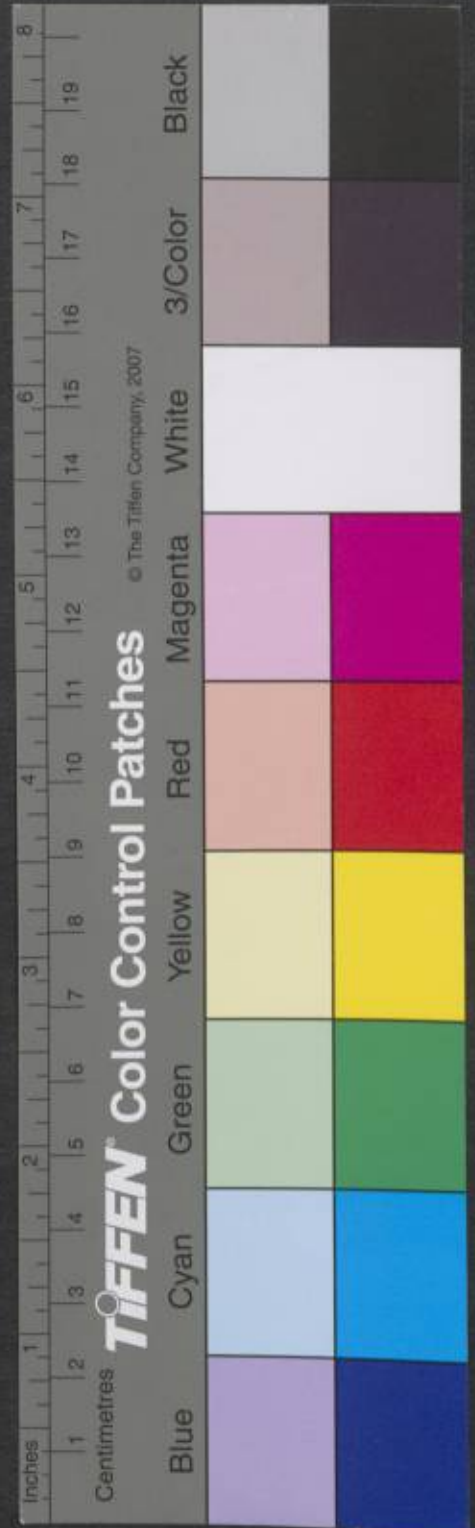


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HONG KONG
ANNUAL DEPARTMENTAL REPORT
BY THE
DIRECTOR OF MEDICAL AND HEALTH SERVICES
P. H. TENG, C.M.G., O.B.E., J.P., M.B., B.S., D.P.H.
FOR THE
FINANCIAL YEAR 1967-68*

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I. INTRODUCTION

THE general health of the population continued to be good. Due to great advances in disease control, the pattern of infectious diseases is changing rapidly. No case of cholera was reported during the year and apart from one isolated case in 1966, there has been no visitation of this disease for over 3½ years. Diphtheria and poliomyelitis are under control and only 5 cases of the latter disease were reported during 1967.

2. As the incidences of other infectious diseases declined, measles in recent years has emerged as a major cause of death in young children, due primarily to complications associated with the disease. An anti-measles vaccination campaign was launched in December 1967 and the campaign was still in progress at the end of the year under review.

3. While tuberculosis remains the major community health problem, the Colony is facing increasing problems due to diseases of later life. Deaths from cancer, diseases of the heart and cerebro-vascular lesions were the leading causes of death followed by pneumonia and tuberculosis.

4. The Development Programme of the Medical and Health Department has been making steady progress. Altogether, there were 25 Building Projects being planned or built for the improvement and expansion of the medical facilities in the urban and rural areas. The first of the five phases of the alteration programme of Queen Mary Hospital to provide more acute beds commenced in July 1967. Up-to-date facilities for the professorial staff of the University in the hospital were completed and commissioned. Other works in progress were the new Lai Chi Kok Hospital, the Chai Wan Urban Clinic and Maternity Home, the Tang Shiu Kin Hospital and the Mental Defective Hospital at Siu Lam. The Castle Peak Clinic was opened in January 1968.

5. There has been increasing use of the Department's services by members of the public and attendances at general out-patients and specialist out-patients departments continued to increase. The number of patients admitted and treated in Government hospitals have also shown an increase compared with the previous years.

6. The continuing shortage of doctors and certain other professional personnel was a grave problem during the year, but the services continued to be satisfactorily maintained despite the difficult conditions.

7. In the following pages are reviewed the state of the public health and the more important developments in the work of the Medical and Health Department and of the major voluntary agencies which are in receipt of substantial subventions from Government funds for the support of their medical activities. Detailed information covering all aspects of these fields is to be found in the Statistical Appendix to this report, the index to which is at page 58.

II. PUBLIC HEALTH

VITAL STATISTICS

(See tables 6-12)

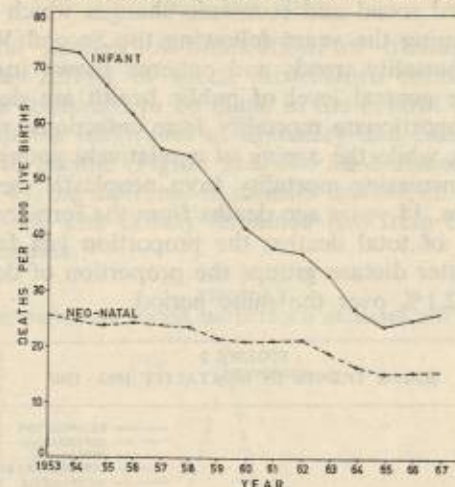
8. The estimated mid-year population in 1967 was 3,834,000 of which approximately 85% was concentrated in the urban areas of Hong Kong Island and Kowloon. Approximately 40% of the population are below the age of 15 years and only 6% over the age of 60. The general state of health of the population continued to be satisfactorily reflected by the Colony's vital statistics. The crude death rate, at 5.1 per thousand of population, is one of the lowest in the world and reflects the rapid improvement of medical and health services in a young and expanding population. The birth pattern continued its downward trend and the crude birth rate fell further from 24.8 in the previous year to 23.0 per thousand of population. Based on actual registration of births and deaths, there was a natural increase of 68,527, over five thousand less than the previous year.

9. The gratifying declines in infant and neonatal mortality rates, which are indicative of the trends of health conditions of the general population, are illustrated in Figure 1.

Infant Mortality

10. The steady decline in infant mortality has been due to improvement in environmental conditions, development of maternal and child health services and increasing public appreciation of the value of these

FIGURE 1
INFANT AND NEO-NATAL MORALITY 1953 - 1967



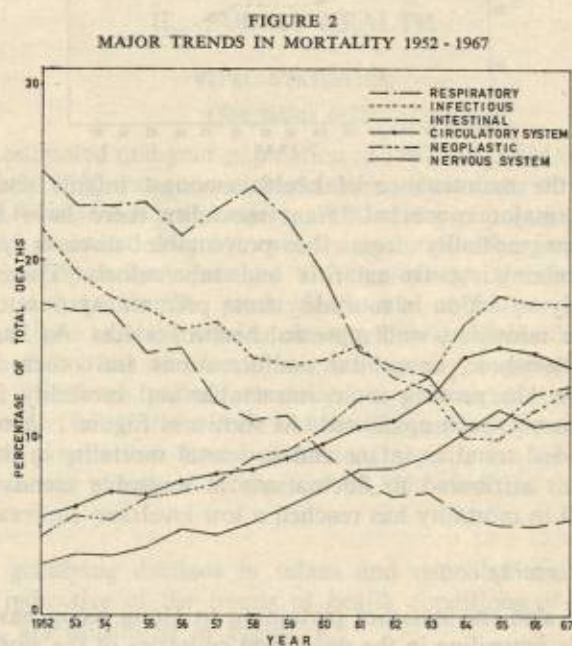
services in the maintenance of health amongst infants and mothers. Among the major causes of infant mortality there have been great reductions in mortality from the preventable diseases particularly bronchopneumonia, gastro-enteritis and tuberculosis. There has also been a steady reduction in mortality from prematurity due to improvements in the midwifery and maternal health services. As has been the experience elsewhere, congenital malformations and other diseases of the new-born are proving more intractable and mortality from these causes has, as yet, been unaffected. As shown in Figure 1 there has been a slight upward trend in infant and neo-natal mortality in the last two years. This is attributed to fluctuations in mortality trends especially when the fall in mortality has reached a low level.

Maternal Mortality

11. Here also the statistics pertaining to Hong Kong have attained the standards prevailing in the developed countries of the world. During recent years great improvement in mortality has been obtained from toxæmia of pregnancy, haemorrhage and puerperal sepsis. There has been some reduction in mortality from abortion and ectopic pregnancy and deaths attributed to other conditions occurring during pregnancy or childbirth have also decreased in numbers.

General Mortality

12. The marked social and economic changes which have occurred in Hong Kong during the years following the Second World War are reflected in the mortality trends and patterns shown in Figure 2. Improvements in the general level of public health are demonstrated by the decline in proportionate mortality from infectious, respiratory and intestinal diseases, while the ageing of a relatively young population is reflected by the increasing mortality from neoplastic, neurological and circulatory diseases. 15 years ago deaths from the former disease groups comprised 64.6% of total deaths; the proportion has fallen to 30.7% in 1967. In the latter disease groups the proportion of deaths has risen from 12.9% to 42.1% over the same period.



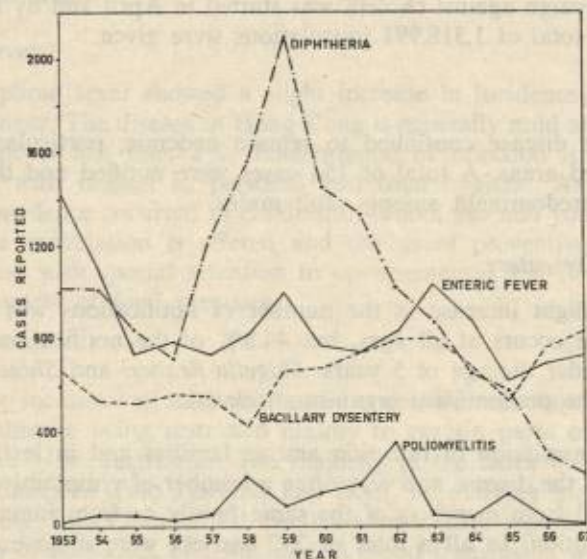
13. The leading causes of death were cancer, diseases of the heart and cerebro-vascular accidents, followed by pneumonia, tuberculosis and all accidents. Deaths from cancer of the lung continued to increase accounting for 19.1% of all cancer deaths in the age group between 40 and 69.

COMMUNICABLE DISEASES

(See tables 13-16)

14. The total number of notifications of communicable diseases during 1967 was 23,742, of which tuberculosis formed 64.2%. Satisfactory progress continued to be made in the control of diphtheria and poliomyelitis but the incidences of dysentery and enteric fever showed little tendency to decline (Figure 3). After its biennial rise in the cold months of 1966-67, the incidence of measles levelled off during the winter months of 1967-68. The Colony remained free from cholera and other quarantinable disease.

FIGURE 3
INCIDENCE OF MAJOR INFECTIOUS DISEASES 1953 - 1967



Cholera

15. Hong Kong was last declared free from cholera infection on 5th December, 1966 and since then no further case of this disease was reported. In view of the continuing prevalence of the disease in nearby countries which are also in regular air and sea communication with Hong Kong, special preventive measures were continued and strict quarantine restrictions were maintained in respect of neighbouring countries declared infected.

16. Routine sampling of nightsoil was carried out throughout the year as part of Hong Kong's anti-cholera surveillance programme. This measure now provides very useful epidemiological information about the presence or absence of infection in Hong Kong, the locality likely to be infected and the possible extent of infection. Apart from nightsoil sampling other public health preventive measures include routine bacteriological investigation of specimens sent to the Government laboratories of cases of gastro-enteritis as well as sampling of well water and foodstuff liable to be involved in the transmission of the vibrio. No positive samples were obtained from these investigations. The routine investigation on the frequency of isolation of non-agglutinable vibrios was continued during the year. As with previous years a mass immunization campaign against cholera was started in April and by the end of the year a total of 1,318,991 inoculations were given.

Amoebiasis

17. The disease continued to remain endemic, particularly in the overcrowded areas. A total of 154 cases were notified and the disease remained predominant among adult males.

Bacillary Dysentery

18. A slight increase in the number of notifications was recorded. The disease occurs at all ages, but 44.8% of the notifications were in children under the age of 5 years. *Shigella flexneri* and *Shigella sonnei* remained the predominant organisms isolated.

19. Transmission of infection among families and in institutions is a feature of the disease and very often a number of symptomless carriers are detected from members of the same family or from inmates of the same institution. In all a total of 392 carriers were discovered during investigations of reported cases. They were all given appropriate treatment.

Chickenpox

20. This is a very common disease amongst children, 97.2% of the cases reported were under 15 years. As with measles the seasonal prevalence of the disease is in winter and spring and hence the earlier part of the year saw an increase in the number of notifications.

Diphtheria

21. As a result of annual immunization campaign which has been in progress since 1959, the incidence of the disease has shown a continuous and steady decline falling from 73.0 per 100,000 population in 1959 to 5.8 in 1967. The disease affects largely children and 77.8% of the cases were under the age of 10 years. The case fatality ratio in 1967 was 7.9% and death occurred primarily among the unimmunized children. *Corynebacterium diphtheriae mitis* remained the predominant organism isolated in clinical cases.

22. A total of 46 carriers were discovered amongst contacts of reported cases; each was treated and, if necessary, isolated until proved free of infection.

Enteric Fever

23. Typhoid fever showed a slight increase in incidence in August and September. The disease in Hong Kong is generally mild and the case fatality ratio is less than 2%. Transmission of infection is frequently associated with neglect in personal and food hygiene. As elsewhere the peak incidence occurred in children of school age and young adolescents. Free inoculation is offered and the usual preventive measures are enforced with special attention to environmental and food hygiene and the control of food premises.

Malaria

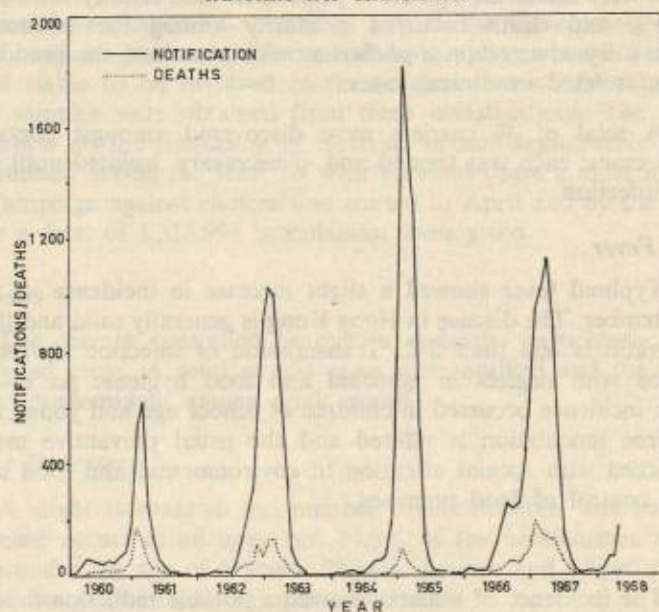
24. The incidence of malaria showed a notable reduction during the year, the disease being restricted mainly to certain parts of the rural areas in the New Territories. The majority of the cases were reported from the shores of Tolo Harbour and from the outlying islands at the mouth of the Tolo Channel. Of the three fresh cases reported from the urban area of Kowloon, one was due to blood transfusion while in the other two the infection was probably contracted in the New Territories where the affected persons had recently stayed. *Plasmodium vivax* remained the predominant parasite responsible for infection.

Measles

25. As shown in Figure 4, measles in Hong Kong has shown a distinct biennial pattern with exacerbation of the disease every alternate winter and spring. The last epidemic occurred in the winter months of

1966-67 and reached its peak in the first three months of 1967. Thereafter incidence of the disease began to decline and the disease was at its ebb during the winter months of 1967-68.

FIGURE 4
MONTHLY MEASLES NOTIFICATIONS & DEATHS
JANUARY 1960 - MARCH 1968



26. The disease affected predominantly children under the age of four years. The high mortality associated with the disease during each outbreak has been due mainly to complications, particularly bronchopneumonia, developing as a result of delay in seeking early medical attention. Health education efforts through press and radio were continued throughout the outbreak to encourage parents to bring their children for early medical advice.

27. At the end of December 1967 measles vaccine was made available at all Government Maternal and Child Health Centres to children aged between six and forty-eight months. The drive is being continued in order to offer ample opportunities for children to become immunized before the next expected biennial rise in the winter months of 1968-69.

Poliomyelitis

28. A further fall in the incidence of poliomyelitis was observed and a report of five cases during the year was the lowest recorded since 1949. The success in the control of the disease has been due to the continuing vaccination programme, consisting of giving one dose of Type I poliovaccine, soon after birth, followed by two doses of 'balanced' trivalent vaccine at three and five months of age. Approximately 77% of infants received one dose of Type I poliovaccine soon after birth and more than half of these children subsequently received two doses of the trivalent vaccine at Maternal and Child Health Centres. A general campaign is mounted annually in an attempt to immunize the remainder.

29. Virological investigation of the disease is maintained on a routine and year-round bases. Two poliomyelitis faecal surveys in normal children were carried out in July and December respectively. The excretor rate of 'wild' poliovirus was 0.2% in July and none in December. Vaccine strains of poliovirus were found in 1.4% of children in the December's survey only.

Influenza

30. The notification of influenza is entirely voluntary. The Virus Laboratory continued to function as a World Health Organization National Influenza Centre and virological investigations of throat swabbings and throat washings are continued on a year-round basis. A minor outbreak of the disease occurred in August and September. The virus isolated was similar to the more recent A2 antigenic variant.

Tetanus

31. This disease, although not notifiable, is recorded with reasonable accuracy owing to the severity of the symptoms requiring hospitalization of clinical cases. In past years, approximately half the cases reported were in newborns whose birth had not been attended by trained personnel and who had been exposed to various hazards from unsterile materials. In 1967 tetanus neonatorum was responsible for only one-fifth of the recorded cases and infant mortality from such infection fell from 1.2 deaths per 1,000 in 1951 to 0.18 deaths in 1967.

Viral Hepatitis

32. Notification of this disease is not compulsory, but the number of patients treated for this disease in hospitals had shown an increase

over the past years. Attention was drawn to the large number of inoculations given during the mass immunization campaigns each year and since August 1966 disposable syringes have been used in such immunization campaigns. In 1967 a small reduction in the number of patients treated for this disease in hospitals was recorded but the effect on the disease following the use of disposable syringes remains to be assessed.

33. Developments in certain other communicable diseases will be reviewed later in this report, while the remainder showed little variation during 1967 and hence requires no comment.

III. WORK OF THE HEALTH DIVISION

AREA HEALTH WORK

34. Much of the work of the area Health Officers, apart from their duties with the Urban Services Department in the maintenance of satisfactory standards in environmental sanitation and food hygiene, has been recounted in the preceding paragraphs on Epidemiology. Such work included not only the field investigations into the major communicable diseases but also the co-ordination of the activities of teams of inoculators participating in prophylactic immunization drives. Four such campaigns were staged during the year and reference has already been made to three, namely, cholera, poliomyelitis and diphtheria. The fourth, promoting smallpox vaccination, was held in March 1968. The increasing importance of Hong Kong in international travel by sea and air and the prevalence of smallpox in nearby countries underline the need to maintain a high level of community protection against the disease.

TUBERCULOSIS

(See tables 17-23)

35. As stated previously, tuberculosis is the major health problem of Hong Kong. The policy for control of the disease has been to protect, by vaccination with B.C.G., the new borns, who are particularly vulnerable to the fulminating forms of the disease, and the primary school entrants who may develop active disease later in life. For actual cases of the disease, it has now been shown that in a large proportion of cases out-patient therapy is at least as good as institutional treatment. The not inconsiderable institutional resources are reserved for those not

responding to out-patient therapy, for acutely ill cases, for those where the diagnosis is in doubt and for those in need of surgical intervention. In the execution of this policy there has been a high degree of co-operation between Government and voluntary agencies concerned with the problem, particularly the Hong Kong Anti-tuberculosis and Thoracic Diseases Association. The Government Chest Service maintains the B.C.G. vaccination and out-patient treatment programmes while the voluntary agencies aided by substantial Government subventions, maintain most of the hospitals.

36. To keep pace with the rapid changes which are occurring in the fields of treatment and prevention of tuberculosis, close liaison has been maintained with agencies outside the Colony. As a result of this liaison two events of major importance to the Chest Service resulted. The first was the assignment of a bio-statistician by the World Health Organization; this resulted in a complete re-appraisal of the statistical material produced by the Chest Service and as a direct consequence many changes of a fundamental nature were introduced. In conjunction with the Tuberculosis and Chest Diseases Research Unit of the Medical Research Council of the United Kingdom and the Hong Kong Anti-tuberculosis and Thoracic Diseases Association, a trial started in March 1967 to evaluate the most effective policy of treatment for tuberculous patients in Hong Kong and to investigate the use of a rapid-slide-culture sensitivity test. This chemotherapy trial should yield extremely valuable results in the treatment of patients suffering from tuberculosis in Hong Kong.

Mortality

37. During the year the number of deaths from tuberculosis fell slightly although the total did not reach the low figure of 1965. The great majority of deaths continued to occur in elderly males who had been suffering from tuberculosis for many years and died from its sequelae rather than from active tuberculosis. The average age of death was 55. Changes taking place in mortality from tuberculosis of various ages are presented in Figure 5. Evidence of progress against the disease in the young is shown by a further appreciable fall in the Infant Mortality Rate for tuberculosis from 0.12 to 0.07 per 1,000 live births. The level of B.C.G. coverage at birth remains very high at 95.4% of new-borns. (Figure 6).

