation of the general practitioner and the hospital doctor because it was felt that they ought to contribute their share of knowledge about industrial health and hazards, and thus the treatment of their patients will be all the better for some understanding of the working background.

Very often in their course of duties Health Officers are approached with a view to lend their support to persons requesting housing accommodation. Citizens seem to have the impression that Health Officers have the power and the means to offer accommodation to all and sundry who refer to them. People come forward with requests for a new house or for a change of their houses and insist on priority being given to their needs, they produce all kinds of certificates, medical or otherwise, in support of their requests. Big strides have been made in the reconstruction of old houses and in the building of new ones but there is not enough to satisfy all needs. Health Officers lend their support in really deserving cases for the prevention of infection, and the Housing Secretary has on various occasions been very cooperative and allocated suitable premises to families with patients suffering from infectious diseases.

It has often been asked what a suitable housing accommodation is, but a proper answer can hardly be given because the degree of suitability depends on many factors such as the number of members forming a family, the social position, the economic means and the peculiar habits of residents. On the whole it may be stated that a suitable house is one that offers comfort, privacy and relaxation for those who live in it. Such conditions engender a state of happiness and contentment, promote domestic harmony and therefore avoid anti-social behaviour of residents.

It is pleasing to observe that many of the houses and blocks of tenements that were erected during the year were planned with a view to provide the essential amenities of hygiene and sanitation, to utilize light and ventilation and to provide means of labour saving for the housewife. There were however other houses built for speculation purposes which were characterised by economy of space and economy of labour in their erection, such houses serve a purpose for the time being but later on when the shortage of accommodation is overcome, they will raise a problem for the Health Authority that will have to keep them from turning into slum houses.

A good proportion of residential accommodation erected during the year were blocks of flats which are very suitable for newly weds or small families but are not very appropriate for numerous families or for aged couples; the latter are the worst off in the matter of finding homes for their needs. Such dwellings should be preferably on ground floor within easy reach of shops, churches and social centres. It is very important that the old people should not be cut off from the flow of life and other signs of activity.

Nutrition has assumed an important role in modern life because it is known that it may exert its influence not only on the health of the individual but also on his potentiality and usefulness as a citizen.

There is a distinction between nutrients and food; the former include carbohydrates, fat, protein, vitamin and inorganic elements whereas the word food is ordinarily used to indicate a mixture of foodstuffs which appeals to taste and satisfies hunger. As tastes vary from one country to another we have special diets peculiar to different nationalities. In Malta the accent is on carbohydrates; flour being most commonly used in various forms and in many combinations; fats especially the vegetable kind, are popular with certain classes, but on the whole proteins are in short supplies and many people do not ordinarily eat daily protein rich foodstuffs.

Most of the foodstuffs in Maltese households are fresh but of late larders are becoming increasingly stocked with preserved foodstuffs, these are more convenient but one has to keep in mind that their nutritive value may be diminished or lost in the course of processing, or the food itself may be altered in its chemical form.

Whatever form of food is used whether fresh or preserved the important thing is to keep a healthy balance between the various elements of food. Without such balance a healthy constitution cannot be built or maintained; on the contrary, malnutrition and disease may result from unbalanced or deficient diet. On the other hand there are possible adverse effects resulting from excess of food or of various nutrients, e.g. obesity from caloric excess and possibly ischaemic heart-

disease from consumption of excess of fats or wrong balance between various qualities of fat-saturated or unsaturated.

Obesity used to be quite a common feature of the people of these Islands and although it is very noticeable amongst elder groups, its prevalence is gradually diminishing because of better attention by young people to their figure and chiefly because of more reasonable habits in feeding and dieting and exercising. Adult obesity is often associated with diabetes.

The exact incidence of diabetes in our country is not known. A survey was never attempted perhaps because of the many practical difficulties with which it would meet. Many persons remain unaware of the condition from which they suffer until some complication develops. In many patients glycosuria may be discovered and diabetes suspected when the urine is examined routinely for one reason or other. Once diagnosed diabetes will remain with the patient for the duration of life but with proper treatment a near normal life can be led and life expectancy is little reduced.

During the year according to information from general practitioners and from hospitals, diabetic coma as a presenting symptom of diabetes was relatively rare and much less common than it used to be years ago. This is due to better awareness by the public and by doctors and also to the increased facilities now available for the treatment with insulin. At the Government dispensaries Health Visitors under instructions of the District Medical Officer, administer daily doses, they also pay domiciliary visits for the same purpose when patients are unable to call at the dispensary. The Nurses of the Malta Memorial District Nurses Association go their daily rounds attending diabetic patients. Suitable patients are also taught how to give their own injections and how and when to test their urine.

But apart from treatment with insulin patients also receive instructions about their dieting needs. Diet sheets prepared by consultants of our hospitals are supplied to patients who go there for examination and treatment.

During the year a big campaign was made by the Department to popularise milk drinking. Stress was made on value of milk as a sustaining and nourishing energy food. Milk is certainly an excellent food; in lots of ways it can be the making of a basically sound diet. It is estimated that if a young child takes a pint of milk a day he will be getting almost all of the calcium and riboflavin that he needs and about a quarter of the vitamin A, vitamin B, protein and calories; the rest he will derive from other food because a child cannot be maintained on milk alone. Children in Government primary schools get  $\frac{1}{2}$  pint of milk a day and since attendance at school is compulsory, the great majority of children get their milk quota daily. The other children who attend private schools usually belong to families that can afford to buy milk for their children.

Milk like every other article of food if kept under unfavourable conditions or if it derives from diseased animals, may be harmful and may cause poisoning. During the year however there were no cases of milk poisoning to speak of but there were few sporadic cases due to ingestion of other articles of food. In the latter cases salmonellae were responsible for most of the ill effects.

Salmonella is an infection common in animals, rodents and poultry as well as in man; it is responsible for many outbreaks of food poisoning but its problem can be effectively dealt with by the promotion of a high standard of personal hygiene amongst those concerned with the handling of food. Health Officers in their daily rounds of inspection of shops, eating houses and food stores make it a point to educate shop keepers and their staff in the observance of strict personal hygiene. The health education section of the Department endeavour by all means to propagate knowledge about food hygiene, but this is not enough. Teaching of hygienic methods should be accompanied by the provision of adequate facilities in canteens, kitchens, factories and stores. Faulty methods should be corrected not only in public places but also in homes, since it is well known that good food may deteriorate in the family larder if kept under unhygienic conditions. Scrupulous cleanliness is essential for all utensils used in the storage, preparation and cooking of food; the food itself and the utensils should have protection from flies, and kitchen

refuse should be kept in bins with well fitting covers and they should not be removed from the kitchen until the arrival of the refuse collecting vans of the Public Cleansing Service.

This service is meant to maintain a state of cleanliness in our Islands.

Health and cleanliness go together and Health Authorities in all parts of the world consider it one of their main responsibilities to promote cleanliness in their areas. They do so primarily with the aim of preventing disease and avoiding much distress and hardships to the patients and their relatives and secondly for the purpose of enhancing the natural attractions of the country. Cleanliness in a country is an asset which could be turned into a great economic advantage in the tourist industry.

This Department is fully aware of the importance of maintaining a state of cleanliness in our Islands and has adopted measures to attain its end. There are laws, regulations and directives all of which are meant to control haphazard disposal of rubbish and refuse and to ensure street cleanliness, but unless there is cooperation by public, no amount of legislation could attain its scope. For the purpose of stimulating public opinion the Department avails itself of all means of health education. Film shows, leaflets, articles in the press and personal advice and guidance by Health Officers, all help keep the public aware of the need of maintaining a state of cleanliness and tidiness in our Islands.

The public cleansing branch of the Department provides a fully staffed and fully equipped service which has two main sections: the refuse collection and the street sweeping. A fleet of mechanised vehicles daily go round the towns and larger villages collecting refuse from house to house; others collect street sweepings and trade waste. Scavengers are kept busy sweeping streets and public thoroughfares. Some streets are cleansed by mechanical sweepers and washed by mechanical sprinklers.

Hospital administration has nowadays developed to a large extent, whilst the scopes and purposes of maintaining hospitals have extended to a remarkable degree. Formerly it was considered that hospital work was for specialists only whilst the general practice was limited to general practitioners; today there is the tendency for the two aspects of medical practice to approach each other and cooperate; indeed in some states in America the approach has been pushed so far that the two sides have merged together.

We may regard the general practitioners working in town and village as the peripheral and subordinate partners in a team whose centre of activity rests in a general hospital. It is for this purpose that the facility for remitting patients into hospitals which was formerly limited to medical officers in the Government service, has been extended to all general practitioners but the duties and responsibilities of the general practitioner towards his patient do not stop after the latter is admitted into hospital.

Specialised work and treatment in hospital should of course remain in the hands of specialists or consultants but the general practitioner under whose care the patients had been before admission into hospital, could contribute his share in planning a line of treatment at the hospital; he is in a position to give very useful and very often he has knowledge of peculiarities, idiosyncrasies and circumstances which are not easily discovered in hospital. Hence it is only proper that specialists and consultants should take into their confidence the general practitioner and utilize more fully the help which the latter is in a position to give.

During recent years many changes have taken place in the patterns of medical care. Today medical care is run in two parallel lines: prevention and treatment, and so long as the two lines remain parallel, progress is smooth and effective. The importance of the preventive aspect as an adjunct to the therapeutic and clinical is so manifest that in many countries the three have been integrated; for instance the National Health Service in England has moulded together the work of the Medical Officer of Health with that of the general practitioner and the consultant in hospital, all having a common aim and sharing the same endeavour, i.e. to promote the health of the citizen.

Besides new methods of preventing and treating illness and disability, new forms of organizing and financing medical and hospital care have emerged making possible more efficient provision for services and more comprehensive protection of the population.

Changes in the character of the population such as the increase in the population of older persons, have altered the relative importance of certain diseases and injuries with a consequent replanning of the utilization of hospital care. In recent years the stay of patients in hospital has tended to become shorter but this brought about an increase in admission that it has more than doubled in ten years. There were 8,581 admissions in 1950 compared to 14,225 during the year under review.

The diagnostic group sharing the largest proportionate increase in hospitalization were circulatory diseases, genito-urinary disorders, neoplasms and deliveries, diseases of the digestive system and accidents however, have also accounted for a substantial increase. The only diagnostic group showing a decrease in the number of admissions as well as in the period of stay in hospital, was infectious and parasitic disease which was surprisingly small. There was a small increase in the proportion of persons having more than one admission during the year. The rate of hospitalization increased in all age groups although such rate was somewhat higher amongst children under 5 years of age and persons 65 years and over.

The expenditure on medical care in Malta as in other countries is rising from year to year. Medical service is not stagnant; it is dynamic and is continuously evolving and progressing. Progress implies improvements and new commitments by the State because it is an obligation on the part of civilised states to provide the best possible for the health of their citizens.

Medical care includes the services of hospitals, clinics, doctors, dentists, opticians and public health officers; the equipment required for the running of these services and the supply of drugs and medical appliances. The expenditure required for the personnel can be quite easily estimated from year to year but that required by the supply of materials and drugs is rather unpredictable especially in the case of drugs.

New drugs, often very expensive, are continuously being placed on the market and no medical man is prepared to forgo their use simply on the plea of their cost, if he is satisfied of their efficiency. This is as it should be, but at times drugs are indiscriminately made use of. Either because of intensive propaganda or because of the great confidence which a section of the public has in such drugs, many patients and their families insist on taking particular medicaments, especially antibiotics.

The discovery of antibiotics has been rightly hailed as a milestone in the progress of therapeutics, but they are not altogether free from risk. If applied injudiciously they may give rise to the emergence of drug-resistant bacteria and unless the indiscriminate use of antibiotics is restrained those drugs in the long run may do more harm than good.

The administration of antibiotics should not be haphazard but it should be regulated by sound principles; for instance, their use must be reserved for patients who really need them and if prescribed at all, they must be given in full doses and for an adequate period. The practice unfortunately not uncommon of giving one or two isolated injections of penicillin to a patient with a boil cannot be too strongly condemned; so also their use to control trifling infections which are going to recover spontaneously in few days, cannot but be deprecated. In many such instances the less costly preparations of sulphonamides could be quite effective.

Amongst a certain section of the public the preference for "strong" drugs is accompanied by predilection of strong tonics. This latter attitude may perhaps have been fostered and engendered by persistent advertising and frivolous claims. The fact is that nowadays the doctor has at his disposal so many effective specific remedies that much less often does the need arise for the time-honoured bottle of medicine. Reconstituents and body builders so common some years ago, are hardly the fashion these days. The patient would rather have something that will

make him tranquil than a remedy which will tone him up, and from tranquility he expects to enjoy a sense of well being. Such an idea is usually a delusion resulting from subtle blandishments of the patent-medicine advertisement.

The truth is that all one can reasonably expect of a tonic is a temporary relief from fatigue or depression while the normal processes of nature are restoring him to health. It is true that vitamins, hormones and minerals such as iron, do correct the metabolic fault of those who lack them, but such should be used as specific therapy and not as part of a general tonic. To use them in blunderbluss fashion is always wasteful and occasionally harmful.

This explains the efforts by Medical Officers of this Department to restrict the inordinate prescribing of tonics and to advise the public against insisting for tonic prescriptions from doctors. Money spent to buy unnecessary tonics could be more profitably employed for the purchase of nourishing food or household utilities.

As in former years officials of the Department were sent to England for special courses of training or to acquire further experience in their work. Mr. John Satariano, Senior Health Inspector and Mr. Joseph Mifsud Bonnici, Health Inspector, were sent to London where they followed a course in Environmental Hygiene at the London School of Hygiene and Tropical Medicine.

Dr. F. Apap Bologna, the Tb. Medical Officer, as representative of the Department, took part in the International Seminar on Health Education held in London by the Central Council of Health Education in April, and afterwards he attended the Congress held in Harrogate by the Royal Society of Health.

In September I had the honour of representing the Government of Malta and the Royal University of Malta at the Second World Conference on Medical Education held in Chicago.

The Conference was a unique occasion which gave me the opportunity to meet colleagues from practically all the countries of the world and to discuss with them modern trends in social hygiene and health administration. Medical education has a bearing on medical and health services because the awareness of doctors on matters of health and their cooperation with Health Authorities depend on a larger degree on ideas which they form during their course of education and training as medical students.

As in previous years the Department maintained close liaison with Medical and Health Authorities and Organizations both here and abroad. Our relations with colleagues of the Navy, Army and Air Force were cordial and harmonious. Regular meetings with representatives of the Medical Services of the Navy, the Army, the Air Force and the Dockyard were held at which matters of mutual interest and importance were discussed and when necessary concerted actions were planned. We are also indebted to the Ministry of Health in England and to the Medical Officers of the Colonial Office for the help and advice which we often sought from them which were freely given. The Ministry of Health offer their assistance in placing into appropriate hospitals Maltese patients sponsored by the Department for treatment in England. In this connection I deem it my duty to show appreciation to the authorities of the Marsden Hospital, the National Hospital, Bromfield Hospital, Great Ormond Hospital for Sick Children, Hammersmith Hospital, Guy's Hospital, St. Thomas Hospital, St. Mary's Hospital, Middlesex Hospital, Stoke Madeville Hospital and others, for admitting our patients into their wards and for the care, treatment and attention which our patients received therein. It may be of some satisfaction for the hospital authorities and staff to learn that our patients on returning home were unanimous in their expressions of gratitude for the way in which they were looked after during their stay in English Hospitals.

Our thanks are also due to the Sovereign Military Order of Malta for the help and assistance rendered to those of our patients who were sponsored for treatment in Italy. Under the aegis of the Order our patients received the utmost care and solicitude for their welfare at the Policlinico hospital of Rome and at other hospitals administered by the Order. This year the Order again offered its services in



organizing in Italy camps for debilitated children. Planes of the Order carried our children and the Order contributed generously towards making the children's stay in their camp pleasant and profitable from a health point of view.

It is not easy to mention every help and assistance as well as every act of encouragement given to the Department or to the patients under its care by philanthropic bodies, associations and private citizens. I was pleased to notice that more citizens are taking personal interest in our hospitals; they pay frequent visits to and donate gifts for the comfort of, the patients. The Venerable Order of St. John of Jerusalem, the British Red Cross, the Catholic Welfare Service of America are some of the organizations which deserve our gratitude for their constant endeavour to improve the welfare of patients in hospitals by benevolent contributions and useful gifts and equipment.

The Department of Information, the Rediffusion Service and the Press, all gave us freely their support in our effort to advertise and popularise matters of public health and also assisted us in our campaign to improve the health conditions of these Islands. We also found ready help when we applied to other Departments for this assistance and cooperation.

I must not omit to mention the valid contribution rendered by the various boards and committees of the Department. All the members showed great interest and keenness in their work; they carried out their duties intelligently and sympathetically; they sacrificed time and leisure to attend meetings and to undertake work for the benefit of the patients or the smooth running of the Service. The Board of Charity Commissioners, the Hospital Management Committee of St. Luke's and the Board of Mental Diseases spared no effort to improve the lot of patients both here and abroad. Members of the Advisory and Executive Board and of the General Services' Board took their responsibilities in earnest: they endeavoured by every means to help and assist the Department, and their advice was most welcome in the many problems that arose during the year.

These two boards have now completed their first year of existence and the serious way in which they undertook to carry out their duties and responsibilities augurs well for the future.

Before I close I deem it my duty to record with pleasure and gratitude the constant help and assistance which I received from all the members of the Department from the highest to the lowest. They constitute a fine team working in harmony for the good of the Department and for the benefit of public health in our Islands. The loyalty and the devotion to duty of this staff should be a matter of utmost satisfaction to those who rule the destiny of our country.

I have the honour to be,

Sir,

Your obedient servant,

JOS. GALEA,

Chief Government Medical Officer.



## Deaths from Principal Causes

Year	Infective and Parasitic Diseases	Malignant Neoplasms	Diabetes Mellitus	Diseases of the Blood and Blood-forming Organs	Cerebral Haemorrhage etc.	Arteriosclerotic and Degenerative Heart Disease	Diseases of Arteries (Arteriosclerosis)	Bronchitis	Pneumonia (all forms)	Gastro-Enteritis and Colitis (under 2 years)	Gastro-Enteritis and Colitis (2 years and over)	Acute Nephritis	Chronic Nephritis	Diseases of Pregnancy, Childbirth and the Puerperium	Congenital Malformations	Ill-defined Diseases Peculiar to Early Infancy and Immaturity Unqualified	Birth Injuries	Post-natal Asphyxia and Atelectasis	Senility
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
1956	76	309	78	6	375	679	42	56	55	59	9	4	63	6	70	81	37	61	185
1957	72	338	110	8	423	575	44	76	64	41	11	4	77	8	61	73	40	51	206
1958	57	285	136	8	364	545	49	75	45	46	4	2	87	11	54	61	59	39	59
1959	45	306	143	16	392	594	101	79	54	23	4	2	92	3	54	63	43	39	90

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

Arteriosclerotic and degenerative heart diseases	...	209
Vascular lesions affecting central nervous system	...	138
Malignant neoplasms	...	108
Diabetes mellitus	...	51
Diseases of arteries (arteriosclerosis)	...	36
Senility	...	32
Chronic nephritis	...	32
Bronchitis	...	28
Ill-defined diseases peculiar to early infancy and immaturity unqualified	...	22
Congenital malformations	...	19
Pneumonia (all forms)	...	19
Infective and parasitic diseases	...	16
Birth injuries	...	15
Post natal asphyxia and atelectasis	...	14
Gastro-enteritis and colitis (under 2 years)	...	8
Diseases of the blood-forming organs	...	6
Gastro-enteritis and colitis (2 years and over)	...	1
Diseases of pregnancy, childbirth and the puerperium	...	1
Acute nephritis	...	1
Other causes	...	244
		1,000

**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		
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	13.01	7,774
1948	11,029	36.04	262	2.3	112.97	12.21	12.80	7,292
1949	10,590	34.05	251	2.3	83.76	10.69	11.61	7,264
1950	10,281	32.95	280	2.6	88.51	10.33	11.20	7,057
1951	9,511	30.38	205	2.2	99.78	11.10	12.18	6,035
1952	9,226	29.30	221	2.3	71.75	10.69	11.00	5,861
1953	8,977	28.29	188	2.0	64.82	8.98	12.89	6,129
1954	8,991	28.11	194	2.1	66.95	9.60	13.37	5,920
1955	8,560	27.23	200	2.3	44.98	8.53	14.03	5,877
1956	8,418	26.80	188	2.2	42.65	9.29	12.73	5,500
1957	8,794	27.53	177	2.0	40.71	9.25	12.43	5,839
1958	8,528	26.49	194	2.2	39.99	8.56	13.40	5,871
1959	8,499	26.16	193	2.2	34.95	8.73	12.55	5,663

† Decrease.

