ANNUAL REPORTS
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DIRECTOR OF
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1966 - 67
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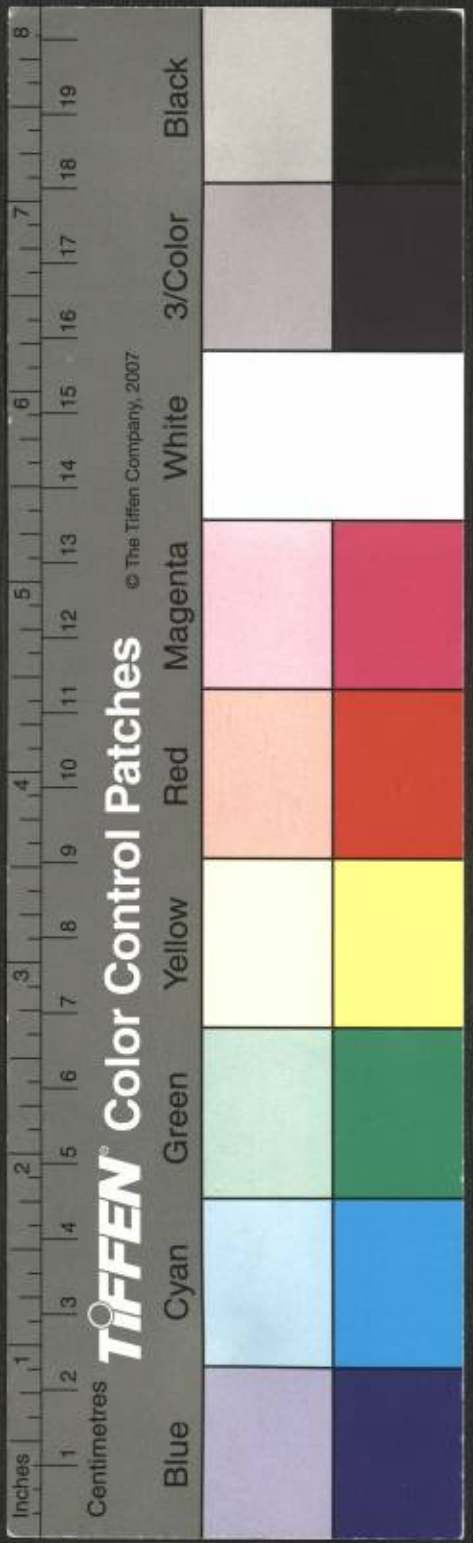
ANNUAL DEPARTMENTAL REPORTS 1966-67

DIRECTOR OF MEDICAL AND HEALTH SERVICES



HONG KONG

ANNUAL DEPARTMENTAL REPORT

BY THE

DIRECTOR OF MEDICAL AND HEALTH SERVICES

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FOR THE

FINANCIAL YEAR 1966 - 67

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EXCHANGE RATES

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

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I. INTRODUCTION

THE Colony of Hong Kong occupies a land area of 398¼ sq. miles, and the estimated mid-year population in 1966 was 3,732,400 of which approximately 85% was concentrated in the urban areas of Hong Kong Island and Kowloon. It is a young population, 40% being below the age of 15 years and only 6% over the age of 60.

2. The general health of the population continued to be good during the year under review despite the conditions of urban overcrowding aggravated by poor hygienic conditions in pre-war tenement and other buildings in multiple occupation and by large aggregations of squatter and roof-top dwellings. A single case of cholera was notified on 24th November after an absence of the disease for more than two years in the Colony, the last case having been reported in June 1964. The Colony was declared free from cholera infection on 5th December and continued to remain free from this and other quarantinable infectious diseases. The major infectious diseases such as diphtheria and poliomyelitis continued to remain at a low incidence. The normal biennial increase in the number of cases of measles was recorded during the year under review.

3. While tuberculosis remains the major public health problem in the Colony, deaths from cancer, diseases of the heart, cerebro-vascular lesions and pneumonia were the leading causes of death followed by tuberculosis.

4. During the year the Jockey Club Clinic at Cheung Sha Wan and the complex Jockey Club Polyclinic at Yau Ma Tei were opened. In addition, two new ward blocks at Castle Peak Hospital and the extensions to the Queen Mary Hospital were completed and the majority of these buildings were brought into use.

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

II. PUBLIC HEALTH

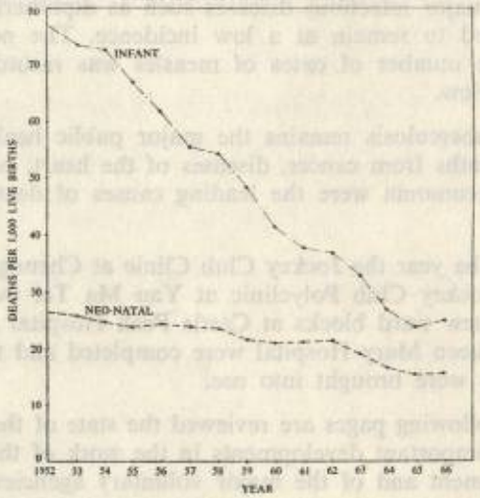
VITAL STATISTICS

(See tables 6-12)

6. The marked improvement in the general state of health of the population is satisfactorily reflected by the Colony's vital statistics. The crude death rate, at 5.0 per thousand of population, is now one of the lowest in the world and reflects the rapid improvement of medical and health services in a young and expanding population. The total number of live births was the lowest recorded since 1955 and the crude birth rate fell further from 27.7 in the previous year to 24.8 per thousand of population. The natural increase was 73,776, over ten thousand less than the previous year.

7. Mortality rate among infants is generally regarded as one of the most sensitive indices of health conditions of the general population. The gratifying declines in infant and neonatal mortality during recent years are illustrated in Figure 1.

FIGURE 1
INFANT AND NEO-NATAL MORTALITY 1952 - 1966



Infant Mortality

8. The steady decline in infant mortality has been due to improvement in environmental conditions and better control of the preventable

diseases of later infancy, particularly of bronchopneumonia, gastro-enteritis and tuberculosis; in addition, improvements in the midwifery and maternal health services are gradually reducing the dangers of prematurity. As has been the experience in other countries, congenital malformations and other diseases of the new-born are proving more intractable and mortality from these causes has, as yet, been unaffected.

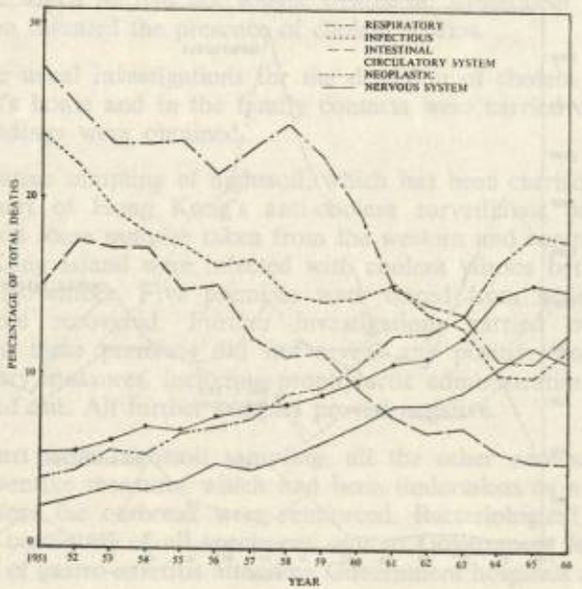
Maternal Mortality

9. Here also the statistics pertaining to Hong Kong are now approaching the standards prevailing in the developed countries of the world. During recent years, deaths from toxaemia, haemorrhage and puerperal sepsis have shown a continuing reduction, although mortality from abortions and ectopic pregnancies has remained comparatively unaffected.

General Mortality

10. The marked social and economic changes which have occurred in Hong Kong during the years following the Second World War are reflected in the mortality trends shown in Figure 2. Improvements in

FIGURE 2
MAJOR TRENDS IN MORTALITY 1951 - 1966



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

11. 15 years ago bronchopneumonia, tuberculosis and gastro-enteritis were the leading causes of death; by 1966 these had declined considerably and their places have been taken by cancer, diseases of the heart and cerebro-vascular accidents. Of particular note has been the rise in deaths from carcinoma of the lung; these have increased from a mortality rate of 2.76 deaths per 100,000 population in 1952 to 14.76 deaths per 100,000 in 1966, a rate of increase which is more than twice that observed in respect of other neoplastic diseases.

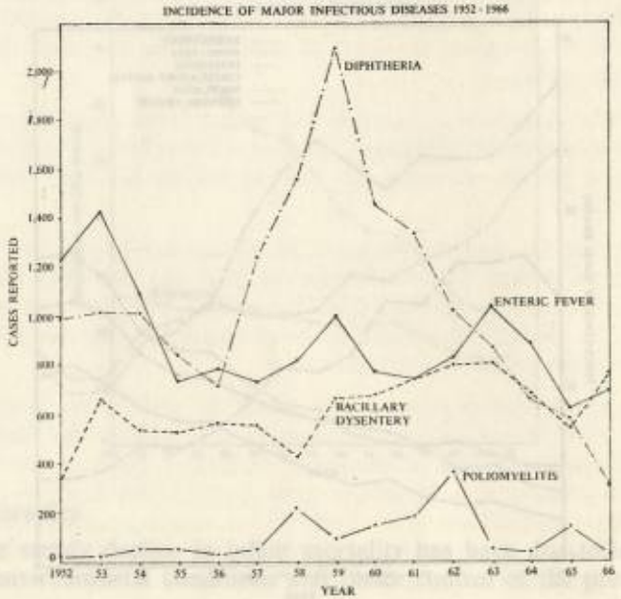
COMMUNICABLE DISEASES

(See tables 13-16)

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

FIGURE 3

INCIDENCE OF MAJOR INFECTIOUS DISEASES 1952 - 1966



diseases during 1966 was approximately 2,800 less than in the previous year. There was some increase in the number of deaths from communicable diseases which comprised 10.6% of deaths from all causes, the increase being mainly due to an epidemic of measles during the winter months of 1966 and 1967. There was no notable variation in the incidences of amoebiasis and typhoid, and the incidences of diphtheria, poliomyelitis and malaria continued to remain low. During the first quarter of 1967 there was some indication of increased prevalence of cerebro-spinal meningitis in neighbouring countries. The situation was closely watched and a slight increase in the incidence of the disease in the Colony was recorded during the quarter. Apart from the occurrence of a single case of cholera in November, the Colony remained free from all quarantinable diseases during the year.

Cholera

13. The single case of cholera was notified on 24th November. The case was a man aged 56 living in a hut at Tai Hang Tung in North-West Kowloon and employed as a labourer in the wholesale marketing of fish. He presented at hospital with severe gastro-enteritis, but gave a history of several mild attacks of the disease within the previous three months for which he had not sought treatment; subsequent laboratory examination revealed the presence of cholera vibrios.

14. The usual investigations for the detection of cholera vibrios at the patient's home and in the family contacts were carried out but no positive findings were obtained.

15. Routine sampling of nightsoil, which has been carried out since 1962 as part of Hong Kong's anti-cholera surveillance programme, revealed that some samples taken from the western and central districts of Hong Kong Island were infected with cholera vibrios between 23rd and 27th November. Five premises were traced from which cholera vibrios were recovered. Further investigations carried out among residents in these premises did not reveal any positive findings, but precautionary measures, including prophylactic administration of drugs, were carried out. All further samples proved negative.

16. Apart from nightsoil sampling, all the other necessary public health preventive measures which had been undertaken as a matter of routine before the outbreak were reinforced. Bacteriological investigations were continued of all specimens sent to Government laboratories from cases of gastro-enteritis attending Government hospitals and clinics

as well as sampling of seawater, well water and foodstuffs liable to be involved in the transmission of the vibrio. All such samples were negative. Routine investigation on the frequency of isolation of non-agglutinable vibrios was continued, but there was no notable variation in the pattern of non-agglutinable vibrios isolated at the time the case occurred. A mass immunization campaign against cholera started in April and was repeated in November. By the end of the year a total of 1,467,271 inoculations had been given.

17. There was no apparent link between the cholera case at Kowloon and the positive nightsoil findings at Hong Kong Island. No further case was reported and the Colony was declared free from infection on 5th December.

Amoebiasis

18. 220 cases were notified in 1966 compared with 173 in 1965. The disease continued to occur sporadically and the extent of community infection is, as elsewhere, not definitely ascertainable.

Bacillary Dysentery

19. The number of notifications increased from 537 in 1965 to 766 in 1966, giving an incidence, as measured by notification, of 20.7 per 100,000 population; 43.8% of the cases occurred in the age group of under 5 years. As in previous years, *Shigella flexneri* and *Shigella sonnei* remained the predominant organisms isolated.

20. During investigations of the reported cases, a total of 231 symptomless carriers was discovered and appropriate treatment administered.

Chickenpox

21. A reduction in the number of notifications of this disease was recorded in 1966, and 72% of the cases occurred in children below the age of 5 years. During the first 3 months of 1967 there was an increase in the incidence of the disease.

Diphtheria

22. As demonstrated in Figure 3, diphtheria incidence has shown a continuous decline since the commencement of an intensive and year-round immunization campaign in 1959. The incidence of the disease was 8.3 per 100,000 population in 1966 as compared with 73.0 per 100,000 in 1959. Although somewhat disrupted by the cholera and poliomyelitis

immunization campaigns of recent years, this programme continues to give encouraging results. *Corynebacterium diphtheriae mitis* remained the predominant organism; consequently most cases presented with laryngeal symptoms. Approximately 79% of cases occurred in children under the age of ten. The case fatality ratio in 1966 was 8.8 per cent, partly due to the fact that a number of cases do not seek immediate medical treatment, and patients admitted into Government hospitals often give a history of having been treated by herbalists in the first instance.

23. A total of 39 carriers was discovered amongst contacts of reported cases; each was treated and, if necessary, isolated until proved free of infection.

Enteric Fever

24. Typhoid fever incidence remained at about the same level compared with last year. This disease in Hong Kong is generally associated with neglect in personal and community hygiene and its decrease in recent years is probably connected with improvements in water supply. As elsewhere the peak incidence occurred in children of school age and young adolescents. Free inoculation is offered and the usual control measures are enforced with special attention to the detection of carriers among food handlers.

Malaria

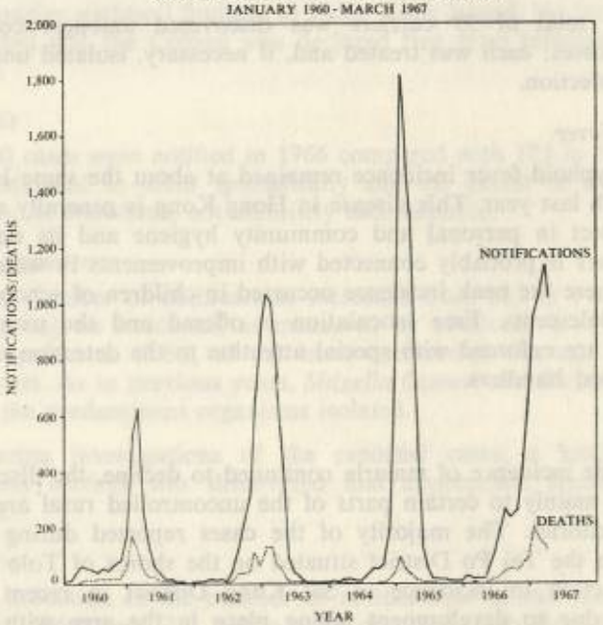
25. The incidence of malaria continued to decline, the disease being restricted mainly to certain parts of the uncontrolled rural areas in the New Territories. The majority of the cases reported during the year were from the Tai Po District situated on the shores of Tolo Harbour. The reduction in incidence in Sai Kung District in recent years is probably due to development taking place in the area with resulting reduction in cultivated land thus reducing the breeding places of malaria vectors. The malaria incidence on outlying islands at the mouth of Tolo Channel often fluctuates which might be due to the introduction of new sources of infection through fishing junks. Of the six fresh cases appearing in the controlled urban areas, one was an imported case while in the other five the infection was most probably contracted in the New Territories where the affected persons had been recently employed. *Plasmodium vivax* remained the predominant parasite responsible for the infection.

Measles

26. As shown in Figure 4, measles in Hong Kong has shown a distinct biennial pattern with exacerbation of the disease during the winter months of every alternate year. The 1966-67 epidemic started earlier than in the previous years with rising notifications from June 1966 onwards and reaching a peak in January and February of 1967.

FIGURE 4

MONTHLY MEASLES NOTIFICATIONS & DEATHS
JANUARY 1960 - MARCH 1967



27. The disease affected predominantly children under the age of two years. The true value of the recorded mortality as related to incidence is difficult to assess as notification is very incomplete and, furthermore, many cases only present at hospital after the onset of complications. This delay in seeking treatment is further borne out by the high percentage of total measles deaths reported from public mortuaries, mainly due to complicating bronchopneumonia. During the epidemic parents of children suffering from measles were exhorted through press and radio to seek early medical advice.

28. A trial of measles vaccines was undertaken during the year, and consideration is being given to making the vaccine available to children in the susceptible age group. Details of this trial are recorded in paragraph 79.

Poliomyelitis

29. Incidence of the disease remained low during 1966 after a recrudescence in early 1965; 32 cases including 1 death were notified in 1966 compared with 140 cases with 17 deaths in the preceding year. It is as yet too early to say whether the decrease is attributable to a change in the composition of the trivalent vaccine used or to the commencement in April 1966 of a programme of administering Type I vaccine soon after birth and followed by a full course of 2 doses of trivalent vaccine at 3 months old. Approximately 80% of infants born after 1st April, 1966 received one dose of Type I vaccine soon after birth and more than half of these children subsequently received two doses of the trivalent vaccine at Maternal and Child Health Centres. A general campaign is mounted annually in an attempt to immunize the remainder.

30. Virological investigation of the disease is maintained on a routine and year-round basis. Poliomyelitis virus Type I remained the predominant organism in clinical cases. The age pattern of the disease remained unchanged with 90% of the notified cases being below the age of 5.

Influenza

31. The notification of influenza is entirely voluntary and hence too great a significance cannot be placed upon the recorded incidence. Virological investigations of throat swabbings and throat washings are continued on a year-round basis. Influenza B virus was identified on two occasions.

Tetanus

32. This disease, although not notifiable, is recorded with reasonable accuracy owing to the severity of the symptoms requiring hospitalisation of clinical cases. In past years, approximately half the cases reported were in newborns whose birth had not been attended by trained personnel and who had been exposed to various hazards from unsterile materials, particularly the use of a powder containing raw ground ginger root as an umbilical styptic. It is encouraging to record that, in 1966, tetanus neonatorum was responsible for only one-seventh of the recorded cases of the disease and that the infantile mortality from such infection

was 0.086 deaths per 1,000 live births as compared with 0.17 deaths per 1,000 in 1965 and 1.2 deaths per 1,000 in 1951.

Viral Hepatitis

33. Notification of this disease is not compulsory. While the figures recorded for the period under review are therefore not strictly comparable with those of previous years, there had been an impression of a rise in the incidence of the disease during the first three months of 1966. Attention was drawn to the large number of inoculations given during the mass immunization campaigns each year and therefore disposable syringes have been used in immunization campaigns since August 1966.

34. Developments in certain other communicable diseases are reviewed later in this report, while the remainder showed little variation during 1966 and hence require no comment.

III. WORK OF THE HEALTH DIVISION

AREA HEALTH WORK

35. Much of the work of the area Health Officers, apart from their duties with the Urban Services Department in the maintenance of satisfactory standards in environmental sanitation and food hygiene, has been recounted in the preceding paragraphs on Epidemiology. Such work included not only the field investigations into the major communicable diseases but also the co-ordination of the activities of teams of inoculators participating in prophylactic immunization drives. Four such campaigns were staged during the year and reference has already been made to three, namely cholera, poliomyelitis and diphtheria. The fourth, promoting smallpox vaccination, was held during the Chinese New Year period in February 1967, traditionally an auspicious time for receiving this immunization. The increasing importance of Hong Kong in international travel by sea and air and the prevalence of smallpox in nearby countries underline the need to maintain a high level of community protection against the disease.

