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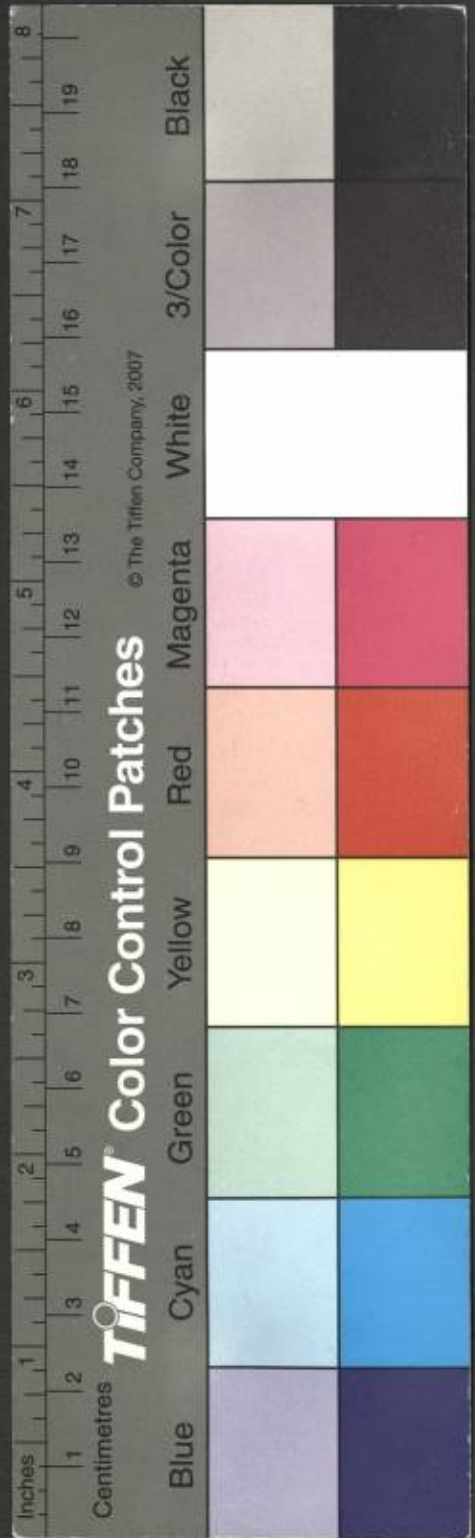


1973-74

ANNUAL DEPARTMENTAL REPORT

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DIRECTOR OF
MEDICAL AND
HEALTH SERVICES



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HONG KONG	
ANNUAL DEPARTMENTAL REPORT	
BY THE	
DIRECTOR OF MEDICAL AND HEALTH SERVICES	
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D.T.M. & H. (Liverpool)	
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*1st April 1973 - 31st March 1974

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I. INTRODUCTION

The following is a summary of significant events and developments which occurred in 1973-74.

General

2. It is gratifying to note from vital statistics that the health of the population remained good during the year. The general picture is favourable, and reflects the rapid improvement of medical and health services for a young and expanding population. An interesting development relates to the crude birth rate. At 19.3, this was below the rate for 1972 which was 19.4, whereas in 1971, it was 19.0. This slight fluctuation over the past three years is of topical interest as the Department has now assumed a direct role in family planning.

3. There was no outbreak of cholera in 1973 and routine examination of nightsoil samples did not reveal the presence of cholera vibrio. There was however no room for complacency, and the public were advised from time to time to observe strictly the rules of personal and food hygiene. The record of freedom from cholera in Hong Kong since the last notification in 1969 remains unbroken.

4. Tuberculosis continued to be the major cause of death among the communicable diseases. Although virtually eradicated among the young as a result of vaccination with B.C.G. of the new-born, the disease still took a significant toll among the unprotected adult population, but there was a gratifying fall of the mortality from 32.2 per 100,000 population in 1972 to 27.7 this year. The Chest Service, with the collaboration of the Medical Research Council of the United Kingdom, is continuing to carry out research work on various aspects of tuberculosis.

5. The emphasis on tuberculosis as a continuing problem should be seen in the proper perspective of its relationship to the other major causes of mortality. This year tuberculosis ranked sixth, the first being cancer, followed by heart diseases, pneumonia, cerebro-vascular diseases and accidents. In 1973, the death rate from cancer rose to 109.1 per 100,000 of the population from 107.3 in 1972. The commonest types were cancer of the lung, primary cancer of the liver, nasopharyngeal cancer, and cancer of the stomach.

6. The incidence of venereal diseases increased by 0.6 per cent over that of the previous period. This represented a very small rise as the increase for 1972-73 was 12 per cent. Among teenagers, the incidence was approximately 5.4 per cent of the total cases of venereal diseases.

Family Planning

7. The year 1973 is a significant one from the point of view of family planning. As from the beginning of October, the Department commenced the first of a three-phase operation to take over family planning clinics hitherto run by the Family Planning Association in 28 Government institutions and 2 hospitals; this was completed in three months.

8. The plan calls for the integration of Family Planning Services into the already comprehensive Maternal and Child Health Programme which includes Ante-natal, Post-natal, Maternity Services and Health Education for the mothers as well as Special Infant and Toddlers Welfare Sessions and Preventive Immunization Schedules for their children.

9. In accordance with its expanded responsibilities and functions as a result of the integration of Family Planning Services, the Maternal and Child Health Service is being reorganised into a "Family Health Service" headed by a Principal Medical and Health Officer with its own Headquarters Unit to co-ordinate and direct all aspects of this Service.

10. Up to the end of March 1974, the second phase of the programme has been completed with family planning services being made available to eligible women at 11 Maternal & Child Health clinics. Eight of these were former Family Planning Association clinics while the three remaining ones were additional clinics which have been started during this period as part of the Medical and Health Department's plan of expansion in this field.

Methadone Maintenance

11. The Medical and Health Department's methadone maintenance trial scheme became operational on December 1, 1972.

12. This pilot study is to last three years, and will involve 1,550 patients. It is hoped that the trial will throw light on the efficacy of a relatively low dose of methadone as a substitute for heroin, namely the elimination of heroin hunger, heroin-seeking behaviour, and blockade against the euphoric actions of heroin. Furthermore, it is designed to study whether this method would be popular among the local addicts or not, and the reasons for their dropping out.

13. In the first 16 months of the programme, 956 patients went through the scheme.

Disablement and Aged

14. Since last year, the Government has been operating a scheme to provide an allowance without a means test for the severely physically disabled and the elderly aged 75 and over. Although the scheme is administered by the Social Welfare Department, the Medical and Health Department is responsible for the assessment of the severity of the disability. A number of centres have been established for the assessment of different types of disability. The point to stress is that the elderly should be served in a variety of ways, helped to stand on their own feet, encouraged to feel they are still contributing to the community, and not placed in institutions unless this is absolutely necessary. Our objectives are largely in accordance with world trends in attitudes, both philosophic and practical, towards the problems posed by geriatrics.

Termination of Pregnancy

15. The Offences Against the Person Ordinance came into force in April 1972 to afford more protection to doctors involved in the therapeutic termination of pregnancy. Following the publication of Regulations made under the amended Ordinance to allow 11 hospitals to carry out such therapeutic terminations, Notifications of cases performed were required as from February 1, 1973.

New Institutions :

(1) Polyclinic for South Kwai Chung

16. After the opening of the first stage of this Polyclinic, work on the second stage has commenced. The first stage of this Polyclinic extended the Department's services to a section of the community in an area where there were formerly no convenient medical facilities. This development was also in step with the rapid increase in the population of Tsuen Wan and Kwai Chung in recent years. A standard urban clinic in north Kwai Chung has been in operation for three years for the benefit of residents in the northern parts of the township.

17. The Polyclinic is named after the Royal Hong Kong Jockey Club, which was responsible for the capital cost of the project.

(2) Wu York Yu Clinic

18. This clinic was opened in February 1974.

19. Situated in Sheung Fung Street, Tsz Wan Shan, the three-storey clinic, consisting of a general out-patient department, a maternal and child health clinic and a 24-bed maternity home, serves the residents in the Tsz Wan Shan area.

20. Mr. Wu York Yu was the late father of Messrs. Wu Yee-sun and Wu Jieh-yee, of the Wing Lung Bank, who generously donated half of the construction cost. Completion of this clinic is another example of public cooperation with the Government in the setting up of more medical institutions.

(3) Sha Tau Kok Clinic

21. The Sha Tau Kok Clinic, completed in December 1973, is a standard rural clinic with a 7-bed maternity ward in Sha Tau Kok, New Territories. It replaces the original clinic within the closed area of Sha Tau Kok which occupied rented premises and did not have maternity facilities.

22. This new clinic is a two-storey building providing general out-patient and maternity services for some 5,000 - 6,000 people inside and outside the Frontier Closed Area.

(4) Fanling Hospital

23. On 1st April 1973, the Department took over this hospital from the Lutheran World Federation. This 54-bed Hospital is a three-storey building situated on a site close to the Jockey Club Road, between Fanling and Shek Wu Hui.

(5) New Clinical Pathology Building, Queen Mary Hospital

24. A new Clinical Pathology Building in the Queen Mary Hospital compound was completed in August 1972 and became fully operational in 1973. This building was built to provide clinical pathology services, a virus laboratory, a haematology service and a new mortuary.

25. The laboratories are of the latest design and the equipment most up to date.

Developments

26. The Department's 10-year Plan for the period 1963-72, issued as a White Paper in 1964, and kept under constant review by the Medical Development Plan Standing Committee, ended on March 31, 1973. On the conclusion of the Plan, the Standing Committee also ceased to function. The target of providing 4.25 hospital beds per 1,000 of the population was achieved.

27. A Medical Development Advisory Committee, under the chairmanship of Dr. the Hon. Sir Albert Rodrigues, with the Director of Medical and Health Services as vice-chairman, was set up by the Government on March 27, 1973. It replaced the previous Standing Committee, and its terms of reference were: "To keep under continuous review and to advise on the development and phased implementation of medical and health services in Hong Kong, having regard to all factors which would determine the progress of expansion - including financial, the rate of building construction, the availability of qualified staff, and the principles of subvention". In addition, the Committee was given a remit to advise on what programmes of improvement and expansion would be appropriate over the next 10 years in the circumstances of Hong Kong and to produce a report to the Governor by July 31, 1973. The Committee's Report was published in October 1973, and the general public were invited to express their views on the conclusions and recommendations made in the Report before the end of 1973 and many comments were subsequently received.

Acknowledgements

28. The Department is responsible for administering services which provide medical and health care for the community of Hong Kong. It operates hospitals and clinics throughout both the urban and rural areas, maintains maternal and child health, industrial health, school health, and port health services, and undertakes measures for the control of epidemic and endemic diseases. To do all this, a staff of 13,264 was needed in 1972. In 1973, the total grew to 13,685, of which 826 were medical officers of all grades and 4,820 nurses.

29. I would like to place on record my sincere appreciation to the staff at all levels for their help in dealing with the many problems which the Department has had to face every day in the year under review. In spite of the fact that they often had to work under the pressure of difficult circumstances, they all carried out their duties effectively, with a true sense of devotion and dedication. I am grateful to them all for their unflinching support throughout the year.

30. The Department received every assistance and co-operation from other government departments, voluntary agencies, the Press, the radio and television networks. The patience shown by members of the public in spite of many unavoidable shortcomings is also deeply appreciated.

31. I also wish to thank the many public-spirited persons who devoted so much of their time in order to serve on statutory boards, advisory committees, working parties, and in voluntary agencies dealing with the many aspects of medical and health problems in Hong Kong.

32. Finally, thanks are also due for the contributions of private individuals, and local and overseas organisations who assisted the Department in providing facilities for those in need of subsidized medical care.

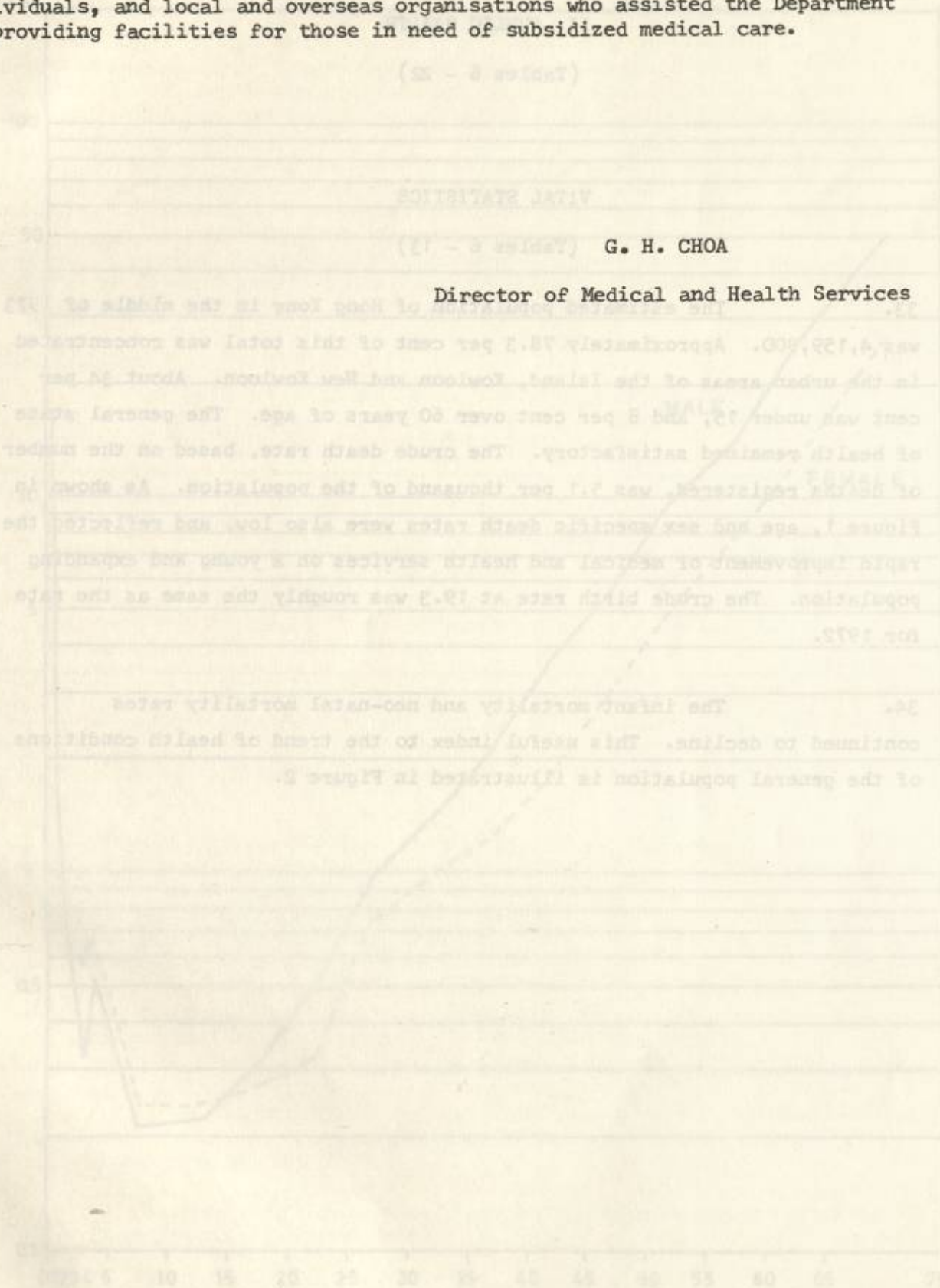
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VITAL STATISTICS

(Signature) G. H. CHOA

Director of Medical and Health Services

POPULATION AND VITAL STATISTICS



II. PUBLIC HEALTH

(Tables 6 - 22)

VITAL STATISTICS

(Tables 6 - 13)

33. The estimated population of Hong Kong in the middle of 1973 was 4,159,900. Approximately 78.3 per cent of this total was concentrated in the urban areas of the Island, Kowloon and New Kowloon. About 34 per cent was under 15, and 8 per cent over 60 years of age. The general state of health remained satisfactory. The crude death rate, based on the number of deaths registered, was 5.1 per thousand of the population. As shown in Figure 1, age and sex specific death rates were also low, and reflected the rapid improvement of medical and health services on a young and expanding population. The crude birth rate at 19.3 was roughly the same as the rate for 1972.

34. The infant mortality and neo-natal mortality rates continued to decline. This useful index to the trend of health conditions of the general population is illustrated in Figure 2.