### 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, scarlatine or scarlet fever, typhoid or enteric fever, malarial fever, undulant fever, puerperal fever, measles, erysipelas, varicella, influenza, whooping cough, hydrophobia, leprosy, pulmonary and all other forms of tuberculosis, pneumonia, broncho-pneumonia, acute anterior poliomyelitis, encephalitis lethargica, dengue fever, granular conjunctivitis or trachoma, tetanus neonatorum and leishmaniasis. All forms of malignant neoplasms are also notifiable.

## 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		26a Tetanus neonatorum	
	c.	d.	c.	d.	c.	d.	c.	b.	c.	d.	c.	d.	c.	d.	c.	d.	c.	d.	c.	d.
1949	208	82	...	a)...	106	4	834	6	1050	2	35	...	33	5	500	5	9	5	3	2
1950	171	68	...	a)...	180	4	613	6	40	...	43	...	29	1	694	10	4	1	3	3
1951	146	34	58	12	118	6	550	4	42	...	38	...	208	11	1141	8	8	1	1	1
1952	177	39	54	14	132	1	425	3	25	...	35	2	140	6	207	1	7	2	2	2
1953	157	36	40	3	107	2	548	2	57	...	34	...	85	7	837	3	6	1	...	...
1954	141	41	42	5	109	1	522	1	84	1	35	3	81	2	123	2	9	...	...	...
1955	161	34	27	3	131	...	432	2	32	...	47	2	114	7	8	...	7	1	...	...
1956	125	35	28	2	124	.	257	1	23	...	52	...	38	2	3424	7	9	...	1	1
1957	118	23	17	4	60	...	117	...	68	...	39	1	32	3	92	...	2	1	..	...
1958	75	20	51	2	80	...	220	1	47	...	45	1	38	...	5	...	4	2	1	...

YEAR	28 Acute anterior poliomyelitis		32 Measles		36b Murine Typhus		41r Chicken pox		46L Leishmaniasis		88 Influenza		89 Pneumonia		90 Broncho-pneumonia		115 Puerperal fever		43r Trachoma
	c.	d.	c.	d.	c.	d.	c.	d.	c.	d.	c.	d.	c.	d.	c.	d.	c.	d.	c.
1950	154	8	249	2	57	...	765	...	67	1	26	5	50	18	122	61	25	2	41
1951	43	...	4,486	17	43	1	284	...	58	3	233	1	81	14	184	61	18	...	55
1952	87	1	45	...	20	1	485	...	55	...	266	3	69	17	138	79	17	...	51
1953	26	1	193	...	9	...	356	...	63	1	46	1	86	14	118	53	16	...	59
1954	14	1	2,788	6	20	...	431	...	49	...	37	2	157	17	302	67	9	...	57
1955	5	...	489	1	31	...	420	...	26	...	73	1	75	14	164	50	10	...	28
1956	41	...	61	...	14	1	735	...	14	1	137	2	100	17	203	38	2	...	18
1957	7	...	1,721	2	8	1	403	...	16	1	8753	11	76	13	244	51	3	...	b)38
1958	2	...	885	4	18	...	224	...	24	1	39	4	63	1	130	40	3	...	14
1959	14	...	239	...	7	...	326	...	24	...	4124	10	91	10	249	33	1	...	9

(a) Not available;

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

Notifiable Infectious Diseases by Locality in Malta, 1959

LOCALITY	Pulmonary Tuberc.		Other Form 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		Bronchopneumonia		Puerperal Fever		Trachoma	
	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.			
Attard ...	1																																							
Balzan ...	1	1			1																			7																
Birkirkara ...	5		4		5				6		6		3	1						1		1		5															1	
Birzebbuga ...	2		1					1																5																
Cospicua ...	2							5		2		2	1					1						2		2														
Dingli ...								10						1																										
Floriana ...	1		2		1																			1																
Gharghur ...			1					1						1																										
Ghaxaq ...	2	2						8		1																														
Gudja ...					1			3		1																														
Gzira ...	3	2	1		2																																			
Hamrun ...	4	3	4		1									2																										
Kalkara ...								1		1																														
Kirkop ...								1																																
Lija ...			2					1																																
Marsa ...	5	1	2		5																																			
Marsaskala ...					2			3		1																														
Mdina ...								3						2																										
Mellieha ...	1																																							
Mgari & Żebbiegh ...								1		1																														
Mosta ...					3			1		1		1	1										2		4															
Mqabba ...	2							1																																
Msida ...	3		1		3			1		1		2	1																											
Naxxar ...		1	2											1																										
Paola ...	2	2			3					1				1																										
Pietà ...																																								
Qormi ...	6		3		6																																			6
Qrendi ...	1																																							
Rabat ...		1	3		2			17		1			19																											
Safi ...																																								
St. Julian's ...	1							2		2		2																												
St. Paul's Bay ...	1							3				1																												
St. Vennera ...			1		1					1																														
Senglea ...	2		1		1					1			3																											
Siggiewi ...			1		1			4																																
Sliema ...	5		1		1			1		5		5	1																											
Tarxien ...	3	1	2		1			9		2			2																											
Valletta ...	7	3	4		1			1		1		1	1																											
Vittoriosa ...			1		1			2																																
Zabbar ...	4		5		1			3		1																														
Żebbuġ ...	3		2		2			5					3	1																										
Żejtun ...	2	1	2		5			12																																
Zurrieq ...	2		2		1			15		1			4																											
<b>Total Malta</b> ...	<b>72</b>	<b>18</b>	<b>51</b>	<b>2</b>	<b>63</b>		<b>152</b>	<b>1</b>	<b>44</b>	<b>43</b>	<b>1</b>	<b>36</b>		<b>4</b>	<b>3</b>	<b>1</b>	<b>1</b>		<b>14</b>		<b>237</b>		<b>6</b>		<b>318</b>		<b>23</b>		<b>3926</b>	<b>10</b>	<b>90</b>	<b>10</b>	<b>233</b>	<b>29</b>	<b>1</b>		<b>8</b>			

TABLE IV (cont.)

Notifiable Infectious Diseases by Locality in Gozo, 1959

LOCALITY	Pulmonary Tuberc		Other Focus of T. B.		Typhoid Fever		Undulant Fever		Scarlet Fever		Erysipelas		Diphtheria		Whooping Cough		Cerebrospinal Fever		Tetanus Neonatorum		Polio-myelitis		Measles		Typhus Murine		Chicken pox		Leishmaniasis		Influenza		Pneumonia		Broncho-Pneumonia		Puerperal Fever		Typhoid
	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.		
Kemmuna ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ghajnsielem and Mgarr ...	1	...	...	...	4	...	2	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	5	...	...	...	...	1	...	...	...	...	...	...	...	
Gharb ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ghasri ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	...	...	...	...	...	...	...	...	...	...	...	...
Kerċem and St. Lucia ...	...	...	...	...	...	...	9	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Marsalforn ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Nadur ...	...	1	...	...	3	...	7	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Qala ...	...	...	...	...	...	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
San Lawrence ...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Sannat and Muxar ...	...	...	...	...	...	...	21	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Victoria ...	1	...	...	...	3	...	14	...	2	...	1	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Xaghra ...	...	1	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Xewkija ...	1	...	...	...	4	...	8	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Xlendi ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Żebbuġ ...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total Gozo ...	3	2	...	...	17	...	68	...	3	...	2	1	2	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total Both Islands...	75	20	51	2	80	...	220	1	47	...	45	1	38	...	5	...	4	2	1	...	14	...	239	...	7	...	326	...	24	...	1124	10	91	10	249	33	1	...	9

## Monthly Notification of Infectious Diseases, 1959

MONTH	1		25		12		15		17		19		21		22		23	
	Pulmonary Tuberculosis		Other Forms of T. B.		Typhoid Fever		Undulant Fever		Scarlet Fever		Erysipelas		Diphtheria		Whooping-Cough		Cerebro-spinal Fever	
	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.
January ...	6	2	4	—	2	—	12	—	10	—	4	—	—	—	3	—	1	—
February ...	4	—	4	—	6	—	8	—	3	—	2	—	1	—	—	—	—	—
March ...	6	3	6	—	3	—	8	—	4	—	4	1	8	—	2	—	1	—
April ...	5	—	2	—	2	—	7	—	7	—	—	—	5	—	—	—	—	—
May ...	3	1	5	—	2	—	35	—	4	—	—	—	—	—	—	—	—	—
June ...	9	1	5	—	3	—	32	1	7	—	6	—	—	—	—	—	1	1
July ...	9	7	3	—	13	—	26	—	2	—	7	—	2	—	—	—	—	—
August ...	8	2	6	—	6	—	33	—	—	—	6	—	—	—	—	—	1	1
September	5	—	1	—	13	—	21	—	2	—	11	—	2	—	—	—	—	—
October ...	14	2	3	—	7	—	21	—	—	—	2	—	7	—	—	—	—	—
November	4	2	6	2	18	—	7	—	5	—	—	—	6	—	—	—	—	—
December	2	—	6	—	5	—	10	—	3	—	3	—	7	—	—	—	—	—
<b>Total ...</b>	<b>75</b>	<b>20</b>	<b>51</b>	<b>2</b>	<b>60</b>	<b>—</b>	<b>220</b>	<b>1</b>	<b>47</b>	<b>—</b>	<b>45</b>	<b>1</b>	<b>38</b>	<b>—</b>	<b>5</b>	<b>—</b>	<b>4</b>	<b>2</b>

MONTH	26		28		32		36 B		43 H		43 L		88		89		90		115		43 J	
	Tetanus (Neonatorum)		Acute Anterior Poliomyelitis		Measles		Typhus Murine		Chickenpox		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.
January ...	—	—	—	—	4	—	1	—	2	—	4	—	—	—	9	2	9	2	—	—	7	—
February ...	—	—	—	—	8	—	—	—	20	—	2	—	105	2	14	1	72	6	1	—	—	—
March ...	—	—	—	—	8	—	—	—	42	—	1	—	2637	5	11	3	74	5	—	—	—	—
April ...	—	—	—	—	17	—	—	—	39	—	5	—	1224	2	16	1	26	5	—	—	—	—
May ...	—	—	—	—	43	—	—	—	51	—	1	—	95	1	4	1	15	1	—	—	1	—
June ...	—	—	3	—	91	—	1	—	63	—	6	—	16	—	2	—	12	1	—	—	—	—
July ...	—	—	2	—	48	—	—	—	39	—	1	—	3	—	9	1	6	2	—	—	—	—
August ...	—	—	4	—	8	—	1	—	15	—	—	—	2	—	6	—	7	3	—	—	—	—
September	—	—	—	—	5	—	2	—	10	—	1	—	—	—	4	—	5	2	—	—	—	—
October ...	—	—	2	—	3	—	1	—	6	—	1	—	19	—	6	1	5	2	—	—	—	—
November	1	—	3	—	3	—	—	—	8	—	—	—	14	—	3	—	7	1	—	—	1	—
December	—	—	—	—	1	—	1	—	31	—	2	—	—	—	7	—	11	3	—	—	—	—
<b>Total ...</b>	<b>1</b>	<b>—</b>	<b>14</b>	<b>—</b>	<b>239</b>	<b>—</b>	<b>7</b>	<b>—</b>	<b>326</b>	<b>—</b>	<b>24</b>	<b>—</b>	<b>4124</b>	<b>10</b>	<b>91</b>	<b>10</b>	<b>249</b>	<b>33</b>	<b>1</b>	<b>—</b>	<b>9</b>	<b>—</b>



### 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					
	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	47	46	2	1	11	9	1	3	55	56	8	8	1	1	...	...	2	1	...	...	...	...	...	...	...	1	...	1	...	...	...	...
1 year	42	32	...	...	...	...	...	...	9	7	...	3	...	...	...	...	1	1	...	...	...	...	...	...	2	1	...	...	...	...	...	...
2 years	54	33	...	...	3	1	...	...	6	5	1	...	2	3	...	...	4	2	...	...	...	1	...	...	5	4	...	...	...	...	...	...
3 years	41	30	...	...	2	...	...	...	2	4	...	...	6	2	...	...	1	2	...	...	...	...	...	...	5	3	...	...	...	...	...	...
4 years	53	45	...	...	...	2	...	...	3	...	...	...	1	3	...	...	3	3	...	...	...	2	...	...	3	1	...	...	...	...	...	...
5 to 9 years...	329	325	...	...	5	3	...	...	3	3	...	...	8	8	...	...	5	9	...	...	10	9	...	...	18	13	...	...	...	...	...	...
10 to 14 „	509	384	...	...	3	2	...	...	4	1	...	...	2	9	...	...	1	1	...	...	7	8	...	...	2	22	...	...	2	...	...	...
15 to 19 „	256	151	...	...	3	...	...	...	5	...	...	...	1	...	...	...	1	...	...	...	8	8	...	...	13	13	...	...	...	1	...	...
20 to 24 „	233	154	...	...	...	...	...	...	3	1	...	...	...	...	...	...	...	...	...	...	2	3	...	...	11	4	...	...	...	...	...	...
25 to 34 „	313	162	...	...	3	1	...	...	8	2	...	...	1	...	...	...	...	...	...	...	5	3	...	...	13	8	...	...	3	...	...	...
35 to 44 „	175	86	...	2	5	2	...	...	3	4	2	...	...	...	...	...	...	...	...	...	3	2	...	...	9	10	...	...	...	...	...	...
45 years & over	386	238	2	3	23	13	3	3	40	25	8	3	...	...	...	...	1	...	...	...	4	6	...	...	18	20	...	...	1	...	...	...
<b>Total</b>	<b>2438</b>	<b>1686</b>	<b>4</b>	<b>6</b>	<b>58</b>	<b>33</b>	<b>4</b>	<b>6</b>	<b>141</b>	<b>108</b>	<b>19</b>	<b>14</b>	<b>22</b>	<b>26</b>	<b>...</b>	<b>...</b>	<b>19</b>	<b>19</b>	<b>...</b>	<b>...</b>	<b>39</b>	<b>42</b>	<b>...</b>	<b>...</b>	<b>120</b>	<b>100</b>	<b>...</b>	<b>1</b>	<b>6</b>	<b>1</b>	<b>...</b>	<b>...</b>

*Undulant Fever.* The incidence of this disease which was the lowest on record in 1958 with 117 cases increased to 220, (152 in Malta and 68 in Gozo), during the year under review. One death was registered as due to this disease, while there were no deaths in 1958.

The downward trend in the incidence of undulant fever has started with the introduction of pasteurization of milk and the subsequent enactment of legislation to forbid the sale of raw milk in certain areas. As new areas were gradually included in the forbidden zone the number of notified cases gradually decreased. At present the sale of raw goats milk is forbidden in the whole of Malta, but is still allowed in some parts of Gozo where local conditions make it somewhat difficult to enforce the restriction. 1390 cases with 30 deaths were notified in 1947 as compared with 117 with no deaths in 1958.

The present rise in the number of notified cases may be partly due to the result of litigation on the price fixed by Government for the purchase of milk from purveyors.

Purveyors has been asking for an increase in the price fixed by Government for milk supplied by them to the Milk Marketing Undertaking and we have reasons to believe that in rural areas goatherds found means of selling their milk to the public in contravention to the law. In some districts where goatpens are kept quite close to residential areas control may be difficult and in spite of all our efforts we succeeded in summoning offenders only in five instances.

Our belief that the dispute about the price of raw milk was the cause of an increase in undulant fever was proved in January, 1960, when purveyors went on strike and refused to supply any more milk to the Milk Marketing Undertaking.

				<b>Undulant Fever</b>				
Month				Cases	Locality			No. of Cases
January	...	...	...	12	Valletta	...	...	1
February	...	...	...	8	Cospicua	...	...	5
March	...	...	...	8	Vittoriosa	...	...	2
April	...	...	...	7	Ħamrun	...	...	2
May	...	...	...	35	Marsa	...	...	10
June	...	...	...	32	Msida	...	...	1
July	...	...	...	26	St. Julians'	...	...	2
August	...	...	...	33	Sliema	...	...	1
September	...	...	...	21	Tarxien	...	...	9
October	...	...	...	21	Zabbar	...	...	3
November	...	...	...	7	Marsaskala	...	...	3
December	...	...	...	10	Kalkara	...	...	1
					Luqa	...	...	4
					Birkirkara	...	...	6
					Lija	...	...	1
					Qormi	...	...	13
					Birżebbuġa	...	...	1
					Marsaxlokk	...	...	2
					Għaxaq	...	...	8
					Gudja	...	...	3
					Żejtun	...	...	13
					Żurrieq	...	...	15
					Kirkop	...	...	1
					Mqabba	...	...	1
					Mdina	...	...	3
					Rabat	...	...	17
					Dingli	...	...	10
					Sigġiewi	...	...	4
					Żebbuġ	...	...	5
					Mġarr	...	...	1
					Għargħur	...	...	1
					Mosta	...	...	1
					St. Paul's Bay	...	...	3
								152
					Gozo	...	...	68

### Trachoma in Gozo

The work connected with the anti-trachoma campaign in Gozo was continued throughout the whole year. Its main activity was directed to the school population among whom the incidence of the disease was more prominent. A further justification for this concentration of effort is that the disease is more amenable to treatment in the child in whom it is possible to obtain a radical cure without a very prolonged course of treatment as in adults.

The yearly discovery of trachoma in school children on the opening of schools following the Summer holidays is an indication, however, that the source of infection still exists in the home. But the efforts to draw forth for treatment the afflicted person who might be unwittingly communicating the disease to the other members of the household, are not always successful.

The Eye Specialist paid regular weekly visits to Gozo to hold clinics in the schools and in the government dispensaries of various districts for the purpose of controlling the progress of trachoma. The treatment for school children consisted in the instillation of achromycin oily drops twice daily on schooldays, while for adults sodium sulphacetamide drops three times a day were adopted.

As shown in the table hereunder, the number of cases of trachoma among school children on the re-opening of schools for the Christmas Term 1959 was slightly higher than that for the previous year which recorded a very low incidence. This is not however considered an indication that the disease is again gaining ground, but it is rather a pointer to the necessity of maintaining the work of the campaign for a few more years.

**Details of Examination of School children in the Autumn of 1959  
after re-opening of schools**

School		No. seen	No. of Trach.	No. of Conj.	"F" only
VICTORIA	Girls	593	—	2	17
	Boys	414	2	6	13
NADUR	Girls	481	9	2	19
	Boys	332	1	3	7
XAGHRA	Girls	447	2	1	14
	Boys	332	1	1	4
XEWKJA	Girls	379	3	4	10
	Boys	260	2	3	8
GHAJNSIELEM	Girls	207	1	2	5
	Boys	137	1	3	5
QALA	Girls	176	—	—	5
	Boys	140	—	—	5
KERCEM	Mixed	209	2	3	6
SANNAT	Mixed	326	4	3	6
ZEBBUG	Mixed	200	2	1	12
GHARB	Mixed	178	—	—	9
S. LAWRENZ	Mixed	94	—	2	10
GHASRI	Mixed	77	—	1	7
Total		4,982	30	37	152

## LEPROSY

The number of persons notified during the year as suffering from leprosy was 15, 9 males and 6 females, as shown in the Table which gives the age groups to which the reported cases belong. The number of reported cases corresponds to the average of cases reported over a period of years and shows a decline from the slight increase of cases becoming known after the abolition of compulsory segregation.

Age and Sex distribution of Cases of Leprosy notified during the year, 1959

Ages	Males	Females	Total
1 — 10	—	—	—
11 — 20	—	1	1
21 — 30	2	1	3
31 — 40	3	—	3
41 — 50	2	—	2
51 — 60	1	3	4
61 — 70	1	1	2
71 — 80	—	—	—
81 — 90	—	—	—
<b>Total</b>	<b>9</b>	<b>6</b>	<b>15</b>

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

Cases notified during 1959 and the nine preceding years

	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959
<b>Males ...</b>	6	4	9	6	10	6	12	13	7	9
<b>Females ...</b>	6	1	5	5	—	8	7	8	8	6
<b>Total ...</b>	12	5	14	11	10	14	19	21	15	15

### VENEREAL DISEASES

Venereal disease in Malta is not prevalent, indeed the incidence here is amongst the lowest in the Mediterranean. The Venereal Diseases Clinic opened in terms of The International Agreement of Brussels, 1924, forms part of the Central Hospital at Floriana, which is situated very closely to the harbour area and in the centre of the most populated and active region of the Island. Treatment for venereal conditions is given free of charge irrespective of the nationality and the financial means of the patient.

The clinic is open daily from 6 a.m. to 7 p.m. and consultations are held on week-days from 8 to 11 a.m. and from 3 to 6 p.m. by two consultant physicians.

