Hydatid disease is common. Faust (1961) states that the liver is most frequently involved and that on the basis of statistics compiled by various authors, muscles are invaded in only 0.7 to 9.1 per cent of cases. He goes on to say that usually there is no clinical evidence of invasion of muscle unless the individual cysts rupture forcing out the scolecies and causing a large number of daughter cysts to form.

Professor A. W. Woodruff (1968) of the London School of Hygiene and Tropical Medicine stated: "I have not personally come across hydatid cysts in this situation (Rectus muscle), but in the Australian Register of Hydatid Disease virtually all organs of the body were found to have been invaded in at least one case. A point of importance is that the liver is the organ most frequently invaded and it has been found that if a cyst is present in some part of the body other than the liver there almost invariably is a cyst in the liver as well." Professor Woodruff would not, however, personally recommend that such a hepatic cyst be explored unless there were other definite untoward symptoms resulting from it.

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References


AN ENGLISH VISITOR TO THE HOLY INFIRMARY OF THE ORDER OF ST JOHN IN MALTA IN THE 17th CENTURY

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On the 13th March 1687 His Britannic Majesty's Ship Dragon, under the command of Captain Henry Killegrew, Commander-in-Chief of the Sally Squadron, entered Malta harbour. The ship was given pratique the same day and, after the customary exchanges of gun salutes, Captain Killegrew with his retinue proceeded to the Grand Master's Palace in Valletta in coaches and "calesses" placed at the disposal of the visitors by order of the Grand Master himself.

Among the party was the Clerk of Captain Killegrew, Mr. G. Wood, who recorded his impressions of Valletta in a journal of the Dragon's voyage from Deptford to the Mediterranean during the years 1686-89 (Ms. ADD 19. 306, British Museum). He fell "mightily in love" with Valletta both for its "stateliness" and for "being the most warlike place that ever my eyes saw". The bastions with their three hundred brass guns were not, however, the only features of the city that excited his wonder. He was equally captivated by the Holy Infirmary of the Order of St. John — "that being the place which we resolved first to see".
Other travellers had visited the Infirmary before the time of Wood. One recalls for instance, H. Megiser (1588), P. Davity (1615), G. Sandys (1615), De Thevenot (1655), John Ray (1664), D. O. Dapper (c. 1668), Henry Teonge (1675) and Edward Brown (1676). None of these, however, wrote in detail about the Infirmary; they only devoted short passages to the hospital to express in general terms their admiration for its administrative affairs or to marvel at the silver plate in which the patients were served.

In contrast with this poverty of information Wood reveals a clear picture of the number of the Infirmary wards, their relative location, their bed complement and type of bedding, and the courtyards and gardens. He is unique in describing its culinary arrangement and the hustle and bustle that enlivened its kitchen.

The original edifice of the Holy Infirmary dates from 1574 (Cassar, 1965a). On the 30th December, 1660, the Order decided to enlarge the “palace of the Infirmary”. The first stone of the new ward was laid on the 21st June, 1662, the work being completed four years later. Some rooms for “contagious” illnesses were added in 1679 (Ms. 279, Royal Malta Library) and further extensions were carried out in 1712.

Plans and elevations of various buildings erected by the Knights of St. John are extant but none pertaining to the Holy Infirmary have been traced (Critien, 1948). Two woodcuts purporting to represent the interior of a ward in the Infirmary were published in 1588 and 1650. Though they may convey the general atmosphere of the place, they are more imaginative than precise and realistic. In that of 1588, for instance, the ceiling is shown as being arched while in reality it is flat and supported on wooden beams. Inevitably, therefore, one has to rely on textual rather than pictorial evidence to visualise the interior of the Infirmary building in the 16th and 17th centuries (Statuta Hospitalis Hierusalem, 1588; Von Osterhausen, 1650). The importance of Wood’s account of the Infirmary, therefore, stems from the fact that it (a) makes good the lack of early plans and pictorial records of its interior and (b) ranks as the earliest detailed description to come down to us. As far as I am aware Wood’s manuscript has never been published; it has, therefore, been considered worthwhile to record in print those parts of it dealing with the Holy Infirmary.

Wood was shown round the building by a priest from Valletta. By the hospital gate “there is an apothecary shop to the street, very well furnished, that belongs to it and within the gate there is (sic) several apartments for the physicians and other officers”. Having passed through the gate, they entered a square court in the middle of which was a garden planted with orange and lemon trees. They then descended by thirty steps into another court which also had a garden “full of orange and lemon trees having on them plenty of fruit both pleasant to the eye and very comfortable to the sick people that lie in wards and rooms all round the court the sweet and fragrant smell thereof coming fresh into every one of the wards.”

They proceeded to the first ward in which Wood counted one hundred and thirty beds each one with curtains and valances, the latter bearing a “St. George’s Cross” at the foot of each bed. Very likely Wood is here misrepresenting the emblem. He may be confusing St. George’s Cross (red cross over a white field) with the coat-of-arms of the Order of St. John (white cross on a red field).