FIGURE 5
TUBERCULOSIS MORTALITY BY AGE & SEX
1955 - 1957 & 1965 - 1967

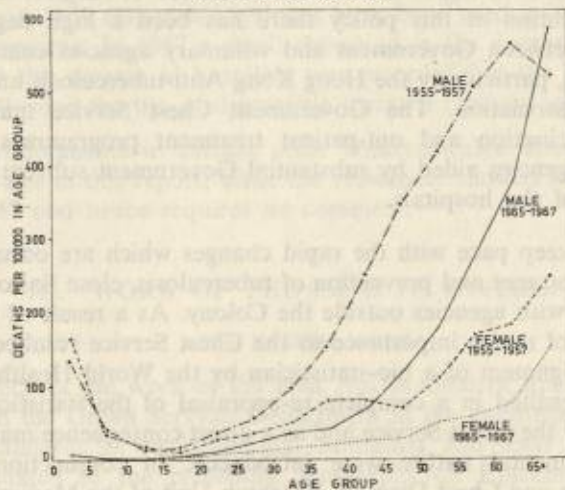
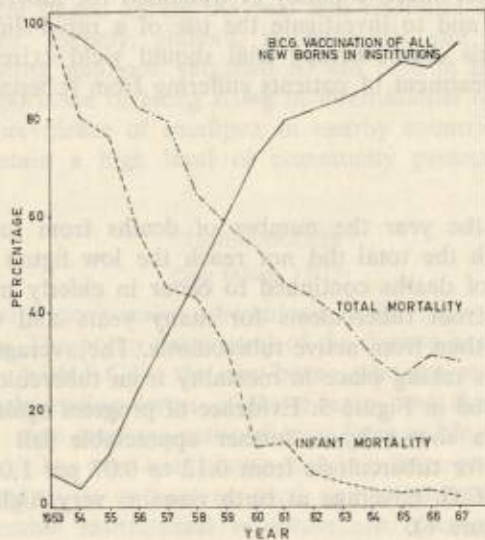


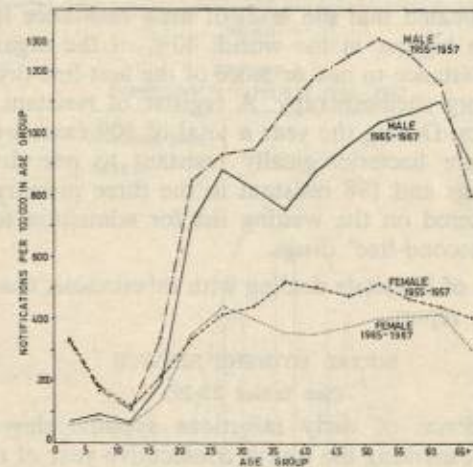
FIGURE 6
TUBERCULOSIS MORTALITY & B.C.G. VACCINATION OF NEW-BORNS
1953 - 1967
(MORTALITY RATES EXPRESSED AS PERCENTAGE OF 1953 RATES)



Morbidity

38. Notifications of tuberculosis during 1967 showed a very considerable increase over the previous years. This, however, does not represent a deterioration in the overall tuberculosis position in the Colony but rather reflects the thorough re-organization of statistics which has been taking place as stated in paragraph 36 and the intensified case finding programme. During the year a separate notification form for tuberculosis was prepared for introduction later in 1968. Figure 7 shows the changes which have taken place in the age and sex specific notification rates. It will be seen that there have been marked reductions in the incidence of the disease during childhood, that there has been little change in the vulnerability of adolescents and that there has been some reduction in the incidence amongst middle-aged adults. The relative susceptibility of males, except in childhood, corresponds with the well-documented pattern recorded elsewhere in the world.

FIGURE 7
TUBERCULOSIS NOTIFICATIONS BY AGE & SEX
1955 - 1957 & 1965 - 1967



Work of the Government Chest Service

39. The Government Chest Clinics provide ambulatory chemotherapy services for the great majority of cases of tuberculosis, hospital admission being reserved for emergencies, cases requiring investigation, and those requiring second-line drugs or surgical intervention. Increasing

attention is being paid to the public health aspects of tuberculosis. 70 Health Auxiliaries whose main duties consist of contact tracing and home visiting are attached to the Chest Service; these Health Auxiliaries are supervised by one Health Sister and six Health Visitors. Newly diagnosed cases of tuberculosis have all aspects of the disease thoroughly explained to them by Health Visitors and receive explanatory leaflets. Regular attendance for out-patient chemotherapy is regarded as being of paramount importance and considerable emphasis is placed on follow up of defaulters and on ensuring that contacts are examined.

40. The clinics also provide medical social work, contact tracing and supervisory services, and undertake surveys of selected groups, such as Government employees and prisoners, in co-operation with the Radiological Service. In other cases a regular financial grant can be made where the family depend on the patient's earnings and no other way can be found to maintain the dependants during his hospitalization.

41. The high incidence of primary and secondary drug resistance in Hong Kong has been demonstrated by research undertaken in conjunction with the Medical Research Council in Britain. Results of these investigations indicated that the level of drug resistance in Hong Kong was probably the highest in the world, 40% of the organisms investigated showing resistance to one or more of the first-line drugs commonly used in ambulatory chemotherapy. A register of resistant cases is kept at the main clinics. During the year a total of 809 cases were registered, of which 391 were bacteriologically resistant to one drug, 220 were resistant to 2 drugs and 198 resistant to the three primary drugs; these patients were entered on the waiting list for admission to hospital for treatment with 'second-line' drugs.

42. The work of hospitals dealing with tuberculosis cases is reviewed elsewhere in this report.

SOCIAL HYGIENE SERVICE

(See tables 25-29)

43. The incidence of early infectious syphilis showed a further reduction in 1967, marking the fourth consecutive year of reduction. The number of latent syphilitic cases was about the same as in the previous year while the incidence of gonorrhoea showed a slight increase. It is encouraging to note that the incidence of syphilis in the teenage group of the population has not risen in the manner experienced in many other parts of the world. The trends over the past ten years are illustrated in Figures 8 to 10.

FIGURE 8
SYPHILIS 1958 - 1967

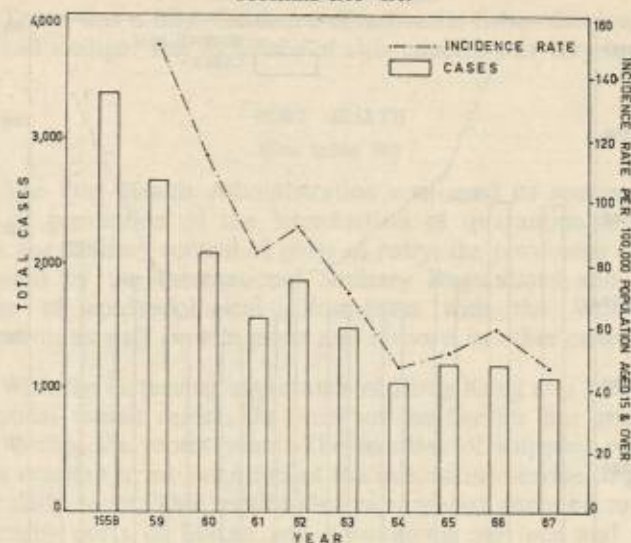


FIGURE 9
INFECTIOUS SYPHILIS 1958 - 1967

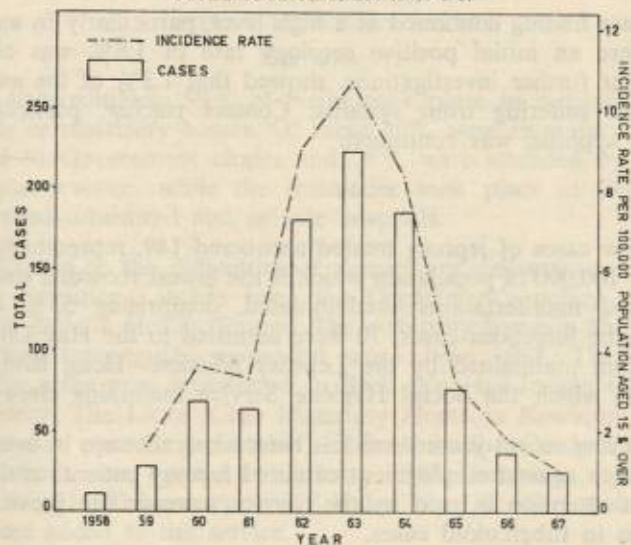
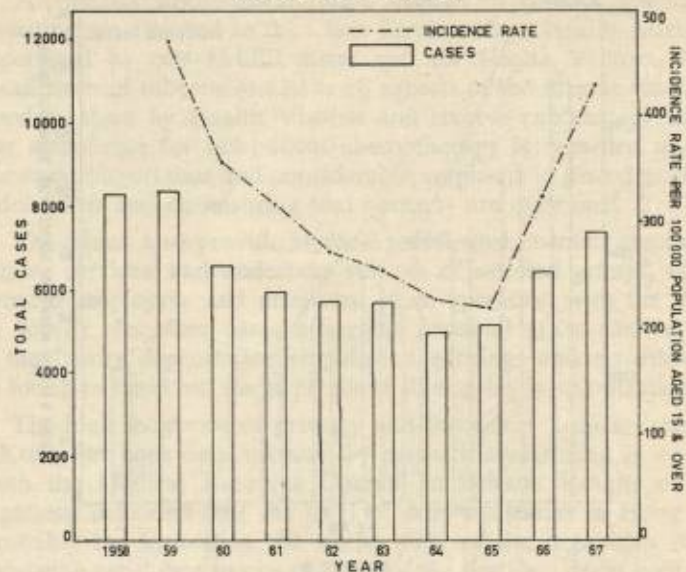


FIGURE 10
GONORRHOEA 1958 - 1967



44. Case finding continued at a high level, particularly in ante-natal cases where an initial positive serology rate of 1.8% was observed, which, after further investigations, showed that 1.3% of the ante-natal cases were suffering from syphilis. Contact tracing, particularly of infectious syphilis, was continued.

Leprosy

45. New cases of leprosy treated numbered 149, representing a rate of 3.9 per 100,000 of population which is the lowest recorded since 1959. Tuberculoid manifestations predominated, comprising 55% of total cases. Of the infectious cases, 70 were admitted to the Hay Ling Chau Leprosarium maintained by the Leprosy Mission—Hong Kong Auxiliary, with which the Social Hygiene Service maintains close liaison.

46. During recent years there has been some advance in overcoming the prejudice against employment of cured leprosy patients and, to this end, great attention is paid by the Service towards the prevention of disabilities in tuberculoid cases.

Dermatology

47. There was a high incidence of urticaria, lichenification, alopecia areata, and vitiligo. The incidence of skin cancers was very low.

PORT HEALTH

(See table 30)

48. The Port Health Administration continued its routine duties in respect of prevention of the introduction of quarantinable infectious diseases, the sanitary control of ports of entry, the provisions of facilities as required by the International Sanitary Regulations and a regular exchange of epidemiological information with the World Health Organization as well as with ports and airports in other countries.

49. With the increasing importance of Hong Kong as a tourist and an international transit centre, the work of the Service has gradually increased during the recent years. The increase of shipping entering the port has resulted in an extension of the quarantine service to give a full 24-hour daily cover. This service also pays special attention to travellers from nearby ports of Macao and Kwangtung province and to vessels from plague infected regions.

DISTRICT MIDWIFERY SERVICE

(See table 31)

50. Approximately 99% of births took place in institutions, either hospitals or maternity homes. Of these 20% were in maternity centres attached to Government clinics and 28% were attended by midwives in private practice, while the remainder took place in Government, Government-subsidized and private hospitals.

51. Owing to the difficulties of domiciliary delivery under existing housing conditions, it has been the Department's policy to provide maternity beds in Health Centres. The maternity home in Sha Tau Kok Clinic was temporarily suspended since June 1967. The registered maternity cases were transferred to Shek Wu Hui Jockey Club Clinic for delivery. The Lions' Club Maternity Home in Kowloon City with 20 beds was opened in October 1967, while the Castle Peak Clinic with 26 beds was opened in January 1968, the latter replacing the former San Hui Dispensary with 8 beds. Thus 38 additional maternity beds were added to the service.

MATERNAL AND CHILD HEALTH SERVICES

(See tables 32-33)

52. There is increasing public appreciation of the value of these services in the maintenance of health amongst infants and expectant and nursing mothers, and 78.8% of children born attended a Centre on at least one occasion; the corresponding figure for 1966 was 75.5%. Approximately 1.6% of the new attendances at infant welfare centres were found to have abnormalities; of these, the majority were either congenital defects or the effects of prematurity. A further encouraging trend is the increasing appreciation by expectant mothers of the need for regular ante-natal care as reflected in increasing attendances at ante-natal sessions and by the low maternal mortality rate.

53. As a result of the disturbances in 1967, the maternal and infant welfare sessions in Sha Tau Kok Clinic were suspended from June onwards, and its work was taken over by the Shek Wu Hui Jockey Club Clinic. In January 1968 the infant sessions were transferred back to Sha Tau Kok Clinic but antenatal sessions and deliveries are still being carried out in Shek Wu Hui Jockey Club Clinic.

SCHOOL HEALTH SERVICE

54. The Medical and Health Department provides an advisory service to the Education Department on matters relating to environmental health and hygiene in schools. Inspection of schools is carried out by School Health Inspectors with special regard to lighting, ventilation and sanitary arrangements, and immunization against diphtheria, cholera and smallpox was carried out in the schools during the year by staff under the direction of Area Health Officers.

55. Considerable emphasis is now being placed on the tuberculin testing of entrants to primary schools and B.C.G. is given to those who are found to be tuberculin negative. Five teams each of 2 inoculators from the Government Chest Service progress steadily from school to school so that all schools throughout the Colony are covered within a period of 2 years. Positive reactors with a reading of 15 mm and over are submitted to X-Ray examination, and further investigation of 2,564 pupils examined revealed 12 cases of active tuberculosis who were given treatment; 179 pupils were placed under observation. Health Visitors interview all pupils with active tuberculosis and every effort is made to try and determine the source of infection, special emphasis being paid to home contacts.

SCHOOL MEDICAL SERVICE BOARD

(See table 34)

56. The School Medical Service, which commenced in September 1964, is administered by the School Medical Service Board, an independent statutory body incorporated by Ordinance and operated by private medical practitioners. Remuneration of the doctors is on a per capita basis, half the annual fee being paid by the participating pupil and half contributed by Government which also meets the Board's administrative expenses.

57. On 31st March, 1968 the number of pupils participating was 46,744 from 637 schools, compared with 56,115 pupils from 661 schools on the same date in the previous year. Doctors participating in the scheme numbered 218 compared with 227 in the previous year.

DENTAL SERVICE

(See table 35)

58. The Dental Service provides dental care for Government Officers and their dependants, Government pensioners, limited specialized treatment for in-patients of Government Hospitals and for prisoners, and emergency treatment for members of the general public.

59. Fluoridation of the Colony's urban water supplies began in 1961. The rate of enrichment was formerly at two levels, being 0.7 parts of fluoride per million in summer and 0.9 parts per million during winter. In May 1967 the concentration was increased to a constant level of 1 part per million throughout the year. This level is to be maintained in future and is the result of a decision arrived at after consideration of more recent work on the study of optimum fluoride levels for community water supplies. The cost of this operation is now estimated at about nine cents per person receiving fluoridated water per annum. Dental health education plays an important part in combating dental disease in the Colony and the Dental Service continued to take advantage of major educational exhibitions to distribute information and advice on the maintenance of dental health.

60. Although no training in dentistry is undertaken in Hong Kong, a programme of overseas training is maintained by Government and during the year two scholarships were again awarded to students for study in the University of Otago in New Zealand. In-service training in

dental technology is available for students in Government employment and evening classes are held in the Hong Kong Technical College for technicians in private employment. Three dental surgery assistants are under training for dental nursing in Penang, Malaysia under World Health Organization Fellowships.

FORENSIC PATHOLOGY

(See tables 36-37)

61. The Department of Forensic Pathology consists of a main laboratory in Police Headquarters, Hong Kong, and another laboratory in the Mong Kok Police Station, Kowloon. It deals mainly with the medico-legal work in close association with the Hong Kong Police Force. Since the 1st of July, 1967, the administration and running of both public mortuaries were transferred to the Government Institute of Pathology. Homicidal deaths and deaths from suspicious circumstances still remain within the jurisdiction of the Forensic Pathologists.

62. During the year the Colony was free from deaths caused by natural disasters, but the disturbances resulted in a total of 49 deaths and called for much effort by the Forensic Pathology Service.

GOVERNMENT CHEMICAL LABORATORY

(See table 41)

63. The laboratory was kept very busy throughout the year under review in spite of a fall of some 3,000 samples below the total for the previous year; the number in 1967 being 26,894 as against 30,139 for 1966. This decline in numbers does not represent any general slackening in the demand for the services of the laboratory. The difference in the total number of samples is partly due to a drop of over 4,000 Dangerous Drugs samples submitted by the Police Department and the curtailment of normal activities of many Government Departments during the 1967 disturbances.

64. On the other hand there was a large increase of nearly 1,000 samples from the Police Department under the heading 'Forensic'. Some of this increase was due to a drive in the latter half of the year against the illicit sale of Scheduled Poisons and in particular 'pep pills', but most of the increase came from the very numerous examinations carried out on explosive, corrosive, and inflammable substances under the Emergency Regulations.

65. Under the heading 'Pharmaceutical Examinations' are included checks on dispensing carried out by the official pharmacists and also on tender samples, and supplies of drugs purchased by Government. The latter work has now been in progress for over two years, and this service has proved very worthwhile. The assurance of quality which it gives has enabled Government tendering to be carried out on a much more competitive basis, and large savings in official spending have resulted.

GOVERNMENT INSTITUTE OF PATHOLOGY

(See tables 38-40)

66. The number of examinations for the year under review exceeded slightly that of the previous year and was mainly due to increased number of tests in Haematology, Blood Bank work and Bacteriology.

Morbid Anatomy and Histology

67. Beginning from 1st July, 1967 work in both Victoria and Kowloon Public Mortuaries was done by pathologists from this Institute. Paid consultation work for the year totalled 761 cases which was double that of the previous year. The completed work on pancreatic clonorchiasis was published in the Journal of Pathology and Bacteriology, 1967. Investigations in progress are: histological typing of salivary gland tumours; ductal changes in recurrent pyogenic cholangitis; histological changes of the nasopharynx after radiotherapy in cases of nasopharyngeal carcinoma and modifications for Mallory's phosphotungstic acid haematoxylin stain.

Haematology and Serology and Blood Bank

68. The acquisition of a refrigerated centrifuge has resulted in better and more efficient production of fresh frozen plasma for cases of haemophilia. Using this centrifuge trials conducted to prepare cryoprecipitate were encouraging. The use of starch-gel instead of paper electrophoresis has greatly improved the detection of abnormal haemoglobin. Cytogenetic studies of clinical cases may be possible in future, if preliminary work on chromosome preparation works out smoothly. More specific serological diagnosis of syphilis using the fluorescent antibody technic is now being worked out following the demonstration by Dr. NEILSEN who visited the Institute in November 1967.

Chemical Pathology

69. It is worthy of note that certain specialised tests in this field were being done for case in Queen Mary Hospital, the significant one being the estimation of lead in urine. Other tests included the estimation of ketosteroids, catecholamines, 5-hydroxyindolacetic acid and amino acid chromatography.

Bacteriology

70. Samples of nightsoil, well water and imported food from endemic areas were routinely examined throughout the year for cholera vibrios. There was no positive isolation and no clinical cases were detected. The isolation of non-cholera vibrios in nightsoil samples presented opportunities for further work on identification and typing. The use of nitrate blood agar and coagulated serum agar as selective media for the growth of these vibrios has been of value. The emergence of multiple drug resistant strains of *Shigella* organisms needs further study. Alterations to the building are now being carried out to provide more laboratory space to meet the increased demand for bacteriological assessment of commercial food and other products for export. In the food section new tests were developed to comply with health regulations of importing countries.

71. Apart from routine bacteriological diagnosis of tuberculosis, the tuberculosis laboratory was mainly involved in anti-tuberculous drug sensitivity tests in conjunction with the Medical Research Council of London. In this connexion the slide culture technic initiated by a member of the Medical Research Council in this laboratory for rapid testing of anti-tuberculous drug sensitivity is progressing satisfactorily.

Virology

72. The Government Virus Unit continued diagnostic examination for virus infections and surveys in connection with poliomyelitis. Other projects included studies of respiratory virus infections and follow-up study of post-vaccinal measles antibody.

73. Laboratory evidence of poliovirus infection was obtained in only two of the twenty suspected cases of poliomyelitis. Both were type I infections. This was the lowest figure of laboratory-confirmed poliomyelitis recorded since the functioning of this laboratory in 1960. Two poliomyelitis faecal surveys in normal children were carried out in July and December respectively. The excretor rate of 'wild' poliovirus was

0.2% in July and none in December. Vaccine strains of poliovirus were found in 1.4% of children in the December's survey only.

74. The laboratory continued to function as a World Health Organization National Influenza Centre. A minor outbreak of influenza occurred during August and September, the virus isolated being similar to the more recent A2 antigenic variant. The investigation of respiratory virus infection formed part of the World Health Organization co-operative study in this region. Viruses commonly associated with respiratory infections were parainfluenza virus type 1 and type 3, adenovirus types 2, 3 and 7. Other viruses found in isolated cases were: ECHO virus types 1, 11, 14; Coxsackie virus B4 and B6; mumps virus and rhinovirus.