Notwithstanding that Malta is not included in the Ratification or Accessions in the Brussels Agreement, it conforms in all respects to the Protocol adopted at the International Health Conference held in New York in June — July, 1946 and Malta is included in the International List of Venereal Diseases Treatment Centres at Ports, which is published by the World Health Organisation.

Venereal diseases do not present a problem to Malta. They are very well controlled and the strict application of Act No. LVIII of 1948 for the compulsory examination and treatment of persons with the disease contributes substantially to the control.

The number of new cases who attended for treatment during the year was 190 (88 males and 102 females). The total number of other attendances amounted to 2,263 (989 males and 1,274 females), bringing the total number of all attendances to 2,453 (1,077 males and 1,376 females) as compared to last year's figures of 2,022.

The diagnosis in the case of the 190 new patients was as follows:

Diagnosis	Males	Females	Total
Gonorrhoea ... ..	13	15	28
Non-gonorrhoeal urethritis ... ..	14	—	14
Syphilis early ... ..	1	—	1
Syphilis late ... ..	7	4	11
Syphilis prenatal ... ..	—	—	—
Trichomonas Vaginitis ... ..	—	20	20
Candidiasis ... ..	—	7	7
Verrucae ... ..	6	4	10
Balanitis ... ..	4	—	4
Not requiring V.D. treatment ... ..	43	52	95
<b>Total ... ..</b>	<b>88</b>	<b>102</b>	<b>190</b>

Only seven female patients were found in need of hospitalization. These patients were suffering from gonorrhoea (5) and anogenital verrucal (2).

### SCHOOL MEDICAL SERVICE

The School Medical Service is intended mainly for the supervision of the health of the children attending Government infant and primary schools, the prevention and treatment of defects and diseases, and advice to children, teachers and parents on health and welfare matters. During recent years an improvement in the health and cleanliness of the children has been noticed, reflecting the improvement in the standard of living and the success of the service.

## Staff:

7 School Medical Officers	}	from Medical and Health Department.
1 Eye-Specialist (part time)		
4 School Dental Surgeons		
7 School Nurses		
4 School Dental Nurses		
2 Health Education Officers	}	from Education Department.
1 Child Welfare Officer		
1 Speech Therapist		

## School Population:

57,195. Of these 12,107 were newly admitted in September 1958.

## Medical Examinations:

## Number of School Children examined:—

Number of Schools visited	...	...	...	...	112
Routine Inspections	...	...	...	...	38,368
Special Examinations	...	...	...	...	4,318
Re-Examinations	...	...	...	...	17,836

Of the above, 2,771 were referred to Out-patient Department of the General Hospital.

T.B. Clinic (contacts)	...	...	...	62
E.N.T.	...	...	...	476
Skin	...	...	...	142
Ophthalmic	...	...	...	528
Orthopaedic	...	...	...	9
Medical	...	...	...	20
Surgical	...	...	...	11
Child Health Clinic	...	...	...	32
Psychiatric Clinic	...	...	...	13
Dental Clinic	...	...	...	1,478
				<hr/>
			Total:	2,771
				<hr/>

*Results of Medical Examinations.* The results of the medical examinations are recorded in the child's medical history card filed for reference as occasions arise. The following is a list of defects found.

*Skin*

Impetigo	...	...	...	...	353
Ringworm (Head)	...	...	...	...	212
Ringworm (Body)	...	...	...	...	140
Scabies	...	...	...	...	5
Other diseases	...	...	...	...	464

*Eye*

Defective vision	...	...	...	...	778
Squint	...	...	...	...	368
Blepharitis	...	...	...	...	208
Conjunctivitis	...	...	...	...	156
Trachoma	...	...	...	...	3
Partially blind (from one eye)	...	...	...	...	7
Corneal ulcers and opacities	...	...	...	...	5
Other diseases	...	...	...	...	90

<i>Ear</i>						
Otitis media	...	...	...	...	...	75
Defective hearing	...	...	...	...	...	40
Partially deaf	...	...	...	...	...	5
Deaf mutes	...	...	...	...	...	22
<i>Nose and Throat</i>						
Enlarged tonsils and adenoids	...	...	...	...	...	1,243
Adenoids	...	...	...	...	...	83
Other diseases	...	...	...	...	...	136
<i>Enlarged cervical glands</i> (non tuberculous)	...	...	...	...	...	466
<i>Defective speech</i>	...	...	...	...	...	79
<i>Dental diseases</i>	...	...	...	...	...	1,933
<i>Digestive tract</i>						
Threadworm infestation	...	...	...	...	...	27
Taenia solium	...	...	...	...	...	8
Ascaris	...	...	...	...	...	7
<i>Heart and circulation</i>						
Anaemia	...	...	...	...	...	404
Organic heart disease (congenital)	...	...	...	...	...	23
Organic heart disease (rheumatic)	...	...	...	...	...	16
<i>Tuberculosis</i>						
Pulmonary	...	...	...	...	...	1
<i>Nervous system</i>						
Enuresis	...	...	...	...	...	35
Petit mal	...	...	...	...	...	6
Epilepsy	...	...	...	...	...	13
Paralysis (post polio)	...	...	...	...	...	28
Erb's palsy	...	...	...	...	...	11
Spastic paraplegia	...	...	...	...	...	2
Facial palsy	...	...	...	...	...	1
Nervous tic	...	...	...	...	...	6
Chorea	...	...	...	...	...	1
Vasovagal syndrome	...	...	...	...	...	2
Migraine	...	...	...	...	...	5
Hysteria	...	...	...	...	...	3
Muscular atrophy	...	...	...	...	...	1
Progressive lenticular degeneration	...	...	...	...	...	1
<i>Mental conditions</i>						
Backward	...	...	...	...	...	122
Feeble-minded	...	...	...	...	...	27
Dull	...	...	...	...	...	68
Maladjusted (socially and emotionally unstable)	...	...	...	...	...	8
Mongols	...	...	...	...	...	2
Idiots	...	...	...	...	...	1
<i>Lungs</i>						
Bronchitis	...	...	...	...	...	20
Asthma	...	...	...	...	...	22
<i>Deformities</i>						
Spinal curvature	...	...	...	...	...	16
Cleft palate and hare lip	...	...	...	...	...	6
Hare lip	...	...	...	...	...	3
Pigeon chest	...	...	...	...	...	14
Funnel chest	...	...	...	...	...	1
Congenital dislocation of hip	...	...	...	...	...	1
Syndactyly	...	...	...	...	...	2
Pes valgus	...	...	...	...	...	1
Flat feet	...	...	...	...	...	2
Absence of fingers	...	...	...	...	...	2
Congenital deformities of the hand	...	...	...	...	...	3

*Other defects or diseases*

Umbilical hernia	...	...	...	...	20
Undescended testicle	...	...	...	...	10
Septic fingers	...	...	...	...	12
Fractured scaphoid	...	...	...	...	1
Fractured metatarsal	...	...	...	...	1
Rectal polyp	...	...	...	...	1
Chronic nephritis	...	...	...	...	1
Arthritis	...	...	...	...	1
Hydrocephalus	...	...	...	...	1
Cooley's anaemia	...	...	...	...	1

**Classification of school children according to their state of nutrition**

Inspections	A. — Good (normal)		B. — Fair (Slightly subnormal)		C. — Poor (Grossly subnormal)	
	No.	%	No.	%	No.	%
36,866	30,733	83.7	5,785	15.4	348	.9

**Average state of nutrition from 1954/55 to 1958/59**

Nutrition	1954/55	1955/56	1956/57	1957/58	1958/59
Good ...	90.2 %	91.0 %	77.7 %	85.6 %	83.7 %
Fair ..	8.5 %	7.4 %	19.2 %	13.2 %	15.4 %
Poor ...	1.3 %	1.6 %	3.1 %	1.2 %	.9%

*Milk in Schools.* Free milk is available and distributed to all children attending Government infants and primary schools. The daily portion is one-third of a pint of milk. However, this is being delivered in school in 1 pint bottles, causing the children to carry mugs in rather unhygienic conditions. It is felt that the introduction of one-third pint bottles or cartons would be an improvement.

## Food accessories issued to school children:—

Cod Liver Oil (gallons)	...	...	400
Tab. Yeast Food	...	...	542,500
Tab. Ferri Sulphas	...	...	396,600
Tab. Ostocalcium	...	...	671,500

## Number of children inoculated against Diphtheria:—

1st Dose	...	...	3,027
2nd Dose	...	...	2,892
Booster Doses	...	...	590

## School Dental Service:

1. Number of children inspected	...	...	15,279
2. Number of children found to require treatment	...	...	6,949
3. Number of attendances for treatment	...	...	9,769
4. Number of children sent for emergency treatment	...	...	430
5. Half-days devoted to:			
a) Inspection	...	...	271
b) Treatment	...	...	921
6. Fillings: Permanent teeth	...	...	1,140
Temporary teeth	...	...	35
7. Extractions: Permanent teeth	...	...	1,706
Temporary teeth	...	...	7,460
For regulation purposes	...	...	891
			10,057



8. Teeth extracted under general anaesthesia:						
Permanent	...	...	...	...	20	
Temporary	...	...	...	...	98	118
9. Administration of general anaesthetics:						
Number of sessions	...	...	...	...	13	
Number attended	...	...	...	...	34	47
10. Scaling and polishing	...	...	...	...	...	92
11. Miscellaneous treatment	...	...	...	...	...	793
12. Refusals	...	...	...	...	...	29
13. Cases referred for X-rays	...	...	...	...	...	26
14. Applications for artificial restorations and orthodontic appliances	...	...	...	...	...	70

### TUBERCULOSIS SERVICE

During the year 1959, 3,635 persons were examined at the Chest Clinic. Most of these were contacts of families or units who received financial assistance in the form of Out-door Medical Relief. Medical advice and medicines were freely given to needy contact families at the Chest Clinic.

Tuberculosis infection of the lungs and other chest abnormalities which were encountered during the clinical investigations for contacts of newly notified cases during the year amounted to 41 in the following order:— pulmonary tuberculosis 9, intra-thoracic primary infection in the form of Hilary adenitis, pleurisy, primary complex etc. 21, lung tumours 6, other conditions 5. The closed cases with primary lung lesions were treated and followed up at the Chest Clinic. Persons affected with secondary tuberculous spread of the lungs and others in need of surgical treatment were all referred to the respective clinics for further investigations.

During the period under review 32 prospective emigrants, 271 newly appointed teachers, 319 nurses and other hospital employees, 85 police constables and 42 children before their admission into Government Institutes were medically examined at the Chest Clinic.

The total number of newly notified cases for the period under review was 126 including 75 with pulmonary tuberculosis of which 49 were males and 26 females. The registered number of deaths for both Islands was 24. The corresponding figures for last year were pulmonary Tb 118, and 17 other forms of tuberculosis.

#### *B.C.G.*

In the last quarter of 1959, 2,642 persons, all school children were tuberculin tested and of these 1,260 were found to be negative reactors. 1,220 were immunized against Tb infection. No Koch phenomena or other side reactions worth recording were encountered amongst the persons vaccinated.

#### *Housing*

Last year 126 houses occupied by newly notified cases were visited by the Health Inspectors attached to the Tuberculosis Control Section. Ninety other premises belonging to families who had applied to the Housing Department for better accommodation were also inspected, sixty-six of these houses were found to be unsuitable for accommodating the Tb families concerned and the occupants were recommended to the Housing Authorities for larger and more hygienic habitations. The remaining twenty-four homes were all in good hygienic conditions and the Housing Department was advised accordingly.

## Distribution of New Cases of Tb. by District

District	Males	Females	Total
<b>MALTA :—</b>			
Attard ... ..	1	—	1
Balzan ... ..	—	1	1
B'kara ... ..	2	3	5
B'buga ... ..	2	—	2
Cospicua ... ..	1	1	2
Dingli ... ..	—	—	—
Floriana ... ..	1	—	1
Għaqħur ... ..	—	—	—
Għaxaq ... ..	1	1	2
Gudja ... ..	—	—	—
Gżira ... ..	1	2	3
Hamrun/Pieta ... ..	3	1	4
Kalkara ... ..	—	—	—
Kirkop ... ..	—	—	—
Lija ... ..	—	—	—
Luqa ... ..	—	—	—
Marsa ... ..	4	1	5
Mel'ieħa ... ..	1	—	1
Mgarr ... ..	—	—	—
Mq bba ... ..	2	—	2
Msida ... ..	3	—	3
Naxxar ... ..	—	—	—
l awla ... ..	1	1	2
Qormi ... ..	4	2	6
Qrendi ... ..	1	—	1
Rabat/Mdina ... ..	—	—	—
Safi ... ..	—	—	—
St. Julian's ... ..	1	—	1
St. Paul' Bay ... ..	1	—	1
Senglea ... ..	1	1	2
Siggiewi ... ..	—	—	—
Sl'eua ... ..	4	1	5
Tarxien ... ..	2	1	3
Valletta ... ..	5	2	7
Vitorosa ... ..	—	—	—
Zabbar/M'Skala ... ..	3	1	4
Zebbug ... ..	1	2	3
Żejtun/M'Xlokk ... ..	3	—	3
Żurrieq ... ..	—	2	2
Total Malta	49	23	72
<b>GOZO :—</b>			
Victoria ... ..	—	1	1
Għajnsielem ... ..	—	1	1
Għarb ... ..	—	—	—
Għasri ... ..	—	—	—
Kerċem ... ..	—	—	—
Marsalforn ... ..	—	—	—
Mgarr ... ..	—	—	—
Nadar ... ..	—	—	—
Qala ... ..	—	1	1
San Lawrenz ... ..	—	—	—
Sannat ... ..	—	—	—
Xagħra ... ..	—	—	—
Xewkija ... ..	—	1	1
Zebbug ... ..	—	—	—
Total Gozo	—	3	3
Total both Islands	49	26	75

## Incidence of New Cases of Pulmonary Tb. by Age and Sex

Age Periods	Males	Females	Total
0 — 5 years	1	—	1
6 — 10 "	—	2	2
11 — 20 "	4	5	9
21 — 30 "	9	9	18
31 — 40 "	9	8	17
41 — 50 "	11	—	11
51 — 60 "	7	—	7
61 — 70 " and over	8	2	10
Total	49	26	75

## Incidence of New Cases of Pulmonary Tb. by Month

Months	Males	Females	Total
January ... ..	5	1	6
February ... ..	4	—	4
March ... ..	3	3	6
April ... ..	3	2	5
May ... ..	1	2	3
June ... ..	5	4	9
July ... ..	7	2	9
August ... ..	6	2	8
September ... ..	4	1	5
October ... ..	6	8	14
November ... ..	3	1	4
December ... ..	2	—	2
Total	49	26	75

## Mortality by Age Periods from Pulmonary Tuberculosis

Age Periods	Males	Females	Total
0 — 5 years	—	—	—
6 — 10 "	—	—	—
11 — 20 "	—	1	1
21 — 30 "	—	—	—
31 — 40 "	—	2	2
41 — 50 "	3	3	6
51 — 60 "	5	1	6
61 — 70 " and over	9	—	9
Total	17	7	24

## Mortality by Month from Pulmonary Tuberculosis

Months	Males	Females	Total
January ... ..	1	1	2
February ... ..	—	—	—
March ... ..	5	—	5
April ... ..	1	—	1
May ... ..	1	—	1
June ... ..	2	1	3
July ... ..	4	3	7
August ... ..	1	—	1
September ... ..	—	1	1
October ... ..	1	1	2
November ... ..	1	—	1
December ... ..	—	—	—
Total	17	7	24

### Analysis of Cases and Deaths from Pulmonary Tuberculosis

Year	Estimated Population at end of year	Cases Notified	Case-rate per 1000 Population	No. of Deaths	Death-rate per 1000 Population
1948	305,991	202	0.66	104	0.34
1949	310,985	228	0.73	97	0.31
1950	311,973	208	0.66	82	0.27
1951	312,446	171	0.54	68	0.21
1952	316,619	146	0.46	34	0.09
1953	317,248	177	0.55	39	0.12
1954	319,787	157	0.48	36	0.11
1955	314,369	141	0.45	41	0.13
1956	314,066	161	0.51	34	0.10
1957	319,346	125	0.39	37	0.11
1958	323,667	118	0.36	24	0.07
1959	324,842	75	0.23	24	0.07

### Monthly Notification of Pulmonary Tuberculosis

Year	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
1948	15	10	17	18	15	17	27	18	20	13	19	15	204
1949	16	10	18	20	23	12	22	27	27	16	17	20	228
1950	9	20	17	15	16	17	22	30	14	20	16	12	208
1951	15	12	19	13	14	10	17	19	16	11	19	7	172
1952	6	13	14	8	8	14	24	13	11	14	11	10	146
1953	17	13	10	11	16	8	19	27	17	22	8	9	177
1954	9	9	15	9	12	13	14	10	9	18	20	19	157
1955	15	13	13	9	9	11	14	11	14	15	9	8	141
1956	18	10	18	10	10	16	12	16	20	10	13	8	161
1957	8	7	11	10	10	12	7	12	12	12	5	19	125
1958	9	7	14	6	12	11	11	8	13	6	10	10	117
1959	6	4	6	5	3	9	9	8	5	13	4	2	75

### An Analysis of the Sources of Notification of New Cases

From Hospitals	21
From Private Practitioners	23
From Chest Clinic	21
From H.M's Services	6
From examination of Prospective Emigrants	4
Total	75

## Synopsis of occupation of cases of Pulmonary Tuberculosis 1959

Barbers	...	...	...	...	...	...	—
Carpenters	...	...	...	...	...	...	—
Clerks	...	...	...	...	...	...	3
Contractors	...	...	...	...	...	...	1
Drivers	...	...	...	...	...	...	4
Factory employees	...	...	...	...	...	...	—
Farmers	...	...	...	...	...	...	2
Foodhandlers	...	...	...	...	...	...	3
Hawkers	...	...	...	...	...	...	—
Housewives	...	...	...	...	...	...	13
Labourers	...	...	...	...	...	...	4
Members of H. M. Forces	...	...	...	...	...	...	4
Merchants	...	...	...	...	...	...	—
Messengers	...	...	...	...	...	...	—
Ministers of Religion and Nuns	...	...	...	...	...	...	2
Nurses	...	...	...	...	...	...	—
Pensioners	...	...	...	...	...	...	1
Plasterers and Painters	...	...	...	...	...	...	—
Plumbers and Electricians	...	...	...	...	...	...	—
Salesgirls	...	...	...	...	...	...	1
Seamstresses	...	...	...	...	...	...	1
Servants	...	...	...	...	...	...	2
Scavenger	...	...	...	...	...	...	1
Shipwrights	...	...	...	...	...	...	4
Shopkeepers	...	...	...	...	...	...	3
Stone-dressers	...	...	...	...	...	...	—
Students	...	...	...	...	...	...	—
Teachers	...	...	...	...	...	...	1
Unemployed	...	...	...	...	...	...	19
Stokers	...	...	...	...	...	...	—
Watchman	...	...	...	...	...	...	1
							<hr/>
							75
							<hr/>

## Number of cases of Non-Respiratory and Non-Intrathoratic Tuberculosis during 1959

Tuberculosis of the Meninges and C.N.S.	...	...	...	...	...	...	2
Tuberculosis of the Intestines, Peritoneum and Mesenteric Glands	...	...	...	...	...	...	2
Tuberculosis of the Bones and Joints	...	...	...	...	...	...	3
Tuberculosis of the Skin	...	...	...	...	...	...	3
Tuberculosis of the Vertebral Column	...	...	...	...	...	...	2
Tuberculosis of the Lymphatic System	...	...	...	...	...	...	6
Tuberculosis of the Genito Urinary System	...	...	...	...	...	...	17
Tuberculosis of the Pleura	...	...	...	...	...	...	4
Tuberculosis of the Muscles	...	...	...	...	...	...	2
Tuberculosis of the Primary Complexes	...	...	...	...	...	...	9
Tuberculosis of the Eyes	...	...	...	...	...	...	—

## Results of B.C.G. Vaccinations in Malta &amp; Gozo during 1959

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
Sliema ... ..	451	316	129	79	318	232	4	7	315	225	3	7
Ghaxaq ... ..	37	27	11	5	26	19	—	3	26	19	—	—
St. Venera ... ..	9	17	3	11	4	6	2	—	4	6	—	—
Mosta ... ..	47	60	10	29	34	27	3	4	31	26	3	1
Rabat ... ..	68	45	25	21	40	20	3	4	40	19	—	1
Luqa ... ..	11	29	5	7	6	19	—	2	6	19	—	—
Qrendi ... ..	16	18	6	8	10	10	—	—	10	10	—	—
Kalkara ... ..	8	12	8	9	—	1	—	2	—	1	—	—
Zabbar ... ..	98	90	64	44	32	35	2	7	32	35	10	10
B'Kara ... ..	113	133	41	49	68	82	3	4	63	57	—	4
Hamrun ... ..	104	151	131	115	28	32	5	4	28	32	—	—
Qormi ... ..	186	162	135	127	33	30	18	5	33	30	—	—
Naxxar ... ..	18	22	9	8	7	13	2	1	7	12	—	1
Gharghur ... ..	8	17	5	11	2	5	1	5	2	5	—	—
Vittorio ... ..	34	21	23	14	6	7	5	—	6	7	—	—
Senglea ... ..	41	39	26	23	13	12	2	4	13	12	—	—
Marsa ... ..	109	65	54	27	51	32	4	6	51	32	—	—
<b>TOTAL</b> ... ..	<b>1,418</b>	<b>1,224</b>	<b>685</b>	<b>585</b>	<b>678</b>	<b>582</b>	<b>54</b>	<b>58</b>	<b>673</b>	<b>547</b>	<b>16</b>	<b>24</b>
<b>Both Totals</b> ... ..	<b>2,642</b>		<b>1,270</b>		<b>1,260</b>		<b>112</b>		<b>1,220</b>		<b>40</b>	

## Home-Visiting — Environmental Figures

Size of families visited	Size of home visited	Room accommodation	Bed accommodation	Sanitation
6 families of 1 person	10 houses of 1 room	40 patients have their own room	50 patients have their own bed	72 clean
8 families of 2 persons	24 houses of 2 rooms			
8 families of 3 persons	17 houses of 3 rooms			
9 families of 4 persons	12 houses of 4 rooms			
13 families of 5 persons	6 houses of 5 rooms	35 patients have no room of their own	15 patients have no bed of their own	3 dirty
6 families of 6 persons	2 houses of 6 rooms			
7 families of 7 persons	1 house of 7 rooms			
4 families of 8 persons				
6 families of 9 persons				
5 families of 10 persons	1 houses of 10 rooms			
1 family of 11 persons				
1 family of 14 persons				

## CHILD HEALTH

The position of children in Malta as judged by the Infant Mortality is no doubt an excellent one. From the bottom of the list we can now take our place with any civilised nation in the world. This was put in relevance in a demographic report by the World Health Organization for 1957 when it was pointed out that during the post-war period the Infant Mortality from an average of 250/1000 has been reduced to the figure of just under 40/1000. This year the rate has been further reduced to 34.52. Child Health Clinics now cover the whole Island and a Children's Department at St. Luke Hospital have been started and established.