FIGURE 1
AGE & SEX SPECIFIC DEATH RATE - 1973

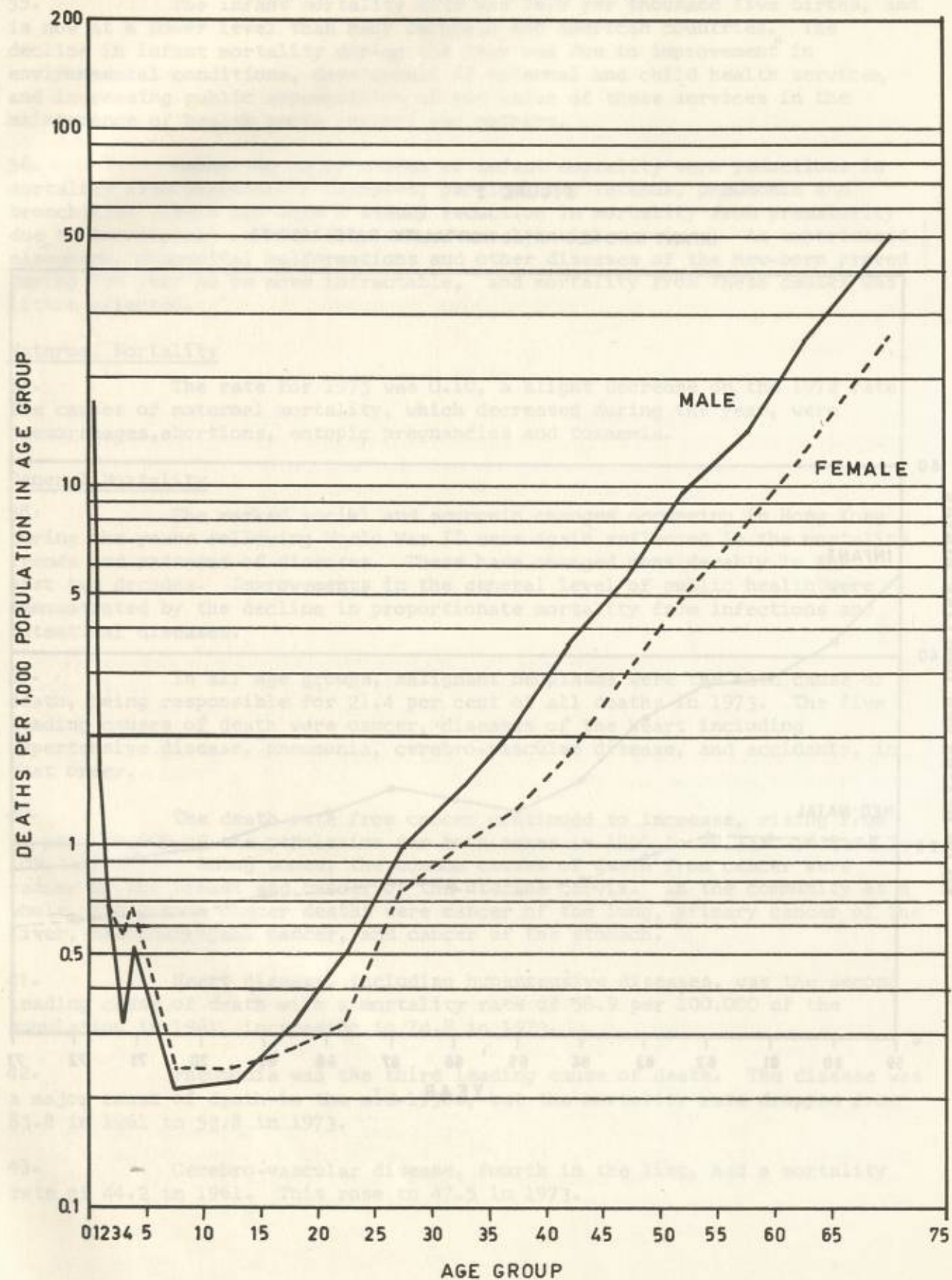
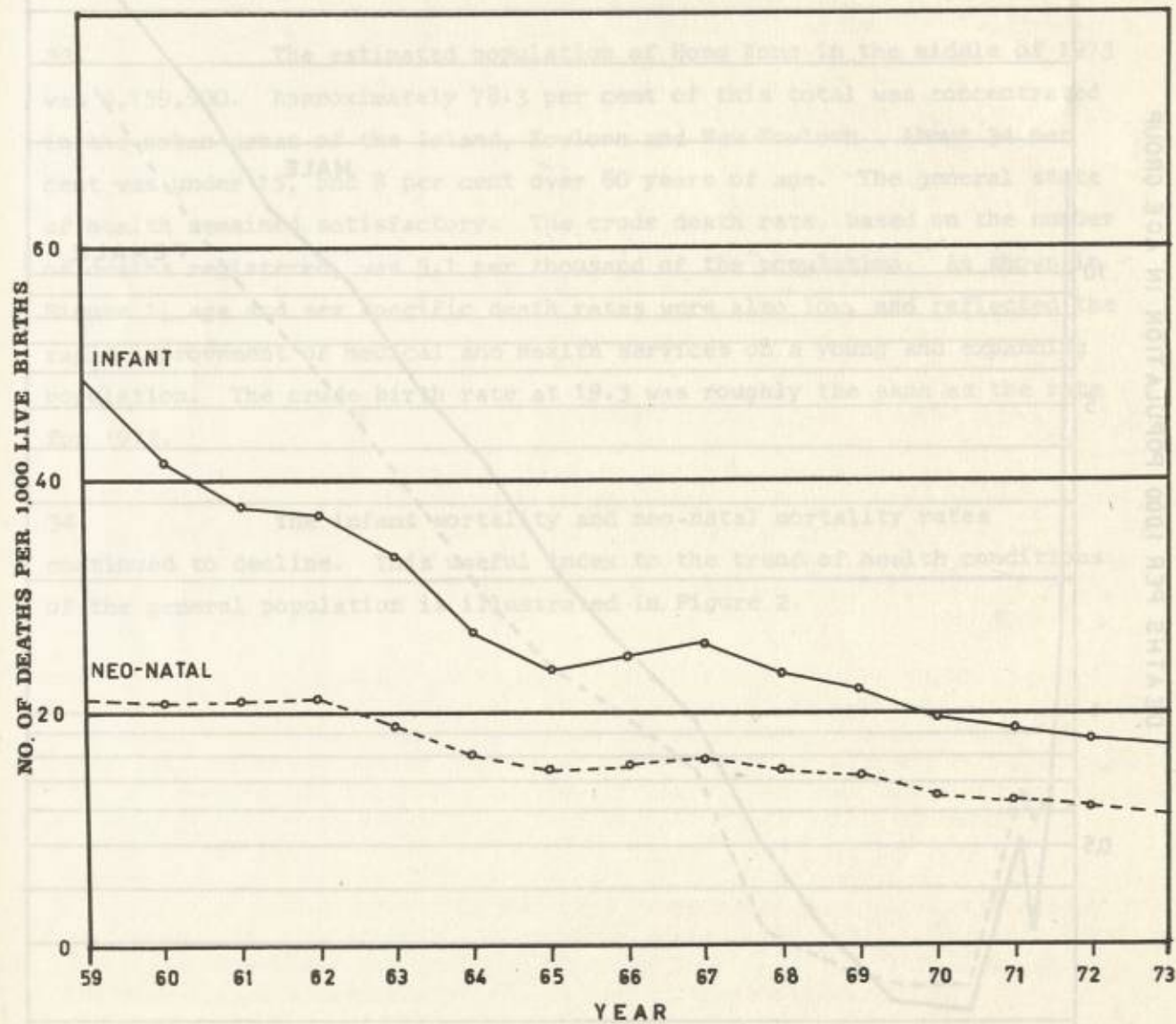


FIGURE 2
 INFANT AND NEO-NATAL MORTALITY RATE 1959-73



Infant Mortality

35. The infant mortality rate was 16.8 per thousand live births, and is now at a lower level than many European and American countries. The decline in infant mortality during the year was due to improvement in environmental conditions, development of maternal and child health services, and increasing public appreciation of the value of these services in the maintenance of health among infants and mothers.

36. Among the major causes of infant mortality were reductions in mortality from preventable diseases, particularly tetanus, pneumonia and bronchitis. There has been a steady reduction in mortality from prematurity due to improvement in midwifery and maternal health services. As experienced elsewhere, congenital malformations and other diseases of the new-born proved during the year to be more intractable, and mortality from these causes was little affected.

Maternal Mortality

37. The rate for 1973 was 0.10, a slight decrease on the 1972 rate. The causes of maternal mortality, which decreased during the year, were haemorrhages, abortions, ectopic pregnancies and toxæmia.

General Mortality

38. The marked social and economic changes occurring in Hong Kong during the years following World War II were again reflected in the mortality trends and patterns of diseases. These have changed considerably in the past two decades. Improvements in the general level of public health were demonstrated by the decline in proportionate mortality from infections and intestinal diseases.

39. In all age groups, malignant neoplasms were the main cause of death, being responsible for 21.4 per cent of all deaths in 1973. The five leading causes of death were cancer, diseases of the heart including hypertensive disease, pneumonia, cerebro-vascular disease, and accidents, in that order.

40. The death rate from cancer continued to increase, rising from 30 per 100,000 of the population for both sexes in 1950 to 69.7 in 1961, and to 109.1 in 1973. Among women, the common causes of death from cancer were cancer of the breast and cancer of the uterine cervix. In the community as a whole, the common cancer deaths were cancer of the lung, primary cancer of the liver, nasopharyngeal cancer, and cancer of the stomach.

41. Heart disease, including hypertensive diseases, was the second leading cause of death with a mortality rate of 58.9 per 100,000 of the population in 1961, increasing to 74.8 in 1973.

42. Pneumonia was the third leading cause of death. The disease was a major cause of death in the mid-1950s, but the mortality rate dropped from 85.8 in 1961 to 53.8 in 1973.

43. Cerebro-vascular disease, fourth in the list, had a mortality rate of 44.2 in 1961. This rose to 47.5 in 1973.

44. Mortality from accidents of all types was 29.9 and has displaced tuberculosis as the fifth leading cause of death. In 1961, the rate was 23.3.

45. The eighth revision of the International Statistical Classification of Diseases, Injuries and Causes of Death, published by the World Health Organization, came into use on January 1, 1969. All registered medical practitioners were supplied with a supplement of the eighth revision, and were requested to ensure that the nomenclature of causes of death given by them on death certificates complied with those in the International Classification.

COMMUNICABLE DISEASES

(Tables 14 - 17)

46. The total number of notifications of communicable diseases during 1973 was 10,412. Of this figure, tuberculosis comprised 78.3 per cent. Satisfactory progress continued to be made in the control of diphtheria, and poliomyelitis. The incidence of bacillary dysentery and enteric fever continued their downward trend. The incidence of these four diseases is illustrated in Figure 3. The number of measles cases and deaths showed an increase compared with 1972, despite the continuing anti-measles vaccination campaign.

Cholera

47. Cholera has not been reported in Hong Kong since October 1969. Routine sampling of nightsoil for cholera vibrio was carried out on a year-round basis as part of the surveillance programme. Throughout the year, no cholera vibrio was isolated from samples of nightsoil taken routinely from collection routes. Despite this, the public were advised to observe strictly the rules of personal and food hygiene.

48. No mass immunisation campaign was carried out during the year, but emphasis was placed on the importance of personal, environmental and food hygiene as safeguards, both against cholera and the other intestinal groups of communicable diseases. Strict quarantine restrictions were maintained in respect of countries declared infected.

Amoebiasis

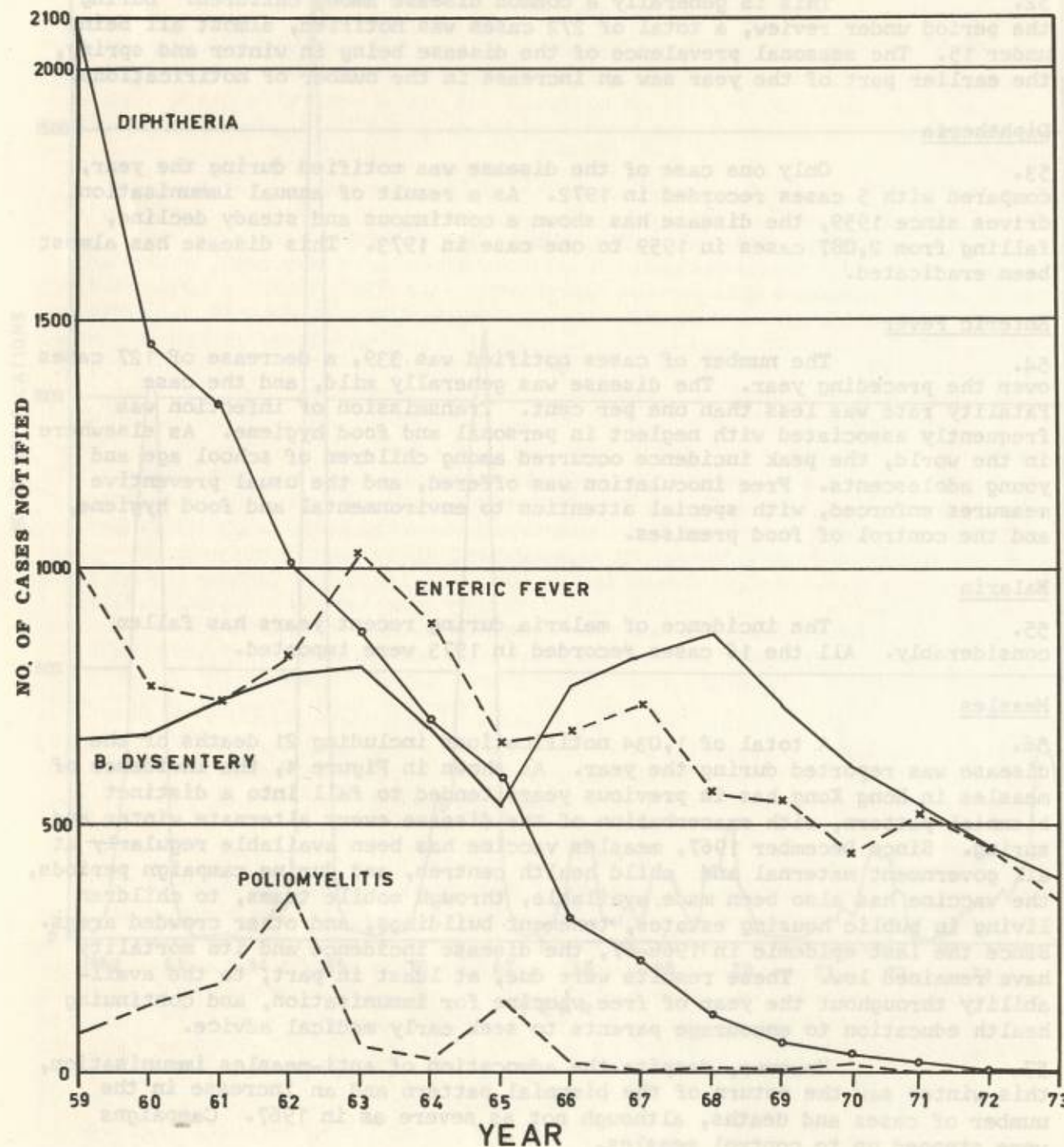
49. This disease continued to occur endemically, being most prevalent in overcrowded urban areas. A total of 37 cases was notified. The disease remained predominantly one affecting adult men.

Bacillary Dysentery

50. This disease showed a further decline in incidence, falling from 462 cases in 1972 to 407 cases in 1973. It affected all ages, but 21.6 per cent of the notifications concerned children under five. *Shigella flexneri* and *Shigella sonnei* remained the predominant organisms isolated.

FIGURE 3

INCIDENCE OF MAJOR INFECTIOUS DISEASES 1959-73



51. Transmission of infection among families and in institutions is a feature of the disease, and as in the past, a few symptomless carriers were detected among members of the same family, or inmates of the same institution. In all, a total of 189 carriers was discovered during investigations of reported cases during the year. All were given appropriate treatment.

Chickenpox

52. This is generally a common disease among children. During the period under review, a total of 272 cases was notified, almost all being under 15. The seasonal prevalence of the disease being in winter and spring, the earlier part of the year saw an increase in the number of notifications.

Diphtheria

53. Only one case of the disease was notified during the year, compared with 5 cases recorded in 1972. As a result of annual immunisation drives since 1959, the disease has shown a continuous and steady decline, falling from 2,087 cases in 1959 to one case in 1973. This disease has almost been eradicated.

Enteric Fever

54. The number of cases notified was 339, a decrease of 127 cases over the preceding year. The disease was generally mild, and the case fatality rate was less than one per cent. Transmission of infection was frequently associated with neglect in personal and food hygiene. As elsewhere in the world, the peak incidence occurred among children of school age and young adolescents. Free inoculation was offered, and the usual preventive measures enforced, with special attention to environmental and food hygiene, and the control of food premises.

Malaria

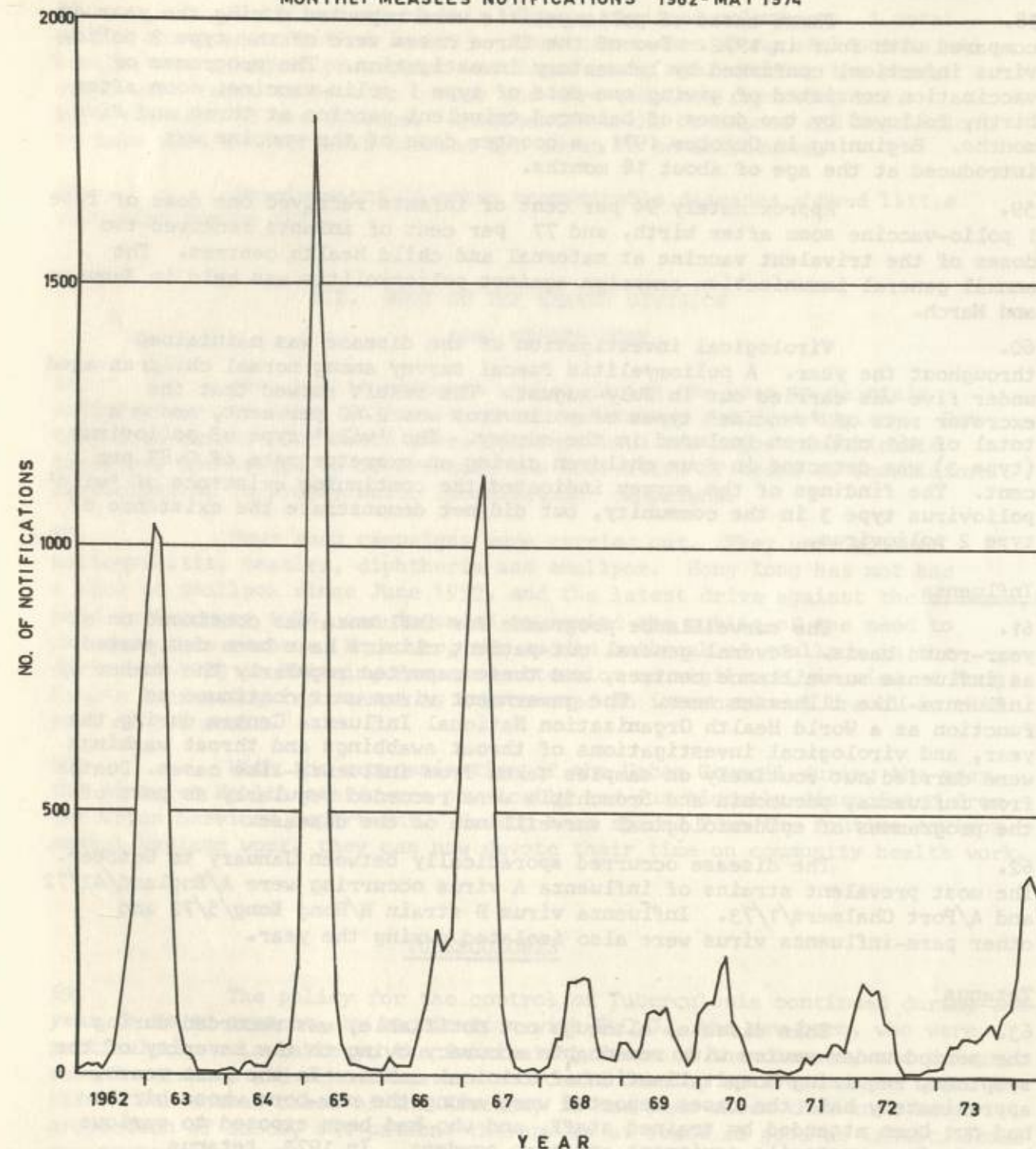
55. The incidence of malaria during recent years has fallen considerably. All the 16 cases recorded in 1973 were imported.

