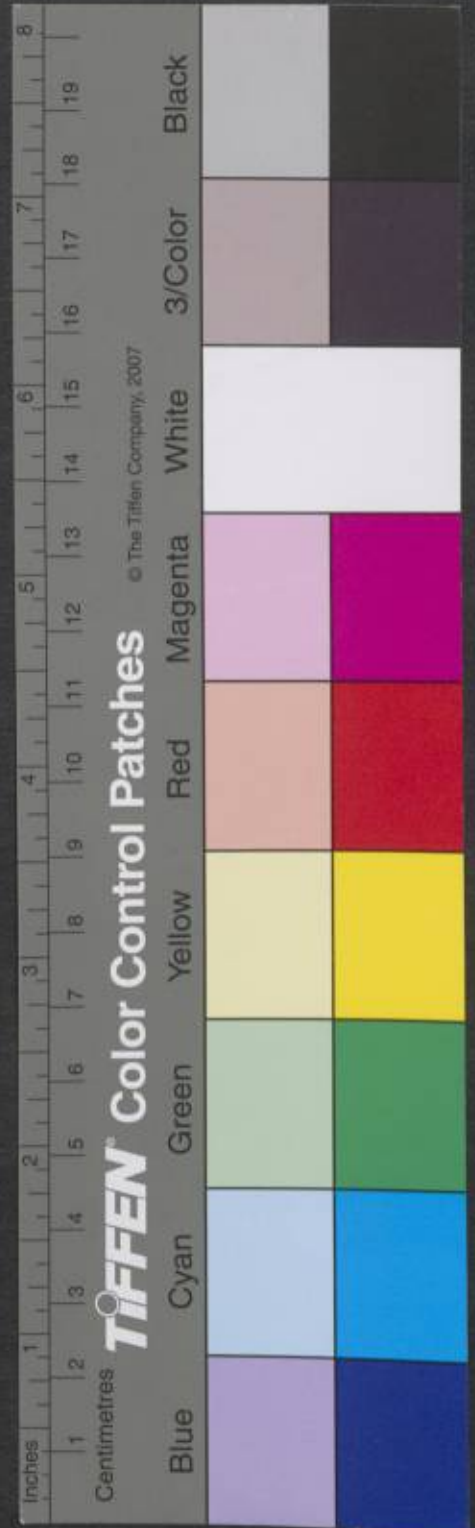


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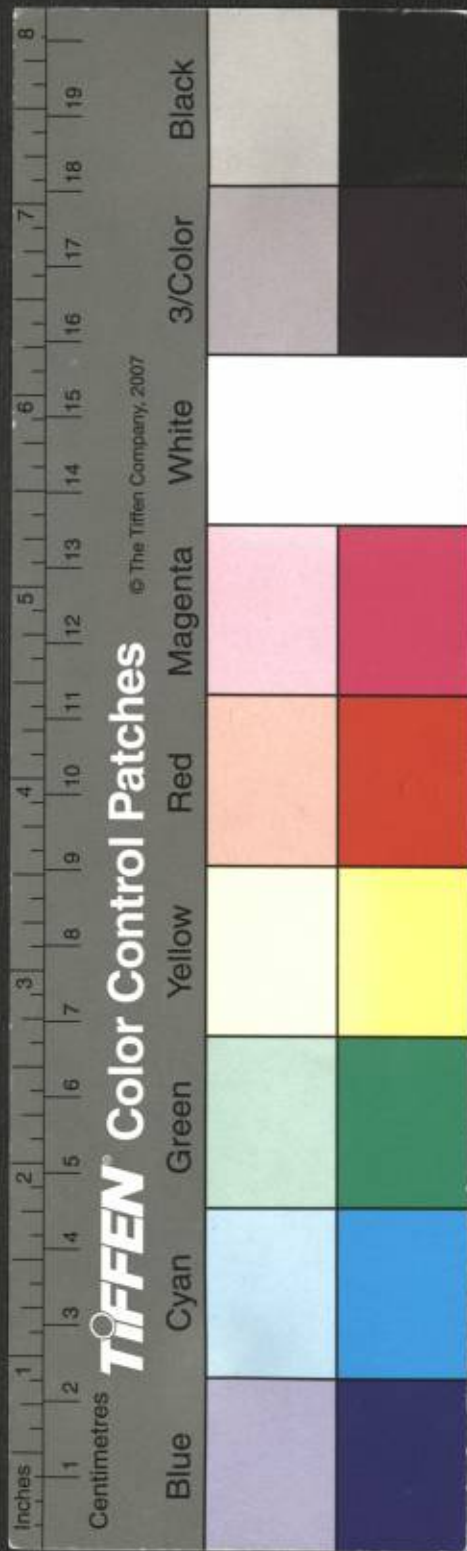


1970-71

DIRECTOR OF MEDICAL  
AND HEALTH SERVICES

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# Annual Departmental Report



HONG KONG  
ANNUAL DEPARTMENTAL REPORT

BY THE  
DIRECTOR OF MEDICAL AND HEALTH SERVICES

G. H. CHOA, J.P., M.D. (H.K.); F.R.C.P. (LOND.);  
D.T.M. & H. (Liv.)

FOR THE  
FINANCIAL YEAR 1970-71\*

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### EXCHANGE RATES

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### CONTENTS

	<i>Paragraphs</i>
I. INTRODUCTION . . . . .	1 - 5
II. PUBLIC HEALTH	
Vital Statistics . . . . .	6 - 12
Communicable Diseases . . . . .	13 - 32
III. WORK OF THE HEALTH DIVISION	
Area Health Work . . . . .	33
Tuberculosis . . . . .	34 - 45
Social Hygiene Service . . . . .	46 - 50
Port Health . . . . .	51 - 52
District Midwifery Service . . . . .	53 - 54
Maternal and Child Health Services . . . . .	55 - 56
School Health Service . . . . .	57
School Medical Service Board . . . . .	58 - 59
Dental Service . . . . .	60 - 62
Forensic Pathology . . . . .	63
Government Laboratory . . . . .	64 - 68
Medical and Health Department, Institute of Pathology . . . . .	69 - 77
Industrial Health . . . . .	78 - 84
Health Education . . . . .	85

	<i>Paragraphs</i>
IV. WORK OF THE MEDICAL DIVISION	
General Remarks . . . . .	86
Government Hospitals . . . . .	87 - 109
Out-Patient Services . . . . .	110 - 112
Specialist Services . . . . .	113
Radiological Services . . . . .	114 - 116
Ophthalmology . . . . .	117 - 118
Pharmaceutical Service . . . . .	119 - 120
Medical Social Work . . . . .	121 - 125
Physiotherapy . . . . .	126 - 129
Occupational Therapy . . . . .	130 - 134
Orthopaedic and Prosthetic Appliances . . . . .	135 - 137
Medical Examination Board . . . . .	138
Hospital Maintenance and Supply . . . . .	139 - 142
Auxiliary Medical Service . . . . .	143 - 146
Registration of Medical Clinics . . . . .	147 - 148
V. GOVERNMENT-ASSISTED HOSPITALS . . . . .	149 - 169
VI. DEVELOPMENT	
Forward Planning . . . . .	170 - 172
Completed Projects . . . . .	173 - 174
Projects under Construction . . . . .	175 - 176
VII. TRAINING PROGRAMME	
Doctors . . . . .	177 - 179
Dental Staff . . . . .	180 - 182
Nursing Staff . . . . .	183 - 189
Radiographers . . . . .	190
Laboratory Technicians . . . . .	191
Other Forms of Departmental Training . . . . .	192
VIII. ACKNOWLEDGEMENT . . . . .	193 - 195
IX. MAPS	
X. STATISTICAL APPENDIX	

## I. INTRODUCTION

THE general health of the population continued to be good. Due to great advances in disease control the pattern of diseases is changing rapidly. Most of the communicable diseases which have been the major causes of mortality and morbidity in the past two decades have now been brought under control. Great improvement was particularly noticed in the control of infectious diseases affecting predominantly children. Due largely to the immunization campaigns the incidences of diphtheria, poliomyelitis and measles have remained at a low level. During the year there was no occurrence of any epidemic disease. Since the notification of the last case of cholera in October 1969, Hong Kong remained free from the disease throughout the year under review.