There has been a marked improvement from various other aspects. Feeding of infants and children is better balanced and the methods used more hygienic. This no doubt accounts for the fact that enteritis is no longer the frequent and dreaded disease of the past. Apart from neoplastic disease, upper respiratory tract infections are causing the bulk of our deaths, and this is no doubt due to overcrowding and sometimes to misuse of antibiotics with consequent development of resistance of the offending organisms.

The number of deliveries at St. Luke's has risen from an average of 400 per year in the immediate post-war period to almost 2,000 per year.

When one considers that the annual number of births for the Island are just under 9,000 and that almost 2,000 of these are born at St. Luke's, one has to admit that we are having a great opportunity to set the matter on the right path at the very start of the child's life.

If the present position is scrutinized very deeply certain facts will be made out. The still birth and neonatal death rates are too high and approximately 200 due to still birth and 200 in the first week of life die every year. This high rate is not in consonance with infant death rate, and is no doubt preventing further reductions of the infant mortality. Not enough is being done for the mother before the baby is born or during the actual delivery. The number of deliveries at St. Luke Hospital have risen from an average of 400 per year in the immediate post-war period to almost 2,000 per year. This high delivery rate has taxed the resources of the relative wards and put a heavy strain on them. The standard of midwifery in the home is rather poor as judged by:—

1. The high still-birth rate.
2. The high percentage rate of birth trauma, e.g. Erb's palsy is incredibly high, an average of 50 cases per year.

To these may perhaps be added the number of spastic mental defective cases and 'idiopathic convulsions'.

The Children's Department at St. Luke's is no doubt a credit to any hospital, and the care and attention available there are really first class; unfortunately so far owing to lack of space we have been unable to accommodate all the child patients in a special department.

The total number of live births for the year 1959 was 8,499 of which 4,296 were males and 4,203 females. The birth-rate was 26.19. The total number of still births was 193, that is just one less than that of the previous year. In actual fact there were 6 still-births less in Malta and 5 more in Gozo during 1959 than there were during 1958. The rate per 100 total (live and still) births was the same for both years, that is 2.22.

The infant mortality rate of 34.95 was an improvement over the figure in respect of 1958 (39.99) which has been the lowest on record. The month that showed the lowest rate (25.79) was May, whilst April had the highest rate (42.72). During 1958, the lowest (24.15) and the highest (58.31) rates were recorded in September and August respectively.

The difference in the infant mortality rate between Malta and Gozo is decreasing every year. The rate for Malta during 1959 was 34.50 and the rate for Gozo for the same year was 40.06. The corresponding figures in respect of 1958 were 39.25 and 48.78. The number of children who died during the first 4 weeks of life was 191, that is 7 less than the figure for 1958. Of these, 151 died in the first week including 80 who died in the first 24 hours.

The neonatal mortality-rate was 22.47 as compared with 23.22 in 1958.

## Age distribution of deaths in children under 5 years

Year	Under 1 month	Under 1 year including 1 month	Over 1 year under 5 years
1956	213	359	49
1957	215	358	43
1958	198	341	39
1959	191	297	34

## 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
1958	156	15	20	7	198
1959	151	18	15	7	191

## Causes of Neonatal Deaths

Birth Injuries	...	...	...	...	...	...	...	...	42
Asphyxia and Atelectasis	...	...	...	...	...	...	...	...	36
Congenital Malformations									
(a) Congenital Heart	...	...	...	...	...	11	...	...	
(b) Spina Bifida	...	...	...	...	...	3	...	...	
(c) Unspecified	...	...	...	...	...	13	...	...	
									27
Ill-defined diseases peculiar to early life (Prematurity, marasmus, congenital debility)	...	...	...	...	...	...	...	...	58
Diarrhoea of newborn	...	...	...	...	...	...	...	...	3
Haemolytic disease	...	...	...	...	...	...	...	...	1
Respiratory infections (bronchitis, pneumonia and bronchopneumonia) of newborn	...	...	...	...	...	...	...	...	14
Miscellaneous	...	...	...	...	...	...	...	...	8
Accidents	...	...	...	...	...	...	...	...	2
									191

## Neonatal Deaths

Causes of Death	Under 1 day	1 day	2 days	3 days	4 and under 7 days	Total under 1 week
71 Nonmeningococcal meningitis	—	1	—	—	—	1
78 (b) Other disease of the Nervous System	1	—	—	—	—	1
88 Influenza	—	—	—	1	—	1
93 Bronchitis	1	—	—	—	—	1
128 Congenital malformations of the circulatory system	—	1	—	—	5	6
129 All other congenital malformations	5	2	1	1	1	10
130 Birth injuries	29	4	4	2	2	41
131 Postnatal asphyxia and atelectasis	16	6	5	4	4	35
132c Other infections of newborn	—	—	—	1	2	3
133 Haemolytic disease of newborn	—	—	—	—	1	1
134 All other diseases peculiar to early infancy	1	—	1	—	—	2
135 Ill defined diseases peculiar to early infancy and immaturity	27	7	6	5	3	48
147b Foreign body entering other orifice	—	—	—	—	1	1
Total	80	21	17	14	19	151





**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
1940 ... ..	134.53	82.57	120.13	119.56	226.19	406.68	692.95	733.23	396.77	258.74	216.17	147.50	276.45
1941 ... ..	134.43	134.98	149.44	183.64	290.50	678.06	691.62	495.62	338.26	246.68	270.11	191.20	303.45
1942 ... ..	164.63	232.89	155.58	198.74	384.23	561.03	541.24	417.82	424.68	482.11	445.91	241.04	345.15
1943 ... ..	136.15	84.17	100.72	105.61	142.25	380.13	459.92	446.07	330.04	287.90	147.65	112.02	210.00
1944 ... ..	84.99	103.06	74.64	74.23	91.96	180.41	140.87	132.69	138.77	125.00	138.70	127.77	116.30
1945 ... ..	107.17	80.25	56.72	71.51	164.85	250.37	218.03	193.90	202.85	191.55	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	57.66	58.66	63.80	66.95
1955 ... ..	38.91	51.67	26.67	48.92	48.16	52.95	69.32	41.60	39.65	36.66	41.78	49.13	44.98
1956 ... ..	30.46	54.32	42.29	37.25	46.51	44.23	63.29	46.55	41.98	33.06	33.20	40.38	42.65
1957 ... ..	29.26	51.65	32.14	35.24	41.73	48.89	39.30	53.98	27.17	47.56	42.41	49.80	40.71
1958 ... ..	36.82	47.16	33.24	34.33	44.73	35.44	32.62	58.31	24.15	46.09	44.57	41.56	39.99
1959 ... ..	37.71	40.17	41.79	42.72	25.79	26.79	37.56	37.14	28.40	39.79	29.05	31.99	34.95

## 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 8 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
		15	Brucellosis (Undulant fever) ...	—	—	—	—	—	—	—	1	—	1	—	—	—	—
20	Septicaemia and pyaemia ...	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1
23	Meningococcal infections ...	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1
25	Tetanus ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
29	Acute infectious encephalitis ...	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	1
43(p)	All other diseases classified as infective and parasitic ...	—	1	1	—	2	—	—	—	—	2	—	—	—	—	—	2
56	Malignant neoplasm of bone and connective tissue ...	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1
57	Malignant neoplasm of all other and unspecified sites ...	—	—	—	—	—	—	—	—	—	—	—	1	—	1	2	2
58	Leukaemia and aleukaemia ...	—	—	—	—	—	—	—	—	1	1	—	—	—	—	1	1
64(d)	Other deficiency states ...	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—
65(c)	Other specified and unspecified anaemias ...	—	—	—	—	—	1	—	—	—	1	1	—	—	—	—	2
66(a)	Asthma... ..	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	1
66(b)	All other allergic disorders, endocrine, metabolic and blood diseases	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	1
69	Mental deficiency ...	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	1
71	Nonmeningococcal meningitis ...	1	—	—	—	1	—	1	—	—	2	—	—	1	—	—	4
77(b)	Otitis media and mastoiditis ...	—	—	—	—	—	2	1	—	—	3	—	—	—	—	—	3
78(b)	All other diseases of the nervous system and sense organs ...	1	—	—	—	1	—	—	—	—	1	1	—	1	—	—	3
87	Acute upper respiratory infections	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	1
88	Influenza ...	1	—	—	—	1	1	1	—	—	3	—	—	—	—	—	3
89	Lobar pneumonia ...	—	—	—	—	—	2	1	—	1	4	—	—	—	—	—	4
90	Broncho-pneumonia... ..	—	—	—	—	—	7	4	5	—	16	3	1	—	—	4	20
91	Primary atypical, other and unspecified pneumonia ...	—	—	—	—	—	1	1	—	—	2	—	—	1	1	2	4
92	Acute bronchitis ...	—	1	1	—	2	4	2	3	1	12	—	—	—	—	—	12
93	Bronchitis, chronic and unqualified	1	—	—	—	1	1	1	1	1	5	—	—	—	—	—	5
97(b)	All other respiratory diseases ...	—	—	1	—	1	—	—	1	—	2	—	—	—	—	—	2
104(a)	Gastro-enteritis and colitis between 4 weeks and 2 years ...	—	—	—	—	—	5	7	3	3	18	2	—	—	—	2	20
104(b)	Gastro-enteritis and colitis ages 2 years and over ...	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
104(c)	Chronic enteritis and ulcerative colitis ...	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	1
107	Other diseases of digestive system	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1
121	Infections of skin and subcutaneous tissue... ..	—	1	—	—	1	1	1	—	—	3	—	—	—	—	—	3
127	Spina bifida and meningocele ...	—	1	—	2	3	2	1	—	—	6	—	—	—	—	—	6
128	Congenital malformation of the circulatory system ...	6	2	3	—	11	4	1	1	2	19	1	—	—	—	1	20
129	All other congenital malformations	10	1	—	2	13	1	3	—	—	17	1	1	—	—	2	19
130	Birth injuries... ..	41	—	1	—	42	—	—	1	—	43	—	—	—	—	—	43
131	Post-natal asphyxia and atelectasis	35	1	—	—	36	1	2	—	—	39	—	—	—	—	—	39
132(a)	Diarrhoea of newborn (under 4 weeks)	—	1	—	2	3	—	—	—	—	3	—	—	—	—	—	3
132(c)	Other infections of newborn ...	3	4	2	—	9	—	—	—	—	9	—	—	—	—	—	9
133	Haemolytic disease of newborn ...	1	—	—	—	1	1	—	—	—	2	—	—	—	—	—	2
134	All other defined diseases of early infancy ...	2	1	—	—	3	2	1	1	—	7	—	—	—	—	—	7
135	Ill-defined diseases peculiar to early infancy and immaturity unqualified ...	48	4	5	1	58	1	3	1	—	63	—	—	—	—	—	63
138	M.V.A. ...	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1
141	Accidental falls ...	—	—	—	—	—	—	1	—	—	1	—	2	—	—	3	4
143	Accidental caused by fire & explosion of combustible material	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1
144	Accidental caused by hot substance, corrosive liquid, steam and radiation ...	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1
147(h)	Foreign body entering other orifice	1	—	—	—	1	—	—	—	2	3	—	—	—	—	1	3
148(a)	All other accidental causes ...	—	—	1	—	1	1	—	1	—	3	—	—	—	1	1	4
Total ...		151	18	15	7	191	40	53	21	12	297	15	8	6	5	34	331

## 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	Still Births Rate per 100 Total Births
<b>MALTA</b>					
Attard ... ..	2,682	42	15.66	1	2.3
Balzan ... ..	2,797	82	29.32	1	1.2
B'kara ... ..	17,193	522	30.01	16	3.0
Birzebbugia ... ..	5,482	181	33.02	4	2.3
Cospicua ... ..	9,200	302	32.83	7	2.3
Dingli ... ..	2,066	29	14.04	—	—
Floriana ... ..	5,841	129	22.09	3	2.3
Gharghur ... ..	1,863	49	26.30	—	—
Ghaxaq ... ..	2,888	70	24.24	5	6.7
Gudja ... ..	1,744	51	29.24	3	5.6
Gzira ... ..	8,828	346	39.19	3	0.9
Hamrun ... ..	16,923	398	23.52	17	4.1
Kalkara ... ..	2,156	56	25.97	—	—
Kirkop ... ..	1,224	38	31.05	—	—
Lija ... ..	2,127	45	21.16	1	2.2
Luqa ... ..	5,463	143	26.18	3	2.1
Ma'isa ... ..	10,830	245	22.62	8	3.2
Ma'saskala ... ..	904	18	19.91	—	—
Ma'saxlokk ... ..	1,513	38	25.12	—	—
Mdina ... ..	828	9	10.87	1	10.0
Mellieħa ... ..	4,347	101	23.23	2	1.9
Mgarr ... ..	2,218	56	25.25	3	5.1
Mosta ... ..	7,480	203	27.14	3	1.5
Mqabba ... ..	2,146	64	29.82	2	3.0
Msida ... ..	6,683	212	31.72	5	2.3
Naxxar ... ..	4,799	126	26.26	3	2.3
Paola ... ..	11,581	354	30.57	10	2.7
Pieta ... ..	4,184	120	28.68	1	0.8
Qormi ... ..	15,257	379	24.84	10	2.6
Qrendi ... ..	2,169	34	15.68	1	2.9
Rabat ... ..	12,971	310	23.90	3	1.0
Safi ... ..	721	11	15.26	—	—
St. Julian's ... ..	8,578	310	36.14	9	2.8
St. Paul's Bay ... ..	3,094	92	29.73	4	4.1
St. Vennera ... ..	5,331	69	12.94	—	—
Senglea ... ..	5,195	246	47.35	4	1.6
Siggiewi ... ..	5,194	140	26.95	4	2.8
Sliema ... ..	23,759	596	25.09	7	1.2
Tarxien ... ..	7,834	185	23.62	5	2.6
Valetta ... ..	18,337	389	21.21	8	2.0
Vittoriosa ... ..	4,285	121	28.24	2	1.6
Żabbar ... ..	11,264	266	23.66	4	1.5
Żebbuġ ... ..	8,140	172	21.13	3	1.7
Żejtun ... ..	11,756	265	22.54	6	2.2
Żurrieq ... ..	7,058	191	27.06	3	1.5
<b>GOZO</b>					
Għajnsielem, Mgarr & Comino	1,871	47	25.12	—	—
Għarb ... ..	1,249	22	17.61	3	12.0
Għasri ... ..	472	7	14.83	1	12.5
Kerem & Sta. Luċia ... ..	1,219	28	22.97	1	3.4
Nadur ... ..	4,156	99	23.82	4	3.9
Qala ... ..	1,604	32	19.95	1	3.0
San Lawrenz ... ..	430	8	18.60	1	12.5
Sannat & Munxar ... ..	1,686	60	35.59	—	—
Victoria ... ..	6,415	165	25.72	2	1.2
Xagħra ... ..	4,058	87	21.44	3	3.3
Xewkija ... ..	3,344	94	28.11	1	1.1
Żebbuġ ... ..	1,207	25	20.71	1	3.8

## ANTENATAL SERVICE

An Antenatal Clinic Service is held in forty different towns and villages. Each clinic is run by a medical officer with special qualification in obstetrics and gynaecology. He is assisted by a Nurse and the local Health Visitors also attend and give their help in introducing mothers and keeping records. At the first attendance, the expectant mother is given an appointment card and a detailed medical and obstetric history is taken; she is then asked to call once monthly until the seventh month of pregnancy and then fortnightly until she reaches full term. In special cases more frequent visits are requested. At each visit the patient is examined and given advice; routine blood-pressure reading and examination of urine are also carried out. Patients are requested to attend postnatally when details about the confinement are recorded and both mother and baby are examined.

An Antenatal Clinic is also held at St. Luke Hospital where free medicines are issued to patients entitled to free medical assistance; blood-grouping (ABO and Rh) is carried out routinely; laboratory and radiological investigations are taken when necessary.

During 1959, the number of attendances amounted to 12,954.

## OCCUPATIONAL HEALTH SERVICE

In recent years there has been a marked industrial development in our Islands. New production methods and processes have been introduced and a multiplicity of new materials have been employed. All these have given rise to problems in the protection of the workers' health which were non-existent before. This industrial development brought into being our Occupational Health Service which has amply justified its existence.

The following is a short account of the activities of the Occupational Health Unit:

Employees, reported to be suffering from some disability which precludes them from performing their duties were submitted for medical examination as follows:—

Department of Emigration, Labour & Social Welfare	1	
Milk Marketing Undertaking ... ..	4	
Public Works Department ... ..	45	
Water & Electricity Department ... ..	1	
Posts & Telephones Department ... ..	1	52
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Employees (over 60) submitted for examination to be retained in the service after reaching their age limit:

Medical & Health Department ... ..	1	
Public Works Department ... ..	253	
Water & Electricity Department ... ..	15	269
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Persons examined prior to employment or pre-transfer:

Milk Marketing Undertaking ... ..	1	
Medical & Health Department ... ..	2	
Public Works Department ... ..	48	
Water & Electricity Department ... ..	1	52
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Periodical examinations of workers in specified trades:

Public Works Department ... ..	38	
Water & Electricity Department ... ..	7	45
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Applicants medically examined under the Disabled Persons Employment Scheme of the National Employment Board:

Males ... ..	98	
Young Persons ... ..	15	
Females ... ..	36	149
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(16 of the total number have subsequently been re-examined for re-assessment).

Twelve young persons were examined under Act X of 1952 which provides for the regulation of the Training & Employment of Apprentices & Learners in Industry.

Two members of the Police were medically examined before proceeding to the United Kingdom for a course of studies.

Forty-one persons were referred by the Police for medical examination in connection with their application for a Driving Licence.

Sixty-one persons were medically examined in connection with their disability to participate from the proceeds of the sale of the George Cross stamps.

The National Insurance Division of the Department of Emigration, Labour & Social Welfare referred 22 persons who had applied for a widow's pension and/or unemployment benefits.

