

# Women: Pregnancy and Childbirth in Gozo 1867-1914<sup>1</sup>

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## Introduction

Most of the *Registers of Admissions and Discharges in the Lying-in-Wards* of the Victoria Hospital give insightful details about the women that were admitted to the Victoria Hospital. The information provided in the registered records included; (i) the social particulars of the women; (ii) any physical conditions and/or issues; (iii) the result and forms of treatment during and after delivery; and (iv) the health conditions on their dismissal from hospital.

The data clearly indicated the transition both in the way of living and also in the mentality of the Gozitan women with regards to health. Women were increasingly aware of the benefits provided by modern medicine and health care and sought professional help in hospital when needed.

## The Role of Women in Gozitan Society

The role of women within the family experienced a change during the period under review. During the first decades of the 19<sup>th</sup> century, many women were employed either as weavers or spinners, beaters and dyers of cotton in their residence or in small manufacturing factories. The decline of the cotton industry in the Maltese Islands resulted in a severe decline in female employment in the same industry (Chircop, 1997:55). According to Prof. J. Chircop this situation led to an “intensified sexual division of labour” (Chircop, 1997:55), where the economic sectors started to be filled with male workers, whilst the females, previously employed in the cotton industry, were now bound to domestic and reproductive responsibilities. Although in the villages women still helped with the fieldwork, during the early 20<sup>th</sup> century

all previous manufacturing activities came to an end (Chircop, 1997:55). Thus women gradually became more home orientated, whilst the father, the *paterfamilias*, the head of the household, became the breadwinner (Chircop, 1993:chapter 2).

This transition can be clearly seen from the occupations of both men and women as recorded in the registers. During May of 1867 and May of 1872, 98 women were admitted to the Victoria Hospital. Out of these 66 were *Lavoratrice di Merletto* (lace maker), 23 *Filatrice* (cotton spinner), 3 were *Bracciante Agraria* (agrarian labourer), 2 *Mammanna* (Midwife), 1 *Lavoratrice di Cucina* (kitchen helper), 1 *Mendicante* (beggar), 1 *Sigarriera* (tobacco maker) and 1 *Tesatrice* (weaver). On the other hand, 46 men worked as agrarian labourers, 7 were registered with an unknown occupation, 5 were fishermen and 4 were carpenters where several others worked in various trades such as shoemaker, sailor or fishmonger.

During the period in question, Malta was still predominantly an agrarian society, especially in Gozo where “agriculture [was] by far the oldest and chief occupation of the Island” (Bezzina, 1985:66). Being an agrarian labourer was the most common occupation for the poor in rural areas at the time (Frendo, 1988:187). Before 1842, these labourers earned £0.033 daily and by 1864 they were paid £0.125. On the other hand, female agrarian labourers earned £0.017 to £0.037 daily and children earned nearly £0.006 a day (Bezzina, 1985:69-70). As such, a family of a field labourer including the father, mother and an average of five children earned about £5 yearly. Farmers who managed their own land were a little better off (Bezzina, 1985:69-70).

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<sup>1</sup> This article, is based on the B.A. (Hons) dissertation (2008) by the present author. The research was conducted from the voluminous registers of Admissions and Discharge in the lying-in-wards of the Victoria Hospital, Gozo. It covers the periods 27 May 1867 to 30 May 1872 and 1 January 1910 to 29 December 1914.

There was an increase of 225 women admitted to the Victoria Hospital between 1910 and 1914. Of these women, 267 were registered as housewives, 53 lace makers, 1 servant and 2 of unknown occupation. The majority of the husbands, however, were labourers amounting to 263, and 22 engaged as fishermen.

### Home Versus Hospital

The registers under review clearly illustrated that the Gozitan mothers who opted to give birth in hospital were still very poor. From the 98 pregnant women admitted during the years 1867-1872, 95 were registered as Povera (poor) and in 1868 there were 3 women registered as Pensionista (pensioners). In the registers, pensioners referred to women who received some sort of social benefits.

