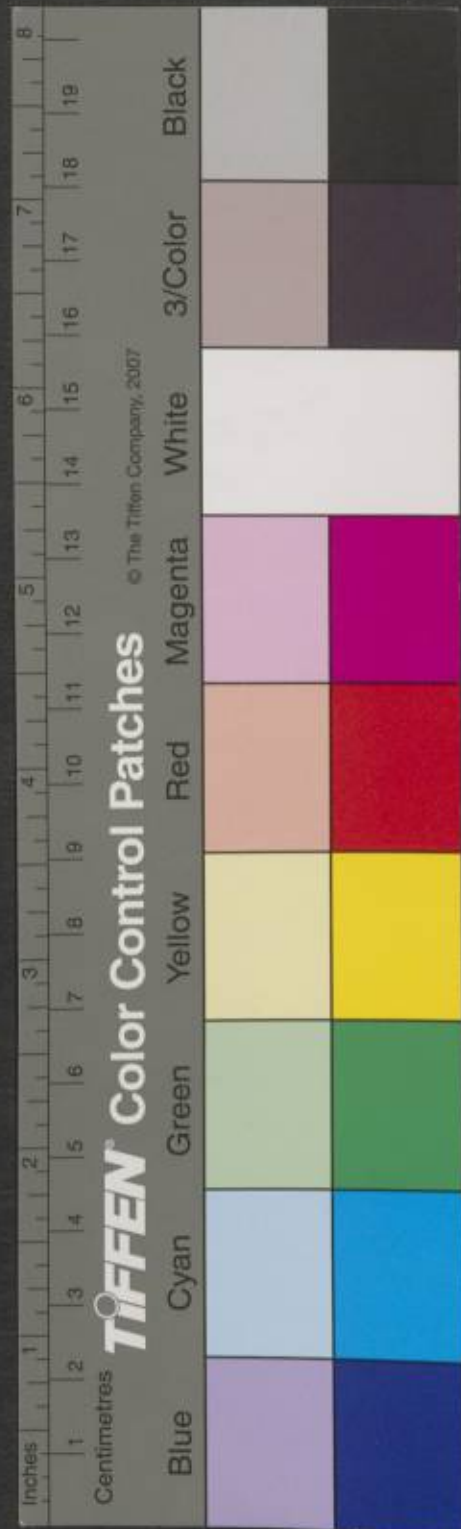


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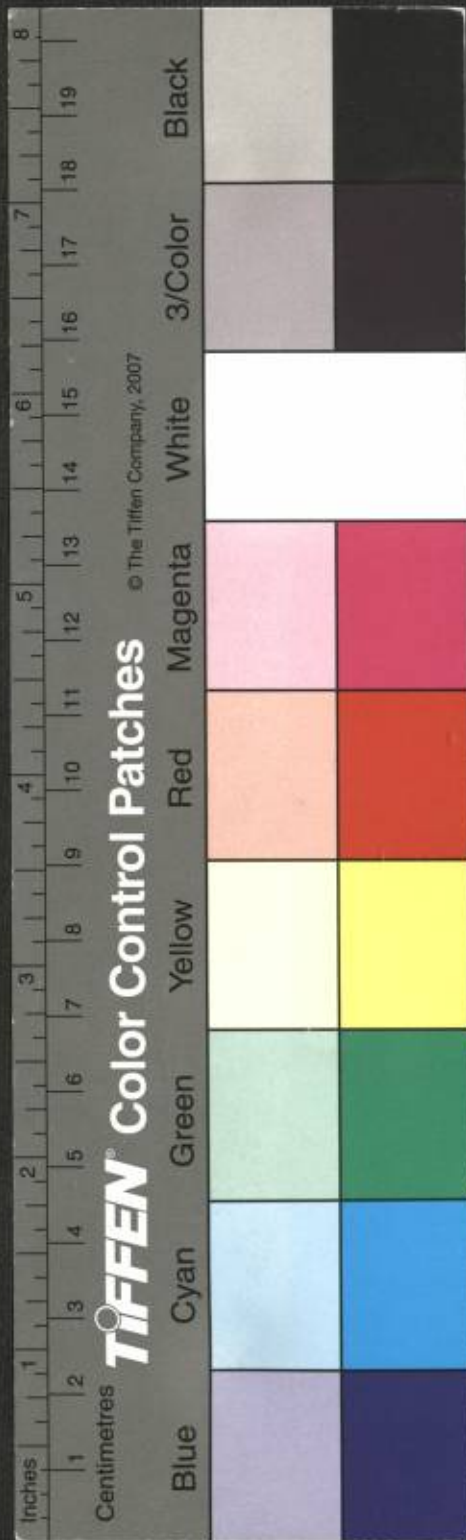
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HONG KONG
ANNUAL DEPARTMENTAL REPORT
BY THE
DIRECTOR OF MEDICAL AND HEALTH SERVICES
P. H. TENG, O.B.E., M.B., B.S., F.R.S.H., D.P.H., J.P.
FOR THE
FINANCIAL YEAR 1965 - 66

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When dollars are quoted in this Report, they are, unless otherwise stated, Hong Kong dollars. The official rate for conversion to pound sterling is HK\$16=£1 (HK\$1=1s. 3d.). The official rate for conversion to U.S. dollars is HK\$5.714=US\$1 (based on £1=US\$2.80).

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I. INTRODUCTION

THE Colony of Hong Kong occupies a land area of 398½ sq. miles, and the estimated mid-year population in 1965 was 3,804,300, of which approximately 85% was concentrated in the urban areas of Hong Kong Island and Kowloon. It is a young population, 40% being below the age of 15 years and only 5% over the age of 60.

2. The general health of the population continued to be good during the year under review despite the conditions of urban over-crowding aggravated by poor hygienic conditions in pre-war tenement and other buildings in multiple occupation and by large aggregations of squatter and roof-top dwellings. Unlike previous years however there were no water restrictions and this may have partly accounted for the fact that there was no outbreak of cholera in the period under review. A reduction in the number of notifications of other enteric group of infectious diseases such as typhoid and dysentery was also recorded. The Colony was in fact free from all internationally quarantinable infectious diseases.

3. While tuberculosis remains the major public health problem in the Colony, there have been fewer deaths from this and other communicable diseases but more from the degenerative and stress diseases such as neoplasms and cerebro-vascular accidents.

4. During the year the Jockey Club Health Centre at Yuen Long and the Lady Trench Polyclinic at Tsuen Wan were opened. In addition Kowloon Hospital, which had been undergoing renovation, started full-scale operation in its new role as a Tuberculosis Hospital and a convalescent annex to the Queen Elizabeth Hospital. These completed projects were all parts of the Long Term Development Programme of Medical Services in Hong Kong.

5. 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 receive either capital and/or recurrent subventions from Government 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.

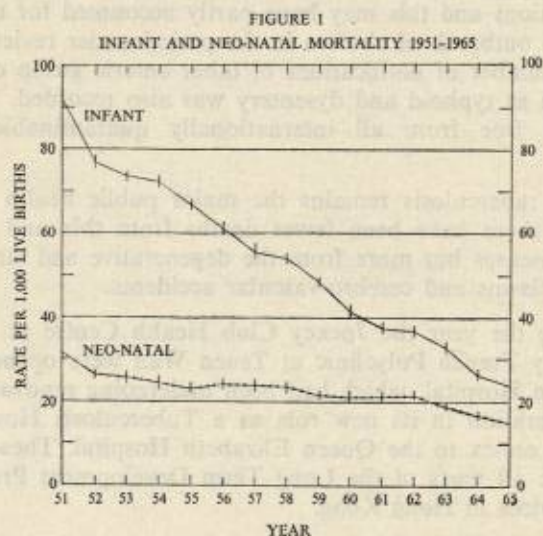
II. PUBLIC HEALTH

VITAL STATISTICS

(See tables 6-11)

6. Both the live birth rate and the crude death rate continued to decline. The latter, at 4.7 per thousand of population, is now one of the lowest in the world and reflects the rapid improvement of medical and health services in a young and expanding population. The total number of live births was the lowest recorded since 1959 and the natural increase was 84,574, over five thousand less than the previous year.

7. The marked improvement in the state of public health in Hong Kong during recent years is reflected by gratifying declines in infant, neo-natal and maternal mortality; changes in the first two of these rates are illustrated in Figure 1.



Infant Mortality

8. The steady decline in infantile mortality has been due to improvement in environmental conditions and better control of the preventable diseases of later infancy, particularly of bronchopneumonia, gastroenteritis and tuberculosis; in addition, improvements in the midwifery

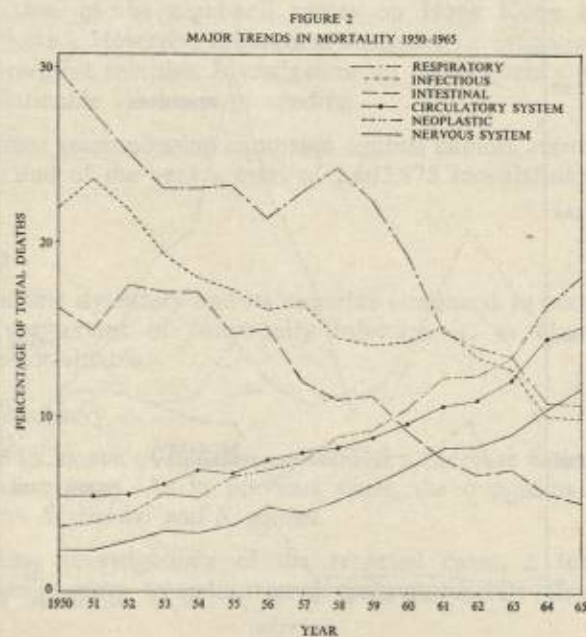
and maternal health services are gradually reducing the dangers of prematurity. As has been the experience in other countries, congenital malformations and other diseases of the new-born are proving more intractable and mortality from these causes has, as yet, been unaffected.

Maternal Mortality

9. Here also the statistics pertaining to Hong Kong are now approaching the standards prevailing in the developed countries of the world. Toxaemias and haemorrhages of pregnancy were the principal fatal complications, but there have been marked reductions in deaths from these causes during recent years. There was a general overall reduction in morbidity of pathological conditions associated with pregnancy and child birth.

General Mortality

10. 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 shown in Figure 2. Improvements in



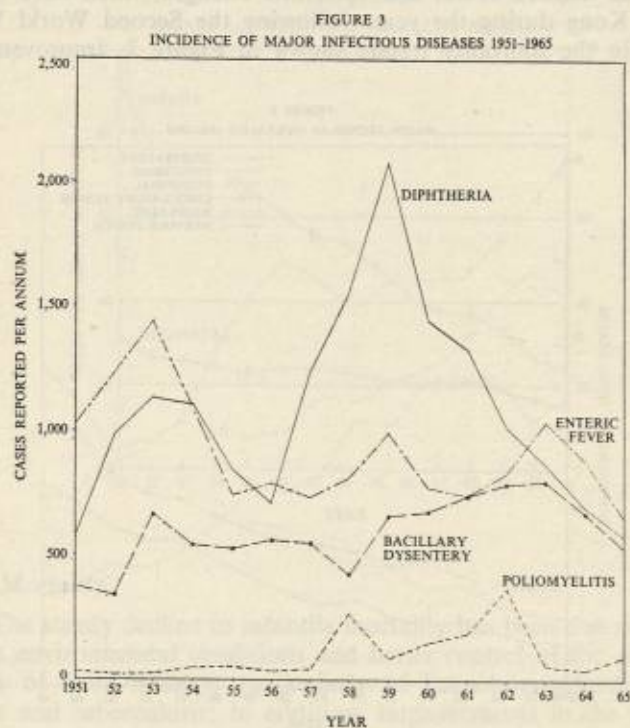
the general level of public health are demonstrated by the decline in mortality from infectious, respiratory and intestinal disease, while the ageing of a relatively young population is reflected by the increasing mortality from neoplastic, neurological and circulatory diseases.

11. Of particular note has been the rise in deaths from carcinoma of the lung. These have increased from a mortality rate of 2.0 deaths per 100,000 population in 1951 to 13.6 deaths per 100,000 in 1965, a rate of increase which is more than twice that observed in respect of other neoplastic diseases.

COMMUNICABLE DISEASES

(See tables 12-15)

12. In the field of communicable disease, tuberculosis remains the predominant problem but the prevalence of certain others still gives rise to concern (Figure 3). The total number of notifications of such



diseases during 1965 was approximately 2,000 more than in the previous year, the increase being merely due to a steep rise in the notifications of measles, which occurred in epidemic form in the early part of the year. There was also a small rise in the number of poliomyelitis, chickenpox and whooping cough cases.

Cholera

13. For the first time in five years no case of cholera was recorded in the Colony. In view of the continuing incidence of the disease in nearby countries, however, special preventive measures were taken throughout the year and strict quarantine restrictions were maintained in respect of countries which declared themselves infected.

14. Bacteriological investigation continued to be carried out of all specimens sent to government laboratories from all cases of gastro-enteritis attending Government hospitals and clinics as well as daily sampling of night-soil and routine sampling of seawater, well water and foodstuffs liable to be involved in the transmission of the vibrio. All such samples proved to be negative, except on one occasion in January, 1966 when one of the night-soil routes on Hong Kong Island was reported infected. However, subsequent extensive investigation revealed no further positive samples. Investigation on the frequency of isolation of non-agglutinable vibrios is proceeding.

15. A mass immunization campaign against cholera started in April and by the end of the year a total of 1,603,875 inoculations had been given.

Amoebiasis

16. Amoebic dysentery and its sequelae continued to occur sporadically but the extent of community infection is, as elsewhere, not definitely ascertainable.

Bacillary Dysentery

17. The incidence of this disease showed a decrease when compared with preceding years. As in previous years, the organisms commonly isolated were *S. flexneri* and *S. sonnei*.

18. During investigations of the reported cases, a total of 142 symptomless carriers was discovered and appropriate treatment administered.

Chickenpox

19. An increase in the annual incidence of this disease was recorded as a result of an outbreak which occurred in the first quarter of 1965. No death was recorded.

Diphtheria

20. As demonstrated in Figure 3, diphtheria incidence has shown a continuous decline since the commencement of an intensive and year-round immunization campaign in 1959. Although somewhat disrupted by the cholera and poliomyelitis immunization campaigns of recent years, this programme continues to give encouraging results. During the first three months of the year the incidence of diphtheria was somewhat higher than anticipated. However with the onset of cooler weather in October the usual sharp rise in the number of cases did not occur so that taking the year as a whole the annual incidence of the disease showed a further decrease. *C. diphtheriae mitis* remained the predominant organism; consequently most cases presented with laryngeal symptoms. Approximately 56% of cases occurred in children under the age of ten. The case fatality rate in 1965 was 6.4 per cent, partly due to the fact that a number of cases do not seek immediate medical treatment, and patients admitted into Government hospitals often give a history of having been treated by herbalists in the first instance.

21. A total of 101 carriers was discovered amongst contacts of reported cases; each was treated and, if necessary, isolated until proved free of infection.

Enteric Fever

22. Typhoid fever showed a very considerable decrease compared with 1964 and preceding years. This disease in Hong Kong is generally associated with neglect in personal and community hygiene and its decrease is probably connected with the continuous water supply available throughout the year. Free inoculation is offered and the usual control measures are enforced with special attention to the detection of carriers among food handlers.

Measles

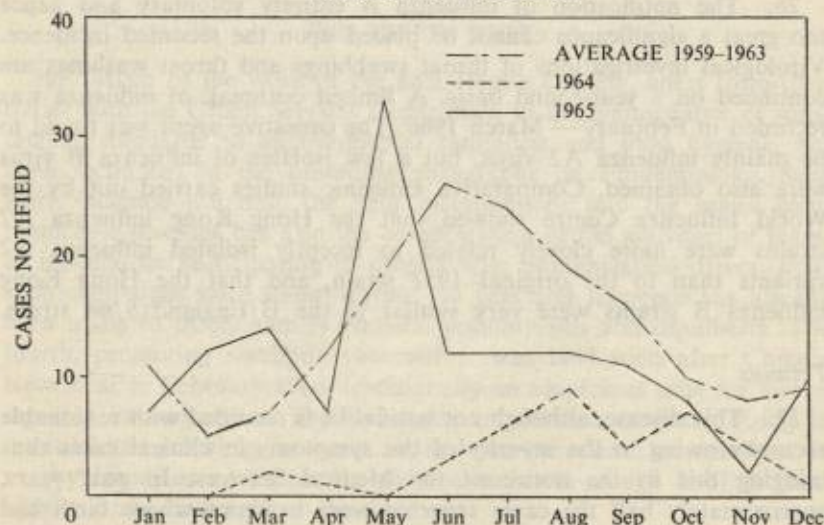
23. In Hong Kong, as in nearby countries, this disease occurs in large numbers. The incidence of the disease tends to rise every two years as a wave of infection spreading throughout susceptible children

aged 0-2 years. Such a wave of infection was experienced during the winter months of 1964-65, commencing in December 1964 and reaching a peak in January and February of 1965. Thereafter incidence of the disease began to decline. The mortality, due to complicating advanced bronchopneumonia, remained relatively low. The true value of the recorded mortality is difficult to assess as related to incidence, as notification tends to be limited to those severe cases which merit hospital admission. Furthermore a proportion of such cases only enter hospital after the onset of complications.

Poliomyelitis

24. This disease, which had shown a low incidence since a wide-spread immunization campaign using oral vaccine was carried out early in 1963, increased during the year. The increase was largely due to an outbreak of Type I infection which occurred mainly in the northern part of Kowloon and in Tsuen Wan during March, April and May (Fig. 4). Approximately half of all children born between the age of 3 months and 1 year received anti-poliomyelitis vaccine at Maternal and Child Health Centres and general campaigns are held yearly in an attempt to immunize the remainder.

FIGURE 4
POLIOMYELITIS 1959-1965



25. Virological investigation of the disease is maintained on a routine and year-round basis. Poliomyelitis virus Type I was the predominant causative agent in clinical cases and only 1 case of Type II and 6 cases of Type III were encountered. A comparatively poor rise in Type I antibody in children following vaccination, prompted a variation in December 1964 in the composition of the trivalent vaccine used (the new formula containing $10^{5.7}$ TCID 50 of Type I, 10^5 of Type II and $10^{5.5}$ of Type III compared with the old formula which contained an equal amount, $10^{5.3}$ TCID 50, of the three poliovirus types) and the commencement of a programme of administration of Type I vaccine soon after birth. Serological study showed that a single dose of Type I soon after birth was valuable as an adjunct to a later programme of two doses of the trivalent vaccine. This new programme succeeded in provoking a better immunological response to Type I poliovirus in a higher percentage of infants and an equally good response to Type II and Type III polioviruses. This method came into general use immediately after the close of the period under review, and it is hoped that its success will be reflected in future epidemiological statistics.