TUBERCULOSIS

(See tables 17-23)

36. As stated previously, tuberculosis is the major health problem of Hong Kong. The magnitude of the problem makes it impossible both physically and financially to provide institutional accommodation of the order required for the isolation of all infectious cases. The policy for

control of the disease has been to protect, by vaccination with B.C.G., those most vulnerable to serious post-primary manifestations, to provide out-patient facilities for the ambulatory treatment of as many tuberculosis patients as possible and to reserve the limited hospital accommodation for patients not responding to ambulatory treatment or in need of surgical intervention. This policy is also important for economic reasons as persons suffering from the disease will be reluctant to seek treatment if prolonged periods of hospitalization with consequent loss of income are necessary. In the execution of this policy there has been a high degree of co-operation between Government and voluntary agencies concerned with the problem, particularly the Hong Kong Anti-tuberculosis and Thoracic Diseases Association. The Government Chest Service maintains the B.C.G. vaccination and out-patient treatment programmes while the voluntary agencies, aided by substantial Government subventions, maintain most of the hospitals.

37. To keep pace with the rapid changes which are occurring in the fields of treatment and prevention of tuberculosis, close liaison has also been maintained with agencies outside the Colony. During the year planning was well advanced for a chemotherapy trial which should yield extremely valuable results in the treatment of patients suffering from tuberculosis in Hong Kong. This study is being undertaken in conjunction with the Tuberculosis and Chest Disease Research Unit of the Medical Research Council of United Kingdom and the Hong Kong Anti-tuberculosis & Thoracic Diseases Association. Briefly it will evaluate the most effective policy of treatment for tuberculosis patients in Hong Kong and also investigate the use of a rapid-slide-culture sensitivity test. Co-operation is maintained with the World Health Organization and this organization has assigned a bio-statistician to this department to advise on development of statistical procedures for the evaluation of the tuberculosis programme in Hong Kong.

Mortality

38. During the year there was a slight rise in the number of deaths from tuberculosis. The great majority of deaths occurred in elderly males who had been suffering from tuberculosis for many years and died from its sequelae rather than from active tuberculosis. The average age of death from tuberculosis rose from 49 in the previous year to 53 in the year under review; the comparable figure in 1956 was 32. Changes taking place in mortality from tuberculosis of various ages are presented in Figure 5. The level of B.C.G. coverage at birth remains high at 90.22% of new-borns. (Figure 6).

FIGURE 5

TUBERCULOSIS MORTALITY BY AGE & SEX 1956 & 1966

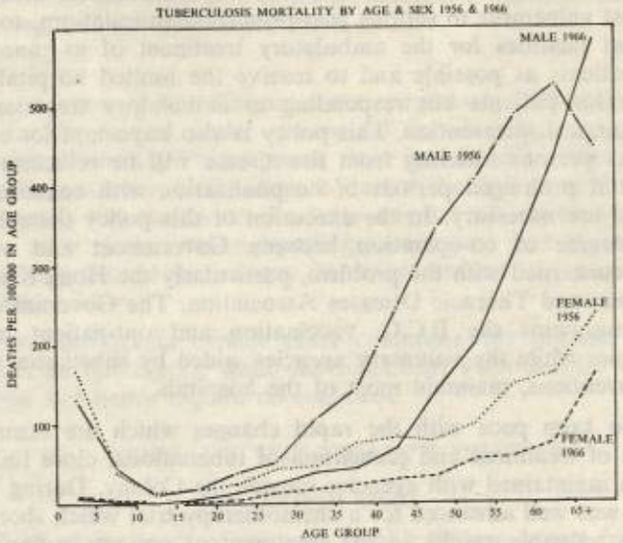
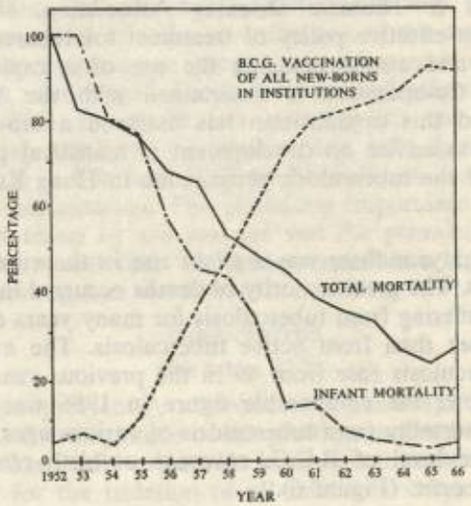


FIGURE 6

TUBERCULOSIS MORTALITY & B.C.G. VACCINATION OF NEW-BORNS 1952 - 1966

(MORTALITY RATES EXPRESSED AS PERCENTAGE OF 1952 RATES)

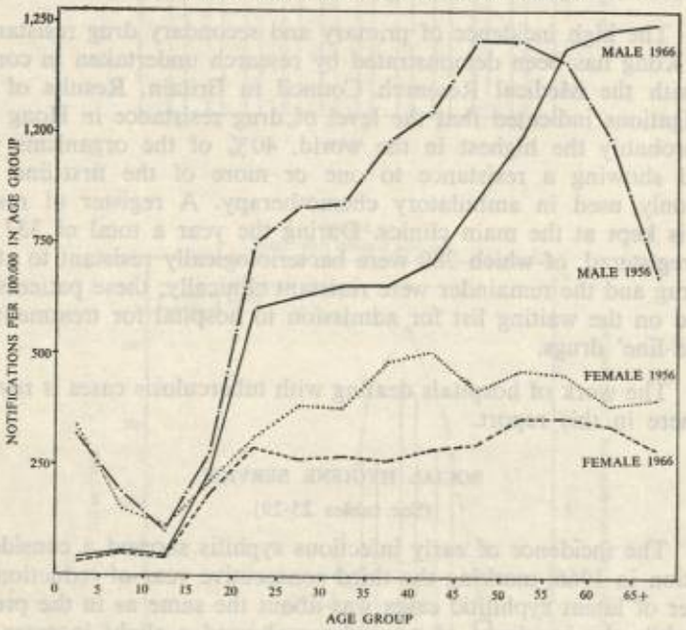


Morbidity

39. Notifications of tuberculosis during 1966 showed an increase over the previous year, an event which, at least in part, may have been a result of the intensified case finding programme, especially the increased contact examinations. Figure 7 shows the changes which have taken place in the age and sex specific notification rates. It will be seen that there have been marked reductions in incidence of the disease during childhood, that there has been little change in the vulnerability of adolescents and that there has been some reduction in incidence amongst young and middle-aged adults. The relative susceptibility of males, except in childhood, corresponds with the well-documented pattern recorded elsewhere in the world.

FIGURE 7

TUBERCULOSIS NOTIFICATIONS BY AGE & SEX 1956 & 1966



Work of the Government Chest Service

40. The Government Chest Clinics provide ambulatory chemotherapy services for the great majority of cases of tuberculosis presenting, hospital admission being reserved for patients requiring specialized

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

41. Increasing attention is being paid to the public health aspects of tuberculosis. 73 Health Auxiliaries, whose main duties consist of contact tracing and home visiting, are attached to the Chest Service; these Health Auxiliaries are supervised by one Health Sister and six Health Visitors. Regular attendance for out-patient chemotherapy is of paramount importance and considerable emphasis is placed on follow-up of defaulters and on ensuring that contacts are examined.

42. The high incidence of primary and secondary drug resistance in Hong Kong has been demonstrated by research undertaken in conjunction with the Medical Research Council in Britain. Results of these investigations indicated that the level of drug resistance in Hong Kong was probably the highest in the world, 40% of the organisms investigated showing a resistance to one or more of the first-line drugs commonly used in ambulatory chemotherapy. A register of resistant cases is kept at the main clinics. During the year a total of 337 cases were registered, of which 280 were bacteriologically resistant to at least one drug and the remainder were resistant clinically; these patients were entered on the waiting list for admission to hospital for treatment with 'second-line' drugs.

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

SOCIAL HYGIENE SERVICE

(See tables 25-29)

44. The incidence of early infectious syphilis showed a considerable reduction in 1966, marking the third consecutive year of reduction. The number of latent syphilitic cases was about the same as in the previous year while the incidence of gonorrhoea showed a slight increase. It is encouraging to note that the incidence in the teenage group of the population has not risen in the manner experienced in many other parts of the world. The trends over the past ten years are illustrated in Figures 8 to 10.

FIGURE 8

SYPHILIS 1957 - 1966

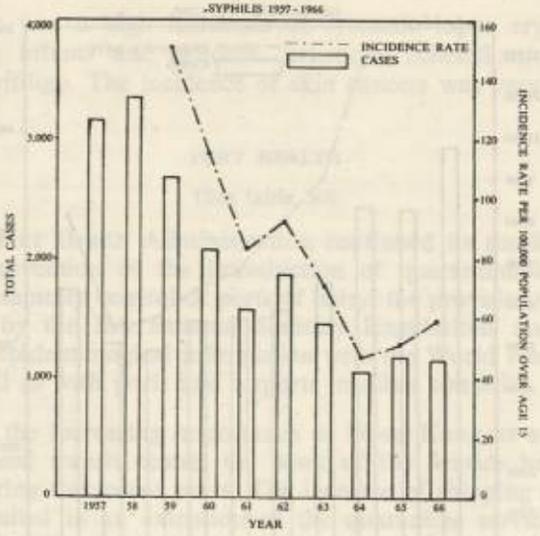


FIGURE 9

INFECTIOUS SYPHILIS 1957 - 1966

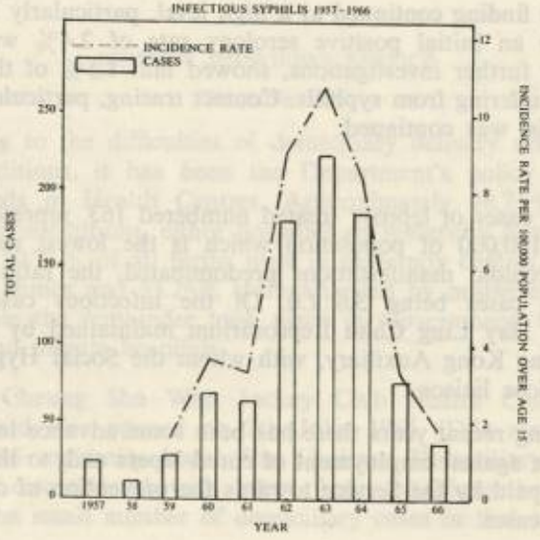
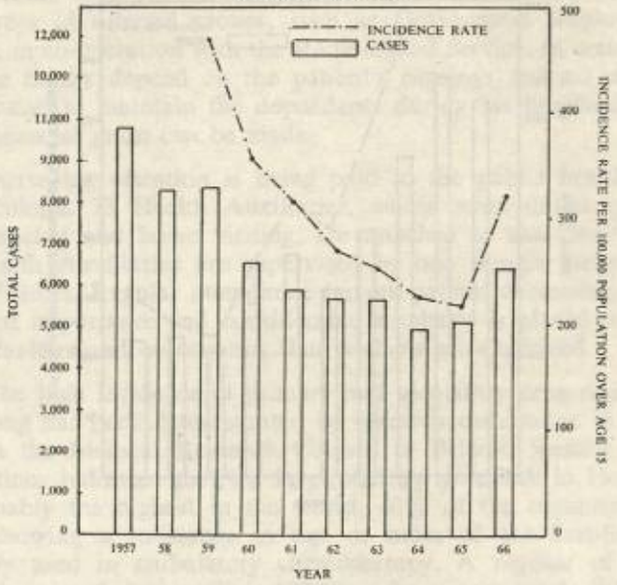


FIGURE 10

GONORRHOEA 1957 - 1966



45. Case finding continued at a high level, particularly in ante-natal cases where an initial positive serology rate of 2.4% was observed, which, after further investigations, showed that 1.5% of the ante-natal cases were suffering from syphilis. Contact tracing, particularly of infectious syphilis, was continued.

Leprosy

46. New cases of leprosy treated numbered 163, representing a rate of 4.1 per 100,000 of population which is the lowest recorded since 1959. Tuberculoid manifestations predominated, the ratio of these to lepromatous cases being 3.6:1.0. Of the infectious cases, 92 were admitted to Hay Ling Chau Leprosarium maintained by the Leprosy Mission Hong Kong Auxiliary, with whom the Social Hygiene Service maintains close liaison.

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

Dermatology

48. There was a high incidence of systemic lupus erythematosus, pyoderma in infants and children, urticaria, lichenification, alopecia areata, and vitiligo. The incidence of skin cancers was very low.

PORT HEALTH

(See table 30)

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

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

DISTRICT MIDWIFERY SERVICE

(See table 31)

51. Owing to the difficulties of domiciliary delivery under existing housing conditions, it has been the Department's policy to provide maternity beds in Health Centres. Approximately 98.76% of births took place in institutions, either hospitals or maternity homes. It is of interest that 20.71% of all births were in maternity centres attached to Government clinics and 33.26% were attended by midwives in private practice, while the remainder took place in Government, Government subsidized and private hospitals.

52. The Cheung Sha Wan Jockey Club Health Centre with a maternity ward was opened on 7th July, 1966. This resulted in an increase of 26 maternity beds. The Chaiwan Domiciliary Midwifery Service was discontinued with effect from 1st November, 1966 on account of the small number of domiciliary cases in that area.

MATERNAL AND CHILD HEALTH SERVICES

(See tables 32-33)

53. There is increasing public appreciation of the value of these services in the maintenance of health amongst infants and expectant and nursing mothers, and 75.49% of children born attended a Centre on at least one occasion; the corresponding figure for 1965 was 63.1%. Only 0.15% of the new attendances at infant welfare centres were found to have abnormalities; of these, the majority were either congenital defects or the effects of prematurity. A further encouraging trend is the increasing appreciation by expectant mothers of the need for regular ante-natal care as reflected in increasing attendances at ante-natal sessions and by the low maternal mortality rate.

54. The subsidiary centres at Kowloon Police Quarters and Li Cheng Uk Resettlement Estate were replaced by a full-time centre at the newly-opened Cheung Sha Wan Jockey Club Clinic. The full-time Kowloon Maternal and Child Health Centre in Tsim Sha Tsui was replaced by the full-time Yau Ma Tei Maternal and Child Health Centre in the recently opened Yau Ma Tei Jockey Club Polyclinic. Since then, the subsidiary centre in the old premises at Yau Ma Tei Public Dispensary was discontinued.

SCHOOL HEALTH SERVICE

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

56. Tuberculin testing was carried out on primary school entrants by inoculators of the Chest Service and B.C.G. vaccine was given where necessary. Positive reactors with a reading of over 15 mm were submitted to X-ray examination, and further investigation of 1,602 pupils examined radiologically revealed 22 cases of active tuberculosis who were given treatment. 245 pupils were placed under observation. Health Visitors interviewed all pupils with active tuberculosis and every effort was made to try and determine the source of infection, with special emphasis on home contacts.

57. In August 1966 the work of the School Health Service was taken over by the Area Health Officers who were currently gazetted as Medical Officers of Schools.

SCHOOL MEDICAL SERVICE BOARD

(See table 34)

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

59. During the year under review the system of enrolment was modified and a method of 'continuous enrolment' was introduced. At 31st March, 1967 the number of pupils participating was 56,115 from 661 schools, compared with 50,394 pupils from 517 schools on the same date in the previous year. Doctors participating in the scheme numbered 227 compared with 250 in the previous year.

DENTAL SERVICE

(See table 35)

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

61. The new Yau Ma Tei Dental Clinic in the Yau Ma Tei Jockey Club Polyclinic provides six dental surgeries fitted with the latest dental equipment and an up-to-date dental laboratory. There is now a total of 30 Government Dental Clinics.

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

63. Although no training in dentistry is undertaken in Hong Kong, a programme of overseas training is maintained by Government and during the year three scholarships were again awarded to students for

study in the University of Otago in New Zealand. In-service training in dental technology is available for students in Government employment and evening classes are held in the Hong Kong Technical College for technicians in private employment. Three dental surgery assistants are under training for dental nursing in Penang, Malaysia under World Health Organization Fellowships.

FORENSIC PATHOLOGY

(See tables 36-37)

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

65. Only one death resulted from typhoons during the year, but the disastrous torrential rains of early June caused 67 deaths. One death resulted from the Kowloon disturbances in April 1966.

GOVERNMENT CHEMICAL LABORATORY

(See table 42)

66. The work of the laboratory remained at a high level and, as in previous years, narcotic drugs formed the largest category of samples; over 14,000 seizures were examined and certified. They included some very large shipments (over 11,000 lbs.) of raw opimum, and of morphine hydrochloride (over 600 lbs.).

67. The forensic work included the examination and certification of a number of scheduled poisons sold or used unlawfully.

68. Work under the Public Health and Urban Services Ordinance was concerned with the routine examination of foods to ensure that they complied with existing legislation. Common contraventions included the use of non-permitted colours or of an excessive addition of preservative, while others were the adulteration of edible oils by cheap vegetable oil, or even by mineral oil.

69. A section has been engaged on the analysis of medicinal drugs, mostly samples from those purchased by Government for use in hospitals and clinics. Some samples of drugs and medicines sold to the public by retail have been analysed, and prosecutions have followed the discovery of gross adulteration of certain vitamin preparations.

GOVERNMENT INSTITUTE OF PATHOLOGY

(See tables 38-41)

70. The expansion of medical services in Hong Kong and the increasing importance of laboratory investigations in both curative and preventive medicine have been reflected in the increasing number of investigations which totalled 1,354,948, an increase of about 13.5% over the previous year. This increase could be attributed at least in part to the re-opening of the Institute of Pathology at Kowloon Hospital. This new laboratory, besides providing a clinical pathology service, acts as a central Public Health Laboratory for the whole of Kowloon and the New Territories. This arrangement now leaves the laboratory at Queen Elizabeth Hospital responsible for only hospital work. In spite of this the total number of tests performed at the latter has not diminished. The Government Institute of Pathology also helps to conduct laboratory examinations for the Tung Wah Group of Hospitals totalling 50,654 tests, representing 4% of the overall total. Work arising from Queen Mary Hospital on pathology, clinical biochemistry and bacteriology is undertaken by the University Department of Pathology which receives a subvention from Government for such services.

Bacteriology

71. The year-round monitoring of nightsoil and cases of gastro-enteritis for cholera vibrios continued. This resulted in the detection of one clinical case on 21st November, 1966 where Vibrio cholera el Tor, subtype Ogawa, was isolated from the stool of a patient in Kowloon suffering from gastro-enteritis. There were also 46 positive isolates of Vibrio cholera el Tor from Hong Kong nightsoil between 25th - 28th November, 1966 (all subtype Ogawa). No clinical cases were detected on Hong Kong Island. Other projects included studies on the effects of anti-biotics and antisera on vibrios and the virulence of mutants.

72. The joint undertaking between the Medical Research Council and the Hong Kong Government in the study of anti-tuberculosis drugs continues. This work now embraces investigations on anti-tuberculosis drug levels in pus from cases of tuberculosis of the spine.

73. Vaccine production was at a high level, being twice that of the previous year.

Haematology and Blood Banks

74. The Hong Kong Branch of the British Red Cross Society continued to maintain a blood collection service and to distribute the blood

to the blood banks at the Queen Mary and Queen Elizabeth Hospitals. During the year a total of 19,589 pints of blood was supplied to the blood banks, an increase of 31% over the previous year. Constant demands for fresh blood for special cases of blood diseases have given extra work to the collection of blood by the Society.