Furthermore during the years 1910 and 1914, 37 patients were registered as 'paupers'. A pauper was considered a person who was in an impoverished situation. 11 paupers came from both Victoria and Kala (Qala), followed by 5 from Caccia (Xagħra), 3 from Nadur, 2 from Xeuchia (Xewkija), and 5 from Għasri, Kerċem, Malta, Munxjar and Żebbuġ respectively. 275 women were registered as poor, 4 patients were on payment of -/2p.d. and 7 of unknown financial status.

Thus the results revealed that the majority of women using the hospital for delivery were poor and destitute (Savona-Ventura, 1997:96). Moreover, giving birth in hospital was looked down upon. It was only meant for the very lower class of people (Galley, 1993:31) and those who required medical attention due to complications.

Upon further examination of the Victoria Hospital registers, one notes that there were various factors which led these women to use the state hospital in order to give birth. During the period 1867 to 1872, the District Medical Officers (DMO) sent 83 pregnant women to hospital, one case was transferred from the medical wards within the same hospital, and 14 pregnant women went on

their own free will (self-admitted). On analysing the years between 1910 and 1914, there was an increase in the number of women sent to hospital for further examination by the DMO, with a total of 311 pregnant women. The reason why there was an increase in the number of pregnant women being admitted by the DMO is not clear, yet "hospital confinement was a rarity and usually reserved for necessitous women or difficult cases" (Savona-Ventura, 1997:1).

It must be pointed out that most of the labouring classes were traditionally afraid of the hospital (Bezzina, 1985:79). Indeed the majority of Gozitan women, like their Maltese counterparts, delivered at home.<sup>2</sup> Pregnant women found it more comfortable to give birth at home. Such practice can be noted in local home architecture. The *alkova* was a niche big enough to place the mother's bed in



The *alkova*

<sup>2</sup> Census of Malta and Gozo 1871 [registered a population in Gozo of 17,391 out of which 3,083 were wives. Comparing the data of the Lying-in-Wards registers of the period 1867-1872 there were only 98 women admitted to hospital. Therefore the women admitted to hospital for delivery were in minority compared to the overall number of wives in Gozo during that period].

it, while giving the possibility of hanging a curtain for privacy whilst giving birth with the help of the *qabla* (midwife) (Lanfranco, 2001:145).

### The *Qabla* (Midwife)

The popular performance of having a baby at home was also confirmed by medical books written by Maltese doctors, instructing midwives on how to assist a pregnant woman at her home.

A book written in Maltese by Professor S. L. Pisani in 1883, entitled *Ktieb il Qabla* (book for midwives), provided midwives with knowledge about the foetus, its conception and development, the physical state of the mother, problems that might occur during pregnancy and childbirth. The book instructed the midwife, upon arrival at the house of the *gravida* (pregnant woman), to check in which stage of pregnancy the woman was, prepare the bed upon which the delivery was to take place and check whether she had all the necessary things to assist both mother and child. After the child was born she had to give due care to the woman and the baby (Pisani, 1883:66).

Assisting the *qabla* was yet another home-based ‘tool’ called *Sijju* or according to Agius de Soldanis *il-mambar* (De Soldanis, 2016:533), the birthing chair, which was believed to ease the birthing process. This chair looked like a normal chair with arms yet instead of the seat there was a semicircle



The *sijju*

on which the pregnant woman would sit. This chair was banned from usage in 1883, since it was found to possibly lead to health risks for both mother and child. However, sources indicate that it continued to be used. But from 1883 onwards midwives who were still to be found using the birthing chair were immediately suspended (Pisani, 1883:71). From that date onwards, those who did use the chair were those who did not call for the help of professional midwives and used traditional means of delivery through the help of unqualified midwives or relatives.