Influenza

26. The notification of influenza is entirely voluntary and hence too great a significance cannot be placed upon the recorded incidence. Virological investigations of throat swabbings and throat washings are continued on a year-round basis. A limited outbreak of influenza was recorded in February — March 1966. The causative agent was found to be mainly influenza A2 virus, but a few isolates of influenza B virus were also obtained. Comparative antigenic studies carried out by the World Influenza Centre showed that the Hong Kong influenza A2 strains were more closely related to recently isolated influenza A2 variants than to the original 1957 strain, and that the Hong Kong influenza B strains were very similar to the B/England/5/66 strain.

Tetanus

27. This disease, although not notifiable, is recorded with reasonable accuracy owing to the severity of the symptoms in clinical cases thus bringing this to the notice of the Medical Services. In past years, approximately half the cases reported were newborn whose birth had

not been attended by trained personnel and who had been exposed to various hazards from unsterile materials, particularly the use of a powder containing raw ground ginger root as an umbilical styptic. It is encouraging to record that, in 1965, tetanus neonatorum was responsible for only one-third of the recorded cases of the disease and that the infantile mortality from such infection was 0.17 deaths per 1,000 live births as compared with 0.25 deaths per 1,000 in 1964 and 1.2 deaths per 1,000 in 1951.

Viral Hepatitis

28. Notification of this disease is not compulsory. While the figures recorded for the period under review are therefore not strictly comparable with those of previous years, there was an impression of a rise in the incidence of the disease during the first three months of 1966.

29. Developments in certain other communicable diseases are reviewed later in this report while the remainder showed little variation during 1965 and hence require no comment.

III. WORK OF THE HEALTH DIVISION

AREA HEALTH WORK

30. 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 soon after Chinese New Year in February 1966, traditionally an auspicious time for receiving this immunization. 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 16-22)

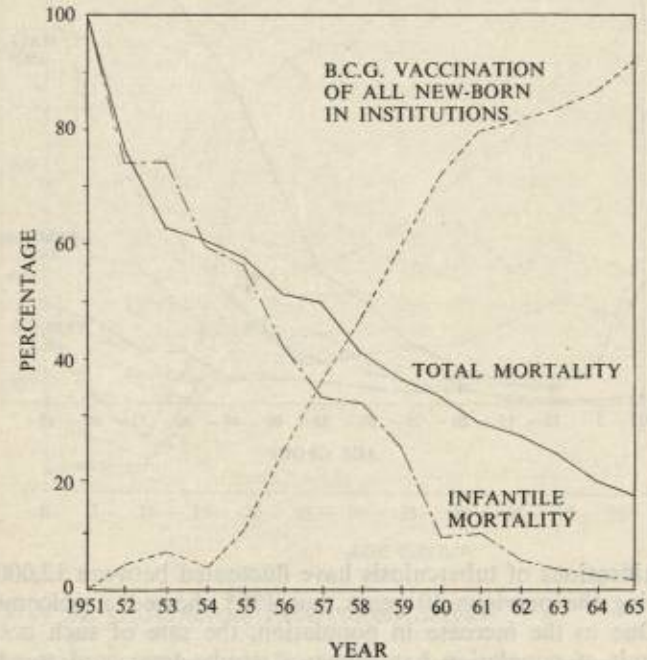
31. As stated previously, tuberculosis is the major health problem of Hong Kong, the estimated incidence of 1.5 per cent of adults with active disease still being amongst the highest in the world. The magnitude of the problem makes it impossible both physically and financially to provide institutional accommodation of the order required for the isolation of all infectious cases. This policy is also important for economic reasons as persons suffering from the disease will be reluctant to seek treatment if prolonged periods of hospitalization with consequent loss of income are necessary.

32. The policy for control of the disease has been to protect, by vaccination with B.C.G., those most vulnerable to serious post-primary manifestations, to provide out-patient facilities for the ambulatory treatment of as many tuberculosis patients as possible and to reserve the limited hospital accommodation for patients not responding to ambulatory treatment or 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 Association. The Government Tuberculosis 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. To ensure the maximum co-operation and co-ordination a Committee which includes representatives of all the main organizations engaged in anti-tuberculosis work in Hong Kong meets regularly once every two months under the Chairmanship of the Deputy Director (Health). The formation of this Committee was in accordance with one of the recommendations made by Professor F. HEAF, C.M.G. and Dr. Wallace FOX in their report to Government on the future of the Colony's tuberculosis control programme. The remaining recommendations made in the report were studied by a small group under the Chairmanship of Dr. the Hon. Sir Albert RODRIGUES, Kt., C.B.E. and including representatives of Government, the University of Hong Kong and the Hong Kong Anti-Tuberculosis Association. The report of this group was presented to the Medical Advisory Board in January 1965 and was subsequently submitted to Government. Some of the recommendations are in process of implementation while the remainder are being closely studied.

Mortality

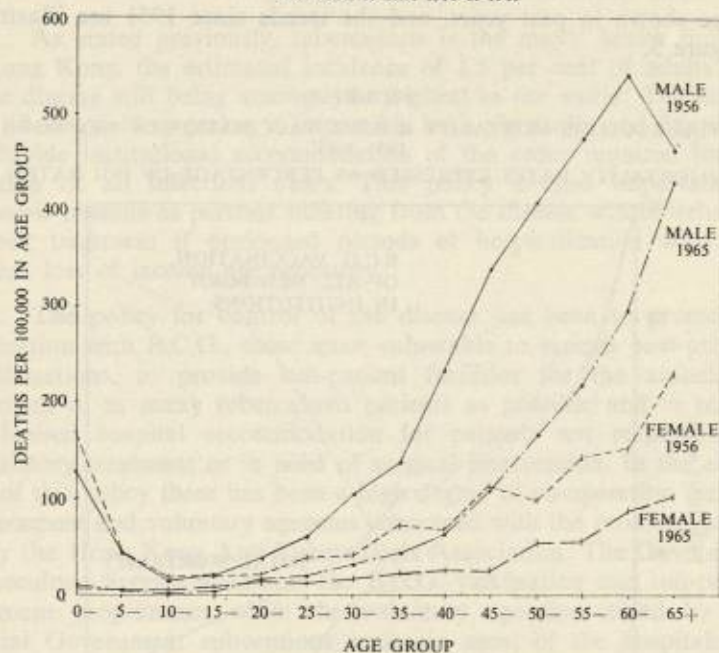
33. The death rates from all forms of tuberculosis continued the decline shown in past years, and the trends since 1951 are illustrated in Figure 5.

FIGURE 5
TUBERCULOSIS MORTALITY & B.C.G. VACCINATION OF NEW-BORN
1951-1965
(MORTALITY RATES EXPRESSED AS PERCENTAGE OF 1951 RATES)



34. Infantile mortality rate from the disease has shown an even more impressive reduction than the overall rate; it is believed that this is attributable, at least in part, to the wide acceptance of vaccination with B.C.G. for newly-born babies and the increasing application of this measure is also demonstrated in Figure 5. The average age at death from tuberculosis has risen from 32 in 1956 to 49 in 1965. Detailed analyses of the changes taking place in mortality from tuberculosis of various ages are presented in Figure 6.

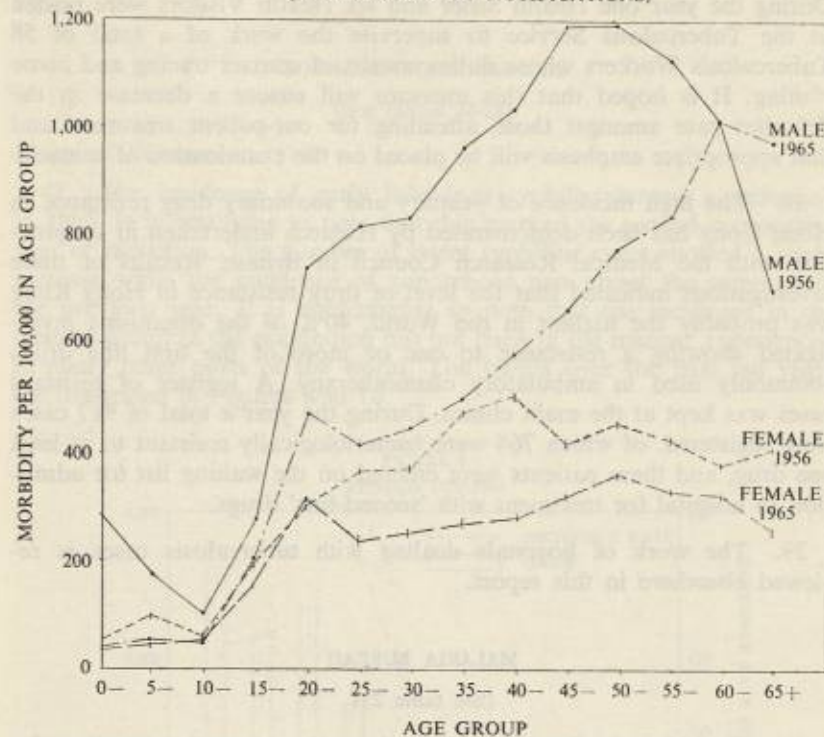
FIGURE 6
TUBERCULOSIS MORTALITY
BY AGE & SEX 1956 & 1965



Morbidity

35. Notifications of tuberculosis have fluctuated between 12,000 and 15,000 during the previous 10 years, but 1965 showed a welcome fall to 9,927. Due to the increase in population, the rate of such notifications per unit of population has shown a steady downward trend and this fall was accentuated in 1965. Figure 7 shows the changes which have taken place in the age and sex specific morbidity rates (as measured by notifications). It will be seen that there have been marked reductions in incidence of the disease during childhood, that there has been little change in the vulnerability of young adults between the ages of 15 and 24 and that in the oldest groups there has been an actual increase in the morbidity. The relative susceptibility of males, except in childhood, corresponds with the well-documented pattern recorded elsewhere in the world.

FIGURE 7
TUBERCULOSIS MORBIDITY 1956 & 1965
(AS MEASURED BY NOTIFICATIONS)



Work of the Government Tuberculosis Service

36. The Government Chest Clinics provide ambulatory chemotherapy services for the great majority of cases of tuberculosis presenting, hospital admission being reserved for patients requiring specialized surgical, orthopaedic or medical treatment. The clinics also provide medical social work and 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 certain cases where the family depend on the patient's earnings and no other way can be found to maintain the dependants during his hospitalization, a regular financial grant can be made.

37. With the gradual decline in the number of attendances, increasing attention is being paid to the public health aspect of tuberculosis. During the year one Health Sister and six Health Visitors were posted to the Tuberculosis Service to supervise the work of a total of 58 Tuberculosis Workers whose duties consist of contact tracing and home visiting. It is hoped that this measure will ensure a decrease in the defaulter rate amongst those attending for out-patient treatment and that appropriate emphasis will be placed on the examination of contacts.

38. 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 a resistance to one or more of the first line drugs commonly used in ambulatory chemotherapy. A register of resistant cases was kept at the main clinics. During the year a total of 917 cases were registered, of which 764 were bacteriologically resistant to at least one drug, and these patients were entered on the waiting list for admission to hospital for treatment with 'second-line' drugs.

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

MALARIA BUREAU

(See table 23)

40. The Malaria Bureau continued routine control operations for the protection of the population in Hong Kong Island, the urban area of Kowloon and also in certain circumscribed rural areas of the New Territories. The cost of control measures during the year was 38 cents per head of population protected. With a view to assessing the degree of malaria endemicity in the unprotected areas, malariometric, mosquito and parasite surveys were also pursued by field and laboratory staff.

41. The incidence of malaria continued to decline, notifications being approximately eighty per cent of those in 1964. The results of anti-larval operations, as checked by routine adult mosquito catches and larval collections, were satisfactory and the incidence of natural malaria transmission in the controlled areas continued to be virtually

nil. Arrangements were made to transfer the functions of the Malaria Bureau to the Urban Services Department with effect from 1st April, 1966.

SOCIAL HYGIENE SERVICE

(See tables 24-28)

Venereal Diseases

42. The incidence of early infectious syphilis showed a reduction in 1965. It is gratifying to note that this marked the second consecutive year of reduction. The number of latent syphilitic cases showed a slight increase while the incidence of gonorrhoea was about the same as in the previous year. It is encouraging to note that the incidence 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 1956-1965

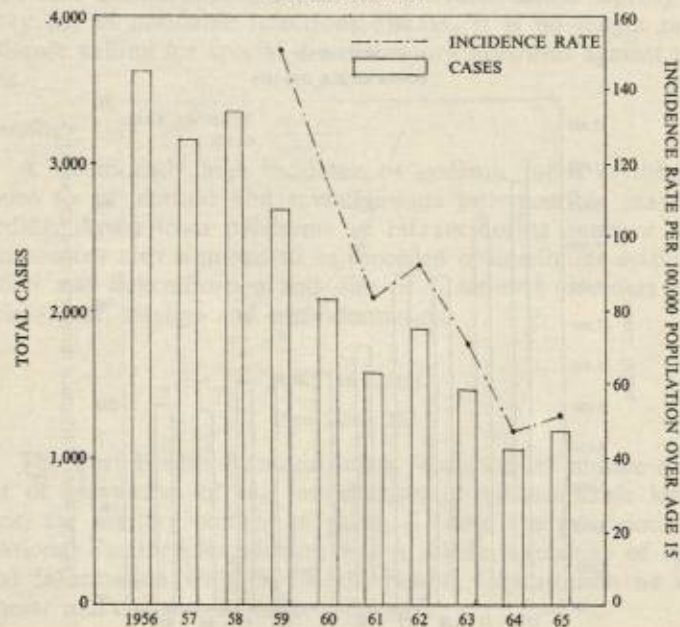


FIGURE 9
INFECTIOUS SYPHILIS 1956-1965

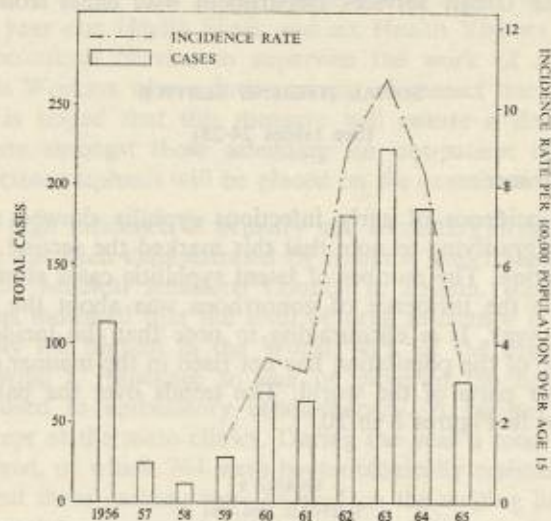
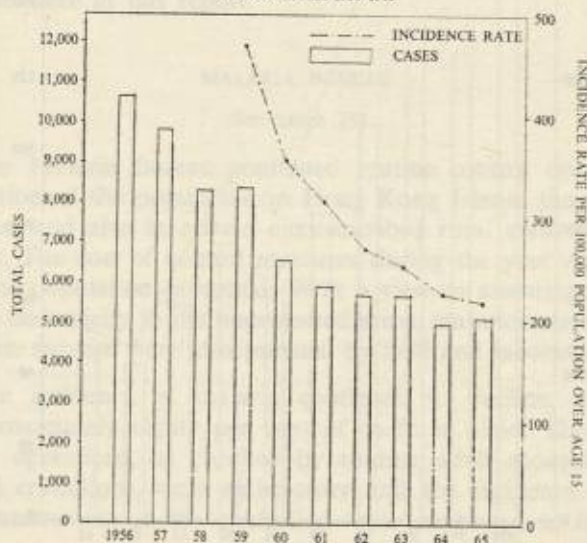


FIGURE 10
GONORRHOEA 1956-1965



43. Case finding continued at a high level, particularly in ante-natal cases where an initial positive serology rate of 2.2% 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

44. New cases of leprosy treated numbered 217, representing a rate of 5.7 per 100,000 of population which is the lowest recorded since 1959. Tuberculoid manifestations predominated, the ratio of these to lepromatous cases being 1.7:1.0. Of the infectious cases, 95 were admitted to Hay Ling Chau Leprosarium (Island of Happy Healing) maintained by the Leprosy Mission-Hong Kong Auxiliary, with whom the Social Hygiene Service maintains close liaison.

45. During recent years there has been some advance in overcoming the prejudice against employment of cured lepers and, to this end, great attention is paid by the Service towards the prevention of disabilities in tuberculoid cases. In June 1965 the Leprosy Ordinance was repealed and accompanying legislative measures added leprosy to the statutory list of notifiable infectious disease. It is no longer regarded as a disease calling for special discriminatory measures against affected persons.

Dermatology

46. A significantly high incidence of systemic lupus erythematosus continues to be noticed and investigations into possible reasons are proceeding. Apart from pyoderma in infants during summer months, high incidences also continue to be recorded of conditions arising from urtication and lichenification and also of functional disorders such as alopecia areata, vitiligo and neurodermatitis.

PORT HEALTH

(See table 29)

47. 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 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.

48. 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 hours 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 SERVICES

(See table 30)

49. 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. Approximately 98.36% of births took place in institutions, either hospitals or maternity homes. It is of interest that 20.35% of all births were in maternity centres attached to Government clinics and 33.34% were attended by midwives in private practice. The remainder of the above mentioned 98.36% of births took place in Government, Government subsidized and private hospitals.

50. Early this year, one new Government centre with 24 maternity beds was opened in Yuen Long in the New Territories while the maternity home in the old premises was closed. This resulted in an increase of 17 maternity beds. During the year, the domiciliary centres in Kowloon City and Shek Kip Mei were closed on account of the small number of domiciliary cases.

MATERNAL AND CHILD HEALTH SERVICES

(See tables 31-32)

51. There is increasing public appreciation of the value of these services in the maintenance of health amongst infants and expectant and nursing mothers, and 63.1% of children born attended a Centre on at least one occasion; the corresponding figure for 1964 was 53.6%. Only 0.13% 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.

52. The subsidiary centre in Tsuen Wan in the New Territories was replaced by a full time one and the subsidiary centre in Yuen Long has been transferred to the new Yuen Long Health Centre in the New Territories. A new subsidiary centre was opened in Sha Tau Kok in the New Territories.

SCHOOL HEALTH SERVICES

53. The Medical and Health Department provides an advisory service to the Education Department on matters relating mainly to the environmental health and hygiene in schools.

54. Inspection of schools is carried out by School Health Inspectors with special regard to lighting, ventilation and sanitary arrangements.

55. Immunization against Diphtheria, Cholera and Smallpox was carried out in the schools during the year by staff attached to the Area Health Officers.

56. Tuberculin testing was carried out in students of primary 1 and 6 and form V classes by School Health Staff vaccinators and B.C.G. vaccine given where necessary. Positive reactors with a reading of over 15 mm were submitted to X-ray examination and further investigation of 465 pupils examined radiologically, 25 were found to have active tuberculosis and were given treatment. Health Visitors from the School Health Service paid initial home visits to these pupils, and such further visits as were considered necessary.

57. In the field of Health Education 2 Health Visitors gave talks on health and hygiene and organized first-aid classes in schools.