Morbid Anatomy and Histology

75. Significant increases were noted in exfoliative cytology and diagnostic biopsy work. Consultation biopsy cases have risen from 90 in 1965 to 340 in 1966. The study of pancreatic clonorchiasis has concluded, and the histological typing of salivary gland tumours continues.

Virology

76. The Government Virus Unit continued diagnostic examinations for virus infections and surveys in connexion with poliomyelitis. Other projects included studies of respiratory virus infections and a measles vaccination trial.

77. In poliomyelitis the incidence of the disease remained low in 1966. Poliomyelitis virus Type I continued to be the predominant causative agent. Two poliomyelitis faecal surveys on children were carried out, the first survey between June and July and the second between November and December. Results showed an excretor rate of 0.4% of 'wild' poliovirus in the first survey involving 235 children and 1.8% in the second survey involving 322 children. Type I poliovirus was prevalent in the former, and Type III poliovirus in the latter survey.

78. The combined immunization programme on poliomyelitis vaccination was extended in 1966. This programme, consisting of giving one dose of Type I poliovaccine at 4 - 7 days after birth followed by 2 doses of 'balanced' trivalent vaccine at 3 and 5 months of age, was found to provoke good immulogical response to all three types of poliovirus in a pilot study in 1964-65. Further serological assessment of its efficacy will be completed in 1967.

79. A measles vaccination trial was carried out in 1966 using two types of live attenuated measles vaccine, the Schwartz strain and the Beckenham 31 strain. Comparison was also made with the intramuscular and intradermal route of injection, of which the intradermal dose was one fifth of the intramuscular dose. The serological response was assessed by both neutralization test and haemagglutination-inhibition test. The results showed that by intramuscular route, both vaccines gave a satisfactory sero-conversion rate. The Beckenham 31 vaccine gave a higher antibody titre and also a higher complication rate than

the Schwartz strain. The immuno-response to both vaccines by the intradermal route was not satisfactory in this trial (Please see table 41 for results of the trial).

INDUSTRIAL HEALTH

(See table 43)

80. The health of workers in factories and in other industrial undertakings is the statutory responsibility of the Commissioner of Labour. The Industrial Health Division of the Labour Department, which is staffed by personnel seconded from the Medical & Health Department, is chiefly concerned with the prevention of occupational diseases and the protection of workers against health hazards arising from their working environments. In addition to routine medical surveillance and environmental investigations, a number of separate surveys were carried out during the year to achieve these aims.

81. Environmental surveys included the investigation of lead in air in the printing industry, of silica dust in quarries, of noise on marine launches and of thermal comfort in offices. Clinical surveys were carried out among workers handling epoxy resins in the electronics industry and among selected workers exposed to lead in the printing industry. At the beginning of the year under review, medical officers seconded to the Labour Department began the periodical statutory medical examination of radiation workers in medical practice as well as those employed in industry. The monitoring of film badges of radiation workers in industry was taken over by the Film Badge Service of the Medical and Health Department from the Radiological Protection Service in the United Kingdom.

82. The experiment of posting Health Visitors to casualty departments in order to supervise rehabilitation of and advise injured workers (under the Workmen's Compensation Ordinance) proved successful and this procedure is now well established. Some of the Health Visitors' duties were taken over by nurses to allow the former to carry out visits to injured persons in factories and in their homes. With the opening of a casualty department at Kwong Wah Hospital, it was found necessary to establish a Medical Board for the assessment of industrial injuries at that hospital in addition to those at Queen Mary and Queen Elizabeth Hospitals.

83. Medical facilities for workers in factories in Hong Kong vary from the minimum statutory requirement of an adequately stocked first-aid box to clinics staffed by doctors and nurses. A survey to

determine the type and extent of these facilities was carried out and among other findings, it was shown that approximately 22% of employees in registered and recorded industrial undertakings were covered by medical care schemes staffed by registered medical practitioners.

REGISTRATION OF MEDICAL CLINICS

(See table 44)

84. As on 31st December, 1966, there were 82 registered clinics in the charge of registered medical practitioners, and 393 clinics registered with exemption which were for the most part in charge of unregistered medical practitioners. The total of 475 clinics included 54 mobile vans.

85. Two medical inspectors of clinics continued throughout the year to make regular inspections of all clinics whose names appeared on the Register.

86. The Report of the Advisory Committee on Clinics, appointed in June 1965 under the Chairmanship of the Hon. D. RUTTONJEE, C.B.E., J.P., published in March 1966, was studied in detail by Government; as a consequence of certain recommendations made by the Committee, the Medical Clinics Ordinance was amended in several sections. The Ordinance has now extended the power of the Registrar of Clinics to register clinics with exemption for a further three years from January 1967. All clinics, whether registered or registered with exemption, are required to be re-registered annually. A Code of Practice has been issued to all unregistered practitioners in charge of exempted clinics; this not only contains certain rules of conduct but defines the scope of their professional activities and contravention of the Code by unregistered practitioners can now be regarded as sufficient reason either for refusal to grant exemption or for cancellation of re-registration of exempted clinics.

87. In accepting the Advisory Committee's recommendation that all mobile vans should be abolished by the end of December 1967, no provision is made in the Ordinance for re-registration of mobile clinics after that date. In their stead, the Committee recommended the setting up of proper clinics in all resettlement and low cost housing authority estates, and providing one doctor for every 6,000 residents. A scheme has since been formulated and will be put into operation early in the coming year. With the co-operation of the Resettlement Department and the Housing Authority, clinics will be set up in all estates to provide low-cost medical care in the estates. In the allocation of such premises, registered doctors will be given priority as recommended by the Report.

HEALTH EDUCATION

88. A better appreciation by the Colony's population of the basic principles of personal and environmental hygiene and the prevention of disease continues to be the main health objective. A very wide field is covered by many branches of the Medical and Health Department, and the co-operation of all voluntary bodies interested in such topics is actively sought. During the year the Department co-operated in a number of exhibitions, notably the Fifth Kai Fong Health Education Exhibition in July-August 1966 by producing displays on various aspects of preventive medicine.

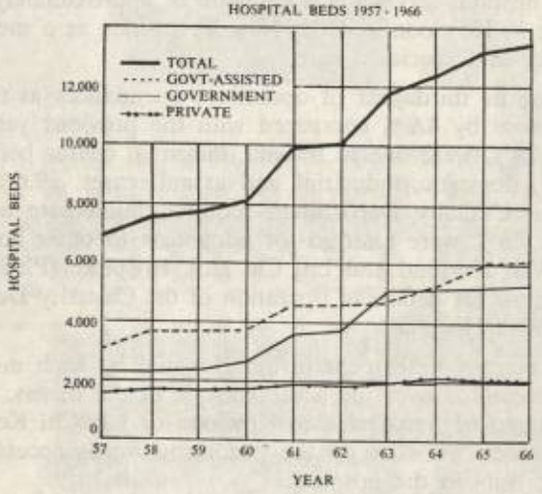
IV. WORK OF THE MEDICAL DIVISION

(See tables 45-48)

89. At the end of 1966, there was a total of 12,851 beds available in all hospitals in Hong Kong excluding those hospitals maintained by Her Majesty's Armed Forces. An additional 515 beds in private maternity and nursing homes were also available. The total of 13,366 beds available in Hong Kong represents 3.6 beds per thousand of the population. Development over the past 10 years is illustrated in Figure 11 and it will be noted that the bed provision in 1966 represents an increase of more than 90% over the bed provision in 1957.

FIGURE 11

HOSPITAL BEDS 1957 - 1966



QUEEN MARY HOSPITAL

(See table 49)

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

91. Work on the extensions to the Hospital continued and during the year the projects completed include the new quarters for sisters, nurses and house officers, the new nurses training school, the new operating theatre and professorial suites and the greatly-expanded radio-diagnostic department. Plans were also made, on the completion of these extensions, to alter the existing main hospital building so as to provide a total of 1,080 beds by the end of 1969 and to set up an intensive care unit, and an acute psychiatric ward to improve the facilities of the hospital as a teaching and specialized institution.

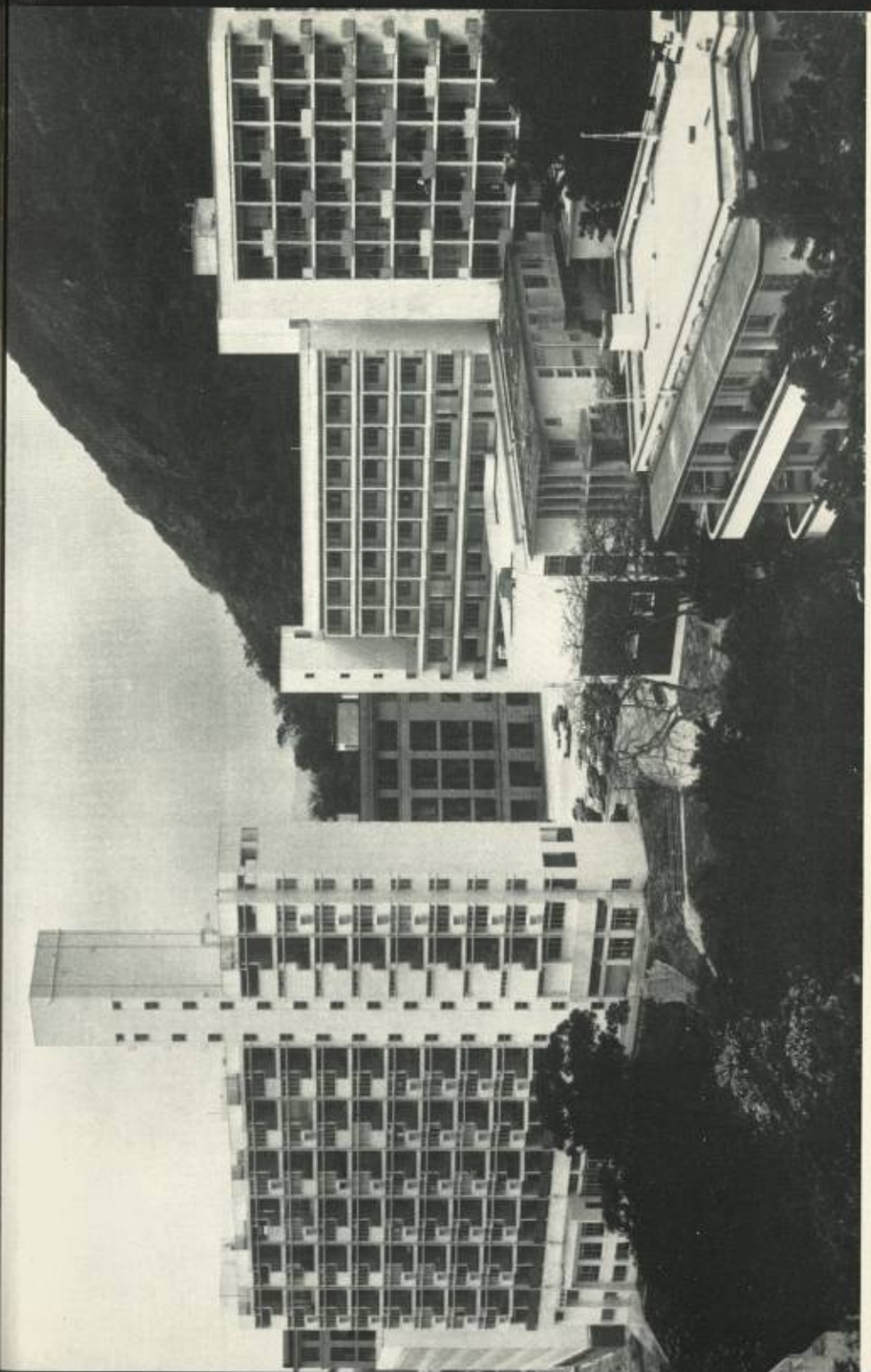
QUEEN ELIZABETH HOSPITAL

(See tables 50-51)

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

93. During its third year of operation, attendances at the Casualty Department rose by 4.9% compared with the previous year. Of these attendances, 28% were due to trauma, the main causes being, in order of frequency, domestic, industrial and assault cases. 29.6% of all the cases seen in Casualty Department required immediate admission to hospital and 7.6% were referred for admission to other hospitals such as Kwong Wah Hospital and Lai Chi Kok Hospital. (Please see paragraph 148 below for details of operation of the Casualty Department of the Kwong Wah Hospital).

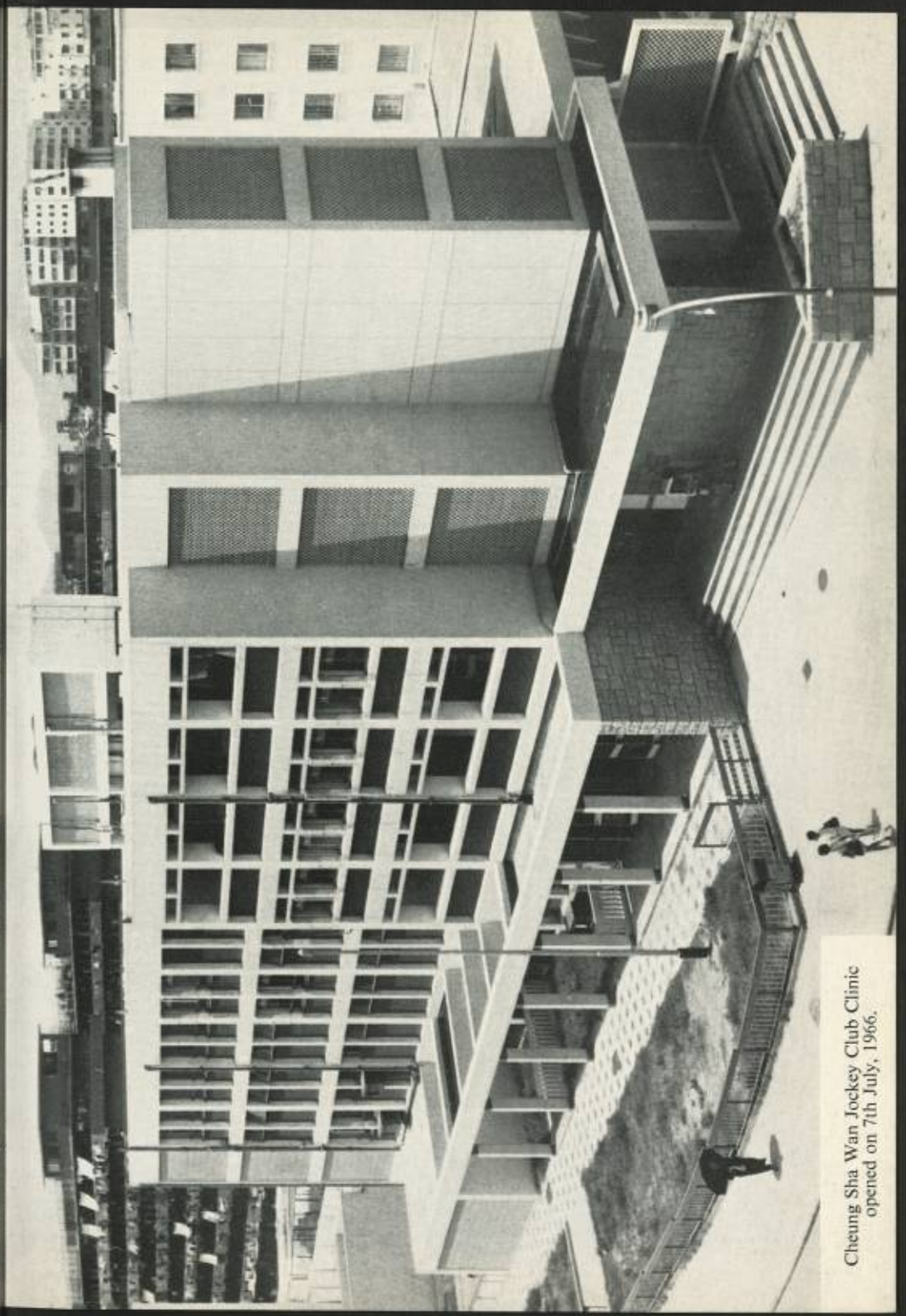
94. The average time spent in the Hospital by each in-patient was 7.8 days. Once tided over the acute episode of the illness, patients are either discharged or transferred to Kowloon or Lai Chi Kok Hospitals for convalescence. Pressure on the paediatric wards necessitated a re-allocation of beds in the hospital.



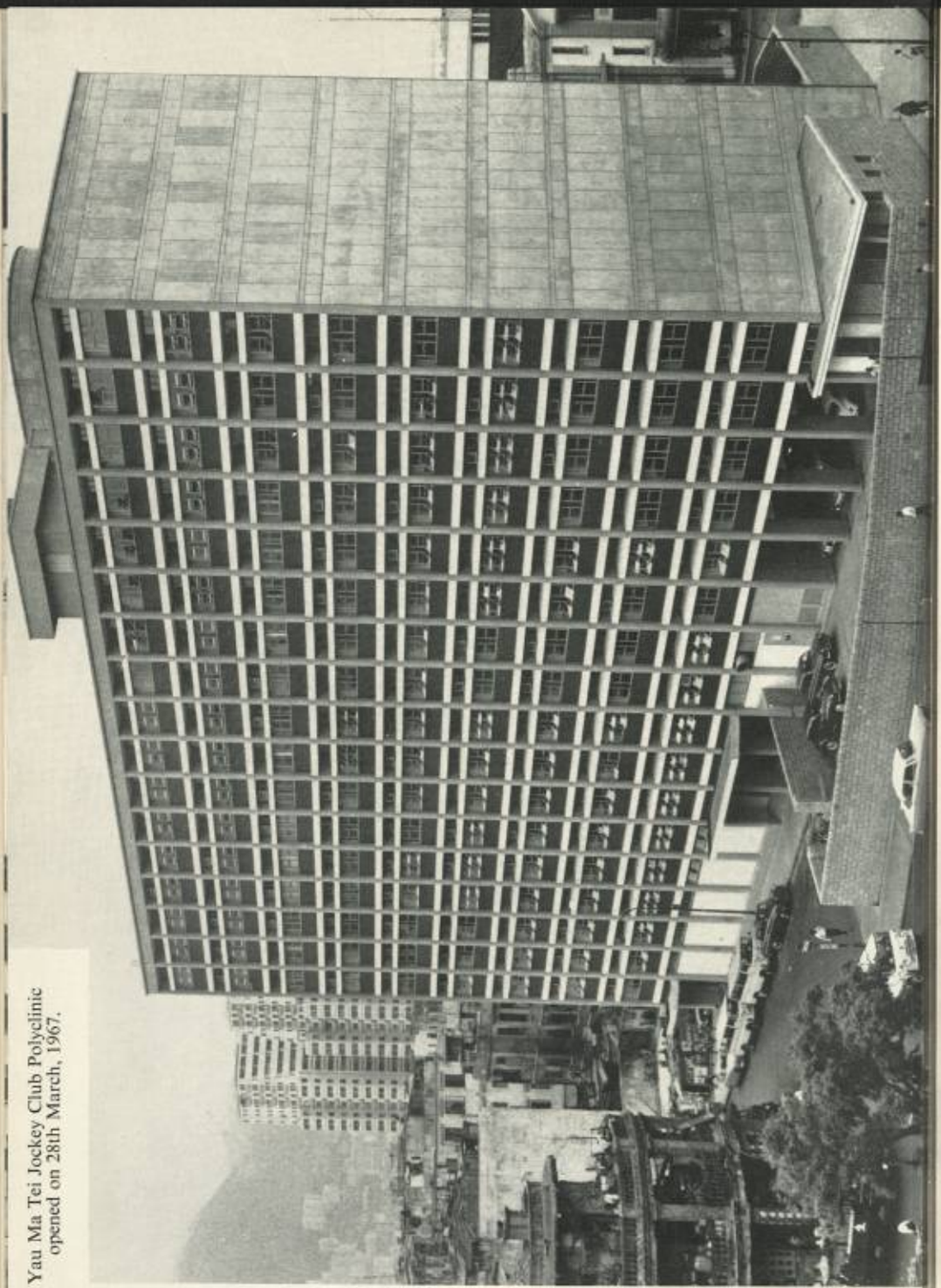
Two new blocks of Nursing Staff Quarters at Queen Mary Hospital. They are seen at left and centre of the photograph, with the original nurses quarters just visible between them.