Following the successful delivery of the baby, the qualified midwife had to follow strict instructions as per new scientific methods and guidelines being adopted at the time under review. The *qabla* had to expel the placenta, cleanse the mother and allow her to rest. “The mother [was] not allowed to nurse the baby before at least eight hours after the confinement so as to allow her sufficient time to rest” (Pisani, 1883:71). Attention then was turned to the newborn as the midwife had to examine the baby for any ailments or deformity, clean and dress him and let him rest.

The qualified midwife who aided delivery at home was generally paid in money not in kind (Savona-Ventura, 1997:88) (Borg, 2000:420). However, when it came to the traditional *qabla*, a non-qualified helper, reciprocal assistance played a very important part as the midwife was usually either a relative of the woman giving birth or part of an extended family or neighbouring network (Borg, 2000:415). The trust that was shown towards these helpers was a fundamental factor which led to more women delivering at home rather than going in, what they considered and indeed at that time was, a dull place like the state hospital (Bezzina, 1985:79). As such, women felt more secure at home with their loved ones rather than being confined in hospitals (Cassar, 2002:79) (Lanfranco, 2001:142).

### Location, Age and Marital Status

Tables 1a and 1b show the topographic distribution of the women admitted to hospital. One may note that the majority came from Rabato during the years 1867-1872, whilst during 1910-1914, most women were registered from Caccia (Xagħra).

Table 1a: Female admissions to give birth in the Victoria Hospital 1867-1872

	1867	1868	1869	1870	1871	1872	Total
Rabato	6	9	6	11	11	6	49
Caccia	4	5	2	1	2	3	17
Garbo					1		1
Għajnsielem		1		1			2
Kala		1					1
Kerċem		1	3		1		5
Munxjar							0
Nadur		1				1	2
San Lawrenz							0
Sannat	1	3	2	3	1	1	11
Xeuchia	2	1	2	1		1	7
Żebbuġ				1	1	1	3

Source: NAG, H1/03/01

Table 1b: Female admissions to give birth in the Victoria Hospital 1910-1914

	1910	1911	1912	1913	1914	Total
Victoria	12	8	14	6	12	52
Caccia	17	13	22	4	7	63
Garbo		1	2	1	2	6
Għajnsielem	5	2	3		1	11
Għasro	2	1	1		1	5
Kala	18	12	16	7	6	59
Kerċem	1	7	2	2	3	15
Malta	1		1		1	3
Munxjar	3					3
Nadur	16	16	15	3	8	47
San Lawrenz					1	1
Sannat	2	1			1	4
Santa Luċia					1	1
Xeuchia	7	6	6	6	10	35
Żebbuġ	1		5		1	7

Source: NAG, H1/03/06-07

An important characteristic which marked the female population using the Victoria Hospital for childbirth is age, with the majority being within childbearing age. Table 2 shows the age distribution of both the mothers that were admitted to hospital and the respective fathers. As one may

note, there was a shift in the age of women giving birth during 1910 – 1914 as represented below.

Table 2: Age distribution

	1867 - 1872		1910 - 1914	
	Fathers	Mothers	Fathers	Mothers
15-19 yrs	3 %	6 %	2 %	5 %
20-24 yrs	21 %	19 %	14 %	22 %
25-29 yrs	15 %	22 %	20 %	21 %
30-34 yrs	13 %	21 %	20 %	27 %
35-39 yrs	15 %	18 %	13 %	13 %
40-44 yrs	11 %	10 %	18 %	12 %
45-49 yrs	2 %	2 %	5 %	0 %
50-54 yrs	8 %		2 %	
55-59 yrs	1 %		0 %	
60+	2 %		1 %	
Unknown	7 %		5 %	

Source: NAG, H1/03/01-06-07

The above table shows that during the period 1910-1914, the majority of the women admitted to give birth in the Victoria Hospital were in their early thirties, unlike the period 1867-1872, which marked a majority of women admitted at the age of 25 to 29. What caused this transition is not clear, as more in-depth research is needed.

Between 1867 and 1872, 90% of those admitted to hospital were married, followed by 7% who were unmarried and 3% registered as widows. On the other hand between 1910 and 1914, 98% were married and 2% were unmarried.