SCHOOL MEDICAL SERVICE BOARD

(See table 33)

58. The School Medical Service which commenced in September, 1964, is administered by the School Medical Service Board, an independent body incorporated by Ordinance, and operated by private medical practitioners. Remuneration of the doctors is on a per capita basis and half the fees are contributed by participants; Government provides the remaining funds and, in addition, donates \$1 for the administrative expenses of the Board for each participant.

59. There was a decline in the enrolment of pupils in the service. By the end of the year under review, 50,394 students from 517 schools

were enrolled in the service compared with nearly 82,000 pupils from 485 schools in the preceding year. The number of private practitioners participating in the scheme was 250.

DENTAL SERVICE

(See table 34)

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

61. In February two dental clinics of two surgeries each were opened as parts of the Royal Hong Kong Jockey Club Health Centre at Yuen Long and the Lady Trench Polyclinic in Tsuen Wan.

62. In the field of dental health, fluoridation of the water supplies has been continued since 1961, while advantage is taken of major educational exhibitions to distribute information and advice on the maintenance of dental health.

63. Although no training in dentistry is undertaken in Hong Kong, a programme of overseas training is maintained by Government and during the year three 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. Two dental surgery assistants were sent to Penang under scholarships awarded by the World Health Organization for training in dental nursing.

FORENSIC PATHOLOGY

(See tables 35-36)

64. The Forensic Pathology Service continued to work in close co-operation with the Police Department in all branches of medico-legal work and to operate the two public mortuaries.

65. One major disaster from an air crash resulted in 58 deaths while disasters from typhoon, landslides and fire accounted for another 17.

GOVERNMENT CHEMICAL LABORATORY

(See table 41)

66. The work of the laboratory remained at a high level in spite of the removal of the section dealing with water and waterworks chemicals to the new Public Works Department laboratory.

67. The largest number of samples were narcotics received for examination and certification under the Dangerous Drugs Ordinance. A feature of the year's work was the examination of over 6,000 lbs. of raw opium, more than four times the amount dealt with in the previous year.

68. Examination of dutiable commodities, which represent the next largest category of substances submitted, went on much as in previous years, but two new projects were the investigation of the composition of tobacco waste, which is related to the drawback of duty granted to exported cigarettes, and the investigation of yields from local distilleries.

69. Work under the Public Health and Urban Services Ordinance was concerned with the routine examination of foods to ensure that they complied with existing legislation. Concern over the possible presence of aflatoxin followed by check analyses of these products at regular intervals. A number of analyses were made of locally manufactured prepacked articles intended for infant feeding and which were found to have made extravagant claims for their nutritive value.

GOVERNMENT INSTITUTE OF PATHOLOGY

(See tables 37-40)

70. The expansion of medical services in Hong Kong and the increasing importance of laboratory investigations in both curative and preventive medicine have been reflected in the increasing number of investigations which totalled 1,128,385, an increase of about 7.5% over the previous year. The laboratory at Queen Elizabeth Hospital is now in full operation and even without a cholera outbreak in 1965, the number of investigations showed a steady increase. With the opening of the new laboratory on 1st April, 1966 at Kowloon Hospital which will deal with public health investigations, the routine clinical pathology services for Queen Elizabeth Hospital will not be affected to an appreciable extent should an epidemic involving the services of the public health laboratory occur. Work arising from Queen Mary Hospital on pathology, clinical biochemistry and bacteriology is under-

taken by the University Department of Pathology which was subvented by Government up to \$600,000 for the year under review.

Bacteriology

71. Apart from routine clinical work, the year-round monitoring of nightsoil and of cases of gastro-enteritis for cholera vibrios continued. Other projects included studies of the characteristics and distribution of non-agglutinable vibrios and testing of anti-tuberculosis drug sensitivity which included the thiacetazone investigation, a joint undertaking between the Medical Research Council and the Hong Kong Government.

Clinical Pathology

72. The Clinical Pathology Unit in Queen Elizabeth Hospital is now responsible for all types of pathological work required by the clinical units. There has been a steady increase in the number of tests and the total for 1965 was 655,296. Significant increase was noted in chemical pathology and cytological work. The acquisition of another 'Auto-analyser' has increased the efficiency of chemical pathology investigations. In the field of cytology, screening and diagnosis, particularly of vaginal smears, have helped in the detection of early cervical cancer. The return of one technician trained in cytological techniques will further improve the efficiency of this service.

Haematology and Blood Banks

73. Serological studies of haptoglobin and transferrin genotypes among Cantonese in Hong Kong were carried out in collaboration with the New South Wales Red Cross Blood Transfusion Service, Sydney.

74. The Hong Kong Branch of the British Red Cross Society continued to maintain a blood collection service and to distribute the blood to the blood banks at the Queen Mary and Queen Elizabeth Hospitals. Increased demands were met by an intensified campaign by the Hong Kong Branch of the Red Cross Society, which provided approximately 14,900 pints—an increase of 3,700 pints over the previous year. Although the greater part of the blood again came from members of the Armed Services or from visiting Royal Navy and United States warships, there are increasing donations from local Chinese residents. However, despite all these efforts, shortage of blood remained a problem.

Virology

75. The Virus Laboratory is equipped mainly for diagnostic and survey work in connexion with entero—and respiratory viruses. A preliminary arbovirus serological survey was undertaken during the year.

76. Routine identification of poliovirus and the conduct of serological surveys to assess the effects of the oral vaccination campaign was carried out. A comparatively poor rise in Type 1 antibody following vaccination prompted an alteration in the composition of the trivalent vaccine used and the administration of Type 1 vaccine soon after birth. The serological response to one dose of Type 1, 4-7 days after birth and followed by two doses of trivalent vaccine indicated 97-99% response to all three types. This method has been adopted for immunization and further assessment on a larger scale will be carried out. (See paragraph 25).

77. An outbreak of influenza was recorded in February—March, 1966. The causative type was mainly influenza A 2 virus, but a few isolates of influenza B virus were also obtained. (See paragraph 26).

78. A preliminary arbovirus survey using haemagglutination-inhibition test revealed findings indicating that group B arboviruses have been prevalent in Hong Kong.

Parasitology

79. *Clonorchis sinensis* infestation of the intrahepatic bile ducts still remains a problem and recent study showed that these worms also migrated into the pancreatic ducts. A close study of the pancreatic changes due to *Clonorchis sinensis* infestation has been made. The first recorded case of hydatid disease of the liver was detected in a Chinese female, aged 39 years, native of Yuen Long.

INDUSTRIAL HEALTH

(See table 42)

80. Field surveys both clinical and environmental were undertaken by the Industrial Health Division of the Labour Department, which is staffed by officers seconded from the Medical and Health Department. Environmental aspects investigated were:—benzene and toluene in paint and varnish factories, dust in quarries, carbon monoxide in underground junction vaults, chromic acid mist in electroplating works,

lead fume from soldering processes, and explosive gases in wells. Clinical surveys were carried out into the incidence of silicosis and byssinosis in private quarries and cotton mills respectively.

81. With the opening of the Industrial Hygiene Laboratory at Kowloon Hospital in November 1965, the monitoring of a number of groups of workers has been established on a regular basis. This now includes the examination (blood and urine) of several groups of lead workers, urinalysis of fluoride workers and blood examination of radiation workers. Clinical examination of groups of workers at risk was also instituted on a regular basis during the year and this service was offered to workers handling tar, pitch and bitumen in Government service and in private industry, as well as to radiation and lead workers. A hearing conservation programme was also begun on selected groups of Marine policemen.

82. Towards the end of the period under review, Health Visitors were attached to the Casualty Departments of the major Government hospitals. This has greatly facilitated the case work involved under the Workmen's Compensation Ordinance and has already proved of benefit to both injured persons and employers alike as well as to the various sections administering this work.

83. The question of consumer protection arose again following the United States of America's ban on the import of Hong Kong-made plastic drink coolers the quality of the water in which was considered suspicious. The Industrial Health Officer was appointed to liaise between the Department of Commerce and Industry on the one hand and the Chemical Laboratory and Pathological Institute of the Medical and Health Department on the other, in order to determine which samples should be submitted for chemical or bacteriological analysis and to advise on the health hazards involved.

REGISTRATION OF MEDICAL CLINICS

(See table 43)

84. Only a few new applications for registration of clinics under the Medical Clinics Ordinance of 1963 were received during the year and on 31st December, 1965, 80 clinics were registered and in charge of registered medical practitioners, and 387 clinics were registered with exemption and were for the most part in charge of unregistered doctors.

85. As on 31st December, 1965, 233 clinics had been refused registration. A total of 249 petitions to the Governor in Council appeal-

ing against refusal of registration were lodged. Five petitions in respect of 6 clinics were allowed, the reasons being that these clinics were able to provide evidence proving their existence prior to the 5th of September of 1963 and the unregistered doctors in 4 of these clinics had been approved at the clinical interview, conducted by a Panel of Specialists.

86. Two Medical Inspectors of Clinics, appointed in December, 1964 continued throughout the year to make regular inspections of all clinics whose names appeared on the Register. In general, defects of a minor nature were remedied after advice had been given by the Medical Inspectors, but as a result of inspections and of complaints made, the Registrar found it necessary to cancel a total of 6 clinic registrations.

87. In the spring of 1965 the Police in conjunction with the Medical Inspectors started taking action to ensure that clinics in respect of which registration was refused and appeals dismissed, had closed. By 31st December, 1965, 20 persons had been convicted of taking part in the management of unregistered clinics, a total of 14 clinics being involved, and of other related offences. An Advisory Committee on Clinics, under the Chairmanship of the Honourable Dhun RUTTONJEE, C.B.E., J.P., was appointed in June 1965, with the following terms of reference:

'To review the operation of clinics registered (or registered with exemption) under the Medical Clinics Ordinance 1963, and, bearing in mind particularly Section 8(6) thereof, to make such recommendations as to changes in the law or in its administration as the public interest requires.'

88. The Committee held its first meeting on 5th July, 1965, and submitted its report and recommendations to His Excellency the Governor on 19th March, 1966. These are now under consideration by Government.

HEALTH EDUCATION

89. 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

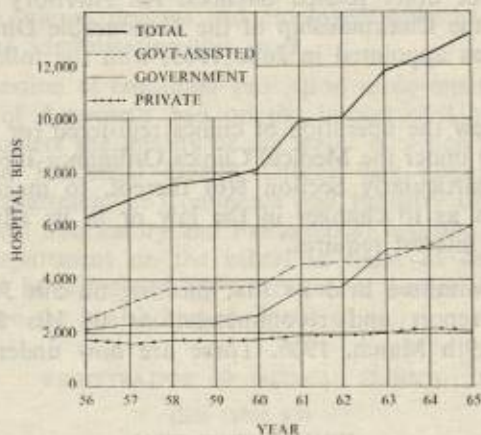
number of exhibitions, notably the Fourth Kai Fong Health Education Exhibition in July-August, 1965, by producing displays on various aspects of preventive medicine.

IV. WORK OF THE MEDICAL DIVISION

(See tables 44-47)

90. At the end of 1965, there was a total of 12,657 beds available in all hospitals in Hong Kong excluding those hospitals maintained by Her Majesty's Armed Forces. This total includes the Kowloon Hospital where further renovation was carried out during the year. An additional 519 beds in private maternity and nursing homes were also available. Development over the past 10 years is illustrated in Figure 11 and it is a mark of Hong Kong's achievement to record that the total of 13,176 beds represents an increase of slightly more than 200% over the bed provision in 1950.

FIGURE 11
HOSPITAL BEDS 1956-1965



QUEEN MARY HOSPITAL

(See table 48)

91. This hospital built in 1937, the main acute and specialist centre for Hong Kong Island, is the University teaching hospital for the Medical Faculty of the University of Hong Kong; clinical supervision



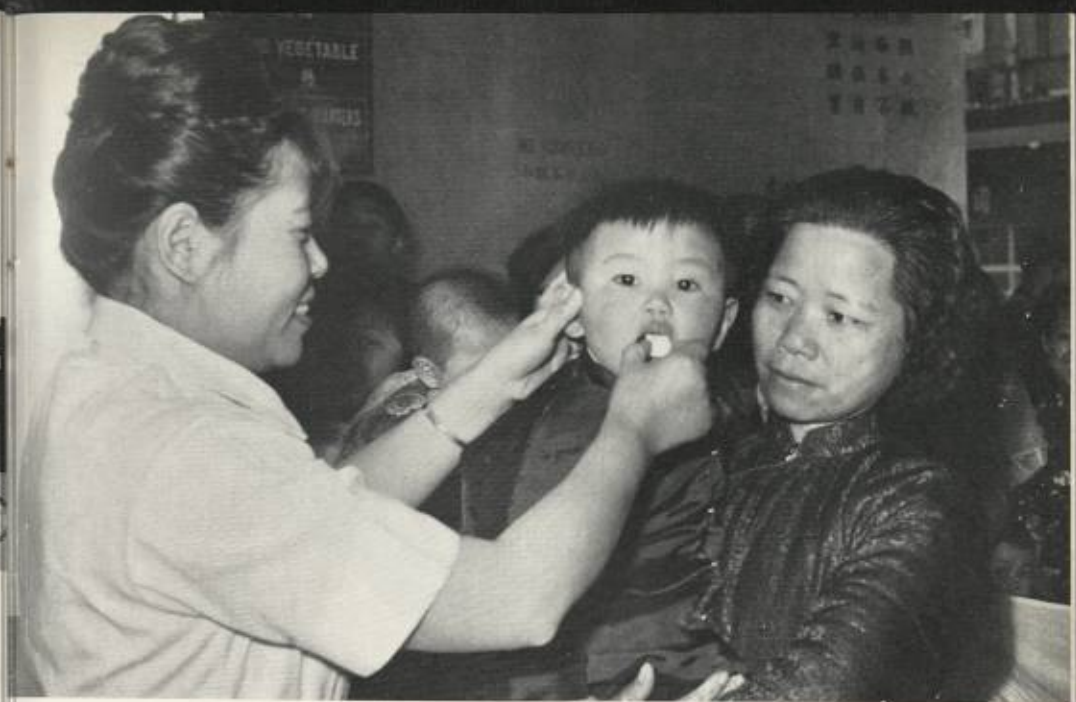
Jockey Club Health Centre, Yuen Long opened on 3rd February, 1966.

A Health Visitor at work in the demonstration room at one of the Maternal and Child Health Sessions in the Jockey Club Health Centre, Yuen Long.



Lady Trench Polyclinic, Tsuen Wan opened on 16th February, 1966.

Waiting Hall at the Lady Trench Polyclinic, Tsuen Wan.



A child receiving his vaccine on a lump of sugar from a nurse at one of the centres during the Anti-Poliomyelitis Campaign.

A nurse organizing a queue of Hakka mothers outside the consulting room of the floating clinic 'Chee Wan'.





A Health Visitor giving a health talk to a group of villagers.



A Health Visitor at work in a village in the New Territories.

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.

92. During the year construction work continued on the 6-storey professorial suite, the 7-storey block containing operating theatres and specialized services, the greatly-expanded radiodiagnostic department, the radiotherapy department and new accommodation for nurses, housemen, doctors and for the Nurses Training School. Plans were also made, on the completion of these extensions, to alter the existing main hospital building so as to provide a total of 1,080 beds by the end of 1967 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. In spite of the magnitude of these developments, careful planning continued to prevent direct interruption of hospital routine although interference and considerable disturbance to both staff and patients was unavoidably caused by noise and vibration.

QUEEN ELIZABETH HOSPITAL

(See tables 49-50)

93. This hospital, the largest hospital of its kind in the Commonwealth, serves a population of approximately 2½ million people living in Kowloon and the New Territories as a medical centre for emergency and specialist care.

94. During its second year of operation, attendances at the Casualty Department dropped by 4.3% compared with the previous year. Of these attendances, 45% were due to trauma, the main causes being, in order of frequency, domestic, industrial and assault cases. 24.6% of all the cases seen in Casualty Department required immediate admission to hospital and 6.6% were referred for admission to other hospitals such as Kwong Wah Hospital and Lai Chi Kok Hospital. (Please see paragraph 146 below for details of operation of the Casualty Department of the Kwong Wah Hospital).

95. The average time spent in the Hospital by each in-patient was 8.7 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. Pressure on the Orthopaedic Wards, which built up rapidly in mid-1964, was abated due to additional number of convalescent beds being available at Kowloon Hospital.

KOWLOON HOSPITAL

96. With the completion of renovation of the hospital premises towards the end of 1965, a total of 500 beds in Kowloon Hospital was ready for use by February 1966 with fully equipped facilities and staff. 332 of the Kowloon Hospital beds provided subsidiary accommodation for Queen Elizabeth Hospital, catering for convalescent patients and those in need of rehabilitation. The medical supervision is provided by the various specialist Units of Queen Elizabeth Hospital.

97. A long term design for establishing a Chest Centre at Kowloon Hospital has been achieved with the opening of the Pulmonary Tuberculosis Unit in September 1965 and the transfer of the Thoracic Surgical Unit from Queen Elizabeth Hospital in February 1966. These 2 units 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-tuberculosis chest disease.

TSAN YUK HOSPITAL

(See table 51)

98. This hospital, under the clinical supervision of the University Professor of Obstetrics and Gynaecology, is the main specialist obstetric hospital in the Colony. It is the teaching centre in Obstetrics for medical undergraduates and the training school for midwives who have not first trained as general nurses.

99. Approximately 93.97% of admissions were cases registered at the hospital ante-natal clinic, and were in the main primiparae and multigravidae requiring specialist care; the remainder of the admissions were emergency cases referred from other sources. In spite of this high rate of abnormal admissions, only six maternal deaths were recorded, the causes of which were:—2 cases of acute heart failure, 2 cases of hepatic failure, one case of pulmonary embolism and one case of post-partum haemorrhage which had died before arrival.

MENTAL HEALTH SERVICE

Castle Peak Hospital (See table 52)

100. This hospital for psychiatric patients of 1,119 beds was required to accommodate 1,407 patients at the end of the year. Work has been started on the construction of two new ward blocks (to be completed by July 1966) to provide an additional 240 beds.

101. All forms of treatment continued to be used with the exception of deep insulin coma and psychosurgery which were replaced by psychotropic drugs. The latter therapy constituted the most important single factor in the reduction of length of stay of hospitalized patients and the prevention of relapse after discharge.

102. 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 accommodating up to 130 patients 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 of poor prognosis were discharged to earn their living outside.

Day Hospital and Psychiatric Clinics (See table 53)

103. Work in the out-patient centres continued to increase and it was found necessary to run the Tsim Sha Tsui Psychiatric Clinic full-time. In addition to these clinics, psychiatric services are provided for the Psychiatric Observation Unit in Victoria Remand Prison.

104. The New Life Psychiatric Rehabilitation Association (formerly the New Life Mutual Aid Club) consisting of discharged patients and their relatives continued to expand its activities with the guidance and moral support of the Mental Health Service. The main project of the Association was the 'half-way house' at the Association's premises in Kowloon in which a total of 94 patients, either homeless or rejected by their families, were accommodated after their discharge from Castle Peak Hospital. The average period of stay for each resident was three months.

