

# PUBLIC HEALTH IN MALTA

From time to time it is proper to examine a situation and to assess the success or failure of any activity. The health of the people of Malta is one aspect of life in which this is useful and indeed necessary. As it happens we find that the extent to which we have succeeded in improving matters is strong enough to provide the incentive for yet stronger endeavours. In 1966 there was no case of trachoma — that bane of the twenties —, we find a single case of puerperal sepsis, there were only 23 cases and no deaths attributable to our old enemy Brucellosis. This latter is a victory which must some time be described in detail, although in this, as in so many other cases where bacteria are concerned, safety is guaranteed only on condition of unceasing vigilance. In any case, it should be recorded that this figure for Brucellosis is much smaller than it has ever been. We must be thankful there was only one case of poliomyelitis and one case of cerebrospinal fever. Infantile mortality which had always been high, reached the record figure of 345 per 1,000 births in the tragic year of 1942 but has decreased at least tenfold. This again is a heartening success due to therapeutic and hygienic advances, and altogether, though one is naturally on guard against

such complacency as might traditionally irritate some watchful Fate into retributive action, in this sceptical age we venture as far as giving not the mean, though fashionable, "two cheers" but the full three lusty ones for such progress as has been achieved. The fortunate young people of today, living an artificial life in cities, drinking safe water, sufficiently fed, breathing unpolluted air find it hard to imagine different conditions.

Still when the cheering has died down, we find many reasons why we should not rest on our laurels. In 1966 we had an epidemic of whooping cough, with 337 reported cases, one of chicken pox with 322 cases, 71 cases of pulmonary tuberculosis, 29 cases of other form of tuberculosis, 23 cases of measles, 6 cases of diphtheria, 19 cases of typhoid and 6 deaths from tetanus. The continued limited existence of leprosy is a persistent challenge to our profession. Caused by a bacterium still practically not cultivable, transmitted by means which are mostly conjectural, this illness still defies us.

It seems to us the time has come to revise some, at least, of our health legislation. The Medical and Health department wisely spends a great deal of time, energy and money in persuading the public to accept vaccination against diphtheria, whooping cough, tetanus, tuberculosis and poliomyelitis. These things are done and go on being done in the schools, in clinics, mobile or fixed, and in various ways to an extent which is not known by and would probably surprise the ordinary medical man. We are glad to find the Health department is bold and *avant garde* enough to use B.C.G. as a prophylactic against leprosy, but it is strangely true that the only illness against which vaccination is still legally compulsory is the exotic and uncommon smallpox. This is probably still a good thing (though the age at which it is done could bear reconsidering) but why should compulsion not be extended to all the diseases which it is possible to prevent specifically? We hear of a highly disturbing proportion of refusals by parents to allow even such a thing as B.C.G. vaccination. Why should a society which rightly

condemns a parent who, being a member of some reactionary sect, would stop his child from receiving a life-saving blood transfusion allow other parents to deprive a child of a protection which also could be life-saving? And why, to put it at its lowest, should health departments have to fritter so much of their energy in persuasion when a legal enactment might put order where there is now a fair amount of confusion, put completeness where there are now so many deficiencies? We are positive that, given a certain preliminary amount of explanation, the present-day public would welcome such enactments and no government which has the courage and sense to push such proposals through would lose popularity more than momentarily.

Apart from the infectious diseases the general health of the community is good. Here, as elsewhere, we have the problem of lung cancer perhaps to some slightly less degree than elsewhere, smoking being rather less common with us (and very notably so, as far as women are concerned) than elsewhere. Here also there is an onus on the public health authorities to publicise the dangers of smoking and to do all in their power to stop it. It would be interesting to see whether we could succeed where far greater countries have failed.

One is not so sure how far the mental well-being of the people matches its physical health. These are things difficult to assess. We have the impression that ignorance and stupidity are far commoner than they should be. While almost every single individual seems to possess a sort of animal cunning which serves him to secure his own survival and to do his share in the survival of his species, egotism, crudity and bad manners are so common as to constitute a veritable epidemic of what one can only charitably consider as a disease. The time may come when such things are studied and treated as medical problems, but there will be no short cuts to success and no vaccine to remedy matters. It is a great pity that there are things in this world beyond the powers of microbiologists to deal with.