New accommodation for House Officers and Male Nurses at Queen Mary Hospital. The new Nurses Training School is seen at right of the photograph.

The new block housing Professorial Suites and Radiotherapy Department at Queen Mary Hospital. The bridge, at right, connects with the main Hospital building.



Cheung Sha Wan Jockey Club Clinic opened on 7th July, 1966.



Yau Ma Tei Jockey Club Polyclinic opened on 28th March, 1967.

KOWLOON HOSPITAL

95. With the completion of renovation of the hospital premises towards the end of 1965, a total of 500 beds in Kowloon Hospital was ready for use by February 1966 with fully equipped facilities and staff. An additional block of 600 beds has been planned for and site formation commenced in early March 1967. When completed, there will be a total of 1,100 beds in this hospital as subsidiary accommodation for Queen Elizabeth Hospital and for Chest diseases requiring both medical and surgical management.

96. A long term design for establishing a Chest Centre at Kowloon Hospital has been achieved with the opening of the Pulmonary Tuberculosis Unit in September 1965 and the transfer of the Thoracic Surgical Unit from Queen Elizabeth Hospital in February 1966. These 2 units have a total of 168 beds. Apart from treating patients suffering from pulmonary tuberculosis, the work of these 2 units includes also other aspects of cardio-thoracic surgery and non-tuberculous chest disease.

TSAN YUK HOSPITAL

(See table 52)

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

98. Approximately 93.65% of admissions were cases registered at the hospital ante-natal clinic, and were in the main primiparae, grand multigravidae or other cases requiring specialist care; the remainder of the admissions were emergency cases referred from other sources. There were seven maternal deaths, the causes of which were: 4 cases of septicaemia, one case of mitral stenosis, one case of bronchogenic carcinoma and one case of ruptured splenic vein.

MENTAL HEALTH SERVICE

Castle Peak Hospital (See table 53)

99. With the addition of extra 240 beds by the completion of 2 new ward blocks during the year, the bed capacity of the hospital has increased to 1,359 beds. The hospital was still overcrowded over the revised bed capacity and at the end of the year under review 1,475 patients were accommodated.

100. Continued efforts to turn the hospital into a modern therapeutic community have resulted in a judicious liberalization of control over patients. Except for 2 closed wards for patients involved in Court proceedings, most of the wards are in various degrees 'open', having free access to their own gardens. Two wards are never locked, the patients housed therein are convalescent and are given intensive attention to prepare them for discharge. Some patients travel daily to Tsuen Wan to work in factories for a short period of rehabilitation prior to final discharge. Many patients are given permission to go freely within hospital.

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

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

Psychiatric Clinics (See table 54)

103. Work in the out-patient centres continued to increase. Towards the end of the year under review, the Tsim Sha Tsui Psychiatric Clinic was replaced by the new Yau Ma Tei Psychiatric Centre in the recently opened Yau Ma Tei Polyclinic, catering for both out- and day- patients including children. In addition to these clinics, psychiatric services are provided for Psychiatric Observation Unit in Victoria Remand Prison and for the mentally sub-normal in the Aberdeen Rehabilitation Centre.

New Life Psychiatric Rehabilitation Association

104. This Association, run by several members of the Mental Health Service, centred its activities mainly on a 'Half-way House' for men—a hostel where certain selected discharged patients from Castle Peak Hospital could spend a transitional period before return to normal society. A small fee was charged. Most of the ex-patients with the help of the Association were able to readjust themselves to return to a productive life.

Drug Addiction Treatment Centre

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

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

INFECTIOUS DISEASES HOSPITALS

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

108. The general pattern of admissions followed that experienced in previous years with certain fluctuations. There was a reduction in the number of admissions of diphtheria and poliomyelitis. There was an increase in the number of cases of dysentery, gastro-enteritis and infective hepatitis.

109. Typhoid admissions remained comparable with the previous year. The disease occurs mainly amongst children and adolescents and is very often of a mild character. Some increase was noted in the number of measles admissions. Bronchopneumonia complicating measles is the main cause of death and many cases were severely ill at time of admission.

OTHER GOVERNMENT HOSPITALS

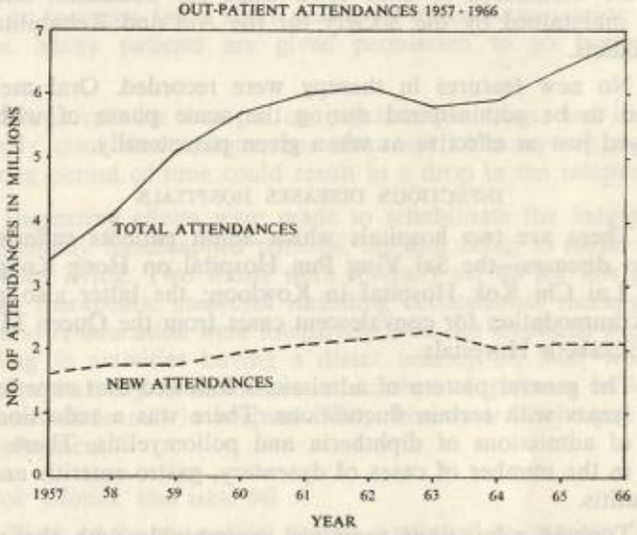
110. Other hospitals maintained by Government are the St. John Hospital, serving the island of Cheung Chau and neighbouring islands of the western sea-board; the Wan Chai Hospital for the care of female patients with skin diseases; the South Lantau Hospital serving the villages on the south-west coast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

OUT-PATIENT SERVICES

(See tables 55-57)

111. Pressure remained heavy throughout the year on all 40 general out-patient clinics and also on most specialized ones. Trends during the past ten years are shown in Figure 12.

FIGURE 12
OUT-PATIENT ATTENDANCES 1957 - 1966



112. New facilities which became available during the year are detailed in paragraphs 166 to 169 of this report.

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

SPECIALIST SERVICES

114. There are Government Specialist Clinical Units in medicine, surgery, obstetrics and gynaecology, anaesthesiology, dentistry, neurosurgery, ophthalmology, orthopaedic surgery, otorhinolaryngology,

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

RADIOLOGICAL SERVICES

(See tables 58-59)

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

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

OPHTHALMOLOGY

(See tables 60-61)

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

Queen Elizabeth Hospital enabled waiting lists to be reduced to almost negligible proportions. Towards the end of the year under review a new ophthalmic centre was opened at the Yau Ma Tei Polyclinic.

118. During the year, 420 persons were first registered as blind, a drop from the 467 recorded in 1965. Of the 420 persons recorded during the year only twenty-two were in children under fifteen years of age and most of them were recent arrivals from Mainland China. Following successful operations, some sixty-three patients were removed from the register.

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

PHARMACEUTICAL SERVICE

(See table 62)

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

121. The Central Sterile Supply Department at Queen Elizabeth Hospital is gradually being extended to include the requirements of Kowloon Hospital. Another Central Sterile Supply Department has been opened in the new theatre block at Queen Mary Hospital. The latter Department at present serves the needs of the new theatre block only, but plans are being made to expand its service to meet the requirements of the entire hospital. A new pharmacy department has also been opened in the new theatre block at Queen Mary Hospital.

122. The service is responsible for inspections under the various ordinances concerned with Dangerous Drugs, Poisons and Antibiotics.

During the year the scope of these activities has increased to include an additional inspector who has been trained for duties under the Public Health and Urban Services Ordinance and will inspect premises in connexion with sale of sub-standard pharmaceutical preparations.

MEDICAL SOCIAL WORK

123. The expansion of the medical services and the increasing emphasis on rehabilitation in its various aspects necessitated a large intake of staff during the year. To meet the need for training new entrants as well as for development of skills and knowledge throughout the section, a senior member of the staff was assigned to be responsible for a programme of staff development and student training. During the year 2 Medical Social Workers returned after one year's post-graduate training in United Kingdom, and another from the United States, also after one year's training. In staff training locally, full use has been made of Extra Mural Courses, several of which have been designed especially for social workers and the cost was met by Government. Lectures were given by the Medical Social Workers in the courses of training of nurses, physiotherapists and medical students. In addition all possible assistance was given to the two universities in the training of university social work students.

124. In the Tuberculosis Service, the development of Health Visitors of the work concerned with the public health and preventive aspects of this disease has enabled the Medical Social Workers, working on a referral and selection basis, to concentrate more on the purely social work angles. Much more time is being spent by Medical Social Workers in hospitals, and the stationing of Medical Social Workers at the Grantham Hospital and Ruttonjee Sanatorium was started during the year.

125. Work at the Kowloon Jockey Club Rehabilitation Centre has been developed during the year with the placement of two full-time Medical Social Workers at the Centre. Much of their time is spent with child patients and their parents, who need encouragement to persevere with treatment, and help and guidance in accepting permanent disability. The newly developed community services such as the Save the Children's Fund Nursery, the Red Cross Day School and the Peace Clinic's Hostel for handicapped children, have given full co-operation to the centre and contributed much help to the patients.

126. Medical Social Workers in the hospitals have continued to work with patients and families throughout hospitalization towards the

ultimate goal of discharge back into the community. Severe residual disabilities, particularly in such conditions as paraplegia and hemiplegia, pose serious problems. In Queen Elizabeth Hospital there was no significant change in the method of work during the year, while in Queen Mary Hospital the working condition was improved with the addition of one office room for the service. The work in Kowloon Hospital resembled that in the other general hospitals, but with a greater proportion of problems relating to destitute or seriously handicapped patients for whom discharge plans must be made. In Lai Chi Kok Hospital there was a reduction in the number of patients dealt with during the year, partly due to a decrease in the number of admissions of poliomyelitis cases.

127. In the Mental Health Service the demands for fully trained Psychiatric Social Workers and the scope of work at Castle Peak Hospital remain great. During the year the service had been expanded to include social planning for a category of patients formerly the concern of the Prisons Department, and a Medical Social Worker was assigned to the Drug Addiction Unit to follow up the discharged drug addicts of Castle Peak Hospital.

128. In the leprosy service methods of rehabilitation remained the same and co-operation with the Hay Ling Chau Leprosarium was maintained. In the fields of veneral diseases and dermatology, long interviews with patients were needed to release tensions and uncover hidden anxieties which play so important a part in some dermatological conditions. In other specialist sections such as ophthalmology, the Medical Social Workers worked on the referral system, and constantly pruned their activities in order to obtain the best possible results. At Tsan Yuk Hospital child care assistance is the highest among other social help, and 76 babies from tuberculosis mothers were placed by the Medical Social Worker in various nurseries for temporary care, while arrangements were made for another 27 babies to be looked after by tuberculosis-free relatives.

PHYSIOTHERAPY

(See table 63)

129. Demand for physiotherapy services continued to rise, and there is increasing concentration on education and training of the handicapped in re-adapting themselves to day-to-day activities. In the Queen Elizabeth Hospital Department there was an increase in the number of cases

treated in the hydrotherapy pool and in the number of cerebral palsy patients. A new class for hemiplegic patients had been started. The number of treatments and clinics held at the Kowloon Jockey Club Rehabilitation Centre had increased, while in the Wanchai Polyclinic cervical spondylosis constituting the largest proportion of the cases treated.

130. The Physiotherapy Training School had an intake of 11 new students during the year, making a total of 21 students now being trained in the school. For the first time 6 male students were recruited. Four students graduated from the school in August, 1966.

OCCUPATIONAL THERAPY

(See table 64)

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

132. At Castle Peak Hospital the occupational facilities have been increased due to extra space being converted to a unit for light assembly work. Industrial 'out-work' consisting of contracts with factories, continues as a valuable adjunct to the treatment programme and is being expanded. Government orders for domestic, hospital and office equipment continued. The printing department has progressed and produced two Hospital magazines with articles from patients and staff. In the Hong Kong Psychiatric Centre a carefully-planned programme of rehabilitation is also carried out for patients attending the centre.

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

134. The Occupational Therapy Units at Queen Elizabeth, Queen Mary and Lai Chi Kok Hospitals continued their activities and treatments given to patients covered orthopaedic, tuberculosis, surgical and

medical conditions. The weekly occupational therapy service to the tuberculosis patients at St. John Hospital, Cheung Chau continued during the year.

ORTHOPAEDIC AND PROSTHETIC APPLIANCES

135. The production of appliances continued to increase and 2,350 appliances were made during the year compared with 2,018 in the previous year. The research and development programme continued to make satisfactory progress, and some technical developments completed during the year include hip joint for hip disarticulation prostheses, a jig for accurate location of the hip joint, the use of polyurethane foam for the production of parts for artificial limbs and a non-articulated rubber foot.

136. The training programme for student technicians continued and during the year one student was awarded the diploma of Orthopaedic Technician and two others have passed their examinations for Associateship of the Institute of British Surgical Technicians.

MEDICAL EXAMINATION BOARD

(See tables 65-66)

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

HOSPITAL MAINTENANCE AND SUPPLY

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

139. Provision of transport services continued to present problems, particularly when routine requirements were augmented by the need for additional vehicles during mass immunization campaigns. The Departmental Central Laundry has overcome its teething troubles and is working to a high degree of efficiency. The former lack of balance in the major plant has been partly overcome by installation of some additional machinery but until the remainder of the additional machinery recently approved has been installed, there will continue to be some imbalance, due to the continued increase in the quantities of linen requiring to be processed, which is the result of the opening of new institutions and more rapid bed turnover.

140. Castle Peak Hospital continued to experience minor difficulties with interruptions in water, electricity and telephone services, but they have been somewhat less than in previous years and a steady improvement can be expected.

141. The Staff Welfare Association recorded a satisfactory year despite paucity of members. In addition to maintaining various welfare schemes and educational facilities to aid members and their families, the Association was active in a number of sporting events, although these were fewer in number than in former years. Individual institutions, notably Castle Peak and Kowloon Hospitals, have carried out a varied programme of sporting and social activities.

142. The UNICEF sponsored milk feeding programme continued throughout the year, a total of 79,030 lbs. of milk powder was distributed to the various feeding centres of both Government and voluntary agencies throughout the Colony.

AUXILIARY MEDICAL SERVICE

143. This branch of the Essential Services Corps has a strength of over 5,100 men and women trained to augment the Colony's medical services during an emergency. Approximately half of the strength is used to make up the Ambulance Depot Teams which are based on the Fire Brigade's Ambulance Stations throughout the Colony. These Ambulance Depot Teams are trained to reinforce the Fire Services Ambulance Service and to provide mobile first aid teams as necessary.

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

145. During the flooding in June 1966 members of the Service were called upon to render assistance, and they also attended at a number of fires in Hong Kong and Kowloon during the year.

V. GOVERNMENT-ASSISTED HOSPITALS

(See table 67)

146. Financial assistance mainly by means of an annual subvention is given by Government to certain voluntary organizations maintaining hospitals in the Colony. Such hospitals, containing a total of 6,109 beds, provide mainly subacute general beds or facilities for persons suffering from certain specific diseases or handicaps. The total Government subvention to these hospitals was estimated at $42,713,131 recurrent and $2,299,831 special expenditure during the past financial year.

THE TUNG WAH GROUP OF HOSPITALS

147. The Tung Wah Group of Hospitals is a long-established Chinese charitable organization and is managed by a Board of Directors elected annually. During recent years a programme of modernization and expansion has been undertaken mainly with the aid of assistance from Government in terms of personnel, especially general practitioner and consultant services, money and material, the former amounting to $26,226,500 recurrent and $1,468,548 capital during the year. The main item in this programme has been the redevelopment of the Kwong Wah Hospital in Kowloon into a modern general hospital of some 1,500 beds; this re-development was finally completed during 1965.

148. The Casualty Department at Kwong Wah Hospital was opened on 5th July, 1965 in order to relieve some of the heavy pressure on the Casualty Department in Queen Elizabeth Hospital and to provide additional casualty facilities for the public in Kowloon and the New Territories. The Department, initially staffed by nurses and Medical Officers seconded from Government, was finally managed by the Hospital's own staff towards the end of the year under review. During the year there were over 60,000 casualty attendances at the Department, and traumatic cases occupied 19.6% of the total attendances.

149. The need for subsidiary beds for long-term patients is one of the major aims of the Medical Development Plan, and the Group is currently undertaking two projects to provide these. The first is the construction of a large infirmary at Wong Tai Sin. Phase I of this project providing 350 beds, was completed in 1965 while the foundation stone of Phases II and III to give an overall total of 700 beds was laid in March, 1967. The total cost, including Phase I, is estimated to be $6,269,100 of which $1,536,000 were donated by the Australian World

Refugee Year Fund, $3,883,100 granted by Government and the remainder raised by the Directors of the Tung Wah Group. Further plans of expansion at Wong Tai Sin are under consideration. Construction of a further similar project at Sandy Bay to give 275 beds and replacing 100 beds in the old infirmary was completed in March 1967, when the new infirmary became operational. This project is estimated to cost $2,250,000 of which 80% was financed by Government.

THE ALICE HO MIU LING NETHERSOLE HOSPITAL

150. This hospital, supported by the London Missionary Society, received a Government subvention of $2,483,358 during the year. Architectural planning has commenced on the establishment of a United Christian Hospital in Kowloon of over 600 beds.

151. Extra quarter for nursing staff was completed during the year and work on further extension and modernization of the hospital is in progress.

POK OI HOSPITAL

152. This charitable hospital at Yuen Long in the New Territories continued a programme of modest expansion, for which Government made a grant of $750,000 available, and subvented the running of the existing hospital by $650,000. The new three-storey central building was completed at the end of 1966 and provides accommodation for 34 maternity and 46 paediatric patients to give a total of 162 beds.

CARITAS MEDICAL CENTRE

153. This hospital of 490 beds, erected with the aid of donations from Roman Catholic communities in many parts of the world and in particular from the Federal Republic of Germany, and maintained partly with the aid of a Government subvention of $1,824,976 is situated in the densely-populated district of So Uk in North-West Kowloon. It is administered by the Canossan Sisters and comprises three blocks for general, tuberculosis and cancer patients respectively, as well as quarters for staff and a nurses' training school. Plans are under way for further expansion by the provision of a paediatric block of 250 beds. Although certain staffing difficulties were encountered initially, these have been mainly overcome and the hospital is playing a very active part in the provision of medical services in the Colony.

HONG KONG ANTI-TUBERCULOSIS AND THORACIC DISEASES ASSOCIATION

154. This Association, in receipt of a Government subvention of $1,946,900 apart from $4,873,220 for the Grantham Hospital, provides the great majority of the beds available for treatment of tuberculosis in its three institutions—the Grantham Hospital, the Ruttonjee Sanatorium and the Freni Memorial Convalescent Home, and a close liaison is maintained with the Government Chest Service.

The Grantham Hospital (See table 68)

155. This hospital of 614 beds is equipped as a modern chest hospital and is administered by the Grantham Hospital Management Board on a fee-paying, non-profit-making basis partly with the aid of a Government grant of $4,873,220 during the year. Government maintains 576 of the beds, but all staff of the hospital is provided by the Association with the exception of Government Medical Officers posted to the Government clinical units which are directly responsible for 220 of the beds.

Ruttonjee Sanatorium and Freni Memorial Convalescent Home (See table 69)

156. The Ruttonjee Sanatorium and its annex, the Freni Memorial Convalescent Home, maintained by the Hong Kong Anti-tuberculosis and Thoracic Diseases Association, together accommodate 360 patients, suffering from tuberculosis and other chest diseases. The Sanatorium also operates a Follow-up Clinic and a B.C.G. centre. It is supported by voluntary contributions and by a large subvention from Government.