Drug Addiction Treatment Centre (See table 54)

105. This centre, opened in March 1961 and situated in Castle Peak Hospital, continued to provide treatment on a voluntary basis for male drug addicts up to November 1965 when it was closed down, following the completion of direct admission facilities at Shek Kwu Chau, and all drug addiction patients, including Government officers, at Castle Peak, were transferred to Shek Kwu Chau for treatment. Shek Kwu Chau is maintained by the Society for the Aid and Rehabilitation of Drug Addicts.

106. No new features in therapy were recorded. Oral methadone continued to be administered during the acute phase of withdrawal, and proved just as effective as when given parenterally.

INFECTIOUS DISEASES HOSPITALS

107. 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.

108. The general pattern of admissions followed that experienced in previous years with certain fluctuations. There was a reduction in the number of admissions of diphtheria cases during the winter months of 1965-1966 as compared with the previous year. There was an increase in the number of cases of acute anterior poliomyelitis, mainly in Kowloon.

109. Typhoid admissions showed a reduction. The disease occurs mainly amongst children and adolescents and is very often of a mild character. A reduction in the number of admissions of bacillary dysentery cases was also recorded. The disease is generally mild in nature but many of the organisms are resistant to the more common antibiotics.

OTHER GOVERNMENT HOSPITALS

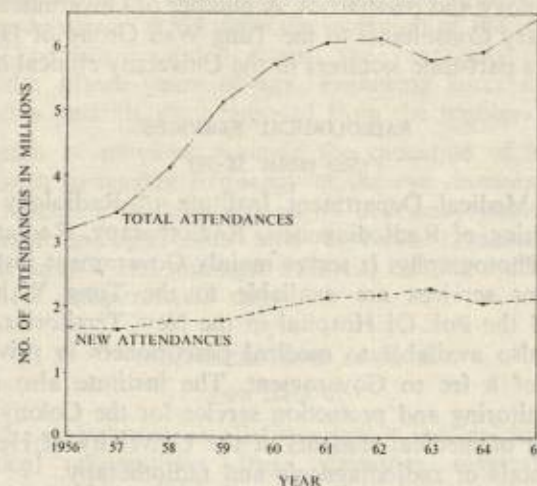
110. Other hospitals maintained by Government are the St. John Hospital, serving the island of Cheung Chau and neighbouring islands of the western sea-board; the Wan Chai Hospital for the care of female patients with skin diseases; the South Lantau Hospital serving the villages on the south-west coast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

OUT-PATIENT SERVICES

(See tables 55-57)

111. Pressure remained heavy throughout the year on all 40 general out-patient clinics and also on most specialized ones, although there was a further reduction in attendances at tuberculosis clinics. Trends during the past ten years are shown in Figure 12.

FIGURE 12
OUT-PATIENT ATTENDANCES 1956-1965



112. New facilities which became available during the year are detailed in paragraphs 164 to 167 of this report.

113. 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 seven 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'. The 'flying doctor' service to more isolated and inaccessible villages was temporarily interrupted during the year due to lack of helicopters, but was resumed in September.

SPECIALIST SERVICES

114. 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 58-59)

115. The Medical Department Institute of Radiology operates a service consisting of Radiodiagnosis, Radiotherapy, Radiation Physics and Clinical Photography. It serves mainly Government institutions but free consultant services are available to the Tung Wah Group of Hospitals and the Pok Oi Hospital in the New Territories. Consultant services are also available to medical practitioners in private practice on payment of a fee to Government. The institute also maintains a radiation monitoring and protection service for the Colony and undertakes teaching of medical students of the University of Hong Kong in the fundamentals of radiodiagnosis and radiotherapy.

116. With the enactment of the Regulations of 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 where required was given 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 substance was issued.

OPHTHALMOLOGY

(See tables 60-61)

117. This service maintains two full-time centres with surgical facilities, one on Hong Kong Island and one in Kowloon, and in addition holds regular sessions at out-patient clinics in urban and rural areas. Eighty per cent of operations were performed on an out-patient basis, while the increased availability of beds due to the opening of the Queen Elizabeth Hospital enabled waiting lists to be reduced to almost negligible proportions.

118. During the year, 467 persons were first registered as blind, a slight increase from the 423 recorded in 1964, bringing the total of blind on the register to 4,525 since the inception of the register in 1958. Of the 467 persons recorded during the year only thirty were in children under fifteen years of age. Following successful operations, some sixty-five patients were removed from the register.

119. 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, blindness due to the latter disease is now comparatively rare.

PHARMACEUTICAL SERVICE

(See table 62)

120. This service supplies all Government medical institutions with pharmaceutical preparations, drugs, dressings, surgical instruments, medical gases, etc. 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.

121. The Central Sterile Supply Department at Queen Elizabeth Hospital is gradually being extended to include the requirements of Kowloon Hospital. A similar department is being provided as part of the extensions to the Queen Mary Hospital. At Queen Elizabeth Hospital there was a considerable rise in items processed in this department due to a 10% increase in operations performed at the hospital.

MEDICAL SOCIAL WORK

122. The expansion of the medical services and the increasing emphasis on rehabilitation in its various aspects necessitated a large intake of new staff this year. To meet the need for training new entrants as well as for development of skills and knowledge throughout the section, a senior member of the staff was assigned to initiate a programme of staff development and student training. During the year under review 2 Medical Social Workers left for the United Kingdom

for post-graduate training and 2 others participated in the Cleveland International Programme in the United States. In staff training locally, full use has been made of Extra Mural Courses, several of which have been designed especially for social workers and the cost was met by Government. Lectures were given by the Medical Social Workers in the courses of training of nurses, physiotherapists, health visitors and medical students. In addition all possible assistance was given to the two universities in the training of university social work students.

123. In the Tuberculosis Service, the development by Health Visitors of the work concerned with the public health and preventive aspects of this disease has enabled the Medical Social Workers in this service to concentrate more on the purely social work angles. Plans are being made for greater concentration on problems of hospitalization and return to the community.

124. Work at the Kowloon Jockey Club Rehabilitation Centre has been developed during the year with the placement of two full-time Medical Social Workers at the Centre. Much of their time is spent with child patients and their parents, who need encouragement to persevere with treatment, and help and guidance in accepting permanent disability. A further duty of the Medical Social Worker is to make full use, as may be appropriate in each individual case, of the considerable provision which now exists for the handicapped child in club activities, temporary hostel care and schooling.

125. Medical Social Workers in the hospitals have continued to work with patients and families throughout hospitalization towards the ultimate goal of discharge 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 staffing was more adequate numerically during 1965 than in 1964. The work in Kowloon Hospital resembled that in the other general hospitals, but with a greater proportion of problems relating to destitute or seriously handicapped patients for whom discharge plans must be made. Following a minor outbreak of poliomyelitis in Tsuen Wan, the question of sending the affected children to attend the Kowloon Physiotherapy Centre for treatment had posed a problem which led to the opening of a temporary treatment centre in Tsuen Wan.

126. In the Mental Health Service the demands for fully trained Psychiatric Social Workers and the scope of work at Castle Peak Hospital remain great. The development of rehabilitation measures for patients of long standing adds to the demands.

127. In the leprosy service co-operation with the Hay Ling Chau Leprosarium was maintained, and arrangements for resettling selected cases have been improved, decisions being taken by a Committee on which a Medical Social Worker is a member. 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. At Tsan Yuk Hospital 73 babies were placed by the Medical Social Worker in various nurseries for a 6-week period after receiving B.C.G. while the mothers were treated for tuberculosis. A fuller investigation into post-partum sterilization, particularly of young mothers, was undertaken by the Tsan Yuk Hospital Medical Social Worker.

PHYSIOTHERAPY

(See table 63)

128. No new units were opened during the year, but the Kowloon Jockey Club Rehabilitation Centre was again brought into full activity by the re-opening of the hydrotherapy pool. Demand for physiotherapy services continued to rise, and there is increasing concentration on education and training of the handicapped in re-adapting themselves to day-to-day activities.

129. Five students graduated from the Physiotherapy Training School in August 1965. Training at the school was recognized by the United Kingdom which is very satisfying after four years work. Even though wastage from the course has been high, it was decided to continue to run the training school, and 11 new students have been recruited.

OCCUPATIONAL THERAPY

(See table 64)

130. 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.

131. At Castle Peak Hospital industrial 'out-work' consisting of contracts with factories, continues as a valuable adjunct to the treatment programme and is being expanded. Government orders for brooms and other domestic, hospital and office equipment continued. An exhibition stall was erected at the Agricultural and Fisheries Department Annual Show at which finished articles were sold. In the Hong Kong Psychiatric Centre a carefully-planned programme of rehabilitation is also carried out for patients attending the centre.

132. In the Kowloon Jockey Club Rehabilitation Centre, the patients treated are mainly orthopaedic cases or amputees, and the emphasis has remained in terms of remedial exercises, pre-vocational evaluation and training and instruction in the routine activities of daily life.

133. The Occupational Therapy Units at Queen Elizabeth and Lai Chi Kok Hospitals continued their activities, while the work of the unit at Kowloon Hospital has expanded considerably with the re-opening of all wards. Orthopaedic patients constitute the larger percentage of the cases treated, but in addition treatment was provided for general medical, dermatological, burns, neurosurgical and radio-therapy cases.

ORTHOPAEDIC AND PROSTHETIC APPLIANCES

134. The production of appliances rose by 29 per cent during the year to a total of 2,018 as compared with 1,561 in 1964. In spite of this, output still falls somewhat short of demand.

135. The research projects under study in the previous year were completed satisfactorily and are now standard procedures in the Unit. Further work has been undertaken in the design of a temporary prosthesis and two satisfactory designs have been produced, making it possible to supply an above or below knee amputee with a temporary prosthesis within 24 hours. In previous years, work has been directed mainly to the problems of the lower extremity. Study is now being directed to the upper extremity, particularly with regard to the design of temporary prosthesis, fitting of very short above and below elbow stumps, and appliances for deformities of the hand.

MEDICAL EXAMINATION BOARD

(See tables 65-66)

136. 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 twenty-five out of the thirty-one classifications as 'unfit' in each thousand examinations.

HOSPITAL MAINTENANCE AND SUPPLY

137. This section, which is responsible for the routine supply and lay administration of medical institutions, experienced continued staffing difficulties during the year. Not only was difficulty encountered in recruiting experienced Hospital Secretaries but the wastage rate among male minor staff remained high.

138. Provision of transport services presented problems when routine requirements were augmented by the need for additional vehicles during mass immunization campaigns, and by the continued expansion of the Departmental Central Laundry. The Laundry itself has overcome most of its teething troubles and is now working to a high degree of efficiency although lack of balance in the major plant has created delays and backlogs which can be expected to continue until extra plant has been installed and the balance restored.

139. Castle Peak Hospital continued to experience minor difficulties with interruptions in water, electricity and telephone services. Installation of the emergency generator and power lines has been completed and the system works well.

Staff Welfare

140. The Staff Welfare Association recorded a satisfactory year despite paucity of members. In addition to maintaining various welfare schemes and educational facilities to aid members and their families, the Association was active in a number of sporting events, including what has become an annual visit to play football against the Macau Medical Department with a return match later in the year in Hong Kong. A football competition for the Teng Shield, presented by the Director of Medical and Health Services, was successfully organized, the Shield being presented to the winning team at the Association's Annual Dinner and Presentation of Prizes.

UNICEF Assistance

141. The UNICEF-sponsored milk feeding programme continued throughout the year, a total of 107,435 lbs. of milk powder was distributed to the various feeding centres of both Government and voluntary agencies throughout the Colony.

AUXILIARY MEDICAL SERVICE

142. This branch of the Essential Service Corps has a strength of over 5,000 men and women trained to augment the Colony's hospital and first-aid services during an emergency; approximately half of this strength is used to make up 43 Ambulance Depot Teams spread over 26 districts throughout the Colony. Assistance was given by members of the service during an air crash which occurred in August 1965.

143. During the year two Forward Medical Aid Units were formed and equipped. One Unit is based on Queen Elizabeth Hospital and one on Queen Mary Hospital. These Units, manned by Medical Department Staff of the Casualty Departments, assisted by A.M.S. members, can rapidly move to the scene of any disaster and set up an emergency treatment centre in the most suitable building nearby.

V. GOVERNMENT-ASSISTED HOSPITALS

(See table 67)

144. 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 5,975 beds, provide mainly subacute general beds or facilities for persons suffering from certain specific diseases or handicaps. The total Government subvention to these hospitals was estimated at over \$34,000,000 recurrent and \$7,000,000 special expenditure during the past financial year.

THE TUNG WAH GROUP OF HOSPITALS

145. 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 mainly with the aid of assistance from Government in terms of personnel, especially general practitioner and consultant services, money and material, the former

amounting to over \$20,000,000 recurrent and over \$5,200,000 capital during the year. The main item in this programme has been the re-development of the Kwong Wah Hospital in Kowloon into a modern general hospital of some 1,500 beds; this re-development was finally completed during the year.

146. The Casualty Department at Kwong Wah Hospital was opened on 5th July, 1965 in order 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 was staffed by nurses and Medical Officers seconded from Government. Up to the end of the year under review there were over 35,000 casualty attendances at the Department, and traumatic cases occupied 21.5% of the total attendances.

147. The need for subsidiary beds for long-term patients is one of the major aims of the Medical Development Plan, and the Group is currently undertaking two projects to provide these. The first is the construction of a large infirmary at Wong Tai Sin and phase I of this project, built mainly with the aid of a donation of \$1,536,000 from the Australian World Refugee Year Fund and a Government grant of \$775,000, provides 350 infirmary beds and was completed in September 1965. Construction started during the year on phase II of this project and also on a second project at Sandy Bay which will contain 275 beds which is designed to replace the existing but dilapidated accommodation at the present Sandy Bay Infirmary. Both these projects will be financed to the extent of 80% by Government.

THE ALICE HO MIU LING NETHERSOLE HOSPITAL

148. This hospital, supported by the London Missionary Society, received a Government subvention of almost \$2,000,000 during the year. The hospital management continued its negotiations with other religious bodies, both in Hong Kong and overseas, on the proposal to establish a United Christian Hospital in Kowloon.

149. Work was carried out during the year on extra quarters for nursing staff and plans have been prepared for the further extension and modernization of the hospital.

POK OI HOSPITAL

150. This charitable hospital at Yuen Long in the New Territories continued a programme of modest expansion, for which Government

made a grant of \$750,000 available, and subvented the running of the existing hospital by over \$500,000. The new three-storey Central Building is in the process of construction and is expected to be completed in the latter part of 1966. When the building is completed, it will accommodate 34 maternity and 46 paediatric patients in improved conditions. The hospital commenced to receive casualty cases for primary treatment as from July 1965. A quarterly visit by J.P.s was started in July 1965.

CARITAS MEDICAL CENTRE

151. 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 over \$1,700,000, 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. 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 ASSOCIATION

152. This Association, in receipt of a Government subvention of \$1,360,000 apart from over \$4,000,000 for the Grantham Hospital, provides the great majority of the beds available for treatment of tuberculosis in its three institutions—the Grantham Hospital, the Ruttonjee Sanatorium and the Freni Memorial Convalescent Home, and a close liaison is maintained with the Government Tuberculosis Service.

The Grantham Hospital (See table 68)

153. This hospital of 613 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 partly with the aid of a Government grant of over \$4,000,000 during the year additional to the \$1,360,000 mentioned above. 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 252 of the beds.

Ruttonjee Sanatorium and Freni Memorial Convalescent Home

(See table 69)

154. These two units, which are the responsibility of the Ruttonjee Sanatorium Management Board, are run as one and are staffed by the Sisters of the St. Columban Missionary Order. A B.C.G. centre and a 'follow-up' clinic are also maintained in the Association's headquarters. During the year, a new bacteriological laboratory was opened, capable of undertaking all examinations required for the clinical supervision of tuberculosis patients.

HAVEN OF HOPE SANATORIUM

155. 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 over \$300,000. Construction continued on a new technical services building, and it is also hoped that an additional 60 beds, for which planning has commenced, will be provided in 1966. The cost of the latter will be shared equally between the Institution and Government.

SANDY BAY CHILDREN'S CONVALESCENT HOME

156. Maintained by the Society for the Relief of Disable Children, partly with the aid of a Government subvention of \$100,000 during the year, this home contains 100 beds for children requiring long-term orthopaedic care. The Hong Kong Branch of The British Red Cross Society provides two full-time primary school teachers to enable the children to continue their education during convalescence. Plans for expansion are being proceeded with.

OUR LADY OF MARYKNOLL HOSPITAL

157. 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 almost \$700,000. 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 under review, planning commenced on an extension to the hospital of 140 beds. When construction is completed 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 70)

158. This leprosarium, situated on an island six miles from Hong Kong and maintained by the Leprosy Mission, with the aid of a Government recurrent subvention of \$700,000, provides accommodation for 540 leprosy patients and special facilities for those who require reconstructive surgery or who are suffering from intercurrent disease.

159. In therapy, diamino-diphenyl-sulphone remained the drug of initial choice, but vadrine has been used with effect in patients who have chronic reactions or who are not responding to other drugs. A combination of diamino-diphenyl-sulphone or of intra-muscular sulphatrene with thiambutasone has proved effective for a number of patients who show little response to a single drug.

HONG KONG SOCIETY FOR REHABILITATION, KWUN TONG REHABILITATION CENTRE

160. This centre, aided by Government by a recurrent grant of over \$500,000, accommodating eighty patients, 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.

VI. DEVELOPMENT

(See table 71)

FORWARD PLANNING

161. 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 of the Legislative Council and representatives of the Medical and Health Department, the Finance Branch of the Colonial Secretariat, and, when necessary, the Public Works Department. The Committee has held 23 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. Details of these activities may be found in the Committee's annual report to the Legislative Council.

162. The principal matters considered by the Committee during the year under review were: the alterations to and extensions of Queen Mary Hospital aimed at ensuring that an acute highly specialised teaching hospital of 1,080 beds will be fully provided before the end of 1968; the progress made with the provision of a new 1,100-bed 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 in regard to which no early decision is likely; and the subventions paid to Government assisted institutions.

163. Other matters of importance concerned the re-development of the complex of old medical buildings at Sai Ying Pun, the plans or suggestions made by various organizations to assist Government to provide medical care, and review of the need for general and specialist clinics to meet the aims laid down in the Medical Development Plan.

COMPLETED PROJECTS

164. The year 1965-66 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.

165. The renovations of Kowloon Hospital were completed during the year and this, together with Queen Elizabeth Hospital, forms a hospital complex for the treatment of acute and subacute illness requiring hospitalization and highly specialized care. In general, the acute stages of illness are treated at Queen Elizabeth Hospital and, when necessary, patients are transferred to Kowloon Hospital for further care.