Measles

56. A total of 1,034 notifications including 21 deaths of the disease was reported during the year. As shown in Figure 4, the incidence of measles in Hong Kong has in previous years tended to fall into a distinct biennial pattern, with exacerbation of the disease every alternate winter and spring. Since December 1967, measles vaccine has been available regularly at all government maternal and child health centres, and during campaign periods, the vaccine has also been made available, through mobile teams, to children living in public housing estates, tenement buildings, and other crowded areas. Since the last epidemic in 1966-67, the disease incidence and its mortality have remained low. These results were due, at least in part, to the availability throughout the year of free vaccine for immunisation, and continuing health education to encourage parents to seek early medical advice.

57. However, despite the advocacy of anti-measles immunisation, this winter saw the return of the biennial pattern and an increase in the number of cases and deaths, although not as severe as in 1967. Campaigns were stepped up to control measles.

FIGURE 4
MONTHLY MEASLES NOTIFICATIONS 1962-MAY 1974



Poliomyelitis

58. Three cases of poliomyelitis were reported during the year as compared with four in 1972. Two of the three cases were of the type 3 polio-virus infection, confirmed by laboratory investigation. The programme of vaccination consisted of giving one dose of type 1 polio-vaccine, soon after birth, followed by two doses of balanced trivalent vaccine at three and five months. Beginning in October 1971, a booster dose of the vaccine was introduced at the age of about 18 months.

59. Approximately 94 per cent of infants received one dose of type 1 polio-vaccine soon after birth, and 77 per cent of infants received two doses of the trivalent vaccine at maternal and child health centres. The annual general immunization campaign against poliomyelitis was held in January and March.

60. Virological investigation of the disease was maintained throughout the year. A poliomyelitis faecal survey among normal children aged under five was carried out in July-August. The result showed that the excretor rate of 'vaccine' types of poliovirus was 2.60 per cent, among a total of 461 children included in the survey. The 'wild' type of poliovirus (type 3) was detected in four children giving an excretor rate of 0.87 per cent. The findings of the survey indicated the continuing existence of 'wild' poliovirus type 3 in the community, but did not demonstrate the existence of type 2 poliovirus.

Influenza

61. The surveillance programme for influenza was continued on a year-round basis. Several general out-patient clinics have been designated as influenza surveillance centres, and these reported regularly the number of influenza-like illnesses seen. The government virus unit continued to function as a World Health Organization National Influenza Centre during the year, and virological investigations of throat swabbings and throat washings were carried out routinely on samples taken from influenza-like cases. Deaths from influenza, pneumonia and bronchitis were recorded regularly as part of the programmes of epidemiological surveillance of the disease.

62. The disease occurred sporadically between January to October. The most prevalent strains of influenza A virus occurring were A/England/42/72 and A/Port Chalmers/1/73. Influenza virus B strain B/Hong Kong/5/72 and other para-influenza virus were also isolated during the year.

Tetanus

63. This disease, although not notifiable, was recorded during the period under review with reasonable accuracy owing to the severity of the symptoms, requiring hospitalisation of clinical cases. In the past years, approximately half the cases reported were among the new-born whose births had not been attended by trained staff, and who had been exposed to various hazards from unsterile equipment and herb powders. In 1973, tetanus neonatorum was responsible for only 1.8 per cent of recorded cases, and infant mortality from such infection fell from 1.2 deaths per 1,000 in 1951 to 0.012 deaths in 1973.

Viral Hepatitis

64. Notification of this disease remained voluntary. A total of 509 cases was notified in 1973. Most cases were among adolescents and adults, and a higher proportion was found among men. During the year, steps were taken to promote better and more complete reporting and investigation of the disease. Amendments to the Ordinance and Regulations to make this a notifiable disease are about to be introduced.

65. Developments in other communicable diseases showed little variation during 1973.

III. WORK OF THE HEALTH DIVISION

AREA HEALTH WORK

66. Area health officers worked during the year to maintain satisfactory standards of environmental sanitation and food hygiene. But they also carried out field investigations into the major communicable diseases, and helped to co-ordinate the activities of teams of inoculators participating in prophylactic immunisation campaigns.

67. Four such campaigns were carried out. They were against poliomyelitis, measles, diphtheria and smallpox. Hong Kong has not had a case of smallpox since June 1952, and the latest drive against the disease, held in February 1974, was intended to remind the public of the need to preserve this record. Moreover, the sudden outbreak of smallpox in the spring of 1973 in Britain, focussed attention on vigilance, in view of Hong Kong's increasing importance as a crossroad in international travel in this part of the world.

68. With the reorganization of the Urban Council during the year, the District Health staff were physically and functionally dissociated from the Urban Services Department. Having been spared from the routine environmental hygiene work, they can now devote their time on community health work.

TUBERCULOSIS

69. The policy for the control of Tuberculosis continued during the year to be to protect, by vaccination with B.C.G., the new-born, who were particularly vulnerable to the fulminating forms of the disease, and primary school entrants and school leavers who could develop active disease later in life. For actual cases of the disease, it has been shown that in a large proportion of cases, out-patient therapy is at least as good as institutional treatment. In complete contrast to the past, there is now no waiting list for hospital admission for the treatment of tuberculosis. Institutional resources are reserved for those not responding to out-patient therapy, for acutely-ill cases, for those where the diagnosis is in doubt, and for those in need of surgical intervention. In line with this policy, there is a high degree of co-operation between the Government and voluntary agencies concerned with the problem particularly the Hong Kong Anti-Tuberculosis and Thoracic Diseases Association, the Haven of Hope Sanatorium, and the Tung Wah Group of hospitals.

The Government Chest Service maintained the B.C.G. vaccination and out-patient treatment programme, while the voluntary agencies, aided by substantial government subventions, maintained most of the hospitals.

70. To keep pace with rapid changes occurring in the treatment and prevention of tuberculosis, close liaison continued to be maintained with agencies outside Hong Kong. During the year, there was much activity, in collaboration with the Medical Research Council of the United Kingdom, as to ways by which the treatment of tuberculosis could be made more efficient, cheaper, and shorter. Many of the results of numerous current investigations are now being applied to practice. Although these studies are primarily intended to benefit the people of Hong Kong, many of the results have worldwide implications. As it has been shown that the advantages obtained from routine pre-treatment sensitivity testing in newly-registered cases are minimal, routine pre-treatment sensitivity testing, previously thought to be important in view of the high level of drug resistance in Hong Kong, has been abandoned. Reliance is now placed on regular examination of the sputum as the best monitor of response to treatment. That failure to take drugs is an important cause of treatment failure has been clearly demonstrated for the Hong Kong population in one of the recent controlled trials. In view of this, a careful record is kept of attendance for treatment. Whenever a patient defaults, immediate action is taken to call him back either by a home visit or by telephone. The present course of treatment for tuberculosis is long and arduous, averaging some 18 months. A large controlled clinical trial to investigate the possibility of shortening this is underway and preliminary results are encouraging.

71. There have also been important investigations with regard to B.C.G., particularly in the methods of administration of B.C.G. at birth, when full-time, highly-trained staff are not available. Results of the survey on children born on, or after, July 1, 1966 and notified as suffering from tuberculosis, are just beginning to become available and it should soon be possible to undertake analysis. In this connection, the collaboration of the Medical Research Council Statistical Research and Services Unit has been obtained.

Case Finding

72. In the past, the many patients attending the chest clinics made large scale case-finding undesirable. With improved facilities and the decrease in the number of patients, case finding must now play a greater role than in the past. A shortened form of chemotherapy, which may be anything between six to nine months' treatment, should become available within the next two years. Thought is now being given as to how this improved therapy should be linked with a more intense case finding campaign. Certainly if everyone with a cough lasting more than two weeks came forward, not many cases of tuberculosis would be overlooked.

Mortality and Morbidity

73. During the year, there was a gratifying fall in the tuberculosis death rate from 32.2 to 27.7 per 100,000 population. Tuberculosis mortality by age and sex is shown in Figure 5. During the year, the notification rate fell to 196.0 per 100,000 of the population. Figure 6 shows the age and sex specific notification rates. Tuberculosis is much more common in men than women, and is especially common among older men. Tuberculosis is now rare under the age of 15, probably due to the high level of B.C.G. administration to the new-born.

FIGURE 5
TUBERCULOSIS MORTALITY BY AGE & SEX
1963 & 1973

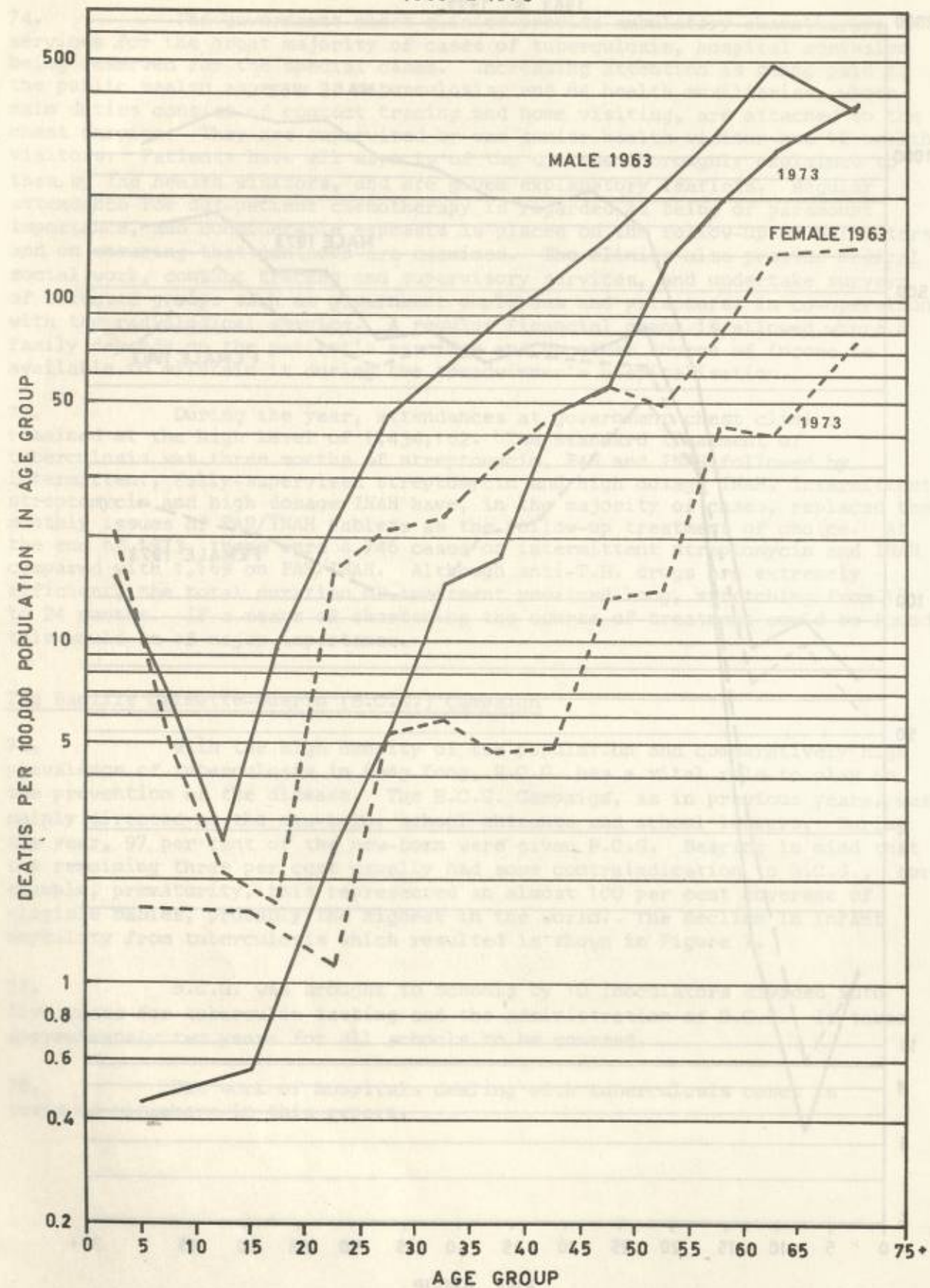
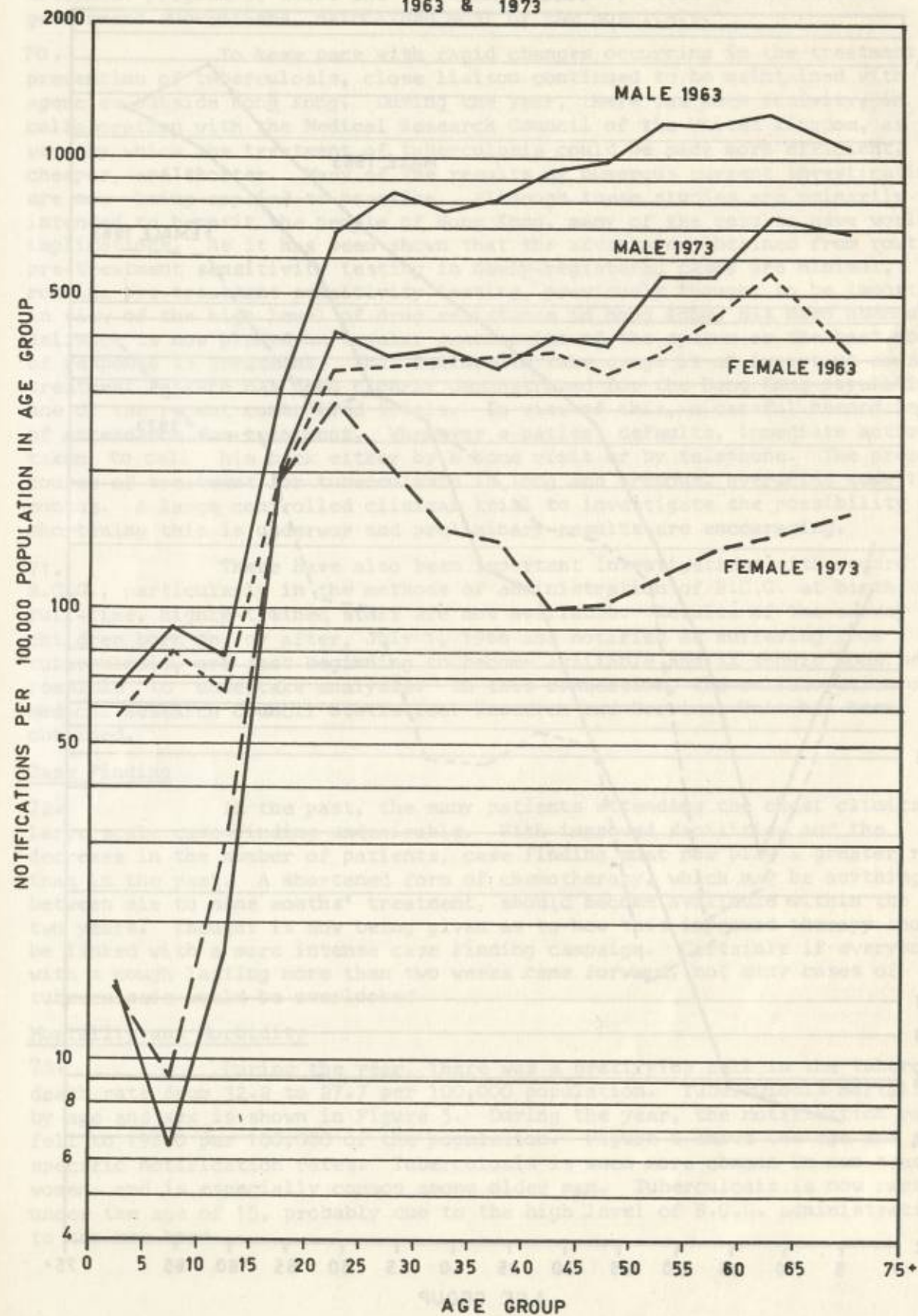


FIGURE 6
TUBERCULOSIS NOTIFICATIONS BY AGE & SEX
1963 & 1973



Work of the Government Chest Service

74. The government chest clinics provide ambulatory chemotherapy services for the great majority of cases of tuberculosis, hospital admission being reserved for the special cases. Increasing attention is being paid to the public health aspects of tuberculosis, and 84 health auxiliaries, whose main duties consist of contact tracing and home visiting, are attached to the chest service. They are supervised by one senior health visitor and 12 health visitors. Patients have all aspects of the disease thoroughly explained to them by the health visitors, and are given explanatory leaflets. Regular attendance for out-patient chemotherapy is regarded as being of paramount importance, and considerable emphasis is placed on the follow-up of defaulters, and on ensuring that contacts are examined. The clinics also provide medical social work, contact tracing and supervisory services, and undertake surveys of selected groups such as government employees and prisoners, in co-operation with the radiological service. A regular financial grant is allowed where a family depends on the patient's earnings and no other source of income is available to maintain it during the breadwinner's hospitalisation.