2. While tuberculosis remains the major cause of mortality among the communicable diseases, the Colony is facing increasing problems arising from non-communicable diseases. The major causes of death are cancer, heart and hypertensive diseases, pneumonia, cerebrovascular lesions and tuberculosis. The effects of industrialization and urbanization together with the ageing of a relatively young population have added problems for the care of the sick and the disabled.

3. The Development Programme of the Medical and Health Department has been making steady progress. Altogether there were 23 projects being planned or built for the improvement and expansion of health and medical facilities in the urban and rural areas at the end of the year. In October 1970 the Kowloon Hospital West Wing was completed, providing useful subsidiary accommodation for patients from Queen Elizabeth Hospital during convalescence as well as an acute Psychiatric unit and a paraplegic unit. In March 1971, the David Trench Rehabilitation Centre at Sai Ying Pun was opened. In addition to rehabilitation services the Centre also contains the Hong Kong psychiatric Centre and the Western Maternal and Child Health Centre. The Organ Transplant Unit and the new Maternity Ward at Queen Mary Hospital were completed during the year. Other projects in prog-

ress were the new Lai Chi Kok Hospital; the new vaccine institute at Pok Fu Lam; Kwai Chung North standard clinic and stage I, Kwai Chung South polyclinic; reprovisioning of the mortuary, virus laboratory and clinical pathology services and the construction of a new clinical building at Queen Mary Hospital; the Siu Lam Hospital for the mentally subnormal; and the construction of the Medical Department laundry. Planning was underway for many other Government projects including polyclinics for Kowloon East and Tsuen Wan/Kwai Chung areas, and the specialist clinic at Hong Kong Island east.

4. There has been increasing use of the Department's services by members of the public and attendances at general out-patients and specialist out-patients clinics continued to increase. The number of patients admitted to and treated in Government hospitals has also shown an increase compared with the previous year. There is also greater appreciation of the value of personal health services, and attendances at maternal and child health centres and other health services continued to be satisfactory.

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 60.

## II. PUBLIC HEALTH

(Tables 6-19)

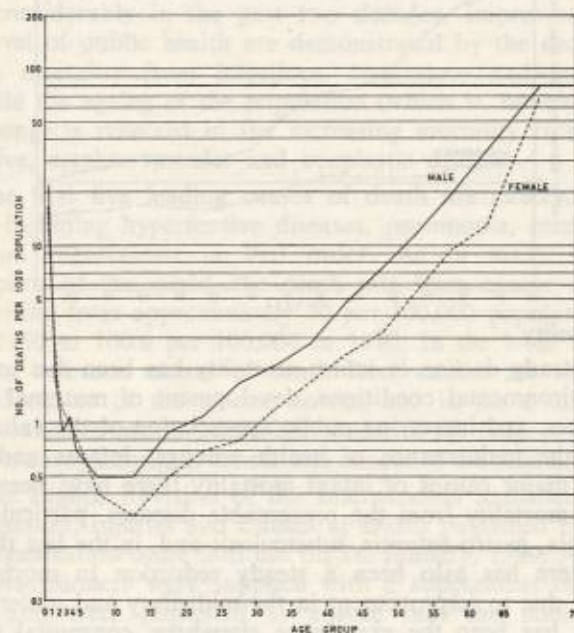
### VITAL STATISTICS

(Tables 6-12)

6. Based on the crude results of the 1971 census, the estimated mid-year population in 1970 was 3,941,600 of which approximately 81% was concentrated in the urban areas of Hong Kong Island and Kowloon. Approximately 37% of the population are under the age of 15 years and only 6.5% over the age of 60. The general state of health of the

population continued to be satisfactorily reflected by the Colony's vital statistics. The crude death rate, based on the number of deaths registered, was 5.3 per thousand of the population. As shown in Figure 1,

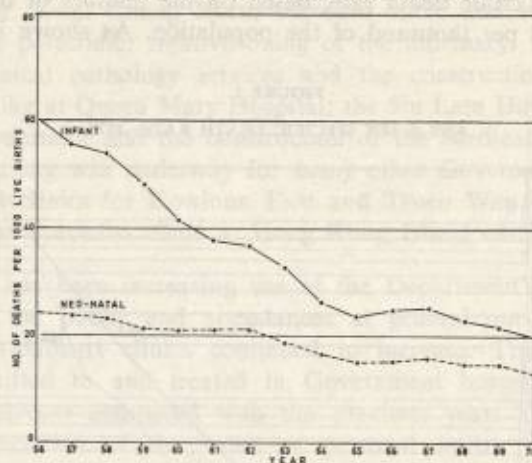
FIGURE 1  
AGE & SEX SPECIFIC DEATH RATE—1970



age and sex specific death rates are also low and reflect the rapid improvement of health and medical services in a young and expanding population. The birth pattern continued its downward trend and the crude birth rate fell further to 19.7 per thousand of population. Based on actual registration of births and deaths, there was a natural increase of 56,702, about three thousand nine hundred less than in the previous year.

7. The gratifying decline in the infant and neonatal mortality rates, which are a useful index to the trend of health conditions of the general population, is illustrated in Figure 2.

FIGURE 2  
INFANT AND NEO-NATAL MORTALITY RATE 1956 - 70



#### Infant Mortality

8. The steady decline in infant mortality has been due to improvement in environmental conditions, development of maternal and child health services, and increasing public appreciation of the value of these services in the maintenance of health amongst infants and mothers. Among the major causes of infant mortality there have been great reductions in mortality from the preventable diseases, particularly bronchopneumonia, gastro-enteritis, tuberculosis and, in the last three years, measles. There has also been a steady reduction in mortality from prematurity, due to improvement in the midwifery and maternal health services. As has been the experience elsewhere, congenital malformations and other diseases of the new-born are proving more intractable, and mortality from these causes has, as yet, been little affected. As shown in Figure 2, infant and neonatal mortality rates have remained relatively steady since 1965, with only the minor fluctuations to be expected in any community when mortality has reached a low level.

#### Maternal Mortality

9. Here also the statistics pertaining to Hong Kong have attained the standards prevailing in the technically advanced countries of the world. During recent years great improvements in mortality have been effected in the fields of toxæmia of pregnancy, hæmorrhage and puerperal sepsis. There has been some reduction in mortality from

abortion and ectopic pregnancy, and deaths attributed to other diseases occurring during pregnancy or childbirth have also decreased in numbers.

#### 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 and patterns of diseases, which have changed considerably in the past two decades. Improvements in the general level of public health are demonstrated by the decline in proportionate mortality from infectious, respiratory and intestinal diseases, while the ageing of the population (which is, however, predominantly young) is reflected in the increasing mortality from heart and hypertensive, cerebro-vascular and neoplastic diseases.