166. The Wong Tai Sin Infirmary, Phase I, was completed with funds mainly donated from Australia during World Refugee Year. It has 350 beds and is designed for the care of the chronic sick, thus enabling the Kwong Wah Hospital to release beds for more acute categories of patients. It is intended at a later date to complete Phases II and III of the Infirmary. When this is done it is hoped to provide a total of over 900 beds for the chronic sick.

167. The generosity of the Royal Hong Kong Jockey Club in medical and health matters was again demonstrated by the opening of the Jockey Club Health Centre at Yuen Long. This is a standard rural clinic, and it replaces the former dispensary and provides new and very much improved general medical facilities at Yuen Long. The Lady Trench Polyclinic at Tsuen Wan was also opened during the year as an addition to the services provided at the Maurine Grantham Health Centre. This new polyclinic provides general, casualty and specialist out-patient services while the Maurine Grantham Health Centre now concentrates on maternal and child health and maternity services.

PROJECTS UNDER CONSTRUCTION

168. The major project under construction at the end of the year was the extension of the Queen Mary Hospital to provide expanded teaching facilities and improved specialist services. The Tung Wah Group of Hospitals were proceeding to erect an infirmary at Sandy Bay on Hong Kong Island. A standard clinic at Cheung Sha Wan donated by the Royal Hong Kong Jockey Club has reached an advanced stage of construction. A large polyclinic at Yau Ma Tei was also under construction with funds donated by the Jockey Club. A two storey extension to the Lions Club Government Maternal and Child Health Centre at Kowloon City is under way, the cost of this extension being borne by the Lions Clubs of Hong Kong and by Government. Additional ward blocks are being erected at the Castle Peak Hospital.

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

VII. TRAINING PROGRAMME

(See tables 72-74)

DOCTORS

170. 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.

171. 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 and 120 students entered its Faculty of Medicine in 1965. The extensions to Queen Mary Hospital, to which reference has already been made, will be completed in time to allow students to commence their clinical training in 1968. The future requirements of doctors for the Colony as a whole have been closely examined and it is hoped that it will be possible for the University to admit an even greater number of medical students in future. While there will therefore be a considerable increase in the output of medical graduates from the Hong Kong University as from 1971, the Colony will remain relatively short of qualified medical personnel for some years to come.

172. 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 specialities, but it is expected that most of these deficiencies will be remedied within the next few years.

DENTAL STAFF

173. No undergraduate training in dentistry is available in Hong Kong, but Government annually awards scholarships for the study of dentistry overseas. Three such scholarships were awarded during the year, while eight scholars returned to the Colony after qualification, bringing the total of returned graduates to 35.

174. In-service training in dental technology is available for student dental technicians, while evening classes are held at the Hong Kong

Technical College for technicians in private employment. In-service training of selected dental surgery assistants in the fields of dental radiography and orthodontics was also carried out.

175. Two dental surgery assistants were sent to Penang under World Health Organization Fellowships for training in dental nursing.

NURSES

General Nursing

176. 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, and 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 teaching is in the medium of the Chinese language. Temporary recognition was given to the Caritas Medical Centre nurses training school in November 1965.

177. The implementation of the White Paper on Development of Medical Services underlined the need for augmented training of nursing staff, and most nursing schools increased their intake during the year. Though the supply of nurses has grown the demand for their services has grown even more. In this age of specialization nurses training is assuming an ever more academic character.

178. Twenty members of the trained nursing staff proceeded overseas during the year for specialized training in various branches of nursing such as hospital administration (nursing); neuro-surgical nursing; operating theatre technique; premature baby nursing; ophthalmic nursing; paediatric nursing and ear, nose and throat nursing in order to use to the fullest extent, all the wealth of specialized experience that each nurse has to offer, thus providing the widest variety of nursing experience for the public.

179. Included in the extensions to Queen Mary Hospital is an Intensive Care Unit, the purpose of this being, to maintain a constant maximum level of medical and nursing care, both day and night, of seriously ill patients and those in the immediate post operative stage. Patients will be retained in this unit for several hours after major surgery before being returned to their own wards. During this period

there will be a concentration of staff to undertake the routine post-operative treatment and to handle any emergency situation which might occur.

180. Two trained nurses—one male and one female—are in the United Kingdom undergoing special training in this particular branch of nursing; they will gain experience in the treatment of cardiac arrest; cardiac failure, and cardio-thoracic surgery. On their return to Hong Kong they will help to train other nurses in this very specialized work.

181. Many more men are entering the nursing profession and administration is the goal of many of them. A man who takes up a Matron's post is far from being the exception he once was. There are two Male Assistant Matrons in Government service at present.

Psychiatric Nursing

182. Training in psychiatric nursing is undertaken at Castle Peak Hospital. It is a branch of nursing in which great progress has taken place. Thanks to new drugs and new methods of treatment and to a more enlightened look, the less savoury aspects of the mental hospital—locked doors, mechanical restraint and the air of utter hopelessness—are virtually things of the past and the majority of patients enter hospital today of their own volition and are able to live normal lives. This branch of nursing calls for intelligence, patience and human sympathy and even though potentially it is one of the most rewarding tasks in the nursing profession, the shortages remain particularly severe, especially for female students.

Midwifery

183. 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. At present a Registered Nurse must also be a Registered Midwife in order to be considered for further advancement.

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

Nursing Auxiliary

185. Not all work with patients requires professional status and so, it was decided, in 1964 to commence a separate training with lesser

entrance qualifications and of shorter duration—that of pupil nursing auxiliary. The training is being carried out at Kowloon Hospital and takes two years; it is an essentially practical training which will fit them for the performance of routine nursing duties, particularly in the care of convalescent and long stay patients and so assist and where possible free the Registered Nurses, with a background of sound general and professional education, to concentrate more on those tasks which require a nurse's training and skill, such as teaching, organizing and supervising the more advanced technical procedures.

HEALTH VISITORS

186. As in previous years, a course of training was held for ten Student Health Visitors who, after one year's tuition and study, took the examination for the Health Visitor's Certificate conducted by the Hong Kong Branch of the Royal Society for the Promotion of Health (England). All were successful.

RADIOGRAPHERS

187. 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.

188. During the year four students from Kuala Lumpur were accepted for training for the Membership of The Society of Radiographers (Therapy) part II examination, at the request of the Malaysian Government which paid the cost.

LABORATORY TECHNICIANS

189. The Government Institute of Pathology maintained its in-service training for Medical Laboratory Technicians. No Intermediate Examination of the Institute of Medical Laboratory Technology of the United Kingdom was conducted this year. Six technicians returned from the United Kingdom this year with the A.I.M.L.T. qualification.

OTHER FORMS OF DEPARTMENTAL TRAINING

190. In-service courses of training were continued for Dispensers, Tuberculosis Workers, Social Hygiene Visitors, 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 79)

191. During the past 15 years the Colony's medical and health services have 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 \$2,179,996. As in past years the Royal Hong Kong Jockey Club has continued to play a prominent role. Since the opening of the Tsan Yuk Maternity Hospital in 1955 the Club has in fact donated almost \$30,000,000 towards a variety of projects ranging from fully-equipped floating clinics costing approximately \$500,000 each to the Queen Elizabeth Hospital Radiological Institute opened in June 1964 at a cost of \$6,000,000. The Jockey Club Health Centre, Yuen Long, completed in February 1966 at a cost of \$1,750,000 is the latest symbol of the Club's generosity, and the Colony will stand in permanent debt to the substantial aid it has received from this source towards the development of its medical services in the post-war period.

192. Sir Shiu-kin TANG, whose philanthropy is well-known, contributed a further \$350,000 towards the cost of a hospital now being planned, thus bringing his total contribution in respect of this project to \$1,000,000. Pending completion of the plans for this hospital, 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. During the year, some \$45,000 was distributed in this way.

IX. ACKNOWLEDGEMENT

193. It is my privilege once again to acknowledge with deepest sincerity my thanks for the loyal and energetic support I have continued to receive from all officers of the Department. As will be appreciated from a study of this report, the pressure of work on all sections has continued to increase, aggravated in some sections by staff shortages and poor working conditions. Despite the constant strain arising from this all members of the staff have worked hard and unflaggingly to

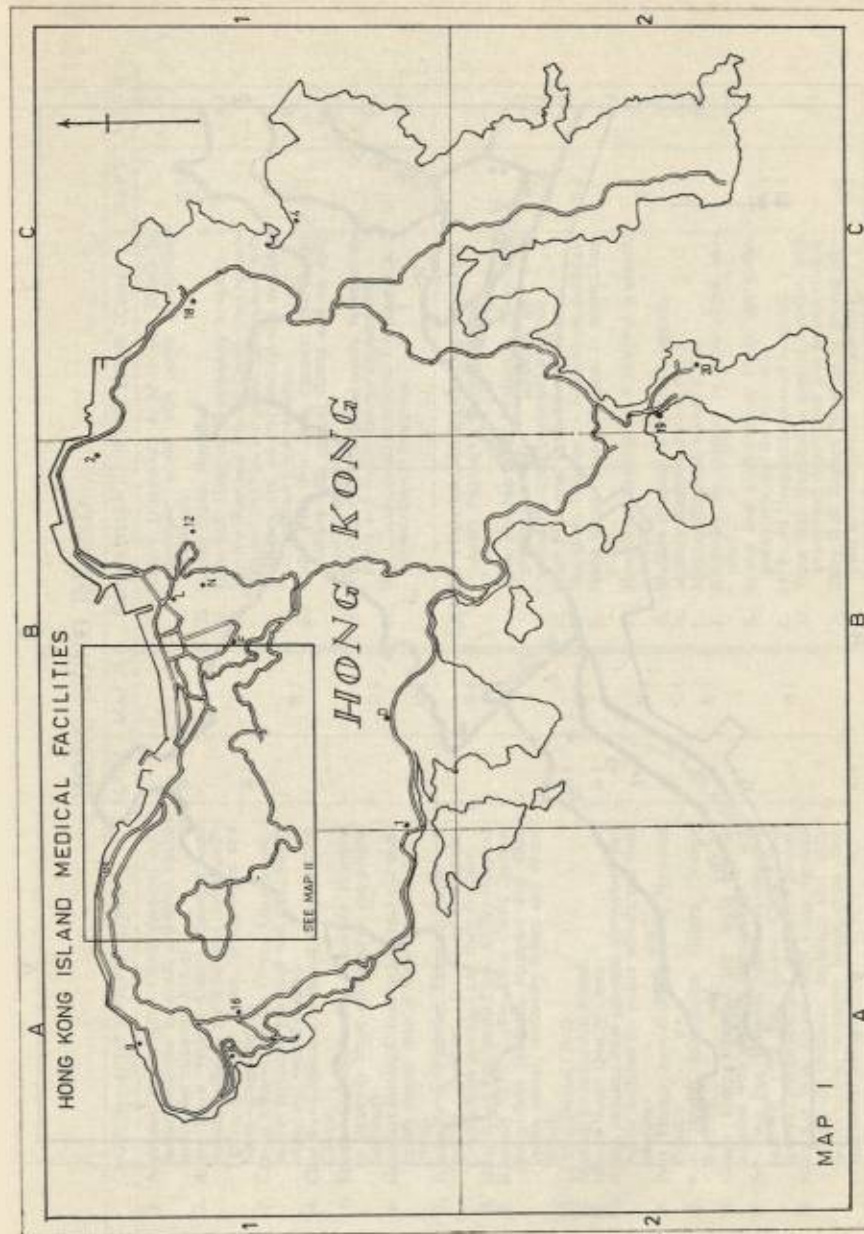
maintain the high standard of efficiency which the community has come to expect of them. At the same time I must pay tribute to the patience and understanding displayed by the public in their acceptance of unavoidable deficiencies in the medical service of the Colony.

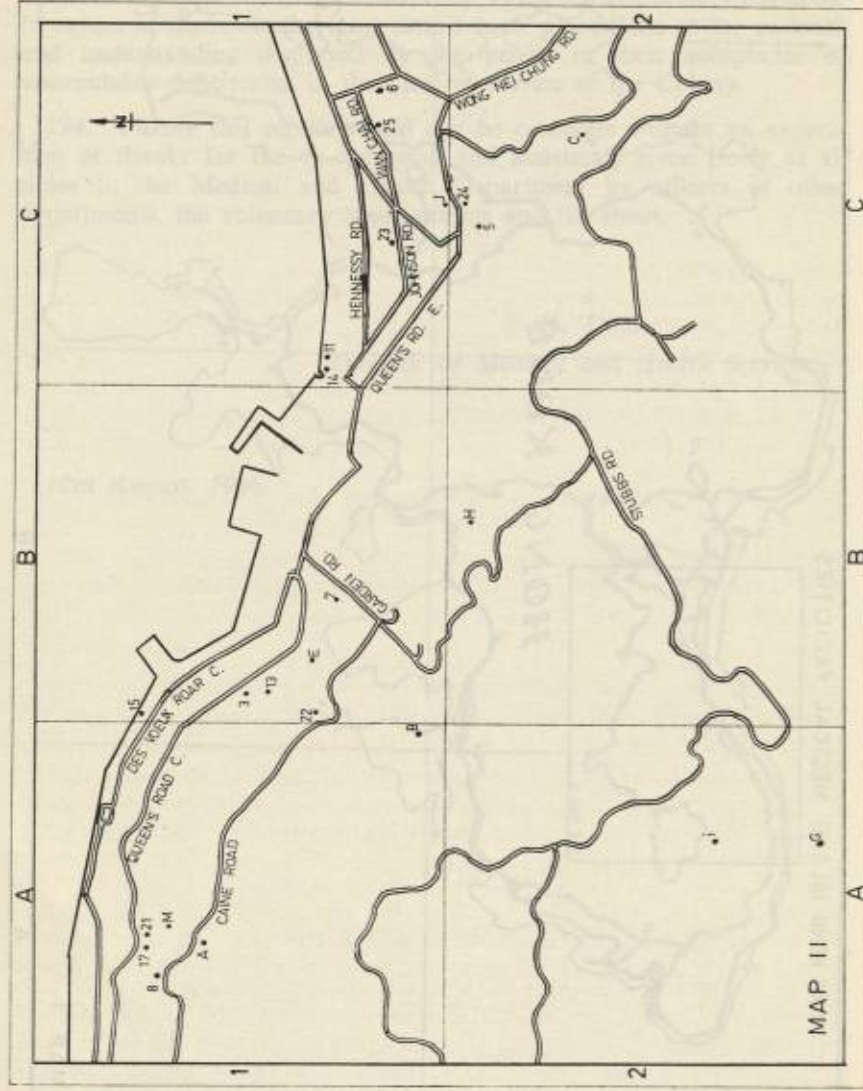
194. Finally this report would not be complete without an expression of thanks for the co-operation and assistance given freely at all times to the Medical and Health Department by officers of other departments, the voluntary organizations and the Press.

P. H. TENG,

Director of Medical and Health Services.

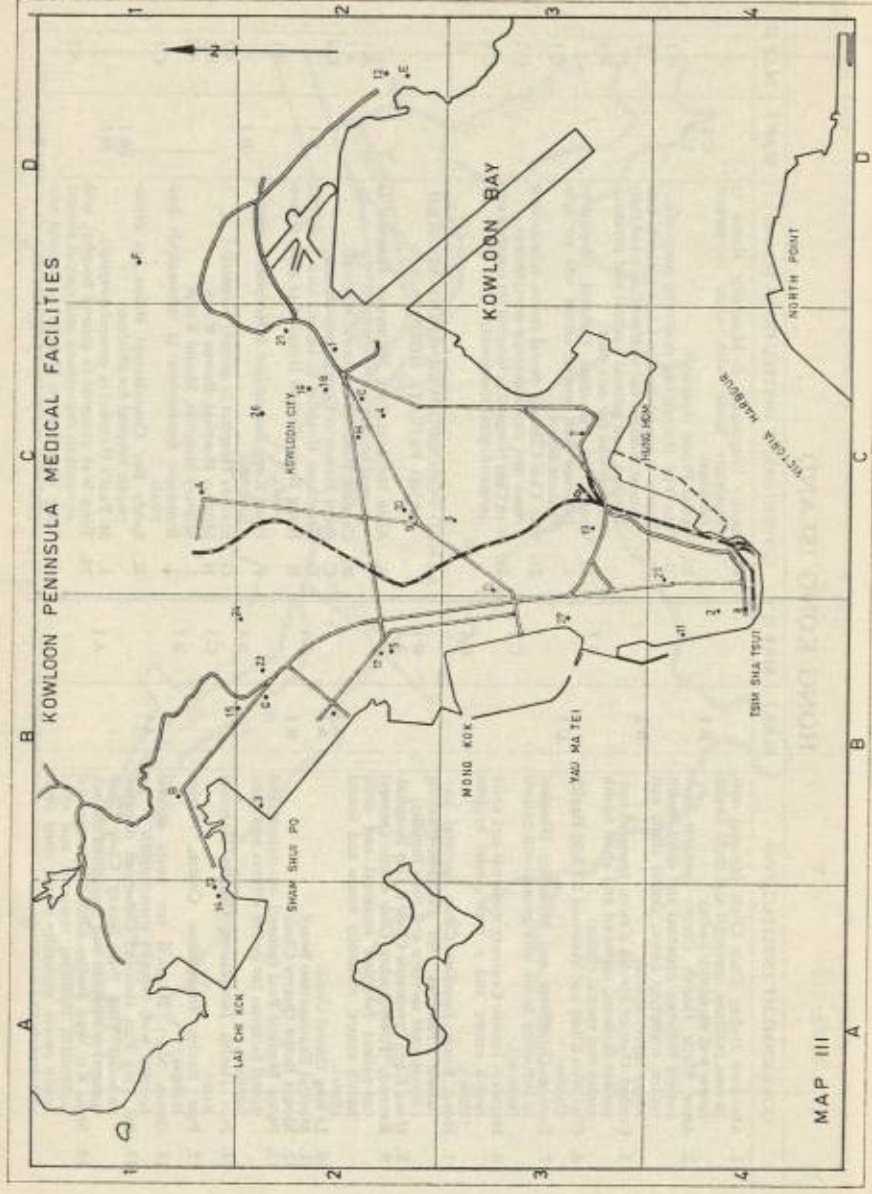
10th August, 1966.





