THE HEALTH AND SOCIAL SERVICES OF CYPRUS

BY

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"You are welcome, Sir, to Cyprus."—Othello, Act IV, Scene 1.

Now that Cyprus is once again assuming the strategic importance that Disraeli first saw for it in 1878, it may be of interest to study the present state of the health and social services of the island. To appreciate these fully, however, it is necessary to know something about the country’s background; its geography and climate, its history and its present administration.

GEOGRAPHY AND CLIMATE

Cyprus, a British Crown Colony, and the third largest island in the Mediterranean, lies about 240 miles north of Egypt, 60 miles west of Syria, 150 miles north-west of Israel and 40 miles south of Turkey. By the ancients, its shape was compared to an outstretched deer’s skin, with the Karpas peninsula as the tail. The area is 3,572 square miles, less than half that of Wales, with a population of 524,000—approximately 80 per cent Greek, 18 per cent Turkish and 2 per cent Armenian, Maronite and others. The main towns are Nicosia,
the capital (population 47,000), Famagusta, which has the only enclosed harbour, Limassol, Larnaca, Paphos and Kyrenia.

For the most part the coast line is indented and rocky but interspersed are long sandy beaches. The north coast is bordered by a steep narrow belt of sandstone mountains, with an average height of 2,000 feet. In the south-west an extensive mountain range, covered with pine forest, dwarf oak, cypress and cedar, ends in the 6,400 feet peak of Mount Olympus, near Troodos. Between these ranges lies the broad fertile plain of Mesaoria, broken by occasional bare limestone escarpments.

The climate is sub-tropical. Winter on the plains is mild and invigorating with the temperature rarely falling below freezing-point, although the Troodos mountains are usually snow-bound for several weeks. In summer it is hot and dry on the plains, with temperatures rising to 110°F., while the humidity increases as the coast is approached. The rarer atmosphere of the hills inland, where the climate is equable and bracing, provides welcome relief. The rainy season lasts from November to March, the fall ranging from 14 inches in the plains to nearly 40 inches in the mountains, but there are relatively few days in the year when the sun does not shine.

HISTORY

The first recorded settlers around 3,700 B.C. were Stone Age people. Then under the name Alasia, Cyprus is recorded as one of the tributaries of the Pharaoh Thothmes III. After the Trojan wars, legendary heroes came to the island and founded settlements, bringing with them the Greek language and Olympian religion, while at Paphos the goddess Aphrodite first rose out of the Mediterranean. Assyrians, Egyptians and Persians all struggled in turn for Cyprus; in 58 B.C. the island became a Roman Province and was later converted to Christianity. On the partition of the Roman Empire, Cyprus came under the rule of Byzantium. After three centuries of Arab raiding, the island was occupied in 1191, by Richard Coeur de Lion while on his way to the Third Crusade. Cyprus then passed in turn to the Knights Templars; to Guy de Lusignan, who founded a three-hundred-year dynasty; to the Venetians in 1489, and, in 1571, to the Sultan of Turkey. The early rule of the Turks was popular as they liquidated the Latin Church and restored the Orthodox Archbishopric, in abeyance since 1275. Later the power of the Church so alarmed the Turks that in 1821 they executed the archbishop and bishops on the charge of conspiring with the insurgents of Greece, then struggling for independence. Nearly seven hundred years after Richard, the island returned to the administration of Britain, was annexed in 1914 and became a Crown Colony in 1925.

ADMINISTRATION

After the disturbances of 1931, due to the movement for union with Greece (Enosis), the Government was reconstituted without a Legislative Council and the legislative authority was entrusted to the Governor. The latter is
advised by the Executive Council, which comprises four ex officio members. In all the six district towns except Kyrenia, there is a resident District Commissioner, the local representative of the Government, who is responsible for supervising the work of municipalities and villages and for assisting and advising village commissions and municipal councils. In Kyrenia and the sub-district of Lefka there are resident Assistant Commissioners.