75. During the year, attendances at government chest clinics remained at the high level of 1,434,162. The standard treatment of tuberculosis was three months of streptomycin, PAS and INAH followed by intermittent, fully-supervised streptomycin and high dosage INAH. Intermittent streptomycin and high dosage INAH have, in the majority of cases, replaced the monthly issues of PAS/INAH tablets as the follow-up treatment of choice. At the end of 1973, there were 4,746 cases on intermittent streptomycin and INAH compared with 1,169 on PAS/INAH. Although anti-T.B. drugs are extremely efficient, the total duration of treatment remained long, stretching from 18 to 24 months. If a means of shortening the course of treatment could be found, this would be of major importance.

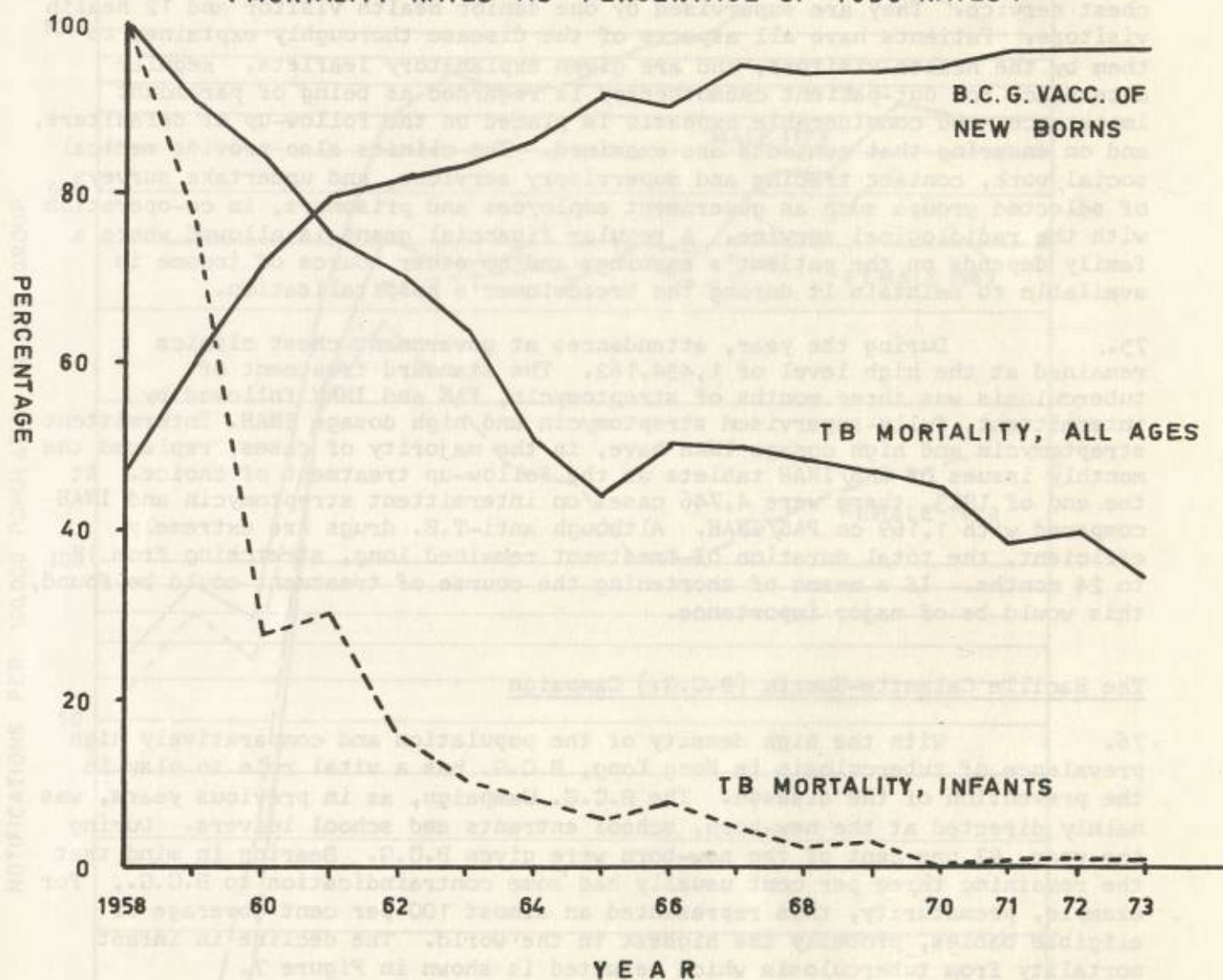
The Bacille Calmette-Guerin (B.C.G.) Campaign

76. With the high density of the population and comparatively high prevalence of tuberculosis in Hong Kong, B.C.G. has a vital role to play in the prevention of the disease. The B.C.G. Campaign, as in previous years, was mainly directed at the new-born, school entrants and school leavers. During the year, 97 per cent of the new-born were given B.C.G. Bearing in mind that the remaining three per cent usually had some contraindication to B.C.G., for example, prematurity, this represented an almost 100 per cent coverage of eligible babies, probably the highest in the world. The decline in infant mortality from tuberculosis which resulted is shown in Figure 7.

77. B.C.G. was brought to schools by 10 inoculators divided into five teams for tuberculin testing and the administration of B.C.G. It takes approximately two years for all schools to be covered.

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

FIGURE 7
TUBERCULOSIS MORTALITY & B.C.G. VACCINATION OF NEW BORN
1958 - 1973
(MORTALITY RATES AS PERCENTAGE OF 1958 RATES)



SOCIAL HYGIENE SERVICE

79. The incidence of venereal diseases rose by 0.6 per cent during 1973. This increase is considered slight, compared with many other parts of the world. The incidence in the teenage group was approximately 5.4 per cent of the total cases of venereal disease. The trends over the past ten years are illustrated in Figure 8 to 10.

80. Case finding continued at a high level, particularly in ante-natal cases where an initial positive serology rate of 0.72 per cent was observed. Of the 206 positive cases referred from ante-natal clinics, only 137 cases, that is, 66.5 per cent, were actually suffering from syphilis. Contact tracing, particularly of infectious syphilis, was continued.

Leprosy

81. New cases of leprosy treated numbered 100 representing a rate of 2.4 per 100,000 of the population. Tuberculoid manifestations comprised 42 per cent of total cases. Of the infectious cases, 47 were admitted to the Hay Ling Chau Leprosarium maintained by the Leprosy Mission - Hong Kong Auxiliary, with which the social hygiene service maintains close liaison.

82. During recent years, there has been some advance in overcoming the prejudice against employment of cured leprosy patients, and to this end great attention was paid by the social hygiene service in 1973 to the prevention of disabilities in tuberculoid cases.

Dermatology

83. Dermatology clinics were held in various centres. Table 33 shows the incidence of skin diseases seen at the clinics. The total number of new cases was about 10.5 per cent more than the previous year. It is noteworthy that the incidence of skin cancers has remained low as in previous years.

FIGURE 8
SYPHILIS 1964-1973

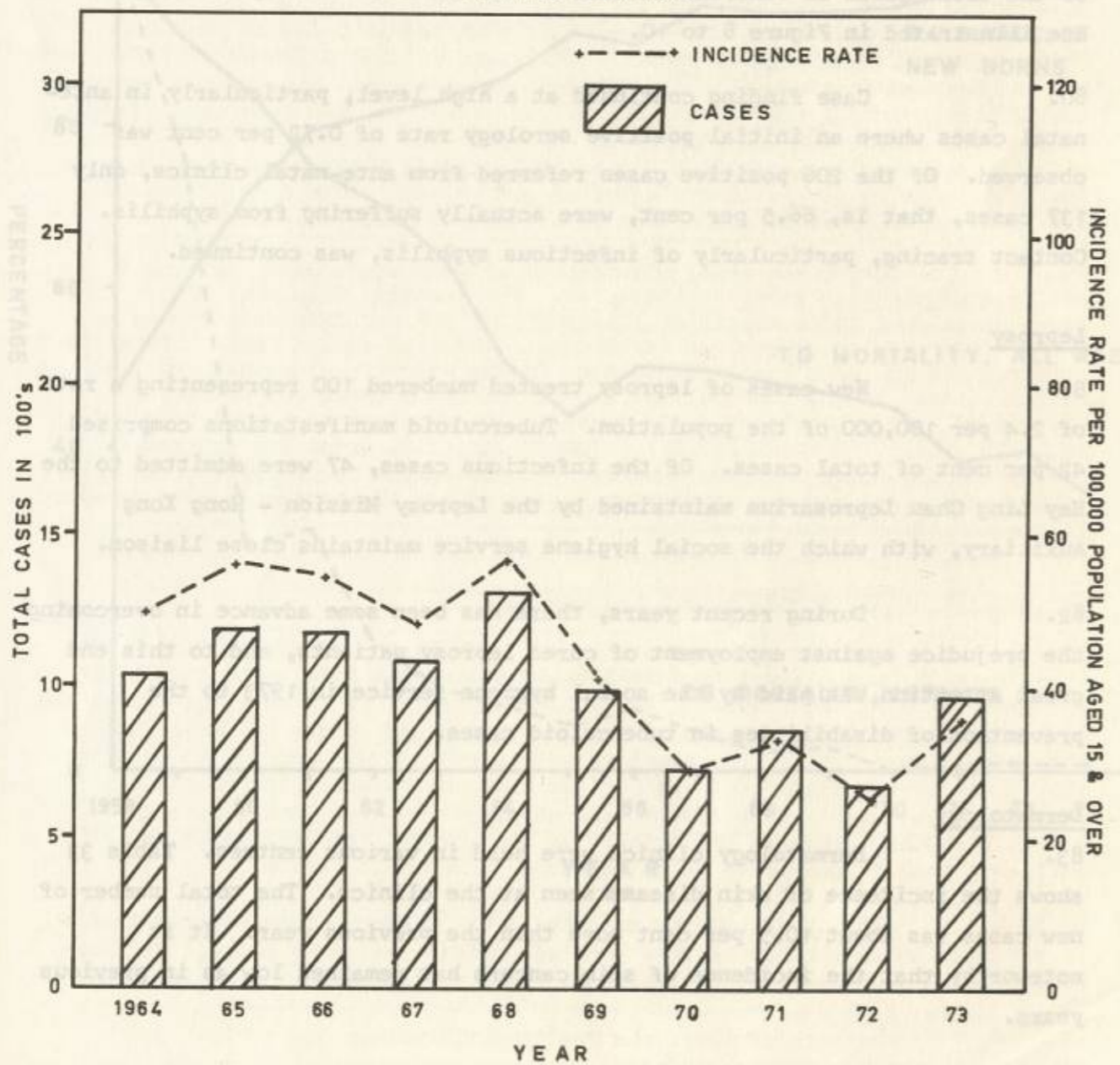


FIGURE 9
INFECTIOUS SYPHILIS 1964-1973

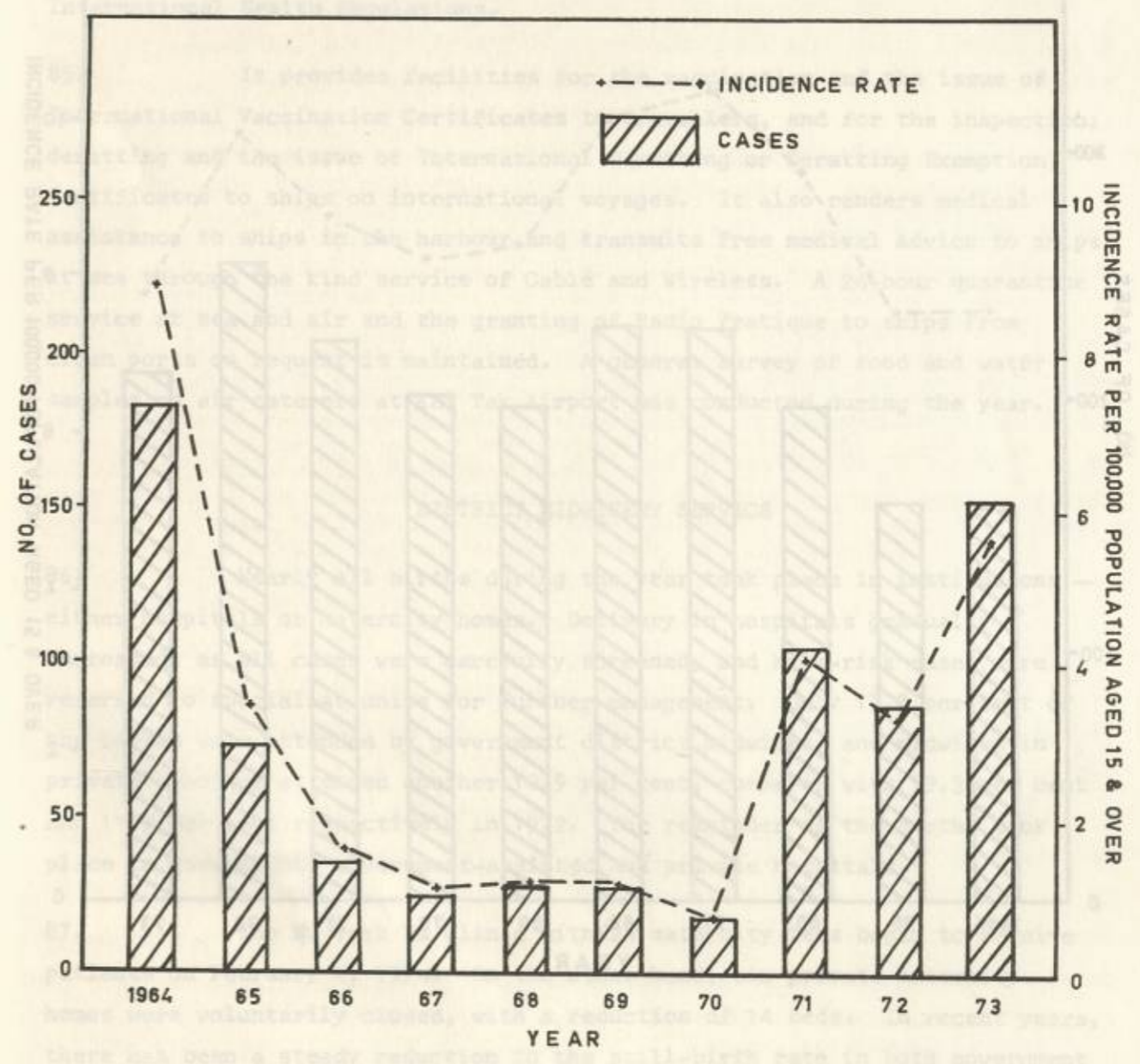
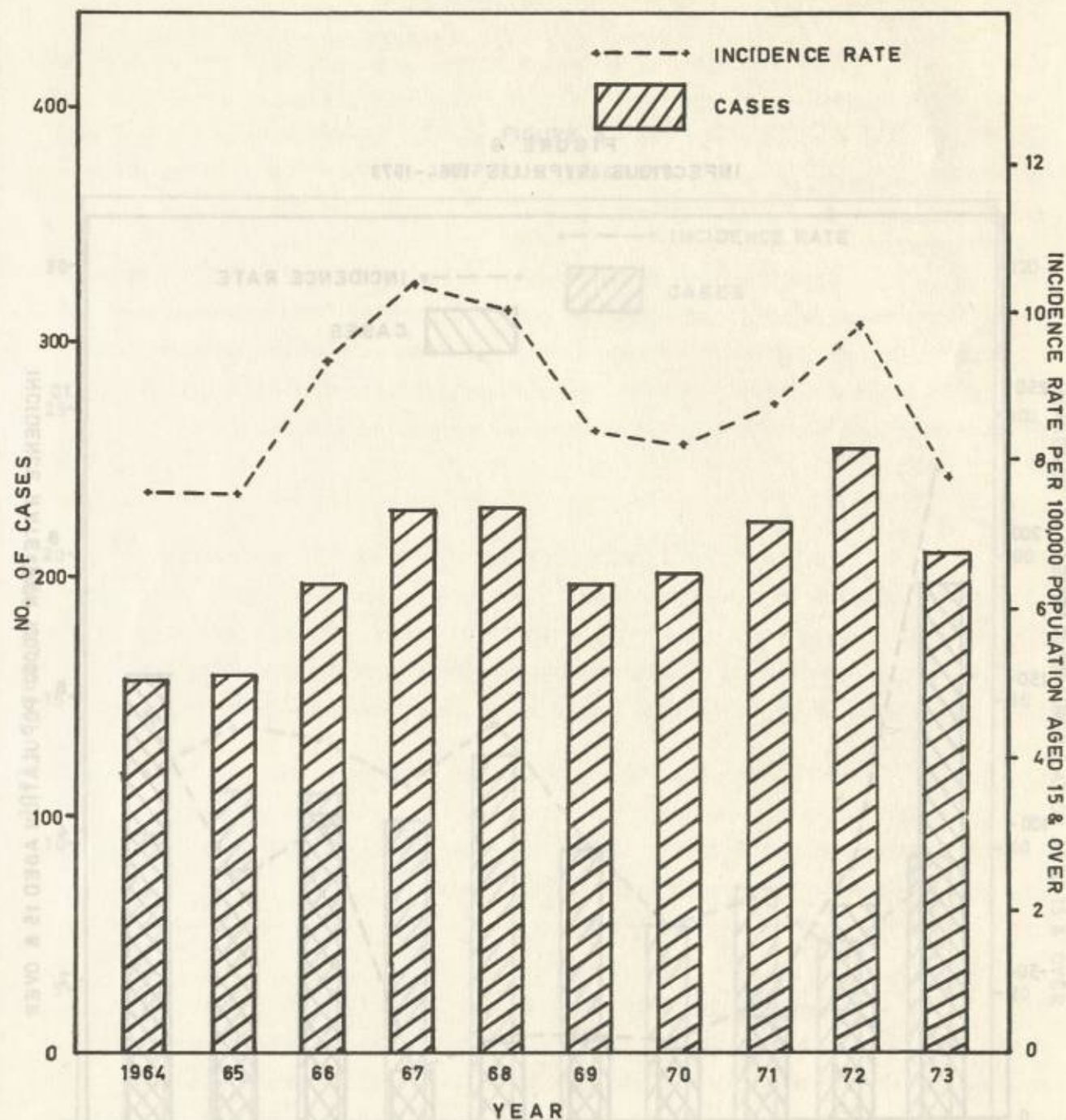


FIGURE 10
GONORRHOEA 1964-1973



PORT HEALTH SERVICE

84. The Port Health Service continued to fulfil its duties and responsibilities in connection with the prevention of introduction of quarantinable diseases into Hong Kong, the sanitary control of port and airport areas, and the provision of facilities as required by the International Health Regulations.