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



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B KOWLOON

GOVERNMENT INSTITUTIONS	MAP III	GOVERNMENT INSTITUTIONS (Contd.)	MAP III
1. Air Port Health Station.	C 2	19. Queen Elizabeth Hospital (an acute specialized general hospital with casualty department and specialist clinic).	C 3
2. Ashley Road Social Hygiene Clinic (a male treatment centre for venereal disease).	B 4	20. Queen Elizabeth School Dental Clinic.	C 2
3. Cheung Sha Wan Police Quarters Clinic (general out-patient and dental facilities for police officers and their families).	B 2	21. Robert Black Health Centre (general out-patient facilities, maternal and child health centre and maternity home).	C 2
4. Farm Road Dental Clinic.	C 2	22. Shum Shui Po Public Dispensary (general out-patient facilities).	B 2
5. Government Ophthalmic Clinic—Arran Street (an ophthalmic centre).	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).	C 3
6. Ho Man Tin Maternal & Child Health Centre.	C 3	24. Tai Hang Tung Clinic (general out-patient facilities).	B 2
7. Hung Hom Clinic & Maternity Home (general out-patient facilities and maternity home).	C 3	25. Tsim Sha Tsui Health Centre (mental health centre, maternal and child health centre, female social hygiene clinic and port health inoculation centre).	B 2
8. Kowloon-Canton Railway Staff Clinic (general out-patient and dental facilities for Railway Staff and their families).	B 4	26. Wang Tau Hom Jockey Club Clinic (general out-patient facilities, maternal and child health centre and maternity home).	C 4
9. Kowloon Chest Clinic (a tuberculosis clinic).	C 2	27. Yau Ma Tei Public Dispensary (general out-patient facilities).	C 2
10. Kowloon Hospital and Out-patient Department (a general hospital with general out-patient and dental facilities).	B 4		B 3
11. Kowloon Police Medical Post (general out-patient and dental facilities for police officers and their families).	C 2		
12. Kwun Tong Health Centre (general out-patient facilities, maternal and child health centre, dental clinic and maternity home).	D 2	GOVERNMENT-ASSISTED AND PRIVATE HOSPITALS	
13. Lai Chi Kok Female Prison Hospital.	A 1	A. Baptist Hospital (a general hospital).	C 1
14. 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	B. Caritas Medical Centre (a general and tuberculosis hospital).	B 1
15. Li Cheng Uk Clinic (general out-patient facilities).	B 2	C. Evangelical Centre (a general hospital).	C 2
16. Li Koo Memorial Dispensary (general out-patient facilities with special clinics and a dental clinic).	C 2	D. Kwong Wah Hospital (a general hospital and infirmary with out-patient department).	C 3
17. Li Po Chun Health Centre (general out-patient facilities, maternal and child health centre and maternity home).	B 2	E. Kwun Tong Rehabilitation Centre.	D 2
18. Lions Club Maternal & Child Health Centre.	C 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

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TABLE 1

ESTABLISHMENT OF THE MEDICAL AND HEALTH DEPARTMENT
AS AT 31ST MARCH, 1966

Grade	Headquarters	Queen Mary Hospital	Queen Elizabeth Hospital	Kowloon Hospital	Castle Peak Hospital and Mental Health Centre	Tsui Yuk Hospital	Tuberculosis Service	Dental Service	Other Hospitals Clinics and Services	Total	Strength on 31.3.66
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	—	—	—	1	—	—	5	4
Senior Specialist and Specialist	—	7	22	—	3	—	1	2	5	40	33
Principal Medical and Health Officer	3	1	2	—	—	—	—	—	4	10	7
Chief Executive Officer/Senior Executive Officer/Executive Officer	11	—	1	—	—	—	—	1	—	13	12
Senior Treasury Accountant/Treasury Accountant	2	—	—	—	—	—	—	—	—	2	1
Senior Medical & Health Officer/ Medical & Health Officer/Assistant Medical & Health Officer	—	54	93	13	15	9	24	—	257	465	411
Senior Dental Officer/Dental Officer/ Assistant Dental Officer	—	1	3	1	1	—	—	49	—	55	53
Principal Matron	1	—	—	—	—	—	—	—	—	1	1
Nursing Staff	—	540	682	168	260	144	19	10	906	2,729	2,507
Senior Dietitian/Dietitian	—	2	5	1	—	—	—	—	—	8	7
Principal Medical Social Worker/Senior Medical Social Worker/Medical Social Worker Class I and Class II	1	9	12	4	10	2	7	—	25	70	64
Chief Pharmacist/Senior Pharmacist/ Pharmacist/Chief Dispenser/Senior Dispenser/Dispenser/Student Dispenser	—	20	21	4	4	2	4	—	117	172	156
Government Chemist/Chemist/ Assistant Chemist/Senior Chemist/ Assistant Biochemist	—	—	—	—	—	—	—	—	11	11	9
Scientific Officer (Medical)	—	—	1	—	—	—	—	—	1	2	2
Virologist	—	—	—	—	—	—	—	—	1	1	1
Senior Physicist/Physicist	—	2	5	—	—	—	—	—	—	7	7
<i>Carried forward</i>	24	636	848	191	293	157	56	62	1,327	3,594	3,278

TABLE 1—Contd.

Grade	Headquarters	Queen Mary Hospital	Queen Elizabeth Hospital	Kowloon Hospital	Castle Peak Hospital and Mental Health Centre	Tsao Yuk Hospital	Tuberculosis Service	Dental Service	Other Hospitals Clinics and Services	Total	Strength on 31.3.66
<i>Brought forward</i>	24	636	848	191	293	157	56	62	1,327	3,594	3,278
Chief Hospital Secretary/Senior Hospital Secretary/Hospital Secretary/Assistant Hospital Secretary	1	3	4	2	2	—	—	—	4	16	16
Clerical Staff	82	42	92	23	21	6	37	33	195	531	512
Superintendent Radiographer/Senior Radiographer/Radiographer/Assistant Radiographer/Student Assistant Radiographer	—	29	45	4	—	—	—	—	33	111	111
Superintendent Physiotherapist/Tutor Physiotherapist/Physiotherapist/Assistant Physiotherapist/Student Assistant Physiotherapist	—	7	36	—	—	—	—	—	13	56	46
Superintendent Occupational Therapist/Occupational Therapist	—	2	1	1	4	—	—	—	3	11	9
Chief Medical Technologist/Senior Medical Technologist/Medical Technologist/Medical Laboratory Technician Grade I/Medical Laboratory Technician Grade II/Student Medical Laboratory Technician	—	5	28	—	3	—	—	—	96	132	120
Senior Laboratory Assistant/Laboratory Assistant/Student Laboratory Assistant	—	—	—	—	—	—	—	—	17	17	14
Senior Health Inspector/Health Inspector Class I & II	—	—	—	—	—	—	—	—	18	18	15
Senior Inoculator/Inoculator	—	—	—	—	—	—	4	—	109	113	111
Audiology Technician	—	—	—	—	—	—	—	—	1	1	1
Orthopaedic Appliance Adviser/Assistant Orthopaedic Appliance Technician/Student Assistant Orthopaedic Appliance Technician	—	—	—	—	—	—	—	—	9	9	9
Mould Laboratory Technician/Student Mould Laboratory Technician	—	1	2	—	—	—	—	—	—	3	2
Dental Technologist/Dental Technician/Student Dental Technician	—	1	2	—	—	—	—	27	—	30	26
Laundry Adviser/Assistant Laundry Manager	—	—	3	—	—	—	—	—	—	3	3
Other Staff	13	838	1,344	296	605	126	121	101	1,265	4,709	4,354
TOTAL	120	1,564	2,405	517	928	289	218	223	3,090	9,354	8,627

TABLE 2
ADMINISTRATION OF MEDICAL SERVICES

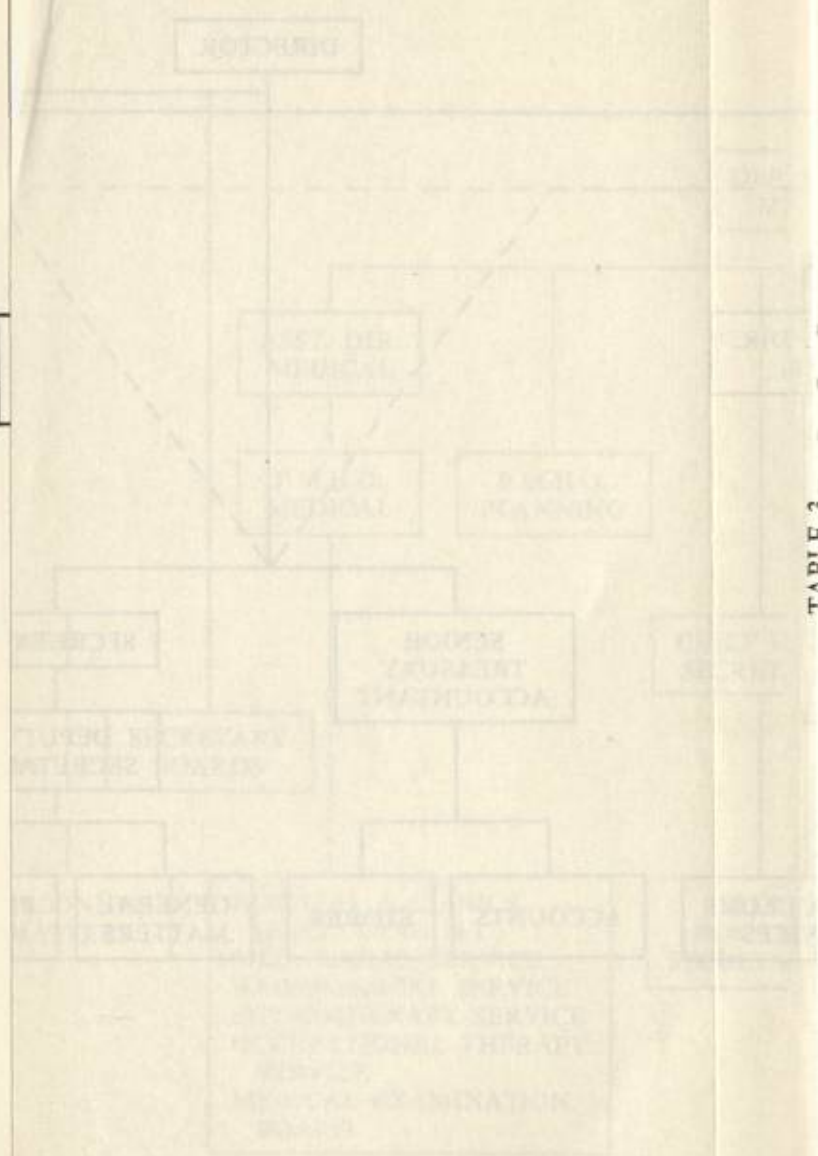


TABLE 3
STRENGTH OF MEDICAL SERVICES

TABLE 1—Contd.

Grade	Headquarters	Queen Mary Hospital	Queen Elizabeth Hospital	Kowloon Hospital	Castle Peak Hospital and Mental Health Centre	Tsun Yuk Hospital	Tuberculosis Service	Dental Service	Other Hospitals Clinics and Services	Total	Strength on 31.3.66
<i>Brought forward</i> ...	24	636	848	191	293	157	56	62	1,327	3,594	3,278
Chief Hospital Secretary/Senior Hospital Secretary/Hospital Secretary/Assistant Hospital Secretary	1	3	4	2	2	—	—	—	4	16	16
Clerical Staff	82	42	92	23	21	6	37	33	195	531	512
Superintendent Radiographer/Senior Radiographer/Radiographer/Assistant Radiographer/Student Assistant Radiographer	—	29	45	4	—	—	—	—	33	111	111
Superintendent Physiotherapist/Tutor Physiotherapist/Physiotherapist/Assistant Physiotherapist/Student Assistant Physiotherapist	—	7	36	—	—	—	—	—	13	56	46
Superintendent Occupational Therapist/Occupational Therapist	—	2	1	1	4	—	—	—	3	11	9
Chief Medical Technologist/Senior Medical Technologist/Medical Technologist/Medical Laboratory Technician Grade I/Medical Laboratory Technician Grade II/Student Medical Laboratory Technician	—	5	28	—	3	—	—	—	96	132	120
Senior Laboratory Assistant/Laboratory Assistant/Student Laboratory Assistant	—	—	—	—	—	—	—	—	17	17	14
Senior Health Inspector/Health Inspector Class I & II	—	—	—	—	—	—	—	—	18	18	15
Senior Inoculator/Inoculator	—	—	—	—	—	—	4	—	109	113	111
Audiology Technician	—	—	—	—	—	—	—	—	1	1	1
Orthopaedic Appliance Adviser/Assistant Orthopaedic Appliance Technician/Student Assistant Orthopaedic Appliance Technician	—	—	—	—	—	—	—	—	9	9	9
Mould Laboratory Technician/Student Mould Laboratory Technician	—	1	2	—	—	—	—	—	3	2	2
Dental Technologist/Dental Technician/Student Dental Technician	—	1	2	—	—	—	—	27	30	26	26
Laundry Adviser/Assistant Laundry Manager	—	—	3	—	—	—	—	—	3	3	3
Other Staff	13	838	1,344	296	605	126	121	101	1,265	4,709	4,354
TOTAL ...	120	1,564	2,405	517	928	289	218	223	3,090	9,354	8,627

TABLE 2
ADMINISTRATION OF MEDICAL AND HEALTH DEPARTMENT

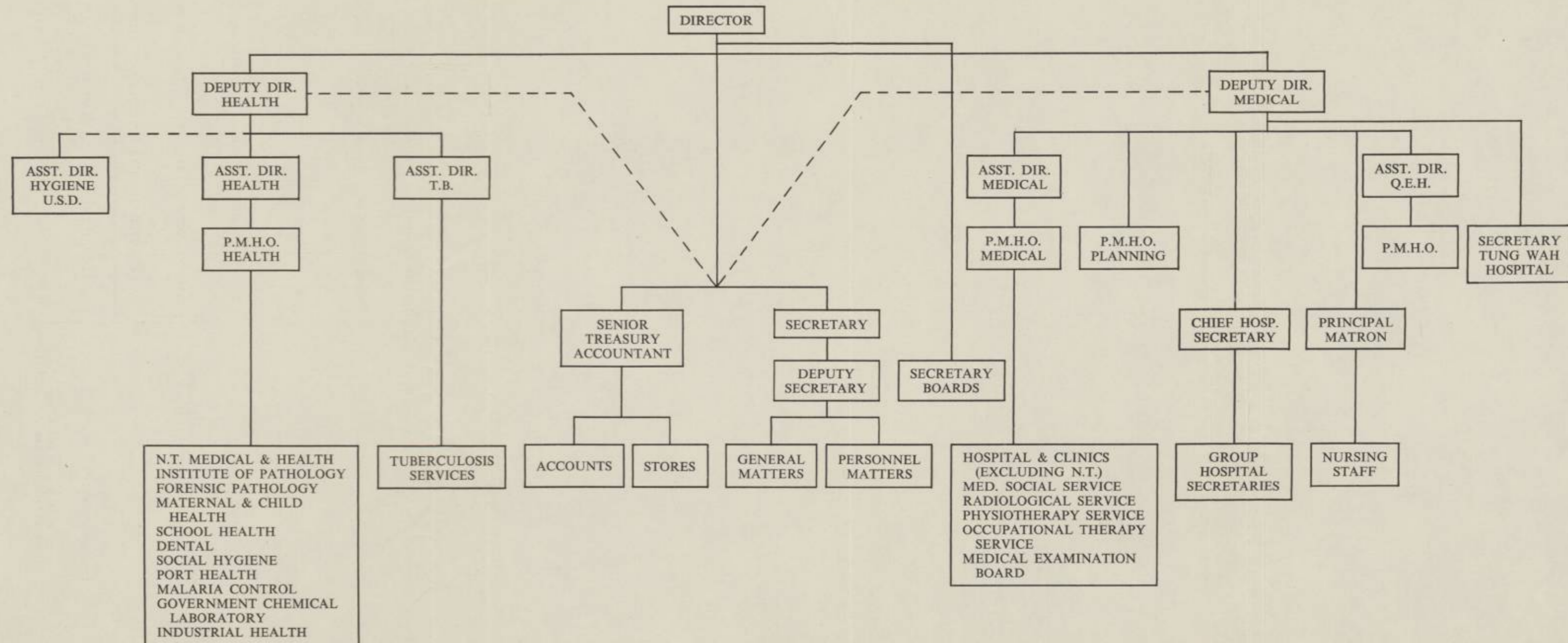


TABLE 3
STATEMENT OF EXPENDITURE FROM 1961-62 TO 1965-66

Particulars	1961-62	1962-63	1963-64	1964-65	1965-66
	\$	\$	\$	\$	\$
(a) Medical and Health Department	64,064,336	68,541,015	76,893,619	94,525,377	105,473,152
(b) Medical Subventions	25,009,259	26,386,405	27,764,694	32,178,883	38,158,439
(c) Capital expenditure on medical projects under Public Works Non-Recurrent	9,836,801	28,262,729	29,675,789	7,121,098	18,089,300
Total	98,910,406	123,190,149	134,334,102	133,825,358	161,720,891
Total expenditure of the Colony	953,205,237	1,113,276,099	1,295,372,840	1,440,523,324	1,769,130,408
Percentage of Medical and Health Department Expenditure to the Total Expenditure of the Colony	10.38%	11.07%	10.37%	9.29%	9.14%

TABLE 4

LEGISLATION OF MEDICAL AND HEALTH IMPORTANCE
APRIL 1965 TO MARCH 1966

Ordinances:

- (I) Medical Clinics (Amendment) Ordinance 1965
- (II) Radiation (Amendment) Ordinance 1965
- (III) School Medical Service Board Incorporation (Amendment) Ordinance 1965

Rules and Regulations:

- (a) Factories and Industrial Undertakings (Notification of Occupational Diseases) Regulations 1965 (L.N. 39/65)
- (b) Factories and Industrial Undertakings (Radiation) (Revocation) Special Regulations 1965 (L.N. 70/65)
- (c) Resolution—Factories and Industrial Undertakings (Radiation) (Revocation) Special Regulations 1965 approved (L.N. 69/65)
- (d) Penicillin (and other Substances) (Amendment) Regulations 1965 (L.N. 148/65)
- (e) Prevention of the Spread of Infectious Diseases (Declaration of Leprosy) Notification 1965 (L.N. 52/65)
- (f) Prevention of the Spread of Infectious Diseases (Hei Ling Chau) Isolation Order 1965 (L.N. 61/65)
- (g) Radiation (Control of Irradiating Apparatus) Regulations 1965 (L.N. 68/65)
- (h) Radiation (Control of Radioactive Substances) Regulations 1965 (L.N. 67/65)
- (i) Radiation Ordinance (Amendment of Schedule) Order 1965 (L.N. 76/65)
- (j) Resolution—Radiation (Control of Radioactive Substances) Regulations 1965 and Radiation (Control of Irradiating Apparatus) Regulations 1965 approved (L.N. 66/65)
- (k) Resolution—Radiation Ordinance (Amendment of Schedule) Order 1965 approved (L.N. 75/65)

STATEMENT OF EXPENDITURE FROM 1961-62 TO 1965-66

Particulars	1961-62	1962-63	1963-64	1964-65	1965-66
	\$	\$	\$	\$	\$
(a) Medical and Health Department	64,064,336	68,541,015	76,893,619	94,525,377	105,473,152
(b) Medical Subventions	25,009,269	26,386,405	27,764,694	32,178,883	38,158,439
(c) Capital expenditure on medical projects under Public Works Non-Recurrent	9,836,801	28,262,729	29,675,789	7,121,098	18,089,300
Total	98,910,406	123,190,149	134,334,102	133,825,358	161,720,891
Total expenditure of the Colony	953,205,237	1,113,276,099	1,295,372,840	1,440,523,324	1,769,130,408
Percentage of Medical and Health Department Expenditure to the Total Expenditure of the Colony	10.38%	11.07%	10.37%	9.29%	9.14%

