

access of light and air. The earlier cases I treated by an ointment containing carbolic acid, mercurial ointment, and vaseline; in the latest, that most valuable natural agent, lanolin, was employed as the vehicle; but in all, the surface being so limited, exclusion of air was attained by Seabury and Johnson's rubber plaster carefully adjusted.

ABSTRACT OF  
PRESIDENTIAL ADDRESS  
ON  
DISEASES PREVALENT IN MALTA.

*Delivered at the Annual Meeting of the Malta and Mediterranean Branch of the British Medical Association, November 19th, 1888.*

BY SURGEON-GENERAL JAMES SINCLAIR.

THE President's address explained the objects of the Association, and congratulated the profession in Malta on being admitted to membership. He acknowledged the energy and perseverance of the two honorary secretaries in establishing this local Branch on a fair footing, and predicted that if to their energy the members added unanimity, the Malta Branch would prove a success; and also pointed out the value of associative labour, and the usefulness of the JOURNAL in checking extravagances, redressing grievances, making known discoveries, and preventing abuses. He alluded to the status of the medical profession at home and in the colonies as a criterion of the public wish for sanitary progress, and impressed upon all the necessity of doing their utmost to raise its influence and authority.

He thanked the army and navy for the large contingent of members they had supplied to the local Branch, and acknowledged the support received from the profession in civil life. He trusted they would highly value the membership of so large and influential an Association, and expressed a hope that the Branch would receive many valuable papers on local subjects from them. He asked for an explanation of the very unusual cases of cerebro-spinal meningitis which occurred early last year in Gozo, just before the cholera appeared in Malta. Were they due to soil pollution, and consequent water contamination? He pointed out that the cases occurred in very cold weather, when the warmth of the shut up houses at night was likely to cause an indraught of ground air. What significance had these cases relatively to the subsequent outbreak of cholera? Doubtless they expressed the insanitary condition of the hamlet. Then the question of diphtheria, which was far too prevalent in Malta, called for attention. Its connection with faulty house drainage in some recent cases which came under the President's notice was referred to; and information was sought as to whether the throat disease of birds had any relation to the disease, particularly when rain water from the roof was used, which might be polluted with the excreta of pigeons, poultry, and other animals.

The great prevalence of hepatic affections in Malta was pointed out, not due to the high temperature and aridity of the summer months, for the admissions were as frequent in the winter, but believed to be parasitic, and due to food. Professor Maclean, at Netley, had pointed out that cases of echinococcus of the liver were more frequent in men from Mediterranean stations than from others. He cited the history of Iceland as a warning to Malta in this respect.

The great subject of cattle plague, which has prevailed here lately, and the serious consequences to the human race of consuming pneumonic or typhoid beef, was a matter of anxious personal interest to all.

Several recent epidemics of milk poisoning among the soldiers was referred to, and the food of the goats and cows exonerated; in one case pus from the teats and udders entering the milk was supposed to be the cause, in another the poisonous symptoms seemed to be due to ptomaines.

The continued fever of Malta had been well worked out of late years, and its distinction from enteric with ulceration of Peyer's glands clearly demonstrated, both at the bedside and in the mortuary. The long duration, the small mortality, the tedious convalescence, the absence of bowel complaints or spots, the arthritic

sequelæ, the liability to relapse, and the persistent anæmia, all marked this fever as a distinct form, not recognised in the present nomenclature. Dr. Bruce had made the subject peculiarly his own, had demonstrated the "micrococcus" in all fatal cases, and would perhaps be able to explain why this fever was quite as prevalent now as before the completion of the drainage and water-works. Anyone who had watched a case of Malta continued fever from its commencement to its end or convalescence must be satisfied it was neither enteric nor malarial, but from its course, which was very prolonged, the condition of the spleen, which was always enlarged, and the anæmia which resulted and which was gradually established, it seemed, in the opinion of some, to be allied to "pernicious anæmia;" the state of the spleen showed that much blood metabolism had taken place there, and the high temperature and long convalescence showed that the thermogenic functions were gravely disturbed; hence the anæmia was all the more marked. In 1884 the troops had 770 cases of fever, of which 23 died; in 1885, 1,082 cases, of which 35 died; in 1886, 813 cases, of which 11 died; and in 1887, 630 cases, of which 17 died. This meant a large amount of suffering, inefficiency, and expense. The average strength was 4,868 during these five years.

The recorded facts of the 1887 cholera epidemic in Malta were reviewed. No new light had been thrown on its origin, mode of introduction, or propagation; no priest, nurse, or doctor contracted the disease or carried it to others, and it was as little infectious there as in India. There were 626 cases, 462 deaths, 164 recoveries; two-thirds of the cases were fatal in twenty-four hours, and the stage of collapse was the most fatal. The troops in infected localities enjoyed perfect immunity because pains were taken to secure to them pure air to breathe, pure water to drink, pure soil, good food, and easy work, as suggested by the Sanitary Commissioners of 1865.

There was no disease so manageable as cholera; cleanliness and pure air frustrated it. Wherever the disease prevailed there was polluted air, polluted water, or polluted soil. He supported the views of Simon and Seaton, who admitted "the specific causation of the disease, yet pointed out that the agent is not so much a poison in itself as a test of the amount of poison already existing in soil, water, and air. When these are pure, the immigration of any number of persons affected with cholera would fail to set up an epidemic."

The attention of the civil medical practitioners was then invited to the great infant mortality of Malta. Several causes were suggested for this fearful waste of human life, as improper food, inattention, ignorance, hereditary disease, marriages among near relations producing degeneration of race, tending to early death of children. The death-rate among children was also alluded to as a very sensitive test of the insanitary condition of the locality. Sanitary instruction should be given in schools. Inquests should be frequent, negligence punished, and crèches established.

Attention was invited to the faulty construction of dwellings, the nuisances existing in villages, the overcrowding of the five fortified cities, the pollution of the land-locked and tideless harbours with sewage, and to other local insanitary conditions. Sanitary Acts should be compulsory in the interests of the community at large, and it should not be in the power of obstructive members of council to procrastinate the execution of hygienic improvements.

He predicted that zymotic diseases would soon become things of the past. The age of our forefathers had disappeared, so had the plague; small-pox was now easily managed; scurvy was merely a question of proper food; cleanliness and free air-currents frustrated cholera; hospital gangrene was unknown and puerperal fever rare.

The bacteriological experiments and water analyses of Surgeons Bruce and Caruana Scicluna were mentioned as deserving of praise, and they would no doubt be detailed later on by these gentlemen.

The rules for the conduct of business were laid down, the meeting thanked for their attention, and every success wished to the Malta and Mediterranean Branch of the British Medical Association.

CANARY ISLANDS.—The quarantine imposed at Lisbon on vessels from the Canary Islands has been removed, except as regards Palma, the island 150 miles westward of the group, where the sickness occurred. The mail steamers of the Castle Line have commenced to call at Grand Canary on both voyages.