85. It provides facilities for the vaccination and the issue of International Vaccination Certificates to travellers, and for the inspection, deratting and the issue of International Deratting or Deratting Exemption Certificates to ships on international voyages. It also renders medical assistance to ships in the harbour and transmits free medical advice to ships at sea through the kind service of Cable and Wireless. A 24-hour quarantine service at sea and air and the granting of Radio Pratique to ships from clean ports on request is maintained. A general survey of food and water samples on air caterers at Kai Tak Airport was conducted during the year.

DISTRICT MIDWIFERY SERVICE

86. Nearly all births during the year took place in institutions — either hospitals or maternity homes. Delivery in hospitals gradually increased, as all cases were carefully screened, and high-risk cases were referred to specialist units for further management. Only 17.7 per cent of the births were attended by government district midwives, and midwives in private practice attended another 10.9 per cent, compared with 19.3 per cent and 11.9 per cent respectively in 1972. The remainder of the births took place in government, government-assisted and private hospitals.

87. The Wu York Yu Clinic with 24 maternity beds began to receive patients on February 4, 1974. On the other hand, six private maternity homes were voluntarily closed, with a reduction of 14 beds. In recent years, there has been a steady reduction in the still-birth rate in both government and private maternity homes.

MATERNAL AND CHILD HEALTH SERVICES

88. Public appreciation of the value of these services in the maintenance of health among infants and expectant or nursing mothers was again reflected by the fact that, of the children born, 94.5 per cent were brought to a centre for attention on at least one occasion. The corresponding figure for 1972 was 91.9 per cent. Of new attendants at the various centres, approximately 1 per cent were found to have abnormalities. Of these, the majority had either congenital defects or displayed effects of prematurity.

89. A further encouraging trend was the increasing appreciation by expectant mothers of the need for regular ante-natal care. This was reflected by the average attendances per person at ante-natal sessions and by the low maternal mortality rate.

90. The Yau Tong and the Wu York Yu full-time Maternal and Child Health Centres were opened in September 1973 and February 1974 respectively. This development brought the total number of full-time centres in the services to 22. Family Planning Service has been made available in 11 centres since October 1973.

SCHOOL HEALTH SERVICE

91. The Medical and Health Department provides an advisory service to the Education Department on matters relating to environmental health and hygiene in schools, and this was continued in 1973. Inspections of schools were carried out by school health inspectors who took particular note of unsatisfactory lighting, ventilation and sanitary arrangements. Immunisation against diphtheria, tetanus and smallpox was carried out in schools during the year by staff under the direction of area health officers. The government chest service maintained responsibility for tuberculin testing and B.C.G. vaccination in schools.

SCHOOL MEDICAL SERVICE BOARD

92. The School Medical Service is operated by private medical practitioners under the aegis of the School Medical Service Board, an independent statutory body incorporated by ordinance. Remuneration to doctors is on a per capita basis, one-fifth of the annual fee being paid by the participating pupil and four-fifths contributed by the Government, which also meets the Board's administrative expenses.

93. On March 31, 1974 the number of pupils participating was 76,177 from 706 schools, compared with 70,758 from 700 schools on the same date in the previous year. Doctors participating in the scheme numbered 193 compared with 181.

DENTAL SERVICE

94. The dental service provides comprehensive dental care for all monthly-paid government officers, their dependents, and pensioners, in addition to a limited treatment programme for in-patients of government hospitals, prisoners, and trainees at training centres. Certain clinics in densely-populated urban areas and in rural areas also provide emergency dental treatment for the general public. In addition, a monthly helicopter dental service makes available treatment to residents in inaccessible areas. There are at present 33 government dental clinics, including a mobile dental unit.

95. Fluoridation of the Colony's urban water supplies began in 1961. The rate of enrichment was formerly at two levels. This was changed in 1967 to one part of fluoride per million throughout the year. This level was maintained in consideration of more recent work on the study of optimum fluoride levels for community water supplies. The cost of this operation was estimated at about 19.2 cents a person a year. Dental health education plays an important part in combatting dental disease, and the dental service continued to take advantage of major educational exhibitions to disseminate information and advice on dental health.

FORENSIC PATHOLOGY

96. The forensic pathology service consists of a main laboratory in the Hong Kong headquarters of the Royal Hong Kong Police Force, and another laboratory in the Mong Kok Police Station, Kowloon. It deals mainly with medico-legal work in close association with the Royal Hong Kong Police Force. This includes all homicidal deaths, deaths under suspicious circumstances, sexual offences, and other offences against the person. Autopsies are performed in both the Victoria Public Mortuary, Hong Kong and the Kowloon Public Mortuary, Kowloon.

GOVERNMENT LABORATORY

97. The Government Laboratory provides specialist practical and consulting services in Chemistry and related sciences for those departments of Government that require them. Some work of a specialist nature is also carried out for the Armed Services and for international law enforcement agencies with whom a close liaison exists. For the calendar year 1973, the total number of items examined constituted an all-time record of 64,586, an increase of 62% over the previous year.

98. In the General Division the examination of new commercial formulations for revenue producing materials, such as adulterated liquors,

continued apace. Food samples were examined for preservatives, adulteration, pesticide residues and metallic contaminants. The Pharmaceutical Section emphasized on adherence to specification. Many illicit drugs and other drugs bearing misleading labelled information were examined. The workload increased by 154% compared with 1972.

99. The number of items examined for the Fire Services Department showed an increase of 78% over the previous year but the Laboratory was not capable of coping with all the expectations of this Department. The services to other Government Departments included findings and advice to the Central Tender Board for the purchase of many items, work done in connection with last year's large oil spillage and on oil pollution in general, examinations on cements intended for use in the High Island Water Scheme and tests for the Mass Transit System.

100. The general increase in crimes committed in Hong Kong and the satisfying growth in awareness by the investigating officers of the importance of the collection and scientific examination of physical evidence from scenes of crime resulted in an exceptionally busy year for the staff of the Forensic Science Division. The General Section of the Forensic Division moved to a new laboratory in May House where it is now in closer contact with the main branches of the Police Department. Lectures were given regularly to the Inspectorate and Rank and File of the Detective Training School, and to Probationary Inspectors at the Police Training School.

101. The Narcotics Section worked in close liaison with the Narcotics Bureau. There was increased exchange of information with the narcotics regulatory laboratories in other countries. The Document Section dealt with the determination documents with forged signatures, handwriting, addition, alterations, erasure or different typescripts. The Toxicology Section handled highly specialised work. The work on the urinalysis for the Methadone Maintenance Scheme continued.

INSTITUTE OF PATHOLOGY

102. The Medical and Health Department Institute of Pathology operates a number of clinical and public health laboratories providing laboratory investigations in both curative and preventive medicine. It serves mainly government hospitals, clinics and various public health divisions. This Institute also serves on a consultation basis for the Tung Wah Group of Hospitals, Nethersole and United Christian Hospitals. The clinical pathology service for Queen Mary Hospital is operated by the Department of Pathology, University of Hong Kong which receives a grant from the Government for such services. During the year, the total number of examinations undertaken by the Institute exceeded that of the previous year by 195,815, indicating an increase of about 9.4 per cent. This was mainly in the fields of blood bank examination and blood product preparation, histopathology, chemical pathology, haematology, blood grouping (Auxiliary services), serology, and mycology.

Morbid Anatomy and Histopathology

103. A total of 2,026 post-mortem examinations was carried out in 1973, of which 938 had medico-legal implications. The brains of 20 dogs were examined for the presence of Negri bodies (indicating death from rabies) but no positive findings were obtained. More than 4,700 specimens of sputum, pleural fluid, vaginal and cervical smears, and other specimens, were received for cytological examination, of which 60 showed definite evidence of malignant disease. More than 52,000 biopsy specimens were examined in order to determine the histopathological diagnosis. Of these, about 3,027 were benign or

malignant tumours.

Haematology and Serology and the Blood Bank

104. More than 490,000 haematology specimens were examined, the most common examinations being haemoglobin estimations, total and differential white cell counts, blood examinations and blood grouping. More than 145,700 serology tests were performed, the most common being the V.D.R.L. flocculation slide test for syphilis. In the blood banks, 45,350 pints of blood were received during the year, 42,389 pints of which were from the blood-collecting centres of the Hong Kong Red Cross Society. A total of more than 325,500 examinations of blood was carried out in the blood banks.

Chemical Pathology

105. Some 491,500 specimens were examined, the most common being various quantitative examinations on blood, which accounted for more than 405,000 of the examinations.

Bacteriology and Public Health

106. More than 604,500 bacteriological examinations were carried out. Samples of nightsoil, well water, and imported food from endemic areas were routinely examined throughout the year for cholera vibrios, but no positive findings were obtained.

107. Apart from routine bacteriological diagnosis of tuberculosis, the tuberculosis laboratory was involved in bacteriological investigations of tuberculosis in conjunction with the Medical Research Council of the United Kingdom.

Virology

108. During the year, the incidence of clinical poliomyelitis remained low. There were three laboratory-confirmed cases of poliomyelitis, of which one case was type 1 and two cases were type 3 poliovirus infections. The faecal survey carried out in July-August revealed that 4 or 0.87% of the 461 children under 5 years of age were positive for type 3 poliovirus. A serological study on 700 serum samples from different age groups revealed that, as a result of continuous vaccination programmes, majority of young children had acquired immunity against poliomyelitis.

109. Influenza A and B infections occurred sporadically from January up to October, but no major outbreak was observed. The causative virus strains were A/England/42/72, A/Port Chalmers/1/73 and B/Hong Kong/5/72. Parainfluenza virus type 1, parainfluenza virus type 3, and respiratory syncytial virus were detected frequently during the second quarter of the year.

110. Cytomegalovirus infection was confirmed in 42 children ranging from 1 day to 2 years of age. The age incidence indicated that the infection occurred in early infancy, and also in intra-uterine period.

111. A study carried out in babies of low birth weight showed that 1 (0.9%) of 111 babies carried cytomegalovirus at birth, and 9 (19.5%) of 46 of these babies were found positive for cytomegalovirus in the follow-up examination at 2 to 3 months. The possibility that babies could be infected during parturition was investigated. Subsequent study showed that cytomegalovirus was detected in 12 (6%) of 200 vaginal swabs from pregnant women.

112. Of 618 cases of clinical viral hepatitis, 100(16.1%) were found positive for hepatitis B antigen.

113. Smallpox, rabies, typhoid-paratyphoid, and cholera vaccines were prepared at the Institute of Immunology, and issued free to doctors if used in Hong Kong. Occasional shipments were made available to neighbouring governments or agencies when requested.

INDUSTRIAL HEALTH

114. The health of workers in factories and industrial undertakings is the statutory responsibility of the Commissioner of Labour. The industrial health division of the Labour Department, staffed by officers seconded from the Medical and Health Department, is responsible for advising the Commissioner on all matters affecting the health and welfare of industrial workers, and providing an advisory service on the medical aspects of industrial problems. The division's main functions are to prevent occupational diseases and to promote health at work. The inspection of industrial undertakings by medical officers, the monitoring of the working environment by the laboratory staff, and the investigation of notified occupational diseases and medical surveillance of special groups of workers, are the principal ways in which these functions are carried out. Professional and technical staff of the division give lectures to medical students of the University of Hong Kong and to assistant labour officers, assistant factory inspectors, labour inspectors, assistant smoke inspectors, student health visitors, health inspectors and health auxiliaries under training.

115. Environmental surveys include measurement of silica dust in quarries, and of concentrations in the air of, among many, lead, manganese, solvents, and sulphur dioxide. These surveys also investigate standards of thermal comfort, ventilation, noise and lighting.

116. Industrial health officers also act as advisers to commercial undertakings and other government departments on occupational health matters. They perform periodic medical examination for radiation workers, government divers and compressed air workers. In addition they serve as medical assessors for the Department of Civil Aviation.

117. A total of 48,416 occupational injuries was recorded by industrial health visitors and nurses of the Industrial Health Division. Of these, 30,518 were accidents which caused the injured person to be off work for more than three days, and were therefore reportable under the Workmen's Compensation Ordinance. A total of 304 occupational deaths was recorded. It was found on investigation that 37 occurred among seamen recruited in Hong Kong, and 46 were due to natural causes.

118. Industrial health officers took part in medical boards to assess the degree of disability of 11,255 injured workers. Health visitors and nurses carried out case work, visiting homes and places of work as well as attending at the casualty sections of major hospitals.

119. Monitoring of air pollutants continued throughout the year. The results from the four daily stations were shown along with the Huey plate figures for the 33 monthly stations - 13 on Hong Kong Island, 13 in Kowloon and 7 in the New Territories. In the course of the year, the Advisory Committee on Air Pollution was replaced by the Environmental Pollution Committee. Staff of the industrial health division represent the department in two subcommittees, air pollution and noise pollution, each of them met monthly. The Clean Air

(Restriction and Measurement of Smoke Emission) Regulations 1973 were enacted on 16th October, 1973 and came into force on 1st January, 1974.

120. The industrial health laboratory is now designated by the World Health Organisation as a collaborating laboratory. It takes part in international studies on air pollution in conjunction with other national laboratories throughout the world.

HEALTH EDUCATION

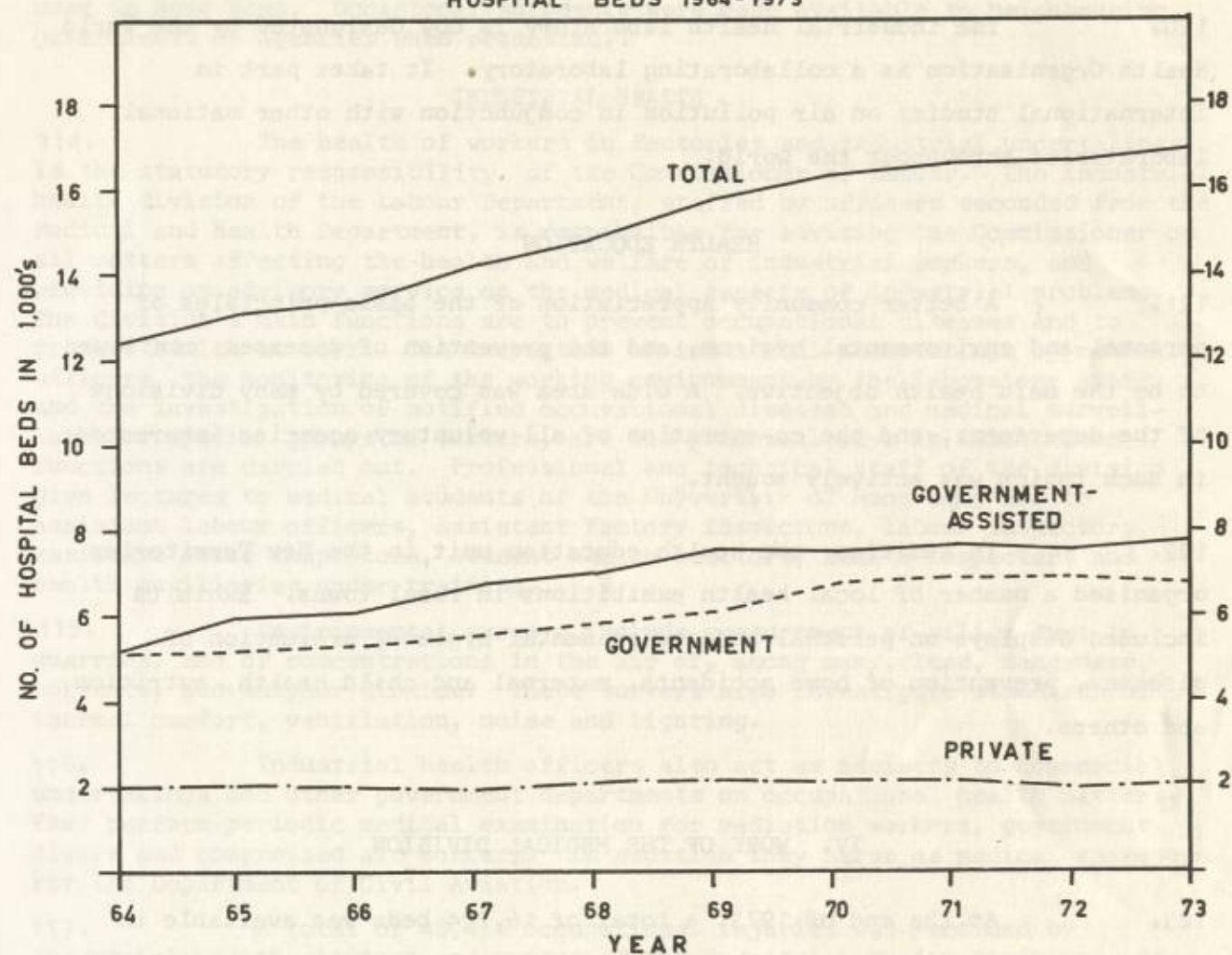
121. A better community appreciation of the basic principles of personal and environmental hygiene, and the prevention of diseases, continued to be the main health objective. A wide area was covered by many divisions of the department, and the co-operation of all voluntary agencies interested in such topics was actively sought.