HAVEN OF HOPE SANATORIUM

157. This hospital of 230 beds is situated in the Junk Bay area of the New Territories and a tuberculosis out-patient and follow-up clinic is maintained at nearby Rennie's Mill. During the year, the hospital was assisted in its recurrent expenditure by a Government subvention of $441,500. Construction of a new technical services building was completed during the year, but planning of an additional 60 beds, the cost of which is to be shared equally between the Institution and Government has been in abeyance.

SANDY BAY CHILDREN'S ORTHOPAEDIC HOSPITAL AND CONVALESCENT HOME

158. Maintained by the Society for the Relief of Disable Children, partly with the aid of a Government subvention of $150,000 during the year, this home contains 100 beds for children requiring long-term

orthopaedic care. The Hong Kong Branch of The British Red Cross Society provides two full-time primary school teachers to enable the children to continue their education during convalescence. Construction of additional facilities in the form of an out-patient department, an operating theatre suite, quarters and an additional 100 beds is in progress.

OUR LADY OF MARYKNOLL HOSPITAL

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

HAY LING CHAU LEPROSARIUM

(See table 70)

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

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

HONG KONG SOCIETY FOR REHABILITATION, KWUN TONG REHABILITATION CENTRE

162. This centre, aided by Government by a recurrent grant of $550,000, accommodating eighty patients, has occupational workshops and facilities for physiotherapy and for the manufacture of prostheses. It is designed to assist in the quick return to employment of those who have been injured, particularly in industrial accidents.

VI. DEVELOPMENT

FORWARD PLANNING

(See table 71)

163. Reference has been made previously in this report to the unparalleled hospital development of the past 15 years. However, the population has also been increasing very rapidly and there is still considerable pressure on most categories of hospital beds, particularly those for acute and chronic general and mental patients. The White Paper on Development of Medical Services in Hong Kong which was tabled in Legislative Council in February 1964, outlined the medical problems of the Colony and made suggestions to remedy deficiencies in order to produce, in the face of a rapidly increasing population, reasonably satisfactory standard of medical facilities. Developments have to take into account the ability of the community to afford these facilities either by direct payment or by indirect payment by means of taxation. The Working Party which prepared the White Paper was re-constituted by His Excellency the Governor as the Medical Development Plan Standing Committee. The Director of Medical and Health Services is its Chairman and the Committee comprises two nominated members of the Legislative Council and representatives of the Medical and Health Department, the Finance Branch of the Colonial Secretariat, and, when necessary, the Public Works Department. The Committee has held 29 meetings since its inception, in order to keep the recommendations made in the White Paper under continuous administrative review and to report its conclusions on all major matters to Government through the Medical Advisory Board. The Committee's activities fall into five main categories, namely development of medical institutions; staffing of such institutions; subventions to Government-assisted institutions; fees and charges; and improved utilization of existing medical facilities.

164. The principal matters, amongst many, with which the Committee continued to occupy themselves were: the alterations to and extensions of Queen Mary Hospital aimed at ensuring that an acute highly specialized teaching hospital of 1,080 beds will be fully provided before the end of 1969; the progress made with the provision of a new 1,100-beds general hospital at Lai Chi Kok; the planning of a new convalescent block in the grounds of Kowloon Hospital; the adequacy of the present psychiatric services, a new mental hospital of approximately 1,000 beds being approved; the review of fees and charges at Government hospitals and clinics, a matter still under consideration at the end of the year,

and in regard to which no early decision is likely; and the subventions paid to Government-assisted institutions.

165. Amongst new matters considered by the Committee were: reprovision of the out moded and antiquated old public mortuary now at Hill Road, West Point, on a suitable site further to the west; expansion of the facilities of the Treatment and Rehabilitation Centre for Drug Addicts at Shek Kwu Chau; a standard out-patient and maternity and child health clinic at Kwai Chung North; expansion of the mortuary and Clinical Pathology Services at Queen Mary Hospital with the addition of an expanded and reprovisioned Colony Virus Laboratory.

COMPLETED PROJECTS

166. The year 1966-67 saw the completion of a number of major additions to the Colony's medical and health services. Although most of these have been mentioned elsewhere in the report, it is appropriate to summarize them in this chapter.

167. The Royal Hong Kong Jockey Club was again to the fore in its assistance in the development of medical institutions in the Colony. The early part of the year under review saw the completion of standard General and Maternal Child Health Clinic at Cheung Sha Wan while the massive polyclinic at Yau Ma Tei was opened in March of 1967. A new floor to the Tsan Yuk Maternity Hospital also donated by the Jockey Club was completed at about the same time and work on the conversion of the 4th and 5th floors of this hospital, part of the Jockey Club Scheme, is still in progress.

168. Projects completed during the year and financed in entirety by Government were the 2 new wards at Castle Peak Hospital to give an additional 240 beds and new Sisters, Nurses and Doctors Quarters plus a new Nurses Training School at Queen Mary Hospital. The new Operating Theatre, Central Sterile Supply Department and Pharmacy Block, and the Professorial and Radiotherapy Block also at this hospital, were to all intents and purposes completed by the end of March, 1967.

169. Major projects at Government-assisted medical institutions which were completed during the year were: the John F. Kennedy Spastic Children's Centre for the education and rehabilitation of 60 resident, and 20 or more non-resident child-sufferers from cerebral-palsy, donated by the World Rehabilitation Fund, administered by the Hong Kong Red Cross, and planned by the Medical and Health Depart-

ment; the 279 bedded new Tung Wah Group Sandy Bay Infirmary of which 200 beds are for the use of convalescent patients from Queen Mary Hospital; the addition of 44 beds to the Pok Oi Hospital near Yuen Long in the New Territories; the new Nurses Quarters of the Nethersole Hospital, while the nursing home of 120 beds for cancer patients run by the Hong Kong Anti-Cancer Society was about to be completed at the end of the period under review.

PROJECTS UNDER CONSTRUCTION

170. Major projects on which construction had commenced or was about to commence were the 2-storey addition to the Lion's Club Government Maternal and Child Health Centre at Kowloon City, the new standard clinic at Castle Peak and the alterations to existing Queen Mary Hospital, while site formations for the new Lai Chi Kok General and Mental Hospitals and the Tang Shiu Kin Hospital were in progress. Government assisted projects under construction are the Tung Wah Group Wong Tai Sin Infirmary's Phases II and III, extensions to the Maryknoll Hospital, the Buddhist Association Hospital, the Sandy Bay Children Convalescent Home and the Nethersole Hospital.

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

VII. TRAINING PROGRAMME

DOCTORS

(See tables 72-74)

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

173. Mention has been made in recent reports of the relative shortage of qualified medical personnel and with the completion of the new University pre-clinical buildings at Sasson Road, the University's intake of Medical students was increased and 120 students entered its Faculty of Medicine in 1965. The extensions to Queen Mary Hospital, to which reference has already been made, will be completed in time to allow a larger number of students to have their clinical training. While there

will therefore be a considerable increase in the output of medical graduates from the Hong Kong University as from 1971, the Colony will remain relatively short of qualified medical personnel for some years to come.

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

DENTAL STAFF

175. No undergraduate training in dentistry is available in Hong Kong, but Government annually awards scholarships for the study of dentistry overseas. Three such scholarships were awarded during the year, while eleven scholars returned to the Colony after qualification, bringing the total of returned graduates to 46.

176. In-service training in dental technology is available for student dental technicians, while evening classes are held at the Hong Kong Technical College for technicians in private employment. In-service training of selected dental surgery assistants in the fields of dental radiography and orthodontics was also carried out.

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

NURSES

General Nursing

178. There is full reciprocity of registration between the general nursing qualifications of the Nursing Board in Hong Kong and of the General Nursing Council of England and Wales. Government maintains two training schools, at Queen Mary and Queen Elizabeth Hospitals respectively, and teaching is in the medium of the English language, while the other approved training schools are maintained by the Tung Wah Group of Hospitals, the Alice Ho Miu Ling Nethersole Hospital and the Hong Kong Sanatorium and Hospital and teaching is in the medium of the Chinese language. Temporary recognition was given to

the Caritas Medical Centre nurses training school in November 1965, for a period of three years.

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

180. Eight of the trained staff proceeded overseas during the year for specialized training in various branches of nursing such as hospital administration (nursing); neuro-surgical nursing; operating theatre technique, orthopaedic nursing; chest-heart surgical nursing; and nutrition, in order to use to the fullest extent, all the wealth of specialized experience that each nurse has to offer, thus providing the widest variety of nursing experience for the public.

181. Included in the extensions to Queen Mary Hospital is an Intensive Care Unit, the purpose of this being, to maintain a constant maximum level of medical and nursing care, both day and night, of seriously ill patients and those in the immediate post operative stage. Patients will be retained in this unit for several hours after major surgery before being returned to their own wards. During this period there will be a concentration of staff to undertake the routine post-operative treatment and to handle any emergency situation which might occur.

182. Three trained nurses—one male and 2 females—are in the United Kingdom undergoing special training in this particular branch of nursing; they will gain experience in the treatment of cardiac arrest; cardiac failure, and cardio-thoracic surgery. On their return to Hong Kong they will help to train other nurses in this very specialized work.

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

Psychiatric Nursing

184. Training in psychiatric nursing is undertaken at Castle Peak Hospital. It is a branch of nursing in which great progress has taken place. Thanks to new drugs and new methods of treatment and to a more enlightened look, the less savoury aspects of the mental hospital—

locked doors, mechanical restraint and the air of utter hopelessness—are virtually things of the past and the majority of patients enter hospital today of their own volition and are able to live normal lives. This branch of nursing calls for intelligence, patience and human sympathy and it is one of the most rewarding tasks in the nursing profession.

Midwifery

185. For registered general nurses, a one year course in midwifery continues to be conducted and usually commences as a continuation after registration with the Nursing Board. At present a Registered Nurse must also be a Registered Midwife in order to be considered for further advancement.

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

Nursing Auxiliary

187. Not all work with patients requires professional status and so, it was decided, in 1964 to commence a separate training with lesser entrance qualifications and of shorter duration—that of pupil nursing auxiliary. The training is being carried out at Kowloon Hospital and takes two years; it is an essentially practical training which will fit them for the performance of routine nursing duties, particularly in the care of convalescent and long stay patients and so assist and where possible free the Registered Nurses, with a background of sound general and professional education, to concentrate more on those tasks which require a nurse's training and skill, such as teaching, organizing and supervising the more advanced technical procedures. Twenty Pupil Nursing Auxiliaries are now in training at Castle Peak Hospital where after a specialized 2 years training they will be able to carry out routine nursing duties in the Psychiatric Hospital.

Health Visitors

188. The Health Visitors Course has been discontinued.

Health Auxiliary Grade

189. A new grade of Health Auxiliary has recently been created in the Medical and Health Department to absorb and combine the existing grades of Tuberculosis Workers and Social Hygiene Visitors.

190. Besides amalgamating the Tuberculosis Workers and Social Hygiene Visitors, the initial establishment of the new grade includes 20 Student Health Auxiliary posts for the training of new appointees to the grade. These 20 Student Health Auxiliaries will form the basis of a training cadre for the grade. They undergo training for two years in health education and in public health nursing which includes maternal and child health work, the tracing and keeping of records of infectious diseases in general, and tuberculosis, leprosy and venereal disease in particular. On joining the service Student Health Auxiliaries will be attached first to the Government School of Nursing for 12 weeks and then to hospital wards for 16 weeks, of which not less than 4 will be in an obstetric ward. After the hospital familiarization, they will be posted in rotation to units of the health services to obtain intensive public health training and to gain in-service field experience. During the two-year course observation visits will be arranged to various welfare organizations. Students will be required to sit a test after their hospital study period and a final department examination at the end of the two-year course. On passing the final examination, they will become Health Auxiliaries and assist Health Visitors in the prevention of infectious diseases, in health education and in home visiting.

RADIOGRAPHERS

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

192. During the year 7 Student Radiographers passed the Part II examination and 2 others passed the Part I examination for the Membership of the Society of Radiographers.

LABORATORY TECHNICIANS

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

OTHER FORMS OF DEPARTMENTAL TRAINING

194. In-service courses of training were continued for Dispensers, Tuberculosis Workers, Social Hygiene Visitors, Dental Technicians and

Orthopaedic Appliance Technicians. These do not all lead to recognized qualifications but prepare those concerned for appointment to permanent posts in Government service after passing a departmental examination.

VIII. DONATIONS

(See table 79)

195. During the past 15 years the Colony's medical and Health services have benefited to a considerable degree from donations received from a number of non-government organizations and individuals, and in the year under review this continuing interest has been reflected in donations totalling $338,800. As in past years the Royal Hong Kong Jockey Club has continued to play a prominent role. Since the opening of the Tsan Yuk Maternity Hospital in 1955 the Club has in fact donated $31,800,000 towards a variety of projects ranging from fully-equipped floating clinics costing approximately $500,000 each to the Queen Elizabeth Hospital Radiological Institute opened in June 1964 at a cost of $6,000,000. The complex Jockey Club Polyclinic at Yau Ma Tei, opened in March 1967 is the latest symbol of the Club's generosity, the Club itself having contributed $5,000,000 towards this project, and the Colony will stand in permanent debt to the substantial aid it has received from this source towards the development of its medical services in the post-war period.

196. Sir Shiu-kin TANG, whose philanthropy is well-known, contributed a further $300,000 towards the cost of a hospital now being planned, thus bringing his total contribution in respect of this project to $1,300,000. Pending completion of the plans for this hospital, the interest from Sir Shiu-kin TANG's donation is being devoted to assisting certain non-Government organizations concerned with the provision of medical assistance for the Colony's needy. During the year, some $78,200 was distributed in this way.

IX. ACKNOWLEDGEMENT

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

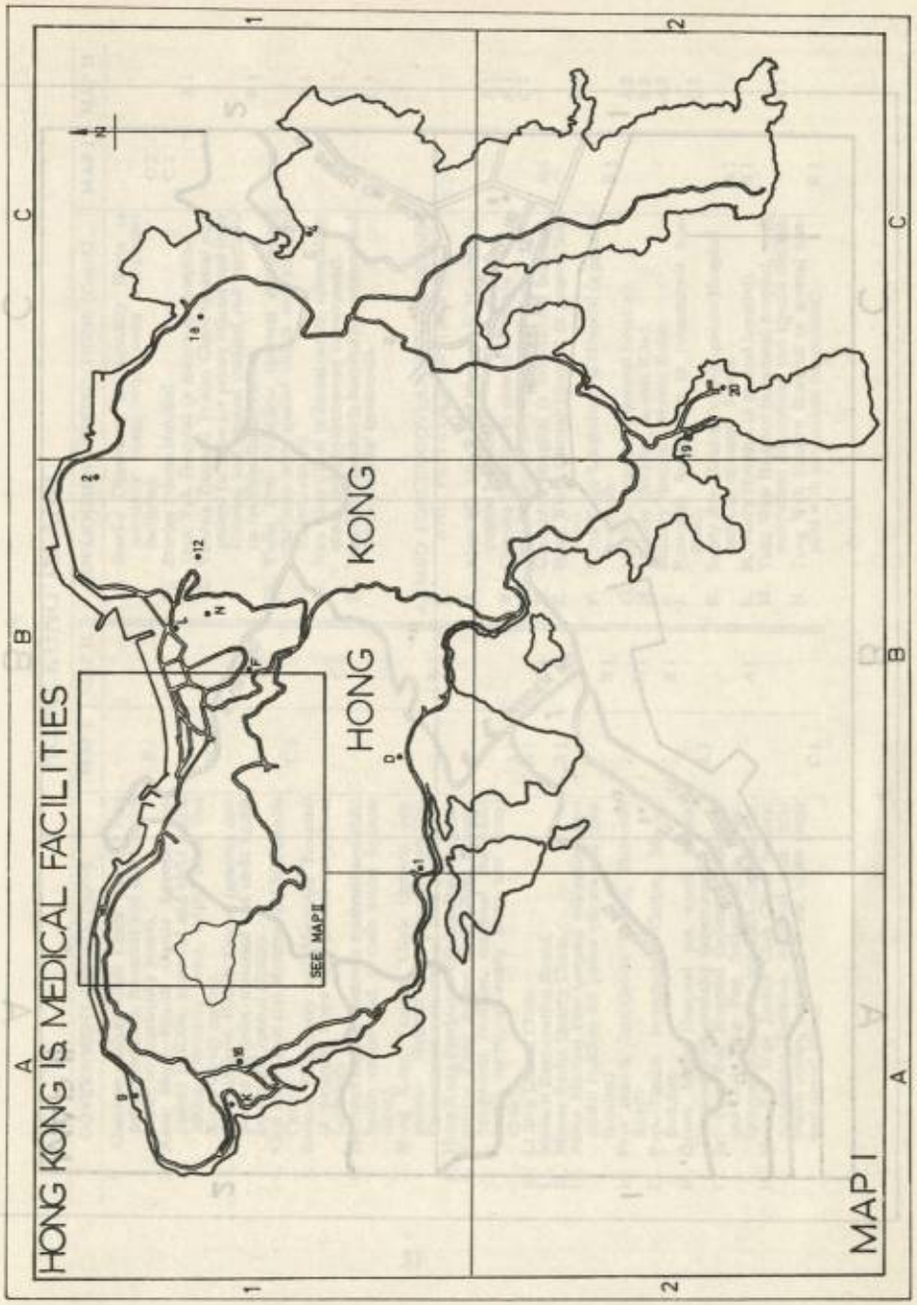
this all members of the staff have worked hard and unflaggingly to maintain the high standard of efficiency which the community has come to expect of them. At the same time I must pay tribute to the patience and understanding displayed by the public in their acceptance of unavoidable deficiencies in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

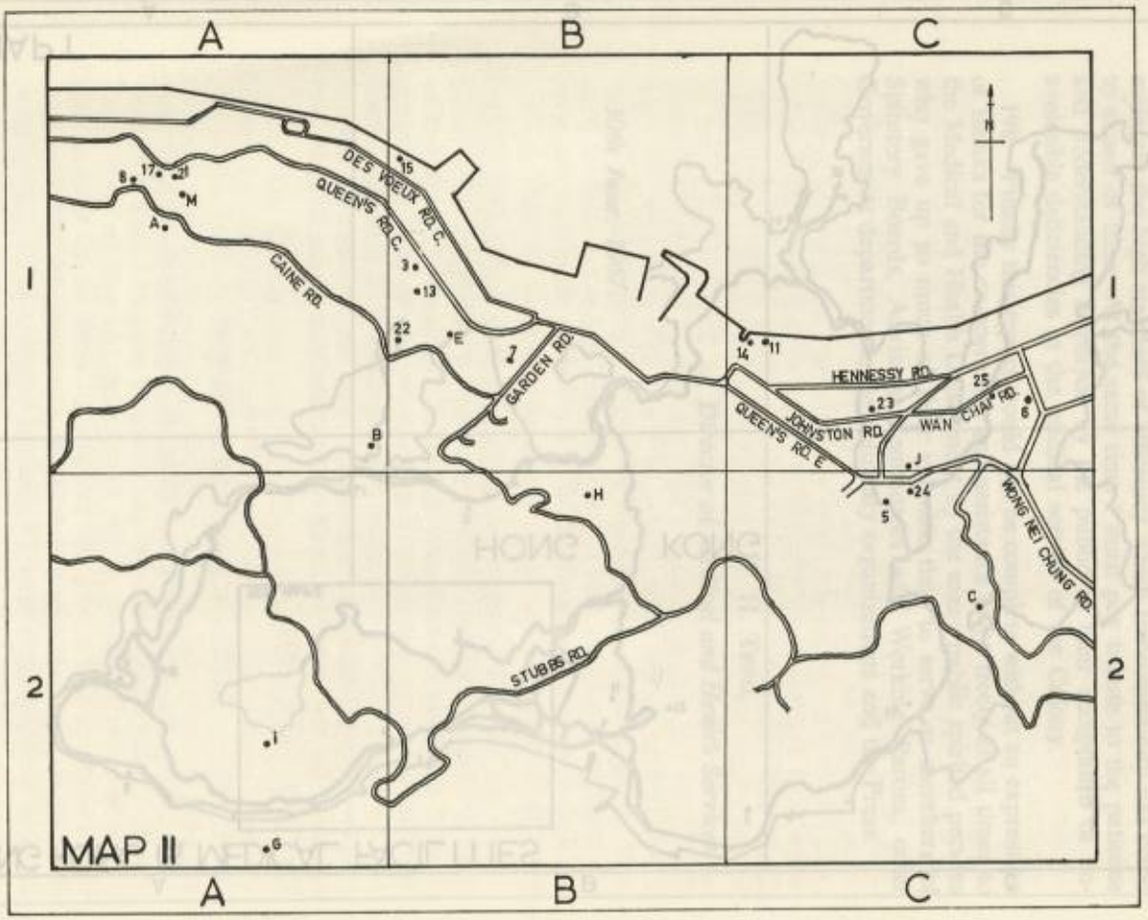
198. Finally this report would not be complete without an expression of thanks for the co-operation and assistance given freely at all times to the Medical and Health Department by the many public spirited persons who gave up so much of their valuable time to serve as members of Statutory Boards, Advisory Committees and Working Parties, other Government departments, the voluntary organizations and the Press.