There are municipal corporations for the six big towns and for ten of the most important villages. Each corporation has an executive body composed of a mayor with from six to twelve councillors elected by a general vote of the population over twenty-one. The proportion of Greek to Turkish councillors is, as far as possible, the same as the proportion of Greek to Turkish inhabitants in the municipality. In addition to the municipal councils, the towns have in each quarter (suburb) a village commission with powers and duties similar to those in the larger villages. Municipal councils have a status roughly comparable with those in the United Kingdom. They do not, however, make any contribution to the maintenance of police. They are responsible for conservancy and the preservation of public health and safety within the municipal limits. They contribute with the Government towards the cost of such social welfare schemes as developing land for public utility or recreational purposes.

The affairs of the villages, which number 617 (excluding the ten rural municipalities), are managed by village commissions appointed by the Governor. Each village commission consists of a mukhtar (headman), who acts as president, and four azas (elders). In villages with a mixed population of Greeks and Turks a separate commission is appointed for each community when it numbers thirty or more. For the first time anywhere on the island a British mukhtar was elected to represent the interests of the British expatriates in Kyrenia at the end of 1955. The work of the mukhtar, assisted by the azas, is to keep the peace, and, as the local representative of the Government, to carry out local administration, such as registering births and deaths, issuing certificates of ownership of animals, conducting sales of immovable property in execution of judgment or mortgage debts, supervising rural constables (appointed for the protection of crops and animals) supervising and managing the village schools, subject to the directions of the Education Department, and assessing the ability of the inhabitants of the village to contribute towards them. (The salaries of the elementary school-teachers are paid by the Education Department).

In those villages (the majority) to which the Public Health (Villages) Law has been applied, village commissions have the additional task of authorising and supervising numerous works affecting public health, such as the erection of markets and slaughter-houses; the lighting, cleaning and watering of streets; the regulation of any trade or business injurious to public health; the protection of water supplies from contamination; and the imposition of fees and rates for carrying out such works.

Here are also forty-seven villages which have been declared “Improvement Areas” under the Villages (Administration and Improvement) Laws, 1950 and 1953. These are administered by boards composed partly of officials and partly
of representatives elected at village meetings. These boards have powers and duties approximating to those of municipal corporations, though without the municipalities' heavy overhead expenses.

Besides the village commissions, boards and councils already mentioned, each District has a District Council with the Commissioner of the District as chairman, and as members, the Judge of the Family Court (Evcaf) a representative of the Greek community, a clerk in the office of the Commissioner, and six other persons appointed by the Governor. These District Councils are advisory bodies consulted by the Commissioners on various questions affecting the rural population.

**PUBLIC HEALTH**

**General**

Cyprus is a healthy country and the Convention diseases are unknown. Since the malaria eradication campaign was brought to a successful conclusion in 1950, not a single case of primary malaria has been reported in the island. Only sporadic cases of the other insect-borne diseases such as tick-borne typhus, relapsing fever, leishmaniasis, sandfly fever and dengue occur. The incidence of chicken-pox, whooping-cough, measles and scarlet fever is similar to that in the United Kingdom, while only a dozen or so cases of acute anterior poliomyelitis are notified a year. Diphtheria, however, remains a potential source of danger despite the inoculation campaigns which have been organised. There is still some reluctance on the part of parents to bring their children for immunisation at a sufficiently early age and there was a sharp outbreak in the autumn of 1956. Hydatid disease is still prevalent, but the incidence of typhoid and paratyphoid shows a steady decline. Poisoning from snake bite is uncommon, though fatalities have been reported in young children and dogs. Common snakes are Vipera lebetina and Coluber jugularis, the non-poisonous black rat snake.

**Vital statistics**

Infant mortality has been reduced by four-fifths in the past twenty-five years; in the early 1930's the infant mortality rate was between 140 and 150, whereas today the figure is down to 30 (25.4 was the corresponding U.K. figure for 1954). The crude death rate also shows a striking decline. At the beginning of the 1930s it was 17 per thousand, today it is only 5 (11.3 in U.K.). This gives Cyprus one of the lowest death rates in the world. The birth rate remains relatively high at 25 (15.2 in U.K.), and the population, now 524,000, is expected to exceed the million mark by the end of the century.