75. An increased incidence of Coxsackie B5 virus infections was observed in February and March associated with various clinical conditions such as respiratory infections, fever with skin rash and heart failure. Three clinical cases of Japanese B encephalitis were serologically diagnosed in August, and the testing of a small number of samples of pigs' serum suggested that pigs could be the reservoir of the virus. The incidence of infection in pigs appeared to be higher in the New Territories than on the island.

76. The follow-up study of post-vaccinal measles antibody was carried out in children who received the Beckenham 31 or Schwartz live attenuated measles vaccine in 1966. The result showed that 80% of the children possessed a satisfactory persistent level of measles antibody at one year and the remaining 20% had a gradual fall when compared with the level at the 4th week after vaccination. There was no significant difference in the degree and rate of antibody decline for both vaccine groups.

INDUSTRIAL HEALTH

(See table 42)

77. The health of workers in factories and in other industrial undertakings is the statutory responsibility of the Commissioner of Labour. The Industrial Health Division of the Labour Department which is staffed by personnel seconded from the Medical and Health Department, is chiefly concerned with the prevention of occupational diseases and the protection of workers against health hazards arising from their working environments. To achieve these aims a number of

separate surveys were carried out during the year in addition to routine medical surveillance and environmental investigations.

78. Environmental surveys included the measurement of silica dust in quarries, an X-Ray survey of quarry workers and the investigation of thermal comfort, noise and lighting in offices and workshops. Statutory clinical examinations of radiation workers continued to be conducted by Medical Officers seconded to the Labour Department who also followed up cases of occupational disease and examined workers exposed to lead, chromic acid and fluoride.

79. Late in the year the Workmen's Compensation Section became part of the Industrial Health Division and this has led to closer co-operation and improved co-ordination between the officers of the Compensation Section and the Health Visitors carrying out the case work of injured workers. An increase in the number of attendances at Kwong Wah Hospital made it necessary to station an Industrial Health Nurse there in the mornings and this arrangement has resulted in benefit and convenience to injured workers. Two surveys of occupational accidents were carried out during the year. One concerned injuries caused by press machinery and the other was a follow-up survey of a number of cases assessed at 10% or more permanent disability.

80. Twenty-two stations measuring monthly levels of sulphur dioxide by means of lead peroxide candles were set up in various localities throughout the Colony. These were in addition to the four existing stations which measure daily levels of sulphur dioxide and smoke. High concentrations of sulphur dioxide were demonstrated from the Hung Hom and Queen Elizabeth Hospital stations but elsewhere in the Colony levels of pollution were generally low. Preliminary investigations into the extent of carbon monoxide pollution from motor vehicles, which included the measurement of carbon monoxide in ambient air at street level and the estimation of carboxyhaemoglobin in policemen engaged in traffic duties, have so far indicated that such pollution presents as yet no special hazard in Hong Kong.

HEALTH EDUCATION

81. A better appreciation by the Colony's population of the basic principles of personal and environmental hygiene and the prevention of disease continues to be the main health objective. A very wide field is

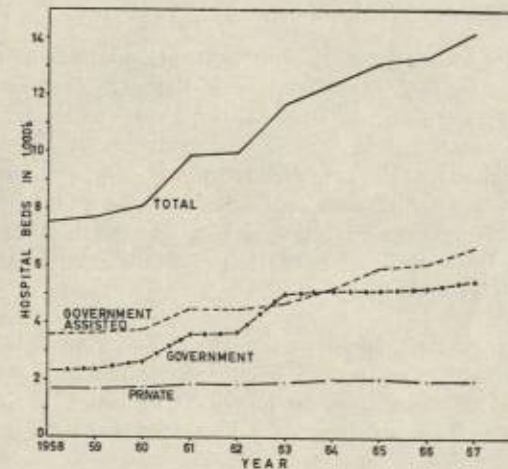
covered by many branches of the Medical and Health Department, and the co-operation of all voluntary bodies interested in such topics is actively sought. During the year the Department co-operated in a number of exhibitions, notably the Fisheries Exhibition in February 1968, by producing displays on various aspects of preventive medicine.

IV. WORK OF THE MEDICAL DIVISION

(See tables 44-47)

82. At the end of 1967, there was a total of 13,273 beds available in all hospitals in Hong Kong excluding those hospitals maintained by Her Majesty's Armed Forces; in addition there were 484 beds in Government Maternity Homes and 498 beds in private maternity and nursing homes and the total of 14,255 beds represents 3.7 beds per thousand of the population. The figures quoted are based on the normal bed capacities of the hospitals, but in some cases the actual bed occupancy is much higher as camp beds are often used whenever the need arises. Development over the past 10 years is illustrated in Figure 11 and it will be noted that the bed provision in 1967 represents an increase of nearly 90% over the bed provision in 1958.

FIGURE 11
HOSPITAL BEDS 1958 - 1967



QUEEN MARY HOSPITAL

(See table 48)

83. This hospital built in 1937 is the main acute and specialist centre for Hong Kong Island and is also the University teaching hospital for the Medical Faculty of the University of Hong Kong; clinical supervision is provided partly by the University clinical departments and partly by Government specialist units. Owing to the increased demand for services, the hospital's nominal capacity of 632 beds was augmented considerably by the use of camp-beds, which averaged approximately 120 each day throughout the year.

84. Work on the alterations to the hospital commenced and during the year the central sterile supply department and three wards were completed and commissioned. Work on the alterations continues so as to provide a total of approximately 1,080 beds by the end of 1969 and to set up an intensive care unit, and an acute psychiatric ward to improve the facilities of the hospital as a teaching and specialized institution.

QUEEN ELIZABETH HOSPITAL

(See tables 49-50)

85. This hospital serves the population of approximately 2½ million people living in Kowloon and the New Territories as a medical centre for emergency and specialist care.

86. During its fourth year of operation, attendances at the Casualty Department rose by 8% compared with the previous year. Of these attendances, 24% were due to trauma, the main causes being, in order of frequency, domestic, industrial and assault cases. 27.9% of all the cases seen in Casualty Department required immediate admission to hospital and 6.4% were referred for admission to other hospitals such as Kwong Wah Hospital and Lai Chi Kok Hospital. (Please see paragraph 144 below for details of operation of the Casualty Department of the Kwong Wah Hospital).

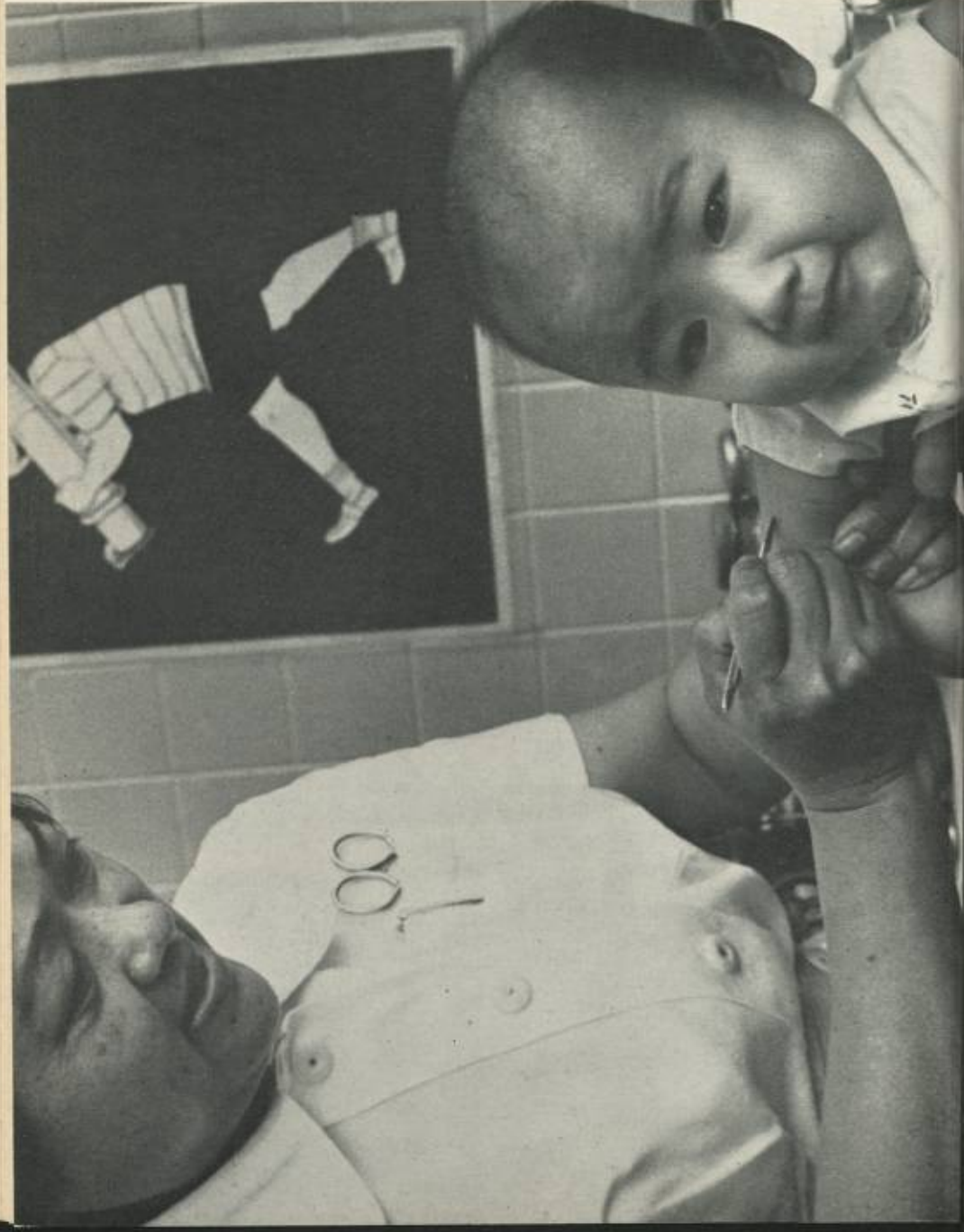
87. The average time spent in the Hospital by each in-patient was 8.2 days. Once tidied over the acute episode of the illness, patients are either discharged or transferred to Kowloon or Lai Chi Kok Hospitals for convalescence. The pressure of admissions necessitated increasing the bed state to 1,501.



The first Colony-wide anti-measles vaccination campaign was launched in December 1967; a child receiving the measles vaccine at a Maternal and Child Health Centre.

A baby receiving B.C.G. vaccination. In 1967, 95.4 per cent of babies born in the Colony received B.C.G. vaccination soon after birth.





A child receiving smallpox vaccination. The prevalence of smallpox in nearby countries underlines the need to maintain a high level of community protection against the disease.



A Health Visitor giving a health talk at one of the Maternal and Child Health Centres.

An elderly Hakka woman receiving advice from a Health Visitor.



A Health Visitor giving advice to a village mother. There is increasing appreciation amongst the village women of the value of preventive services in the maintenance of health amongst infants.



KOWLOON HOSPITAL

88. This hospital at present has 500 beds but an additional block of 600 beds has been planned and site formation commenced in early March, 1967, but work has been seriously delayed by unforeseen circumstances. When completed, there will be a total of 1,100 beds in this hospital as subsidiary accommodation for Queen Elizabeth Hospital and for chest diseases requiring both medical and surgical management.

89. The Pulmonary Tuberculosis Unit and the Thoracic Surgical Unit in the hospital now have a total of 168 beds. Apart from treating patients suffering from pulmonary tuberculosis, the work of these 2 units includes also other aspects of cardio-thoracic surgery and non-tuberculous chest disease.

TSAN YUK HOSPITAL

(See table 51)

90. This hospital, under the clinical supervision of the Professor of Obstetrics and Gynaecology of the University of Hong Kong is the main specialist obstetric hospital in Hong Kong with 238 beds. It is the teaching centre in obstetrics for medical undergraduates and the training school for midwives.

91. About 95% of admissions were booked cases. These were mainly primigravidae, grand multiparae and cases with previous or present complications that required specialist care. The emergency admissions were referred mostly from Government Maternity Homes. There were two maternal deaths among 5,378 deliveries, one due to rupture of uterus and the other to disseminated lupus erythematosus.

MENTAL HEALTH SERVICE

Castle Peak Hospital (See table 52)

92. Continued efforts to turn the hospital into a modern therapeutic community have resulted in a judicious liberalization of control over patients. Except for two closed wards for patients involved in Court proceedings, most of the wards are in various degrees 'open', having free access to their own gardens. Two wards are never locked, the patients housed therein being convalescent and receiving intensive attention to prepare them for discharge. Some patients travel daily to Tsuen Wan to work in factories for a short period of rehabilitation prior to final discharge and many are given permission to go freely within hospital.

93. Much reliance was put on psychotropic drugs, and it became increasingly clear that maintenance treatment of many schizophrenics over a long period of time could result in a drop in the relapse rate.

94. Increasing efforts were made to rehabilitate the long-stay and grossly mentally handicapped patients, the aim being to make them fit to earn their living. Two wards were specially set up for this purpose. The usual therapeutic measures including occupational therapy, group therapy and re-education were intensively used but emphasis was placed on training in activities having a direct bearing on their work after leaving hospital. By these means a number of patients found employment while still in hospital. They were later discharged for full time employment. Planning is in progress for another Mental Hospital which will be sited at Lai Chi Kok.

Psychiatric Centres (See table 53)

95. The Yau Ma Tei Psychiatric Centre provides treatment for both out- and day-patients including follow-up cases from Castle Peak Hospital. A Child Psychiatric Unit was set up in the same centre. The Day Hospital was found to be most useful for treating psychoneurotics and disturbed adolescents and children especially. On the island the Hong Kong Psychiatric Centre continues to see out- and day-patients, follow-up cases from Castle Peak Hospital as well as forensic cases and referrals from the University Child Guidance Centre and Queen Mary Hospital. In addition to these centres, psychiatric services are provided for Psychiatric Observation Unit in Victoria Remand Prison and for the mentally sub-normal in the Aberdeen Rehabilitation Centre.

New Life Psychiatric Rehabilitation Association

96. This Association, with the close co-operation of the Mental Health Service, opened a 'New Life Rehabilitation' Farm adjacent to Castle Peak Hospital for the benefit of discharged patients requiring a period of orientation before returning to full social and economic activities in the community. The Association already runs a 'Half-way House' in Hung Hom—a hostel where certain selected discharged patients from Castle Peak Hospital spend a transitional period before return to normal society.

Drug Addiction Treatment

97. A centre situated in Castle Peak Hospital and opened in March, 1961 continued to provide treatment on a voluntary basis for male drug addicts up to November 1965. It was then closed down following the

completion of direct admission facilities at Shek Kwu Chau, and all drug addiction patients at Castle Peak were transferred to Shek Kwu Chau for treatment. The Shek Kwu Chau Drug Addiction Treatment Centre is maintained by the Society for the Aid and Rehabilitation of Drug Addicts, aided by Government subvention.

98. An attempt has been made by the Psychiatric Social Work Unit of the Drug Addiction Section of the Mental Health Service to follow up the voluntary patients who were wholly treated in the former Castle Peak Drug Addiction Treatment Centre before the opening of the Shek Kwu Chau Centre. This group of persons had remained in close contact with the psychiatric social workers of the Castle Peak Centre, and had organized themselves into an informal social and recreational group so that it was possible to know with considerable accuracy whether or not they had relapsed. The total number followed up was 314. A pamphlet outlining the scientific basis of assessing the effectiveness of treatment and the results of follow-up of this group of patients has been printed for general information.

The Anti-Narcotic Campaign

99. The anti-narcotic campaign, organized by the Medical and Health Department in conjunction with ACAN (Action Committee Against Narcotics), was launched in November, 1967 and lasted for one month. Widest publicity to the campaign was given through the press, radio, television interviews as well as the showing of the film, 'Suicide on Hire Purchase', in schools and slides in theatres; posters were put up at public buildings, in resettlement estates, public transports and many other public places and leaflets were also distributed through public and voluntary agencies. The emphasis of the campaign was on the preventive aspect of drug addiction and publicity was directed primarily towards education of the young.

INFECTIOUS DISEASES HOSPITALS

100. There are two hospitals which admit patients suffering from infectious diseases—the Sai Ying Pun Hospital on Hong Kong island and the Lai Chi Kok Hospital in Kowloon; the latter also provides some accommodation for convalescent cases from the Queen Mary and Queen Elizabeth Hospitals.

101. The general pattern of admissions followed the trend experienced in previous years. There was a further reduction in the number of admissions for diphtheria and poliomyelitis.

102. Typhoid admissions remained comparable with the previous year. The disease occurs mainly amongst children and adolescents and is very often of a mild character. Measles however showed a further increase in incidence and in mortality; in almost every instance bronchopneumonia was the cause of death and unfortunately many of these children continued to be admitted in a moribund condition.

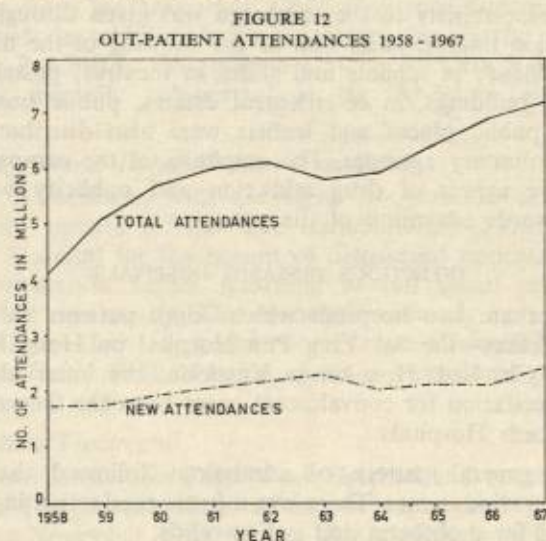
OTHER GOVERNMENT HOSPITALS

103. Other hospitals maintained by Government are the St. John Hospital, serving the island of Cheung Chau and neighbouring islands of the western sea-board; the Wan Chai Hospital for the care of female patients with skin diseases; the South Lantau Hospital serving the villages on the south-west coast of Lantau Island; and six hospitals within prison compounds at Stanley Prison, Victoria Prison, Lai Chi Kok Female Prison, the Tai Lam Prison for convicted drug addicts, the Tong Fuk Prison and the Chi Ma Wan Prison.

OUT-PATIENT SERVICES

(See tables 54-56)

104. Pressure remained heavy throughout the year on all 43 general out-patient clinics and also on most specialized ones. Trends during the past ten years are shown in Figure 12.



105. New facilities which became available during the year are detailed in paragraphs 163 to 165 of this report.

106. In addition to general out-patient services, regular out-patient sessions were maintained at a number of clinics by staff of specialized units. Evening and public holiday out-patient sessions continued to be held at eight clinics in the more densely populated areas. The more remote areas of the New Territories continued to be served by two mobile dispensaries and two 'floating clinics' while the 'flying doctor' service to more isolated and inaccessible villages was maintained.

SPECIALIST SERVICES

107. There are Government Specialist Clinical Units in medicine, surgery, obstetrics and gynaecology, anaesthesiology, dentistry, neurosurgery, ophthalmology, orthopaedic surgery, otorhinolaryngology, pathology, paediatrics, psychiatry, radiodiagnosis, radiotherapy, social hygiene, thoracic surgery and tuberculosis. In addition, the Professors and certain Senior Lecturers of the University Faculty of Medicine act as consultants in medicine, surgery, obstetrics and gynaecology, orthopaedics, pathology and paediatrics. A number of Government Specialists act as Honorary Consultants to the Tung Wah Group of Hospitals and others serve as part-time lecturers in the University clinical departments.

RADIOLOGICAL SERVICES

(See tables 57-58)

108. The Medical Department Institute of Radiology operates a service consisting of Radiodiagnosis, Radiotherapy, including the use of radioisotopes in the diagnosis and treatment of certain diseases, Radiation Physics and Clinical Photography. It serves mainly Government institutions but free consultant services are available to the Tung Wah Group of Hospitals and to the Pok Oi Hospital in the New Territories and such services are also available to medical practitioners in private practice. The Institute maintains a radiation monitoring and protection service for the Colony, undertakes teaching of medical students of the University of Hong Kong in the fundamentals of radiodiagnosis and radiotherapy and operates a Colony-wide Cancer Registry.

109. During the year the Yau Ma Tei X-Ray Survey Centre and the Yau Ma Tei Chest Clinic X-ray Department were opened. The Radiotherapy Division at Queen Mary Hospital moved into a new department in the Professorial Block where a new Caesium-137

radiotherapy unit was installed to replace an old and obsolete small telecobalt unit. A new Picker's Magna-Scanner was also acquired to increase the facilities of the Radioisotope Section.

110. With the enactment of Regulations under the Radiation Ordinance on 1st October, 1965, a programme of inspection of premises, including hospitals where irradiating apparatus and radioactive substances were used by registered medical and dental practitioners outside Government service for medical purposes, was commenced. A number of factories employing irradiating apparatus or radioactive substances for industrial use were also visited. At the time of these visits advice for the improvement of radiation protection facilities was given where required and this was followed by subsequent visits to ensure that the improvements suggested had been carried out before a licence to use the irradiating apparatus or radioactive substances was issued.

OPHTHALMOLOGY

(See tables 59-60)

111. This service maintains three full-time centres with surgical facilities, and in addition holds regular sessions at out-patient clinics in urban and rural areas. Sixty per cent of the major operations were performed on an out-patient basis, and increased availability of beds enabled waiting lists to be reduced to almost negligible proportions.

112. During the year, the number of persons first registered as blind fell further from 420 in the previous year to 345, including 20 under the age of 15 years. Following successful operations, some eighty patients were removed from the register.

113. Trends of previous years in the causation of blindness were continued, with increasing frequency of the eye diseases of advancing age and a reduction in those caused by deficiency states and trauma; senile cataract and glaucoma have replaced keratomalacia as the predominant causes, and amongst children, the main cause of blindness is congenital defect, while blindness due to keratomalacia is now comparatively rare.