122. In addition, the health education unit in the New Territories organised a number of local health exhibitions in rural towns. Exhibits included displays on personal and environmental hygiene, prevention of diseases, prevention of home accidents, maternal and child health, nutrition, and others.

IV. WORK OF THE MEDICAL DIVISION

123. At the end of 1973, a total of 16,224 beds was available in all hospitals in Hong Kong, excluding those maintained by the armed forces. In addition, there were 624 beds in government maternity homes, and beds in private maternity and nursing homes. The total 16,848 beds represented a ratio of 4.1 beds per 1,000 of the population. The figures are based on the normal bed capacities of hospitals, but in some cases, the actual bed occupancy was much higher, since camp beds and other additional beds were used whenever the need arose. Development over the recent past is illustrated in Figure 11, and it will be noted that the bed provision in 1973 represented an increase of 35 per cent over the bed provision in 1964.

FIGURE 11
HOSPITAL BEDS 1964-1973



THE QUEEN MARY HOSPITAL

124. Built in 1937, the Queen Mary Hospital is the main acute and specialist centre for the Island, and also the teaching hospital for the medical faculty of the University of Hong Kong. Clinical supervision is provided partly by the University's clinical departments, and partly by government specialist units. The workload at the casualty section continued to increase, attendances rising by 6 per cent over those of the previous year. The number of admissions has also increased by 6 per cent over that of the previous year.

125. A new pathology building consisting of a new mortuary, a virus laboratory and clinical pathology services, and a new clinical building to cater for an increased intake of medical students are now fully functioning. The bed complement of the hospital is 1,150.

THE QUEEN ELIZABETH HOSPITAL

126. The Queen Elizabeth Hospital, the largest acute general hospital in the Colony, serves the population of Kowloon and the New Territories, and provides all kinds of emergency and specialist care.

127. The Hospital worked under very heavy pressure. Last year, the total number of admission was 115,418, whereas cases attended to in the specialist out-patient department amounted to 410,841.

128. In the Casualty Department 213,327 cases were seen showing an increase of 10.7 per cent compared with that of the previous year. Of these attendances 28.4 per cent were due to trauma. A total of 40.4 per cent of all cases attended to in this section required immediate admission to hospital. The average length of stay in the Queen Elizabeth Hospital was 5.5 days per patient. However, some patients were transferred to the Kowloon, the Lai Chi Kok and the Pok Oi Hospitals for further treatment of the sub-acute phase of their illness or convalescent care.

129. The pressure from the number of admissions made it necessary to increase the bed complement from the normal capacity of 1,596 to 1,898. Despite this, an additional 150 camp beds had to be provided constantly in order to cope with the increasing demand.

THE KOWLOON HOSPITAL

130. This hospital serves partly as a subsidiary centre for the Queen Elizabeth Hospital, and partly as a centre for chest diseases requiring both medical and surgical treatment. It has an acute psychiatric ward, and a Spinal Injuries Unit.

131. The total bed complement of the hospital now stands at 832 including an acute psychiatric unit of 67 beds, a Spinal Injuries Unit of 50 beds, 209 beds for thoracic diseases, and 506 convalescent beds for patients from the Queen Elizabeth Hospital. In June 1973, the West Wing became fully operational when the last two wards were opened.

THE TSAN YUK HOSPITAL

132. This hospital, under the clinical supervision of the Professor of Obstetrics and Gynaecology of the University of Hong Kong, is the main specialist obstetric hospital in Hong Kong. It has 300 beds, including 50 beds for the care of premature and sick babies. It is the teaching centre of obstetrics for medical undergraduates and the training school for midwives.

133. About 91 per cent of admissions during 1973 were booked cases. These were mainly primigravidae, grand multiparae, and cases with previous, or present, complications which required specialist care. The emergency admissions were referred mostly from government maternity homes. There were 6,678 deliveries with one maternal death during the year.

MENTAL HEALTH SERVICE

Castle Peak Hospital

134. This hospital of 1,242 beds was required to accommodate 2,013 patients at the end of the year - 1,966 actually living in, and 47 on trial discharge. It is for the time being the only hospital in Hong Kong for the full-time care of all types of psychiatric patients.

135. The hospital continued to develop during the year, in accordance with contemporary psychiatric practice, into a modern therapeutic community. Except for one closed ward for patients involved in court proceedings, the rest of the wards were in various degrees 'open', with free access to their own gardens. Eight wards were entirely open, the patients housed being convalescent and receiving attention in preparation for discharge. Some patients travelled daily to Tsuen Wan, Sham Tseng, and San Hui to work in factories. Others went to the adjacent New Life Rehabilitation Farm each week, for a short period of rehabilitation prior to final discharge, and many were given permission to move freely within the hospital.

136. All modern treatment in psychiatry was administered. Reliance continued to be placed on drug treatment and social measures, with the emphasis on inter-disciplinary, participatory-democratic teamwork, co-ordinating the functions and resources of social workers, nurses, occupational therapists, doctors and others in therapy. There was an increasing tendency to treat patients in psychiatric out-patient centres and day hospitals rather than to

admit them to Castle Peak Hospital.

137. Continued efforts were made to rehabilitate the long-stay and severely mentally disabled patients, the aim being to discharge them when they were fit to earn a living. Two wards were especially 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 discharge. By these means, a number of patients were able to find employment while still in hospital. They later left the hospital for full-time employment.

138. A variety of social and recreational activities was organized for the patients, and they were always kept informed. In addition, they had their own social club. Every ward has a television set.

139. Planning for the psychiatric wing of the Princess Margaret Hospital was in an advance stage.

Psychiatric Centres

140. The Yau Ma Tei Psychiatric Centre provides treatment for both out-patients and day-patients, including follow-up cases from the Castle Peak Hospital. Its facilities include a child psychiatric unit. The day hospital is useful for the treatment of psychoneurotics and disturbed adolescents and children. On the Island, the Hong Kong Psychiatric Centre continued to look after out- and day-patients, follow-up cases from the Castle Peak Hospital, and forensic cases. In addition to these centres psychiatric services were provided for the Siu Lam Hospital for the mentally subnormal, the Prisons Department Siu Lam Psychiatric Centre, the Tai Lam Centre for Women, and the Social Welfare Department's Aberdeen Rehabilitation Centre.

Kowloon Hospital Psychiatric Unit

141. This unit, located in the west wing of the Kowloon Hospital, provides comprehensive psychiatric services in a general hospital setting. It consists of an out-patient section, day hospital and in-patient section, and provides an EEG investigation service for all patients in Kowloon. All types of patients, except those with strong suicidal and aggressive tendencies, were admitted. During their stay, they were subjected to an intensive treatment programme. Average length of stay was two weeks.

Voluntary mental health organizations

142. The New Life Psychiatric Rehabilitation Association, with the close co-operation of the mental health service, operates the New Life Rehabilitation Farm adjacent to the Castle Peak Hospital for the benefit of patients requiring a period of orientation before returning to full social and economic activity in the community. The Association also owns two half-way houses for both men and women, and a sheltered workshop for selected discharged patients from the Castle Peak Hospital. The Mental Health Association continued to perform a useful function of bridging the gap between the service and the community in 1973. The Irene House, a half-way hostel run by the Association for short-stay discharged patients from the Castle Peak Hospital, could accommodate 32 patients at a time.

Drug Addiction

143. The department maintained close liaison with and served in the Action Committee Against Narcotics which was reconstituted as a permanent non-statutory body with new composition and revised terms of reference. A special treatment and research division to be headed by an Assistant Director was formed to undertake various activities in the treatment and rehabilitation of drug addicts, and research and health education in the dangers of drug addiction.

144. The Pilot Methadone Study Centre, set up in 1972 in Eastern Street, Sai Ying Pun, in the old premises of the former Mental Hospital, continued its operation into the second year. The government made available more than \$2 million for a study to last three years, covering an estimated 1,550 addicts, who are being treated free, and who are volunteers.

145. Ten beds were made available. The procedure lays down that a patient should be treated for withdrawal symptoms for about a week, depending on the individual. As soon as withdrawal signs occur, the patient is given 20 mg of methadone diluted in a mixture of orange juice. The intake is once a day, with the dosage increasing by 10 mg a day until a maximum of 40 mg is reached on the fifth day. When the final dosage is found to be adequate to relieve the patient's craving for 36 hours, he is discharged, and then encouraged to return to the Centre every day for his daily dose of methadone taken in the orange cordial. The procedure also requires the regular testing of urine for the detection of morphine, heroin, or opium.

146. In the first 16 months of the programme, 956 patients were treated. Difficulties resulting from their addiction, such as medical, social and psychological problems, were dealt with.

INFECTIOUS DISEASES HOSPITALS

147. 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. The two infectious diseases hospitals will soon be replaced by the 162-bed Infectious Diseases Block of the Princess Margaret Hospital, to be opened in early 1975.

148. While the overall trend was towards a reduction in incidences of infectious diseases, food and water-borne diseases, namely, typhoid and the dysenteries, and to some extent viral hepatitis, still accounted for a significant number of cases of notifiable diseases. (See Table 14)

TANG SHIU KIN HOSPITAL

149. Tang Shiu Kin Hospital, built with a substantial donation from Sir Shiu-kin Tang, is situated at Morrison Hill, Hong Kong. Opened in 1969, it replaced the former Eastern Public Dispensary and Maternity Home, the Harcourt Health Centre, and the Wan Chai Social Hygiene Female Clinic.

150. The hospital is equipped with a casualty department and a casualty ward for 40 patients. It has a general out-patient department, a maternal and child health centre with a part-time family planning clinic, a 36-bed maternity ward, a social hygiene clinic, a special skin clinic and a part-time obstetrical and gynaecological clinic.

151. The hospital also houses the head office of the Maternal and Child Health Services and a training school for health visitors and health auxiliaries. Quarters are available for medical and nursing staff. Since its opening, the hospital has played a useful role in providing casualty and emergency services for the eastern part of the Island.

FANLING HOSPITAL

152. This hospital, previously administered by the Lutheran World Federation, was taken over by Government from 1st April, 1973. It is situated in the Fanling area of the New Territories and has 54 beds. In addition to the provision of an in-patient service for general cases, the hospital also operates an out-patient clinic for residents in the Fanling district. It is intended to improve and develop it into a small district hospital for this area.

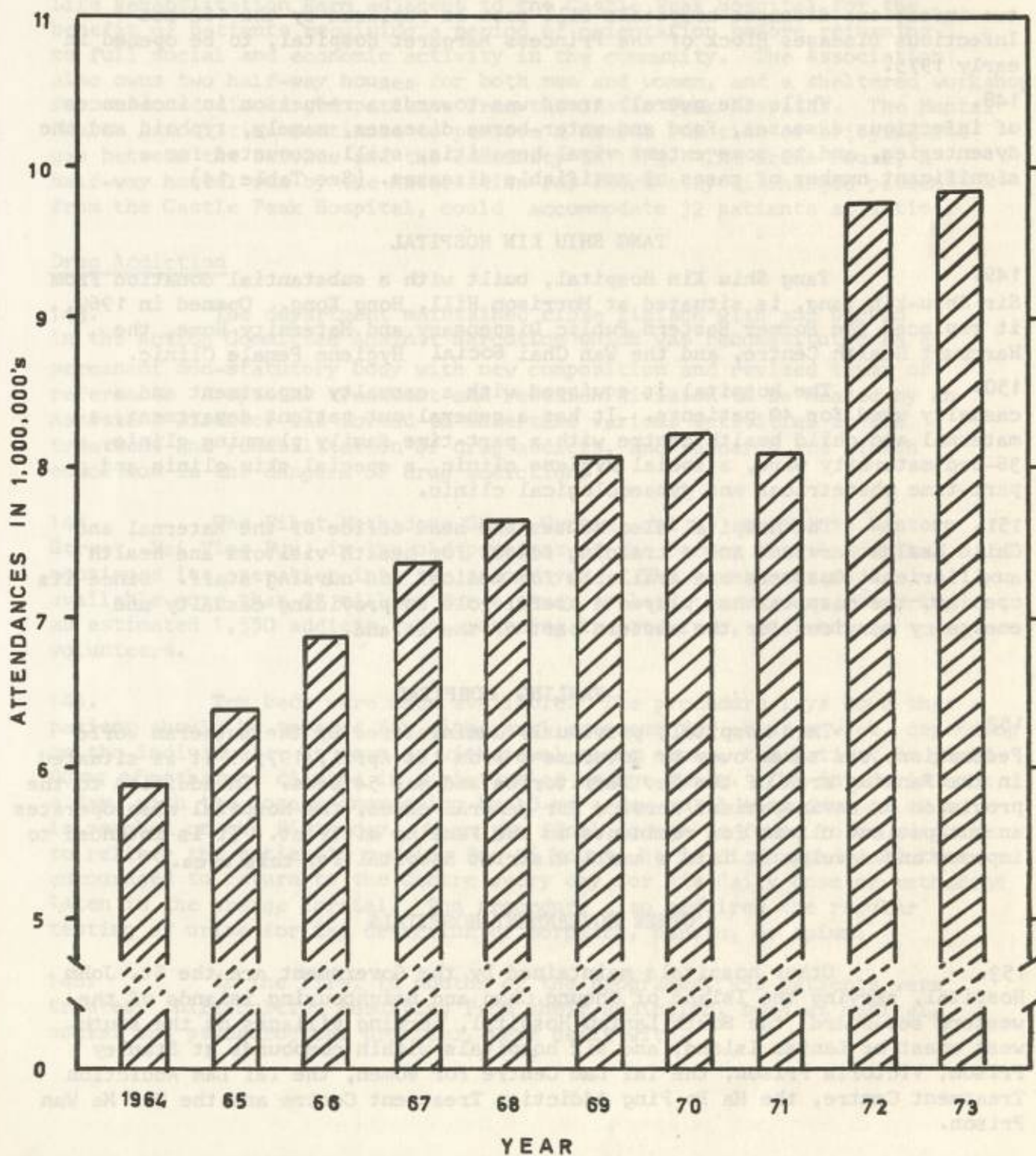
OTHER GOVERNMENT HOSPITALS

153. Other hospitals maintained by the Government are the St. John Hospital, serving the Island of Cheung Chau and neighbouring islands of the western sea-board; the South Lantau Hospital, serving villages on the south-west coast of Lantau Island; and six hospitals within compounds at Stanley Prison, Victoria Prison, the Tai Lam Centre for Women, the Tai Lam Addiction Treatment Centre, the Ma Po Ping Addiction Treatment Centre and the Chi Ma Wan Prison.

FIGURE 12

TOTAL OUT-PATIENT ATTENDANCES IN GOVERNMENT INSTITUTIONS

1964 - 1973



OUT-PATIENT SERVICES

154. Pressure remained heavy throughout the year on all 49 general out-patient clinics and also on most specialist clinics. Trends during the past 10 years are shown in Figure 12.

155. New facilities which became available during the year are detailed in paragraph 260 of this report.

156. In addition to general out-patient service, regular out-patient sessions were maintained at a large number of clinics by staff of specialist units. Evening out-patient sessions continued to be held at 10 clinics in the more densely populated areas. They are the Aberdeen Jockey Club Clinic, the Kowloon Hospital out-patient department, the Kwun Tong Jockey Club Clinic, the Lady Trench Polyclinic, the Li Po Chun Health Centre, the Robert Black Health Centre, the Sai Ying Pun Jockey Club Polyclinic, the Shau Kei Wan Jockey Club Polyclinic, the Violet Peel Polyclinic and the Yau Ma Tei Jockey Club Polyclinic. Sunday and public holiday clinics were also held at six of the clinics. The more remote areas of the New Territories continued to be served by two mobile dispensaries and the 'floating clinics', while the 'flying doctor' service to more isolated and inaccessible villages was maintained.

SPECIALIST SERVICES

157. The Department provides specialist services in anaesthesiology, dentistry, medicine, neurosurgery, ophthalmology, orthopaedic surgery, obstetrics and gynaecology, otorhinolaryngology, pathology, paediatrics, psychiatry, radiodiagnosis, radiotherapy, social hygiene, general surgery, thoracic surgery and tuberculosis. In addition, professors of the University of Hong Kong's Faculty of Medicine act as consultants in medicine, surgery, obstetrics and gynaecology, orthopaedics, pathology and paediatrics. A number of government consultants act as honorary consultants to the Tung Wah group of hospitals, and others serve as part-time lecturers in the University's clinical departments.

RADIOLOGICAL SERVICES

158. The Medical and Health Department Institute of Radiology comprises five divisions:- radiodiagnosis, radiotherapy, radiation physics, radioisotope, radiobiology and clinical photography.

159. The radiodiagnostic division provides an X-ray diagnostic service mainly for government institutions, and one government subvented hospital, the Pok Oi in the New Territories. A free consultant service is available to the Tung Wah group of hospitals and Yan Chai Hospital but for medical practitioners in private practice a consultant service is provided on payment of a fee. In all, 20 static x-ray departments and three mobile chest radiography units were in operation with a total output of 813,901 examinations, an increase of approximately five per cent over the previous year. During 1973, a major diagnostic x-ray machine, with cineradiography, screening and television monitoring facilities, was installed at the Queen Elizabeth Hospital X-ray Department. A new Chest X-ray Department was opened at the Kwai Chung Chest Clinic. During the year four 90-second automatic x-ray film processing machines were installed in Kowloon, Sai Ying Pun and Shau Kei Wan Chest Clinics and the Casualty X-ray Section of Queen Elizabeth Hospital and one more x-ray department

was added to the division with the taking over by Government of Fanling Hospital. Plans have been made to include ultrasonics in the service, first at Queen Mary Hospital during 1974/5.

160. The radiotherapy division based at the Queen Elizabeth and Queen Mary Hospitals treated more than 90 per cent of all patients requiring radiotherapy in the whole of Hong Kong and also operates a Colony-wide cancer registry. A new treatment simulator for radiotherapy planning has been ordered and will be installed at Queen Mary Hospital during 1974.