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LEGISLATION OF MEDICAL AND HEALTH IMPORTANCE
APRIL 1965 TO MARCH 1966

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- (I) Medical Clinics (Amendment) Ordinance 1965
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- (III) School Medical Service Board Incorporation (Amendment) Ordinance 1965

Rules and Regulations:

- (a) Factories and Industrial Undertakings (Notification of Occupational Diseases) Regulations 1965 (L.N. 39/65)
- (b) Factories and Industrial Undertakings (Radiation) (Revocation) Special Regulations 1965 (L.N. 70/65)
- (c) Resolution—Factories and Industrial Undertakings (Radiation) (Revocation) Special Regulations 1965 approved (L.N. 69/65)
- (d) Penicillin (and other Substances) (Amendment) Regulations 1965 (L.N. 148/65)
- (e) Prevention of the Spread of Infectious Diseases (Declaration of Leprosy) Notification 1965 (L.N. 52/65)
- (f) Prevention of the Spread of Infectious Diseases (Hei Ling Chau) Isolation Order 1965 (L.N. 61/65)
- (g) Radiation (Control of Irradiating Apparatus) Regulations 1965 (L.N. 68/65)
- (h) Radiation (Control of Radioactive Substances) Regulations 1965 (L.N. 67/65)
- (i) Radiation Ordinance (Amendment of Schedule) Order 1965 (L.N. 76/65)
- (j) Resolution—Radiation (Control of Radioactive Substances) Regulations 1965 and Radiation (Control of Irradiating Apparatus) Regulations 1965 approved (L.N. 66/65)
- (k) Resolution—Radiation Ordinance (Amendment of Schedule) Order 1965 approved (L.N. 75/65)

TABLE 5
WORK OF STATUTORY COUNCILS AND BOARDS—APRIL 1965 TO MARCH 1966

	Medical Council	Dental Council	Nursing Board	Midwives Board	Pharmacy Board	Radiation Board	Medical Advisory Board †
Number of meetings held	4	3	4	4	3	3	—
Number on the Register...	1,407	439	General 2,987 Female: 179 Male: 37	2,887	144	158	—
Number of applications for registration...	128*(70)†	27	General 247‡ Female: 15 Male: 14	302	12	331§	—
Number of registrations granted...	128*(70)†	20	General 235‡ Female: 15 Male: 12	297	15	158	—
Number of examinations held...	—	19	General 3 Mental: 3	4	3	—	—
Number of candidates examined	—	Oral & practical: 12 Written: 7	General 542 Mental: 20	324	23	—	—
Number of successful candidates	—	Oral & practical: 9 Written: 2	General 491 Mental: 18	301	11	—	—
Number of disciplinary hearings held	3	2	—	—	—	—	—
Number of removals from register	9	11	General 3 Mental: 1	5	3	—	—
Number of reprimands ordered	2	—	—	—	—	—	—

* Including 2 restorations to the register.

† Figures in brackets represent applications for provisional registration (not included in total).

‡ Including 1 application for re-registration.

§ These figures refer to the licensing of irradiating apparatus.

¶ Not a statutory board.

TABLE 6
ESTIMATED POPULATION STRUCTURE—1965

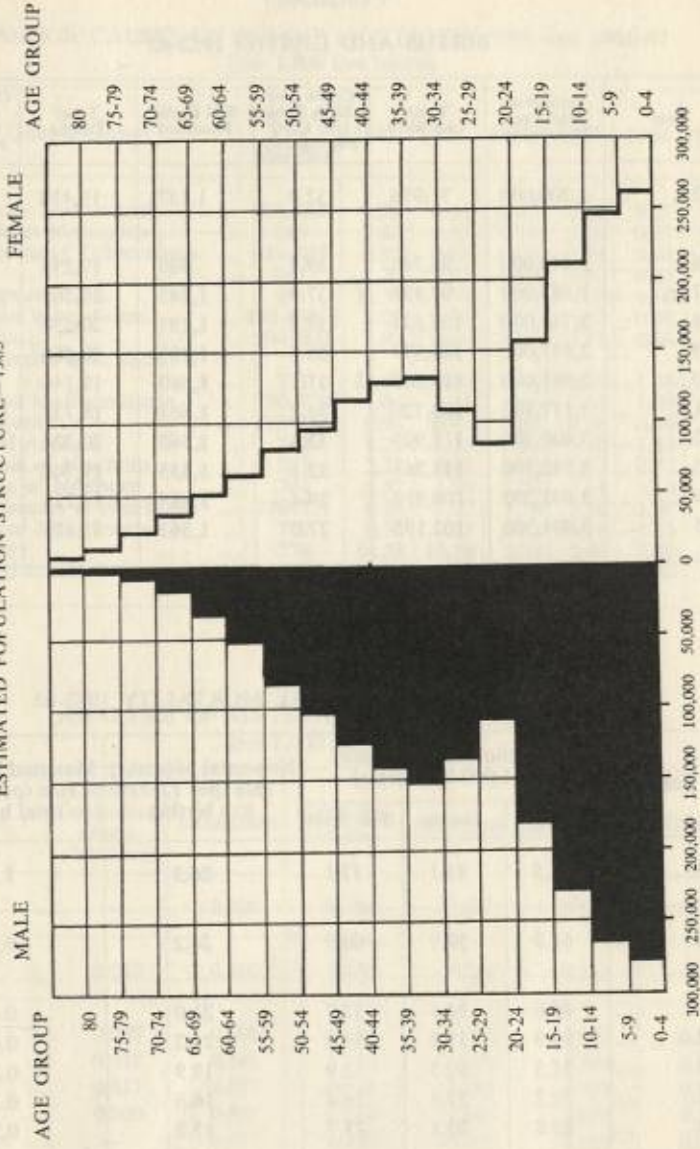


TABLE 7
BIRTHS AND DEATHS 1952-65

Year	Estimated Mid-Year Population	Total Live Birth	Crude Live Birth Rate (per 1,000 Population)	Still Births Recorded	Total Deaths	Crude Death Rate (per 1,000 Population)
1952...	2,200,000	71,976	32.0	1,157	19,459	8.6
1956...	2,440,000	96,746	39.7	988	19,295	7.9
1957...	2,583,000	97,834	37.9	1,245	19,365	7.5
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...	3,177,700	108,726	34.2	1,683	18,738	5.9
1962...	3,400,300	111,905	32.8	1,560	20,324	5.9
1963...	3,592,100	115,263	32.1	1,633	19,748	5.5
1964...	3,692,200	108,519	29.4	1,485	18,113	4.9
1965...	3,804,300	102,195	27.0	1,363	17,621	4.7

TABLE 8
INFANTILE AND MATERNAL MORTALITY 1952-65

Year	Infantile 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		
1952...	71.5	83.1	77.1	26.3	1.14
1956...	61.9	59.9	60.9	24.2	0.90
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

TABLE 9
MAJOR CAUSES OF INFANT MORTALITY 1951 and 1961-65 (per 1,000 live births)

Disease Group	Detailed List Number	1951	1961	1962	1963	1964	1965
		Respiratory Tuberculosis ...	001-008	1.39	0.04	0.05	0.02
Tuberculosis Meningitis ...	010	2.41	0.35	0.14	0.14	0.07	0.04
Other Forms of Tuberculosis ...	011-019	0.93	0.07	0.05	0.01	0.04	0.03
Tetanus ...	061	1.20	0.97	0.52	0.42	0.25	0.17
Bronchopneumonia ...	491	30.50	8.50	7.10	6.00	4.60	4.21
Pneumonia other forms ...	490,492-3	2.03	0.16	0.17	0.17	0.08	0.07
Bronchitis ...	500-502	2.93	0.06	0.05	0.17	0.06	0.02
Gastroenteritis over age of 4 weeks ...	571	21.58	4.60	3.60	3.60	1.34	0.86
Congenital Malformations ...	750-759	1.04	1.44	1.46	1.64	1.69	1.91
Births Injuries ...	760-761	0.94	0.43	0.48	0.36	0.50	0.54
Post-natal Asphxia ...	762	1.21	1.30	1.35	1.10	1.43	1.31
Pneumonia of Newborn ...	763	2.28	2.06	2.56	2.67	2.52	1.84
Diarrhoea of Newborn ...	764	1.52	1.20	2.23	2.01	1.14	0.64
Blood Diseases of Newborn ...	770-771	0.86	1.07	1.74	1.76	1.95	2.27
Nutritional Maladjustment ...	772	0.98	0.22	0.32	0.16	0.11	0.07
Immaturity ...	776	14.58	10.50	9.20	8.90	7.50	6.49
Ill-defined causes ...	795	1.30	1.44	1.52	0.66	0.40	0.37

TABLE 10
ANALYSIS OF MATERNAL MORTALITY 1953-65 (per 1,000 total births)

Year	Sepsis (excluding septic abortions)	Toxaemias	Haemorrhages	Abortions	Ectopic Pregnancies	Others
1953...	—	0.326	0.404	0.013	0.065	0.169
1958...	0.065	0.260	0.250	0.028	0.111	0.139
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...	—	0.077	0.135	0.009	0.019	0.087

TABLE 11
ANALYSIS OF MORTALITY 1952-65
(As Percentage of Total Deaths)

Disease Group	Detailed List Numbers	1952	1957	1961	1962	1963	1964	1965
1. Infectious and Parasitic ...	001-138	21.9	16.6	15.3	13.5	12.8	10.1	10.0
2. Neoplastic ...	140-239	4.4	7.5	12.3	12.4	13.4	16.4	18.1
3. Allergic, Endocrine, Metabolic and Blood ...	240-299	1.2	1.6	1.1	1.2	1.5	1.5	1.4
4. Nervous System and Sense Organs...	300-398	2.9	4.6	8.3	8.4	9.1	10.5	11.7
5. Circulatory System ...	400-468	5.6	8.0	10.7	11.0	12.2	14.5	15.2
6. Respiratory System ...	470-527	25.1	22.8	14.8	13.9	13.3	10.7	10.6
7. Intestinal System ...	530-587	17.6	12.1	7.7	6.8	7.1	5.7	5.2
8. Genito-Urinary System ...	590-637	1.9	2.2	2.0	2.1	2.2	2.0	1.7
9. Pregnancy, Child-birth and Puerperium ...	640-689	0.4	0.5	0.3	0.3	0.2	0.2	0.2
10. Skin and Musculo-Skeletal System	690-749	0.2	0.4	0.2	0.2	0.2	0.2	0.1
11. Congenital Malformations and Diseases of Early Infancy ...	750-776	7.9	10.5	11.1	11.4	11.3	9.9	9.5
12. Ill-defined Causes ...	780-795	6.8	8.2	10.4	11.4	9.9	10.5	9.2
13. Accidents, Poisoning and Violence	E800-E999	3.9	5.0	5.9	7.6	6.3	7.7	7.1

TABLE 12
INFECTIOUS DISEASES NOTIFIED CASES AND DEATHS 1961-65

	1961		1962		1963		1964		1965	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
Cholera ...	130	15	11	1	115	4	34	4	—	16
Amoebic Dysentery ...	215	12	195	9	241	12	209	21	173	—
Bacillary Dysentery (Including unspecified dysentery) ...	742	8	795	13	802	3	680	8	537	4
Cerebro-spinal Meningitis ...	36	26	50	35	50	24	38	19	19	9
Chickenpox ...	498	7	707	5	1,199	3	718	1	1,552	—
Diphtheria ...	1,334	109	1,022	102	871	86	699	38	581	37
Enteric Fever (Typhoid and Paratyphoid) ...	742	24	826	21	1,038	28	882	20	658	14
*Leptosy ...	—	—	—	—	—	—	—	—	102	—
Malaria ...	812	1	794	—	377	1	180	—	143	—
Measles ...	1,727	435	2,317	326	3,416	405	1,218	73	5,459	217
Ophthalmia Neonatorum ...	250	—	310	—	240	—	232	—	215	—
Poliomyelitis ...	184	39	363	52	53	4	37	3	140	17
Puerperal Fever ...	2	2	2	2	2	1	1	1	3	2
Scarlet Fever ...	29	—	19	—	18	—	12	—	12	—
Tuberculosis ...	12,584	1,907	14,263	1,881	13,031	1,762	12,557	1,441	9,927	1,278
Typhus (Mite-borne) ...	1	—	1	—	1	—	—	—	2	—
Whooping Cough ...	47	1	98	—	61	—	106	—	339	—
Total ...	19,333	2,586	21,773	2,447	21,515	2,334	17,603	1,630	19,862	1,595

†Influenza... 6,223 39 6,374 39 4,433 22 2,473 16 896 21
 Remarks: * Notifiable since June 1965.
 † Voluntary notification.

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 years reviewed.

TABLE 13

MORTALITY RATE FOR CERTAIN INFECTIOUS DISEASES 1961-65

Diseases	Case Fatality Rates (as percentage)					Specific Death Rate per million population				
	1961	1962	1963	1964	1965	1961	1962	1963	1964	1965
	Cholera ...	11.53	9.09	3.48	11.76	—	4.7	0.3	1.1	1.1
Amoebiasis ...	5.58	4.62	4.98	10.01	9.25	3.8	2.6	3.3	5.7	4.2
Cerebrospinal Meningitis ...	72.22	70.00	48.00	50.00	47.30	8.2	10.3	6.7	5.1	2.4
Diphtheria ...	8.17	9.98	9.87	5.44	6.35	34.3	30.0	23.9	10.3	9.7
Dysentery { Bacillary Unspecified	1.08	1.64	0.39	1.18	0.74	2.5	3.8	0.8	2.2	1.0
Enteric Fever { Typhoid Paratyphoid	3.23	2.54	2.60	2.27	2.12	7.6	6.2	7.8	5.1	3.7
Measles ...	25.13	14.07	11.85	5.99	3.97	136.9	95.9	112.7	19.8	57.0
Poliomyelitis ...	21.19	14.33	7.55	8.11	12.15	12.3	15.3	1.1	0.8	4.4
Tuberculosis ...	15.15	13.19	13.52	11.48	12.87	600.1	553.2	490.5	390.3	335.9

TABLE 14
PRINCIPAL INFECTIOUS DISEASES BY AGE AND SEX 1965

Age Group	CASES NOTIFIED									
	Tuberculosis		Diphtheria		Enteric Fever		Poliomyelitis		B/Dysentery	
	M	F	M	F	M	F	M	F	M	F
0-4 ...	116	91	138	121	14	14	80	52	129	108
5-9 ...	150	118	77	89	101	70	3	—	37	45
10-14 ...	109	107	19	41	98	51	—	2	5	10
15-19 ...	371	249	8	25	49	42	—	—	6	4
20-24 ...	525	273	2	6	24	28	—	—	11	7
25-29 ...	566	261	3	15	27	8	1	—	14	7
30-34 ...	680	336	9	8	13	21	—	1	25	13
35-39 ...	715	351	—	5	12	14	—	—	12	15
40-44 ...	741	330	1	2	7	13	—	—	10	15
45-49 ...	702	316	1	4	13	10	—	1	7	7
50-54 ...	649	302	—	3	2	8	—	—	6	8
55-59 ...	444	213	—	3	4	3	—	—	8	5
60-64 ...	335	168	—	—	4	2	—	—	—	4
65-69 ...	222	114	—	1	—	4	—	—	3	1
70-74 ...	74	53	—	—	—	1	—	—	5	3
75 & Over ...	172	74	—	—	—	1	—	—	1	6
Total ...	6,571	3,356	258	323	368	290	84	56	279	258

Age Group	DEATHS									
	Tuberculosis		Diphtheria		Enteric Fever		Poliomyelitis		B/Dysentery	
	M	F	M	F	M	F	M	F	M	F
0-4 ...	24	19	11	19	1	1	8	6	1	1
5-9 ...	15	12	2	4	—	1	—	—	—	—
10-14 ...	5	8	—	—	—	—	—	1	—	—
15-19 ...	5	12	—	—	—	1	—	—	—	—
20-24 ...	16	12	—	—	1	1	—	—	—	—
25-29 ...	25	14	—	—	—	—	1	—	—	—
30-34 ...	48	23	—	—	1	2	—	—	1	—
35-39 ...	61	31	—	—	—	—	—	—	—	—
40-44 ...	78	31	—	—	—	—	—	—	—	—
45-49 ...	105	24	—	—	1	—	—	1	—	—
50-54 ...	138	43	—	—	—	—	—	—	—	—
55-59 ...	115	35	—	—	—	—	—	—	—	—
60-64 ...	96	42	—	—	—	1	—	—	—	—
65-69 ...	77	36	—	1	—	2	—	—	—	—
70-74 ...	43	25	—	—	—	1	—	—	—	—
75 & Over ...	34	26	—	—	—	—	—	—	—	1
Total ...	885	393	13	24	4	10	9	8	2	2

TABLE 15
PROPHYLACTIC IMMUNIZATIONS 1961-65

Immunological Procedure	1961	1962	1963	1964	1965
Anti-Smallpox Vaccination	969,577	744,599	321,942	844,367	776,538
Anti-Cholera Inoculation	1,968,214	2,976,274	3,101,766	2,406,623	1,603,875
Anti-Diphtheria Inoculations:					
1st Dose	296,071	323,521	371,059	338,468	392,474
2nd Dose	207,143	312,374	281,369	282,176	351,960
Booster Dose	115,566	129,279	146,374	142,242	181,603
Anti-Typhoid Inoculations:					
1st Dose	43,080	21,440	17,779	19,931	19,378
2nd Dose	30,013	11,734	10,696	6,843	7,052
Booster Dose	38,624	30,141	28,864	41,018	65,381
Anti-Tuberculosis (B.C.G.) Vaccinations:					
Infants	86,234	91,304	98,342	93,806	93,666
Others	7,756	26,939	14,175	13,875	15,465
Poliomyelitis Vaccinations:					
1st Dose	—	—	534,862	145,760	194,084
2nd Dose	—	—	500,387	98,111	126,095

TABLE 16
TUBERCULOSIS MORTALITY 1952-65

Year	Total Deaths from Tuberculosis	Tuberculosis Death Rate per 100,000	Tuberculosis Deaths as percentage of total deaths	Average age at death from Tuberculosis
1952	3,573	158.8	18.4	24.5
1957	2,675	103.6	13.9	36
1960	2,085	69.9	10.8	43
1961	1,907	60.0	10.2	43
1962	1,881	55.3	9.2	46
1963	1,762	49.0	8.9	47
1964	1,441	39.0	7.9	48
1965	1,278	33.6	7.2	49

TABLE 17
TUBERCULOSIS IN CHILDHOOD 1952-65

Year	% age 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)
1952	4.34	34.30	7.05	3.50
1957	35.93	21.20	5.76	1.57
1960	71.54	10.50	2.20	0.42
1961	79.31	11.50	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