PHARMACEUTICAL SERVICE

(See table 61)

114. This service is concerned with the enforcement of the Ordinances dealing with Dangerous Drugs, Pharmacy and Poisons, and

Antibiotics as well as the control, manufacture and supply of drugs and dressings and supply of medical and surgical instruments and sundries to all Government medical institutions. In addition to the usual in-patient and out-patient dispensing services provided in hospitals and clinics, two manufacturing units are maintained, one on the island and one in Kowloon for the preparation in bulk of a wide variety of pharmaceuticals. In the two largest hospitals, sterile preparation units supply all the hospital departments with their requirements for all intravenous fluids and with an extensive range of injections.

115. The Central Sterile Supply Department at Queen Elizabeth Hospital is gradually being extended to include the requirements of Kowloon Hospital. Another Central Sterile Supply Department has been opened in the new theatre block at Queen Mary Hospital and is being expanded to meet the requirements of the entire hospital. A new pharmacy department has also been opened in the new theatre block at Queen Mary Hospital.

MEDICAL SOCIAL WORK

116. The expansion of the medical services and the increasing emphasis on rehabilitation in its various aspects continued to place heavy demands for the services of medical social workers. In the Tuberculosis Service, the development by Health Visitors of the work concerned with public health and preventive aspects of this disease has enabled the Medical Social Workers, working on a referral and selection basis, to concentrate more on the purely social work angles; more time can be spent by Medical Social Workers in hospitals, and the stationing of Medical Social Workers at the Grantham Hospital and Ruttonjee Sanatorium, started in the previous year, has proved successful.

117. Work at the Kowloon Jockey Club Rehabilitation Centre has remained at a high level. The backlog of handicapped children awaiting admission to school has created a problem, and a valuable service has been provided by the Heep Hong Club in which handicapped children are encouraged to participate in group recreational and educational activities.

118. Medical Social Workers in the hospitals have continued to work with patients and families throughout the period of hospitalization towards the ultimate goal of discharging them back into the community. Severe residual disabilities, particularly in such conditions as paraplegia and hemiplegia, pose serious problems. In Queen Elizabeth Hospital

there was no significant change in the method of work during the year, while in Queen Mary Hospital medical social service was extended to patients in the nearby Sandy Bay Convalescent Hospital, who had previously been treated in Queen Mary Hospital.

119. In the Mental Health Service the demand for fully trained Psychiatric Social Workers and the scope of work at Castle Peak Hospital remained wide. In April, 1967 a system of carrying out social work on a referral basis was implemented and the follow-up of discharged drug addicts from Castle Peak Hospital was continued.

120. In the leprosy service methods of rehabilitation remained the same and co-operation with the Hay Ling Chau Leprosarium was maintained. Housing of leprosy patients and employment of cured persons remained important problems. In the fields of venereal diseases and dermatology, long interviews with patients were needed to release tensions and uncover hidden anxieties which play so important a part in some dermatological conditions. In other specialist sections such as ophthalmology, the Medical Social Workers worked on the referral system, and constantly pruned their activities in order to obtain the best possible results.

121. In staff training two medical social workers returned from and another medical social worker left for overseas training during the year. In staff training locally, full use has been made of Extra-Mural Courses, several of which have been designed especially for social workers. Medical Social Workers continued to give lectures in the course of training of nurses, physiotherapists and medical students, and all possible assistance was given to the two universities in the training of university social work students.

PHYSIOTHERAPY

(See table 62)

122. Demand for physiotherapy services continues to rise, and there is increasing concentration on education and training of the handicapped in re-adapting themselves to day-to-day activities. Some new activities were started during the year in conjunction with the Occupational Therapists for permanently handicapped patients, especially paraplegic patients. These activities include indoor bowling and archery.

123. The Physiotherapy Training School had no intake of new students during the year partly due to shortage of space. 19 students

are under training at the school, including four male students. The students are making satisfactory progress in their training and they have made themselves useful in the departments where they are able to put their training into practice.

OCCUPATIONAL THERAPY

(See table 63)

124. Owing to the pressure on the acute hospitals and to the resulting short patient-stay, the main energies of the Occupational Therapy sub-department are concentrated on the hospitals for long-term patients, particularly the Castle Peak Hospital for psychiatric cases. Progress has however been considerably handicapped by difficulties in recruitment of trained staff.

125. At Castle Peak Hospital the department continued to provide a diverse programme of treatment covering work, recreation and group social activities for a daily average of 900 patients. Industrial 'out-work', consisting of contracts with factories, continues as a valuable adjunct to the treatment programme and is being expanded, and Government orders for domestic, hospital and office equipment continued. In the Hong Kong Psychiatric Centre a carefully planned programme of rehabilitation is also carried out for patients attending the centre.

126. The occupational therapy sub-department at Yau Ma Tei Psychiatric Centre was opened in June, 1967. Patients treated at this department consist of two main categories, namely, those discharged from Castle Peak Hospital who need a short follow-up in a Day Psychiatric Centre to aid their rehabilitation and those requiring closer observation and assessment as out-patients. Patients in the latter group are generally children and young adolescents in the early stage of illness whose pattern of behaviour needs close observation.

127. Work in the Kowloon Jockey Club Rehabilitation Centre showed a further increase during the year and the aim of treatment in the centre is to assist in returning patients to their previous employment, or where this is not possible, to an alternative means of livelihood. The ward work in the Kowloon Hospital itself has progressed satisfactorily as demonstrated by the appreciable increase in the total number of treatments given during the year.

128. The Occupational Therapy Units at Queen Elizabeth, Queen Mary and Lai Chi Kok Hospitals continued their activities and treat-

ments given to patients covered orthopaedic, tuberculosis, surgical and medical conditions. The weekly occupational therapy service to the tuberculosis patients at St. John Hospital, Cheung Chau was maintained.

ORTHOPAEDIC AND PROSTHETIC APPLIANCE

129. During the year 2,235 appliances were made and 1,738 patients were treated while approximately 950 minor repairs, alterations or checkings were also done. There was an increase in the production of artificial limbs, especially the below-knee prosthesis. The number of new poliomyelitis cases decreased but the old patients are growing up and therefore the demand for long leg brace with knee hinges rose. Work study in the production section has therefore been directed mainly to simplified but effective designs and improved techniques of fabrication of appliances.

130. The training programme for Student Assistant Orthopaedic Appliance Technicians progressed satisfactorily. To suit the Asian conditions and meet the local requirements, a co-ordinated research programme and development covering various aspects of design and production technique was started during the year. The programme includes developments in long leg brace, Milwaukee spinal brace, fitting of very short above-elbow stump and functional hand splint.

MEDICAL EXAMINATION BOARD

(See tables 64-65)

131. This section performs medical examinations of new entrants to Government employment and to the Essential Service Corps. Although the numbers of persons classified as unfit on account of tuberculosis continued to fall, that disease remained the primary reason for non-acceptance of applicants on medical grounds, being responsible for thirteen out of the eighteen classification as 'unfit' in each thousand examination.

HOSPITAL MAINTENANCE AND SUPPLY

132. This section, responsible for the routine supply and lay administration of medical institutions, continued to experience staffing difficulties as not only was difficulty encountered in recruiting experienced Hospital Secretaries but the wastage rate among male minor staff remained high.

133. Transport services continued to present problems as the number of routine requirements has increased with the expansion of activities in the Department and the opening of new institutions, whilst the number of vehicles has not increased commensurately. The increased number of mass immunization campaigns and an increase in the periods that vehicles were off the roads for maintenance and repair aggravated the position.

134. The Departmental Central Laundry experienced difficulty, which was particularly great at times, in coping with the still-rising demand; additional machinery was installed and additional staff appointed. More machinery is now on order and it is hoped that when this is in use the Laundry will have sufficient balanced capacity to deal with all demands until such time as a second Laundry is built and opened to serve Hong Kong Island, which should be towards the end of 1970.

135. The UNICEF-sponsored feeding programme continued throughout the year and a total of 54,154 lbs of Milk Powder and 456 lbs of Corn-Soya-Milk was distributed to the various Government feeding centres throughout the Colony. The decrease in consumption compared with the previous year was approximately 30% and was due to shortage of supplies during the early part of the year and to the cessation of demand by the voluntary agencies which had found an alternative source of supply.

AUXILIARY MEDICAL SERVICE

136. This branch of the Essential Services Corps has a strength of over 5,000 men and women trained to augment the Colony's medical services during an emergency and approximately half of the strength is used to make up the Ambulance Depot Teams which are based on the Fire Services Ambulance Stations throughout the Colony. These Ambulance Depot Teams are trained to reinforce the Fire Services Ambulance Service and to provide mobile first aid teams as necessary.

137. Members of the Service carry out training on Sunday mornings and during the evenings. They also perform routine ambulance duty with the Fire Services Ambulance Service by rotation at week-ends and Public Holidays.

138. During the disturbances in 1967 members of the Service were called up to reinforce the Ambulance Service as required, and assisted

the Medical Services in various duties. Members also attended at the scenes of a number of fires in Hong Kong and Kowloon during the year.

REGISTRATION OF MEDICAL CLINICS

(See table 43)

139. In accordance with the Medical Clinics Ordinance, Chapter 343, all clinics, except the mobile vans which were formerly registered with exemption (that is operated by unregistered doctors) were required to be re-registered annually. As on 31st March, 1968 there were 75 registered static clinics and 3 registered mobile clinics in the charge of registered medical practitioners and 380 clinics registered with exemption, making a total of 458 which is slightly less than the previous year's total of 475.

140. The decrease is more than compensated by the implementation of the Low Cost Medical Care Scheme under which static clinics were to be set up in Resettlement and Housing Estates. The aim is to provide one doctor for every 6,000 residents with priority given to registered practitioners. At the end of the year under review there were 31 clinics in Resettlement Estates and 18 in Housing Estates being operated by registered doctors. In addition, there were 11 clinics in Resettlement Estates and 2 clinics in the Hong Kong Housing Societies which were registered with exemption.

V. GOVERNMENT-ASSISTED HOSPITALS

(See table 66)

141. Financial assistance mainly by means of an annual subvention is given by Government to certain voluntary organizations maintaining hospitals in the Colony. Such hospitals, containing a total of 6,109 beds, provide mainly subacute general beds or facilities for persons suffering from certain specific diseases or handicaps. The total Government subvention to these hospitals during the year was \$45,165,314 recurrent and \$541,589 special expenditure.

THE TUNG WAH GROUP OF HOSPITALS

142. The Tung Wah Group of Hospitals is a long-established Chinese charitable organization and is managed by a Board of Directors elected annually. During recent years a programme of modernization and

expansion has been undertaken with assistance from Government in terms of personnel, especially medical officer and consultant services, money and material, with a subvention amounting to \$27,268,888.

143. The Intensive Care Unit at Kwong Wah Hospital was opened in March 1968. The Unit with a total of 16 beds is equipped with life-saving facilities and provides intensive nursing care, active treatment and continuous close observation for critical cases.

144. The Casualty Department at Kwong Wah Hospital, opened in July 1965, continued to relieve some of the heavy pressure on the Casualty Department in Queen Elizabeth Hospital and to provide additional casualty facilities for the public in Kowloon and the New Territories. The Department, initially staffed by secondment from Government, was finally managed by the Hospital's own staff in 1967. During the year there were 66,000 casualty attendances at the Department of which 19% were traumatic cases.

145. The need for subsidiary beds for long-term patients was stressed in the Medical Development Plan and the Group's programme of development was directed towards the provision of these. During the year work on Wong Tai Sin Infirmary's Phases II and III continued. On completion of the whole project, it will give an overall total of 800 beds.

THE ALICE HO MIU LING NETHERSOLE HOSPITAL

146. This hospital, supported by the London Missionary Society, received a Government subvention of \$2,500,000 during the year. The building of the new East Wing, officially opened in December, and the associated alterations in the rest of the Hospital have greatly improved the facilities. New features provided in the hospital include a central sterile supply department, central milk kitchen, intensive care unit and laundry. Several departments including pharmacy, radiology, blood bank and haematology, laboratory, operating theatres, casualty and ward units have been re-modelled or rebuilt.

POK OI HOSPITAL

147. This charitable hospital at Yuen Long in the New Territories continued to serve the population in Yuen Long and its adjoining areas. The hospital's programme of modest expansion progressed satisfactorily and new projects including minor staff quarters, a kitchen and a mortuary were under consideration at the end of the year under review.

CARITAS MEDICAL CENTRE

148. This hospital of 490 beds, erected with the aid of donations from Roman Catholic Communities in many parts of the world and in particular from the Federal Republic of Germany, and maintained partly with the aid of a Government subvention of \$2,000,000, is situated in the densely populated district of So Uk in North-West Kowloon. It is administered by the Canossan Sisters and comprises three blocks for general, tuberculosis and cancer patients respectively, as well as quarters for staff and a nurses' training school. Plans are under way for further expansion by the provision of a paediatric block of 250 beds. Although certain staffing difficulties were encountered initially, these have been mainly overcome and the hospital is playing a very active part in the provision of medical services in the Colony.

HONG KONG ANTI-TUBERCULOSIS AND THORACIC DISEASES ASSOCIATION

149. This Association, in its three institutions—the Grantham Hospital, the Ruttonjee Sanatorium and the Freni Memorial Convalescent Home provides the great majority of the beds available for treatment of tuberculosis, and a close liaison is maintained with the Government Chest Service.

The Grantham Hospital (See table 67)

150. This hospital of 619 beds is equipped as a modern chest hospital and is administered by the Grantham Hospital Management Board on a fee-paying, non-profit-making basis. Government maintains 576 of the beds, but all staff of the hospital is provided by the Association with the exception of Government Medical Officers posted to the Government clinical units which are directly responsible for 218 of the beds.

151. Closed heart surgery was started in October 1967. The hospital has now been equipped to deal with open heart operations, this form of surgical treatment will be available later in 1968. The cardiac surgery unit is to be operated in association with the Professorial Medical and Surgical Departments of the University of Hong Kong.

Ruttonjee Sanatorium and Freni Memorial Convalescent Home
(See table 68)

152. The Ruttonjee Sanatorium and its annex, the Freni Memorial Convalescent Home together accommodate 360 patients suffering from

tuberculosis and other chest diseases. The Sanatorium also operates a Follow-up Clinic and a B.C.G. centre. It is supported by voluntary contributions and by a subvention from Government through the Association.

HAVEN OF HOPE SANATORIUM

153. This hospital of 230 beds is situated in the Junk Bay area of the New Territories and a tuberculosis out-patient and follow-up clinic is maintained at nearby Rennie's Mill. During the year, the hospital was assisted in its recurrent expenditure by a Government subvention of \$715,900, and planning of an additional 60 beds was completed.

SANDY BAY CHILDREN'S ORTHOPAEDIC HOSPITAL AND CONVALESCENT HOME

154. Maintained by the Society for the Relief of Disabled Children, partly with the aid of a Government subvention of \$150,000, this home contains 100 beds for children requiring long-term orthopaedic care. The Hong Kong Red Cross Society provides two full-time primary school teachers to enable the children to continue their education during convalescence. Construction of additional facilities in the form of an out-patient department, an operating theatre suite, X-ray facilities, physiotherapy and 100 additional beds was substantially completed and would be opened for use in the later half of 1968.

OUR LADY OF MARYKNOLL HOSPITAL

155. This hospital of 80 beds is administered by the Maryknoll Sisters, and was maintained during the year partly with the aid of a Government subvention of \$387,000. It is located at Wong Tai Sin in North-East Kowloon and provides general in-patient and out-patient facilities for this rapidly expanding area. During the year construction for an extension of 140 beds was well advanced, and on completion the hospital will have a total of 220 beds, 180 for general third class patients and 40 for first and second class patients and maternity cases.

HAY LING CHAU LEPROSARIUM

(See table 69)

156. This leprosarium situated on an island six miles from Hong Kong is maintained by the Leprosy Mission, Hong Kong Auxiliary with the aid of a Government subvention. It provides accommodation for 540 leprosy patients and special facilities for those who require reconstructive surgery or who are suffering from intercurrent disease.

157. In therapy, diamino-diphenyl-sulphone remained the drug of choice for most patients, but thiambutasone was used more with increasing success, either by itself or with diamino-diphenyl-sulphone. Its usefulness has improved greatly since it became available in the injectable form; results are far better and undesirable side effects are far fewer. The newer drugs are also used for some of those who do not respond favourably to the more routine therapy. Physiotherapy has become an essential part of the programme to prevent disability, and through this treatment programme many of the newer patients are able to return home earlier and without any disability.

HONG KONG SOCIETY FOR REHABILITATION KWUN TONG
REHABILITATION CENTRE

158. This centre, aided by a recurrent grant from Government, accommodates eighty patients and has occupational workshops and facilities for physiotherapy and for the manufacture of prostheses. It is designed to assist in the quick return to employment of those who have been injured, particularly in industrial accidents.

NAM LONG HOSPITAL

159. The hospital maintained by the Hong Kong Anti-Cancer Society was officially opened on 5th May, 1967. Its 3 blocks occupy a site at Brick Hill overlooking Aberdeen harbour. With a total accommodation of 120 beds, it takes in cancer patients convalescing from major surgery or from radiotherapy and also those with advanced disease. Chemotherapy is also given to patients. Cases are referred by government or private hospitals or by medical practitioners and it is the policy of the hospital to admit only such cases. All poor patients receive free treatment, but for those who are able to pay a small fee is charged. Patients are provided with medical social service.

VI. DEVELOPMENT

(See table 70)

FORWARD PLANNING

160. Reference has been made previously in this report to the unparalleled hospital development of the past 15 years. However, the population has also been increasing very rapidly and there is still considerable pressure on most categories of hospital beds, particularly those

for acute and chronic general and mental patients. The White Paper on Development of Medical Services in Hong Kong, which was tabled in Legislative Council in February 1964, outlined the medical problems of the Colony and made suggestions to remedy deficiencies in order to produce, in the face of a rapidly increasing population, a reasonably satisfactory standard of medical facilities. Developments have to take into account the ability of the community to afford these facilities either by direct payment or by indirect payment by means of taxation. The Working Party which prepared the White Paper was re-constituted by His Excellency the Governor as the Medical Development Plan Standing Committee. The Director of Medical and Health Services is its Chairman and the Committee comprises two nominated members and representatives of the Medical and Health Department, the Finance and General Branches of the Colonial Secretariat, and, when necessary, the Public Works Department. The Committee has held 33 meetings since its inception, in order to keep the recommendations made in the White Paper under continuous administrative review and to report its conclusions on all major matters to Government through the Medical Advisory Board. The Committee's activities fall into five main categories, namely, development of medical institutions; staffing of such institutions; subventions to Government-assisted institutions; fees and charges; and improved utilization of existing medical facilities.

161. The principal matters, with which the Committee continued to occupy themselves were: the alterations to and extensions of Queen Mary Hospital, the first two phases of which have been completed, two more to be completed at the end of 1968 and the fifth and last phase to be completed by early 1969 to provide ultimately a total of 1,080 beds; the progress made with the provision of a new 1,360 beds general hospital at Lai Chi Kok; the planning of a new convalescent block in the grounds of Kowloon Hospital; the adequacy of the present psychiatric services, a new mental hospital of approximately 1,000 beds being approved; the review of fees and charges at Government hospitals and clinics, a matter still under consideration at the end of the year, and the subventions paid to Government-assisted institutions.

162. Amongst new matters considered by the Committee were: a polyclinic including rehabilitation facilities at Kwai Chung South, a polyclinic for Kowloon East, a new kitchen, laundry, mortuary and minor staff quarters for the Pok Oi Hospital at Yuen Long, and an

experimental centre for the voluntary treatment of female drug addicts to be operated by the Society for the Aid and Rehabilitation of Drug Addicts.

COMPLETED PROJECTS

163. The year 1967-68 saw the completion of a number of major additions to the Colony's medical and health services. Although most of these have been mentioned elsewhere in this report, it is appropriate to summarize them in this chapter.

164. Projects completed during the year were the Castle Peak Clinic, a new rural clinic and maternity home financed entirely by Government, a new professorial block at Queen Mary Hospital also financed by Government, alterations to the fourth and fifth floors of the Tsan Yuk Hospital financed by the Royal Hong Kong Jockey Club, which in the previous year had financed the provision of an additional floor at this hospital as a result of which it was possible for the alteration to be carried out, and a two-storey addition to the Lion's Club Government Maternal and Child Health Centre at Kowloon City financed jointly by the Lion's Club and Government.

165. Major projects at Government-assisted medical institutions which were completed during the year were a nursing home of 120 beds for cancer patients run by the Hong Kong Anti-Cancer Society and the expansions to the Nethersole Hospital, while extensions to the Sandy Bay Children's Orthopaedic Hospital and Convalescent Home were almost complete.

PROJECT UNDER CONSTRUCTION

166. Major projects on which construction had commenced or was about to begin were Chai Wan Urban Clinic and Maternity Home, the Tang Shiu-kin Hospital, the convalescent block at Kowloon Hospital, and a major programme of alterations to Queen Mary Hospital, while site formations for the new Lai Chi Kok General and Mental Hospitals were in progress. Work on the Tung Wah Group Wong Tai Sin Infirmary's Phases II and III continued.

167. A detailed statement of development will be found in the Statistical Appendix to this report.

VII. TRAINING PROGRAMME

(See tables 71-73)

168. The University of Hong Kong confers the degrees of M.B., B.S., which have been registrable with the General Medical Council of the United Kingdom since 1911. Posts in the major hospitals are recognized for post-graduate training by the majority of the examining bodies in Britain.