**Environmental hygiene**

*Town and country planning.* Since the last census in 1946, considerable migration from the villages to the towns has taken place. Land speculation in most of the towns is forcing an uneconomic scatter of suburban development, although this has to some extent been held in check by the lack of water supplies.
The old commercial centres of the towns were never designed for modern traffic and their roads are mostly inadequate. The following figures of the rapid growth of motor traffic give some measure of the problem: in 1946 there were on the road 4,060 motor vehicles and in 1955, 23,473—i.e., one vehicle per 22 inhabitants. Incidentally, compulsory third party insurance was only enacted on 1st April, 1957. Until boom conditions arrived in Cyprus, most of the local authorities were not convinced of the need for regulating the location of incompatible land uses, small workshops, stores, shops and houses growing up cheek by jowl. With the present rapid development, the workshops have tended to develop into factories, small stores into warehouses and handicrafts into mechanised industries. During 1955 a bill was published providing for comprehensive Town and Country Planning. Diagnostic surveys are being carried out in the three main towns and the first Town Plan has been published.

**Water supplies.** Almost 80 per cent of villages in rural areas have piped supplies from deep wells. Those of Nicosia, Limassol, Ktima and Famagusta are the responsibility of Local Water Boards and are chlorinated, and although temporary shortages occur during the summer months the situation is a great improvement on that existing formerly with privately owned supplies.

**Urban sanitation.** There is no central sewerage system in any town, disposal being by septic tank or deep pit latrine. Refuse disposal is by tipping on land not far distant from the populated areas. The sewerage disposal plant for the Nicosia General Hospital and the Central Prison, the first in Cyprus, was completed in 1955 and is now functioning satisfactorily.

**Rural sanitation.** Slow but steady progress is being made in improving rural sanitation and in quite a number of villages each home has its own deep pit latrine.

**Nutrition and food hygiene.** Over the last decade the feeding habits of the population have changed very markedly and the former staple Mediterranean diet, particularly in rural areas, of bread, olives, vegetables and cheese, with meat as an infrequent addition, is now approaching that of central and northern Europe, with a rise in consumption of meat and eggs, while tinned stuffs, including meat and fish, are readily available even in remote villages. Meat inspection is carried out in all municipal abattoirs and in slaughter-houses erected in all major villages. In smaller villages no inspection is carried out and there is a potential health risk. In 1955 the Milk (Special Designation) Regulation was enacted. There is now one dairy in the Limassol area with an in-bottle pasteurisation plant and two dairies elsewhere which have reached the “Certified” standard requiring the overlapping metal cap. The others are of varying standards. The dairy cows, chiefly Shorthorns, are kept mainly for town supplies and are largely stall fed. The milk from sheep and goats is used almost entirely for the production of cheese and *yaourhti*. As all imported cattle are subjected to quarantine and tubercular reactors are destroyed, there is no bovine tuberculosis or abortus fever in the island.
Curative Medical Services

General hospitals are maintained by the Government in all the principal towns, the Nicosia hospital being the specialist centre and its superintendent the A.D.M.S. (Hospitals); patients requiring neuro-surgery, major plastic surgery, and corneal grafts have been sent, since 1952, to the United Kingdom. New hospitals have recently been constructed at Limassol, Famagusta and Paphos. In addition there are two sanatoria, one in the hills (115 beds) and the other outside Nicosia (50 beds); a Home for the Disabled (elderly leper cases—12 beds) and an isolation hospital (now one of the detention camps). Also there are thirteen small rural hospitals, maintained by local subscriptions and government subsidy, situated in various village centres, while the Cyprus Mines Corporation at Pendaya and Cyprus Asbestos Mines Company at Amiandos have fully staffed and equipped hospitals for their employees. In all there are 628 general beds or approximately 1.2 per 1,000 head of population.