11. The first five leading causes of death are cancer, diseases of the heart including hypertensive diseases, pneumonia, cerebro-vascular disease and tuberculosis in that order. As in many countries in different parts of the world, the death rate from cancer continued to increase, rising from approximately 30 per 100,000 population for both sexes in 1950 to 100.6 per 100,000 in 1970. In the local female community the common causes of death from cancer are cancer of the breast and cancer of the uterine cervix, and in the community as a whole the common cancer deaths are cancer of the lung, primary cancer of the liver, nasopharyngeal cancer and cancer of the stomach.

12. The Eighth Revision of the International Statistical Classification of Diseases, Injuries and Causes of Death published by the World Health Organization came into use on 1st January, 1969. All registered medical practitioners were supplied with a supplement of the Eighth Revision and were requested to ensure that the nomenclature of causes of death given by them on death certificates agreed with those in the International Classification. Use is being made of computer facilities in mortality statistics and it is hoped that this will result in a better handling of the mortality data.

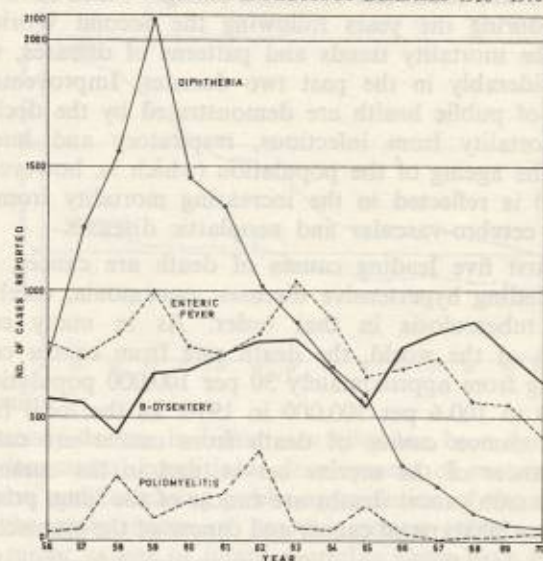
#### COMMUNICABLE DISEASES

(Tables 13-16)

13. The total number of notifications of communicable diseases during 1970 was 13,473, of which tuberculosis formed 74.8%. Satisfactory progress continued to be made in the control of diphtheria and poliomyelitis. The incidences of bacillary dysentery and enteric fever which remained at about the same level in the past years have shown a tendency to decline. Trends in the incidence of these four diseases

are shown in Figure 3. The incidence of measles continued to remain low since the commencement of the anti-measles vaccination campaign in late 1967.

FIGURE 3  
INCIDENCE OF MAJOR INFECTIOUS DISEASES 1956 - 1970



#### Cholera

14. Since the last reported case of cholera in October 1969, Hong Kong remained free from the disease throughout the year under review. The surveillance programme for the disease was continued on a year-round basis. This included routine sampling of nightsoil for cholera vibrio, routine bacteriological investigation of specimens sent to the Medical and Health Department pathology laboratories of cases of gastro-enteritis, as well as the sampling of well water and of food stuffs liable to be involved in the transmission of the vibrio. No positive samples were obtained from these investigations. As in previous years a mass immunization campaign against cholera was started in April and continued into the summer months.

15. In addition to the surveillance programme, other special preventive measures, including environmental and food hygiene, were continued and strict quarantine restrictions were maintained in respect of neighbouring countries declared infected.

#### Amoebiasis

16. This disease continued to occur endemically, being most prevalent in the overcrowded urban areas. A total of 68 cases were notified. The disease remained predominantly one of adult males.

#### Bacillary Dysentery

17. This disease showed a further decline in incidence falling from 736 cases in 1969 to 609 cases in 1970. The disease occurs at all ages, but 40.1% of the notifications were in respect of children under the age of 5 years. *Shigella flexneri* and *Shigella sonnei* remained the predominant organisms isolated.

18. Transmission of infection among families and in institutions is a feature of the disease and very often a number of symptomless carriers are detected among members of the same family or inmates of the same institution. In all a total of 363 carriers were discovered during investigations of reported cases. All were given appropriate treatment.

#### Chickenpox

19. This is a very common disease among children; a total of 959 cases were notified, almost all the cases reported being under 15 years of age. The seasonal prevalence of the disease is in winter and spring, and hence the earlier part of the year saw an increase in the number of notifications.

#### Diphtheria

20. Only 43 cases of the disease were notified during the year, this being the lowest number ever recorded for many years. As a result of annual immunization drives, which have been in progress since 1959, the disease has shown a continuous and steady decline, falling from 2,087 cases in 1959 to 43 cases in 1970. The disease affects largely children, and 48.8% of the cases were under the age of 10 years. The case fatality ratio in 1970 was 9.3%, and death occurred primarily among the unimmunized children. *Corynebacterium diphtheriae mitis* remained the predominant organism isolated in clinical cases.

#### Enteric Fever

21. The number of cases notified was 438, a decrease of 108 cases over the preceding year. The disease in Hong Kong is generally mild,

and the case fatality ratio is less than 2%. Transmission of infection is frequently associated with neglect in personal and food hygiene. As elsewhere the peak incidence occurred in children of school age and young adolescents. Free inoculation was offered and the usual preventive measure enforced, with special attention to environmental and food hygiene and the control of food premises.

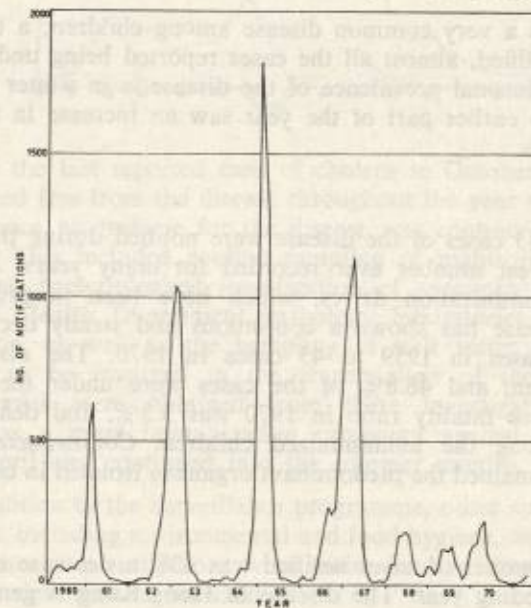
#### Malaria

22. The incidence of malaria during recent years has fallen to a very low level, and for the first time in many years no local case due to natural transmission was reported. Of the 3 cases recorded during the year two were imported cases, while the remaining one was due to blood transfusion.

#### Measles

23. A total of 1,011 notifications of the disease were received during the year. As revealed in Figure 4, measles in Hong Kong has in the

FIGURE 4  
MONTHLY MEASLES NOTIFICATIONS, 1960 - APRIL 1971



previous years shown a distinct biennial pattern with exacerbation of the disease every alternate winter and spring. The last epidemic occurred in the winter months of 1966-67. Commencing at the end of December 1967, measles vaccine was made available at all Government Maternal and Child Health Centres to children aged between 6 and 48 months, and the vaccine was also made available through mobile teams to children living in resettlement and housing estates, tenement buildings and other crowded areas. Since the occurrence of the last epidemic in 1966-67, the disease incidence and its mortality have remained satisfactorily low.

24. These results were due, at least in part, to the immunization campaign which is now on a year-round basis, and the continuing health education efforts to encourage parents to seek early medical advice.