169. Mention has been made in recent reports of the relative shortage of qualified medical personnel and, with the completion of the new University pre-clinical buildings at Sassoon Road, the University's intake of medical students was increased to 120 students in 1965. The extensions to Queen Mary Hospital, to which reference has already been made, will be completed in time to allow a larger number of students to have their clinical training. While there will therefore be a considerable increase in the output of medical graduates from the Hong Kong University as from 1970, the Colony will remain relatively short of qualified medical personnel for some years to come.

170. Following the opening of the Queen Elizabeth Hospital, the programme for the training of doctors for post-graduate qualifications was reviewed by the Panel on Post-Graduate Medical Education, which advised a re-appraisal of specialization in the major disciplines. A shortage of experienced personnel has been encountered in some specialties, but it is hoped that most of these deficiencies will be remedied within the next few years.

DENTAL STAFF

171. No undergraduate training in dentistry is available in Hong Kong, but Government annually awards scholarships for the study of dentistry overseas. Two such scholarships were awarded during the year, while four scholars returned to the Colony after qualification, bringing the total of returned graduates to 51 out of a total of 76 scholarships so far awarded.

172. In-service training in dental technology continues for Government student dental technicians, while evening classes for dental technicians in private employment are held at the Hong Kong Technical College. During the year two Government dental technicians passed the Intermediate Certificate of the City and Guilds of London Institute in

Dental Technology. In-service training of selected dental surgery assistants in the fields of dental radiography and orthodontics is also carried out.

173. Three dental surgery assistants are under training in Penang, Malaysia, under World Health Organization Fellowships for training in dental nursing.

NURSES

General Nursing

174. There is full reciprocity of registration between the general nursing qualifications of the Nursing Board in Hong Kong and of the General Nursing Council of England and Wales. Government maintains two training schools, at Queen Mary and Queen Elizabeth Hospitals respectively where teaching is in the medium of the English language, while the other approved training schools are maintained by the Tung Wah Group of Hospitals, the Alice Ho Miu Ling Nethersole Hospital and the Hong Kong Sanatorium and Hospital and in these teaching is in the medium of the Chinese Language. The Caritas Medical Centre nurses training school, started in November 1965, received full recognition from the General Nursing Council of England and Wales in November 1967.

175. Eight trained staff proceeded overseas during the year for specialized training in various branches of nursing such as hospital administration (nursing); paediatric nursing; sister tutor's diploma; dietetics, teaching methods for overseas nurses and operating theatre technique (open heart surgery).

176. A Working Party on Nursing Education and Training was appointed by the Nursing Board of Hong Kong in May 1965 to consider the whole field of nursing education and training and to make recommendations. The Working Party, under the chairmanship of Miss Sheila Iu, M.B.E., comprised nursing members from Government, Government-assisted and private hospitals. The Working Party held a total of 23 meetings and its report, completed in April 1967, was considered by the Nursing Board during the year.

Midwifery

177. For registered general nurses, a one-year course in midwifery continues to be conducted and usually commences as a continuation after registration with the Nursing Board.

178. Pupil Midwives without a nursing qualification undergo a two-year course at the Government Tsan Yuk Hospital conducted in the Chinese language. After qualification suitable midwives are employed to staff Government maternity units.

Health Visitors

179. A Health Visitors' Course was commenced in January 1968, and nine trained nurses entered the course.

RADIOGRAPHERS

180. Training in this sphere was continued during the year and examinations were held in the Colony for Membership of the Society of Radiographers of England for both therapy and diagnostic radiographers.

181. During the year 5 Student Radiographers passed the Part II examination for the Membership of the Society of Radiographers.

LABORATORY TECHNICIANS

182. The Government Institute of Pathology maintained its in-service training for Medical Laboratory Technicians. The Intermediate Examination of the Institute of Medical Laboratory Technology of the United Kingdom was held in Hong Kong in May 1967 and 29 candidates passed. Five technicians returned from the United Kingdom this year, four with the A.I.M.L.T. qualification and one with the F.I.M.L.T. qualification.

OTHER FORMS OF DEPARTMENTAL TRAINING

183. In-service courses of training were continued for dispensers, Health Auxiliaries, Dental Technicians and Orthopaedic Appliance Technicians. These do not all lead to recognized qualifications but prepare those concerned for appointment to permanent posts in Government service after passing a departmental examination.

VIII. DONATIONS

(See table 78)

184. The Colony's medical and health services have in the past years benefited to a considerable degree from donations received from a

number of non-government organizations and individuals, and in the year under review this continuing interest has been reflected in donations totalling \$219,723. In March 1968, a donation of \$150,000 was received from the Lions International for the building of an extension to the Lions Club Government Maternal and Child Health Centre in Kowloon City.

185. Sir Shiu-kin TANG, whose philanthropy is well-known, contributed a total of \$1,300,000 towards the cost of a hospital now being built. Pending completion of the building, the interest from Sir Shiu-kin TANG's donation is being devoted to assisting certain non-Government organizations concerned with the provision of medical assistance for the Colony's needy.

IX. ACKNOWLEDGEMENT

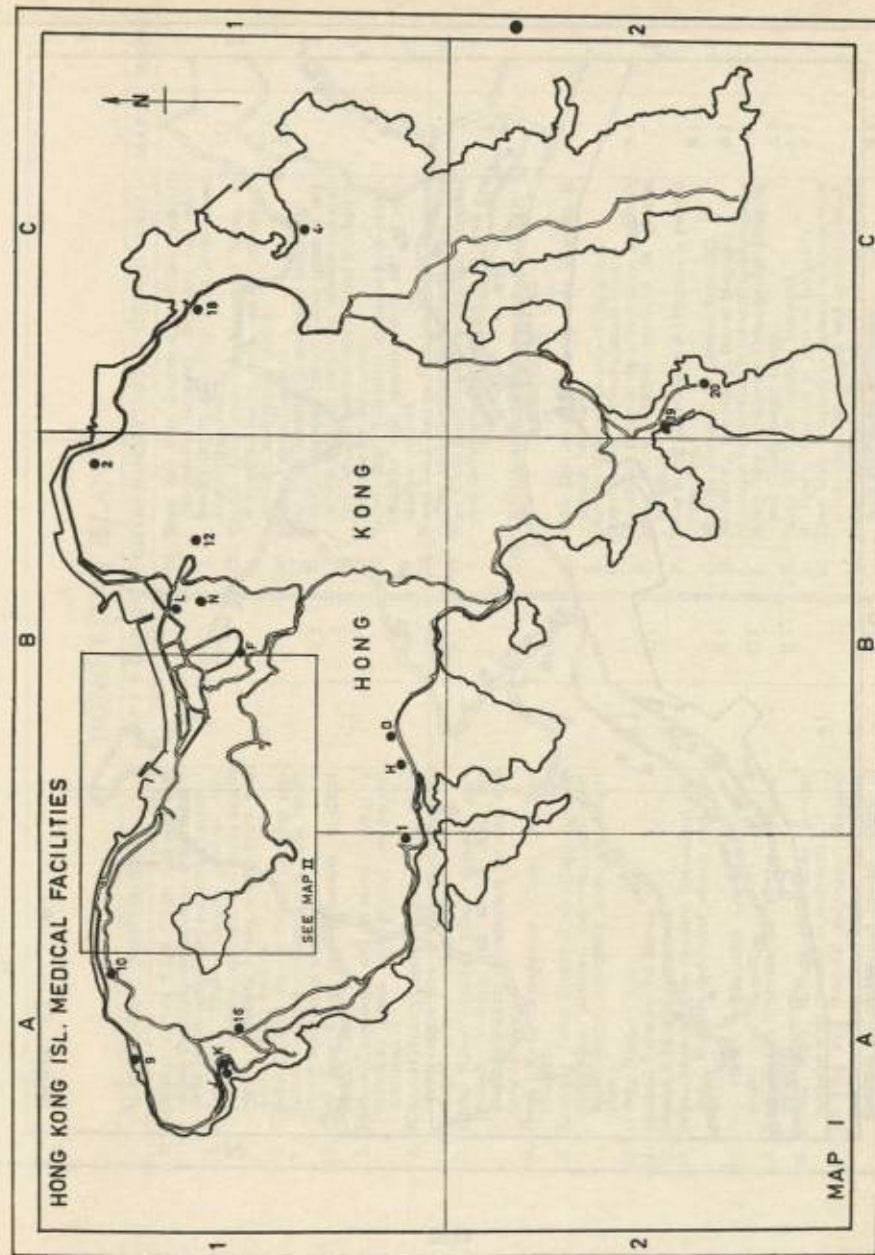
186. I would like to place on record my sincere appreciation of the loyal and effective support I have continued to receive from all the officers of the Department. The year under review was a most difficult period but the devotion to duty shown by every member of the department was most commendable as will be appreciated from a study of this report. The considerable pressure of work on all sections has continued to increase, aggravated by staff shortages and difficult working conditions. During the disturbances which the Colony had to face in 1967, all members of the staff worked hard and unflinchingly to maintain the high standard of efficiency which the community has come to expect of them, in many instances under the most hazardous conditions. At the same time I must also pay a sincere tribute to the patience and understanding displayed by the public in their acceptance of the unavoidable deficiencies in the medical service of the Colony.

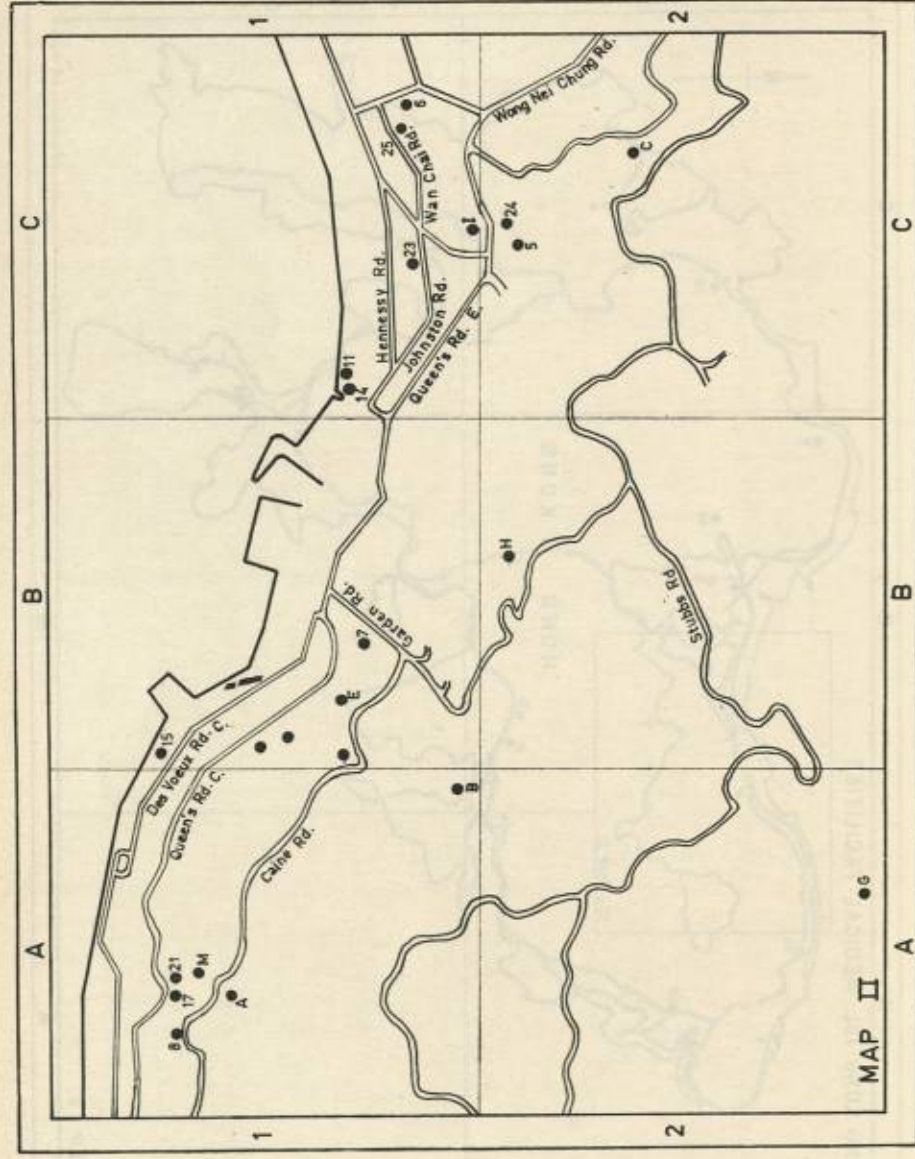
187. The Department has received the most effective co-operation and help from the voluntary organizations, the Press, Radio, Rediffusion, and many civic-minded persons who served on the many Statutory Boards, Advisory Committees and Working Parties without whose co-operation and assistance it would have been impossible to provide the essential services of the Medical and Health Department. My colleagues in the other branches of Government also rendered invaluable assistance which enabled the Department to carry out its many functions.

188. To all those who have been mentioned and to the many others who are too numerous to put on record, I extend my heartfelt thanks for their co-operation and help.

P. H. TENG,
Director of Medical and Health Services.

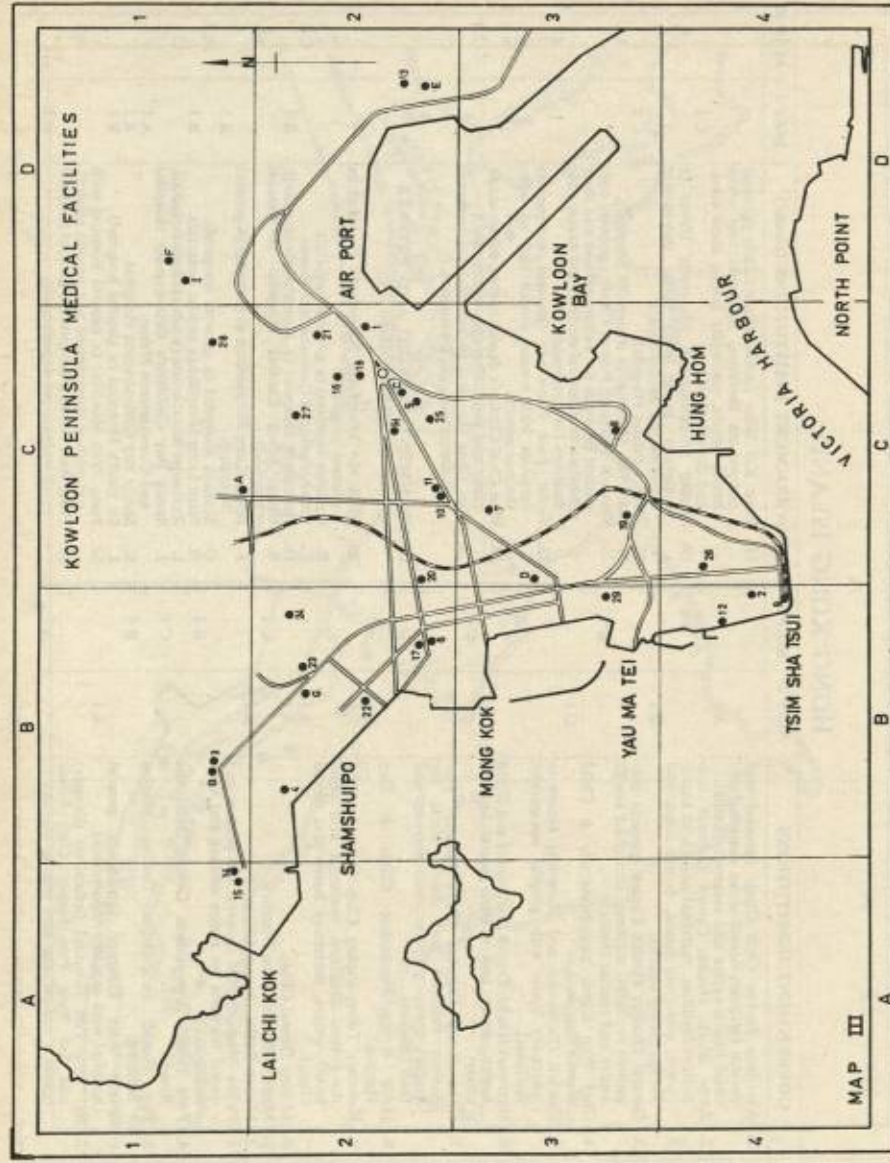
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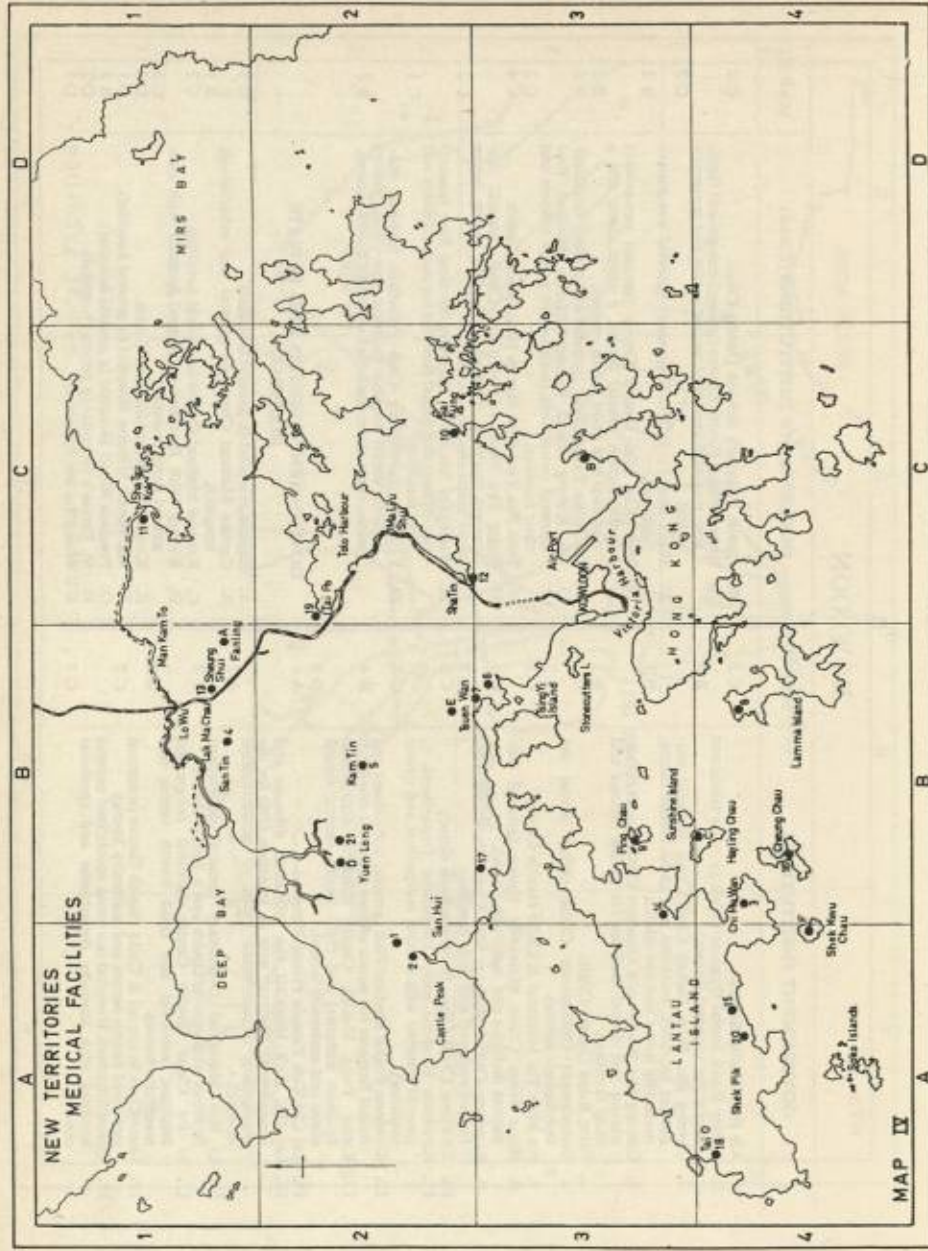
A HONG KONG ISLAND

GOVERNMENT INSTITUTIONS	MAP I	MAP II	GOVERNMENT INSTITUTIONS (Contd.)	MAP I	MAP II
1. Aberdeen Jockey Club Clinic (general out-patient facilities, dental clinic, maternal and child health centre and maternity home).	A1		18. Shau Kei Wan Jockey Club Clinic (general out-patient facilities, maternal and child health centre, maternity home, chest clinic and dental clinic).	C1	
2. Anne Black Health Centre (general out-patient facilities, maternal and child health centre, maternity home, dental clinic and X-ray, survey centre).	B1		19. Stanley Dispensary & Maternity Home (a maternity home with some out-patient facilities and dental clinic).	C2	
3. Central District Health Centre (general out-patient facilities, maternal and child health centre and special clinics).	C1		20. Stanley Prison Hospital.		A1
4. Chai Wan Clinic and Maternity & Child Health Centre.		B1	21. Tsun Yuk Hospital (a maternity hospital).		B1
5. Eastern Dispensary and Maternity Home (a maternity home with general out-patient facilities).		C2	22. Victoria Remand Prison Clinic (general out-patient facilities for prison officers and their families, and general medical and psychiatric facilities for detainees).		C1
6. Harcourt Health Centre (a maternal and child health centre and a male social hygiene clinic).		C1	23. Violet, Peel Polyclinic (general out-patient facilities with special clinics and an ophthalmic centre).		C2
7. Hong Kong Families Clinic (general out-patient facilities and dental clinic for English-speaking Government Servants and their families).			24. Wan Chai Clinic (a dental centre, tuberculosis clinic and physiotherapy department).		C1
8. Hong Kong Psychiatric Clinic & Day Hospital.		B1	25. Wan Chai Hospital (a hospital for venereal and dermatological treatment).		C1
9. Kennedy Town Jockey Club Clinic (general out-patient facilities, maternal and child health centre, maternity home and dental clinic).		A1			
10. Li Sing Dental Clinic.	A1		GOVERNMENT-ASSISTED AND PRIVATE HOSPITALS		
11. Medical Examination Board.	A1		A. Alice Ho Miu Ling Nethersole Hospital (a general hospital).		A1
12. Mount Butler Quarry Clinic.	A1		B. Cossa Hospital (a general hospital).		A1
13. Police Medical Post (general out-patient and dental facilities for police officers and their families).	B1		C. Freni Memorial Convalescent Home.	B1	C2
14. Port Health Inoculation Centre, Harcourt Road.		C1	D. Grantham Hospital (a tuberculosis hospital, hospital).		B1
15. Port Health Inoculation Centre, Marine Building.		B1	E. Hong Kong Central Hospital (a general hospital).		B1
16. Queen Mary Hospital (an acute general hospital with casualty department).		C1	F. Hong Kong Sanatorium & Hospital (a general hospital).		A2
17. Sai Ying Pun Hospital (infectious diseases) and Sai Ying Pun Jockey Club Clinic (general out-patient and special clinics).	A1		G. Madras Hospital (a general hospital).		C1
			H. Nain Long Hospital (a cancer hospital).		
			I. Rutongjee Sanatorium (a tuberculosis hospital).		
			J. Sandy Bay Children's Orthopaedic Hospital and Convalescent Home.		
			K. Sandy Bay Convalescent Hospital.		
			L. St. Paul's Hospital (a general hospital, with out-patient department and special clinics).		
			N. Tung Wah Eastern Hospital (a general hospital with out-patient department).		