### PUBLIC HEALTH LABORATORY

The Laboratory has coped with a large volume of work both in the Chemical as well as in the Bacteriological Sections. The Entomological Section has dealt with 23 cases of Kala-azar and examined 53 live-rats for flea index. Ever since the war the volume of work has been on the increase. The number of Food and Drink samples submitted by Health Inspectors for examination and chemical analysis was 11,487 in 1957, 16,085 in 1958 and 17,147 during the year 1959. This is in addition to the work undertaken for the Supply Branch in the Medical and Health Department and for the Customs Department, the Trade and Industry Department and other Government Departments. 1,509 samples of water have been analysed as part of the routine examination of the public water supply, while 312 samples of water have been analysed at the request of the Health Inspectors and 244 samples at the request of the Water Engineers.

Food and Drink samples examined physically and chemically	17,147
Water samples from public springs (including reservoirs, pumping-stations and boreholes) ... ..	1,509
Water samples from mains and taps ... ..	191
Water samples from private tanks ... ..	197
Public water supply ... ..	1,781
Water samples on behalf of the Defence Services ... ..	10
Sea-water samples ... ..	36
Water samples from various other sources ... ..	87
Samples submitted by:—	
{Government Departments ... ..	212
{Defence Services ... ..	24
Food and drink samples examined bacteriologically ... ..	402
Rats (dead) ... ..	881
Rats (live) and Fleas ... ..	93
Blood for serum re-action and titration ... ..	1,931
Sputum for tuberculosis ... ..	49
Faeces and urine for bacteriological examinations ... ..	44
Urine for routine examinations ... ..	1,493
Wassermann and Kahn ... ..	8
Swabs for diphtheria including virulence tests ... ..	701
Swabs, miscellaneous ... ..	31
Hair for spores ... ..	11
Other samples ... ..	24
Total ... ..	<u>26,862</u>

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

Nature of sample	Number Examined	Found Unfit
Wheat ... ..	322	—
Flour ... ..	2,677	39
Semolina ... ..	27	—
Cornflour ... ..	5	—
Dough ... ..	50	—
Yeast ... ..	16	—
Bread ... ..	2,062	43
Paste ... ..	1,655	3
Biscuits and Rusks...	124	—
Milk pasteurized ...	88	—
Milk tinned ... ..	1	—
Cheese ... ..	590	1
Cheese Maltese ...	43	—
Rkotta ... ..	46	—
Butter ... ..	67	—
Margarine ... ..	659	—
Lard ... ..	1,333	—
Oil ... ..	787	5
Rice ... ..	534	—
Tea ... ..	305	—
Coffee ... ..	245	—
Chicory ... ..	39	—
Confectionery & sweets	682	2
Wine ... ..	524	—
Vinegar... ..	6	—
Spirits ... ..	34	—
Aerated waters ...	822	122
Beer ... ..	2	—
Meat preparations...	189	2
Fish preparations ...	97	—
Cereals ... ..	562	1
Tomato paste ... ..	1,547	—
Salt table ... ..	46	—
Eggs ... ..	32	—
Cheesecakes ... ..	21	—
Dried fruit ... ..	168	—
Cocoanut ... ..	14	2
Sugar ... ..	469	1
Spices ... ..	88	1
Miscellaneous ... ..	139	—
<b>Total</b> ...	<u>17,147</u>	<u>221</u>

The Bacteriological Section has carried out, free of charge, clinical tests and investigations for general practitioners. For this purpose, 1,854 samples of blood sera have been tested for agglutination against the causative micro-organisms of Typhoid and Undulant Fevers. Moreover it has carried out frequent and regular examination of the sources of water supply. Bacteriological examinations have also been carried out in connection with cases of suspected food poisoning, with milk testing and with the testing of ingredients used in the preparation of ice-cream, cheese and other foodstuffs. Many specimens have been examined bacteriologically on behalf of hospitals and other Government Departments. The bacteriology section has also examined sera in connection with the outbreaks of influenza: in these examinations the virus antigens have been used for the complement fixation reaction. As a result it was established that the virus responsible for the outbreak of Influenza of 1959 was caused by Type B. virus.

## Influenza Virus

Serum Titre	Type A, (F.M.)	Type A, (P.R. 8)	Type A (Stamm Singapore)	Type B (Lee)
1. 1st Sample	$\frac{1}{20}$	$\frac{1}{20}$	$\frac{1}{20}$	$\frac{1}{20}$
2nd Sample	$\frac{1}{20}$	$\frac{1}{20}$	$\frac{1}{20}$	$\frac{1}{20}$
2. 1st Sample	Nil	Nil	Nil	$\frac{1}{10}$
2nd Sample	Nil	Nil	Nil	$\frac{1}{160}$
3. 1st Sample	$\frac{1}{1}$	Nil	Nil	$\frac{1}{10}$
2nd Sample	$\frac{1}{10}$	Nil	Nil	$\frac{1}{10}$
4. 1st Sample	$\frac{1}{10}$	$\frac{1}{20}$	$\frac{1}{20}$	$\frac{1}{10}$
2nd Sample	$\frac{1}{10}$	$\frac{1}{20}$	$\frac{1}{20}$	$\frac{1}{320}$
5. 1st Sample	$\frac{1}{10}$	$\frac{1}{10}$	Nil	$\frac{1}{10}$
2nd Sample	$\frac{1}{10}$	$\frac{1}{10}$	Nil	$\frac{1}{160}$

*Agglutination Reactions.* 1,854 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 the following Table. These results include the examination of contacts of cases of typhoid fever, as well as the employees of the Milk Marketing Undertaking, and other employees engaged in occupations making them liable to spread the infection; these examinations are performed to exclude the possibility of healthy carriers.

In 77 other cases complete titrations were carried out, repeated tests being performed on the sample, to observe changes in titre. In 35 of such cases positive results were obtained against *Brucella Melitensis*, in 33 against *Salmonella typhi*, in one case against *Proteus OX 19*; in another case against *Sh. Shigae* and in two cases against *Shigella Boyd II*.

## Results of Examinations of Blood for Undulant and Typhoid Fevers

	Positive results against <i>Br. Melitensis</i>			Positive results against <i>Salm. Typhi</i>			Negative results	Total No. of Tests
	Malta	Gozo	Total	Malta	Gozo	Total		
January ...	9	1	10	2	1	3	67	80
February ...	6	1	7	3	1	4	56	67
March ...	8	3	11	8	1	9	93	113
April ...	6	—	6	2	—	2	62	72
May ...	20	11	31	7	1	8	101	140
June ...	25	8	33	9	1	10	183	226
July ...	23	11	34	10	5	15	207	256
August ...	27	9	36	9	4	13	172	221
September ...	20	7	27	12	5	17	196	240
October ...	15	7	22	10	11	21	183	226
November ...	8	3	11	4	4	8	114	133
December ...	9	3	12	3	2	5	63	80
<b>Total ...</b>	<b>178</b>	<b>64</b>	<b>242</b>	<b>79</b>	<b>36</b>	<b>115</b>	<b>1,497</b>	<b>1,854</b>

In connection with measures to control diphtheria, 653 swabs were examined throughout the year. The purpose of this examination is to confirm bacteriologically every case remitted to the isolation hospitals 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 *Corrynebacterium diphtheriae*.



Details of the number of examinations carried out are given in the following table. Under the 'Negative' are included: 8 cases of *Streptococcus haemolyticus*; 6 of *Pseudomonas pyocyanea*; 2 of *Diplococcus pneumonia* and 22 of *Candida albicans*.

#### Results of Examination of Swabs for *C. Diphtheria*

Swabs	Onset of Disease			Period of Convalescence						Swabs from Contacts	Swabs from Practitioners	Total
	1st	2nd	3rd	1st	2nd	3rd	4th	5th	6th			
Positive ...	20	3	—	2	2	—	1	1	—	1	16	46
Negative ...	107	111	114	74	56	48	11	5	2	47	30	607
<b>Total ...</b>	<b>127</b>	<b>114</b>	<b>114</b>	<b>76</b>	<b>53</b>	<b>48</b>	<b>12</b>	<b>6</b>	<b>2</b>	<b>48</b>	<b>46</b>	<b>653</b>

*Milk and fresh cheese.* A full bacteriological examination of 71 samples of pasteurized milk was carried out. The tests were:—

- i) Estimation of the number of viable bacteria per nil.
- ii) Presence of *B. coli*
- iii) Methylene blue test.
- iv) Presence of pathogenic bacteria.

Fourteen samples failed to reach the required standards regarding the number of presumptive *B. coli* and five samples failed as well in regard to the methylene blue test. No pathogenic bacteria were isolated.

Seven samples of raw milk were submitted. No pathogenic bacteria were isolated. The phosphatase test was carried out on three other samples of milk on the occasion of the strike by goat herdsmen. The result was strongly positive

Thirty-six samples of fresh cheese were examined with negative findings.

#### PORT HEALTH SERVICE

The number of ships inspected by the Port Medical Officers was 2,021 and the number of aircraft dealt with was 408.

The number of passengers arriving in Malta, excluding service personnel and passengers in transit, was 44,986; about three-quarters of these arrived by air, and the rest by sea. It is to be noted that the number of arrivals this year exceeded that of last year (1958) by about 5,000. There were 3,445 arrivals served with the warning for medical surveillance, or with the Notice Card reaction to be taken in case of infectious disease.

The procedure of granting Accelerated Pratique suggested by the World Health Organization which was established in 1958, continued to work well, and a much larger number of ships availed themselves of this facility.

From the epidemiological point of view the outbreak of smallpox in Aden and in Singapore necessitated a very strict watch on ships arriving from the East, as these very often called at Aden or Singapore on their way to the Mediterranean.

**Summary of the work performed by the Port Health Staff during 1959**

Ships inspected in all the harbours ... ..	2,021
Ships inspected in the Grand Harbour ... ..	1,939
Ships inspected in Marsaxlokk Bay ... ..	43
Ships inspected in Marsamxett Harbour ... ..	22
Ships inspected in St. Paul's Bay ... ..	7
Ships inspected outside harbour ... ..	10
Ships inspected and admitted to pratique ... ..	2,017
Ships inspected and kept in quarantine ... ..	4
Ships having or having had infectious disease on board ... ..	Nil
Aircraft dealt with by the Air Port Medical Officer ...	408
Number of cases of infectious disease on board ...	68
Number of cases of infectious disease disposed prior to arrival ... ..	7
Number of cases of infectious disease landed at Malta	7
Persons arriving by sea served with warning for surveillance ... ..	943
Persons arriving by air served with warning for surveillance ... ..	134
Persons arriving by sea served with Notice Card re infectious disease ... ..	346
Persons arriving by air served with Notice Card re infectious disease ... ..	2,022
Persons kept under surveillance inspected at the Port Health Office ... ..	16
Inspections of imported fresh fish ... ..	48
Ships partially disinfected ... ..	7
Ships partially fumigated ... ..	Nil
Aircraft disinfected or disinfected ... ..	1
Ships, lighters and other craft inspected by the Port Health Inspector ... ..	2,360
Inspections at Luqa Airport by the Port Health Inspector ... ..	53
Certificates re hay, straw and cotton seed examined	6
Certificates re tomatoes examined ... ..	12
Certificates re lard examined ... ..	155
Certificates re meat products examined ... ..	840
Foodstuffs examined, condemned and destroyed by the Port Health Inspector:—	
Fresh and frozen meat ... ..	1,966 lbs.
Tinned meat ... ..	24,376 lbs.
Bacon, ham and mortadella ... ..	6,058 lbs.
Fresh and frozen fish ... ..	4,141 lbs.
Tinned fish ... ..	387 lbs.
Poultry ... ..	196 lbs.
Lard ... ..	2,996 lbs.
Butter and margarine ... ..	1,448 lbs.
Tinned milk ... ..	4,560 tins × 14½ ozs.
Cheese ... ..	141 lbs.
Fruits and vegetables ... ..	2,580 lbs.
Tea ... ..	250 lbs.

### FREE IMMUNISATION SERVICE

The Free Immunisation Service offers immunisation against Diphtheria, Typhoid, Tuberculosis and Poliomyelitis.

During the year, 38 localities of Malta and Gozo were visited, We have two teams each made up of one doctor and two nurses to carry out the immunisations. The teams travelled over 11,480 miles during the year. Owing to the occurrence of few cases of Poliomyelitis, diphtheria immunisation had to be curtailed and only 241 children were immunised against the infection. The teams immunised 8,527 persons against Poliomyelitis giving 1st and 2nd doses, but 4,564 more persons were given the third or maintenance dose. 1,015 other persons received one dose only. In the Anti-Tuberculosis field of work the policy of vaccinating children of school leaving age was adopted and in three months in 17 localities 2,642 children were tested, 1,270 were found positive, 1,260 were negative and 1,220 received B.C.G. Vaccination.

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

District	Males	Females	Total
Ghaxaq .. .. .	330	337	667
St Venera .. .. .	85	108	193
Mtaleb .. .. .	41	53	94
Bahrija .. .. .	45	51	96
Ghammieri .. .. .	39	55	94
Rabat .. .. .	230	252	482
Mosta .. .. .	137	104	241
Luqa .. .. .	43	52	100
Qrendi .. .. .	80	74	154
Birkirkara .. .. .	471	515	986
Marsa .. .. .	461	369	830
Zabbar .. .. .	370	427	797
Xghajra .. .. .	59	65	124
Marsaskala .. .. .	73	74	147
Kalkara .. .. .	49	57	106
Senglea .. .. .	159	140	299
Vittoriosa... .. .	90	98	188
Kirkop .. .. .	81	70	151
Gudja .. .. .	63	56	119
Cospicua .. .. .	317	360	677
Birzebbugia .. .. .	108	99	207
Mqabba .. .. .	57	73	130
Valetta .. .. .	886	759	1,645
<b>Total</b> .. .. .	<b>4,279</b>	<b>4,248</b>	<b>8,527</b>

### RODENT CONTROL

The Rodent Control Staff carried out systematic block control in 77 towns and villages in Malta and Gozo involving 618 areas, thus covering 55,833 premises of which 14,569 showed signs of rat infestation. These treatments included the sewers wherever possible.

Such treatments necessitated the laying of 42,766 baiting points of which 24,375 showed a taking during the course of deratting, with 77,568 ounces of poison bait eaten.

In addition 8,204 requests for rat poison from the public amounting to 16,659 ounces of poison bait, were supplied free of charge. Other complaints of rats infestation from business premises and reports of the presence of rats seen in open spaces, were attended to and dealt with.

During the year 3,967 dead rats were collected and 59 others trapped alive.

These figures do not really convey the exact account of the actual destruction of rats as it is not possible to find all dead rats from places which are provided with cover, besides there is no formulae to estimate kill from the kind of poison we are using (Warfarin).

The quantities of poison used were:—

Warfarin	...	...	5,781	ounces
Zinc Phosphide	...	...	2,192	„
A.N.T.U.	...	...	2½	„
Red Squill Powder	...	...	5	„
Arsenic	...	...	2	„

Red squill biscuits and Dak Rat lime were also applied occasionally. All these poisons were used according to the requirements of the environment under treatment. Notices for rat-proofing and/or other accumulations noticed during work were brought to the attention of the Health Inspectors of the area for necessary action.

All cases of Murine Typhus were immediately attended for rat destruction and for the elimination of rat harbourage.

#### POPULAR HEALTH EDUCATION

The Health Propaganda Section continued to disseminate and propagate health education in Malta by means of our mobile cinema, the press, booklets, leaflets and talks over the Rediffusion network.

The mobile cinema gave 131 cinema shows in several localities of the island attracting an audience of well over 51,900. During the year seven films were shown and five more films were exhibited to selected audiences of Health workers. World Health Day was organised by this section and celebrated by a film show and a broadcast on the Rediffusion system. Hundreds of posters and leaflets were distributed and a stall showing the activities of the Medical & Health Department was held for the first time in the 'Gozo—The Life and The People' exhibition. In that Island fourteen open-air cinema shows were held showing two films and over 7,000 people were present at these shows.

#### PUBLIC CLEANSING SERVICE

All household premises, including shops and industrial establishments, have a daily collection of litter.

The system covers practically the whole of the Island and where, for the present there are no scammel vans, house garbage is collected daily by the road sweepers and carted away in hired trucks.

The house refuse collection system serves about 230,000 of the population and it is performed by a fleet of 14 Refuse vans and 5 trucks manned by 95 labourers.

The house-refuse collected is treated by a pulverizing plant which, however, is not regarded as sufficient to meet the actual requirements. It is hoped that, within the next year, the present plant would be replaced by a modern pulverizing plant which would be able to cope with all the house refuse collected.

Street sweeping is performed on all days in every town and village by 365 sweepers.

#### HEALTH INSPECTORATE

During the year Health Inspectors kept constant watch on environmental hygiene. They kept under supervision all licensed premises and places where articles of food and drink were prepared, kept or sold. The primary aim of the Health Inspectors was to teach and assist householders, shop keepers and personnel engaged in trade and industry to observe the rules of hygiene and to maintain public health; the policy being to guide and advice and gain the cooperation of the public and only after such efforts failed that coercive action was resorted to. Experience has shown that cooperation is more profitable than coercion.

## INSECT CONTROL

Public and private institutions and other localities known to be infested received the attention of this Department. Hospitals and institutions, factories, shops and cowsheds were treated with liquid or powder D.D.T. for flies or cockroaches. Other institutions or cinemas were treated for insect infestation. Gammaxene was applied as larvaecide on manure heaps and in some water cisterns where mosquito larvae were breeding. Houses in which cases of Leishmaniasis have been reported, were disinfested with D.D.T. liquid. In all cases the treatment proved satisfactory.

## EXTENSION OF SEWERS

Extension works of street sewers were continued in the following localities:— St. Julians, Msida, Gżira, Pietà, Sta. Venera, Mosta, Tarxien, Fgura, Siggiewi and Mellieħa. In this connection 371 statutory notices were issued during the year.