Government medical officers, working under a district medical officer, carry out both curative and preventative work at dispensaries located at eighteen rural centres, and from there carry out regular weekly or bi-weekly visits to sub-dispensaries within the area under their control. These officers maintain close liaison with those of other departments such as school-teachers, agricultural assistants, district inspectors and so on, and assist in co-ordinating the work of preventative and curative medicine. In addition, there is a chest clinic in each of the five principal towns, and in February, 1957, a start was made with offering B.C.G. immunisation to all school-children entering secondary school and persons particularly at risk—e.g., hospital staffs.

The cost of government treatment varies. To be seen as an out-patient by appointment costs 500 mils (10s.) ; without appointment, 250 mils (5s.); on a reduced medical charge certificate, 100 mils (2s.); and on a white certificate, nothing. A white certificate is granted by a mukhtar to persons on public assistance or earning less than 500 mils per day, while a reduced medical charge certificate is granted to those earning between 500 and 750 mils daily. As an in-patient the cost in a general ward for a white certificate is nothing, for a reduced medical charge certificate, 100 mils daily, and for a non-holder, subject to bed availability, 200 mils daily. There is in addition first and second class accommodation which costs respectively £1.500 mils and £0.750 mils daily with up to a similar amount in fees for medical treatment, while surgical charges vary according to the extent of the operation.

In addition to the government medical officers there are some 250 private practitioners working. Most of the doctors on the island are Greek Cypriots who qualified in Greece.

There are fifty-three private nursing homes functioning under licence. The size varies from three to four beds to fifty or more. Some of the larger ones are of excellent design with good surgical and radiological equipment, although satisfactory nursing staff is not always easy to obtain. In all, there are 726 private beds available. The charge for attendance is from 500 mils to two or three times this amount. The control of professional practice is vested in the Cyprus Medical
Council of which the Director of Medical Services is the chairman. The British Medical Association has a branch but only those with a United Kingdom qualification can join. Both the Greek Cypriots and the Turkish Cypriots have their own association.

**Preventative Services**

A full health inspector staff operates in both rural and urban areas, its members having been trained at the Health Inspectors School in Nicosia, which is recognised by the Royal Institute of Health. In the large municipal areas the sanitary work is the responsibility of the civic authorities, while the work in the smaller municipalities, rural areas and ports is undertaken by the Government under the over-all supervision of the A.D.M.S. (Public Health) and the Chief Health Inspector. In addition to the anti-typhoid and diphtheria immunisation campaigns, general improvement of the village sanitation, particularly in anti-fly measures, has been actively pursued.

Beside the training of health inspectors, the Medical Department is responsible for the training of nurses, health visitors, midwives, pharmacists, laboratory technicians and radiographers, and numerous undergraduate and post-graduate courses in the United Kingdom are available to departmental offices annually.

A health centre has been established in the Athienou area for nearly nine years. The unit with its main centres at Athienou and Lysi covers thirty-five villages and is staffed by two doctors, three health inspectors, a senior welfare officer with junior assistants, and six midwives. A mobile health unit operates in the Arminou area in Paphos District. Infant welfare centres, organised either by voluntary associations, municipalities or government, function in all the principal towns and many of the larger villages. These are well attended. Ante-natal clinics are held in all the municipal areas and many of the larger village centres. A fully equipped dental centre in the charge of a government dentist is attached to government general hospitals and various sub-centres are visited regularly from there. In addition, a mobile dental unit functions in each district, chiefly for school dental work.

The main pathology laboratory is centred in Nicosia, while there are satellite laboratories with trained technicians at Famagusta, Limassol and Paphos. The Government Analysts' laboratory is also centred at Nicosia, as well as the Blood Bank, first organised in 1953.