P. H. TENG,

Director of Medical and Health Services.

30th June, 1967.

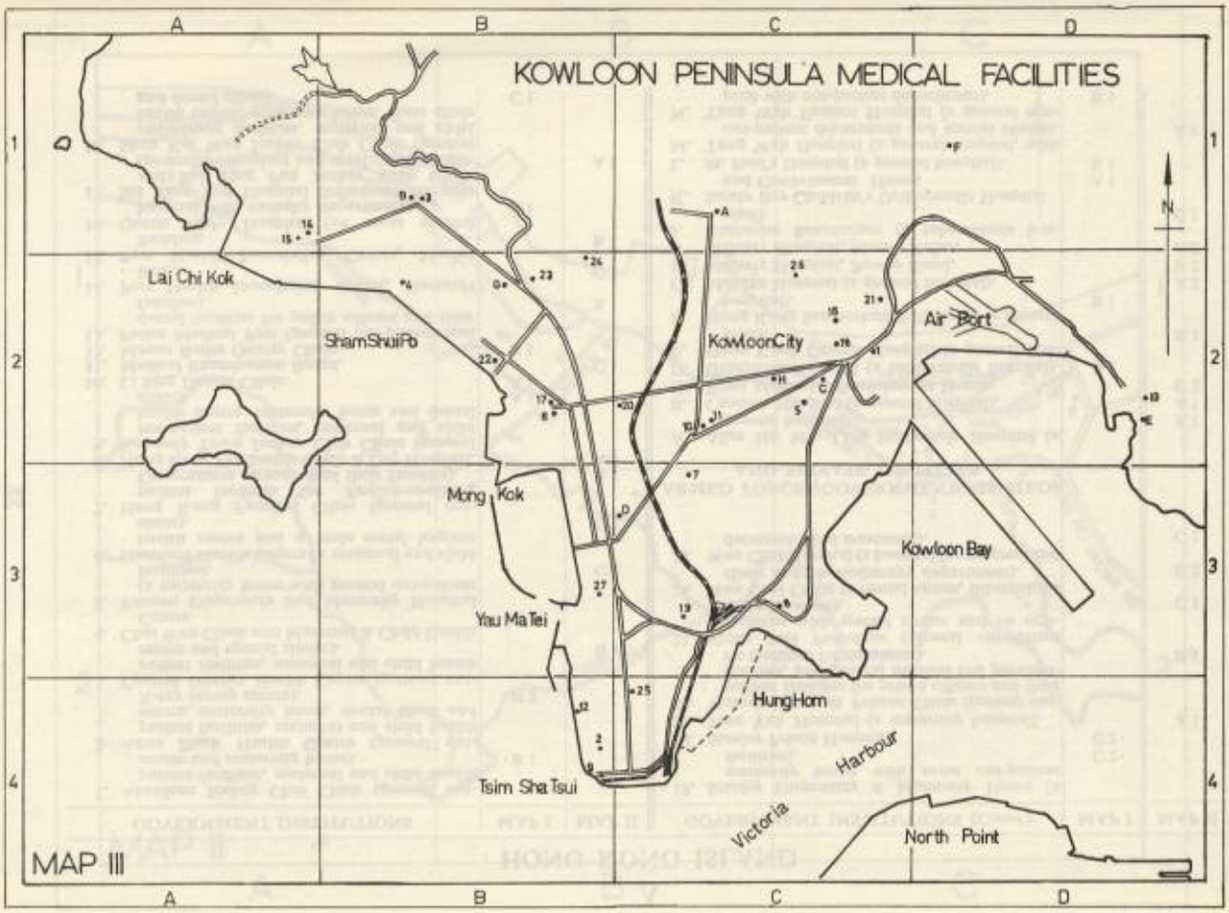




A

HONG KONG ISLAND

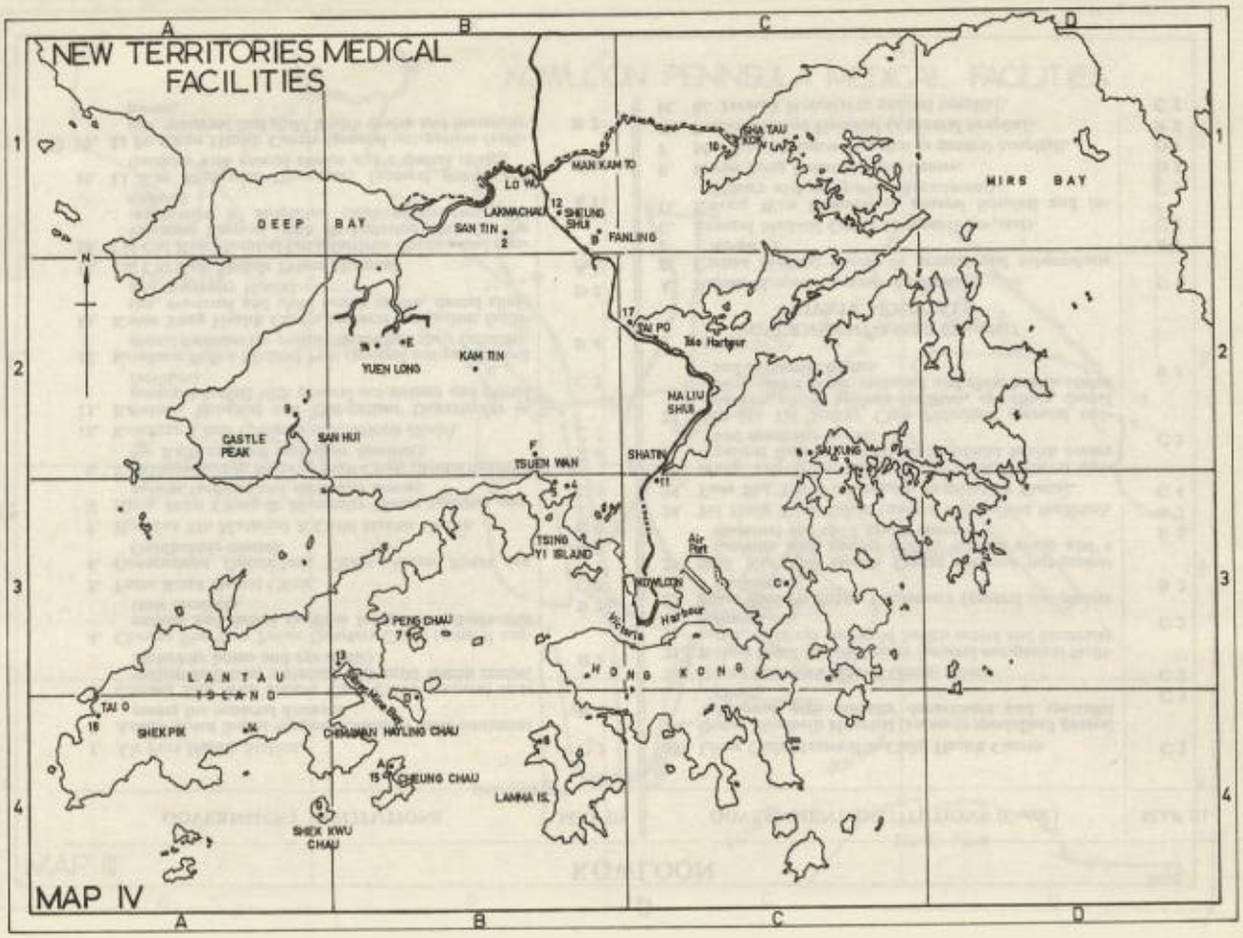
GOVERNMENT INSTITUTIONS	MAP I	MAP II
1. Aberdeen Jockey Club Clinic (general out-patient facilities, maternal and child health centre and maternity home).	B 1	
2. Anne Black Health Centre (general out-patient facilities, maternal and child health centre, maternity home, dental clinic and X-ray survey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



B

KOWLOON

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



C
NEW TERRITORIES

GOVERNMENT INSTITUTIONS	MAP IV
1. Castle Peak Hospital (a mental hospital).	A 2
2. Ho Tung Dispensary (a maternity home with convalescent beds).	B 1
3. Kam Tin Clinic (a maternity home with some out-patient facilities).	B 2
4. Lady Trench Polyclinic (general out-patient facilities with special clinics).	B 3
5. Maurine Grantham Health Centre (maternal and child health centre and maternity home).	B 3
6. North Lamma Clinic (a maternity home with some out-patient facilities).	B 4
7. Peng Chau Clinic (a maternity home with some out-patient facilities).	B 3
8. Sai Kung Dispensary (general out-patient facilities and maternity home).	C 2
9. San Hui Dispensary (a maternity home with some out-patient facilities).	A 2
10. Sha Tau Kok Clinic (a maternity home with some out-patient facilities).	C 1
11. Sha Tin Clinic (general out-patient facilities and maternity home).	C 2
12. Shek Wu Hui Jockey Club Clinic (general out-patient facilities and maternity home).	B 2
13. Silver Mine Bay Dispensary (a maternity home with some out-patient facilities).	B 3
14. South Lantau Hospital (a general hospital with out-patient facilities).	A 4
15. St. John Hospital (a general hospital and out-patient department).	B 4
16. Tai O Dispensary (general out-patient facilities and maternity home).	A 4
17. Tai Po Jockey Club Clinic (general out-patient facilities, dental clinic and maternity home).	C 2
18. Yuen Long Dispensary (general out-patient facilities and maternity home).	B 2
GOVERNMENT-ASSISTED AND PRIVATE HOSPITALS	
A. Children's Convalescent Home, Cheung Chau.	B 4
B. Fanling Hospital (a general hospital).	B 2
C. Haven of Hope Tuberculosis Sanatorium.	C 3
D. Hei Ling Chau Leprosarium.	B 4
E. Pok Oi Hospital (a general hospital).	B 2
F. Seventh Day Adventist Hospital (a general hospital).	B 2
G. Shek Kwu Chau Centre for Drug Addicts.	A 4

INDEX TO STATISTICAL APPENDIX

INDEX TO STATISTICAL APPENDIX—*Contd.*

TABLE 1

ESTABLISHMENT OF THE MEDICAL AND HEALTH DEPARTMENT AS AT 31ST MARCH, 1967

Grade	Headquarters	Queen Mary Hospital	Queen Elizabeth Hospital	Kowloon Hospital	Castle Peak Hospital and Mental Health Centre	Tsan Yuk Hospital	Tuberculosis Service	Dental Service	Other Hospitals Clinics and Services	Total	Strength on 31.3.67
Director of Medical & Health Services...	1	—	—	—	—	—	—	—	—	1	1
Deputy Director of Medical & Health Services	2	—	—	—	—	—	—	—	—	2	2
Assistant Director of Medical & Health Services	3	—	1	—	—	—	1	—	—	5	5
Senior Specialist and Specialist ...	—	7	22	—	3	—	1	2	5	40	35
Principal Medical and Health Officer ...	3	1	2	—	—	—	—	—	4	10	7
Chief Executive Officer/Senior Executive Officer/Executive Officer	11	—	1	—	—	—	—	1	—	13	12
Senior Treasury Accountant/Treasury Accountant	2	—	—	—	—	—	—	—	—	2	2
Senior Medical & Health Officer/ Medical & Health Officer/Assistant Medical & Health Officer	—	54	93	13	17	9	28	—	265	479	437
Senior Dental Officer/Dental Officer/ Assistant Dental Officer	—	1	3	1	1	—	—	55	—	61	56
Principal Matron	1	—	—	—	—	—	—	—	—	1	1
Nursing Staff	—	540	682	168	271	144	22	10	918	2,755	2,565
Senior Dietitian/Dietitian	—	2	5	1	—	—	—	—	—	8	7
Principal Medical Social Worker/Senior Medical Social Worker/Medical Social Worker Class I and Class II ...	1	9	12	4	12	2	9	—	28	77	68
Chief Pharmacist/Senior Pharmacist/ Pharmacist/Chief Dispenser/Senior Dispenser/Dispenser/Student Dispenser	—	20	21	4	5	2	5	—	122	179	151
Government Chemist/Senior Chemist/ Chemist/Assistant Chemist/Assistant Biochemist	—	—	—	—	—	—	—	—	11	11	11
Scientific Officer (Medical)	—	—	1	—	—	—	—	—	1	2	2
Virologist	—	—	—	—	—	—	—	—	1	1	1
Senior Physicist/Physicist	—	2	5	—	—	—	—	—	—	7	7
Carried forward	24	636	848	191	293	157	56	62	1,327	3,594	3,278

TABLE 1—*Contd.*

Grade	Headquarters	Queen Mary Hospital	Queen Elizabeth Hospital	Kowloon Hospital	Castle Peak Hospital and Mental Health Centre	Tsan Yuk Hospital	Tuberculosis Service	Dental Service	Other Hospitals Clinics and Services	Total	Strength on 31.3.67
Brought forward	24	636	848	191	293	157	56	62	1,327	3,594	3,278
Chief Hospital Secretary/Senior Hospital Secretary/Hospital Secretary /Assistant Hospital Secretary ...	1	3	4	2	2	—	—	—	5	17	15
Clerical Staff	82	42	92	23	23	6	41	35	205	549	536
Superintendent Radiographer/Senior Radiographer/Radiographer/ Assistant Radiographer/Student Assistant Radiographer	—	29	45	4	—	—	—	—	34	112	105
Superintendent Physiotherapist/Tutor Physiotherapist/Physiotherapist/ Assistant Physiotherapist/Student Assistant Physiotherapist	—	7	36	—	—	—	—	—	13	56	54
Superintendent Occupational Therapist/ Occupational Therapist	—	2	1	1	5	—	—	—	3	12	8
Chief Medical Technologist/Senior Medical Technologist/ Medical Technologist/Medical Laboratory Technician Class I/Medical Laboratory Technician Class II/ Student Medical Laboratory Technician	—	5	28	—	3	—	—	—	96	132	111
Senior Laboratory Assistant/Laboratory Assistant/Student Laboratory Assistant	—	—	—	—	—	—	—	—	17	17	17
Senior Health Inspector/Health Inspector Class I & II	—	—	—	—	—	—	—	—	18	18	14
Senior Inoculator/Inoculator	—	—	—	—	—	—	4	—	109	113	111
Audiology Technician	—	—	—	—	—	—	—	—	1	1	1
Orthopaedic Appliance Adviser/ Assistant Orthopaedic Appliance Technician/Student Assistant Orthopaedic Appliance Technician ...	—	—	—	—	—	—	—	—	9	9	9
Mould Laboratory Technician/Student Mould Laboratory Technician ...	—	1	2	—	—	—	—	—	—	3	3
Dental Technologist/Dental Technician/ Student Dental Technician	—	1	2	—	—	—	—	35	—	38	25
Laundry Adviser/Assistant Laundry Manager	—	—	3	—	—	—	—	—	—	3	3
Other Staff	13	838	1,344	296	620	126	132	113	1,312	4,794	4,481
TOTAL	120	1,564	2,405	517	962	289	243	251	3,177	9,528	8,862

TABLE 1—*Contd.*

Grade	Headquarters	Queen Mary Hospital	Queen Elizabeth Hospital	Kowloon Hospital	Castle Peak Hospital and Mental Health Centre	Tuen Yuk Hospital	Tuberculosis Service	Dental Service	Other Hospitals Clinics and Services	Total	Strength on 31.3.67
Brought forward	24	636	848	191	293	157	56	62	1,327	3,594	3,278
Chief Hospital Secretary/Senior Hospital Secretary/Hospital Secretary /Assistant Hospital Secretary ...	1	3	4	2	2	—	—	—	5	17	15
Clerical Staff	82	42	92	23	23	6	41	35	205	549	536
Superintendent Radiographer/Senior Radiographer/Radiographer/ Assistant Radiographer/Student Assistant Radiographer	—	29	45	4	—	—	—	—	34	112	105
Superintendent Physiotherapist/Tutor Physiotherapist/Physiotherapist/ Assistant Physiotherapist/Student Assistant Physiotherapist	—	7	36	—	—	—	—	—	13	56	54
Superintendent Occupational Therapist/ Occupational Therapist	—	2	1	1	5	—	—	—	3	12	8
Chief Medical Technologist/Senior Medical Technologist/ Medical Technologist/Medical Laboratory Technician Class I/Medical Laboratory Technician Class II/ Student Medical Laboratory Technician	—	5	28	—	3	—	—	—	96	132	111
Senior Laboratory Assistant/Laboratory Assistant/Student Laboratory Assistant	—	—	—	—	—	—	—	—	17	17	17
Senior Health Inspector/Health Inspector Class I & II	—	—	—	—	—	—	—	—	18	18	14
Senior Inoculator/Inoculator	—	—	—	—	—	—	4	—	109	113	111
Audiology Technician	—	—	—	—	—	—	—	—	1	1	1
Orthopaedic Appliance Adviser/ Assistant Orthopaedic Appliance Technician/Student Assistant Orthopaedic Appliance Technician ...	—	—	—	—	—	—	—	—	9	9	9
Mould Laboratory Technician/Student Mould Laboratory Technician ...	—	1	2	—	—	—	—	—	—	3	3
Dental Technologist/Dental Technician/ Student Dental Technician	—	1	2	—	—	—	—	35	—	38	25
Laundry Adviser/Assistant Laundry Manager	—	—	3	—	—	—	—	—	—	3	3
Other Staff	13	838	1,344	296	620	126	132	113	1,312	4,794	4,481
TOTAL	120	1,564	2,405	517	962	289	243	251	3,177	9,528	8,862