Illegitimacy has always been an important issue when dealing with children. An illegitimate child was vulnerable in society especially in a closely-knit Gozitan village (Galley, 1993:141). These were seen as the “unwanted children”, born out of lust not love, and children who “ought not to have been born” (Teichman, 1982:7). The traditional views regarding illegitimate children were more economically based especially in the west (Teichman, 1982:8) where the child was seen as “a burden to the state and the taxpayer and, in all probability a misery to itself; in other words, a child with no legal claims on a breadwinning [male] parent” (Teichman, 1982:8).

For both periods under study there were 14 illegitimate cases born in the Victoria Hospital. The average age of the unmarried mothers throughout the 10 year period was 24 years of age, the youngest one being a 16-year-old. From these 14, 5 came from Malta (Birchircara, Żabbar, Mosta, Rabato Notabile and Valletta); the others came from Gozo with 2 from Rabato and Nadur, 1 from Kala (Qala), 1 from Għajnsielem, 1 from Żebbuġ, 1 from Garbo (Għarb) and 1 from Caccia (Xagħra). The fact that the majority were Maltese confirms the popular belief that Gozo was a hiding place where unmarried pregnant women from Malta came on their own, away from their village community, to give birth without shaming their family's name (Teichman, 1982:119).

### Post-Partum

Following the delivery, full attention shifted to the baby. He or she was the most vulnerable and most prone to diseases and death. These health risks were even higher in babies born in poverty, in unexpected children, or when suffering from malformations and illnesses (Ciappara, 1988: 08). The birth registers indicate that male births were more common than female ones as shown in Figure 1.

In an article by Dr C. Cassar, it is noted that after the successful birth of the child and when the sex of the baby was made known, in the event of it being a boy, his nativity was held with more merry making than if it were a girl, more so if it was the couple's

first son (Cassar, 1985:108). Having a baby boy meant a contribution to the family's purse when he grew up and started to work (Zarb, 1998:129). A Maltese proverb sustains that “*Ħafna subien bsaten u t-tmien; ħafna bniet, ilaħħqu l-bicċiet*”, (many boys mean walking sticks and top hats; many girls get no further than the loom) (Aquilina, 1972:181). In addition “*Min għandu l-bniet għandu l-utied*”, (He who has got daughters, has got pegs). This meant that the more girls the father had, the more burden they were to all his family, since he had to provide a dowry for each daughter, thus if he was poor it would be difficult for him to pay for all the expenses (Aquilina, 1972:172-173).

Also both honour and prestige were considered important, especially in a traditionally closed society such as Malta (Zarb, 1998:129). The anxiety surrounding the birth of a female arose from the belief that girls were more apt to fall into dishonour or disgrace since girls were thought to be morally weak (Zarb, 1998:129). A woman who only delivered girls was not held in high esteem in the social consciousness of her neighbourhood (Zarb, 1998:131-132). All this reflects a Mediterranean culture. Indeed comparable scenarios regarding the joy of having a baby boy are found in other Mediterranean countries and in Arab Muslim societies. For example, in Morocco;

“As soon as the sex of the newborn infant is made known throughout the household, three ululations (*Żrarit*) are uttered, if it is a boy; but this is not the case with a girl. Her birth, however, is not