**Voluntary Charitable Organisations**

These carry out much excellent welfare work. The Anti-Tuberculosis League raises money, to which the Government adds £1 for £1, to provide relief in cash and kind for the dependents of patients in sanatoria. The local branch of the British Red Cross Society, organised into five divisions, one for each district, is engaged chiefly in welfare work such as domiciliary sick visiting, diversional therapy for hospital patients, distribution of clothing and so on. The main activities of the Order of St. John, which has ancient historical associations with the island, are the organisation of courses in first aid and home nursing.
EDUCATION

Primary

In spite of the fact that there is no compulsion, well over 90 per cent of children of primary school age attend. The primary school is free and is attended by children between the ages of six and fourteen, during which time they are expected to complete a six-year course. Each village has its school, except where the village is so small that it is more practicable to transport the half-dozen or so children to the next nearest school. In 1955 such arrangements were made for only 100-150 children, so that in over half the primary schools in Cyprus, varying in size from five to sixty children, one teacher has to teach all six age groups. At the primary stage there are separate schools for each community, the curriculum being controlled by the Government, who pay 72 per cent of the total cost, the rest being found by the local community. Since heating is normally only provided in the hills, it is necessary to take advantage elsewhere of the abundant Cyprus sunshine. The rooms are usually 30 feet by 20 feet wide giving a floor area of 600 square feet which allows about 15 square feet per child in a class of average size. The school garden is the centre of the science lesson, since science is largely rural science.

Secondary

These vary very much from their primary counterparts in practically every respect. The secondary schools have diverse methods of government and are virtually independent of external authority except in so far as all schools must be registered under the Secondary Education Law and are subject to inspection by the Education Department. So far as the curriculum is concerned, the governing body considers what type of education is most suitable for its pupils and then chooses whether to follow the course laid down in Athens or Ankara, whether to go in for commerce or to prepare its pupils for the Cyprus Certificate and General Certificate of Education examinations. If a school chooses to adopt the Greek curriculum and is recognised as a Greek gymnasium, its pupils who complete the course and gain a diploma will be able, without further examination, to enter a Greek university. Of the Greek Cypriot secondary school pupils in the island, just over a half attend a school recognised by the Greek Ministry of Education and conducted largely as if it were actually sited in Greece.

Post-Secondary

There is no post-secondary education in Cyprus except for the Teachers' Training College and Mistresses' Training Centre, which altogether have places for some 320 students who will eventually teach in the primary schools. Those seeking other post-secondary education must go abroad, and in 1955 it was estimated that approximately 400 were studying in the United Kingdom, 300 in Athens and 200 in Ankara or Istanbul.

Recently the Government of Cyprus has announced the offer of scholarships in a variety of subjects “which will help the development of the island’s economic and cultural life.” These scholarships, for courses leading to university degrees
or equivalent professional qualifications, will be tenable at universities or equivalent institutions in the United Kingdom for varying periods up to four years. The normal maximum value of each scholarship will be £300 a year, but in cases of need this may be increased, although it will not exceed a total value of £500. The scholarships are not conditional upon service with the Government, but the holder on completion of his course must return to Cyprus and work in the island for at least five years, so that he will be working for the good of his country in repayment for the public funds which have been spent on his education.

Special schools

Physically and mentally handicapped children are often neglected and become a responsibility of the Welfare Department because of inadequate care by the parents. On the other hand, there are still a number of children physically and mentally handicapped who are in fact well cared for by their parents and who would respond to special education but are unable to benefit from ordinary schooling. For these, special schools are still needed. In fact there are only two in Cyprus, the St. Barnabas School for the Blind (twenty places) and the Rotary School for the Deaf and Dumb (forty-two places).

School health

There is as yet no organised school medical service in the island. Many of the secondary schools employ a general practitioner as a school doctor and government medical officers visit the primary schools at regular intervals as part of their normal duties, while much dental work is carried out in rural areas by mobile dental units. In 1955, just over 44,000 child inspections or treatments were carried out. Oculists also visit the schools. Supplementary feeding of certain school-children is undertaken; this in the majority of cases consists of milk, but in certain cases a free meal is provided for poor children.

HEALTH AND WELFARE OF EMPLOYED PERSONS

Although Cyprus is predominantly an agricultural country, nearly 6,500 persons are employed in mining activities and a further 61,500 in other industries, which are steadily increasing and include factories for the manufacture or production of a large range of consumer goods, from textiles, soft and alcoholic drinks, to buttons and artificial teeth. To facilitate commerce, the old currency of pounds, shillings and piastres was decimalised on 1st August, 1955; by retaining the pound (£) as the standard unit and dividing it into 1,000 mils. During 1955, a year of full employment, the health of the working population was satisfactory, no industrial diseases being reported. The majority of accidents were due to transport mishaps and falls of persons or material, one-third of which occurred in building and civil engineering works.