TABLE 2

ADMINISTRATION OF MEDICAL AND HEALTH DEPARTMENT

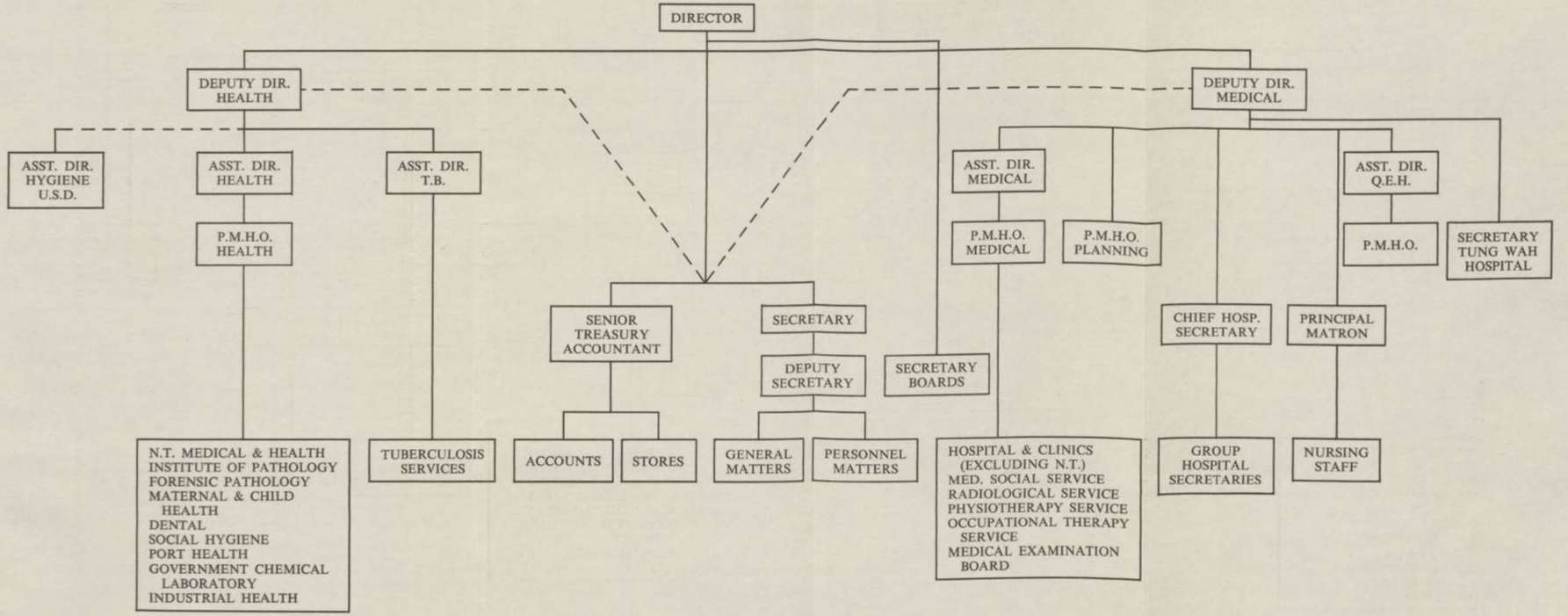


TABLE 3

STATEMENT OF EXPENDITURE FROM 1962–63 TO 1966–67

Particulars	1962–63	1963–64	1964–65	1965–66	1966–67
	$	$	$	$	$
(*a*) Medical and Health Department	68,541,015	76,893,619	94,525,377	105,473,152	112,713,222
(*b*) Medical Subventions	26,386,405	27,764,694	32,178,883	38,158,439	45,478,728
(*c*) Capital expenditure on medical projects under Public Works Non-Recurrent	28,262,729	29,675,789	7,121,098	18,089,300	15,236,622
Total	123,190,149	134,334,102	133,825,358	161,720,891	173,428,572
Total expenditure of the Colony	1,113,276,099	1,295,372,840	1,440,523,324	1,769,130,468	1,806,066,602
Percentage of Medical and Health Department Expenditure to the Total Expenditure of the Colony	11.07%	10.37%	9.29%	9.14%	9.60%

TABLE 4

LEGISLATION OF MEDICAL AND HEALTH IMPORTANCE
APPRIL 1966 TO MARCH 1967

Ordinances:

(i) The Dentists Registration (Amendment) Ordinance 1966
(ii) The Nursing and Maternity Home Registration (Amendment) Ordinance 1966
(iii) The Medical Clinic (Amendment) Ordinance 1966
(iv) The Medical Registration (Amendment) Ordinance 1966
(v) The Medical Clinics (Amendment) (No. 2) Ordinance 1966

Rules and Regulations:

(*a*) Dentists (Registration and Disciplinary Procedure) (Amendment) Regulations 1966
(*b*) Dangerous Drugs (Amendment of first Schedule) Order 1966
(*c*) Medical Practitioners (Registration and Disciplinary Procedure) (Amendment) Regulations 1966
(*d*) Poisons (Amendment) Regulations 1967
(*e*) Poisons List (Amendment) Regulations 1967
(*f*) Medical Clinics (Forms) (Amendment) Regulations 1967

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Total	123,190,149	134,334,102	133,825,358	161,720,891	173,428,572
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Rules and Regulations:

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(*b*) Dangerous Drugs (Amendment of first Schedule) Order 1966
(*c*) Medical Practitioners (Registration and Disciplinary Procedure) (Amendment) Regulations 1966
(*d*) Poisons (Amendment) Regulations 1967
(*e*) Poisons List (Amendment) Regulations 1967
(*f*) Medical Clinics (Forms) (Amendment) Regulations 1967

TABLE 5

WORK OF STATUTORY COUNCILS AND BOARDS — APRIL 1966 TO MARCH 1967

	Medical Council	Dental Council	Nursing Board	Midwives Board	Pharmacy Board	Radiation Board	Medical Advisory Board
Number of meetings held	2	1	3	4	3	—	—‖
Number on the Register...	1,519	464	*General* / *Mental* Female: 3,413 / 20 Male: 201 / 46	3,105	151	271§	—
Number of applications for registration... ...	192*(71)†	30‡	*General* / *Mental* Female: 441 / 10 Male: 22 / 9	228	12	18§	—
Number of registrations granted	192*(71)†	29‡	*General* / *Mental* Female: 429 / 10 Male: 22 / 9	223	9	256§	—
Number of examinations held	—	9	*Prel.* / *Final* General: 3 / 4 Mental: 3 / 4	4	3	—	—
Number of candidates examined	—	Oral & practical: 1 Written: 8	*Prel.* / *Final* General: 538 / 421 Mental: 21 / 23	253	28	—	—
Number of successful candidates	—	Oral & practical: 1 Written: 3	*Prel.* / *Final* General: 461 / 380 Mental: 17 / 21	224	6	—	—
Number of disciplinary hearings held	3	2	—	1	—	—	—
Number of removals from register	80**	4	*General* / *Mental* Female: 3 / — Male: — / —	5**	2	—	—
Number of reprimands ordered	1	2	— / —	—	—	—	—

* Including 2 restorations to the register.
† Figures in brackets represent applications for provisional registration (not included in total).
‡ Including 1 restoration to the register.
§ These figures refer to the licensing of irradiating apparatus.
‖ Not a statutory board.
** Including 1 removal from the register for 6 months as a result of disciplinary proceedings.

TABLE 6

ESTIMATED POPULATION STRUCTURE 1966

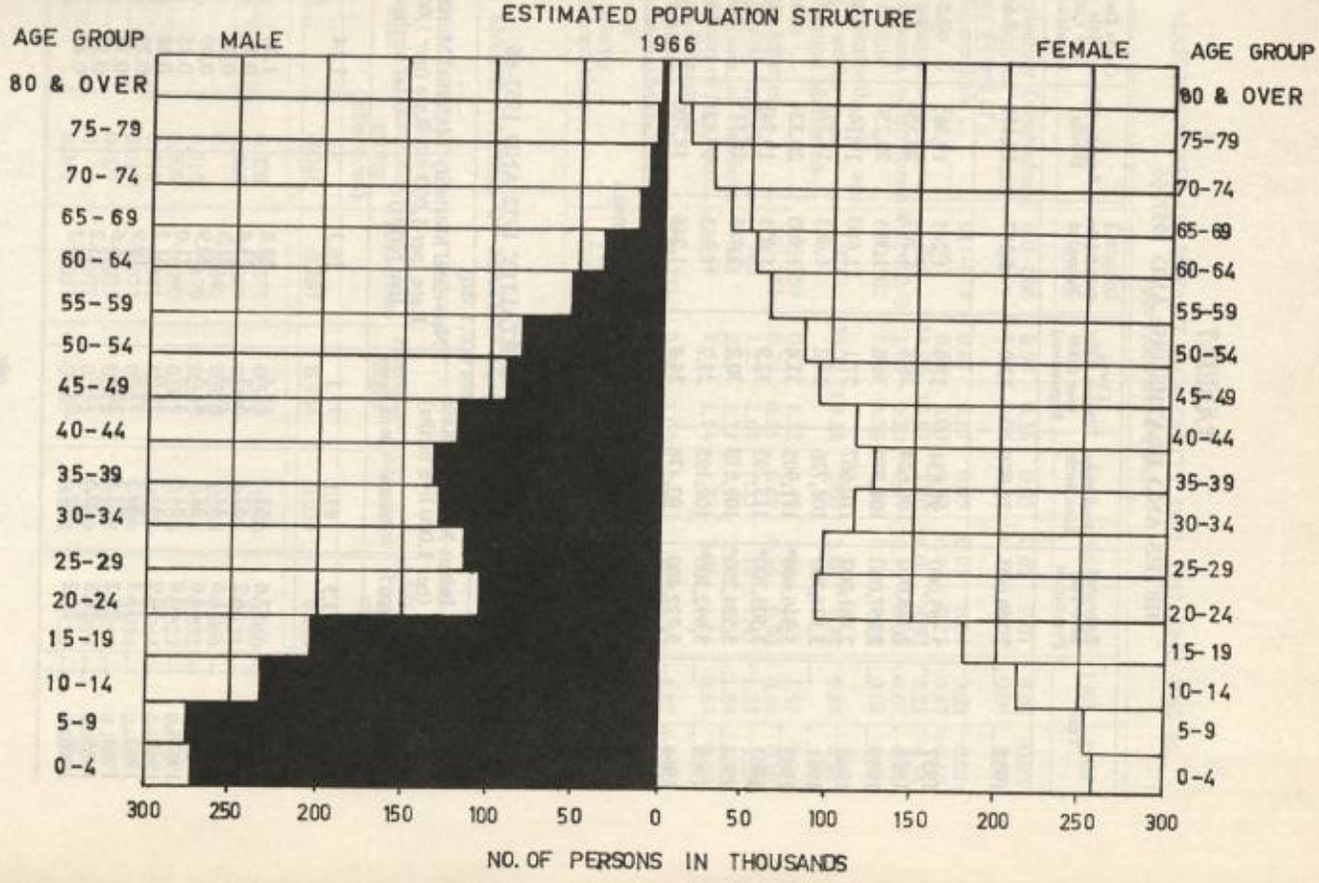

TABLE 7

BIRTHS AND DEATHS 1952 AND 1957–66

Year	Estimated Mid-Year Population	Registered Live Births	Crude Birth Rate (per 1,000 Population)	Still Births Recorded	Registered Deaths	Crude Death Rate (per 1,000 Population)
1952... ...	2,200,000	71,976	32.0	1,157	19,459	8.6
1957... ...	2,583,000	97,834	37.9	1,245	19,365	7.5
1958... ...	2,748,000	106,624	38.8	1,297	20,554	7.5
1959... ...	2,857,000	104,579	36.6	1,393	20,250	7.1
1960... ...	2,981,000	110,667	37.1	1,680	19,146	6.4
1961... ...	3,174,700*	108,726	34.2	1,683	18,738	5.9
1962... ...	3,346,600*	111,905	33.4	1,560	20,324	6.1
1963... ...	3,503,700*	115,263	32.9	1,633	19,748	5.6
1964... ...	3,594,200*	108,519	30.2	1,485	18,113	5.0
1965... ...	3,692,300*	102,195	27.7	1,363	17,621	4.8
1966... ...	3,732,400	92,476	24.8	1,246	18,700	5.0

* Figures adjusted after 1966 By-Census.

TABLE 8

INFANT AND MATERNAL MORTALITY 1952 AND 1957–66

Year	Infant Mortality Rate (per 1,000 live births)			Neo-natal Mortality Rate (per 1,000 live births)	Maternal Mortality Rate (per 1,000 total births)
	Male	Female	Both Sexes		
1952... ...	71.5	83.1	77.1	26.3	1.14
1957... ...	57.6	53.3	55.6	23.8	1.06
1958... ...	56.2	52.1	54.3	23.4	0.85
1959... ...	51.6	44.7	48.3	21.3	0.73
1960... ...	44.6	38.2	41.5	20.9	0.49
1961... ...	40.6	34.5	37.7	21.0	0.45
1962... ...	39.9	33.7	36.9	21.2	0.48
1963... ...	35.3	30.5	32.9	18.9	0.29
1964... ...	29.2	23.5	26.4	16.6	0.38
1965... ...	26.8	20.5	23.7	15.2	0.33
1966... ...	27.2	22.3	24.9	15.3	0.43

TABLE 9

MAJOR CAUSES OF INFANT MORTALITY 1952, 1957 AND 1962–66

(per 1,000 live births)

Disease Group	Detailed List Number	1952	1957	1962	1963	1964	1965	1966
Respiratory Tuberculosis	001–008	0.94	0.36	0.05	0.02	0.01	0.02	0.03
Tuberculosis Meningitis	010	1.89	1.04	0.14	0.14	0.07	0.04	0.08
Other Forms of Tuberculosis	011–019	0.67	0.17	0.05	0.01	0.04	0.03	0.01
Tetanus	061	0.94	2.00	0.52	0.42	0.25	0.17	0.10
Bronchopneumonia ...	491	23.90	17.53	7.10	6.00	4.60	4.21	4.34
Pneumonia other forms	490,492–3	1.04	0.20	0.17	0.17	0.08	0.07	0.11
Bronchitis	500–502	1.90	0.86	0.05	0.17	0.06	0.02	0.02
Gastroenteritis over age of 4 weeks	571	20.72	10.32	3.60	3.60	1.34	0.86	0.91
Congenital Malformations	750–759	0.82	1.32	1.46	1.64	1.69	1.91	2.14
Births Injuries	760–761	0.29	0.51	0.48	0.36	0.50	0.54	0.68
Post-natal Asphyxia ...	762	1.25	2.68	1.35	1.10	1.43	1.31	1.28
Pneumonia of Newborn	763	2.65	3.33	2.56	2.67	2.52	1.84	2.13
Diarrhoea of Newborn...	764	1.51	1.14	2.23	2.01	1.14	0.64	0.59
Blood Diseases of Newborn	770–771	0.51	1.00	1.74	1.76	1.95	2.27	1.97
Nutritional Maladjustment	772	1.15	0.80	0.32	0.16	0.11	0.07	0.14
Immaturity	776	12.53	9.68	9.20	8.90	7.50	6.49	5.73
Ill-defined Causes ...	795	0.93	1.28	1.52	0.66	0.40	0.37	0.43

TABLE 10

MAJOR CAUSES OF MATERNAL MORTALITY 1952 AND 1957–66

(per 1,000 total births)

Year	Sepsis (excluding septic abortions)	Toxaemias	Haemorrhages	Abortions	Ectopic Pregnancies	Others
1952... ...	0.041	0.287	0.424	0.055	0.109	0.233
1957... ...	0.020	0.373	0.334	0.040	0.060	0.132
1958... ...	0.065	0.260	0.250	0.028	0.111	0.139
1959... ...	0	0.340	0.226	0.028	0.066	0.056
1960... ...	0.010	0.179	0.145	0.045	0.072	0.045
1961... ...	0.009	0.090	0.027	0.036	0.027	0.072
1962... ...	0.018	0.141	0.185	0.026	0.044	0.062
1963... ...	0.017	0.077	0.111	0.009	0.034	0.051
1964... ...	0.009	0.055	0.118	0.045	0.055	0.100
1965... ...	0	0.077	0.135	0.009	0.019	0.087
1966... ...	0.011	0.053	0.107	0.032	0.128	0.096

TABLE 11

PROPORTIONATE MORTALITY BY DISEASE GROUPS 1952, 1957 AND 1962–66

(Percentage of Total Deaths)

Disease Group	Detailed List Numbers	1952	1957	1962	1963	1964	1965	1966
1. Infectious and Parasitic	001–138	21.9	16.6	13.5	12.8	10.1	10.0	11.5
2. Neoplastic	140–239	4.4	7.5	12.4	13.4	16.4	18.1	17.6
3. Allergic, Endocrine, Metabolic and Blood	240–299	1.2	1.6	1.2	1.5	1.5	1.4	1.5
4. Nervous System and Sense Organs...	300–398	2.9	4.6	8.4	9.1	10.5	11.7	10.7
5. Circulatory System	400–468	5.6	8.0	11.0	12.2	14.5	15.2	14.7
6. Respiratory System	470–527	25.1	22.8	13.9	13.3	10.7	10.6	12.4
7. Intestinal System	530–587	17.6	12.1	6.8	7.1	5.7	5.2	5.0
8. Genito-Urinary System	590–637	1.9	2.2	2.1	2.2	2.0	1.7	1.8
9. Pregnancy, Child-birth and Puerperium	640–689	0.4	0.5	0.3	0.2	0.2	0.2	0.2
10. Skin and Musculo-Skeletal System	690–749	0.2	0.4	0.2	0.2	0.2	0.1	0.2
11. Congenital Malformations and Diseases of Early Infancy ...	750–776	7.9	10.5	11.4	11.3	9.9	9.5	8.4
12. Ill-defined Causes	780–795	6.8	8.2	11.4	9.9	10.5	9.2	8.9
13. Accidents, Poisoning and Violence	E800–E999	3.9	5.0	7.6	6.3	7.7	7.1	7.1

TABLE 12

THE TEN LEADING CAUSES OF DEATHS BY AGE AND SEX, 1966

Cause of Death	Detailed List No.	Sex	All Ages	0	1–4	5–14	15–44	45–64	65 and over	unknown
All Causes		M	10,191	1,301	510	286	1,624	3,709	2,751	10
		F	8,506	996	458	203	949	2,097	3,801	2
		T	18,700(3)	2,300(3)	968	489	2,573	5,806	6,552	12
1. Malignant neoplasms, including neoplasms of lymphatic and haematopoietic tissues	140–205	M	1,743	1	17	34	357	941	393	—
		F	1,506	4	13	27	261	690	511	—
		T	3,249	5	30	61	618	1,631	904	—
2. Heart Disease	400–402, 410–416, 420–422, 430–434, 440–443	M	1,382	—	2	18	149	605	608	—
		F	1,164	2	1	16	112	324	708	1
		T	2,546	2	3	34	261	929	1,316	1
3. Vascular lesions affecting central nervous system	330–334	M	880	2	2	6	63	409	394	4
		F	950	—	1	5	42	283	619	—
		T	1,830	2	3	11	105	692	1,013	4
4. Pneumonia	490–493	M	907	228	135	35	80	181	246	2
		F	922	183	153	23	30	92	441	—
		T	1,829	411	288	58	110	273	687	2
5. Tuberculosis	001–008, 010–019	M	1,091	3	17	4	234	624	210	—
		F	424	8	13	8	101	156	138	—
		T	1,515	11	30	12	335	779	348	—
6. All Accidents	E810–E835, E800–E802, E840–E962	M	606	11	51	111	269	126	36	2
		F	337	12	53	66	71	72	62	1
		T	943	23	104	177	340	198	98	3

TABLE 12—*Contd.*

Cause of Death	Detailed List No.	Sex	All Ages	0	1–4	5–14	15–44	45–64	65 and over	unknown
7. Measles	085	M	212	46	164	2	—	—	—	—
		F	172	41	129	2	—	—	—	—
		T	384	87	293	4	—	—	—	—
8. Infections of the newborn	763–768	M	222	222	—	—	—	—	—	—
		F	146	146	—	—	—	—	—	—
		T	368	368	—	—	—	—	—	—
9. Suicide and self-inflicted injury	E963 E970–E979	M	191	—	—	—	97	75	19	—
		F	160	—	—	1	76	43	40	—
		T	351	—	—	1	173	118	59	—
10. Bronchitis	500–502	M	121	1	1	—	6	55	58	—
		F	176	1	3	—	4	58	110	—
		T	297	2	4	—	10	113	168	—
Nephritis and nephrosis	590–594	M	145	—	2	8	50	43	42	—
		F	111	—	—	4	21	36	50	—
		T	256	—	2	12	71	79	92	—
Congenital Malformations	750–759	M	115	93	14	4	3	1	—	—
		F	131	105	15	7	3	1	—	—
		T	248(2)	200(2)	29	11	6	2	—	—
Cirrhosis of Liver	581	M	176	—	1	2	53	84	36	—
		F	66	—	1	1	8	34	22	—
		T	242	—	2	3	61	118	58	—
All other causes		M	2,400	694	104	62	263	566	709	2
		F	2,241	494	76	43	220	308	1,100	—
		T	4,642(1)	1,189(1)	180	105	483	874	1,809	2

Figures in brackets denote number of deaths with sex unknown.