## BUILDING CONSTRUCTION

During the year the following items were dealt with:—

## Building Notices:

Malta — New Buildings	...	...	...	...	...	1,401
Additional Work and Alterations	...	...	...	...	...	931
Repairs	...	...	...	...	...	144
Gozo — New Buildings	...	...	...	...	...	178
Additional Work and Alterations	...	...	...	...	...	96
Repairs	...	...	...	...	...	7
Plans not approved	...	...	...	...	...	110
Plans dealt by the General Services' Board	...	...	...	...	...	11

## Contraventions:

Number of cases dealt in Court	...	...	...	96	
Number of cases debated after warning	...	...	179	275	
Samples of bricks submitted for testing	...	...	...	35	
Applications for sites for a grave at the Addolorata Cemetery	...	...	...	63	
Outstanding from previous years	...	...	42	105	
Number of sites allotted at the Addolorata Cemetery	...	...	...	24	
Other Cemeteries	...	...	...	8	
Permits for designs and monuments	...	...	...	113	
Permits for deepening and repairs to graves	...	...	...	34	

Bed and Patient Statistics in Hospitals for 1959

	St. Luke Hospital	St. Vincent de Paul Hospital	Hospital for Mental Diseases	Central Hospital	Santo Spirito Hospital	St. Bartholomew Hospital	Isolation Hospital	Victoria Hospital	St. John the Baptist Hospital	St. Theresa Hospital	Chambray Hospital	Isolation Hospital Gozo	TOTAL
1. Total bed complement ... ..	482	919	*754	71	70	118	176	89	147	16	200	24	3,066
2. Average daily number of occupied beds ... ..	534	851	923	42	67	43	12	40	107	8	179	—	2,806
3. Highest daily occupation ... ..	568	868	942	58	70	45	26	65	119	10	185	4	2,958
4. Lowest daily occupation ... ..	476	826	901	32	62	41	4	25	97	8	173	1	2,646
5. Total No. of in-patients treated ... ..	12,514	1,304	1,205	695	148	47	204	8·8	163	10	204	10	17,342
6. Radiological examinations ... ..	23,934	—	—	—	—	—	—	2,648	—	—	—	—	26,582
7. Pathological examinations ... ..	36,980§	—	8,038	—	—	—	—	1,326	—	—	—	—	46,344
8. Bacteriological examinations ... ..	7,047	—	—	—	—	—	—	—	—	—	—	—	7,047
9. Patients treated by Physiotherapy Dept. ... ..	295	—	—	—	18	—	—	—	—	—	—	—	313
10. Treatments given by Physiotherapy Dept. ... ..	9,360	—	—	—	134	—	—	—	—	—	—	—	9,494
11. New out-patients ... ..	20,632	—	191	6,508	161†	—	8	1,480	—	—	—	—	28,990
12. Total out-patient attendances ... ..	58,123	—	2,743	23,522	161†	670	16	5,840	—	—	—	—	91,075
<b>BEDS ALLOCATED</b>													
13. General Medicine ... ..	120	—	—	—	—	—	—	24	—	—	—	—	144
14. General Surgery ... ..	120	—	—	—	—	—	—	37	—	—	—	—	157
15. Gynaecology ... ..	30	—	—	—	—	—	—	6	—	—	—	—	36
16. Obstetrics ... ..	44	—	—	—	—	—	—	12	—	—	—	—	56
17. Paediatrics ... ..	50	—	—	—	—	—	—	10	—	—	—	—	60
18. Psychiatry (including Mental Deficiency) ... ..	—	—	734	—	—	—	—	—	—	—	180	—	894
19. Cardiology ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—
20. Dentistry ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—
21. Dermatology ... ..	—	—	—	14	—	—	6	—	—	—	—	—	20
22. Tuberculosis	—	—	—	—	—	—	—	—	—	—	—	—	—
a) Respiratory ... ..	—	114	—	—	—	—	—	—	—	16	—	—	130
b) Non-respiratory ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—
23. E. N. T. ... ..	58	—	—	—	—	—	—	—	—	—	—	—	58
24. Infectious Diseases ... ..	—	—	—	—	—	—	170	—	—	—	—	80	200
25. Ophthalmology ... ..	—	—	—	55	—	—	—	—	—	—	—	—	55
26. Orthopaedic Surgery ... ..	60	—	—	—	—	—	—	—	—	—	—	—	60
27. V. D. ... ..	—	—	—	2	—	—	—	—	—	—	—	—	2
28. Chronic Sick ... ..	—	805	20	—	70	—	—	—	147	—	20	—	1,062
29. Leprosy ... ..	—	—	—	—	—	118	—	—	—	—	—	—	118

Nominal.\*  
 § Including 3,217 emigrants  
 † Casualties

**Movement of the Hospital Population during 1959**

Hospital	Remaining at end of 1958	Admitted	Transferred from other hospitals	Total	DISCHARGED					Remaining at end of 1959
					Transferred to other hospitals	At request	Cured	Relieved	Died	
<b>MALTA</b>										
St. Luke ... ..	406	12,046	62	12,514	303	1,862	3,725	5,588	537	499
St. Vincent de Paul ... ..	705	185	106	1,056	55	55	—	1	213	732
St. Vincent de Paul (Extension Wards) ... ..	157	54	37	248	45	27	1	31	49	95
Hospital for Mental Diseases ... ..	890	274	24	1,188	36	101(a)	29	75	28	919
Central ... ..	40	643	12	695	25	—	456	165	2	47
Santo Spirito ... ..	68	25	55	148	25	7	8	5	36	67
St. Bartholomew ... ..	43	4	—	47	—	2	—	—	2	43
Isolation ... ..	13	160	31	204	23	8	152	2	6	13
<b>GOZO</b>										
Victoria ... ..	34	784	20	838	50	119	394	195	42	38
St. John the Baptist ... ..	103	26	34	163	10	11	—	—	32	110
St. Theresa ... ..	10	—	—	10	—	1	—	—	1	8
Chambray (Mental) ... ..	171	14	11	196	17	—	—	—	8	171
Chambray (Extension Ward) ... ..	7	—	1	8	1	—	—	—	—	7
Isolation ... ..	—	10	—	10	2	—	7	—	1	—
<b>Total ... ..</b>	<b>2,647</b>	<b>14,225</b>	<b>453</b>	<b>17,325</b>	<b>592</b>	<b>2,193</b>	<b>4,772</b>	<b>6,062</b>	<b>957</b>	<b>2,749</b>

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

## HOSPITAL SERVICES

The hospital services may be divided into acute (St. Luke and Central Hospitals and Isolation Hospital in Malta and Victoria and Isolation Hospital in Gozo) and long stay (Hospital for Mental Diseases, Santo Spirito Hospital, St. Vincent de Paul Hospital including Tb unit, St. Bartholomew Hospital in Malta and St. John the Baptist, Chambray and St. Theresa Hospitals in Gozo). The total bed complement in Malta is 2,590, in 476.

St. Luke Hospital is now fully occupied with medical, surgical, orthopaedic, E.N.T., paediatric, maternity and gynaecology, together with out-patient departments and dental clinic.

A psychiatric out-patient unit is functioning very well and attendance has kept on increasing. At the second floor of the central block a few rooms have been adapted and equipped for the in-patient treatment of 12 psychiatric cases. As soon as staff is approved it will start functioning.

There is also at St. Luke Hospital a Tb Out-Patient Clinic.

The Nursing School is still giving the necessary training for the certificate of registered nurse, and several successful candidates have been registered by the General Nursing Council for England and Wales. A new School for Nurses is being built in the grounds of St. Luke Hospital as well as a medical school by the Royal University of Malta. A scheme for the training of assistant nurses has been submitted to Government. When the scheme is approved it would replace the present nine months training course for the certificate of Hospital Attendant. The training for the certificate of Assistant Nurse would be of two years duration and emphasis would be on the practical side of nursing.

At St. Vincent de Paul Hospital the damaged part (through enemy action) on the female side has been re-built and it is contemplated to set up in the new block a paraplegic centre of about 25 beds as a start.

The new 80 bed block for female patients at the Hospital for Mental Diseases has been completed. It is being equipped and will soon be opened to receive patients. A similar block is under construction for male patients.

Two young women are undergoing physiotherapy training in the United Kingdom and another is following the course for orthoptic nurse.

Two occupational therapists arrived during 1959 from the United Kingdom. Occupational Training has been started at St. Vincent de Paul Hospital in addition to the unit set up at St. Luke Hospital.

## DISTRICT MEDICAL SERVICE

The District Medical Service covers all the localities in Malta and Gozo. It is a medical service available to all members of the public and free of charge in the case of patients entitled to free treatment. The number of district medical officers has been continually increased through a re-distribution of districts and at present stands at 42. Daily clinics are held by each district medical officer in the government dispensary of his district and in addition domiciliary visits are also paid to bed-ridden patients. It is estimated that during the year district medical officers attended to 97,859 patients in the government dispensaries and paid 12,778 domiciliary visits.

District Medical Officers hold sessions twice a year for the gratuitous vaccination against smallpox, which is compulsory in the case of babies soon after attaining the age of two months. Attached to each Government Dispensary is a Health Visitor who assists the District Medical Officer in the dispensary and afterwards goes round doing house visiting and engaging on health work in her district. During the year Health Visitors paid 23,041 home visits.



## PHARMACEUTICAL SERVICE

The Department employs seven pharmacists and twenty-five assistants stationed at the Medical Stores, the Hospitals and the District Dispensary, Valletta.

The functions of the section include the stock piling of supplies, the purchase storage and issue of medical supplies and the compounding and dispensing of pharmaceutical preparations.

Every effort is made to compound locally those preparations which it is economical to prepare in a Pharmaceutical Department, such as local applications, lotions, creams and ointments.

Preparation of perfusion fluids and other sterile preparations was carried out at St. Luke Hospital. During 1959/60 no fewer than 17,940 bottles, 500 mls and 10,170 in other sizes were dispensed. These preparations are periodically subjected to bacteriological tests.

During 1959/60 the following supplies were made:—

		£	s.	d.
Spectacles	2,248 No.	795.	2.	8.
Dentures — Full	449 } No.			
Partial	416 }			
Repairs	110 }	2,201.	18.	0.

Orthopaedic and other surgical appliances:—

Orthopaedic appliances	383 No.	1,365.	4.	7.
Abdominal belts	311 „	954.	0.	1.
Artificial limbs	23 „	416.	10.	0.
Surgical hosiery	876 „	666.	3.	3.

The Pharmaceutical Service is also entrusted with the dispensing, free of charge, of approved prescriptions from the Central Hospital. Six sessions a week are held during which patients from all over the island are served. Attendances are in the region of 1,000 a week. The value of drugs etc. supplied against approved prescriptions is £14,191. 18s. 7d.

During the year the value of bills certified for the purchase of supplies was	£121,052.	4.	3.
Total issues were valued at	£119,643.	18.	8.
Of these, sales amounted to	1,132.	0.	11.
	£118,511.	17.	9.

These were distributed as follows:—

Drugs	£76,965.	13.	3.
Dressings	9,721.	1.	7.
Equipment	31,825.	2.	11.
	£118,511.	17.	9.
Of these, St. Luke and Central Hospital account for	£84,955.	15.	9.
Other hospitals, Malta and Gozo and Charitable Institutions	17,464.	0.	10.
District Dispensaries	2,739.	5.	4.
Other Branches, Medical and Health Department	12,506.	16.	9.
Other Government Departments (on repayment)	845.	19.	1.
	£118,511.	17.	9.

## MISCELLANEOUS

*Council of Health*

The Council of Health held one sitting during the year under review.

It reconsidered the question of the prohibition of smoking during performances in public theatres and in public vehicles used for the transport of passengers.

It also considered proposed regulations regarding the slaughter of poultry and rabbits in premises licensed for the purpose, other than the Valletta Market, for sale in that market.

*Legislation and Regulations*

The following Ordinances were enacted during the year, amending in part certain provisions contained in the principal law to which they relate:—

a) Emergency Ordinance No. I of 1959 — amending the Medical and Health Department (Constitution) Ordinance (Chapter 148 of the Laws of Malta), by the repeal of the provision which set up the Medical Board and by the creation of a number of bodies, viz: the Medical Council, the Advisory and Executive Board, the Hospital Management Committee in respect of St. Luke and the Central Hospitals and the General Services' Board which have in part executive and in part advisory functions connected with the medical services, and adapting consequentially regulations which had been made in terms of the principal law:

b) Emergency Ordinance No. II of 1959 — amending the Medical and Kindred Profession Ordinance (Chapter 51 of the Laws of Malta) by prescribing the conditions of registrations of members of the various medical and kindred professions and the taking over of particular functions by the Medical Council and the Advisory and Executive Board from the Medical Board, by providing for the maintenance of honourable standards in respect of members of the medical and kindred professions with the power to strike off the registers persons found guilty of infamous conduct in a professional respect and others convicted by the Courts for serious offences; the rights of the persons concerned being however safeguarded by the provisions of an appeal to Her Majesty's Court of Appeal and the eventual restoration to the registers of any name erased.

c) Ordinance No. III of 1959 — amending the Medical and Kindred Profession Ordinance (Chapter 51 of the Laws of Malta) by providing that in the preparation of medical substances apothecaries may be guided by the Pharmacopoea Internationalis as an alternative to the British Pharmacopoea in order to give effect to the Protocol for the Termination of the Brussels Agreement for the Unification of Pharmacopoeial Formulae for Potent Drugs.

d) Ordinance No. V of 1959 — amending the Medical and Health Department (Constitution) Ordinance (Chapter 148) by deleting all reference to the Treasury and Audit Act (which was repealed) and providing that payments by the Hospital Management Committee shall be in accordance with such administrative regulations relating to public monies as may from time to time be in force.

*Medical Examinations*

2,963 prospective employees in the Public Service were examined by the Medical Officers of Health prior to their taking up appointment or employment with the Government. In addition, 285 serving officers/employees who had exceeded their statutory period of absence on sick leave or were reported physically unfit for further service by their Heads of Department were also examined by various boards of medical officers to ascertain their state of health.

### *Pharmacies*

During the year the Medical Officers of Health, accompanied by an Analyst from the Laboratory, carried out 120 surprise visits to private pharmacies in terms of the provisions of section 36 of the Medical and Kindred Professions Ordinance (Chapter 51 of the Laws of Malta). These inspections are made in order to ascertain that no imperfect, deteriorated or abnoxious substances are kept in the dispensaries and that they comply with the provisions of the Law. All the private pharmacies inspected were found to comply with the provisions of the Law and no infringements of regulations particularly those relating to dangerous drugs were detected.

### *Vaccinations*

In terms of the Prevention of Disease Ordinance (Chapter 59 of the Laws of Malta) all parents are compelled to have their babies vaccinated against smallpox. This vaccination must be carried out soon after the baby attains the age of two months and a certificate is issued by the respective medical practitioners that the vaccination had been successful. All medical practitioners may perform the vaccination; nevertheless, the Department holds two sessions of public gratuitous vaccinations each year in all the district dispensaries. The vaccine lymph is always provided free of charge and is available to all medical practitioners.

The number of babies vaccinated by the district medical officers totalled 2,044.

### *St. Luke Training School for Nurses*

The Nursing School continued to give the necessary training for the certificate of registered nurse and successful candidates are registered by the General Nursing Council for England and Wales. The construction of a new School for nurses in the grounds of St. Luke Hospital has been taken in hand. Two Courses for Student Nurses were started during the year; the number of candidates who applied to sit for the examination showed an improvement on that in previous years but an appreciable number of the candidates were found to be below the required standard and had to be eliminated.

The bi-annual preliminary and final examination for the Certificate of Trained Nurse were held in June and December of the same year. 22 students sat for the Preliminary Examination of whom 12 were successful. One student passed the Final Examination and was subsequently admitted to the General Part of the Register of Nurses for the Sick.

### *Treatment of Patients in Hospitals Abroad*

The scheme which has been in operation for a number of years whereby patients who stand a fair chance of recovery or being relieved are sent to undergo treatment abroad as Malta Government sponsored patients was extended even further during this year. This was made possible through the co-operation of the Sovereign Military Order of Malta with whom an agreement was entered into to send patients, who so preferred, for deep X-Ray therapy in Italy.

The total number of patients who applied for treatment abroad amounted to 164 of whom 52 preferred to be sent to Italy. Taking into consideration the fact that it was the first year of inception of this extended scheme one considers that its implementation has fully received the appreciation of our patients.

Treatment in hospitals outside Malta was not considered suitable to 29 of these applicants.

Arrangements were made for the remittance of the remaining 135 patients who were admitted to the hospitals as detailed hereunder:—

	1957	1958	1959
Royal Marsden Hospital ... ..	58	71	41
Middlesex Hospital ... ..	4	3	4
National Hospital for Nervous Diseases ... ..	15	15	18
Royal National Orthopaedic Hospital ... ..	1	—	1
Hospital for Sick Children ... ..	3	10	5
The Atkinson Morley Hospital ... ..	1	1	4
St. Thomas Hospital ... ..	3	5	1
Harefield Hospital ... ..	—	5	4
Hammersmith Hospital ... ..	—	—	3
Queen Mary's (Roehampton) Hospital ... ..	—	—	3
Queen Victoria War Memorial Hospital ... ..	—	—	1
Ospedale Regina Elena ... ..	—	—	52
	<hr/>	<hr/>	<hr/>
	89	118	135
	<hr/>	<hr/>	<hr/>

#### *Total Cost of the Department*

The expenditure during the financial year 1959-60 — structural repairs not included — was as stated hereunder. The expenditure for 1958-59 is given for comparison.

	1958/59	1959/60
	£	£
General expenses and general administration ...	21,667	21,719
Health Branch and Laboratory ... ..	55,982	62,971
Ante-Natal Service ... ..	1,380	1,386
Child Health Service ... ..	13,786	14,053
Occupational Health ... ..	2,008	3,330
Cemeteries ... ..	8,277	8,616
School Medical Service ... ..	10,159	10,308
Hospitals ... ..	1,158,401	1,145,812
St. Luke Hospital Training School ... ..	12,282	12,195
District Medical Service ... ..	27,223	27,000
Grant to the Malta Memorial District Nursing Association ... ..	4,000	4,000
Grant to the Ladies Hospital Visiting committee	250	250

Grant to the Mothers and Infant 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
Maintenance and treatment of patients in hospital abroad ... ..	23,872	54,146
Treatment of T.B. patients abroad ... ..	31,895	26,380
Residence allowance and fees to Midwives attending paupers ... ..	1,751	1,358
Expenses in connexion with the burial of paupers ... ..	1,021	1,086
Grant to the Bureau of Hygiene and Tropical Medicine ... ..	25	25
Grant to the Applied Nutrition Unit ... ..	50	100
Holidays abroad for children exposed to T.B. infection ... ..	2,425	3,050
Public Cleansing Service ... ..	274,541	286,789
	<u>1,652,197</u>	<u>1,685,885</u>
Expenditure in connection with revision of salaries ... ..		44,732
		<u>1,730,617</u>

*Total Revenue Collected by the Department*

		Actual Revenue	
		1958/59	1959/60
		£	£
II.	2. Quarantine Dues ... ..	—	—
III.	17. Miscellaneous Fines ... ..	7	4
VI.	A. <i>Fees of Office</i>		
	20. Permits, certificates, etc. ... ..	274	241
	21. Radiography fees ... ..	632	582
	22. Pathological examinations ... ..	30	38
	23. Stamping Sausages Fees ... ..	1,625	1,714
	37. Miscellaneous ... ..	41	211
	B. <i>Reimbursements</i>		
	70. Refund of Expenses for watching corpses at the Addolorata Cemetery ... ..	144	150
	71. Sale of Produce of Lands ... ..	347	422
	72. Sale of Offal, Old Stores, etc. ... ..	6,922	6,039
	73. Refund of Ambulance and funeral expenses ... ..	142	163
	74. Sale of Medicines ... ..	1,516	2,048
	75. Collection from Public Conveniences	1,009	1,647
	76. Hospital fees ... ..	23,171	25,833
	77. Refund of Salaries of Insurance Medical Officers ... ..	5,067	4,994
	109. Miscellaneous ... ..	1,572	1,316
XIV.	1. Widows and Orphans Fund Contributions ... ..	3,129	3,729
XVII.	1. Sale of House Refuse ... ..	3,144	3,096
	2. Miscellaneous ... ..	100	59
	3. Weighbridge Fees ... ..	626	1,978
XVIII.	1. Sale of Crown Lands ... ..	225	213
	Total ... ..	<u>49,723</u>	<u>54,477</u>

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							
MALTA ...	30	21	314	27	25	440	—	—	18	—	—	12	1	1	25	1	—	4	—	—	5	52	37	410	63	68	228	5	—	—	2	4	4	56	92	82	185
GOZO ...	3	2	58	3	3	37	1	—	6	—	—	4	1	1	4	—	—	—	—	—	4	3	23	4	1	3	—	—	—	4	4	18	1	1	8		

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 ...	369	8	67	638	27	80	61	—	32	—	81	100	3	2	288	—	21	18	—	372	452
GOZ. ...	36	6	21	73	12	9	2	—	2	—	—	11	1	—	39	—	4	1	13	248	38

## APPENDIX HA

Table showing diseases causing death by month, in accordance with the International List of Causes of Death