On 2nd April, 1957, the Factories Law, 1956, to replace the Trade and Industries (Regulation) Law, took effect. This law models itself very closely on the English Factories Acts of 1937 and 1948. Meanwhile, of course, there has
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always been the Workman’s Compensation Law of 1951. On 7th January, 1957, the Social Insurance Law took effect. This requires all employed persons between the ages of 18 and 65 with certain exceptions, mainly government employees, to contribute weekly 60 mils (1s. 2d.) for a man, and 30 mils (7d.) for a woman. Equivalent contributions are paid by the employer and the Government. Providing certain minimum contribution conditions have been carried out, the weekly rate for sickness and unemployment benefit, and widows’ and old age pensions is £1.200 mils (£1 4s.) weekly for a maximum period of 156 days. Increase for one dependent is 600 mils (12s.) and two or more 900 mils (18s.). Orphans’ benefit is 600 mils weekly. Both marriage and death grants are £10, while the maternity grant is £5. There are also reduced rates or amounts of benefit for those who have only paid a proportion of the required contributions.

Previously only the big mining corporations, Cyprus Mines Corporation and Cyprus Asbestos Mines, maintained an industrial health service, although certain Trade Union organisations have established out-patient clinics at Nicosia, Famagusta and Limassol for the care of their members and families. There is also a Government Social Insurance scheme for their own employees and for those of quasi-government organisations, such as Cable and Wireless, Cyprus Airways, the Electricity Authority, Nicosia and Famagusta Water Boards and Kyrenia municipality. The benefits include forty days’ paid sick leave, free treatment for wives and families, maternity benefits and charitable grants in case of need. Contributions from both employee and employer are at the rate of 11 mils per week for each pound earned.

SOCIAL DEVELOPMENT

In October, 1955, the work of the Director of Welfare Services was increased by adding the supervision of Community Development which might be described as “better people in a better society”. Social Development has two aspects—one mainly intensive and individual (Social Welfare) and the other more general and extensive (Community Development).

Now that the usual social problems of industrial and urban growth, including delinquency and deprivation amongst children, are appearing, services to deal with them are provided by the Welfare Department. They include five Children’s Homes for deprived children and a boarding-out scheme for such children—in all 100 children are in care. Apart from this, there is an orphanage in Nicosia, provided by the Greek Orthodox Church, and one or two day nurseries provided by local authorities or voluntary societies. The limited number of voluntary and private welfare schemes for children is partly to be explained by the fairly recent economic expansion of the island and the strong family life which provides for most children an affectionate upbringing. The Education Department is in charge of the Reform school (72 boys under 16) at Lapithos and after-care hostels, for which the Medical Department provides a variety of ancillary medical services. There is no remand home in Cyprus, probation for juveniles being an established feature of the penal system. In addition any child
or young person found to be in need of care or protection, or exposed to moral
danger, can be brought before the Court under Section 15 of the Juvenile
Offenders Law. In the absence of a suitable person to care for the child, an
order can be made committing the child to the Director of Welfare Services,
who makes suitable arrangements for the child to be put in a home or boarded
out.

Up to now, for the aged in Cyprus, there have been no old age pensions.
This is not surprising in a community just developing from a peasant economy
and where the tradition of building houses for one's female children and endowing
them with all their inheritance when they marry is still widespread. In return
the children are expected to maintain their parents in their old age. With the
growth of towns and the changing pattern of family life there is an increasing
number of people who are unable to follow the traditional pattern of providing
for their old age, and for these the Government Public Assistance scheme,
administered by the Welfare Department through District Welfare Committees,
relieves distress. During 1955, 2,705 persons were helped, 1,898 Greek Cypriots,
782 Turkish Cypriots and 36 from other communities; old age accounted for
1,265 cases, followed by 513 of sickness. Indoor relief for poor people is provided
by most municipalities. These poor houses, although open to all who need them,
are really shelters for the aged and the accommodation provided is very limited.