B KOWLOON

GOVERNMENT INSTITUTIONS	MAP III	GOVERNMENT INSTITUTIONS (Contd.)	MAP III
1. Air Port Health Station.	C 2	20. Queen Elizabeth School Dental Clinic.	C 2
2. Ashley Road Social Hygiene Clinic (a male treatment centre for venereal disease).	B 4	21. Robert Black Health Centre (general out-patient facilities, maternal and child health centre and maternity home).	C 2
3. Cheung Sha Wan Jockey Club Clinic (general out-patient facilities, maternal and child health centre, maternity home and eye clinic).	B 1	22. Sham Shui Po Public Dispensary (general out-patient facilities).	B 2
4. Cheung Sha Wan Police Quarters Clinic (general out-patient and dental facilities for police officers and their families).	B 2	23. Shek Kip Mei Health Centre (general out-patient facilities with special clinics a chest clinic and a maternal and child health centre).	B 2
5. Farm Road Dental Clinic.	C 2	24. Tai Hang Tung Clinic (general out-patient facilities).	C 2
6. Government Ophthalmic Clinic—Arran Street (an ophthalmic centre).	B 2	25. Tin Kwong Road Police Quarters Medical Post (general out-patient facilities for police officers and their families).	C 4
7. Ho Man Tin Maternity & Child Health Centre.	C 3	26. Tam Sha Tsui Port Health Inoculation Centre.	C 2
8. Hung Hom Clinic Maternity Home (general out-patient facilities and maternity home).	B 4	27. Wang Tau Horn Jockey Club Clinic (general out-patient facilities, maternal and child health centre and maternity home).	C 2
9. Kowloon-Canton Railway Staff Clinic (dental facilities for railway staff and their families).	C 2	28. Wong Tai Sin Police Quarters Medical Post (general out-patient and dental facilities for police officers and their families).	C 1
10. Kowloon Chest Clinic (a tuberculosis clinic).	C 2	29. Yau Ma Tei Jockey Club Polyclinic (general out-patient, social hygiene facilities, eye clinic, dental clinic, chest clinic, maternal and child health centre).	B 3
11. Kowloon Hospital and Out-patient Department (a general hospital with general out-patient and dental facilities).	C 2		
12. Kowloon Police Medical Post (general out-patient and dental facilities for police officers and their families).	B 4		
13. Kwun Tong Health Centre (general out-patient facilities maternal and child health centre, dental clinic and maternity home).	D 2		
14. Lai Chi Kok Female Prison Hospital.	A 1		
15. Lai Chi Kok Hospital (an infectious diseases and convalescent hospital, with an Isolation Unit for the segregation of suspected cases of quarantinable disease).	A 1		
16. Li Kee Memorial Dispensary (general out-patient facilities with special clinics and a dental clinic).	C 2		
17. Li Po Chun Health Centre (general out-patient facilities, maternal and child health centre and maternity home).	B 2		
18. Lions Club Maternity & Child Health Centre (maternal and child health centre and maternity home).	C 2		
19. Queen Elizabeth Hospital (an acute specialized general hospital with casualty department and specialist clinic).	C 3		
		GOVERNMENT ASSISTED AND PRIVATE HOSPITALS	
		A. Baptist Hospital (a general hospital).	C 1
		B. Caritas Medical Centre (a general and tuberculosis hospital).	B 1
		C. Evangelical Medical Centre (a general hospital).	C 2
		D. Kwong Wah Hospital (a general hospital with out-patient department).	C 3
		E. Kwan Tong Rehabilitation Centre.	D 2
		F. Maryknoll Mission Hospital (a general hospital).	D 1
		G. Precious Blood Hospital (a general hospital).	B 2
		H. St. Teresa's Hospital (a general hospital).	C 2
		I. Wong Tai Sin Infirmary.	D 1



C NEW TERRITORIES

GOVERNMENT INSTITUTIONS

1. Castle Peak Hospital (a mental hospital).
2. Castle Peak Clinic (general out-patient facilities and maternity home).
3. Chi Ma Wan Prison Hospital.
4. Ho Tung Dispensary (general out-patient facilities and maternity home).
5. Kam Tin Clinic (a maternity home with some out-patient facilities).
6. Lady Trench Polyclinic (general out-patient facilities with special clinics).
7. Marine Grantham Health Centre (maternal and child health centre and maternity home).
8. North Namma Clinic (a maternity home with some out-patient facilities).
9. Penny Chau Clinic (a maternity home with some out-patient facilities).
10. Sai Kung Dispensary (general out-patient facilities and maternity home).
11. Sha Tau Kok Clinic (a maternity home with some out-patient facilities).
12. Sha Tin Clinic (general out-patient facilities and maternity home).
13. Shek Wu Hui Jockey Club Clinic (general out-patient facilities and maternity home).
14. Silver Mine Bay Dispensary (a maternity home with some out-patient facilities).
15. South Lantau Hospital (a general hospital with out-patient department).
16. St. John Hospital (a general hospital with out-patient department).
17. Tai Lam Chung Prison Hospital.
18. Tai O Dispensary (general out-patient facilities and maternity home).
19. Tai Po Jockey Club Clinic (general out-patient facilities, dental clinic and maternity home).
20. Tong Fuk Prison Hospital.
21. Yuen Long Dispensary (general out-patient facilities, dental clinic and maternity home).

GOVERNMENT-ASSISTED AND PRIVATE HOSPITALS

- A. Fanling Hospital (a general hospital).
- B. Haven of Hope Tuberculosis Sanatorium.
- C. Hay Ling Chau Leprosarium.
- D. Seventh Day Adventist Hospital (a general hospital).
- E. Pok Oi Hospital (a general hospital).
- F. Shek Kwu Chau Centre for Drug Addicts.

MAP IV

MAP IV
A 2
A 2
B 4
B 1
B 2
B 3
B 3
B 4
B 3
C 2
C 1
C 2
B 1
B 3
A 4
B 4
B 3
A 4
C 2
A 4
B 2
B 1
C 3
B 4
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B 2
A 4

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TABLE 1

ESTABLISHMENT OF THE MEDICAL AND HEALTH DEPARTMENT
AS AT 31ST MARCH, 1968

Zone Grade	Zone									Total	Strength on 31.3.68
	Headquarters	Queen Mary Hospital	Queen Elizabeth Hospital	Kowloon Hospital	Castle Peak Hospital and Mental Health Centre	Tsao Yuk Hospital	Dental Service	Tuberculosis Service	Other Hospitals, Clinics and Services		
Director of Medical & Health Services	1	—	—	—	—	—	—	—	—	1	1
Deputy Director of Medical & Health Services	2	—	—	—	—	—	—	—	—	2	2
Assistant Director of Medical & Health Services	3	—	1	—	—	—	—	—	—	5	4
Senior Specialist and Specialist Principal Medical and Health Officer	—	8	23	—	3	—	2	1	4	41	35
Chief Executive Officer/Senior Executive Officer/Executive Officer	3	1	—	1	—	—	—	—	4	9	6
Senior Treasury Accountant/Treasury Accountant	11	—	1	—	—	—	1	—	—	13	12
Senior Medical & Health Officer/Medical & Health Officer/Assistant Medical & Health Officer	2	—	—	—	—	—	—	—	—	2	2
Senior Dental Officer/Dental Officer/Assistant Dental Officer	6	56	97	13	18	12	—	29	325	556	468
Principal Matron	—	1	3	1	1	—	56	—	—	62	61
Nursing Staff	1	541	783	348	300	151	—	22	823	2,968	2,785
Senior Dietitian/Dietitian	—	2	5	1	—	—	—	—	—	8	7
Principal Medical Social Worker/Medical Social Worker Class I and Class II	1	9	12	4	12	2	—	9	30	79	73
Chief Pharmacist/Senior Pharmacist/Pharmacist/Chief Dispenser/Senior Dispenser/Dispenser/Student Dispenser/Dispensary Supervisor	—	18	18	4	5	2	—	5	128	180	164
Government Chemist/Senior Chemist/Chemist/Assistant Chemist/Assistant Biochemist	—	—	—	—	—	—	—	—	14	14	10
Scientific Officer (Medical)	—	—	1	—	—	—	—	—	1	2	2
Virologist	—	—	—	—	—	—	—	—	1	1	—
Senior Physicist/Physicist	—	2	5	—	—	—	—	—	—	7	7
Chief Hospital Secretary/Senior Hospital Secretary/Hospital Secretary/Assistant Hospital Secretary	1	3	4	2	2	—	—	—	5	17	14
Clerical Staff	85	48	96	23	23	6	44	38	215	578	566
Superintendent Radiographer/Senior Radiographer/Radiographer/Assistant Radiographer/Student Radiographer	—	31	45	4	—	—	—	—	35	115	111
Carried forward	116	720	1,094	401	364	173	103	105	1,585	4,661	4,331

TABLE 1—Contd.

Zone Grade	Zone									Total	Strength on 31.3.68
	Headquarters	Queen Mary Hospital	Queen Elizabeth Hospital	Kowloon Hospital	Castle Peak Hospital and Mental Health Centre	Tsai Yuk Hospital	Dental Service	Tuberculosis Service	Other Hospitals Clinics and Services		
Brought forward ...	116	720	1,094	401	364	173	103	105	1,585	4,661	4,331
Superintendent Physiotherapist/ Senior Physiotherapist/Tutor Physiotherapist/Physiotherapist/ Assistant Physiotherapist/ Student Assistant Physiotherapist ...	—	7	55	3	—	—	—	—	15	80	54
Superintendent Occupational Therapist/Senior Occupational Therapist/Occupational Therapist/Handicraft Instructor	—	5	4	3	38	—	—	—	9	59	57
Chief Medical Technologist/Senior Medical Technologist/Medical Technologist/Medical Laboratory Technician Class I/ Medical Laboratory Technician Class II/Student Laboratory Technician ...	—	7	28	—	3	—	—	—	98	136	112
Senior Laboratory Assistant/ Laboratory Assistant/Student Laboratory Assistant ...	—	—	—	—	—	—	—	—	20	20	19
Senior Health Inspector/Health Inspector Class I & II ...	—	—	—	—	—	—	—	—	18	18	15
Senior Inoculator/Inoculator ...	—	—	—	—	—	—	—	10	112	122	119
Audiology Technician ...	—	—	—	—	—	—	—	—	1	1	1
Orthopaedic Appliance Techni- cian/Assistant Orthopaedic Appliance Technician/Student Assistant Orthopaedic Appliance Technician ...	—	—	—	—	—	—	—	—	9	9	8
Mould Laboratory Technician/ Student Mould Laboratory Technician ...	—	1	2	—	—	—	—	—	—	3	3
Dental Technologist/Dental Technician/Student Dental Technician/Dental Inspector/ Senior Dental Surgery Assistant/Dental Surgery Assistant/Dental Nurse ...	—	2	6	—	1	—	112	—	—	121	116
Laundry Adviser/Laundry Manager/Assistant Laundry Manager/Laundry Supervisor ...	—	3	4	3	2	1	—	—	3	16	15
Senior Linen Room Supervisor/ Linen Room Supervisor ...	—	—	—	—	—	—	—	—	5	5	5
Other Staff ...	16	760	1,292	262	591	131	48	118	1,579	4,797	4,539
TOTAL ...	132	1,505	2,485	672	999	305	263	233	3,454	10,048	9,394

TABLE 2
ADMINISTRATION OF MEDICAL AND HEALTH DEPARTMENT

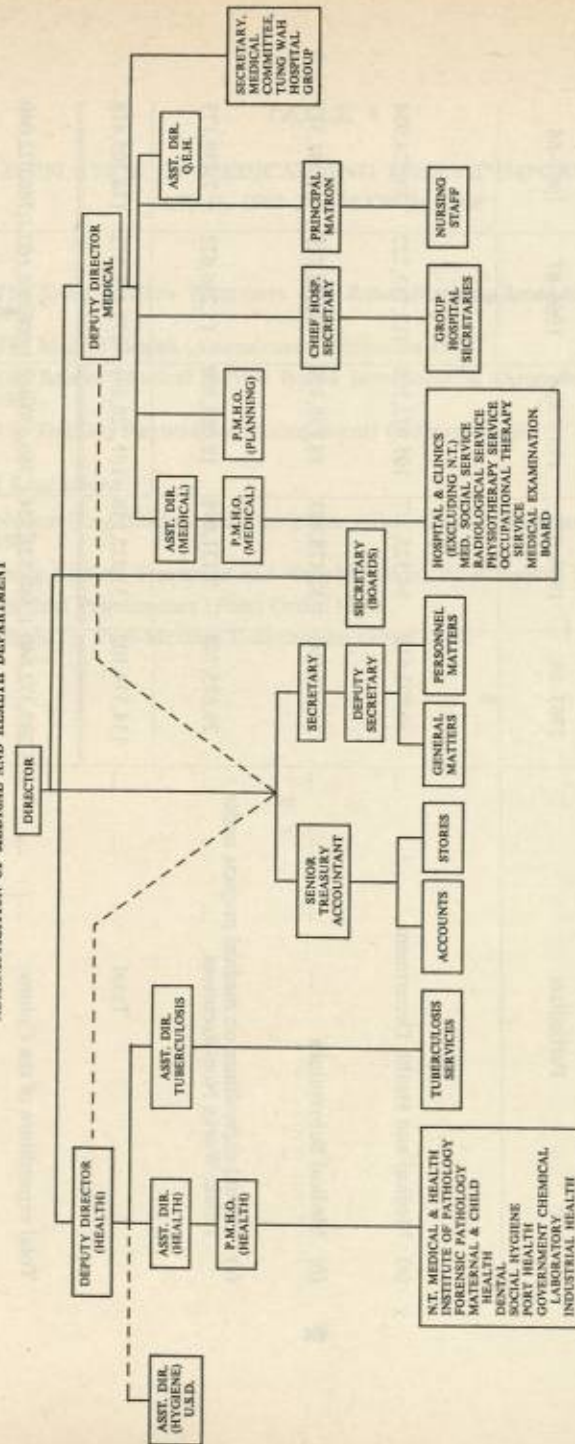


TABLE 3

STATEMENT OF EXPENDITURE FROM 1963-64 TO 1967-68

Particulars	1963-64	1964-65	1965-66	1966-67	1967-68
	\$	\$	\$	\$	\$
(a) Medical and Health Department	76,893,619	94,525,377	105,473,152	112,713,222	120,524,934
(b) Medical Subventions	27,764,694	32,178,883	38,158,439	45,478,728	46,341,311
(c) Capital expenditure on medical projects under Public Works Non-Recurrent	29,675,789	7,121,098	18,089,300	15,236,622	7,439,173
Total	134,334,102	133,825,358	161,720,891	173,428,572	174,305,418
Total expenditure of the Colony	1,295,372,840	1,440,523,324	1,769,130,468	1,806,066,602	1,766,022,040
Percentage of Medical and Health Department Expenditure to the Total Expenditure of the Colony	10.37%	9.29%	9.14%	9.60%	9.87%

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TABLE 4

LEGISLATION OF MEDICAL AND HEALTH IMPORTANCE
APRIL 1967 TO MARCH 1968

Ordinances:

- (i) The Drug Addicts Treatment and Rehabilitation (Amendment) Ordinance 1967
- (ii) The Mental Health (Amendment) Ordinance 1968
- (iii) The School Medical Service Board Incorporation (Amendment) Ordinance 1968
- (iv) The Dentists Registration (Amendment) Ordinance 1968

Rules and Regulations:

- (a) Nurses (Registration and Disciplinary Procedure) (Amendment) Regulations 1967
- (b) Drug Addicts Treatment and Rehabilitation (Amendment) Regulations 1967
- (c) Medical Practitioners (Fees) Order 1967
- (d) Places for Post-Mortem Examination Order 1967

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TABLE 5

WORK OF STATUTORY COUNCILS AND BOARDS—APRIL 1967 TO MARCH 1968

	Medical Council	Dental Council	Nursing Board	Midwives Board	Pharmacy Board	Radiation Board	Medical Advisory Board §
Number of meetings held	3	4	3	4	3	1	1
Number on the Register...	1,634	457	General 3,835 Mental 24	3,426	169	269†	—
Number of applications for registration...	118*(75)†	18	General 423 Mental 4	332*	18	16‡	—
Number of registrations granted ...	118*(75)†	15	General 423 Mental 4	326	21	62‡	—
Number of examinations held ...	—	7	Prel. 2 Mental: 1	4	2	—	—
Number of candidates examined ...	—	Oral & practical: 4 Written: 3	Prel. 54 Final 480	339	33	—	—
Number of successful candidates ...	—	Oral & practical: 2 Written: 1	Prel. 38 Final 396	323	13	—	—
Number of disciplinary hearings held ...	1	—	6 15	3	—	—	—
Number of removals from register ...	3	22	General 1 Mental: —	5||	3	64**	—

* Including 2 restorations to the register.
 † Figures in brackets represent applications for provisional registration (not included in total).
 ‡ These figures refer to the licensing of irradiating apparatus.
 § Not a statutory board.
 || Including 3 removals from the register as a result of disciplinary proceedings.
 ** These figures refer to number of cancellation of irradiating apparatus licences.

TABLE 6
ESTIMATED POPULATION STRUCTURE

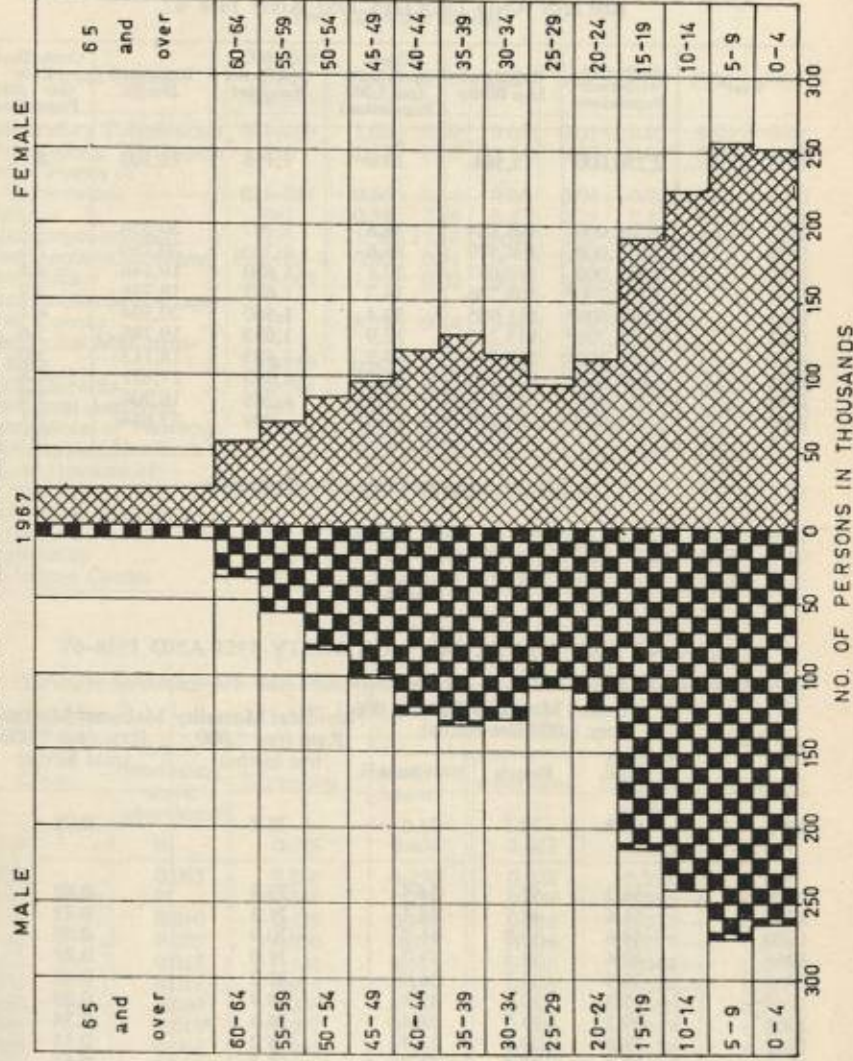


TABLE 7

BIRTHS AND DEATHS 1953 AND 1958-67

Year	Estimated Mid-Year Population	Registered Live Births	Crude Birth Rate (per 1,000 Population)	Still Births Recorded	Registered Deaths	Crude Death Rate (per 1,000 Population)
1953	2,250,000	75,544	33.6	1,158	18,300	8.1
1958	2,748,000	106,624	38.8	1,297	20,554	7.5
1959	2,857,000	104,579	36.6	1,393	20,250	7.1
1960	2,981,000	110,667	37.1	1,680	19,146	6.4
1961	3,174,700*	108,726	34.2	1,683	18,738	5.9
1962	3,346,600*	111,905	33.4	1,560	20,324	6.1
1963	3,503,700*	115,263	32.9	1,633	19,748	5.6
1964	3,594,200*	108,519	30.2	1,485	18,113	5.0
1965	3,692,300*	102,195	27.7	1,363	17,621	4.8
1966	3,732,400	92,476	24.8	1,246	18,700	5.0
1967	3,834,000	88,171	23.0	999	19,644	5.1

* Figures adjusted after 1966 By-Census.