161. The radioisotope service provides both diagnostic and therapeutic facilities. Because of its modest outlay, it serves mainly government institutions, but a consultant service is also available, on a limited scale, to the Tung Wah group of hospitals, and medical practitioners in private practice. A gamma camera will be added to the scanning equipment at Queen Elizabeth Hospital in 1974.

162. The radiation physics division is responsible for the operation of the radioisotope laboratories and the radiological workshop. The latter provides a maintenance service for government radiological equipment, and also a film-badge radiation monitoring service for the whole Colony. It also acts on an advisory capacity within the Radiation Board on radiation hazards and protection. During 1973, the film-badge service covered 46 government institutions with 388 radiation workers, 127 private practitioners' X-ray laboratories with 392, and 15 industrial firms with 75. One hundred and seventy-eight visits were made to non-government premises to inspect the working conditions of radiation workers. Special attention was paid to gas mantle factories where radioactive thorium nitrate forms an integral part of the production process. These duties were in addition to the radiation physics division's main function of assisting the radiotherapeutic and radiodiagnostic divisions in their routine work and the training of staff.

163. The radiobiology division is responsible for investigating radiobiological problems to help the radiotherapy division in its work. It also assists in the training of radiotherapists.

164. The Institute also undertakes the training of medical undergraduates of the Hong Kong University in clinical radiology, including the medical use of radioisotopes, and radiological anatomy.

165. In the field of research, the radiotherapy and radiobiology divisions are continuing their own as well as the collaborative research with the International Agency for Research on Cancer in Lyon and other overseas centres in the study of the epidemiology of nasopharyngeal carcinoma, the commonest cancer among Hong Kong men.

OPHTHALMOLOGY

166. This service maintains three full-time centres with surgical facilities, and in addition, holds regular sessions at 15 out-patient clinics in urban and rural areas. Ophthalmic surgery is performed in two government hospitals with a total of 36 beds for ophthalmic cases as well as in out-patient clinics. Emergency ophthalmic services are also available at the three casualty departments in the Queen Mary, Queen Elizabeth, and Kwong Wah hospitals.

167. During the year, the number of persons first registered as blind was 904 compared with 224 in the previous year. This marked increase was due

to the large number coming forward for registration after the introduction of the Disability Allowance Scheme since April 1973. Trends of previous years in the causation of blindness 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 replaced keratomalacia as the predominant causes. Among children, the main cause of blindness was congenital defect, while blindness due to keratomalacia was comparatively rare.

EAR, NOSE AND THROAT SERVICE

168. A new post of consultant surgeon was created in October. Table 66 shows statistics collected by clinics run by the ear, nose and throat service at various centres, and also hospital cases taken care of by the two consultant surgeons and their staff. Under the consultant surgeons are also an audiometric unit and a speech therapy unit. The former handles diagnostic hearing tests on patients referred by qualified E.N.T. surgeons in Hong Kong, and the latter treats all patients referred by registered doctors, with defects and disorders of voice, articulation, fluency, and so on, except cases of severe deafness in children. The latter are taken care of by the hearing and speech centre of the Education Department.

PHARMACEUTICAL SERVICE

169. This sub-department meets the requirements for drugs, dressings, surgical instruments and hospital sundries of all Government hospital, clinics and health centres, including Government-assisted medical institutions. Headed by the Chief Pharmacist, it has a staff of 24 pharmacists and 207 dispensers of all grades. The renovation of the Central Medical Store in North Point has been completed but is still not yet fully equipped for operation. Therefore the major manufacture of pharmaceutical products, except for tableting, is still carried out solely at the Kowloon Medical Store.

170. The other responsibility of the Chief Pharmacist, apart from administration of the sub-department is the enforcement of the law pertaining to dangerous drugs, poisons and antibiotics. During the year 66 prosecutions were instituted and all were convicted. In order to exercise tighter control on the manufacture and importation of drugs, a Licensing Section is being planned to scrutinise every medical preparation manufactured in Hong Kong or imported into Hong Kong. Examinations for the registration of pharmacists were held as usual in June and December, and a total of 25 candidates sat, but only 5 passed.

MEDICAL SOCIAL WORK

171. The expansion of the medical and health services, and the increasing emphasis on rehabilitation in its various aspects, continued to make heavy demands on the services of medical social workers who have been enjoying good team-work with the other professional members of the medical and health team. The trend of moving from basic material and financial assistance to the giving of more and more attention to the problems, or factors, that have led to the need for assistance, has called for more sophisticated social work knowledge, discipline and skill, so as to help the handicapped and the chronically-ill to re-integrate into society with a role and a task which can give them dignity and social status. The allocation of about 100 beds at the

Grantham Hospital as convalescent beds for cases from the Queen Mary Hospital resulted in an extension of the service to patients transferred there. Besides the rendering of Medical Social Services to all units of patients in Queen Mary Hospital, medical social workers of the Hong Kong division also undertook medical social work in the Tsan Yuk Hospital, the Sai Ying Pun Infectious Disease Hospital and Jockey Club Clinic, the Tang Shiu Kin Hospital, the Duchess of Kent Children's Orthopaedic Hospital, (until August 1973 when the Society for the Relief of Disabled Children was able to employ their own medical social workers), the Tung Wah Sandy Bay Convalescent Hospital, the David Trench Rehabilitation Centre, the Wanchai Physiotherapy Centre, the Violet Peel Polyclinic, the Eye Services of the Yaumati, Violet Peel and Yuen Long clinics, and the Mount Parish School for Mentally Sub-normal Children, Wanchai.

172. The medical social service of the Kowloon division which covers medical social work of the Queen Elizabeth Hospital, the Kowloon Hospital, the Lai Chi Kok Hospital, the Kowloon Rehabilitation Centre, the Queen Elizabeth Specialist Clinics, the Cancer Wing of the Caritas Medical Centre and three out-patient departments in Kowloon, continued to provide service to an increasing number of patients treated at these hospitals and clinics. Besides helping them to regain maximum health and social capability in a joint effort with medical staff, close liaison was maintained during the year with other government departments and voluntary agencies for the rehabilitation and after care of these patients.

173. Medical social workers in the chest and special skin division continued to see patients by a referral and selection system, in addition to automatic interviews of all patients on admission arising from the social aspects of these diseases. Medical social workers of this division worked full-time at all main chest clinics and special skin clinics, and part-time at other sub-clinics, including New Territories clinics and the Aberdeen Jockey Club Clinic. In addition to services to out-patients, this division also provided medical social services to tuberculosis patients treated at such hospitals as the Kowloon, the Grantham, the Ruttonjee Sanatorium, the Wong Tai Sin Infirmary, the Haven of Hope Sanatorium, and other medical institutions. In the special skin service, medical social workers maintained close liaison with the Hay Ling Chau Leprosarium. As a result of the general economic situation in 1973, there were difficulties with such rehabilitation problems as the housing of leprosy patients, the employment of cured lepers, and their re-integration into the community.

174. Medical social work in the mental health service continued to widen in scope with the expansion of the Medical and Health Department. The psychiatric unit in Kowloon Hospital and the University Psychiatric Unit in Queen Mary Hospital were functioning at a pace with rapid turnovers. The increase in intake in all sections of the mental health service naturally had its impact on medical social workers who were required to meet the social problems of patients during treatment, the care of these patients' families, as well as planning for their discharge, aftercare and rehabilitation. The full implementation of the Social Security Scheme of the Social Welfare Department, with its additional provision of Disability and Infirmity Allowance, further increased the demand on medical social workers' time and attention. The Siu Lam Hospital had reached its capacity of intake. However, the resulting upsurge of referrals of mentally retarded individuals to the mental health service was unabated. These have accompanying social problems, such as family rejection, for whom the medical social worker's assistance in counselling and referral for other welfare services was essential, notably for social security

provision.

175. As a result of the rapid expansion in the medical and health services, there was a larger intake of new recruits in the medical social service, and the in-service training and orientation programme was carried out on a larger scale than before with the appointment of a training officer. Interdisciplinary departmental training, much appreciated because of its team-work implications, continued to be maintained. Requests also came from other hospitals' nursing schools such as the Tung Wah group of hospitals, from hospital administrators, welfare organisations, the Social Welfare Department's training section, and so on, for medical social workers' contributions towards their staff development programmes. Practical work placements in the department's hospitals, mainly the Queen Elizabeth, the Queen Mary, and the Kowloon hospitals, continued to be made available to the Bachelor of Social Science undergraduates of the two universities, and graduates undertaking the diploma of social studies course of the University of Hong Kong. In both respects, experienced and qualified medical social workers were designated as supervisors in the field training of social work students.

PHYSIOTHERAPY SERVICES

176. The demand for physiotherapy continued to rise, particularly for the severely handicapped and patients requiring intensive care. Another large group, mainly out-patients, consisted of those suffering from cervical spondylosis, the symptoms of which are often caused by sedentary occupations and the lack of physical activities among office workers. The treatment of the latter group improved since a three-month course was held during the year to teach staff detailed assessments and manipulations for spinal derangements.

177. The physiotherapists at Kowloon Hospital continued a programme of expansion to give convalescent patients as much attention as possible in order to overcome their disabilities and one of the large old wards was used as a temporary exercise area. The care of spinal injuries patients has improved with the return of a physiotherapist from a six-month attachment in the U.K. Sports activities were arranged for patients to help increase their strength and independence; some became proficient at various wheel chair sports and took part in competitions against patients from other centres in basket ball, table tennis, archery, javelin, swimming and discus throwing. Social activities continued such as picnics, visits to tea houses and homes, shopping, ten-pin bowling and music lessons. The acute spinal lesions at Queen Elizabeth Hospital - usually about thirty-two - took up the full-time services of two physiotherapists and one assistant.

178. Intensive care for the acutely ill comprised about a quarter of the work at Queen Mary Hospital and has increased at Queen Elizabeth Hospital and Kowloon Hospital resulting in more duties over weekends and on public holidays.

179. The work in out-patient departments was limited by a shortage of physiotherapists. However improvement in the treatment of brain damaged children was made by a Bobath technique trained physiotherapist who is also teaching the parents home care: some assistance was given to children under the care of the Spastics Association of Hong Kong and Save the Children Fund.

180. There was an increase in the numbers of industrial hand injuries treated, mainly in Kowloon: Kowloon Rehabilitation Centre and Queen Elizabeth Hospital Out-patients Unit frequently treated at least seventy patients in this category each, at any given time.

181. During the year, 56,170 patients were given 554,203 treatments by an average of fifty physiotherapists on duty in the eight units concerned. There is an obvious need to increase the number of staff in order that improved assessments can be made and more individual care given to hasten the patients' return, where possible, to normal life. Staggered hours are also needed but this, too, is not possible due to shortage of staff.

OCCUPATIONAL THERAPY

182. During the year, the occupational therapy sub-department reached full strength with the appointment of four overseas officers, and the return of two scholarship graduates from the Dorset House School of Occupational Therapy in the United Kingdom.

183. There was an increased demand for occupational therapy services in many of the government hospitals and out-patient centres - there are now eleven occupational therapy units within the sub-department. Otherwise, treatment in 1973 followed the same pattern as in previous years, with the same aim in view - to assist patients to return to their previous employment, or to an alternative form of livelihood.

184. The occupational therapy units in the Queen Mary and Queen Elizabeth Hospitals continued with the treatment of in-patients. The Queen Elizabeth Hospital also has a regular attendance of out-patients. The Lai Chi Kok Hospital occupational therapy unit remained closed throughout the entire period under review because of an acute staff shortage. The Wanchai Polyclinic unit continued to function to the maximum, despite its physical limitations and location, and these together prevented further expansion of the service offered.

185. The occupational therapy unit continued to provide a diverse programme of progressive treatment in the Castle Peak Hospital covering work, recreation and group-social activities. The Hong Kong Psychiatric Centre and the Yau Ma Tei Mental Health Centre continued to provide a treatment programme for out-patients, including selected patients from the Castle Peak Hospital. For the latter, a short follow-up period was necessary, and the same was also true for those receiving other forms of therapy referred for observation prior to assessment for future employment.

PROSTHETIC-ORTHOTIC SERVICE

186. The prosthetic-orthotic service provides modern artificial limbs and orthopaedic appliances for the public and for in-patients of government and government-assisted hospitals. The demand for prosthetic-orthotic service continued to rise as a result of increased industrial and traffic accidents. Though the number of new poliomyelitis patients requiring orthopaedic appliances decreased, the old poliomyelitis patients were growing up, and so the demand for medium and large sizes of long leg-braces with knee-hinges increased.

187. To ensure that the artificial limbs available in Hong Kong were the best possible, and that the method of fabrication and limb-fitting kept abreast of developments, research is being carried out in the service to find the best materials suited to local needs.

188. The main research and development undertaken during the year included: i) the dynamic splint for the correction of club-foot deformities, ii) new techniques for fitting and manufacturing below-knee prosthesis, and iii) improved design of all walking aids.

MEDICAL EXAMINATION BOARD

189. This section carries out medical examinations of new entrants to the civil service and certain units of the Essential Services Corps. The number of persons classified as unfit, on account of tuberculosis decreased considerably in 1973 when compared with the previous year. Tuberculosis remained the primary reason for non-acceptance of applicants on medical grounds, being responsible for six out of the 10 classified as 'unfit' in each 1,000 examinations. The Medical Examination Board is now located in the Canton Road government offices.

HOSPITAL MAINTENANCE AND SUPPLY

190. The development of the services provided in medical institutions operated by the Medical & Health Department continued during the year to make the administration and supply of the hospital increasingly complex.

191. Work on the planning and commissioning of the Princess Margaret Hospital has continued and the equipment is all on order. Some delay has arisen in the completion of the quarters which are under a separate building contract and it is expected that the hospital will be fully operational during the first half of 1975.

192. Staff Welfare work has not been as active as was hoped due to the resignation of the Staff Welfare Officer and difficulty in finding a suitable replacement.

193. Detailed planning of the Second mental Hospital which will ultimately form part of the Princess Margaret Hospital complex is at an advanced stage and final drawings are now being prepared and approved. Work is also continuing on the equipment and staffing schedules and other maintenance and administrative aspects of the hospital.

194. A considerable degree of assistance was rendered to various assisted hospitals in regard to equipment and detailed planning of new projects, in particular to the Yan Chai and the United Christian hospitals.

195. The fuel crisis caused some concern but the actual consumption of all fuels including electricity has been reduced. However, prices of all fuels have escalated to an alarming extent. Furthermore, the cost of almost all supplies and equipment have increased to such an extent as to cause concern and extra labour in procuring supplies in order to keep expenditure at a reasonable level.

AUXILIARY MEDICAL SERVICE

196. The Auxiliary Medical Service has nearly 6000 males and females, including some 400 medical officers, nurses and other professional people. Over 2500 of the members are under 24 years of age. There is always a waiting list, of some 400/500 recruits waiting to be enrolled. Members are trained to augment Hong Kong's medical & health services, the ambulance service and rescue services.

197. Approximately 4000 officers and members are in the ambulance depot teams, which are dispersed, with the necessary stores, throughout the urban areas, the New Territories and the off-shore islands. Teams are affiliated to the nearest Fire Stations and members carry out duties as drivers and crews of ambulances at week-ends and on public holidays. Members are also trained in light rescue and life saving. More than 600 trained life-savers, men and women, carry out regular life-guard duties on the beaches and in public swimming pools, during week-ends and on public holidays. On any one of these days approximately 120 AMS life-savers are performing duty. A considerable number of lives have been saved over the past three years.

198. During the Festival of Hong Kong in late 1973 and for the Community Chest "Walks for a Million" many members were called for first aid duty, in different parts of the Colony.

199. Officers and members assigned for emergency duties in hospitals carry out annual training for a week in one of the major hospitals. Others are trained as inoculators, dental surgery assistants, and for work with the chest service.

200. All trained members carried out operational duties during the year. Members attended at scenes of all major fires to help care for the injured and homeless, and stood by to assist whenever typhoons threatened.

201. The band of the AMS performed, on many occasions, in public parks, at departmental functions and gave Christmas concerts at various hospitals - both Government and non-government.

202. During the year AMS staff lecturers assisted by "lay" lecturers conducted First Aid courses for Government officers - a total number of 1,065 having been trained.

REGISTRATION OF MEDICAL CLINICS

203. In accordance with the Medical Clinics Ordinance, all clinics are required to be re-registered annually. On March 31, 1974 there were 76 registered static clinics, two registered mobile clinics in the charge of registered medical practitioners, and 335 clinics registered with exemption making a total of 413.

204. The low cost medical care scheme, aimed at providing general practitioner services to the population residing in all housing estates, continued to operate. 61 registered medical practitioners took part in the scheme in Group B estates, and 51 in Group A estates. In addition, 35 of the 335 clinics registered with exemption under the Medical Clinics Ordinance (Cap. 343) also operated under the scheme.

V. GOVERNMENT-ASSISTED HOSPITALS

205. Financial assistance, mainly by means of an annual subvention, is given by the Government to certain voluntary organisations maintaining hospitals in Hong Kong. Such hospitals, containing a total of 7,868 beds, provide mainly acute and non-acute general beds, or facilities for persons suffering from certain specific diseases, or handicaps. The total government subvention to these hospitals during the year was \$113,183,586 recurrent, and \$18,906,617 special expenditure.

THE TUNG WAH GROUP OF HOSPITALS

206. The Tung Wah Group of hospitals is a long-established Chinese charitable organisation, managed by a board of directors elected annually. During recent years, a programme of modernisation and expansion has been undertaken, with assistances from the Government, in staff - especially medical officers and consultant services - finance and material. The subvention for this year was \$61,298,000.

207. Construction of the 12-storey Centenary Block in the Tung Wah Hospital was continued, and phase I of the project was completed in August 1972. Work on phase II began in early 1973 and completion is expected to be in late 1974. When completed, the building will have 431 beds, with a new casualty department, X-ray facilities, new operating theatres, and single quarters for 23 medical officers.