#### Poliomyelitis

25. Twenty-seven cases of poliomyelitis were reported during the year, an increase of 11 cases when compared with 1969 and 22 cases when compared with 1967. Of the 27 cases, 24 were type 3 poliovirus infection confirmed by laboratory investigation, this being the highest number of type 3 poliovirus infection recorded in a single year since the introduction of the vaccination programme in 1965. The programme consists of giving one dose of type 1 polio-vaccine, soon after birth, followed by 2 doses of balanced trivalent vaccine at three and five months of age. Of the 27 reported cases, 6 were aged 5 to 7, the others were all under 5.

26. Approximately 73% of infants received one dose of type 1 polio-vaccine soon after birth and 70% of infants received two doses of the trivalent vaccine at Maternal and Child Health Centres. A general campaign is mounted annually, usually in January and March, in an attempt to immunize the remainder.

27. Virological investigation of the disease is maintained throughout the year. A poliomyelitis faecal survey in normal children aged under 5 years was carried out in June. The result showed that the excretor rate of 'vaccine' types of poliovirus was about 3.5% among a total of 367 children included in the survey. The 'wild' types of poliovirus

were not detected, but it was believed that such virus was prevalent in the community in view of an increase in the number of clinical poliomyelitis in the year under review. In 1967 the number of poliomyelitis cases notified was 5, increasing to 15 in 1968 and 16 in 1969.

#### *Influenza*

28. The surveillance programme for influenza is continued on a year-round basis. A number of general out-patient clinics are designated as influenza surveillance centres, which report regularly the number of influenza-like illness seen at these clinics. The Virus Laboratory continues to function as a World Health Organization National Influenza Centre and virological investigations of throat swabbings and throat washings are carried out routinely on samples taken from influenza-like cases.

29. During the year the disease caused sporadic outbreaks. Increased incidences were recorded in March and August 1970 but no epidemic was observed. Between January and September 1970 the predominant influenza virus was type A2, but the strains showed no antigenic deviation from the A2/Hong Kong/68 variant which caused an epidemic of influenza in July 1968. After September influenza virus type B was predominant. One of the two antigenic strains of the influenza type B virus was closely related to B/Czechoslovakia/28/70, and the other strain to B/Rome/1/67.

#### *Tetanus*

30. This disease, although not notifiable, is recorded with reasonable accuracy owing to the severity of the symptoms, requiring hospitalization of clinical cases. In past years approximately half the cases reported were in those new-born whose birth had not been attended by trained personnel and who had been exposed to various hazards from unsterile materials. In 1970 tetanus neonatorum was responsible for only 13.6% of the recorded cases, and infant mortality from such infection fell from 1.2 deaths per 1,000 in 1951 to 0.103 deaths in 1970.

#### *Viral Hepatitis*

31. Notification of this disease is on a voluntary basis. A comparison between the number of notifications received and the number of

viral hepatitis cases discharged from Government and Government-assisted hospitals showed that notifications for this disease are far from complete. A better and more complete reporting and investigation of the disease was under review at the end of the year, and it was hoped that such improvement would result in a better understanding of the true incidence of the disease in Hong Kong and its epidemiology.

32. Developments in certain other communicable diseases are reviewed later in this report; the remainder showed little variation during 1970 and hence require no comment.

### III. WORK OF THE HEALTH DIVISION

(Tables 20-45)

#### AREA HEALTH WORK

33. Much of the work of the area Health Officers, apart from their duties with the Urban Services Department in the maintenance of satisfactory standards of 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. Five such drives were staged during the year and reference has already been made to four, namely, cholera, poliomyelitis, measles and diphtheria (and in the latter campaign the vaccine used combined immunization against diphtheria with active anti-tetanus prophylaxis). The fifth, promoting smallpox vaccination, was held in February 1971. 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

(Tables 20-26)

34. As stated previously, tuberculosis is the major health problem of Hong Kong. The policy for control of the disease has been to protect, by vaccination with B.C.G., the new-born, who are particularly vulnerable to the fulminating forms of the disease, and the primary school

entrants who may develop active disease later in life. After considerable thought and investigation, B.C.G. vaccination was extended to school leavers in March. For actual cases of the disease it has now been shown that in a large proportion of cases out-patient therapy is at least as good as institutional treatment. It is gratifying to note that in complete contrast to the past there is now no waiting list for hospital admission and indeed during the year 153 tuberculosis beds were made available for other uses. The not inconsiderable institutional resources are reserved for those not responding to out-patient therapy, for acutely ill cases, for those where the diagnosis is in doubt, and for those in need of surgical intervention. In the execution of this policy there has been a high degree of co-operation between Government and voluntary agencies concerned with the problem, particularly the Hong Kong Anti-Tuberculosis and Thoracic Diseases Association and the Haven of Hope Sanatorium. The Government Chest Service maintains the B.C.G. vaccination and out-patient treatment programme, while the voluntary agencies, aided by substantial Government subventions, maintain most of the hospitals.

35. To keep pace with the rapid changes which are occurring in the fields of treatment and prevention of tuberculosis, close liaison is maintained with agencies outside the Colony. At the moment there are underway, in collaboration with the Medical Research Council of the United Kingdom, no less than four major lines of research. The results of these studies should eventually result in much improved treatment regimens and considerable financial savings.

36. Preliminary results of a joint study with the World Health Organization concerning B.C.G. vaccination of the new-born are now available and the study continues on a follow-up basis.

#### Case Finding

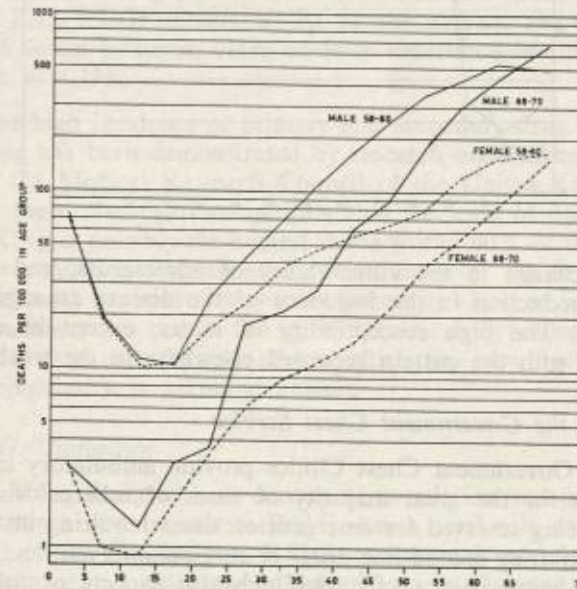
37. In the past the large number of patients attending the Chest Clinics made large-scale case-finding undesirable. With improved facilities and the decrease in the number of patients, case-finding has come to play an increasingly important role. Emphasis is being placed on symptom-motivated patients and health education techniques are being used to ensure a proper understanding of the disease. A mass Health

Education Campaign lasting 1 week was held in December. The theme of the campaign was: 'If you have a chronic cough lasting more than one month, please have a chest X-Ray'.