The heads of the beds stood in regular order against the wall on both sides of the ward. The beds were all of the same size and were placed about four feet distant from one another while between the two rows of beds there was “so much distance in the ward that twelve men could walk abreast with ease.” All the beds were neatly furnished with clean linen and bolsters, rugs and blankets. At the foot of each bed was a stool “with a napkin spread upon it, neat and clean upon which is set a loaf of bread much about the bigness of a half penny wheaten loaf.” The floor was laid with large slabs of freestone. In the middle of the ward stood a “rich, stately altar” where the priests of the hospital prayed daily for the sick and when
occasion arose administered the sacraments to the patients.

This ward was reserved for "decayed" knights and the "better sort of the inhabitants" who were attended to by physicians and nurses. Though there were many patients, the atmosphere was "pleasant, sweet and clean". The sick were served in plate by the knights.

From this ward Wood ascended a pair of stairs to a second one which was of the same breadth and similarly paved as the previous one. It had twenty beds for patients suffering from "fluxes". The bedding was not as refined as in the first ward but the sick were served in plate by the knights.

The third ward adjoined the second one and was of the same width. It had twenty-six beds ranged along the walls and another fourteen beds in the middle "standing endways by two and two together the length of the ward" there being so much distance between the beds along the walls and those in the middle row that three men could freely walk abreast. This ward housed the "common sort of sick and wounded people" who were all served in plate by the knights but whose beds though "furnished very handsomely" had no curtains and no valances. Here Wood saw a dead man being laid out on one of the beds and then sewed up in a shroud of clean linen. On another bed was an old moribund patient surrounded by several of his relatives and friends "in a very decent and comely manner".

The fourth and last ward was at a lower level. It was of the same breadth as the first ward but longer. The floor was similarly paved. It contained one hundred and thirty-four trestle-beds furnished with clear but coarse linen for sick galley-slaves. Inspite of the great number of beds, the ward was kept so "clean and sweet that there was not the least noysome smell to be felt in it".

The slaves received their food in pewter vessels from the knights who showed "equal charity and good nature as much to those poor slaves as to any of the rest"; the same care and diligence being likewise shown to the sick both by the physicians and by the nurses.

The last part to be visited was the kitchen which adjoined the slaves' ward. "There we saw the cooks at work", says Wood, "mighty busy dressing victuals" and the knights whose turn it was to attend the sick "hastening the cooks to get the victuals ready". Although it was during Lent there were many fowls and other kinds of meat. There were many basins, plates and dishes some of which were "very large being all plate in excellent good order and well kept".

Wood thus sums up his opinion of the Holy Infirmary of Valletta: "I may truly say I never saw so fine nor so cleanly a hospital in all my life".

Other visitors saw the Infirmary after Wood. Among those who recorded their impressions were Sieur Du Mont (1690) and D. G. F. Gemelli (1693) but one had to wait another century for a more detailed — if less flattering — account of the Infirmary than that of Wood. It came from the pen of another Englishman — John Howard (1789) — who visited the hospital in 1786 while on a tour of the lazarettos, hospitals and prisons of Europe.

Not much remains of the Holy Infirmary today as it was extensively destroyed during World War II. Its age of splendour faded long ago but it never knew such a period of neglect and dereliction as it has experienced during the last twenty-five years. It is now but a spectre of its former self and it is only by tilting back the hour glass and accompanying Wood on his tour of its interior that we are able to restore that edifice to the atmosphere of the days of its former glory.

References

COMMENTARY ON THE FIRST HUNDRED CASES SEEN AT THE MOSTA DIABETES CLINIC

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This modern clinic, situated in the Civic Centre of Mosta, is an offshoot of the six year old one at the Out Patient Department of St. Luke's Hospital; the Medical and Health Department and the Order of St. John have been jointly responsible for staffing and equipping it.

The patients attending mainly come from the northwesterly part of Malta but the clinic is open to all. Attendance and laboratory tests are free to all but free drugs are given only to non-paying patients as assessed by the Social Welfare Office. Patients are referred to the clinic by the family doctor and, after the severity of their condition is ascertained, advice is given and the necessary treatment prescribed. A total of 55 were new cases while 45 were transfers from the St. Luke's clinic.

The median age of patients attending is 62 with ages ranging from 78 to 21 years. Female patients outnumber males in the ratio of 3:1.

Diabetes has been confirmed in 97 cases using as criterion the W.H.O. standard of a two hour blood sugar above 140mgs%. It may be helpful to mention that the blood sugar test reagents being used at the clinic are specific for glucose only (Boehringer Biochemia TCM I).

Only 12 patients were normal in weight; of the rest, there were 32 with 30% overweight, 26 with 20%, and 30 with 10%. Thus the type of diabetes commonly met with is the maturity onset type and this fact coupled along with the careless attitude many old patients assumed in treating the illness explains the high incidence of arterial complications encountered.

How did the majority of our patients discover their illness? A total of 72 presented their doctor with the diagnosis for they already had had their urine tested and reducing substances had been found therein. A total of 24 visited their doctor for such trivialities as headache, listlessness or a cellulitic phalanx that resisted hot bath treatment and, during the physical examination, glycosuria was discovered. There were 3 patients who were pregnant at the time the doctor found a reducing substance in the urine. Only one, the 21 year old, suffered from ketotic coma.

Heredity is important in determining the incidence of diabetes. Only 22 patients said they had no relative suffering from glycosuria, but again in this rural area the parents of our old patients may have suffered from undetected glycosuria prior to dying from such common causes as apoplexy or heart failure. The other 88 admitted they had a diabetic relative (39 a dia-