Causes of Death	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
<b>I. Infective and Parasitic Diseases.</b>													
1. Tuberculosis of the respiratory system ...	2	...	3	...	1	1	7	2	...	2	2	...	20
5. Tuberculosis, all other forms ...	...	...	...	...	...	...	...	...	...	...	2	...	2
10. All other syphilis ...	1	...	...	...	...	1	...	...	...	...	...	...	2
11. Gonococcal infections ...	...	...	1	...	...	...	...	...	...	...	...	...	1
15. Brucellosis (undulant fever) ...	...	...	...	...	...	1	...	...	...	...	...	...	1
18. Streptococcal sore throat ...	1	...	...	...	...	...	...	...	...	...	...	...	1
19. Erysipelas ...	...	...	1	...	...	...	...	...	...	...	...	...	1
20. Septicæmia and pyæmia ...	...	...	...	...	...	1	...	...	...	1	...	...	2
23. Meningococcal infections ...	...	...	...	...	...	1	...	1	...	...	...	...	2
25. Leprosy ...	1	1	...	...	...	1	...	...	...	...	...	...	3
26. Tetanus ...	...	...	2	...	...	...	...	...	...	...	...	...	2
29. Acute infectious encephalitis ...	...	...	...	1	1	...	...	...	...	1	...	...	3
30. Late effects of acute poliomyelitis and of acute infectious encephalitis ...	...	...	...	...	...	1	...	...	...	...	...	...	1
43p. All other diseases classified as infective and parasitic ...	...	1	...	1	1	...	...	...	...	...	1	...	4
<b>II. Neoplasms.</b>													
44. Malignant neoplasm of buccal cavity and pharynx ...	...	1	1	1	...	...	...	1	...	...	1	2	7
45. Malignant neoplasm of œsophagus ...	...	1	1	...	2	2	...	1	1	...	1	1	10
46. Malignant neoplasm of stomach ...	4	7	5	6	5	...	8	7	4	5	4	5	60
47. Malignant neoplasm of intestines, except rectum ...	...	3	1	4	4	1	2	3	3	1	1	1	21
48. Malignant neoplasm of rectum ...	1	1	1	1	...	1	1	1	...	1	...	...	8
49. Malignant neoplasm of larynx ...	...	2	1	...	1	...	...	1	...	1	...	...	6
50. Malignant neoplasm of trachea, and of bronchus and lung not specified as secondary ...	5	4	6	4	2	2	1	5	5	3	2	3	42
51. Malignant neoplasm of breast ...	2	3	3	3	1	3	2	4	1	4	2	...	28
52. Malignant neoplasm of cervix uteri ...	...	...	2	1	...	1	...	...	...	...	...	1	5
53. Malignant neoplasm of other and unspecified parts of uterus ...	1	1	2	1	1	1	4	...	2	3	...	...	16
54. Malignant neoplasm of prostate ...	1	1	2	...	...	...	2	1	...	...	...	...	7
55. Malignant neoplasm of skin ...	...	...	...	...	...	...	...	1	...	...	...	...	1
56. Malignant neoplasm of bone and connective tissue ...	...	2	3	3	...	...	2	1	...	...	1	2	11
57. Malignant neoplasm of all other and unspecified sites ...	6	4	7	1	5	9	5	4	1	4	4	...	50
58. Leukæmia and aleukæmia ...	3	...	1	4	3	2	2	...	1	1	2	...	19
59. Lymphosarcoma and other neoplasms of lymphatic and hæmatopoietic system... ..	1	1	1	...	1	...	...	1	1	...	...	3	9
60. Benign neoplasms and neoplasms of unspecified nature ...	3	3	...	1	1	2	1	3	2	...	3	4	23
<b>III. &amp; IV. Allergic, Endocrine System, Metabolic and Nutritional Diseases and Diseases of the Blood &amp; Blood-forming Organs.</b>													
62. Thyrotoxicosis with or without goitre ...	...	...	1	...	...	...	...	...	2	...	...	...	3
63. Diabetes mellitus ...	12	18	9	18	13	13	12	10	6	5	15	12	143
64d. Other deficiency states ...	1	...	...	...	...	...	...	...	1	...	...	...	2
65a. Pernicious and other hyperchromic anaemias ...	1	2	...	...	2	...	...	...	...	...	...	1	6
65b. Iron deficiency anaemias (hypochromic) ...	...	...	...	1	...	...	...	...	...	...	1	...	2
65c. Other specified and unspecified anaemias ...	3	1	...	...	...	1	...	1	...	...	...	2	8
66a. Asthma ...	6	2	5	4	5	1	1	1	1	1	3	3	33
66b. All other allergic disorders, endocrine, metabolic and blood diseases ...	...	1	...	...	...	...	...	1	1	...	...	1	4
<b>V. Mental, Psychoneurotic and Personality Disorders.</b>													
67. Psychoses ...	1	1	...	...	1	...	...	1	...	...	...	...	4
68. Psychoneuroses and disorders of personality ...	1	...	...	1	...	...	1	1	...	...	...	...	4
69. Mental deficiency ...	...	...	...	...	...	1	...	1	...	...	...	...	2
<b>VI. Diseases of the Nervous System and Sense Organs.</b>													
70. Vascular lesions affecting central nervous system ...	50	31	43	52	30	26	27	32	31	34	24	12	392
71. Non-meningococcal meningitis ...	1	...	...	...	1	...	...	...	1	1	1	...	5
73. Epilepsy ...	...	...	...	...	1	1	1	1	1	1	...	1	7
77b. Otitis media and mastoiditis ...	...	1	1	1	...	1	...	...	...	...	1	1	6
77c. Other inflammatory diseases of ear ...	...	...	...	...	...	...	...	...	...	...	1	...	1
78b. All other diseases of the nervous system and sense organs ...	...	4	2	...	...	1	1	2	1	2	1	...	14

## APPENDIX HA — (Continued).

Table showing diseases causing death by month, in accordance with the International List of Causes of Death

Causes of Death.	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
<i>VII. Diseases of the Circulatory System.</i>													
79. Rheumatic fever	1	1	3	2	...	...	...	1	1	...	1	2	12
80. Chronic rheumatic heart disease	1	1	1	2	1	3	2	...	1	...	1	...	13
81. Arteriosclerotic and degenerative heart disease	68	62	66	56	49	29	30	36	36	57	57	48	594
82. Other diseases of heart	5	3	5	9	5	4	7	3	2	3	1	6	53
83. Hypertension with heart disease	14	21	24	18	13	14	14	9	5	9	11	20	172
84. Hypertension without mention of heart...	...	2	1	...	...	2	...	1	...	...	2	...	8
85. Diseases of arteries	1	2	6	14	4	12	10	14	12	6	5	15	101
86. Other diseases of circulatory system	2	1	1	1	1	...	...	1	1	...	...	...	8
<i>VIII. Diseases of the Respiratory System.</i>													
87. Acute upper respiratory infections	...	...	1	1	...	...	...	...	...	...	...	...	2
88. Influenza	...	2	5	2	1	...	...	...	...	...	...	...	10
89. Lobar pneumonia	2	1	3	1	1	...	1	...	...	1	...	...	10
90. Broncho-pneumonia	2	6	5	5	1	1	2	3	2	2	1	3	33
91. Primary atypical, other and un-specified pneumonia	1	1	...	2	...	...	...	1	1	3	...	2	11
92. Acute bronchitis	1	5	5	1	...	1	2	1	...	1	1	2	20
93. Bronchitis, chronic and unqualified	6	3	5	15	2	5	4	3	1	3	2	10	59
94. Hypertrophy of tonsils and adenoids	...	...	...	...	...	...	...	...	...	...	1	...	1
95. Empyema and abscess of lung	...	...	...	...	...	...	...	...	...	...	...	1	1
97b. All other respiratory diseases	2	1	4	...	2	1	3	5	4	...	...	2	24
<i>IX. Diseases of the Digestive System.</i>													
99. Ulcer of stomach	...	1	...	1	...	1	...	...	1	2	...	2	8
100. Ulcer of duodenum	...	...	...	...	...	...	...	...	1	...	...	...	1
101. Gastritis and duodenitis	...	...	1	1	...	...	1	1	...	...	...	...	4
102. Appendicitis	...	...	...	...	...	...	...	...	...	...	...	1	1
103. Intestinal obstruction and hernia	...	1	3	...	...	1	3	1	...	...	1	1	11
104a. Gastro-enteritis and colitis between 4 weeks and 2 years	...	1	2	1	...	1	3	2	5	4	...	1	20
104b. Gastro-enteritis and colitis ages 2 years and over	...	...	...	...	1	...	...	1	1	1	...	...	4
104. Chronic enteritis and ulcerative colitis	...	...	2	...	...	...	...	1	...	...	2	...	5
105. Cirrhosis of liver	1	3	4	2	4	4	3	...	2	6	...	2	31
106. Cholelithiasis and cholecystitis	...	...	1	1	...	1	...	...	...	1	1	1	6
107. Other diseases of the digestive system	2	...	1	...	1	2	4	4	1	1	...	3	19
<i>X. Diseases of the Genito-Urinary System.</i>													
108. Acute nephritis	...	1	...	...	...	...	1	...	...	...	...	...	2
109. Chronic, other and unspecified nephritis	10	8	7	16	4	2	6	9	11	6	8	5	92
110. Infectious of kidney	1	...	4	7	1	7	3	3	3	2	...	3	34
111. Calculi of urinary system	...	1	...	...	1	...	...	...	...	...	...	...	2
112. Hyperplasia of prostate	1	2	2	1	5	1	3	...	2	4	1	4	26
111a. Hydrocele	...	...	...	...	...	...	1	...	...	...	...	...	1
114c. All other diseases of the genito-urinary system	...	...	...	1	3	...	2	...	2	...	1	2	11
<i>XI. Eclampsia and Complications of Pregnancy, Childbirth and the Puerperium</i>													
116. Eclampsia of pregnancy and the puerperium	...	...	...	1	...	...	...	...	...	...	...	...	1
120a. Other complications of pregnancy, childbirth and the puerperium	...	...	1	...	...	...	...	1	...	...	...	...	2
<i>XII. Diseases of the Skin and Cellular Tissue</i>													
121. Infections of skin and subcutaneous tissue	...	...	1	...	...	2	...	2	...	...	...	...	5
122. Arthritis and spondylitis	...	1	1	1	...	...	...	...	...	1	...	...	4
123. Muscular rheumatism and rheumatism, unspecified	...	...	...	...	...	...	...	1	...	...	...	...	1
124. Osteomyelitis periostitis	...	...	...	...	...	...	...	1	...	...	...	...	1
126a. Chronic ulcer of skin (including tropical ulcer)	...	...	...	...	1	...	1	...	...	...	1	1	4
126b. All other diseases of skin	...	...	1	...	...	...	1	...	...	...	...	...	2
<i>Diseases of the Bones and Organs of Movement.</i>													
126c. All other diseases of musculoskeletal system	...	...	1	...	...	...	2	...	...	1	...	1	5



## APPENDIX HA — (Continued).

Table showing diseases causing death by month, in accordance with the International List of Causes of Death

Causes of Death.	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
<i>XIV. Congenital Malformations.</i>													
127. Spina bifida and meningocele ... ..	1	1	1	...	1	1	...	1	...	...	...	...	6
128. Congenital malformation of the circulatory system ...	3	1	2	1	2	2	6	1	...	1	2	2	24
129. All other congenital malformations ... ..	2	2	1	5	1	1	4	3	2	2	1	...	24
<i>XV. Certain Diseases of Early Infancy.</i>													
130. Birth injuries ... ..	6	3	3	6	4	2	3	1	...	8	6	1	43
131. Postnatal asphyxia and atelectasis ... ..	3	2	1	1	3	2	6	6	5	2	4	4	39
132 <sup>a</sup> . Diarrhoea of newborn (under 4 weeks) ... ..	1	2	...	...	...	...	...	...	...	...	...	...	3
132 <sup>c</sup> . Other infections of newborn ... ..	...	1	2	...	2	...	1	1	...	...	2	...	9
133. Haemolytic disease of newborn ... ..	...	...	...	...	...	...	1	...	1	...	...	...	2
134. All other defined diseases of early infancy ... ..	1	1	...	...	1	1	...	2	...	...	...	1	7
135. Ill-defined diseases peculiar to early infancy, and immaturity unqualified ... ..	7	3	6	7	4	2	6	6	5	7	3	7	63
<i>XVI. Symptoms, Senility and Ill-defined Conditions.</i>													
136. Senility without mention of psychosis ... ..	2	7	8	8	6	5	3	5	9	8	12	17	90
<i>XVII. Accidents, Poisoning and Violence.</i>													
138. Motor vehicle accidents ... ..	2	...	1	1	2	3	1	...	3	2	1	2	18
139. Other transport accidents ... ..	...	...	...	1	...	...	...	...	...	...	...	...	1
140. Accidental poisoning ... ..	2	...	...	...	...	...	...	...	...	...	...	...	2
141. Accidental falls ... ..	...	...	2	3	3	1	5	1	1	4	2	1	23
143. Accident caused by fire and explosion of combustible material ... ..	...	...	3	...	...	1	1	...	...	1	1	...	7
144. Accidents caused by hot substance, corrosive liquid, steam and radiation ... ..	...	...	...	...	...	...	...	...	1	...	...	...	1
145. Accidents caused by firearm ... ..	1	...	...	...	...	...	...	...	...	...	...	...	1
146. Accidental drowning and submersion ... ..	...	1	...	1	...	2	2	1	1	...	...	...	8
147 <sup>b</sup> . Foreign body entering other orifice ... ..	...	1	1	...	...	1	...	...	...	...	...	1	4
148. All other accidental causes ... ..	1	...	...	...	...	3	3	...	1	3	...	...	11
148 <sup>b</sup> . Suicide and self inflicted injury ... ..	...	...	...	...	...	1	1	...	...	1	2	...	5
Total ... ..	261	253	303	305	213	198	232	221	190	224	207	229	2,836

## APPENDIX HB

Table showing mortality in quinquennial and decennial age groups by sex

68

LOCALITY	AGES																										TOTAL		TOTAL both sexes
	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		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	
Attard	...	...	1	...	...	...	...	...	...	...	...	...	...	1	1	3	2	...	1	1	2	...	...	...	...	6	6	12	
Balzan	2	...	...	...	...	...	...	...	...	1	...	1	...	...	3	1	2	4	1	5	...	...	...	...	9	11	20		
Birkirkara	10	10	...	...	1	1	...	...	...	3	...	2	2	10	5	18	7	26	17	15	13	1	6	...	1	86	62	148	
Birzebbuga	5	5	...	...	1	...	...	...	...	1	...	1	1	4	1	5	...	3	6	2	3	2	1	...	...	24	17	41	
Cospicua	8	8	...	...	1	...	...	...	...	1	2	2	3	1	2	8	5	14	8	7	10	2	3	...	2	44	43	87	
Dingli	...	...	...	...	1	...	...	...	...	1	...	...	1	2	...	1	1	4	...	2	3	...	2	...	...	11	7	18	
Floriana	2	3	...	...	...	...	...	...	...	...	...	...	...	3	3	5	7	7	6	6	1	4	...	...	...	19	28	47	
Għarghur	...	1	...	...	...	...	...	...	...	1	...	...	...	...	1	...	1	3	4	...	1	...	...	...	...	5	12	17	
Għaxaq	1	1	...	...	...	1	...	...	...	...	1	...	...	2	8	2	5	6	3	4	...	1	...	...	...	18	17	35	
Gudja	1	...	...	...	...	...	...	1	...	...	...	1	...	1	...	4	...	4	5	4	...	...	...	...	...	16	5	21	
Gżira	8	5	...	...	1	...	...	...	...	1	...	1	...	3	1	6	8	10	6	5	7	1	1	...	...	35	29	64	
Hamrun	12	5	...	1	1	...	...	...	...	...	1	2	...	5	4	22	16	39	29	23	36	2	8	...	...	106	100	206	
Kalkara	2	...	...	...	1	...	...	...	...	...	...	...	...	2	1	4	4	1	3	1	...	1	...	...	...	11	9	20	
Kirkop	1	...	...	...	...	...	...	1	...	...	1	...	...	...	1	1	2	...	1	1	...	...	...	...	...	6	3	9	
Lija	1	3	...	1	...	...	...	...	...	...	...	1	...	4	...	3	4	2	6	1	2	...	2	...	...	12	18	30	
Luqa	2	4	...	...	...	...	...	1	1	1	...	...	...	1	2	7	3	9	6	7	1	1	2	...	...	29	19	48	
Marsa	11	5	...	...	1	...	...	...	...	1	1	2	4	3	...	13	8	21	10	5	6	1	1	...	...	57	36	93	
Marsaskala	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	2	1	...	...	...	...	...	...	...	...	3	2	5	
Marsaxlokk	...	1	...	...	...	...	...	1	...	...	...	...	...	1	...	1	1	1	1	2	...	...	...	...	...	6	3	9	
Mdina	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	2	1	4	2	...	2	...	...	...	8	6	14	
Mellieħa	3	...	...	1	...	...	...	...	...	...	1	...	...	3	2	5	2	...	4	5	1	3	...	...	...	20	10	30	
Mgarr and Żebbieh	1	2	...	1	...	...	...	...	...	...	1	...	...	1	...	...	2	1	...	...	3	...	1	...	...	6	7	13	
Mosta	2	3	...	...	...	...	...	...	...	2	...	2	1	2	3	4	3	8	11	9	2	5	2	...	...	34	25	59	
Mqabba	2	2	...	...	...	...	...	...	...	...	...	...	...	...	1	3	5	3	1	5	...	...	...	...	...	9	13	22	
Msida	5	1	1	...	1	...	...	...	...	1	...	3	...	6	4	9	4	10	7	1	6	2	3	...	...	39	25	64	
Naxxar	1	1	...	...	...	1	...	...	...	...	2	...	2	1	2	5	4	7	6	2	2	...	...	...	...	22	16	38	
Paola	8	1	...	2	...	...	...	...	...	1	...	5	...	8	6	10	11	18	18	17	14	3	2	...	...	70	54	124	
Pietà	2	...	...	...	...	1	...	1	...	...	...	3	...	4	...	4	2	10	1	1	1	1	2	...	...	27	6	33	
Qormi	11	10	...	...	1	1	1	...	...	2	...	6	2	13	3	13	12	15	14	10	11	3	...	1	...	75	54	129	
Qrendi	1	...	...	...	...	...	...	...	...	...	1	...	...	...	2	2	1	4	4	5	2	...	3	...	...	13	12	25	
Rabat	6	3	...	1	...	...	...	1	1	...	2	1	1	8	4	13	11	16	19	16	18	11	6	...	1	72	67	139	
Safi	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	...	...	...	...	...	...	...	2	2	4	
St. Julian's	7	3	...	1	...	1	...	1	...	1	...	2	...	2	5	5	7	10	5	4	1	3	...	...	...	33	27	60	
St. Paul's Bay	3	4	...	...	...	...	...	...	...	...	...	1	...	1	...	1	...	1	3	4	1	2	...	1	...	13	9	22	
Sta. Venera	...	1	...	...	...	...	...	...	...	...	...	...	...	1	1	1	...	1	3	2	...	...	...	...	...	5	5	10	
Senglea	3	4	1	...	...	...	...	...	...	...	1	...	1	2	...	6	1	7	1	3	2	...	...	...	...	22	10	32	
Siggiewi	5	3	...	2	...	...	...	...	...	...	...	1	...	2	1	1	2	6	9	5	5	3	1	...	...	25	21	46	
Sliema	7	5	...	1	...	1	...	2	1	1	1	1	1	11	9	15	13	23	18	25	21	10	6	...	...	96	76	172	
Tarxien	2	2	...	...	...	...	...	...	...	...	1	...	1	5	4	3	5	12	9	5	6	3	...	...	...	30	28	58	
Valletta	8	3	...	...	...	...	...	...	1	...	3	2	9	4	24	10	32	22	18	19	7	8	...	1	102	69	171		
Vittoriosa	3	3	1	...	1	...	...	...	...	...	2	4	3	4	3	4	2	5	7	1	6	...	...	1	...	20	24	44	
Żabbar	5	2	1	...	...	...	...	...	...	...	1	1	...	1	2	2	10	2	4	2	...	...	...	...	...	23	10	33	
Żebbuġ	10	4	...	2	...	...	...	...	...	...	2	...	...	5	3	6	8	7	11	19	8	2	1	...	...	49	39	88	
Żejtun	4	9	...	...	...	...	...	...	...	1	1	...	...	4	4	12	10	19	14	22	18	2	3	...	1	65	60	125	
Żurrieq	10	5	...	1	...	...	...	...	...	...	1	1	...	1	4	4	4	9	5	7	6	1	3	...	...	34	28	62	
Total Malta	176	123	5	7	15	3	8	1	9	3	20	16	47	26	131	86	257	185	391	322	283	271	74	79	1	8	1,417	1,130	2,547

APPENDIX HB — (Continued).