TABLE 13

INFECTIOUS DISEASES NOTIFIED CASES AND DEATHS 1962–66

Diseases	Cases					Deaths				
	1962	1963	1964	1965	1966	1962	1963	1964	1965	1966
Cholera	11	115	34	—	1	1	4	4	—	—
Amoebic Dysentery	195	241	209	173	220	9	12	21	16	24
Bacillary Dysentery (Including unspecified dysentery)	795	802	680	537	766	13	3	8	4	10
Cerebro-spinal Meningitis	50	50	38	19	10	35	24	19	9	7
Chickenpox	707	1,199	718	1,552	600	5	3	1	—	4
Diphtheria	1,022	871	699	581	307	102	86	38	37	27
Enteric Fever (Typhoid and Paratyphoid)	826	1,038	882	658	686	21	28	20	14	7
*Leprosy	—	—	—	102	160	—	—	—	—	2
Malaria	794	377	180	143	127	—	1	1	1	—
Measles	2,317	3,416	1,218	5,459	2,360	326	405	73	217	384
Ophthalmia Neonatorum	310	240	232	215	203	—	—	—	—	—
Poliomyelitis	363	53	37	140	32	52	4	3	17	1
Puerperal Fever	2	2	1	3	2	2	1	1	2	2
Scarlet Fever	19	18	12	12	37	—	1	—	—	—
Tuberculosis	14,263	13,031	12,557	9,927	11,427	1,881	1,762	1,441	1,278	1,515
Typhus (Mite-borne)	1	1	—	2	2	—	—	—	—	—
Whooping Cough	98	61	106	339	108	—	—	—	—	—
Total	21,773	21,515	17,603	19,862	17,048	2,447	2,334	1,630	1,595	1,983
†Influenza	6,374	4,433	2,473	896	1,220	39	22	16	21	30

Remarks: * Notifiable since June 1965.

† Voluntary notifications.

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

TABLE 14

MORTALITY RATES FOR CERTAIN INFECTIOUS DISEASES 1962–66

Diseases	Case Fatality Ratio (Deaths as percentage of Notifications)					Death Rate (per million population)				
	1962	1963	1964	1965	1966	1962*	1963*	1964*	1965*	1966
Cholera	9.09	3.48	11.76	—	—	0.3	1.1	1.1	—	—
Amoebiasis	4.62	4.98	10.01	9.25	10.91	2.7	3.4	5.8	4.3	6.4
Cerebrospinal Meningitis	70.00	48.00	50.00	47.30	70.00	10.5	6.8	5.3	2.4	1.9
Diphtheria	9.98	9.87	5.44	6.35	8.79	30.5	24.5	10.6	10.0	7.2
Dysentery { Bacillary / Unspecified	1.64	0.39	1.18	0.74	1.30	3.9	0.8	2.2	1.1	2.7
Enteric Fever { Typhoid / Paratyphoid	2.54	2.60	2.27	2.12	1.02	6.3	8.0	5.6	3.8	1.9
Measles	14.07	11.85	5.99	3.97	16.27	97.4	115.6	20.3	58.8	102.9
Poliomyelitis	14.33	7.55	8.11	12.15	3.12	15.5	1.1	0.8	4.6	0.3
Tuberculosis	13.19	13.52	11.48	12.87	13.26	562.1	502.9	400.9	346.1	405.9

* Figures adjusted after 1966 By-Census.

TABLE 15

PRINCIPAL INFECTIOUS DISEASES BY AGE AND SEX 1966

CASES NOTIFIED

Age Group	Tuberculosis		Diphtheria		Enteric Fever		Poliomyelitis		B/Dysentery	
	M	F	M	F	M	F	M	F	M	F
0–4 ...	111	80	83	80	16	14	22	7	170	166
5–9 ...	150	130	43	36	57	48	2	—	43	37
10–14 ...	106	90	10	13	98	57	—	—	12	14
15–19 ...	464	336	6	8	61	55	—	—	11	10
20–24 ...	643	276	2	3	32	37	—	—	14	14
25–29 ...	715	258	—	4	21	21	—	—	20	9
30–34 ...	845	316	1	8	26	19	—	—	23	24
35–39 ...	867	337	2	4	14	19	—	—	16	23
40–44 ...	840	336	—	1	8	20	—	—	20	14
45–49 ...	837	281	1	1	10	9	—	—	15	18
50–54 ...	819	296	—	—	7	9	—	1	16	13
55–59 ...	633	229	—	—	4	6	—	—	4	12
60–64 ...	435	190	—	—	1	5	—	—	6	7
65–69 ...	261	123	—	—	3	5	—	—	1	12
70–74 ...	117	68	—	—	1	1	—	—	1	5
75 & Over ...	72	57	—	—	—	1	—	—	1	9
Unknown ...	76	33	—	1	—	1	—	—	4	2
Total ...	7,991	3,436	148	159	359	327	24	8	377	389

DEATHS

Age Group	Tuberculosis		Diphtheria		Enteric Fever		Poliomyelitis		B/Dysentery	
	M	F	M	F	M	F	M	F	M	F
0–4 ...	20	21	8	10	—	—	1	—	3	4
5–9 ...	3	6	3	4	—	—	—	—	—	1
10–14 ...	1	2	1	—	1	—	—	—	—	—
15–19 ...	7	4	1	—	1	—	—	—	—	—
20–24 ...	15	3	—	—	1	—	—	—	—	—
25–29 ...	28	13	—	—	—	—	—	—	—	—
30–34 ...	49	19	—	—	1	—	—	—	—	—
35–39 ...	55	29	—	—	1	—	—	—	—	—
40–44 ...	80	33	—	—	—	—	—	—	—	—
45–49 ...	135	31	—	—	2	—	—	—	1	1
50–54 ...	167	46	—	—	—	—	—	—	—	—
55–59 ...	167	37	—	—	—	—	—	—	1	—
60–64 ...	154	42	—	—	—	—	—	—	—	—
65–69 ...	106	60	—	—	—	—	—	—	—	—
70–74 ...	65	33	—	—	—	—	—	—	—	—
75 & Over ...	39	45	—	—	—	—	—	—	—	—
Unknown ...	—	—	—	—	—	—	—	—	—	—
Total ...	1,091	424	13	14	7	—	1	—	4	6

TABLE 16

PROPHYLACTIC IMMUNIZATIONS 1962–66

Immunological Procedure	1962	1963	1964	1965	1966
Anti-Smallpox Vaccination	744,599	321,942	844,367	776,538	487,790
Anti-Cholera Inoculation	2,976,274	3,101,766	2,406,623	1,603,875	1,467,271
Anti-Diphtheria Inoculations:					
1st Dose	323,521	371,059	338,468	392,474	290,226
2nd Dose	312,374	281,369	282,176	351,960	249,738
Booster Dose	129,279	146,374	142,242	181,603	167,557
Anti-Typhoid Inoculations:					
1st Dose	21,440	17,779	19,931	19,378	49,913
2nd Dose	11,734	10,696	6,843	7,052	19,115
Booster Dose	30,141	28,864	41,018	65,381	65,042
Anti-Tuberculosis (B.C.G.) Vaccinations:					
Infants	91,304	98,342	93,806	93,666	84,839
Others	26,939	14,175	13,875	15,465	13,933
Poliomyelitis Vaccinations:					
1st Dose	—	534,862	145,760	194,084	61,954
2nd Dose	—	500,387	98,111	126,095	57,246
*Oral Poliovaccine Type I for Newborn	—	—	—	—	54,590

* From April, 1966

TABLE 17

TUBERCULOSIS MORTALITY 1952 AND 1957–66

Year	Total Deaths from Tuberculosis	Tuberculosis Death Rate per 100,000 population	Tuberculosis Deaths as percentage of total deaths	Average age at death from Tuberculosis
1952	3,573	158.8	18.4	24.5
1957	2,675	103.6	13.9	36
1958	2,302	83.8	11.2	36.5
1959	2,178	76.2	10.7	37
1960	2,085	69.9	10.8	43
1961	1,907	60.1*	10.2	43
1962	1,881	56.2*	9.2	46
1963	1,762	50.3*	8.9	47
1964	1,441	40.1*	7.9	48
1965	1,278	34.6*	7.2	49
1966	1,515	40.6	8.1	53

* Figures adjusted after 1966 By-Census.

TABLE 18

TUBERCULOSIS IN CHILDHOOD 1952 AND 1957–66

Year	Percentage of newborn receiving B. C. G.	Percentage of Tuberculosis deaths below 5 years	Percentage of Tuberculosis deaths under 1 year	Infantile Mortality from Tuberculosis (per 1,000 live births)
1952	4.34	34.30	7.05	3.50
1957	35.93	21.20	5.76	1.57
1958	46.86	19.63	7.04	1.52
1959	59.53	18.92	5.56	1.17
1960	71.54	10.50	2.20	0.42
1961	79.31	11.48	2.62	0.46
1962	81.59	5.74	1.43	0.24
1963	83.44	5.50	1.08	0.16
1964	86.40	4.09	0.90	0.12
1965	91.65	3.36	0.70	0.09
1966	90.22	2.71	0.73	0.12

TABLE 19

TUBERCULOSIS NOTIFICATIONS 1952, 1957 AND 1962–66

		1952	1957	1962	1963	1964	1965	1966
Origin of Notification	Govt. Chest Clinics ...	7,482	8,194	10,691	8,794	9,478	6,530	8,105
	Other Govt. Inst. ...	6,144	2,517	1,680	1,660	1,184	1,334	990
	Tung Wah Group			801	864	604	463	618
	Other Non-Govt. Inst. and Private Sources	1,195	2,954	1,091	1,713	1,291	1,600	1,714
Total		14,821	13,665	14,263	13,031	12,557	9,927	11,427
Notification rate per 100,000 population		658	529	426*	372*	349*	269*	306

* Figures adjusted after 1966 By-Census.

TABLE 20

WORK OF GOVERNMENT CHEST SERVICE

GOVERNMENT CHEST CLINICS 1966

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

TABLE 20—*Contd.*

ATTENDANCES AT GOVERNMENT CHEST CLINICS 1962–66

	1962	1963	1964	1965	1966
First attendances	43,519	39,277	35,735	35,605	41,787
Cases of tuberculosis discovered	16,541	15,036	13,884	12,894	16,101
Total attendances	1,901,425	1,414,009	1,251,534	1,224,557	1,496,375
Under treatment from previous year	17,714	17,372	14,049	13,244	14,400
Still on treatment at end of year	17,372	14,049	13,244	14,400	16,194

TABLE 21

X-RAY SURVEYS 1966

	Government Employees	Conditional Surveys	Prisoners Survey
Total examined	59,691	40,572	5,904
Clinically examined	6,689	2,603	881
Active tuberculosis	304	300	247
Percentage active tuberculosis	0.51%	0.74%	4.18%

TABLE 22

CONTACT EXAMINATIONS 1965–66

		1965	1966
Under 8 years of age			
Tuberculin Test	Negative	177	793
	Positive	214	412
Clinical examination (of contacts showing positive children) Positive Mantou	Active tuberculosis	29	108
	Inactive T.B. (Undetermined)	188	324
	Suspicious T.B.	479	1,132
	Free of tuberculosis	4,218	5,023
Percentage of contacts found to have T.B.		0.59%	1.63%
Over 8 years of age			
Results of clinical examination following 'Contact' X-rays	Active tuberculosis	232	360
	Inactive T.B. (Undetermined)	410	624
	Suspicious T.B.	746	1,492
	Free of tuberculosis	11,500	15,141
Percentage found to have active T.B.		1.80%	2.04%

TABLE 23

ORTHOPAEDIC TUBERCULOSIS 1961–66

ATTENDANCES AT CLINICS

	1961	1962	1963	1964	1965	1966
First visits	415	397	288	231	146	67
Revisits	4,618	3,685	5,747	5,498	4,588	4,172
	5,033	4,082	6,035	5,729	4,734	4,239

CLASSIFICATION OF DISEASE BY SITE

	1961	1962	1963	1964	1965	1966
Spine	197	197	158	133	84	49
Hip Joint	115	109	60	50	32	10
Others	103	91	70	48	30	8
	415	397	288	231	146	67

TABLE 24

MALARIA 1962–66

DISTRIBUTION OF CASES

(According to notified place of residence)

Year	Cases Notified	Death	Urban Controlled Areas	Sai Kung* District	Lantau* District	Tai Po* District	Other Areas
			(as percentage of notified cases)				
1962	794	nil	8.9	61.3	12.1	10.4	7.3
1963	377	1	10.9	47.5	18.6	14.3	8.7
1964	180	1	13.3	35.6	25.0	17.2	8.9
1965	143	1	6.3	28.0	10.5	47.5	7.7
1966	127	nil	10.2†	3.9	5.5	62.5	18.1

* Including floating population.

† Representing 7 recurrent and 6 fresh cases, the latter giving a history suggestive of having contracted the infection from outside the Urban Controlled Areas.

IDENTIFICATION OF PARASITES

(as percentage of parasites found)

Year	P. vivax	P. falciparum	P. malariae	Mixed infection	Species undetermined
1962	98.1	0.4	1.3	0.1	0.1
1963	93.9	4.2	1.3	0.3	0.3
1964	85.6	12.2	1.1	0.55	0.55
1965	95.1	2.8	2.1	—	—
1966	90.5	7.9	1.6	—	—

TABLE 25

ANNUAL INCIDENCE AND TREND OF VENEREAL DISEASE 1957–66

Year		1957	1958	1959	1960	1961	1962	1963	1964	1965	1966
Venereal Diseases											
SYPHILIS	Total (Except Congenital)	3,190	3,372	2,680	2,091	1,555	1,858	1,487	1,036	1,197	1,177
	Primary	17	9	19	46	35	154	164	119	39	28
	Secondary	7	3	9	20	26	26	60	64	35	8
	Early Latent	450	417	426	296	202	359	307	197	263	198
	Late Latent	2,532	2,766	2,038	1,590	1,173	1,216	864	590	791	874
	All others	184	177	188	139	119	103	92	66	69	69
	Congenital { Under 1 year	3	7	10	0	3	11	5	1	2	1
	Congenital { Over 1 year	116	86	131	74	48	66	53	47	66	56
Gonorrhoea		9,881	8,360	8,362	6,506	5,997	5,747	5,696	5,008	5,096	6,353
Non-Gonococcal Urethritis ...		800	644	481	591	509	453	379	496	578	629
Chancroid		685	294	324	873	635	356	347	268	254	105
Lymphogranuloma Venereum ...		178	91	53	16	7	8	16	8	8	11
Other Diseases											
Non-Venereal Disease		5,855	5,458	4,997	4,717	4,293	5,489	4,155	4,548	5,169	5,191
Skin Diseases		9,814	8,701	11,046	10,611	12,173	12,917	10,740	12,570	14,121	15,014
Attendances at Clinics (All Types)											
New Attendances		31,391	27,841	28,980	26,281	25,819	27,264	23,761	25,224	27,541	29,254
Total Attendances		193,674	203,954	213,026	213,733	182,049	179,135	147,588	143,381	147,311	161,994

TABLE 26

V.D.R.L. EXAMINATIONS IN EXPECTANT MOTHERS 1962–66

	1962	1963	1964	1965	1966
No. of tests (Clinics and Hospitals) ...	55,159	31,544	55,406	56,103	52,381
% Positive	2.2	1.6	1.7	2.2	2.4
No. of tests (Private Midwives)	7,645	3,690	7,373	6,669	4,580
% Positive	1.5	1.1	1.8	2.0	1.7

TABLE 27

LEPROSY 1966

INCIDENCE OF LEPROSY 1961–66

Year	New Cases	Rate per 100,000 population
1961	255	8.0*
1962	255	7.7*
1963	258	7.5*
1964	271	7.6*
1965	217	5.9*
1966	163	4.1

* Figures adjusted after 1966 By-Census.

ANALYSIS OF CASES BY AGE 1966

Age Group	No. of Cases
Under 1	0
1 — 4	0
5 — 9	5
10 — 14	4
15 — 19	15
20 — 24	15
25 — 29	19
30 — 34	15
35 — 39	28
40 — 44	14
45 — 49	16
50 — 54	15
55 — 59	7
60 & Over	10
Total	163

ADMISSION TO LEPROSARIUM 1966

New admissions	71
Relapses	2
For surgery	19
Total	92

TABLE 28

ANALYSIS OF DERMATOLOGICAL CONDITIONS PRESENTING AT CLINICS, 1966

Acne	219	Neurofibromatosis	0
Alopecia	102	Nevi (All Types)	77
Angioedema	0	Pediculosis	6
Carcinoma	11	Pemphigus	3
Contact Dermatitis	1,991	Paronychia	57
Dermatitis Exfoliative	11	Pityriasis Rosea	99
Dermatitis Herpetiformis	9	Pityriasis Alba	78
Dermatomyositis	2	Pruritus	194
Drug Eruption	74	Psoriasis	166
Eczema (All Types)	4,556	Purpura	19
Erythema Multiforme	17	Pyoderma	408
Erythema Nodosum	13	Raynaud's Phenomenoma	0
Granulomata	13	Rosacea	31
Herpes Simplex	13	Scabies	56
Herpes Zoster	51	Scleroderma	2
Icthyosis	23	Tinea (All Types)	723
Keloid	28	T. B. Cutis	23
Keratosis (All Types)	32	Tumors, Benign	35
Lichen Amyloidosis	12	Ulcer, Varicose	63
Lichen Planus	8	Urticaria	392
Light Sensitivity	23	Vasculitis	3
Lupus Erythematosus (All Types)	31	Verruca	275
Miliaria	26	Vitiligo	189
Molluscum Contagiosum	18	Xanthoma	5
Neurodermatitis	1,072	Leprosy	82
		Miscellaneous	390
Total	11,731		

TABLE 29

CULTURES FOR MYCOLOGICAL IDENTIFICATION, 1966

T. rubrum	264	T. tonsurans	24
T. mentogrophytes	20	E. floccosum	34
M. canis	47	M. gypseum	7
T. versicolor	69	C. albicans	32
M. ferrugineum	5	T. violaceum	9
Total specimens examined	2,065		

TABLE 30

WORK OF THE PORT HEALTH SERVICE—1966

Inspections

Immigration

		No. of Vessels	No. of passengers	No. of Crew	No. of Smallpox Vaccinations	No. of Cholera Inoculations	No. under Surveillance
By Sea	Overseas	5,975	55,824	265,789	156	386	—
	Macao	*	1,329,125	297,748	152,524	—	—
	Junks, etc.	15,314	*	180,065	130	18	—
By Air		11,734	527,615	105,965	645	283	7
By Train		*	343,031	—	18,723	164	—
Total		33,023	2,255,595	849,567	172,178	851	7

Emigration

By Sea	28	2,377	2,761	—	—	—

* Number not recorded.

Fumigation

No. of ships fumigated	48
Total net tonnage	444,417.33
Cubic capacity (cubic feet)	11,595,951
Rats recovered	596
Exemptions granted	242
No. of ships disinfected	24
No. of aircraft disinsected	363

Medical Assistance to Ships

To ships at sea	34
To ships in port	20