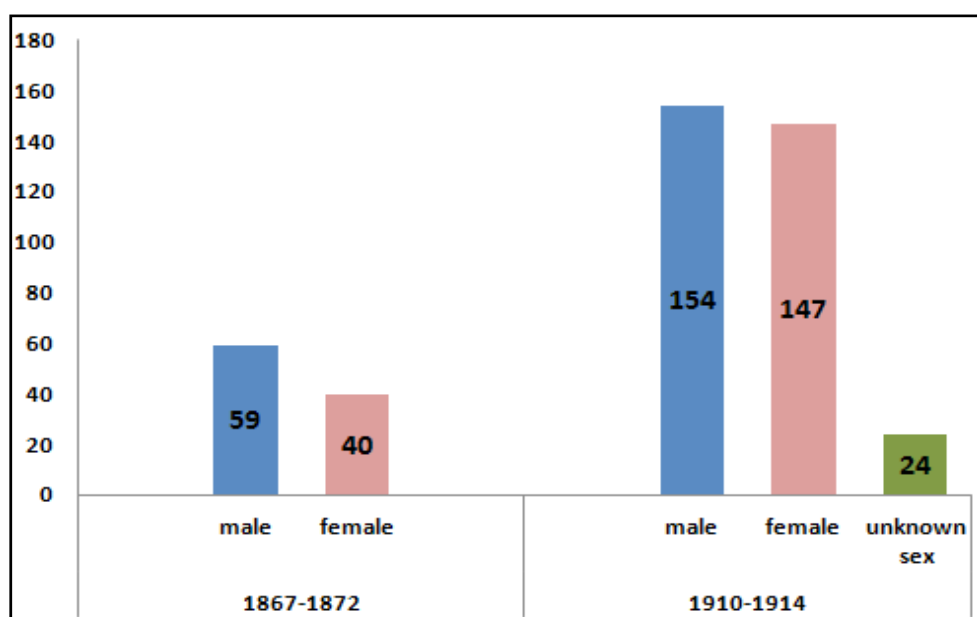


Figure 1. Birth by gender

unwelcome; the child is greeted with kind words of good augury, and a blessing is called down upon the parents” (Legey, 1935:127-128).

In most Arab cultures, an old woman was given great power within the family if throughout her life cycle she had delivered male children (Hourani, 1991:120). In nearby Sicily, the husband was congratulated with the words “Cu saluti e figghiu masculu!” (Good health and a baby boy!), if the new born was a boy, but simply “Cu saluti!” (Good health!) if the child happened to be a girl (Pullicino, 1992:224). In the Maltese Islands, the birth of a baby boy was met with merry making and music, hence the Maltese proverb “Meta jitwieled tifel sa jgibu l-banda”, (They even bring a band when a boy is born), (Zarb, 1998:129).

### **The Wet-Nurse**

As pointed out earlier, soon after birth the major concern was the well-being and nutrition of the defenceless newborn. The wet-nurse had an important role in the whole pregnancy and childbirth scenario. It was she who sometimes gave the first nutrition to the baby. Breast milk was strongly suggested and favoured (Savona-Ventura, 2004:46), yet certain health issues like mastitis, tuberculosis, heart problems, chronic kidney diseases, pulmonary fever and influenza (Bonnici, 1932:17) incurred by the mother following delivery made breastfeeding difficult if not impossible. At this point the mother had to find a substitute to suckle her child and such a person was called the wet-nurse (imreddgħa) (Galea, 1972:106). Breastfeeding a child by a stranger was much common (Galea, 1972:106). This popular practice was also recorded in the registers of the Victoria Hospital especially when it came to orphans or children of sickly mothers. On these occasions it was the duty of the wet-nurse to take care of the child as if it were her own (Savona-Ventura, 2004:37). Some not only were employed in hospitals or foundling homes (Kertzer, 1999:1) but many others were engaged as wet-nurses in the homes of both the wealthy and labour class (Galea, 1972:106-107).

Dr L. Manchè in his book entitled “It trobbija tat-tfal jiu tuissijiet għall ommijiet”, suggested that the wet-nurse was to be chosen before the

birth of the baby, so as not to make a hasty choice when the baby was born and when the mother was found to be unable to suckle her child. The book recommended that the doctor visits the wet-nurse to see if she was healthy and the parish priest must make sure she was honest and trustworthy (Manchè, 1907:20-21). When chosen, a wet-nurse had to be given adequate food, clothing and ample rest.

It was normal for the wet-nurse to come from the same neighbourhood as the mother and many, especially if they were unmarried mothers who had neither an occupation nor a place to stay, were offered such assistance as payment (Galea, 1972:106).