#### Mortality and Morbidity

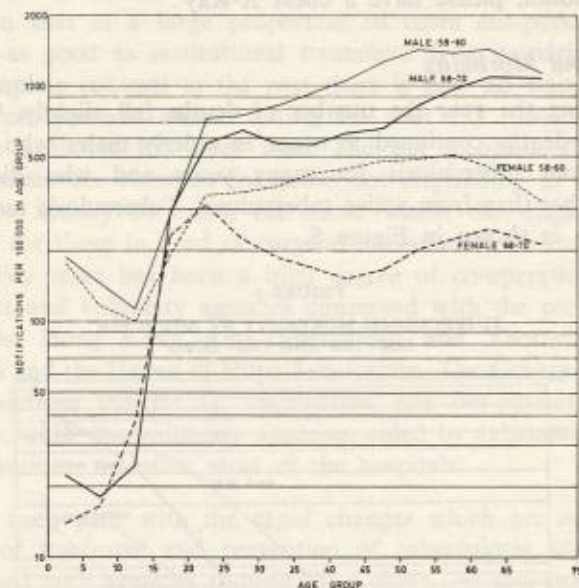
38. During the year the number of deaths fell slightly. The great majority of deaths continued to occur in elderly males who had been suffering from tuberculosis for many years and who died of its sequelae rather than from active tuberculosis. Tuberculosis mortality by age and sex is shown in Figure 5.

FIGURE 5  
TUBERCULOSIS MORTALITY BY AGE & SEX  
1958 - 1960 AND 1968 - 1970



39. During the year the notification rate fell to 255.7 per 100,000 of the population. Figure 6 shows the changes which have taken place in age and sex specific notification rates. There have been marked reductions in the incidence of the disease during childhood. There has

FIGURE 6  
TUBERCULOSIS NOTIFICATIONS BY AGE & SEX  
1958 - 1960 AND 1968 - 1970



been little change in the vulnerability of adolescents, and there has been some reduction in the incidence of the disease amongst middle-aged adults. The high susceptibility of males, except in childhood, corresponds with the pattern recorded elsewhere in the world.

#### *Working of the Government Chest Service*

40. The Government Chest Clinics provide ambulatory chemotherapy services for the great majority of cases of tuberculosis, hospital admission being reserved for emergencies, cases requiring investigation, and those requiring second-line drugs or surgical intervention. Increasing attention is being paid to the public health aspects of tuberculosis. 72 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 eleven Health Visitors. They had all aspects of the disease thoroughly explained to them by Health Visitors and were given explanatory leaflets. Regular attendance

for out-patient chemotherapy is regarded as being of paramount importance, and considerable emphasis is placed on the follow-up of defaulters and on ensuring that contacts are examined. The clinics also provide medical social work, contact tracing and supervisory services and undertake surveys of selected groups such as Government employees and prisoners, in co-operation with the Radiological Service. A regular financial grant can be made where the family depend on the patient's earnings and no other way can be found to maintain the dependants during his hospitalization.

41. During the year attendances at Government Chest Clinics remained at the high level of 1,727,930. After intensive investigation twice weekly fully supervised Streptomycin 1G with Isoniazid 750 mgm had been introduced the previous year. The changing pattern away from unsupervised PAS/INAH tablets to supervised treatment is shown in the following figures. At the end of 1969 there were 10,796 cases on PAS/INAH tablets whilst at the end of 1970 there were only 6,126 cases; however, cases on fully supervised intermittent treatment rose to 4,237.

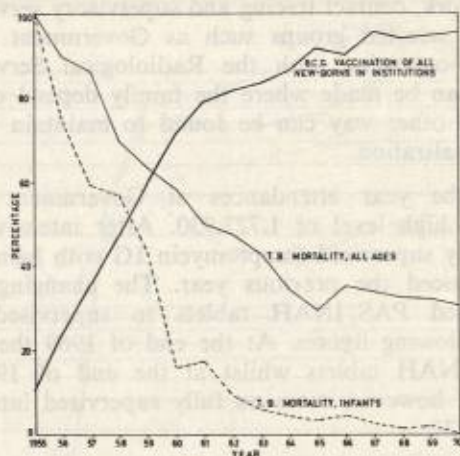
42. The high incidence of primary and secondary drug resistance in Hong Kong has been demonstrated by research undertaken in conjunction with the Medical Research Council of the United Kingdom. The results of these investigations indicate that the level of drug resistance in Hong Kong is possibly the highest in the world, 40% of the organisms investigated showing resistance to one or more of the first-line drugs commonly used in ambulatory chemotherapy. Recent investigations suggest that there has been a fall in the level of drug resistance possibly due to the very considerable efforts which are now being made to prevent irregularity in taking treatment.

#### *The B.C.G. Campaign*

43. In Hong Kong with its density of population and comparatively high prevalence of tuberculosis B.C.G. has a vital role to play in the prevention of the disease. The B.C.G. campaign is mainly directed to the new-born, school entrants and school leavers. During the year 95% of the new-born were given B.C.G. Bearing in mind that the remaining 5% usually have some contraindication to B.C.G. (for example, prematurity) this represents an almost 100% coverage of eligible babies, perhaps the highest coverage in the world. The decline in infant mortality from tuberculosis which has resulted is shown in Figure 7.

FIGURE 7

TUBERCULOSIS MORTALITY & B.C.G. VACCINATION OF NEW-BORNS 1955 - 1970  
(MORTALITY RATES AS PERCENTAGE OF 1955 RATES)



44. Covering the schools there are 10 inoculators divided into 5 teams engaged in tuberculin testing and the administration of B.C.G. It takes approximately two years for all schools to be covered.

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

SOCIAL HYGIENE SERVICE

(Tables 28-32)

46. The incidence of early infectious syphilis was 18, i.e., 35.7% less than the previous year. The number of syphilitic cases was 21.1% less than the previous year. There was also a marked reduction of latent syphilitic cases in 1970. The incidence of gonorrhoea was about the same as in the previous year. It is encouraging to note that the incidence of syphilis in the teenage group of the population has not risen in the manner experienced in many other parts of the world. The trends over the past ten years are illustrated in Figures 8 to 10.

FIGURE 8  
SYPHILIS 1961 - 1970

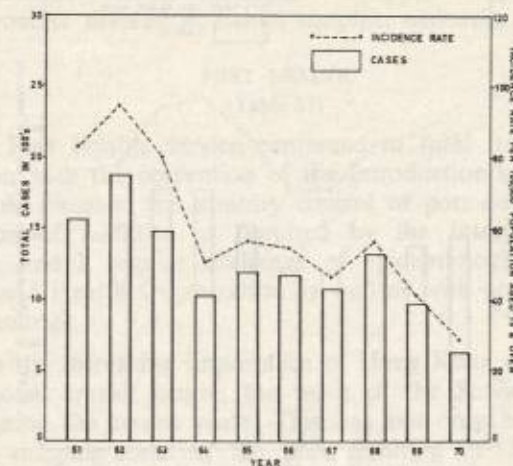


FIGURE 9  
INFECTIOUS SYPHILIS 1961 - 1970

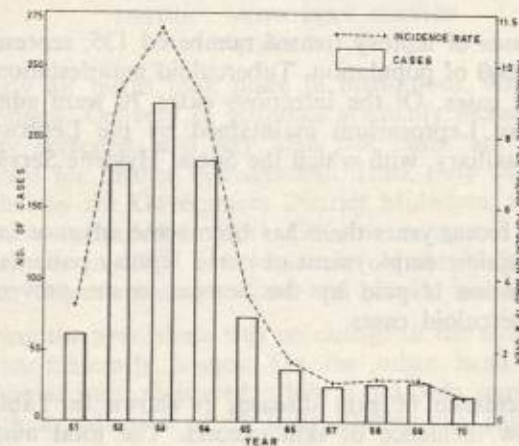
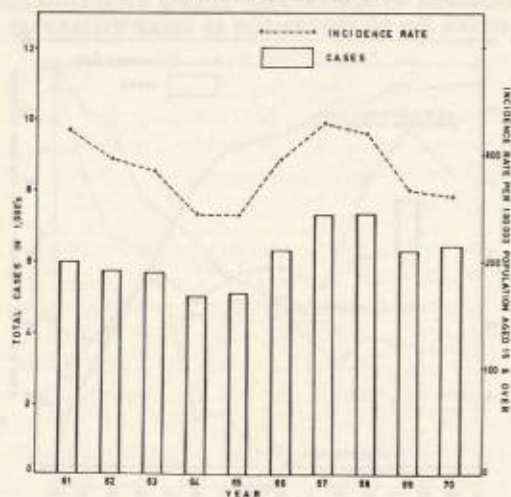


FIGURE 10  
GONORRHOEA 1961 - 1970



47. Case finding continued at a high level, particularly in ante-natal cases where an initial positive serology rate of 1.0% was observed. Of the 104 positive cases referred from ante-natal clinics, only 90 cases, i.e., 86.5% were actually suffering from syphilis. Contact tracing, particularly of infectious syphilis, was continued.