The court welfare officer is as freely available to the adult court as to the
juvenile one, but, as in the United Kingdom, he tends to be used more by the
courts dealing with children and young persons. Matrimonial cases do not
concern adult courts in Cyprus quite as much as in the United Kingdom as
Greek Cypriot marriages are governed by the Ecclesiastical Law, and for Turkish
domestic affairs there is a Turkish Family Court. The after-care of discharged
prisoners is supervised by the Welfare Department, also responsible for family
care.

DISCUSSION

The modern aspects of civilisation, which in the west have evolved slowly,
have in the last few years been introduced into this island with startling rapidity.
The mechanical and industrial advantages have been grasped quickly by the
younger generation, although many of them have peasant or rural upbringing
and have come from mud-brick, crudely plastered huts and simple village life
to the modern dwellings, as we know them, with electricity, modern plumbing,
refrigerators, and washing machines. But this advance is only to be seen in the
towns and, by contrast, in the country many a farmer tills his land with a simple
plough drawn by a donkey or bullock, sows and reaps his crops by hand and
winnows his grain. The tarmac roads which are rapidly spreading over the
island still have to have a rough earth or cobble-stone verge for donkey traffic.
To the visitor it is an island of contrasts; the intense heat and drought of the
summer months and the snow-capped mountains and heavy rains of the winter;
the profusion of multi-coloured spring flowers followed by months of scorched
arid earth; limousines and donkeys.
Before the war there were anything up to 18,000 cases of malaria a year, and the freeing of the island from malaria must stand as a landmark in the achievements of the Government Health Services. This has been followed by a tremendous improvement in the physique of the people, coupled with a positive approach to health and the participation by nearly all young people in sports, such as football, athletics and swimming. Great strides have been made in land development by irrigation and improvement in crops, but a growing problem is that of refuse disposal. When, as previously, this was almost entirely organic, the farmer was glad to plough it in as a potential fertiliser, but now with increased urbanisation and more widespread use of tinned stuffs, this is no longer feasible. The indiscriminate tipping of refuse, largely old tin cans, is disfiguring to the countryside and constitutes an ever-increasing danger to public health.

In the last two years the main hospitals have been enlarged and modernised. Only the mental one lags behind and to improve conditions it is hoped soon to build new accommodation in Larnaca. Per head of population, there would appear to be an adequate number of private practitioners in urban areas, but medical attention is relatively expensive and one of the main points raised by the Trade Unions is that there should be free medical treatment and drugs under the new Social Insurance Law. In the hill villages, during anti-Eoka sweeps, the unit regimental medical officers have found great response to their offers of professional services.

Against the background of two years of unrest and disturbances, the progress and advancement of all health and social services continues, the proposed expenditure on them in the 1957 Budget being no less than 20 per cent of the total to be spent on existing government services. It is also to be noted that there has been no opposition to all the improvements offered, although a certain number of village and urban mukhtars have failed to carry out their duties, such as registering births and deaths in their areas, as part of a campaign of passive resistance organised by the Ethnarchy Council. Coupled with the improvement in land, living, and industrial conditions must come the education of the youth, but it is interesting to note, especially in the light of recent events, that in the majority of secondary schools the syllabus of education is laid down by outside governments and that virtually no opportunity for post-secondary education is available on the island. In the case of doctors, although a number of them have gone to the United Kingdom for post-graduate training, the majority received their primary qualifications in Athens or a Turkish university, and for the few qualifying in western Europe, the universities in the United Kingdom only rank equally with other continental countries. A lot has been heard of the strife between the two major communities, but it is perhaps forgotten that many of the early detainees were arrested for their communist affiliations. Now that the Radcliffe proposals have been announced, it is to be sincerely hoped that a way out of the present intractable political impasse may be found and that Cyprus may continue to develop its wealth of opportunities and regain its sunny charm.