Table showing mortality in quinquennial and decennial age groups by sex

LOCALITY	AGES																								TOTAL		TOTAL both sexes		
	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			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
Comino ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ghajnsielem & Mgarr ...	1	1	...	...	...	...	1	...	...	...	...	...	...	...	...	3	3	...	1	3	2	2	3	...	...	10	10	20	
Gharb ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	2	1	...	...	...	...	3	3	6	
Ghasri ...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	2	...	1	...	...	...	4	1	5	
Keréem & Santa Lucia ...	3	1	...	...	...	...	...	...	...	...	...	...	1	...	1	2	1	3	1	2	2	2	2	...	...	13	7	20	
Nadur ...	3	...	1	...	...	...	...	1	1	...	...	...	1	1	...	5	3	4	3	3	10	2	2	...	...	20	20	40	
Qala ...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	2	5	3	2	3	5	...	...	...	13	9	22		
San Lawrenz ...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	2	...	2	1	1	1	...	...	6	3	9	
Sannat & Munxar ...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	2	...	6	5	1	2	1	...	11	9	20	
Victoria... ..	5	3	...	1	...	...	...	...	...	...	...	...	1	1	3	4	4	8	9	15	7	4	5	...	...	40	32	72	
Xaghra & Marsalforn ...	2	4	...	...	1	1	...	...	...	...	...	...	...	...	1	2	3	4	5	12	5	2	3	...	...	23	22	43	
Xewkija ...	3	2	...	...	...	...	...	...	...	...	...	...	...	2	...	2	...	2	2	2	...	...	...	...	...	11	4	15	
Zebbug ...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	1	...	5	2	3	...	1	...	...	5	10	15	
Total Gozo ...	20	12	1	1	1	1	...	1	1	...	...	4	2	9	3	18	20	31	37	52	35	21	18	...	...	159	130	289	
Total Both Islands...	196	135	6	8	16	4	9	1	10	4	20	16	51	28	140	89	275	205	422	359	335	306	95	97	1	8	1,576	1,260	2,836





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	Both Sexes					
	102. Appendicitis												1																							1	1	
103. Intestinal obstruction and hernia																							1	1	1							4	7	11				
104a. Gastro-enteritis and colitis between 4 weeks and 2 years	10	8	1	1																											11	9	20					
104b. Gastro-enteritis & colitis, ages 2 years & over								1																1		7					1	3	4					
104c. Chronic enteritis and ulcerative colitis		1															1								2						2	3	5					
105. Cirrhosis of liver																		1	1	4	1	5	4	6	4	4	4	1				20	11	31				
105. Cholelithiasis and cholecystitis																							1	1	3	1	1					4	2	6				
107. Other diseases of digestive system				1														1					3	2	3	2	4	1				12	7	19				
<b>X. Diseases of Genito-Urinary System</b>																																						
108. Acute nephritis														1																				1	1	2		
109. Chronic, other and unspecified nephritis														1			1			4		6	5	13	13	14	13	9	12				46	46	92			
110. Infections of kidney														1						1	1		5	2	6	4	7	2	2	1		2		22	12	34		
111. Calculi of urinary system																								1									1	1	2			
112. Hyperplasia of prostate																									1		6		11		8			26		26		
114a. Hydrocele																																		1	1	2		
114c. All other diseases of the genito-urinary system																	1						1	2	1	1	1				1	1		6	5	11		
<b>XI. Diseases and Complications of Pregnancy, Childbirth and the Puerperium</b>																																						
116. Toxaemias of pregnancy and puerperium																				1															1	1		
118. Abortion without mention of sepsis or toxæmia																																						
120a. Other complications of pregnancy, childbirth and the puerperium																					1														2	2		
120b. Deliveries without complications																																						
<b>XII. Diseases of the Skin and Cellular Tissue</b>																																						
121. Infections of skin and subcutaneous tissue...	3																																	4	1	5		
122. Arthritis and spondylitis																							1											3	1	4		
123. Muscular and unspecified rheumatism																							1											1		1		
124. Osteomyelitis and periostitis												1																							1		1	
126a. Chronic Ulcer of skin (including Tropical Ulcer)																																				3	1	4
126b. All other diseases of skin																																			2		2	
<b>XIII. Diseases of the Bones and Organs of Movement</b>																																						
126c. All other diseases of musculoskeletal system																																				2	4	6
<b>XIV. Congenital Malformations</b>																																						
127. Spina bifida and meningocele	2	4																																	2	4	6	
128. Congenital malformation of circulatory system	15	4	1											1		1																		19	5	24		
129. All other congenital malformations	10	7	1									1		2				1																15	9	24		
<b>XV. Certain Diseases of Early Infancy</b>																																						
130. Birth injuries	31	12																																31	12	43		
131. Postnatal asphyxia and stelectasis	21	18																																21	18	39		
132a. Diarrhoea of newborn (under 4 weeks)																																					3	3
132c. Other infections of newborn	4	5																																		4	5	9
133. Haemolytic disease of newborn	2																																			2		2
134. All other defined diseases of early infancy	4	3																																		4	3	7
135. Ill-defined diseases peculiar to early infancy, and lumaturity unqualified	10	24																																		30	24	63

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		6 years and under 10		10 years and under 15		15 years and under 20		20 years and under 25		25 years and under 35		35 years and under 45		45 years and under 55		55 years and under 65		65 years and under 75		75 years and under 85		85 years and under 95		95 years and over		TOTAL			
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Both Sexes	
<b>XVI. Symptoms, Senility and Ill-defined Conditions</b>																																						
136. Senility without mention of psychosis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	35	55	90
<b>XVII. Accidents, Poisonings and Violence</b>																																						
138. Motor vehicle accidents ...	...	...	...	...	...	1	...	...	...	1	2	1	1	...	...	...	3	...	1	1	2	...	...	1	1	1	2	...	...	...	...	...	...	12	6	18		
139. Other transport accidents ...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	
140. Accidental poisoning ...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	1	2		
141. Accidental falls ...	1	...	...	...	1	1	...	...	1	...	1	...	2	...	...	...	1	...	1	...	...	3	1	1	...	...	1	3	4	1	...	...	16	7	23			
143. Accident caused by fire and explosion of combustible material ...	...	...	...	...	...	1	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	...	1	...	...	...	4	3	7			
144. Accident caused by hot substance corrosive liquid, steam and radiation ...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1			
145. Accident caused by firearm ...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1			
146. Accidental drowning and submersion ...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	6	2	8			
147b. Foreign body entering other orifice ...	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	2	4			
148a. All other accidental causes ...	...	3	...	...	...	...	...	...	...	1	...	...	...	1	...	2	...	1	...	1	...	...	...	1	1	...	...	...	...	...	...	6	5	11				
148b. Suicide and self inflicted injury ...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	5	...	5				
<b>TOTAL</b>	178	119	7	8	4	4	5	1	2	3	6	8	16	4	9	1	10	4	20	16	51	28	140	89	275	205	422	359	335	306	95	97	1	8	1,576	1,260	2,836	





APPENDIX MA — (Continued).  
Return of diseases and deaths (in-patients) for the year 1959

Disease	Remaining in Hosp. at end of 1958	Admis- sions	Transfers from other Hospitals	Total cases treated	Deaths	Dis- charges	Transfers to other Hospitals	Remaining in Hosp. at end of 1959
A								
42a. Tapeworm (infestation) and other cestode infestations ... ..	...	15	...	15	...	15	...	...
42b. Ascariasis ... ..	...	2	...	2	...	2	...	...
42c. Guinea worm (dracunculosis) ... ..	...	...	...	...	...	...	...	...
42d. Other diseases due to helminths ... ..	...	...	...	...	...	...	...	...
43a. Lymphogranuloma venereum ... ..	...	27	...	27	1	24	1	1
43b. Granuloma inguinale, venereal ... ..	...	...	...	...	...	...	...	...
43c. Other and unspecified venereal diseases... ..	...	...	...	...	...	...	...	...
43d. Food poisoning infection and intoxication ... ..	...	1	...	1	...	...	...	1
43e. Relapsing fever ... ..	...	...	...	...	...	...	...	...
43f. Leptospirosis icterohæmorrhagica (Weil's disease) ... ..	...	...	...	...	...	...	...	...
43g. Yaws ... ..	...	...	...	...	...	...	...	...
43h. Chickenpox ... ..	1	2	...	3	...	1	1	1
43i. Dengue ... ..	...	...	...	...	...	...	...	...
43j. Trachoma ... ..	...	...	...	...	...	...	...	...
43k. Sandfly fever ... ..	...	...	...	...	...	...	...	...
43l. Leishmaniasis ... ..	...	...	...	...	...	...	...	...
43m. Trypanosomiasis gambiensis	...	...	...	...	...	...	...	...
Trypanosomiasis rhodesiensis	...	...	...	...	...	...	...	...
Other and unspecified Trypanosomiasis	...	...	...	...	...	...	...	...
43n. Dermatophytosis ... ..	...	...	...	...	...	...	...	...
43o. Scabies ... ..	...	...	...	...	...	...	...	...
43p. All other diseases classified as infective and parasitic ... ..	1	9	2	12	...	11	...	1
II. Neoplasms								
44. Malignant neoplasm of buccal cavity and pharynx ... ..	5	24	...	29	1	25	1	3
45. Malignant neoplasm of œsophagus ... ..	...	8	1	9	4	3	...	2
46. Malignant neoplasm of stomach ... ..	...	48	1	49	19	22	4	4
47. Malignant neoplasm of intestines except rectum ... ..	...	33	1	34	3	23	6	2
48. Malignant neoplasm of rectum ... ..	1	12	...	13	3	6	...	4
49. Malignant neoplasm of larynx ... ..	...	12	...	12	...	12	...	...
50. Malignant neoplasm of trachea, and of bronchus and lung not specified as secondary ... ..	4	38	...	42	13	27	1	1
51. Malignant neoplasm of breast ... ..	...	52	...	52	5	42	...	5
52. Malignant neoplasm of cervix uteri ... ..	...	13	...	13	...	12	1	...
53. Malignant neoplasm of other and unspecified parts of uterus ... ..	...	16	1	17	2	11	2	2
54. Malignant neoplasm of prostate ... ..	3	10	...	13	2	10	...	1
55. Malignant neoplasm of skin ... ..	...	11	1	12	...	9	2	1
56. Malignant neoplasm of bone and connective tissue ... ..	1	35	...	36	8	22	3	3
57. Malignant neoplasm of all other and unspecified sites ... ..	2	64	7	73	27	38	5	3
58. Leukæmia and aleukæmia ... ..	2	20	...	22	9	10	1	2
59. Lymphosarcoma and other neoplasm of Lymphatic and hæmatopoietic system ... ..	1	25	...	26	3	21	...	2
60. Benign neoplasms and neoplasms of unspecified nature ... ..	17	287	4	308	2	290	9	7

## APPENDIX MA — (Continued).

## Return of diseases and deaths (in-patients) for the year 1959

Disease	Remaining in Hosp. at end of 1958	Admis- sions	Transfers from other Hospitals	Total cases treated	Deaths	Dis- charges	Transfers to other Hospitals	Remaining in Hosp. at end of 1959
<b>III. &amp; IV. Allergic, Endocrine System Metabolic and Nutritional Diseases. Diseases of the Blood and Blood-forming Organs.</b>								
61. Nontoxic goitre ... ..	...	25	...	25	...	25	...	...
62. Thyrotoxicosis with or without goitre	1	19	2	22	...	19	2	1
63. Diabetes mellitus ... ..	11	278	7	296	26	207	31	32
64a. Beriberi ... ..	1	35	...	36	1	34	1	...
64b. Pellagra ... ..	1	...	...	1	...	1	...	...
64c. Scurvy ... ..	...	...	...	...	...	...	...	...
64d. Other deficiency states ... ..	...	2	...	2	...	2	...	...
65a. Pernicious and other hyperchromic anæmias ... ..	1	52	...	53	1	47	2	3
65b. Iron deficiency anæmias (hypochromic)	...	...	...	...	...	...	...	...
65c. Other specified and unspecified anæmias	...	1	...	1	...	1	...	...
66a. Asthma ... ..	3	184	2	139	2	128	4	5
66b. All other allergic disorders, Endocrine, Metabolic and Blood Diseases ... ..	6	3	1	10	...	10	...	...
<b>V. Mental, Psychoneurotic and Personality Disorders.</b>								
67. Psychoses ... ..	...	6	1	7	...	4	3	...
68. Psychoneuroses and disorders of personality ... ..	...	83	1	84	...	79	4	1
69. Mental deficiency ... ..	...	3	...	3	...	2	1	...
<b>VI. Diseases of the Nervous System and Sense Organs</b>								
70. Vascular lesions affecting central ner- vous system ... ..	21	141	7	169	93	25	29	23
71. Non-meningococcal meningitis ... ..	2	32	...	34	7	20	5	2
72. Multiple sclerosis ... ..	1	2	...	3	...	2	...	1
73. Epilepsy ... ..	...	23	...	23	1	19	1	2
74. Inflammatory diseases of eye ... ..	...	1	...	1	...	1	...	...
75. Cataract ... ..	2	3	...	5	...	4	...	1
76. Glaucoma ... ..	...	4	...	4	...	3	...	1
77a. Otitis externa ... ..	...	179	...	179	...	168	1	10
77b. Otitis media and mastoiditis ... ..	13	1	...	14	...	14	...	...
77c. Other inflammatory diseases of ear ... ..	...	...	...	...	...	...	...	...
78a. All other diseases and conditions of eye	31	512	12	555	5	487	28	35
78b. All other diseases of the Nervous System and Sense Organs ... ..	13	1	2	16	1	10	1	4
<b>VII. Diseases of the Circulatory System.</b>								
79. Rheumatic fever ... ..	5	111	...	116	...	13	1	12
80. Chronic rheumatic heart disease ... ..	3	46	...	49	...	46	...	3
81. Arteriosclerotic and degenerative heart disease ... ..	9	74	...	83	16	56	9	2
82. Other diseases of heart ... ..	11	99	12	122	48	54	7	13
83. Hypertension with heart disease ... ..	3	56	...	59	7	47	...	5
84. Hypertension without mention of heart	8	75	...	83	1	73	5	4
85. Diseases of arteries ... ..	9	87	7	103	7	72	16	8
86. Other diseases of Circulatory System ... ..	3	176	3	182	7	158	12	5

## APPENDIX MA — (Continued).

## Return of diseases and deaths (in-patients) for the year 1959

Disease	Remaining in Hosp. at end of 1958	Admissions	Transfers from other Hospitals	Total cases treated	Deaths	Discharges	Transfers to other Hospitals	Remaining in Hosp. at end of 1959
<b>VIII. Diseases of the Respiratory System.</b>								
87. Acute upper respiratory infections ...	1	139	2	142	...	137	2	3
88. Influenza ... ..	...	33	8	41	3	34	4	...
89. Lobar pneumonia ... ..	2	9	...	11	2	9	...	...
90. Broncho-pneumonia ... ..	...	206	...	206	23	176	4	3
91. Primary atypical, other and unspecified pneumonia ... ..	...	33	...	33	7	25	...	1
92. Acute bronchitis ... ..	...	137	1	138	8	124	6	...
93. Bronchitis, chronic and unqualified ...	8	144	4	156	5	129	10	12
94. Hypertrophy of tonsils and adenoids ...	14	651	...	665	...	661	...	4
95. Empyema and abscess of lung ... ..	1	18	...	19	1	3	3	12
96. Pleurisy ... ..	1	18	...	19	...	13	3	3
97a. Pneumococcal ... ..	...	87	2	89	22	57	6	4
97b. All other Respiratory Diseases ...	4	5	...	9	...	7	1	1
<b>IX Diseases of the Digestive System.</b>								
98a. Dental Caries ... ..	...	101	1	102	1	96	3	2
98b. All other diseases of teeth and supporting structures ... ..	...	1	1	2	1	...	1	...
99. Ulcer of stomach ... ..	...	16	1	17	4	10	1	2
100. Ulcer of duodenum ... ..	3	47	...	50	2	45	...	3
101. Gastritis and duodenitis ... ..	...	7	...	7	...	7	...	...
102. Appendicitis ... ..	8	304	...	312	3	303	...	6
103. Intestinal obstruction and hernia ...	15	525	3	543	7	515	6	15
104a. Gastro-enteritis and colitis between four weeks and two years ... ..	...	231	...	231	14	203	10	4
104b. Gastro-enteritis and colitis, ages two years and over ... ..	...	1	...	1	...	1	...	...
104c. Chronic enteritis and ulcerative colitis ...	1	...	...	1	...	1	...	...
105. Cirrhosis of liver ... ..	5	30	...	35	7	26	...	2
106. Cholelithiasis and cholecystitis ...	4	91	...	95	5	86	...	4
107. Other Diseases of the Digestive System ...	4	189	3	196	10	174	1	11
<b>X. Diseases of the Genito-Urinary System.</b>								
108. Acute nephritis ... ..	2	22	...	24	1	19	1	3
109. Chronic, other and unspecified nephritis ...	3	34	3	40	5	31	1	3
110. Infections of kidney ... ..	5	72	...	77	7	53	10	7
111. Calculi of urinary system ... ..	2	35	...	37	3	33	...	1
112. Hyperplasia of prostate ... ..	4	84	1	89	15	60	6	8
113. Diseases of breast ... ..	7	4	...	11	1	6	...	4
114a. Hydrocele ... ..	...	617	1	618	1	603	3	11
114b. Disorders of menstruation ... ..	1	5	2	8	...	8	...	...
114c. All other Diseases of the Genito-Urinary System ... ..	17	10	...	27	1	26	...	...
<b>XI Deliveries and complications of Pregnancy, Childbirth and the Puerperium.</b>								
115. Sepsis of pregnancy, childbirth and the puerperium ... ..	...	...	1	1	...	1	...	...
116. Toxæmia of pregnancy and the puerperium ... ..	...	7	...	7	...	5	...	2
117. Hæmorrhage of pregnancy and childbirth ... ..	1	5	...	6	...	6	...	...
118. Abortion without mention of sepsis or toxæmia ... ..	1	221	...	222	...	219	...	3
119. Abortion with sepsis ... ..	...	...	...	...	...	...	...	...
120a. Other complications of pregnancy, childbirth and the puerperium ... ..	1	130	...	131	2	116	...	13
120b. Delivery without complications ...	48	2,350	...	2,398	...	2,352	...	46

## APPENDIX MA — (Continued).

## Return of diseases and deaths (in-patients) for the year 1959

Disease	Remaining in Hosp. at end of 1958	Admis- sions	Transfers from other Hospitals	Total cases treated	Deaths	Dis- charges	Transfers to other Hospitals	Remaining in Hosp. at end of 1959
<b>XII. Diseases of the Skin and Cellular Tissue.</b>								
121. Infections of skin and subcutaneous tissue ... ..	18	191	3	212	2	192	...	18
122. Arthritis and spondylitis ... ..	16	220	3	239	...	212	4	23
123. Muscular rheumatism and rheumatism, unspecified ... ..	5	5	...	10	...	8	1	1
124. Osteomyelitis and periostitis ... ..	9	50	...	59	...	48	...	11
125. Ankylosis and acquired musculoskeletal deformities ... ..	1	42	1	44	1	38	...	5
126a. Chronic Ulcer of Skin (including Tropical Ulcer) ... ..	3	210	1	214	3	198	2	11
126b. All other Diseases of Skin ... ..	11	261	3	275	2	240	14	19
<b>XIII. Diseases of the Bones and Organs of Movement.</b>								
126c. All other diseases of musculoskeletal system ... ..	5	4	5	14	...	10	1	3
<b>XIV. Congenital Malformations.</b>								
127. Spina bifida and meningocele ... ..	...	...	...	...	...	...	...	...
128. Congenital malformation of the Circulatory System ... ..	...	38	...	38	...	30	2	6
129. All other congenital malformations ... ..	14	100	1	115	3	96	1	15
<b>XV. Certain Diseases of Early Infancy.</b>								
130. Birth injuries ... ..	3	4	...	7	3	4	...	...
131. Postnatal asphyxia and atelectasis ... ..	...	19	...	19	2	16	1	...
132a. Diarrhoea of newborn (under 4 weeks) ... ..	...	4	...	4	1	1	...	2
132b. Ophthalmia neonatorum ... ..	...	...	...	...	...	...	...	...
132c. Other infections of newborn ... ..	1	...	...	1	...	1	...	...
133. Hæmolytic disease of newborn ... ..	...	5	...	5	1	4	...	...
134. All other defined diseases of early infancy ... ..	2	11	...	13	3	8	2	...
135. Ill-defined diseases peculiar to early infancy, and immaturity unqualified ... ..	...	39	...	39	13	18	4	4
<b>XVI. Symptoms, Sensility and Ill-Defined conditions.</b>								
136. Senility without mention of psychosis ... ..	3	28	...	31	4	13	9	5
137a. Pyrexia of unknown origin ... ..	1	485	4	490	54	406	11	19
137b. Observation, without need for further medical care ... ..	...	...	...	...	...	...	...	...
137c. All other ill-defined causes of morbidity ... ..	27	4	...	31	...	30	1	...
<b>XVII. Accidents, Poisonings and Violence.</b>								
138. Motor vehicle accidents ... ..	4	421	4	429	16	399	1	13
139. Other transport accidents ... ..	3	30	1	34	1	31	2	...

APPENDIX MA — (Continued).  
Return of diseases and deaths (in-patients) for the year 1959

Disease	Remaining in Hosp. at end of 1958	Admis- sions	Transfers from other Hospitals	Total cases treated	Deaths	Dis- charges	Transfers to other Hospitals	Remaining in Hosp. at end of 1959
140. Accidental poisoning ... ..	...	277	2	279	1	258	19	1
141. Accidental falls ... ..	32	314	8	354	23	271	22	38
142. Accidents caused by machinery ...	1	105	...	106	...	103	1	2
143. Accidents caused by fire and explosion of combustible material ... ..	11	119	...	130	2	121	1	6
144. Accidents caused by hot substance, corrosive liquid, steam and radiation	...	14	...	14	1	13	...	...
145. Accidents caused by firearm ...	...	3	...	3	1	2	...	...
146. Accidental drowning and submersion ...	...	4	...	4	...	3	1	...
147a. Foreign body entering eye and adnexa	...	...	...	...	...	...	...	...
147b. Foreign body entering other orifice ...	...	80	...	80	...	80	...	...
147c. Accidents caused by bites and stings of venomous animals and insects ...	...	...	...	...	...	...	...	...
147d. Other accidents caused by animals ...	...	...	...	...	...	...	...	...
148. All other accidental causes ...	8	303	1	312	3	295	7	7
149. Homicide and injury purposely inflicted by other persons (not in war)... ..	...	4	...	4	...	4	...	...
150. Injury resulting from operations of war	...	...	...	...	...	...	...	...
Total ... ..	560	13,552	171	14,283	637	12,556	427	663