#### Leprosy

48. New cases of leprosy treated numbered 135, representing a rate of 3.4 per 100,000 of population. Tuberculoid manifestations comprised 51.8% of total cases. Of the infectious cases 70 were admitted to the Hay Ling Chau Leprosarium maintained by the Leprosy Mission—Hong Kong Auxiliary, with which the Social Hygiene Service maintains close liaison.

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

#### Dermatology

50. The incidence of skin diseases is shown in Table 31. There was a very low incidence of skin cancers. The total number of new

cases rose by about 4.3% more than the previous year and 157% more than ten years ago. The types of skin diseases in 1970 were similar to previous year, the six commonest types being eczema, fungal infections, contact dermatitis, lichen simplex, urticaria and warts.

#### PORT HEALTH

(Table 33)

51. The Port Health Service continued to fulfil its routine duties in connection with the prevention of the introduction of quarantinable communicable diseases, the sanitary control of port and airport areas, the provision of facilities as required by the International Health Regulations, and a regular exchange of epidemiological information with the World Health Organization as well as with ports and airports in other countries.

52. With the increasing importance of Hong Kong as a tourist and an international transit centre, the work of the Service has steadily mounted during the recent years. This has not only been due to the increase of shipping entering the port resulting in the necessity of maintaining a full 24-hour daily quarantine service, but to a vast increase in air traffic at Kai Tak Airport. The Service is also responsible for the Port Health work in connection with travelling between Macau, Kwangtung province and Hong Kong, while particular attention is paid to vessels and aircraft from plague-infected areas, as well as to food imports from cholera-infected places.

#### DISTRICT MIDWIFERY SERVICE

(Table 34)

53. Nearly all births took place in institutions, either hospitals or maternity homes. Delivery in hospitals gradually increases as all cases are carefully screened, and any high risk cases are referred to the specialist units for further management. Thus, only 18% of the births were attended by the Government District Midwives, and midwives in private practice attended another 19%, as compared with 20% and 22% respectively in 1969. The remainder of the births took place in Government, Government-subsidized and private hospitals.

54. During the year, there was no change in the number of Government district maternity homes. On the other hand 2 new private maternity homes were registered, while 8 old ones were voluntary suspended, with a reduction of 58 beds. During the past 5 years there

has been a steady reduction in the still birth rates in both Government and private maternity homes.

#### MATERNAL AND CHILD HEALTH SERVICE

(Tables 35-36)

55. The public appreciation of the value of these services in the maintenance of health amongst infants and expectant and nursing mothers is again reflected by the fact that 85.4% of the children born had attended a centre on at least one occasion; the corresponding figure for 1969 was 85.2%. Approximately 1% of the new attendants at the various centres were found to have abnormalities; of these, the majority again 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 the average attendances per person at ante-natal sessions and by the low maternal mortality rate.

56. In May 1970, the subsidiary centre in Hung Hom was converted into a full time centre. In August 1970, the sessions in Sha Tau Kok were transferred to the newly leased premises of the Sha Tau Kok Dispensary. The maternity cases of that area are still covered by the Shek Wu Hui Maternity Home. In March 1971, four new subsidiary centres began to operate in the existing clinic premises in the outlying islands of Peng Chau, Silver Mine Bay, Lamma Island and Tai O. In the same month the Western Maternal and Child Health Centre, one of the oldest centres established in 1939, was transferred to the newly opened David Trench Rehabilitation Centre. No maternity ward is attached to the latter centre because the Tsan Yuk Maternity Hospital is in the vicinity.

#### SCHOOL HEALTH SERVICE

57. 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, Immunization against diphtheria, tetanus, cholera and smallpox was carried out in the schools during the year by staff under the direction of Area Health Officers. The Government Chest Service is responsible for tuberculin testing and B.C.G. vaccination in schools.

#### SCHOOL MEDICAL SERVICE BOARD

(Table 37)

58. The School Medical Service 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. On 31st March, 1971, the number of pupils participating was 43,663, from 704 schools, compared with 41,244 pupils from 672 schools on the same date in the previous year. Doctors participating in the scheme numbered 183 compared with 195 in the previous year.

#### DENTAL SERVICE

(Table 38)

60. The Dental Service provides dental care for all monthly-paid Government officers and their dependants, and Government pensioners, and offers a limited specialized treatment for in-patients of Government Hospitals, prisoners, inmates of Training Centres, and emergency treatment for members of the general public.

61. Fluoridation of the Colony's urban water supplies began in 1961. The rate of enrichment was formerly at two levels, being 0.7 parts of fluoride per million in summer and 0.9 parts per million during winter. In May 1967 the concentration was increased to a constant level of 1 part per million throughout the year. This level is to be maintained in future and is the result of a decision arrived at after consideration of more recent work on the study of optimum fluoride levels for community water supplies. The cost of this operation is now estimated at about 12.1 cents per person receiving fluoridated water per annum. Dental health education plays an important part in combating dental disease in the Colony, and the Dental Service continued to take advantage of major educational exhibitions to distribute information and advice on the maintenance of dental health.

62. 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 awarded to students for study in the University of Otago in New Zealand and one scholarship for study in the University of Sydney in Australia. 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. One Dental Surgery Assistant under training for dental nursing in Penang, Malaysia, under a World Health Organization Fellowship returned during the year. Two Dental Surgery Assistants were under training for dental nursing in Singapore under Fellowships awarded by the World Health Organization. Three Dental Surgery Assistants were due to go to Penang for similar training in January 1971. Due to unforeseen circumstances the period of their training has been delayed by about three months. A Dental Nurse is now on a 12 month Dental Nurse Tutor Course in New Zealand under a World Health Organization Fellowship to assist, on her completion of the course, in the training of our own Dental Nurses; another Dental Nurse returned after having successfully completed such a course.

#### FORENSIC PATHOLOGY

(Table 39)

63. The Forensic Pathology Service consists of a main laboratory in Police Headquarters, Hong Kong, and another laboratory in the Mong Kok Police Station, Kowloon. It deals mainly with medico-legal work in close association with the Royal Hong Kong Police Force. Although the administration of the public mortuaries at Victoria and Kowloon is in the hands of the Medical and Health Department Institute of Pathology, homicidal deaths and deaths under suspicious circumstances still remain in the hands of the Forensic Pathologists.

#### GOVERNMENT LABORATORY

(Table 40)

64. The Laboratory provides chemical and related scientific services for Government Departments. During the year 32,078 items were examined by the professional and technical staff, and this figure constitutes an all-time record.