TABLE 8

INFANT AND MATERNAL MORTALITY 1953 AND 1958-67

Year	Infant Mortality Rate (per 1,000 live births)			Neo-natal Mortality Rate (per 1,000 live births)	Maternal Mortality Rate (per 1,000 total births)
	Male	Female	Both Sexes		
1953	68.8	78.7	73.6	25.8	0.98
1958	56.2	52.1	54.3	23.4	0.85
1959	51.6	44.7	48.3	21.3	0.73
1960	44.6	38.2	41.5	20.9	0.49
1961	40.6	34.5	37.7	21.0	0.45
1962	39.9	33.7	36.9	21.2	0.48
1963	35.3	30.5	32.9	18.9	0.29
1964	29.2	23.5	26.4	16.6	0.38
1965	26.8	20.5	23.7	15.2	0.33
1966	27.2	22.3	24.9	15.3	0.43
1967	28.7	22.3	25.6	15.9	0.30

TABLE 9

MAJOR CAUSES OF INFANT MORTALITY 1953, 1958 AND 1963-67 (per 1,000 live births)

Disease Group	Detailed List Number	1953	1958	1963	1964	1965	1966	1967
Respiratory Tuberculosis	001-008	1.02	0.39	0.02	0.01	0.02	0.03	0.01
Tuberculosis Meningitis	010	1.83	0.98	0.14	0.07	0.04	0.08	0.02
Other Forms of Tuberculosis ...	011-019	0.66	0.14	0.01	0.04	0.03	0.01	0.02
Tetanus ...	061	0.58	2.08	0.42	0.25	0.17	0.10	0.18
Bronchopneumonia ...	491	21.30	17.68	6.00	4.60	4.21	4.34	4.08
Pneumonia other forms	490,492-3	0.40	0.31	0.17	0.08	0.07	0.11	0.04
Bronchitis ...	500-502	1.13	0.20	0.17	0.06	0.02	0.02	0.09
Gastroenteritis over age of 4 weeks ...	571	19.18	9.44	3.60	1.34	0.86	0.91	0.91
Congenital Malformations ...	750-759	0.82	1.43	1.64	1.69	1.91	2.14	2.05
Births Injuries ...	760-761	0.46	0.44	0.36	0.50	0.54	0.68	0.66
Post-natal Asphyxia ...	762	2.09	3.12	1.10	1.43	1.31	1.28	1.75
Pneumonia of Newborn	763	3.83	4.16	2.67	2.52	1.84	2.13	2.85
Diarrhoea of Newborn...	764	1.32	1.24	2.01	1.14	0.64	0.59	0.79
Blood Diseases of Newborn ...	770-771	0.75	0.78	1.76	1.95	2.27	1.97	1.81
Nutritional Maladjustment ...	772	1.80	0.82	0.16	0.11	0.07	0.14	0.04
Immaturity ...	776	11.57	8.06	8.90	7.50	6.49	5.73	5.39
Ill-defined Causes	795	1.77	1.04	0.66	0.40	0.37	0.43	0.24

TABLE 10

MAJOR CAUSES OF MATERNAL MORTALITY 1953 AND 1958-1967 (per 1,000 total births)

Year	Sepsis (excluding septic abortions)	Toxaemias	Haemorrhages	Abortions	Ectopic Pregnancies	Others
1953	0	0.326	0.404	0.013	0.065	0.169
1958	0.065	0.260	0.250	0.028	0.111	0.139
1959	0	0.340	0.226	0.028	0.066	0.056
1960	0.010	0.179	0.145	0.045	0.072	0.045
1961	0.009	0.090	0.027	0.036	0.027	0.072
1962	0.018	0.141	0.185	0.026	0.044	0.062
1963	0.017	0.077	0.111	0.009	0.034	0.051
1964	0.009	0.055	0.118	0.045	0.055	0.100
1965	0.019*	0.077	0.135	0.009	0.019	0.068*
1966	0.011	0.053	0.107	0.032	0.128	0.096
1967	0.011	0.056	0.123	0.011	0.034	0.067

* Adjusted figures.

TABLE 11

PROPORTIONATE MORTALITY BY DISEASE GROUPS 1953, 1958 AND 1963-67
(Percentage of Total Deaths)

Disease Group	Detailed List Number	1953	1958	1963	1964	1965	1966	1967
1. Infectious and Parasitic ...	001-138	19.3	14.6	12.8	10.1	10.0	11.5	12.6
2. Neoplastic ...	140-239	5.6	8.9	13.4	16.4	18.1	17.6	17.4
3. Allergic, Endocrine, Metabolic and Blood ...	240-299	1.3	1.1	1.5	1.5	1.4	1.5	1.7
4. Nervous System and Sense Organs ...	300-398	3.5	5.3	9.1	10.5	11.7	10.7	10.7
5. Circulatory System ...	400-468	6.2	8.3	12.2	14.5	15.2	14.7	14.0
6. Respiratory System ...	470-527	23.0	24.2	13.3	10.7	10.6	12.4	12.8
7. Intestinal System ...	530-587	17.2	11.1	7.1	5.7	5.2	5.0	5.3
8. Genito-Urinary System ...	590-637	2.2	1.9	2.2	2.0	1.7	1.8	1.9
9. Pregnancy, Child-birth and Puerperium ...	640-689	0.4	0.5	0.2	0.2	0.2	0.2	0.1
10. Skin and Musculo-Skeletal System	690-749	0.2	0.5	0.2	0.2	0.1	0.2	0.2
11. Congenital Malformations and Diseases of Early Infancy ...	750-776	9.7	10.8	11.3	9.9	9.5	8.4	7.8
12. Ill-defined Causes ...	780-795	7.4	8.0	9.9	10.5	9.2	8.9	8.8
13. Accidents, Poisoning and Violence	E800-E999	4.0	4.8	6.3	7.7	7.1	7.1	6.8

TABLE 12

THE TEN LEADING CAUSES OF DEATHS BY AGE AND SEX, 1967

Rank	Cause of Death	Detailed List No.	Sex	Age Group							
				All ages	0	1-4	5-14	15-44	45-64	65 and over	un-known
1	All Causes		M	10,920	1,312	611	282	1,701	3,926	3,073	15
			F	8,722	947	579	250	874	2,056	4,014	2
			T	19,644(2)	2,260(1)	1,190	532	2,575	5,982	7,087	18(1)
			M	1,856	1	11	39	375	1,005	425	—
2	Malignant neoplasms, including neoplasms of lymphatic and haematopoietic tissues	140-205	F	1,524	3	18	30	213	699	561	—
			T	3,380	4	29	69	588	1,704	986	—
			M	1,381	1	2	21	127	598	632	—
			F	1,171	1	4	21	88	311	745	1
3	Heart Disease	400-402 410-416 420-422 430-434 440-443	T	2,552	2	6	42	215	909	1,377	1
			M	907	2	4	6	57	401	435	2
			F	1,001	—	3	5	49	285	659	—
			T	1,908	2	7	11	106	686	1,094	2
4	Vascular Lesions affecting central nervous system	490-493	M	995	189	152	27	82	219	323	3
			F	910	175	156	37	27	90	425	—
			T	1,905	364	308	64	109	309	748	3
			M	1,080	3	11	3	229	560	273	1
5	Pneumonia, all forms.	001-008 010-019	F	413	2	14	11	79	147	160	—
			T	1,493	5	25	14	308	707	433	1
			M	559	18	39	104	261	101	34	2
			F	302	16	43	55	80	57	51	0
6	All Accidents	E800-E802 E810-E835 E840-E962	T	861	34	82	159	341	158	85	2

TABLE 12—Contd.

Rank	Cause of Death	Detailed List No.	Sex	Age Group							65 and over	un-known
				All Ages	0	1-4	5-14	15-44	45-64			
7	Measles	085	M	346	62	277	7	—	—	—	—	
			F	308	69	231	8	—	—	—	—	
			T	654	131	508	15	—	—	—	—	
8	Infections of the newborn	763-768	M	232	232	—	—	—	—	—	—	
			F	183	183	—	—	—	—	—	—	
			T	415	415	—	—	—	—	—	—	
9	Suicide and self-inflicted injury	E963 E970-E979	M	238	—	—	—	132	88	18	—	
			F	149	—	—	—	72	40	37	—	
			T	387	—	—	—	204	128	55	—	
10	Bronchitis	500-502	M	202	3	7	—	5	95	92	—	
			F	139	5	2	1	3	43	85	—	
			T	341	8	9	1	8	138	177	—	
	Cirrhosis of Liver	581	M	203	—	—	—	52	116	35	—	
			F	70	—	2	1	6	35	26	—	
			T	273	—	2	1	58	151	61	—	
	Nephritis and nephrosis	590-594	M	129	—	—	—	1	6	43	35	—
			F	133	—	—	—	4	3	35	39	51
			T	262	—	—	—	5	9	78	83	86
	Congenital Malformations	750-759	M	117	106	5	6	—	—	—	—	—
			F	94	74	14	5	1	—	—	—	—
			T	212(1)	181(1)	19	11	1	—	—	—	—
	All other causes		M	2,675	695	102	63	338	699	771	7	
			F	2,325	419	88	73	221	310	1,214	—	
			T	5,001(1)	1,114	190	136	559	1,009	1,985	8(1)	

Note: Figures in brackets denote number of deaths with sex unknown.

TABLE 13
INFECTIOUS DISEASES NOTIFIED CASES AND DEATHS 1963-67

Diseases	Cases					Deaths				
	1963	1964	1965	1966	1967	1963	1964	1965	1966	1967
Cholera ...	115	34	—	1	—	4	4	—	—	—
Amoebic Dysentery ...	241	209	173	220	154	12	21	16	24	21
Bacillary Dysentery (Including unspecified dysentery) ...	802	680	537	766	829	3	8	4	10	7
Cerebro-spinal Meningitis ...	50	38	19	10	55	24	19	9	7	16
Chickenpox ...	1,199	718	1,552	600	1,257	3	1	—	4	10
Diphtheria ...	871	699	581	307	226	86	38	37	27	18
Enteric Fever (Typhoid and Paratyphoid) ...	1,038	882	658	686	728	28	20	14	7	11
*Leptosy ...	—	—	102	160	148	—	—	—	2	4
Malaria ...	377	180	143	127	65	1	1	1	—	2
Measles ...	3,416	1,218	5,459	2,360	4,726	405	73	217	384	654
Ophthalmia Neonatorum ...	240	232	215	203	191	—	—	—	—	—
Poliomyelitis ...	53	37	140	32	5	4	3	17	1	3
Puerperal Fever ...	2	1	3	2	1	1	1	2	2	1
Scarlet Fever ...	18	12	12	37	64	—	—	—	—	—
Tuberculosis ...	13,031	12,557	9,927	11,427	15,253	1,762	1,441	1,278	1,515	1,493
Typhus (Mite-borne) ...	1	—	2	2	—	—	—	—	—	—
Whooping Cough ...	61	106	339	108	40	—	—	—	—	—
Total ...	21,515	17,603	19,862	17,048	23,742	2,334	1,630	1,595	1,983	2,240

†Influenza ... 4,433 2,473 896 1,220 4,923 22 16 21 30 25

Remarks: * Notifiable since June 1965.
† Voluntary Notifications.

The above table omits rabies, smallpox, plague, epidemic louse-borne typhus, yellow fever and relapsing fever — no case of any of which was reported during the year.

TABLE 14

MORTALITY RATES FOR CERTAIN INFECTIOUS DISEASES 1963-67

Diseases	Case Fatality Ratio (Deaths as percentage of Notifications)					Death Rate (per million population)				
	1963	1964	1965	1966	1967	1963*	1964*	1965*	1966	1967
	Cholera ...	3.48	11.76	—	—	—	1.1	1.1	—	—
Amoebiasis ...	4.98	10.01	9.25	10.91	13.64	3.4	5.8	4.3	6.4	5.5
Cerebrospinal Meningitis ...	48.00	50.00	47.30	70.00	29.09	6.8	5.3	2.4	1.9	4.2
Diphtheria ...	9.87	5.44	6.35	8.79	7.96	24.5	10.6	10.0	7.2	4.7
Dysentery { Bacillary Unspecified	0.39	1.18	0.74	1.30	0.84	0.8	2.2	1.1	2.7	1.8
Enteric Fever { Typhoid Paratyphoid	2.60	2.27	2.12	1.02	1.51	8.0	5.6	3.8	1.9	2.9
Measles ...	11.85	5.99	3.97	16.27	13.84	115.6	20.3	58.8	102.9	170.6
Poliomyelitis ...	7.55	8.11	12.15	3.12	60.00	1.1	0.8	4.6	0.3	0.8
Tuberculosis ...	13.52	11.48	12.87	13.26	9.79	502.9	400.9	346.1	405.9	389.4

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* Figures adjusted after 1966 By-Census.

TABLE 15
PRINCIPAL INFECTIOUS DISEASES BY AGE AND SEX 1967
CASES NOTIFIED

Age Group	Tuberculosis		Diphtheria		Enteric Fever		Poliomyelitis		B/Dysentery	
	M	F	M	F	M	F	M	F	M	F
0-4 ...	113	78	73	58	14	9	2	1	195	177
5-9 ...	181	178	21	24	71	60	—	2	59	54
10-14 ...	119	163	2	15	90	75	—	—	15	19
15-19 ...	869	584	3	6	89	44	—	—	10	5
20-24 ...	993	480	3	4	35	33	—	—	22	11
25-29 ...	1,069	346	—	4	21	26	—	—	17	12
30-34 ...	1,150	376	2	5	25	23	—	—	19	13
35-39 ...	1,213	406	—	1	16	13	—	—	17	27
40-44 ...	1,129	378	—	3	12	17	—	—	11	26
45-49 ...	1,080	310	—	2	7	7	—	—	13	12
50-54 ...	970	303	—	—	3	6	—	—	9	15
55-59 ...	777	295	—	—	2	6	—	—	9	11
60-64 ...	543	198	—	—	3	4	—	—	1	13
65-69 ...	309	157	—	—	2	4	—	—	6	10
70-74 ...	136	101	—	—	1	1	—	—	3	9
75 & Over ...	90	94	—	—	—	5	—	—	2	7
Unknown ...	42	23	—	—	3	1	—	—	—	—
Total ...	10,783	4,470	104	122	394	334	2	3	408	421

DEATHS

Age Group	Tuberculosis		Diphtheria		Enteric Fever		Poliomyelitis		B/Dysentery	
	M	F	M	F	M	F	M	F	M	F
0-4 ...	14	16	10	4	—	—	—	1	—	—
5-9 ...	1	6	—	3	—	—	—	—	—	1
10-14 ...	2	5	—	—	1	1	1	—	1	—
15-19 ...	8	5	—	—	—	1	1	—	—	—
20-24 ...	13	5	—	—	1	1	—	—	—	—
25-29 ...	30	9	—	—	—	—	—	—	—	—
30-34 ...	40	14	—	1	1	—	—	—	1	—
35-39 ...	52	19	—	—	—	—	—	—	2	—
40-44 ...	86	27	—	—	—	—	—	—	—	—
45-49 ...	108	25	—	—	1	—	—	—	4	—
50-54 ...	148	35	—	—	—	—	—	—	1	—
55-59 ...	154	43	—	—	—	—	—	—	3	1
60-64 ...	150	44	—	—	2	1	—	—	3	—
65-69 ...	114	47	—	—	1	—	—	—	2	1
70-74 ...	76	56	—	—	—	—	—	—	1	—
75 & Over ...	83	57	—	—	—	—	—	—	—	—
Unknown ...	1	—	—	—	—	—	—	—	—	—
Total ...	1,080	413	10	8	7	4	2	1	18	3

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TABLE 16
PROPHYLACTIC IMMUNIZATIONS 1963-67

Immunological Procedure	1963	1964	1965	1966	1967
Anti-Smallpox Vaccination	321,942	844,367	776,538	487,790	575,869
Anti-Cholera Inoculation	3,101,766	2,406,623	1,603,875	1,467,271	1,318,991
Anti-Diphtheria Inoculations:					
1st Dose	371,059	338,468	392,474	290,226	341,632
2nd Dose	281,369	282,176	351,960	249,738	301,097
Booster Dose	146,374	142,242	181,603	167,557	175,359
Anti-Typhoid Inoculations:					
1st Dose	17,779	19,931	19,378	49,913	29,799
2nd Dose	10,696	6,843	7,052	19,115	12,793
Booster Dose	28,864	41,018	65,381	65,042	61,447
Anti-Tuberculosis (B.C.G.) Vaccinations:					
Infants	98,342	93,806	93,666	84,839	85,917
Others	14,175	13,875	15,465	13,933	28,274
Poliomyelitis Vaccinations:					
1st Dose	534,862	145,760	194,084	106,190†	107,302
2nd Dose	500,387	98,111	126,095	116,009†	90,880
*Oral Poliovaccine Type I for Newborn	—	—	—	54,590	69,495

† Adjusted figures.

* From April, 1966.

TABLE 17
TUBERCULOSIS MORTALITY 1953 AND 1958-67

Year	Total Deaths from Tuberculosis	Tuberculosis Death Rate per 100,000 population	Tuberculosis Deaths as percentage of total deaths	Average age at death from Tuberculosis
1953	2,939	130.6	16.0	26.5
1958	2,302	83.8	11.2	36.5
1959	2,178	76.2	10.7	37
1969	2,085	69.9	10.8	43
1961	1,907	60.1*	10.2	43
1962	1,881	56.2*	9.2	46
1963	1,762	50.3*	8.9	47
1964	1,441	40.1*	7.9	48
1965	1,278	34.6*	7.2	49
1966	1,515	40.6	8.1	53
1967	1,493	38.9	7.6	55

* Figures adjusted after 1966 By-Census.

TABLE 18
TUBERCULOSIS IN CHILDHOOD 1953 AND 1958-67

Year	Percentage of newborns receiving B. C. G.	Percentage of Tuberculosis deaths below 5 years	Percentage of Tuberculosis deaths under 1 year	Infantile Mortality from Tuberculosis (per 1,000 live births)
1953	6.46	36.2	9.02	3.51
1958	46.86	19.63	7.04	1.52
1959	59.53	18.92	5.56	1.17
1960	71.54	10.50	2.20	0.42
1961	79.31	11.48	2.62	0.46
1962	81.59	5.74	1.43	0.24
1963	83.44	5.50	1.08	0.16
1964	86.40	4.09	0.90	0.12
1965	91.65	3.36	0.70	0.09
1966	90.22	2.71	0.73	0.12
1967	95.42	2.01	0.33	0.07

TABLE 19
TUBERCULOSIS NOTIFICATIONS 1953, 1958 AND 1963-67

		1953	1958	1963	1964	1965	1966	1967
Origin of Notification	Govt. Chest Clinics ...	6,895	8,787	8,794	9,478	6,530	8,105	11,917
	Other Govt. Inst. ...	1,762	2,366	1,660	1,184	1,334	990	1,167
	Tung Wah Group			864	604	463	618	563
	Other Non-Govt. Inst. and Private Sources	3,243	2,332					
Total ...		11,900	13,485	13,031	12,557	9,927	11,427	15,253
Notification rate per 100,000 population		529	491	372*	349*	269*	306	398

* Figures adjusted after 1966 By-Census.

TABLE 20
WORK OF GOVERNMENT CHEST SERVICE
GOVERNMENT CHEST CLINICS 1967

		Hong Kong	Kowloon	New Territories
Full-time Centres	Wan Chai Chest Clinic		Kowloon Chest Clinic	
	Sai Ying Pun Chest Clinic		Shek Kip Mei Chest Clinic	
	Shau Kei Wan Chest Clinic		Yau Ma Tei Chest Clinic	
	Aberdeen J.C.C.		Robert Black Health Centre	Kam Tin Clinic
Part-time Centres			Kwun Tong Jockey Club Health Centre	Lady Trench Polyclinic
			Tung Tau Clinic	Sai Kung Dispensary
				Sha Tin Clinic
				Shek Wu Hui J.C.C.
				St. John Hospital
				Tai Po J.C.C.
				Yuen Long Jockey Club Health Centre

TABLE 20—Contd.

	Hong Kong	Kowloon	New Territories
Other Centres (for injections only) ...	Anne Black Health Centre	Hung Hom Dispensary	Castle Peak Clinic Ho Tung Dispensary Peng Chau Clinic Sha Tau Kok Dispensary Silver Mine Bay Dispensary Tai O Dispensary

ATTENDANCES AT GOVERNMENT CHEST CLINICS, 1967

Total attendances ...	1,442,317	
Total number of new and old patients attending ...	85,235	
Number of new patients ...	40,893 (100.0%)	
Number of new patients with examination completed ...	38,946 (95.2%)	
N.S.D. ...	19,144 (46.8%)	
Not tuberculosis ...	3,018 (7.4%)	
Orthopaedic T.B. ...	51 (0.1%)	
Extra-pulmonary ...	85 (0.2%)	
Pulmonary T.B.	Active A1 ...	2,887 (7.1%)
	A2 ...	1,066 (2.6%)
	A3 ...	382 (0.9%)
	B1 ...	829 (2.0%)
	B2 ...	1,372 (3.3%)
	B3 ...	1,088 (2.7%)
Not Active ...	9,024 (22.1%)	

Remarks: Figures in brackets denote percentage of total new patients.