208. In the Kwong Wah Hospital, planning continued during the year to erect a 10-storey clinical pathology building which will provide accommodation for the clinical pathology service, the physiotherapy department, the occupational therapy department, the medical social service, an orthopaedic ward and other services.

209. The casualty section of the Kwong Wah Hospital handles accident cases occurring between Waterloo and Lai Chi Kok roads. Many patients were referred to it by government clinics in Kowloon and the New Territories. As a result, this casualty section dealt with cases not only from the northern part of Kowloon peninsula, but also from other areas. The officers attached to the police post, the industrial health division of the Labour Department, and the ambulance control post in the casualty section continued to work in close liaison with the staff there.

210. In the Wong Tai Sin Infirmary, there are altogether 681 beds, of which 185 are allocated to the government tuberculosis service. Patients

for long term treatment are transferred to the Infirmary from the Queen Elizabeth or the Kwong Wah hospitals. There are also 503 beds in the Tung Wah Sandy Bay Convalescent Hospital for the treatment of chronic patients. But the provision of a total 1,225 beds for long-term patients under the management of the Tung Wah group of hospitals was still not sufficient, according to the year's experience, to meet the demand for more chronic beds in Hong Kong.

211. In March 1973, the Tung Wah Eastern Hospital completed its programme of alteration. The work carried out included the provision of two major operating theatres, one minor theatre, two air-conditioned X-ray rooms, an expanded laboratory, and an enlarged kitchen. After the alteration, the hospital serves to receive straight-forward emergency cases from its own out-patient section and receiving room, and also from the casualty section of the Tang Shiu Kin Hospital.

THE ALICE HO MIU LING NETHERSOLE HOSPITAL

212. This hospital, supported by the London Missionary Society, received a subvention of \$9,890,000 during the year. The hospital has been considerably modernised in recent years, and its facilities greatly improved.

213. It has had another busy year despite a decrease in in-patient admissions over the previous year of 6.2 per cent but there was an increase in out-patient attendances of 4.3 per cent. The greatest demand is on the obstetric service which remains overcrowded despite strict limitations on bookings.

THE POK OI HOSPITAL

214. This charitable hospital in Yuen Long, New Territories, continued in 1973 to serve the population of Yuen Long and surrounding areas. The hospital had been modestly expanded, and the north wing extension project was in operation. The new facilities which included a kitchen, a laundry room, and quarters for minor staff were fully utilised.

215. To improve the use of facilities, two surgical teams from the Queen Elizabeth Hospital visited the Pok Oi once a week for surgical clinics and operations. A small quantity of blood began to be stocked in the hospital for urgent use when required.

THE CARITAS MEDICAL CENTRE

216. The Caritas Medical Centre has 898 beds. It was erected with the aid of donations from Catholic communities in many parts of the world, in particular the Federal Republic of Germany, and is maintained partly with the aid of a government subvention. In 1973, this was \$7,900,321. The Centre is situated in the densely-populated district of So Uk in north-west Kowloon. It is administered by the Canossian Sisters and comprises blocks for general, tuberculosis, and cancer patients, as well as quarters for staff and a nurse training school. The hospital continued to play an active part in the provision of medical services in Hong Kong.

217. The hospital planned to develop the site adjacent to the medical centre by the construction of a nurses training centre, a physiotherapy block, a new chronic hospital block, and staff quarters.

THE HONG KONG ANTI-TUBERCULOSIS AND THORACIC DISEASES ASSOCIATION

218. The three institutions of this association - the Grantham Hospital, the Ruttonjee Sanatorium, and the Freni Memorial Convalescent Home - provide the great majority of beds available for the treatment of tuberculosis, and a close liaison is maintained with the government chest service.

The Grantham Hospital

219. This hospital of 633 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. The Government maintains 610 of the beds, but all staff of the hospital are provided by the Association, with the exception of government medical officers posted to the government clinical units, which are directly responsible for 218 of the beds. Because of the decline in the need for hospital beds for the treatment of pulmonary tuberculosis, 78 beds have been re-allocated for general use as convalescent beds for chest and heart cases from the Queen Mary Hospital.

220. The Grantham Hospital is also a centre for cardiac surgery. As a result of contributions from the Government, the University of Hong Kong, and the Association, open-heart surgery was begun in 1968. Staff of this unit consists of specialists from the departments of medicine and surgery of the University of Hong Kong, and from the Medical and Health Department.

The Ruttonjee Sanatorium and Freni Memorial Convalescent Home

221. The Ruttonjee Sanatorium has 280 beds, including 40 for children. It is supported by voluntary contributions and by a subvention from the Government amounting to \$4,493,000 in the year under review. Patients are referred for admission by the government chest clinics or the casualty sections of government hospitals. Provision is also made for employees of the principal subscribers to the Association. Though the majority of patients admitted during the year suffered from pulmonary tuberculosis or its sequelae, more patients with lung cancer were also admitted. A special unit is provided for the management of patients suffering from tuberculous meningitis. The Freni Memorial Convalescent Home has 110 beds for adult males, and allows a greater turnover of patients to take place in the Ruttonjee Sanatorium. It is used for post-operative patients, and also for patients whose progress is uncomplicated but who need supervised anti-tuberculosis chemotherapy. The medical and nursing staff of the Ruttonjee Sanatorium operate the Freni Memorial Convalescent Home.

222. The hospital is currently co-operating with the Hong Kong Government and the Medical Research Council of the United Kingdom in clinical studies on various aspects of the treatment of tuberculosis.

THE HAVEN OF HOPE SANATORIUM

223. This hospital of 302 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 subvention of \$2,633,000.

THE DUCHESS OF KENT CHILDREN'S ORTHOPAEDIC HOSPITAL
AND CONVALESCENT HOME

224. Maintained by the Society for the Relief of Disabled Children, with the aid of a subvention of \$2,419,000, this modern children's orthopaedic hospital now has 200 beds for children requiring specialised long-term orthopaedic care and surgery. Patients are admitted to the hospital through its own out-patient department and other clinics. Traumatic cases are transferred from the Queen Mary Hospital for convalescence. The hospital continued its research on the treatment of spinal deformities with the halo-pelvic traction apparatus. Following surgery, rehabilitation is achieved with physiotherapy, occupational therapy and primary schooling.

OUR LADY OF MARYKNOLL HOSPITAL

225. This hospital of 264 beds is administered by the Maryknoll Sisters, and was maintained during the year with the aid of a subvention of \$3,324,000. It is located at Chuk Yuen in north-east Kowloon, and provides general in-patient and out-patient facilities for this rapidly expanding area. The hospital also provides a two-year training programme for enrolled nurses.

THE HAY LING CHAU LEPROSARIUM

226. This leprosarium, situated on an island six miles from Hong Kong Island, is maintained by the Leprosy Mission, Hong Kong Auxiliary, with the aid of a subvention of \$950,000. It provides in-patient and rehabilitation facilities for leprosy patients, and has special facilities for those who require reconstructive surgery, or who are suffering from intercurrent disease. The number of patients has fallen in recent years as a result of the decreasing incidence of leprosy, and at the end of 1973, there were only 107 patients at Hay Ling Chau, a decrease of 42 patients compared with the previous year.

THE HONG KONG SOCIETY FOR REHABILITATION
MARGARET TRENCH MEDICAL REHABILITATION CENTRE

227. This Centre, aided by a recurrent grant from the Government amounting to \$880,000 in 1973, accommodates 80 patients, with occupational workshops and facilities for physiotherapy and the manufacture of prostheses. It is designed to assist in the quick return to employment of those who have been injured, particularly as a result of industrial accidents.

NAM LONG HOSPITAL

228. The Nam Long, maintained by the Hong Kong Anti-Cancer Society, is situated at Brick Hill overlooking Aberdeen harbour. It has 120 beds, and takes in cancer patients, convalescing from major surgery, or from radio-therapy, and also those with advanced disease. Chemotherapy is also given to patients. Cases are referred by government or private hospitals or by medical practitioners, and it is the policy of the hospital to admit only such cases. All needy patients receive free treatment, but for those who are able to pay, a small fee is charged. Patients are provided with medical social service.

THE HONG KONG BUDDHIST HOSPITAL

229. This hospital, situated in north-east Kowloon, was opened in October, 1970. It has a capacity of 350 beds. The hospital is provided with beds for general medical, surgical and obstetric patients. During the year, both out-patient attendances and in-patient admissions showed an increase. The hospital was assisted by the Government with \$2,429,900 in 1973.

THE YAN CHAI HOSPITAL

230. This hospital, with a capacity of 100 beds and situated in Tsuen Wan, was opened in August 1973. It admits general medical, surgical, paediatric and maternity patients. It also provides a general out-patient service.

THE UNITED CHRISTIAN HOSPITAL

231. The construction of this hospital was completed in September 1973 and commissioning of the building commenced immediately. It is situated in Kwun Tong. The phased opening of the facilities started in November. The total bed capacity, when fully functioning, is 545. It takes medical, surgical, obstetric and gynaecological patients. It also operates an emergency department and provides out-patient services. This hospital operates a school of nursing to train student nurses.

VI. THE TRAINING PROGRAMME

232. To provide the people of Hong Kong with comprehensive and freely available medical and health services, the department needs a considerable number of doctors, nurses and various para-medical staff to run its hospitals, out-patient sections, polyclinics and other institutions. As the demand for medical services increases yearly, the overall staffing problem can only be met by recruiting and training more men and women of all grades.

233. The training of officers in all grades is therefore an important task. Unless adequate numbers of staff are available, the services will be affected. In addition, the department recognizes the need for providing continuing training for medical and health staff to enable them to improve their skill in their respective fields. This will keep them up-to-date with developments and improved techniques, and so raise general standards.

234. In line with such a policy, the post of Medical Training Administrator was created two years ago. This officer is now responsible for co-ordinating and organising all aspects of training among doctors, nurses and the professions supplementary to medicine.

DOCTORS

235. Post-graduate training for doctors in the various branches of medicine and surgery is carried out by the University of Hong Kong's clinical professors and government clinical consultants. Every year, subject to the requirements of the services, a number of doctors are sent overseas for higher professional qualification and to obtain the necessary clinical experience in specialised subjects.

236. In addition to the co-operation of university professors, there are arrangements for the higher professional examinations to be held in Hong Kong by the Royal Colleges of Medicine, Surgery, Obstetrics and Gynaecology, Pathology, and the Faculty of Anaesthesia.

237. Besides full-pay study leave, other financial assistance include the New Zealand Medical Aid Programme, the World Health Organisation aid programme, the Sino-British Trust, the Commonwealth Scholarship, and the Li Po Chun Scholarship for the training of doctors overseas. Last year, 28 government doctors were enabled by these means to acquire higher qualifications in their respective fields.

DENTAL STAFF

238. Training in dentistry is not available in Hong Kong, but Dental Scholarships are provided by the Government for training dentists overseas.

In the current year, three scholarships have been granted to scholars to study at the University of Sydney and two graduates returned to Hong Kong. So far seventy scholars out of the 96 scholarships awarded in the past years have completed their professional training as qualified dental surgeons and returned to Hong Kong.

239. Regarding the in-service training of Government Student Dental Technicians, 18 students were recruited this year. These students will be appointed Dental Technicians provided they completed the three year training course and passed the Intermediate City and Guild Certificate Examination in Dental Technology. In addition to the above 18 students, a dental assistant from Western Samoa and one from United Christian Hospital have joined the training programme. Thus the total number of students under training is twenty.

240. During the year, one dental officer was sent to study for the Diploma in Public Dentistry in United Kingdom and one for Dental Health Tutorship in New Zealand. A Dental Nurse was sent on a 12 month dental nurse tutor course in New Zealand and four other dental surgery assistants were sent to Singapore for dental nurse training under World Health Organization Fellowship.

NURSING STAFF

Registered Nurses

241. There are three Government Hospital Schools of Nursing. Those at the Queen Elizabeth and Queen Mary Hospitals are general schools, and the one at the Castle Peak Hospital is for psychiatric nursing. Training at Government Schools and at the Caritas Medical Centre is in English, but there are also approved schools at the Tung Wah Group of Hospitals, the Alice Ho Miu Ling Nethersole Hospital and the Hong Kong Sanatorium and Hospital, where instruction is in Cantonese. Examinations are held by the Nursing Board of Hong Kong, and there is full reciprocity of registration between the Board and the General Nursing Council of England and Wales.

Enrolled Nurses

242. Two types of course are held for Enrolled Nurses. The general 2 year course is conducted at the Kowloon Hospital, whilst the psychiatric 2 year course is held at the Castle Peak Hospital. Enrolment examinations are held by the Hong Kong Nursing Board, but there is no reciprocity between the Board and the General Nursing Council of England and Wales.

Post-basic Courses

243. 10 nurses returned to Hong Kong having taken overseas courses of instruction in Nursing Administration (Public Health), Nursing Education, Dietetics, Central-Sterile-Supply technique, Theatre-Service-Centre technique, and Burns and Plastic Surgery Nursing. A further twelve nurses are at present overseas studying Nursing Education, Intensive Nursing Care, Central-Sterile-Supply technique, Dietetics, Neurological Nursing and Electro-encephalography technique and Thoracic Nursing.

244. For registered general nurses, a one year course in Midwifery is held in English at the Queen Elizabeth Hospital and at the Caritas Medical Centre. The same course is held in Chinese at the Alice Ho Miu Ling Nethersole Hospital, the Kwong Wah Hospital and the Hong Kong Sanatorium and Hospital.

For student midwives who are not registered nurses, a two-year course of training at the Tsan Yuk Hospital, and to a limited extent at other approved training schools, is accepted by the Midwives Board for entry to its examinations.

245. Due to the limited scope of domiciliary midwifery in Hong Kong, adequate practical training in this aspect of midwifery cannot be given, and full reciprocity of recognition of midwifery qualifications with the Central Midwives Board of England and Wales is not possible. Only the one-year post-graduate courses conducted in English, held at the Queen Elizabeth Hospital and the Caritas Medical Centre, have reciprocity with the Part I Examination of the Central Midwives Board of England and Wales.

Public Health Nursing

246. A 9-month post-basic course for registered nurses leading to the Health Visitors and School Nurses certificate of the Royal Society for the Promotion of Health was commenced in March, 1974. A 2-year basic course for Health Auxiliaries was held in April 1973 and provides training in health education and public health nursing, which includes maternal and child health work, training and keeping of records of infectious diseases in general, and of tuberculosis, leprosy and venereal disease in particular.

RADIOGRAPHERS

247. Radiographers continued to receive in-service training during the year, and examinations were held in Hong Kong for membership of the Society of Radiographers for both therapy and diagnostic radiographers. Four student radiographers passed the Part II D.S.R.(R) examination, and three passed the Part II D.S.R.(T), so becoming qualified radiographers.

LABORATORY TECHNICIANS

248. The department's Institute of Pathology maintained its in-service training for medical laboratory technicians. The intermediate examination of the Institute of Medical Laboratory Technology of the United Kingdom was held in Hong Kong, and technicians were sent to the United Kingdom to obtain the A.I.M.L.T. qualification.

PHYSIOTHERAPISTS

249. Two groups of students continued their programmes in the Physiotherapy Training School. In October 1973, 12 qualified, 8 for Government and 4 for the private sector leaving 33 who are continuing their training at present of whom 9 will eventually work in the private sector : this includes 17 who were recruited in October 1973.

OTHER FORMS OF DEPARTMENTAL TRAINING

250. In-service courses of training continued in 1973 for dispensers and prosthetists. These courses qualify those who complete them for appointment to permanent posts in government service after passing a departmental examination. The course for student prosthetists also leads to the award of Associateship of the British Institute of Surgical Technicians to the successful candidates.

VII DEVELOPMENT

FORWARD PLANNING

251. Hospital development has been unparalleled in the past 19 years. But the population has also increased rapidly, and there is still considerable pressure on most categories of hospital beds, particularly those for acute and chronic general and mental patients.

252. The white paper on the development of medical services in Hong Kong, tabled in the Legislative Council in February 1964, outlined the medical problems in Hong Kong, and made suggestions for the correction of deficiencies in order to produce, alongside a rapidly increasing population, a reasonably satisfactory standard of medical facilities. The working party which prepared the white paper was re-constituted by the Governor as the Medical Development Plan Standing Committee.

253. Over the past 10 years, the medical services have been considerably expanded, and the aims set out in the white paper were broadly achieved. For example, the target for an overall provision of 4.25 hospital beds per 1,000 of the population was attained, and developments already in the pipeline will increase the ratio to 4.5.

254. The programmes of improvement and expansion over the next 10 years between 1973 and 1982 would have to be separately examined, and it was in this context that in March 1973, a new Medical Development Advisory Committee was appointed by the Governor to replace the Medical Development Plan Standing Committee whose task had been completed.

255. The terms of reference of the Medical Development Advisory Committee were : "To keep under continuous review and to advise on the development and phased implementation of medical and health services in Hong Kong having regard to all factors which would determine the progress of expansion including financial, the rate of building construction and the availability of qualified staff, and on the principles of subvention."

256. The Medical Development Advisory Committee was also asked to advise on what programmes of improvement and expansion would be appropriate over the next 10 years, in the circumstances of Hong Kong, and to submit a report to the Governor by July 31, 1973.

257. The Medical Development Advisory Committee consisted of the following Members:-

258. On the Hon. Sir Albert Rodrigues, (chairman); the Director of Medical and Health Services, Dr. G.H. Choa, (vice-chairman); the Deputy Financial Secretary, Mr. D.G. Jeaffreson; the Principal Assistant Colonial Secretary (Social Services), Mr. P.B. Williams; the Secretary, University and Polytechnic Grants Committee, Mr. S.F. Bailey; the Hon. R.H. Lobo; Mr. Tai Kuen; Mr Li Fook-wo; Sister (Dr.) M. Aquinas; and Dr. Li Shu-pui.

259. In the short period of four months, the Committee had submitted a report to the Governor. This report set out standards in the provision of hospital beds and clinics, and estimated the requirements for doctors, dentists and nurses. Recommendations were made regarding the development over the next 10 years in order to achieve the various targets. The report was made