65. In the Forensic Science Division the examination of questioned documents continued on an increasing scale, and new techniques were developed for the visualization of latent fingerprints on paper and other materials. The characteristics of numerous home-made bombs were determined.

66. Officers of the Narcotics Section assayed the largest ever volume of illicit drugs during the year, including more than 6,000 lbs. of raw opium.

67. Items handled by the General Division showed a substantial increase over the previous year. The most notable increases involved work carried out under the Dangerous Goods Ordinance and the Public Health and Urban Services Ordinance.

68. Surveys were carried out on the presence of mercury in tuna fish and lead in preserved eggs. During the year work to provide extra working space by the building of a small extension in the laboratory was completed.

#### MEDICAL AND HEALTH DEPARTMENT, INSTITUTE OF PATHOLOGY

(Tables 41-44)

69. The Medical and Health Department Institute of Pathology operates a number of clinical and public health laboratories providing laboratory investigations in both curative and preventive medicine. It serves mainly Government hospitals, clinics and various public health divisions. It also helps to conduct laboratory examinations for the Tung Wah Group of Hospitals. Work arising from Queen Mary Hospital on pathology, clinical biochemistry and bacteriology is undertaken by the University Department of Pathology which receives a grant from Government for such services. During the year the total number of examinations undertaken by the Institute exceeded that of the previous year by 149,114, indicating an increase of about 7.8%. The increase was mainly in the Histopathology, Haematology, Bacteriology and Chemical Pathology sections.

#### *Morbid Anatomy and Histopathology*

70. A total of 753 post-mortem examinations were carried out during the year, of which 413 had medico-legal implications. The brains of 45 dogs were examined for the presence of Negri bodies (indicating death from rabies) but no positive findings were obtained. Over 3,300 specimens of sputum, pleural fluid, vaginal and cervical smears and other specimens were received for cytological examination, of which 50 showed definite evidence of malignant diseases. Over 41,000 biopsy specimens were examined in order to determine the histopathological diagnosis. Of these about 3,800 were benign or malignant tumours.

#### *Haematology and Serology and Blood Bank*

71. Slightly more than 360,000 haematology specimens were examined, the most common examinations being haemoglobin estima-

tions, total and differential white cell counts, blood slide examinations and blood grouping. Over 128,000 serology tests were performed, the most common being the V.D.R.L. flocculation slide test for syphilis. In the blood banks 27,503 pints of blood were received during the year, 26,723 pints of which were from the blood collecting centres of the Hong Kong Red Cross Society. A total of over 180,000 examinations of blood were carried out in the blood banks.

#### *Chemical Pathology*

72. Some 390,000 specimens were examined, the most common being various quantitative examinations upon blood, which accounted for over 290,000 of the examinations.

#### *Bacteriology and Public Health*

73. Over 583,000 bacteriological examinations were carried out. Samples of nightsoil, well water and imported food from endemic areas were routinely examined throughout the year for cholera vibrios, but no positive findings were obtained.

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

#### *Virology*

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

76. In the year there were 24 cases of laboratory-confirmed poliomyelitis, (See paragraph 25 for details). The laboratory continued to function as a World Health Organization National Influenza Centre. Influenza occurred as sporadic outbreaks during the year. Increased incidences were reported in March and August, but no epidemic was observed. A2 influenza virus, antigenically indistinguishable from the A2/Hong Kong/68 variant was prevalent from January up to September, after which period influenza type B virus was predominant.

Two different antigenic strains of type B virus were isolated. One was closely related to B/Czechoslovakia/28/70 and the other to B/Rome/1/67. The study of other respiratory viruses associated frequently with acute respiratory infections was continued.

77. Cytomegalovirus was prevalent in Hong Kong. This virus was isolated in 36 infants manifested with a wide spectrum of clinical syndromes, such as jaundice, hepatosplenomegaly, convulsion and meningo-encephalitis. Further serological studies are being carried out to determine the epidemiological pattern of this infection.

#### INDUSTRIAL HEALTH

(Table 45)

78. The health of workers in factories and the other industrial undertakings is the statutory responsibility of the Commissioner of Labour. The Industrial Health Division of the Labour Department, which is staffed by personnel seconded from the Medical and Health Department, is responsible for advising the Commissioner on all matters affecting the health and welfare of industrial workers. Its principal functions are to prevent occupational diseases and to promote health at work. The inspection of industrial undertakings by medical officers of the Division in company with the factory inspectorate, the monitoring of the working environment by the laboratory staff, and the medical surveillance of notified occupational diseases are the principal ways in which these functions are carried out.

79. Environmental surveys included the measurement of silica dust in quarries, and of the concentrations in the air of, amongst many, lead, manganese, solvents, and sulphur dioxide, and the investigation of standards of thermal comfort, ventilation, noise and lighting.

80. The work of the Workmen's Compensation Unit, which is part of the Industrial Health Division, continued to increase. The introduction of the Industrial Injury Notification system has increased the number of recorded industrial accidents from an average of 1,000 a month in 1969 to an average of 2,050 a month in 1970.

81. 33,609 occupational injuries were recorded by industrial health visitors and nurses of the Industrial Health Division; of these 24,610 were accidents which caused the injured person to be off work for more than 3 days and were therefore reportable under the Workmen's Compensation Ordinance. 259 occupational deaths were recorded, but

it was found on investigation that 70 occurred in seamen outside Hong Kong, and that 53 were due to natural causes or the person was not employed at the time. Of the remaining 136 the manufacturing industries accounted for 43 and the construction industry for 38.

82. Monitoring of air pollutants continued, the number of stations being increased to 33. 5 new stations were installed in the New Territories and one in Hong Kong Island. A complete coverage of the Colony has now been achieved. 4 Assistant Smoke Inspectors were appointed to the Air Pollution Control Unit in November and it is hoped that the establishment of 7 will be completed by April 1971. A reconstituted Air Pollution Committee under the chairmanship of Mr. J. L. MARDEN, J.P., met for the first time in March and will in future hold meetings at regular two monthly intervals.

83. The Industrial Health Laboratory was designated by the World Health Organization in December as a national laboratory which will take part in an international study on air pollution in conjunction with other national laboratories throughout the world.

84. Industrial Medical Officers participated in Medical Boards, held under the Workmen's Compensation Ordinance, and assessed the disability of 6,426 injured workers. Health visitors and industrial nurses carried out case work and visited homes as well as attending at the casualty departments of major hospitals.

#### HEALTH EDUCATION

85. A better appreciation by the Colony's population of the basic principles of personal and environmental hygiene and the prevention of disease continued to be the main health objective. A very wide field was covered by many branches of the Medical and Health Department and the co-operation of all voluntary agencies interested in such topics was actively sought.

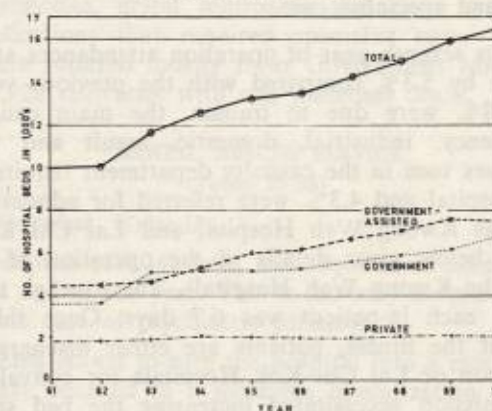
#### IV. WORK OF THE MEDICAL DIVISION

(Tables 46-69)

86. At the end of 1970, there was a total of 15,638 beds available in all hospitals in Hong Kong excluding those hospitals maintained by Her Majesty's Armed Forces; in addition, there were 489 beds in Government maternity homes and 344 beds in private maternity and

nursing homes. The total 16,471 beds represented 4.2 beds per thousand of the population. The figures quoted are based on the normal bed capacities of hospitals, but in some cases the actual bed occupancy is much higher as camp beds are used whenever the need arises. Development over the past 10 years is illustrated in Figure 11 and it will be noted that the bed provision in 1970 represents an increase of 66% over the bed provision in 1961.

