

the action of mechanical laxatives which retain moisture within their substance. My experience of patients who take salines is that they have numerous minor ailments, particularly colonic flatulence, mild colicky pains, nervous irritability, and a liability to purgation followed by constipation. I have suggested bran as an alternative to thirty patients who were taking salines for habitual constipation. The fact that none of these patients have returned to regular salines, and only a few take an occasional "dose," is to my mind strong clinical evidence against the saline method.—I am, etc.,

Broxbourne, June 14.

E. M. DIMOCK.

Health Problems in Malta

SIR,—In your issue of June 5 (p. 1179) Dr. G. Arbour Stephens raised the problem of the high mortality rate among the infants and children in Malta, which he attributes "to defects of feeding caused by an insufficiency of good milk and fresh vegetables."

May I point out from the start that the problem is a much more complicated and difficult one to solve? Among the factors responsible the following should be remembered: (1) the overcrowding caused by a population of 2,434 persons per square mile; (2) the high birth rate of nearly 34 per 1,000; (3) the inclement weather during hot rainless summers which exceed four months in duration; and (4) the limited economic resources, which entail a low standard of living among the poorer classes. Many mothers lack a good education, but it is always difficult for them to pay enough attention to their infants when they must cater as well for a family of six or seven other children with only their husbands' very limited earnings.

There is also the problem of proper feeding. Goat's milk is not used for infants on such a large scale as might be supposed; and if it were it might be preferable to many of the cheap artificial milks actually on the market.—I am, etc.,

Floriana, Malta, June 10.

WALTER GANADO.

SIR,—I read with particular interest the letter of Dr. G. Arbour Stephens dealing with infant mortality in Malta, in which he attributes the high mortality rate among children to lack of vitamin B in their diet. As a local medical man who has had the opportunity to study the question on the spot, I beg to differ. Of course, lack of vitamin B in foodstuffs and bad nutrition in general, both in the pregnant mother and in the child, play a part, and a good one at that, in bringing about that appalling death rate which reflects so badly on our sanitation; but this is only a contributory cause. The real cause of infant mortality in Malta is overpopulation; all other causes (bad feeding, uncleanliness, infections, etc.) follow in its wake and help to increase its ravages. Malta is a small island with the densest population in Europe, and a birth rate which surpasses by far that of any other country, and is out of proportion to our economic wealth. Our birth rate, which needs no alleviation of taxes and distribution of prizes to be encouraged, as is done in other countries, is very high and alarming; only the usual indifference of the British Government and the fatalistic attitude of our own are not alarmed.

High infant mortality follows invariably overcrowding. If the high birth rate was common among the well-to-do, or at least distributed equally among all classes of the population, the infant morbidity and mortality would not be so great; but it is generally more marked among the lower classes, who seem to be unable to understand the responsibility in begetting a child, and are incapable, both

morally and economically, of rearing large families. Usually young people of the lower classes and in the rural districts get married too early, with the result that at the end of their period of fertility they can claim an average of fifteen to twenty children between dead and alive. They have to house, feed, clothe, etc., all this family on an average of 4s. per working day. They have no hobbies and can afford no entertainments; their only enjoyment in life is sexual intercourse, which they practise without any moderation and without any thought for their future children. The natural consequence of this state of affairs is that after a few years of married life the mother has to look after six to eight children and the father has to pay for their needs. Generally they both fail in their duties; the mother, occupied in her housework, leaves her infants in the custody of the elder children; while the father, having spent long hours to earn his pitiful wage, has hardly any energy left for extra work to meet the demands put on him by his large family. Hence neglect of infants, malnutrition, lowered vitality, infections, and death.

From the above it is clear that fresh vegetables will not solve Malta's problem of infant mortality, nor will any amount of artificial sanitation do it. In my opinion Malta is unable to rear the number of children that are born on it. So long as the birth rate remains so high, so long will our infant mortality beat all records in Europe.

This is our diagnosis. What about the treatment? Reduction in our birth rate. How? Birth control is out of the question, as we Roman Catholics consider it anathema. The best thing that could be done is to dissuade young people from marrying early, bringing before their eyes the great responsibility they take in doing so, and to persuade married couples with yearly offspring to periods of sexual abstinence, or at least the practice of the safe period. Besides, some social legislation to help the lower classes, some increase in wages where and when possible, and above all emigration, will help. This last question, emigration, should concern the British Government. We are not expecting from London any help in finance or fresh vegetables, but with a little good will a lot could be done in finding an outlet for our surplus population and in helping us solve our problem of infant mortality, which is a serious blot both on the home Government and on the fair name of this little isle.—I am, etc.,

Valetta, Malta, June 17.

JOS. BONNICI.

Angina Innocens

SIR,—Submammary tenderness is common enough, especially in middle-aged women with a tendency towards obesity. Most people pay no attention to it; only in nervous subjects does it lead to pain, and the severity of the pain bears a strict relationship to the anxiety and the sensitiveness of the patient. The site of the tenderness is in the chest wall. The cause is uncertain, although in many cases a thickening of the subcutaneous tissues may be felt, and rapid relief can usually be obtained by massage following the removal of any septic focus. Pain is likely to be noticed on exertion owing to the increased movements of the chest and the enhanced activity of the intercostal muscles. Although the position of submammary pain makes it easy to differentiate from angina, difficulties may arise when the pain is felt and the tenderness is found in the third and fourth intercostal spaces immediately to the left of the sternum. This pain and tenderness has been ascribed by Briscoe (*Lancet*, 1927, **1**, 855) to misuse of the triangularis sterni. A comparable tender-