### **Healers, Herbalists and Alternative Medicine**

At a time when mainstream medicine was still a novelty, herbs were used to treat various illnesses; some proved successful and some not. However it is a matter of curiosity as to how people came to know about their qualities and their usage. Herbal medicine was very much requested and from past times it can be noted that;

“Women have always been healers. They were the unlicensed doctors and anatomists of western history. They were abortionists, nurses and counsellors. They were pharmacists, cultivating healing herbs and exchanging the secrets of their uses. They were midwives, travelling from home to home and village to village, barred from books and lectures, learning from neighbor to neighbor and mother to daughter. They were called ‘wise women’ by the people, witches or charlatans by the authorities” (Ehrenreich & English, 1973:3).

In an interview conducted by the author in 2007, with a 69-year-old woman herbalist from Nadur, Gozo, when asked if herbal medicine was used in the past by pregnant women she stated:

‘Issa hej dik ma nistax ngħidlik fuqha għax ma nofx, nof li il hxejjix mhumiex tajbin meta il-mara tkun, ik, tkun tqila għax il-hxejjix imexxu u tiflef lit-tarbija.’ (Oh! Now I cannot tell you anything about that because I don’t know, I just know that herbs don’t do any good when

a woman is pregnant, because herbs act as diuretics and she loses the baby).

Ġorġ Pisani, in his book “Id-Duwa tal-Madalena” maintained that some herbs were used to halt the pregnancy, resulting in an induced abortion. The ‘deadly’ herbs/plants included ergot, pennyroyal, white horehound, parsley, oregano, chamomile, feverfew and rye grain. These taken in specific doses and in specific ways stimulated the menstrual flow, thus leading to the loss of the baby (Pisani, 2000:6-17). Pennyroyal was prepared as an infusion and taken as hot as possible; some women drank the infusion in a hot bath. Only four cups were to be consumed per day and for no more than five days. This was considered sufficient to induce menstruation (Weed, 1986:8).

Apart from treating or preventing illness, herbs and plants were used when cosmetic products were still unknown. A practice that was used in order to wean the baby was by using aloe vera, in Maltese “sabbara”. Juice extracts from the aloe plant were used as ointment on the mother’s breast and its bitter taste led the baby to refuse breastfeeding (Lanfranco, 2001:155). This method for weaning was also used in the nearby island of Sicily (Manchè, 1907:36).



Some of the plants and herbs used in medicine

Furthermore in their booklets, Dr Borg, Dr Bonnici and Dr Manchè made reference to the usage of the opium poppy, in Maltese “xahxieh”. Some mothers used this opium to cause drowsiness in their children when they could not fall asleep. The opium poppy was boiled and its juice was given to the child for drinking (Borg, 1911: 18). Dr Manchè stated that the excess use of opium caused brain damage especially in children who were most susceptible to such ailment. He emphasised that the police should have obstructed the popular usage and selling of such a substance, since it was extremely dangerous and against the law (Manchè, 1907:194).

Throughout their first months and years, babies are faced with teething problems. During a painful tooth eruption children were given the malva sylvestris, in Maltese “hubbejza” (Boffa, 2005:34), a plant credited for its healing properties. Our ancestors made use of both the leaves and the flowers of this medicinal plant and, apart from relieving dental pain, it was also used to calm the nerves and procure easy breathing during a cold or coughs. Furthermore it was also used as poultice in Maltese “ġbara” for inflamed skin, and was used with honey to alleviate stomach pains (Lanfranco, 2001:194).

## Conclusion

The gradual advancements in education and social conditions in the Maltese Islands led to progress in the medical sphere and in hospital facilities.

Nowadays, people no longer fear such institutions but take advantage of public health establishments. Even more significant is the fact that pregnant women are generally confident in giving birth away from home, away from their mother and the traditional midwife. They rely on the qualified midwife and graduate obstetrician, breaking the ties with the vestiges of the “qabla”, the “alcova” and the “sijju”.

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