TABLE 21
X-RAY SURVEYS, 1957-67

Year	Government Servants		Conditional Survey		Prisoners Survey	
	Total Examined	% with Active Disease	Total Examined	% with Active Disease	Total Examined	% with Active Disease
1957 ...	30,231	1.61	8,991	2.12	4,649	1.89
1958 ...	33,420	1.38	8,768	1.88	6,279	6.24
1959 ...	37,204	1.29	13,995	1.78	6,483	5.15
1960 ...	42,482	0.88	17,311	1.25	9,481	10.39
1961 ...	45,617	0.87	9,735	1.17	1,761	4.98
1962 ...	39,232	1.04	20,019	2.06	5,852	5.52
1963 ...	51,180	0.55	41,905	0.86	4,994	4.60
1964 ...	50,009	0.55	47,521	0.78	9,524	2.90
1965 ...	57,893	0.64	44,271	0.71	5,876	3.94
1966 ...	59,691	0.51	40,572	0.74	5,904	4.18
1967 ...	31,096	0.71	56,826	0.56	4,997	3.58

TABLE 22

CONTACT EXAMINATIONS, 1967
(May-December only)*

Number of patients giving rise to contacts 5,455
 Number of contacts listed to be examined 17,044
 Number of B.C.G. given 897

	Number of Contacts listed	Number X-rayed	Result of Examination								
			Unknown	N.S.D.	Disease other than TB	Respiratory TB			Non-Respiratory TB		
						Active	Not-Active + unknown	Other			
			A	B	O						
Under 8 years											
(A) Tuberculin Tested	Positive ...	1,664	1,663	4	1,273	20	6	4	1	346	9
	Negative ...	901	11	—	11	—	—	—	—	—	—
	Not Read ...	22	—	—	—	—	—	—	—	—	—
(A) Not Tuberculin Tested	... ..	1,171	303	—	268	3	1	—	—	30	1
(A) Total (under 8 years)	... ..	3,758	1,977	4	1,552	23	7	4	1	376	10
(B) 8 years and over	... ..	13,286	9,650	21	8,425	64	30	41	24	998	47

Remarks: * data are only available for May to December as a result of re-orientation of statistics in the earlier part of 1967.

(A) Under 8 years

% examined with active T.B. = 0.42%

(B) 8 years and over

% examined with active T.B. = 0.98%

TABLE 23

CLASSIFICATION OF ORTHOPAEDIC TUBERCULOSIS
OF NEW PATIENTS, BY SITE, 1963-67

Year	Site of Disease						TOTAL
	Spine	Hip Joint	Knee	Ankle	Femur	Others	
1963	158	60	*	*	*	70*	288
1964	133	50	*	*	*	48*	231
1965	84	32	8	4	1	17	146
1966	49	10	4	1	1	2	67
1967	30	12	4	0	0	5	51

* Figures with regard to tuberculosis of the knee, ankle and femur, not available prior to 1965.

TABLE 24

MALARIA 1963-1967

DISTRIBUTION OF CASES

(According to notified place of residence)

Year	Cases Notified	Death	Urban Controlled Areas	Sai Kung* District	Lantau* District	Tai Po* District	Other Areas
			(as percentage of notified cases)				
1963 ...	377	1	10.9	47.5	18.6	14.3	8.7
1964 ...	180	1	13.3	35.6	25.0	17.2	8.9
1965 ...	143	1	6.3	28.0	10.5	47.5	7.7
1966 ...	127	nil	10.2	3.9	5.5	62.5	18.1
1967 ...	65	2†	7.7	1.5	4.6	66.2	20.0

* Including floating population.

† Imported cases.

IDENTIFICATION OF PARASITES

(as percentage of parasites found)

Year	<i>P. vivax</i>	<i>P. falciparum</i>	<i>P. malariae</i>	Mixed infection	Species undetermined
1963 ...	93.9	4.2	1.3	0.3	0.3
1964 ...	85.6	12.2	1.1	0.55	0.55
1965 ...	95.1	2.8	2.1	—	—
1966 ...	90.5	7.9	1.6	—	—
1967 ...	86.2	7.7	3.1	1.5	1.5

TABLE 25

ANNUAL INCIDENCE AND TREND OF VENEREAL DISEASE 1958-67

	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967
<i>Veneral Diseases</i>	3,372	2,680	2,091	1,555	1,858	1,487	1,036	1,197	1,177	1,082
Total (Except Congenital)	...	...	...	...	...	...	...	...	...	...
Primary ...	9	19	46	35	154	164	119	39	28	10
Secondary ...	3	9	20	26	26	60	64	35	8	15
Early Latent ...	417	426	296	202	359	307	197	263	198	220
Late Latent ...	2,766	2,038	1,590	1,173	1,216	864	590	791	874	788
All others ...	177	188	139	119	103	92	66	69	69	49
Congenital { Under 1 year	7	10	0	3	11	5	1	2	1	16
Over 1 year	86	131	74	48	66	53	47	66	56	45
Gonorrhoea ...	8,360	8,362	6,506	5,997	5,747	5,696	5,008	5,096	6,353	7,344
Non-Neisseria Urethritis ...	644	481	591	509	453	379	496	578	629	648
Chancroid ...	294	324	873	635	356	347	268	254	105	53
Lymphogranuloma Venereum ...	91	53	16	7	8	16	8	8	11	5
<i>Other Diseases</i>	...	...	...	...	...	...	...	...	...	...
Non-Veneral Disease ...	9,458	4,997	4,717	4,293	5,489	4,155	4,548	5,169	5,191	4,672
Skin Diseases ...	8,701	11,046	10,611	12,173	12,917	10,740	12,570	14,121	15,014	13,206
<i>Attendances at Clinics (All Types)</i>	...	...	...	...	...	...	...	...	...	...
New Attendance ...	27,841	28,980	26,281	25,819	27,264	23,761	25,224	27,541	29,254	27,669
Total Attendances ...	203,954	213,026	213,733	182,049	179,135	147,588	143,381	147,311	161,994	170,532

TABLE 26

V.D.R.L. EXAMINATIONS IN EXPECTANT MOTHERS 1963-67

	1963	1964	1965	1966	1967
No. of tests (Clinics & Hospitals) ...	31,544	55,406	56,103	52,381	55,012
% Positive ...	1.6	1.7	2.2	2.4	1.8
No. of tests (Private Midwives) ...	3,690	7,373	6,669	4,580	3,577
% Positive ...	1.1	1.8	2.0	1.7	0.8

TABLE 27

LEPROSY 1967

INCIDENCE OF LEPROSY 1962-67

Year	New Cases	Rate per 100,000 population
1962 ...	255	7.7*
1963 ...	258	7.5*
1964 ...	271	7.6*
1965 ...	217	5.9*
1966 ...	163	4.1*
1967 ...	149	3.9

* Figures adjusted after 1966 By-Census.

ANALYSIS OF CASES BY AGE 1967

Age Group	No. of Cases
Under 1 ...	0
1 - 4 ...	3
5 - 9 ...	0
10 - 14 ...	6
15 - 19 ...	7
20 - 24 ...	21
25 - 29 ...	15
30 - 34 ...	22
35 - 39 ...	18
40 - 44 ...	16
45 - 49 ...	17
50 - 54 ...	9
55 - 59 ...	4
60 & Over ...	11
Total ...	149

ADMISSION TO LEPROSARIUM 1967

New admissions ...	55
Relapses ...	3
For surgery ...	12
Total ...	70

TABLE 28

ANALYSIS OF DERMATOLOGICAL CONDITIONS
PRESENTING AT CLINICS 1967

Acne ...	213	Neurofibromatosis ...	6
Alopecia ...	129	Nevi (All Types) ...	54
Angioedema ...	0	Pediculosis ...	3
Carcinoma ...	11	Pemphigus ...	4
Contact Dermatitis ...	1,882	Paronychia ...	61
Dermatitis Exfoliative ...	12	Pityriasis Rosea ...	149
Dermatitis Herpetiformis ...	10	Pityriasis Alba ...	100
Dermatomyositis ...	3	Pruritus ...	368
Drug Eruption ...	73	Psoriasis ...	192
Eczema (All Types) ...	4,255	Purpura ...	16
Erythema Multiforme ...	18	Pyoderma ...	388
Erythema Nodosum ...	19	Raynaud's Phenomenoma ...	0
Granulomata ...	16	Rosacea ...	34
Herpes Simplex ...	18	Scabies ...	54
Herpes Zoster ...	53	Scleroderma ...	2
Icthyosis ...	28	Tinea (All Types) ...	778
Keloid ...	35	T.B. Cutis ...	44
Keratosis (All Types) ...	36	Tumors, Benign ...	36
Lichen Amyloidosis ...	8	Ulcer, Varicose ...	42
Lichen Planus ...	8	Urticaria ...	520
Light Sensitivity ...	15	Vasculitis ...	6
Lupus Erythematosus (All Types) ...	30	Verruca... ...	388
Miliaria ...	116	Vitiligo ...	209
Molluscum Contagiosum ...	20	Xanthoma ...	6
Neurodermatitis ...	885	Leprosy... ...	80
		Miscellaneous ...	400
Total ...	11,833		

TABLE 29

CULTURES FOR MYCOLOGICAL IDENTIFICATION, 1967

T. rubrum ...	196	T. tonsurans ...	16
T. mentogrophytes ...	27	E. floccosum ...	12
M. canis ...	28	M. gypseum ...	0
T. versicolor ...	60	C. albicans ...	16
M. ferrugineum ...	8	T. violaceum ...	7
Total specimens examined ...	1,511		

TABLE 30

WORK OF THE PORT HEALTH SERVICE—1967

INSPECTIONS

Immigration

	No. of Vessels	No. of Passengers	No. of Crew	No. of Smallpox Vaccinations	No. of Cholera Inoculations	No. under Surveillance
By Sea { Overseas ...	5,519	40,247	244,338	318	302	—
	*	992,921	229,135	103,260	—	—
	12,441	*	154,416	219	2	—
By Air ...	14,410	568,540	129,179	816	630	—
By Train ...	*	219,228	—	14,268	99	—
	32,370	1,820,936	757,068	118,881	1,033	0

Emigration

By Sea ...	28	2,739	3,119	—	—	—
------------	----	-------	-------	---	---	---

* Number not recorded.

FUMIGATION

No. of ships fumigated...	35
Total net tonnage ...	44,284.20
Cubic capacity (cubic feet) ...	7,272,933
Rats recovered ...	310
Exemptions granted ...	244
No. of ships disinfected ...	6
No. of aircraft disinfected ...	365

MEDICAL ASSISTANCE TO SHIPS

To ships at sea ...	33
To ships in port ...	29

TABLE 31

MIDWIFERY SERVICES 1966-67*

(Excluding Hospitals)

PRIVATE MIDWIFERY SERVICES

	1966	1967
Number of midwives in active practice ...	166	134
Number of registered maternity homes ...	98	80
Number of maternity beds ...	506	460
Maternity home deliveries ...	29,938	24,848
Domiciliary deliveries ...	824	687
Total deliveries ...	30,762	25,535

GOVERNMENT MIDWIFERY SERVICES

	1966	1967
Maternity beds in maternity homes (Urban) ...	233	253
Maternity beds in maternity homes (Rural) ...	214	232
Midwives (excluding hospitals) ...	117	123
Cases attended (excluding hospitals) ...	19,922	18,880
Average case-load for each midwife (excluding hospitals)...	170	164

* Position at 31st March.

TABLE 32

DISTRIBUTION OF M.C.H. CENTRES AT 31ST MARCH, 1968

District	Full-time Centres		Subsidiary Centres	
	No Midwifery Service attached	With Midwifery Service attached	No Midwifery Service attached	With Midwifery Service attached
Hong Kong ...	4	4	1	1
Kowloon ...	2	6	1	1
N.T. & Islands...	—	1	—	9
Total ...	6	11	2	11

TABLE 33

MATERNAL AND CHILD HEALTH SERVICES 1966-67

	1966	1967
No. of full-time centres	17	17
No. of subsidiary centres	16	14
<i>Ante-natal Sessions</i>		
Total Sessions	2,679	2,556
New attendances	22,933	22,295
Total attendances	112,081	112,780
Average attendance per session	41.83	44.12
Average attendance per person	4.89	5.06
<i>Post-natal Sessions</i>		
Total Sessions	979	825
New attendances	5,536	5,045
Total attendances	6,801	6,346
Percentage presenting with some abnormality	26.05%	27.12%
<i>Infant Welfare Sessions (0-2 years of age)</i>		
Total Sessions	5,923	6,069
New attendances	75,847	76,254
Total attendances	743,108	778,202
<i>Toddler Welfare Sessions (2-5 years of age)</i>		
Total Sessions	1,187	1,207
New attendances	22,866	27,737
Total attendances	123,633	134,594
Percentage presenting with some abnormality (0-5 year of age)	0.15%	0.15%
Home Visits	127,847	135,795

TABLE 34

SCHOOL MEDICAL SERVICE BOARD

NUMBER OF PARTICIPATING SCHOOLS, STUDENTS AND DOCTORS AT 31ST MARCH, 1968

Districts	No. of Part. Schools	No. of Part. Students	No. of Part. Doctors
<i>Hong Kong</i>			
Wan Chai	36	3,068	14
Central and Sheung Wan	31	2,154	39
Western	42	2,497	8
Causeway Bay	29	2,732	13
North Point	31	3,384	14
Shau Kei Wan	27	963	2
Aberdeen	22	2,446	4
Sub-total	218	17,244	94
<i>Kowloon</i>			
Tsim Sha Tsui	13	901	13
Yau Ma Tei	21	931	15
Mong Kok	73	7,451	37
Cheung Sha Wan	26	1,962	9
Shek Kip Mei	37	2,388	8
Hung Hom and To Kwa Wan	31	2,084	8
San Po Kong	34	3,623	7
Kowloon Tong	10	383	3
Kai Tak	43	2,845	11
Kwun Tong	21	1,827	2
Sub-total	309	24,395	113
<i>New Territories</i>			
Tsuen Wan	28	2,710	6
Yuen Long	41	1,066	2
Sha Tin	7	261	1
Tai Po	14	289	1
Sheung Shui	20	779	1
Sub-total	110	5,105	11
Grand Total	637	46,744	218

TABLE 35
WORK OF THE GENERAL DENTAL SERVICE 1963-67

Year	Attendances	Deciduous Teeth		Permanent Teeth		Persons rendered dentally fit
		Restored	Extracted	Restored	Extracted	
1963	145,128	6,406	21,649	52,254	33,535	21,628
1964	175,683	14,540	23,176	74,038	35,199	26,496
1965	224,172	18,899	29,688	90,519	40,635	36,010
1966	244,097	23,107	29,996	96,851	39,991	44,262
1967	258,399	21,836	30,257	100,312	38,941	23,475

TABLE 36
WORK OF THE FORENSIC PATHOLOGY LABORATORIES 1966-67

	1966	1967
Examination of victims and suspects	780	808
Attendance at scenes of crime	131	168
Attendance at courts	161	188
Medico-legal examination of weapons	140	111
Examination of hairs, fibres, etc.	927	984
Examination of clothing	1,217	1,101
Miscellaneous examination	368	285
Blood grouping (medico-legal)	2,927	3,033
Blood grouping (Police officers)	997	832
Lectures to Police Officers	32	18
Identification of nature of meat (dog, cat, etc.)	13	56
Chemical examinations	72	45
Assistance in Raids:		
Breach of Pharmacy and Poisons Ordinance and Penicillin Ordinance	2	—
Unregistered Medical Practitioners	3	1
Abortionists	6	3
Unregistered Dentists	—	—

TABLE 37
WORK OF PUBLIC MORTUARIES 1966-67

	Victoria		Kowloon	
	1966	1967	1966	1967
Total number of bodies received	977	1,129	2,663	3,016
Total number of autopsies performed	641	659	1,104	1,045
Number of bodies claimed for burial	805	880	1,744	2,015
Number of bodies unclaimed for burial	172	249	919	1,001
Deaths due to natural causes	675	809	2,034	2,294
Deaths due to unnatural causes	302	320	629	722

TABLE 38
WORK OF GOVERNMENT INSTITUTE OF PATHOLOGY 1966-67

LABORATORIES			
1. Clinical Laboratories	...	...	Sai Ying Pun Polyclinic Queen Elizabeth Hospital Kowloon Hospital Lai Chi Kok Hospital Castle Peak Hospital
2. Public Health Laboratories	...	...	Sai Ying Pun Polyclinic Queen Elizabeth Hospital Kowloon Hospital
3. Virological Laboratory	...	...	Queen Mary Hospital
4. Vaccine Production	...	...	Old P.I. Caine Lane Laboratory
5. Blood Banks	...	...	Queen Mary Hospital Queen Elizabeth Hospital

Remarks: Clinical pathological services for Queen Mary Hospital are provided by the Department of Pathology, University of Hong Kong.

SPECIMENS EXAMINED 1966-67

	1966	1967
1. Protozoology and Helminthology	39,845	37,414
2. (a) Haematology	264,940	274,412
(b) Blood grouping	1,534	1,194
3. Serology	132,681	128,397
4. Bacteriology	418,030	343,357
5. Mycology	15,823	13,063
6. Public Health	31,231	29,212
7. Histo-pathology	19,523	19,238
8. Chemical pathology	263,236	251,477
9. Clinical Pathology	69,450	63,068
10. Virology	3,826	2,379
11. Special investigations	1,282	1,027
12. Blood Banks	93,544	124,583
Total	1,354,948	1,379,811

AUTOPSIES ON MEDICAL LEGAL CASES PERFORMED 1966-67

	1966	1967
Queen Mary Hospital	181	192
Queen Elizabeth Hospital	333	306
Total	514	498

RODENTS EXAMINED AND AUTOPSIES PERFORMED 1966-67

	1966	1967
Victoria Public Mortuary	32,348	31,972
Kowloon Public Mortuary	31,548	30,358
Total	63,896	62,330

TABLE 39
VACCINE PRODUCTION 1966-67
(in millilitres)

Vaccine	Prepared		Issued	
	1966	1967	1966	1967
Anti-Smallpox ...	55,120	43,644	28,118	33,262.5
Anti-Rabies (2%) ...	52,900	58,700	57,100	95,900
Anti-Rabies (4%) ...	53,500	49,050	37,845	47,050
T.A.B. ...	151,500	119,900	143,900	140,000
Anti-Cholera ...	2,545,000	124,950	2,397,400	994,350
Anti-Plague ...	—	—	2,650	1,850

TABLE 40
BLOOD BANKS 1966-67
SOURCES OF BLOOD

	1966	1967
British Red Cross Society ...	19,589 pints	18,836 pints
Patient's Relative and friends ...	369 pints	465 pints
Other sources ...	299 pints	316 pints
Total ...	20,257 pints	19,617 pints

DISTRIBUTION OF BLOOD

	1966	1967
Government Hospitals ...	13,924 pints	14,260 pints
Government-assisted Hospitals ...	4,147 pints	3,512 pints
Private Hospitals ...	891 pints	1,033 pints
Military Hospitals ...	21 pints	64 pints
Unusable due to various causes ...	1,213 pints	907 pints
Total ...	20,196 pints	19,776 pints

TABLE 41
WORK OF THE GOVERNMENT CHEMICAL LABORATORY 1966-67

	Samples Analysed	
	1966	1967
Dangerous Drugs Ordinance ...	14,309	10,119
Dutiable Commodities ...	8,301	8,173
Food and Drugs ...	2,400	2,013
Forensic ...	1,396	2,368
Toxicology ...	1,544	2,240
Dangerous Goods Regulations ...	444	181
Commercial ...	145	86
Import/Export (Prohibition) (Specified Articles) Orders...	13	17
Pharmaceutical Examination ...	385	487
Miscellaneous ...	1,202	1,210
Total ...	30,139	26,894

TABLE 42

WORK OF INDUSTRIAL HEALTH SECTION 1967
MONITORING AND SURVEY WORK

	Numbers
Atmospheric Samples:	
(a) Carbon Monoxide	11
(b) Chromic Acid	3
(c) Dust	109
(d) Explosive Gas	2
(e) Lead	17
(f) Nitrogen Dioxide	5
(g) Sulphur Dioxide	5
Total	152
Ventilation Surveys:	
(a) Effective Temperature	19
(b) Radiant Heat	19
(c) Relative Humidity	19
(d) Velocity of Air	23
Total	80
Samples for Analysis:	
(a) Free Silica	4
(b) Lead	2
Total	6
Urinalyses:	
(a) Coproporphyrin in Urine	90
(b) Fluoride in Urine	101
Total	191
Blood Counts:	
(a) Haemoglobin Estimation	90
(b) Red Blood Count	90
Total	180

TABLE 42—Contd.

	Numbers
Miscellaneous Measurements:	
(a) Lighting	9
(b) Noise	11
(c) Radiation	1
Total	21

WORKMEN'S COMPENSATION CASE WORK

	1963-4	1964-5	1965-6	1966-7	1967-8
Injured persons dealt with (old and new)...	18,710	16,608	19,614	26,593	21,957
Number of visits	5,218	4,822	3,224	815	1,532
Cases assessed by I.H.O.	218	734	929	717	489
Cases assessed at Medical Boards ...	1,830	2,218	2,882	3,921	4,030

TABLE 43

MEDICAL CLINIC REGISTRATION

Number of clinics fully registered at 31st December, 1967	82
Number of clinics registered with exemption at 31st December, 1967 ...	393
Number of clinics in respect of which registration was refused during 1967	0
Number of clinics in respect of which registration was cancelled during 1967	0