TABLE 18
TUBERCULOSIS NOTIFICATIONS 1952-65

	1952	1957	1960	1961	1962	1963	1964	1965	
Origin of Notification	Govt. Chest Clinics ...	7,482	8,194	8,426	8,957	10,691	8,794	9,478	6,530
	Other Govt. Inst. ...	6,144	2,517	2,378	2,056	1,680	1,660	1,184	1,334
	Tung Wah Group Other Non-Govt. Inst. and Private Sources	1,195	2,954	780	947	801	864	604	463
			841	624	1,091	1,713	1,291	1,600	
Total ...	14,821	13,665	12,425	12,584	14,263	13,031	12,557	9,927	
Notification rate per 100,000 population	658	529	417	396	419	363	340	261	

TABLE 19
WORK OF GOVERNMENT TUBERCULOSIS SERVICE
GOVERNMENT CHEST CLINICS 1965

	Hong Kong	Kowloon	New Territories
Full-time Centres ...	Wan Chai Sai Ying Pun Shau Kei Wan	Kowloon Chest Clinic Shek Kip Mei	
Part-time Centres ...	Aberdeen Stanley	Tung Tau Kwun Tong Robert Black Health Centre	Tsuen Wan Sai Kung Yuen Long Tai Po Shek Wu Hui Cheung Chau Kam Tin Sha Tin
Other Centres (for injections only) ...	North Point	Hung Hom Yau Ma Tei Chuk Yuen	Tai O

TABLE 19—Contd.
ATTENDANCES AT GOVERNMENT CHEST CLINICS 1961-65

	1961	1962	1963	1964	1965
First attendances ...	40,146	43,519	39,277	35,735	35,605
Cases of tuberculosis discovered	15,270	16,541	15,036	13,884	12,894
Total attendances ...	2,204,058	1,901,425	1,414,009	1,251,534	1,224,557
Under treatment from previous year ...	16,433	17,714	17,372	14,049	13,244
Started treatment during the year	12,381	12,190	9,694	10,423	10,867
Completed treatment ...	3,776	4,935	7,147	5,323	4,010
Failed to attend ...	4,987	5,371	5,208	3,544	3,104
Admitted to hospital from Chest Clinics ...	889	921	811	758	806
Still on treatment at end of year	17,714	17,372	14,049	13,244	14,400

TABLE 20
X-RAY SURVEYS 1965

	Government Employees	Conditional Surveys	Prisoners Survey
Total examined ...	57,893	44,271	5,876
Clinically examined ...	6,462	2,002	980
Active tuberculosis ...	371	316	231
Percentage active tuberculosis ...	0.64%	0.71%	3.94%

TABLE 21
CONTACT EXAMINATIONS 1964-65

	1964	1965	
<i>Under 8 years of age</i>			
Tuberculin Test	Negative	169	177
	Positive	5,385	4,914
Clinical examination (of contacts showing positive children) Positive Mantou	Active tuberculosis ...	95	29
	Inactive T.B.	555	188
	(Undetermined) Suspicious T.B. ...	438	479
	Free of tuberculosis ...	4,297	4,218
Percentage of contacts found to have T.B.	1.76%	0.59%	
<i>Over 8 years of age</i>			
Results of clinical examination following 'Contact' X-rays	Active tuberculosis ...	322	232
	Inactive T.B.	650	410
	(Undetermined) Suspicious T.B. ...	674	746
	Free of tuberculosis ...	10,776	11,500
Percentage found to have active T.B.	2.59%	1.80%	

TABLE 22
ORTHOPAEDIC TUBERCULOSIS 1960-65
ATTENDANCES AT CLINICS

	1960	1961	1962	1963	1964	1965
First visits	441	415	397	288	231	146
Revisits	4,001	4,618	3,685	5,747	5,498	4,588
	4,442	5,033	4,082	6,035	5,729	4,734

CLASSIFICATION OF DISEASE BY SITE

	1960	1961	1962	1963	1964	1965
Spine	202	197	197	158	133	84
Hip Joint	94	115	109	60	50	32
Others	145	103	91	70	48	30
	441	415	397	288	231	146

TABLE 23
MALARIA 1961-65
DISTRIBUTION OF CASES

(According to notified place of residence)

Year	Cases Notified	Death	Urban Controlled Areas	Sai Kung* District	Lantau* District	Other Areas
			(as percentage of notified cases)			
1961 ...	812	1	8.7	55.4	26.5	9.4
1962 ...	794	nil	8.9	61.3	12.1	17.7
1963 ...	377	1	10.9	47.5	18.6	23.0
1964 ...	180	1	13.3	35.6	25.0	26.1
1965 ...	143	1	6.3	28.0	10.5	55.2

* Including floating population.

IDENTIFICATION OF PARASITES
(as percentage of parasites found)

Year	P. vivax	P. falciparum	P. malariae	Mixed infection	Species undetermined
1961 ...	96.4	2.4	1.0	0.1	0.1
1962 ...	98.1	0.4	1.3	0.1	0.1
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	—	—

TABLE 24

ANNUAL INCIDENCE AND TREND OF VENEREAL DISEASE 1956-65

Year	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965
<i>Veneral Diseases</i>										
{ Total (Except Congenital)	3,628	3,190	3,372	2,680	2,091	1,555	1,858	1,487	1,036	1,197
Primary ...	93	17	9	19	46	35	154	164	119	39
Secondary ...	20	7	3	9	20	26	26	60	64	35
Early Latent ...	733	450	417	426	296	202	359	307	197	263
Late Latent ...	2,616	2,532	2,766	2,038	1,590	1,173	1,216	864	590	791
All others ...	166	184	177	188	139	119	103	92	66	69
Congenital { Under 1 year	19	3	7	10	0	3	11	5	1	2
Over 1 year	64	116	86	131	74	48	66	53	47	66
Gonorrhoea ...	10,609	9,881	8,360	8,362	6,506	5,997	5,747	5,696	5,008	5,096
Non-Gonococcal Urethritis ...	776	800	644	481	591	509	453	379	496	578
Chancroid ...	1,614	685	294	324	873	635	356	347	268	254
Lymphogranuloma Venereum ...	140	178	91	53	16	7	8	16	8	8
<i>Other Diseases</i>										
Non-Veneral Disease ...	6,245	5,855	5,458	4,997	4,717	4,293	5,489	4,155	4,548	5,169
Skin Diseases ...	8,437	9,814	8,701	11,046	10,611	12,173	12,917	10,740	12,570	14,121
<i>Attendances at Clinics (All Types)</i>										
New Attendances ...	32,490	31,391	27,841	28,980	26,281	25,819	27,264	23,761	25,224	27,541
Total Attendances ...	180,148	193,674	203,954	213,026	213,733	182,049	179,135	147,588	143,381	147,311

TABLE 25
V.D.R.L. EXAMINATIONS IN EXPECTANT MOTHERS 1961-65

	1961	1962	1963	1964	1965
No. of tests (Clinics and Hospitals) ...	51,449	55,159	31,544	55,406	56,103
% Positive ...	1.6	2.2	1.6	1.7	2.2
No. of tests (Private Midwives) ...	6,940	7,645	3,690	7,373	6,669
% Positive ...	1.4	1.5	1.1	1.8	2.0

TABLE 26
LEPROSY 1965
INCIDENCE OF LEPROSY 1960-65

Year	New Cases	Rate per 100,000 population
1960 ...	239	7.8
1961 ...	255	8.0
1962 ...	255	7.5
1963 ...	258	7.3
1964 ...	271	7.3
1965 ...	217	5.7

ANALYSIS OF CASES BY AGE 1965

Age-Group	No. of Cases
Under 1	0
1 - 5	1
6 - 10	3
11 - 15	11
16 - 20	14
21 - 25	25
26 - 30	26
31 - 35	21
36 - 40	25
41 - 45	19
46 - 50	25
51 - 60	29
Over 60	18
Total ...	217

ADMISSION TO LEPROSARIUM 1965

New admissions ...	93
Relapses ...	2
For surgery ...	16
Total ...	<u>111</u>

TABLE 27

ANALYSIS OF DERMATOLOGICAL CONDITIONS
PRESENTING AT CLINICS

Acne	250	Neurofibromatosis	7
Alopecia	101	Nevi (All Types)	75
Angioedema	1	Pediculosis	4
Carcinoma	24	Pemphigus	3
Contact Dermatitis	1,133	Paronychia	56
Dermatitis Exfoliative	10	Pityriasis Rosea	56
Dermatitis Herpetiformis	1	Pityriasis Alba	66
Dermatomyositis	4	Pruritus	218
Drug Eruption	48	Psoriasis	141
Eczema (All Types)	5,661	Purpura	14
Erythema Multiforme	19	Pyoderma	533
Erythema Nodosum	16	Raynaud's Phenomenoma	1
Granulomata	17	Rosacea	28
Herpes Simplex	16	Scabies	27
Herpes Zoster	45	Scleroderma	3
Ichthyosis	16	Tinea (All Types)	647
Keloid	26	T. B. Cutis	11
Keratosis (All Types)	40	Tumors, Benign	8
Lichen Amyloidosis	10	Ulcer, Varicose	49
Lichen Planus	8	Urticaria	354
Light Sensitivity	13	Vasculitis	4
Lupus Erythematosus (All Types)	32	Verruca	317
Miliaria	21	Vitiligo	205
Molluscum Contagiosum	13	Xanthoma	5
Neurodermatitis	709	Leprosy	132
		Miscellaneous	342
Total	11,540		

TABLE 28

CULTURES FOR MYCOLOGICAL IDENTIFICATION

T. Rubrum	327	T. Tonsurans	16
T. Mentogrophytes	18	E. Floccosum	30
M. Canis	53	M. Gypseum	2
T. Concentricum	0	C. Albicans	45
M. Ferrugineum	18	T. Violaceum	8
T. Verrucosum	0		
Total specimens examined	2,100		

TABLE 29

WORK OF THE PORT HEALTH SERVICE 1965

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 ...	5,756	57,432	271,463	224	299
	Macao ...	1,190	1,146,421	—	154,063	—
	Junks, etc. ...	16,144	*	178,836	77	18
By Air	9,996	436,993	91,204	622	221	903
By Train	*	472,724	—	17,961	6,057	—
Total	33,086	2,113,570	541,503	172,947	6,595	903

Emigration

By Sea	39	3,311	4,263	—	—	—
---------------	----	-------	-------	---	---	---

* Number not recorded.

FUMIGATION

No. of ships fumigated	50
Total net tonnage	81,543.09
Cubic capacity (cubic feet)	13,191,421
Rats recovered	743
Exemptions granted	224
No. of ships disinfected	23
No. of aircraft disinfected	336

MEDICAL ASSISTANCE TO SHIPS

To ships at sea	37
To ships in port	9

TABLE 30

MIDWIFERY SERVICES 1964-65
(Excluding Hospitals)

PRIVATE MIDWIFERY SERVICES					1964	1965
Number of midwives in active practice	...	...	...	...	188	183
Number of registered maternity homes	...	...	...	...	107	104
Number of maternity beds	...	...	...	...	518	520
Maternity home deliveries	...	...	...	...	36,945	34,094
Domiciliary deliveries	...	...	...	...	1,454	1,090
Total deliveries	...	...	...	...	38,399	35,184
GOVERNMENT MIDWIFERY SERVICES					1964	1965
Maternity beds in maternity homes (Urban)	...	...	...	...	209	209
Maternity beds in maternity homes (Rural)	...	...	...	...	185	193
Midwives (excluding hospitals)	...	...	...	...	111	112
Cases attended (excluding hospitals)	...	...	...	...	22,420	22,338
Average case-load for each midwife (excluding hospitals)	...	...	...	...	202	199

TABLE 31

DISTRIBUTION OF M.C.H. CENTRES 1965

District	Full-time Centres		Subsidiary Centres	
	No Midwifery Service attached	With Midwifery Service attached	No Midwifery Service attached	With Midwifery Service attached
Hong Kong	3	5	1	1
Kowloon	3	4	4	1
N.T. & Islands	—	1	—	8
Total	6	10	5	10

TABLE 32

MATERNAL AND CHILD HEALTH SERVICE 1964-65

	1964	1965
No. of full-time centres	15	15
No. of subsidiary centres	18	16
<i>Ante-natal Sessions</i>		
Total Sessions	2,549	2,524
New attendances	27,689	25,433
Total attendances	122,195	123,951
Average attendance per session	47.94	49.11
Average attendance per person	4.41	4.88
<i>Post-natal Sessions</i>		
Total Sessions	952	971
New attendances	5,774	6,469
Total attendances	7,498	8,256
Percentage presenting with some abnormality	19.86%	20.62%
<i>Infant Welfare Sessions (0-2 years of age)</i>		
Total Sessions	5,278	5,388
New attendances	64,545	71,814
Total attendances	598,264	716,327
Percentage presenting with some abnormality	0.14%	0.13%
Percentage of total new-borns attending	53.64%	63.10%
<i>Toddler Welfare Sessions (2-5 years of age)</i>		
Total Sessions	903	1,096
New attendances	15,221	24,229
Total attendances	92,669	124,479
Home visits	103,010	120,568

TABLE 33

SCHOOL MEDICAL SERVICE BOARD

NUMBER OF PARTICIPATING SCHOOLS, STUDENTS AND DOCTORS AT 31ST MARCH, 1966

District	No. of Part. Schools	No. of Part. Students	No. of Part. Doctors
<i>Hong Kong:</i>			
Wan Chai	34	3,024	19
Central and Sheung Wan	26	3,520	50
Western	38	3,077	11
Causeway Bay	34	4,016	15
North Point	22	3,116	16
Shau Kei Wan	18	1,175	4
Aberdeen	14	1,404	4
Stanley	—	—	—
Sub-total	186	19,332	119
<i>Kowloon:</i>			
Tsim Sha Tsui	14	1,472	15
Yau Ma Tei	23	1,921	20
Mong Kok	63	8,981	39
Cheung Sha Wan	21	1,922	8
Shek Kip Mei	24	2,918	10
Hung Hom and To Kwa Wan	27	2,463	8
San Po Kong	22	1,648	8
Kowloon Tong	10	498	3
Kai Tak	32	2,960	9
Kwun Tong	11	662	4
Sub-total	247	25,445	124
<i>New Territories:</i>			
Tsuen Wan	23	2,797	7
Yuen Long	31	1,560	4
Sha Tin	7	273	1
Tai Po	11	317	1
Sheung Shui	10	598	1
Fanling	2	72	1
Sub-total	84	5,617	15
Grand Total	517	50,394	* 258

* Actual number of participating doctors is only 250. As some doctors are given panels in more than one district their names are being counted twice thus the total number shown in column 3 is bigger.

TABLE 34

WORK OF THE GENERAL DENTAL SERVICE 1961-65

Year	Attendances	Deciduous Teeth		Permanent Teeth		Persons rendered dentally fit
		Restored	Extracted	Restored	Extracted	
1961... ..	130,323	5,304	19,196	51,329	33,895	15,086
1962... ..	138,377	6,254	20,269	48,893	34,599	18,844
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

TABLE 35

WORK OF THE FORENSIC PATHOLOGY LABORATORIES 1964-65

	1964	1965
Examination of victims and suspects	397	433
Attendance at scenes of crime	51	57
Attendance at court	182	144
Medico-legal examination of weapons	126	105
Examination of hairs, fibres, etc.	565	582
Examination of clothing	811	826
Miscellaneous examination	378	471
Blood grouping (medico-legal)	2,173	2,564
Blood grouping (Police Officers)	618	1,496
Lectures to Police Officers	27	51
Identification of nature of meat (dog, cat, etc.)	18	43
Chemical examinations	97	44
<i>Assistance in Raids</i>		
Breach of Pharmacy and Poisons Ordinance and Penicillin Ordinance	2	6
Unregistered Medical Practitioners	1	9
Abortionists	6	7
Unregistered Dentists	—	—

TABLE 36

WORK OF PUBLIC MORTUARIES 1964-65

	Victoria		Kowloon	
	1964	1965	1964	1965
Total number of bodies received	1,041	924	2,731	2,540
Total number of autopsies performed	667	551	1,166	1,030
Number of bodies claimed for burial	809	730	1,620	1,624
Number of bodies unclaimed for burial	232	194	1,111	916
Deaths due to natural causes	730	669	2,104	1,947
Deaths due to unnatural causes	311	255	627	593

TABLE 37

WORK OF GOVERNMENT INSTITUTE OF PATHOLOGY

LABORATORIES

1. Clinical Laboratories	...	...	Sai Ying Pun Polyclinic Queen Elizabeth Hospital Lai Chi Kok Hospital Castle Peak Hospital
2. Public Health Laboratories	...	...	Sai Ying Pun Polyclinic Queen Elizabeth 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 1964-65

	1964	1965
1. Protozoology and Helminthology	31,335	29,555
2. (a) Haematology	295,253	301,792
(b) Blood grouping	1,276	1,309
3. Serology	131,940	130,632
4. Bacteriology	267,513	303,057
5. Mycology	7,281	9,201
6. Public Health	36,399	39,659
7. Histo-pathology	11,290	16,412
8. Chemical-pathology	216,188	242,897
9. Clinical Pathology	41,052	47,775
10. Virology	3,380	4,855
11. Special investigations	944	1,241
Total	1,043,851	1,128,385

AUTOPSIES ON MEDICAL LEGAL CASES PERFORMED 1964-65

	1964	1965
Queen Mary Hospital	124	110
Queen Elizabeth Hospital	464	458
Total	588	568

RODENTS EXAMINED AND AUTOPSIES PERFORMED 1964-65

	1964	1965
Victoria Public Mortuary	37,586	30,244
Kowloon Public Mortuary	41,402	29,066
Total	78,988	59,310

TABLE 38

VACCINE PRODUCTION 1964-65

(in millilitres)

Vaccine	Prepared		Issued	
	1964	1965	1964	1965
Smallpox	11,892 ml.	34,850 ml.	45,454 ml.	32,264.5 ml.
Rabies (2%)	55,250 ml.	50,000 ml.	54,250 ml.	49,800 ml.
Rabies (4%)	39,000 ml.	44,850 ml.	43,000 ml.	46,150 ml.
Typhoid-paratyphoid	40,300 ml.	129,300 ml.	76,650 ml.	85,440 ml.
Cholera	241,825 ml.	1,016,250 ml.	2,356,750 ml.	1,726,805 ml.

TABLE 39

BLOOD BANKS 1964-65

SOURCES OF BLOOD

	1964	1965
British Red Cross Society	11,182 pints	13,664 pints
Patients' relatives and friends	916 "	703 "
Other sources	197 "	548 "
Total	12,295 pints	14,915 pints

DISTRIBUTION OF BLOOD

	1964	1965
Government hospitals	8,077 pints	9,941 pints
Government-assisted hospitals	3,080 "	3,421 "
Private hospitals	415 "	967 "
Military hospitals	— "	14 "
Manufacture of plasma	— "	51 "
Preparation of Coombs reagent	— "	— "
Unusable due to various causes	449 "	529 "
Total	12,021 pints	14,923 pints