FIGURE 11  
HOSPITAL BEDS 1961-1970



QUEEN MARY HOSPITAL  
(Table 50)

87. This hospital, built in 1937, is the main acute and specialist centre for Hong Kong Island, and is also the University teaching hospital for the Medical Faculty of the University of Hong Kong. Clinical supervision is provided partly by the University Clinical Departments and partly by Government Specialist Units.

88. The total bed capacity in Queen Mary Hospital was 1,062 at the end of 1970. On completion of the new maternity ward and other minor alterations at the end of the year under review, the bed complement has been further increased to 1,155. The Intensive Care Unit began to function in November 1970. An Organ Transplant Unit was set up in February 1971. The new maternity ward on the roof of A and B blocks was commissioned in January 1971. The major works now in progress

are a new Pathology Building consisting of a new Mortuary, a Virus Laboratory and Clinical Pathology Services, and a new Clinical Building to cater for an increased intake of medical students. These works are due for completion in 1972.

#### QUEEN ELIZABETH HOSPITAL

(Tables 51-52)

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

90. During its seventh year of operation attendances at the casualty department rose by 5.3% compared with the previous year. Of these attendances 30.8% were due to trauma, the main causes being in order of frequency, industrial, domestic, assault and traffic cases. 37.9% of all cases seen in the casualty department required immediate admission to hospital and 4.3% were referred for admissions to other hospitals such as Kwong Wah Hospital and Lai Chi Kok Hospital. (Paragraph 152 below gives details of the operation of the casualty department of the Kwong Wah Hospital). The average time spent in the hospital by each in-patient was 6.7 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. The pressure of admission necessitated increasing the bed state to 1,893 although the hospital's capacity was only for 1,596 beds.

#### KOWLOON HOSPITAL

91. This hospital serves partly as a subsidiary centre for Queen Elizabeth Hospital and also as a centre for chest diseases requiring both medical and surgical treatment. It also contains an acute psychiatric ward and a paraplegic unit.

92. With the completion of the West Wing in October 1970, the total bed complement of the hospital has increased from 500 to 1,042, including an acute psychiatric unit of 67 beds, a paraplegic unit of 50 beds, 188 beds for thoracic diseases and 737 convalescent beds for Queen Elizabeth Hospital. Towards the end of the year under review, the West Wing was not yet in full operation. However, it is envisaged that full functioning of the hospital will gradually be achieved in not too distant future.

#### TSAN YUK HOSPITAL

(Table 54)

93. This hospital, under the clinical supervision of the Professor of Obstetrics and Gynaecology of the University of Hong Kong, is the main specialist obstetric hospital in Hong Kong. It has 292 beds including 51 beds for the care of premature babies and is the teaching centre in obstetrics for medical undergraduates and the training school for midwives.

94. About 89% of admissions were booked cases. These were mainly primigravidae, grand multiparae and cases with previous or present complications that required specialist care. The emergency admissions were referred mostly from Government Maternity Homes. There were 5,920 deliveries with one maternal death.

#### MENTAL HEALTH SERVICE

(Tables 55-56)

##### *Castle Peak Hospital* (Table 55)

95. This hospital of 1,242 beds was required to accommodate 1,721 patients at the end of the year. This is the only hospital in the Colony for the full-time care of psychiatric patients.

96. Continued efforts to turn the hospital into a modern therapeutic community have resulted in a judicious liberalization of control over patients. Except for two closed wards for patients involved in Court proceedings, most of the wards are in various degrees 'open', having free access to their own gardens. Three wards are entirely open, the patients housed therein being convalescent and receiving intensive attention to prepare them for discharge. Some patients travel daily to Tsuen Wan and San Hui to work in factories for a short period of rehabilitation prior to final discharge and many are given permission to go freely within the hospital.

97. All modern treatments in psychiatry were given, but reliance was placed mainly on drug treatment and social measures. It was clear that maintenance treatment of many schizophrenics over a long period of time could result in a drop in the relapse rate. There was an increasing tendency to treat patients in psychiatric out-patients' centres rather than admit them to hospital.

98. Continued efforts were made to rehabilitate the long-stay and grossly mentally disabled patients, the aim being to discharge them fit

to earn their living. Two wards were especially set up for this purpose. The usual therapeutic measures, including occupational therapy, group therapy and re-education, were intensively used, but emphasis was placed on training in activities having a direct bearing on their work after leaving hospital. By these means a number of patients found employment while still in hospital. They were later discharged for full-time employment. Planning continued for another mental hospital which will be sited at Lai Chi Kok.

99. A wide variety of social and recreational activities was organized for the patients. Television sets were installed in all the wards during the year.

#### *Psychiatric Centres (Table 56)*

100. The Yau Ma Tei Psychiatric Centre provides treatment for both out- and day-patients, including follow-up cases from Castle Peak Hospital. Its facilities include a Child Psychiatric Unit. The Day Hospital was found most useful for the treatment of psychoneurotics and disturbed adolescents and children. On Hong Kong Island the Hong Kong Psychiatric Centre continued to see out- and day-patients, follow-up cases from Castle Peak Hospital and forensic cases. The centre moved into its new premises in the David Trench Rehabilitation Centre opened in March 1971. In addition to these centres, psychiatric services were provided for the Psychiatric Observation Unit in Victoria Reception Centre and for the Tai Lam Centre for Women. A 67-bed Psychiatric Unit in the West Wing of the Kowloon Hospital has been completed.

#### *New Life Psychiatric Rehabilitation Association*

101. This Association, with the close co-operation of the Mental Health Service, operates the New Life Rehabilitation Farm adjacent to Castle Peak Hospital for the benefit of patients requiring a period of orientation before returning to full social and economic activity in the community. A hostel on the Farm accommodates 22 discharged mainly chronic schizophrenic patients at a time. The Association also owns a 'Half-way Home' in Hung Hom—a hostel accommodating 67 selected discharged patients from Castle Peak Hospital. These patients spend a transitional period there before returning to normal society.

#### *Drug Addiction*

102. A Drug Addiction Liaison Officer from this Department maintains close liaison with the Action Committee Against Narcotics

(ACAN), other voluntary agencies and Government Departments connected with this work. A bibliography of all important publications on the various aspects of the problem of drug addiction is kept by the Department.

103. In November 1970 an anti-narcotic campaign organized jointly by the Medical and Health Department and the Action Committee Against Narcotics was held. The campaign was given the widest publicity. Emphasis was given on the preventive aspect of drug addiction particularly towards health education of the young.

#### INFECTIOUS DISEASES HOSPITALS

104. 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.

105. None of the common infectious diseases showed any dramatic variation. However, the overall trend was towards a reduction, both in incidence and mortality. No examples of the major quarantinable diseases were encountered. There is a definite clinical impression that patients are now coming for treatment earlier, and the moribund child admitted in the terminal stage of illness, though not entirely a memory of the past, is now seldom seen.

#### TANG SHIU KIN HOSPITAL

(Table 53)

106. This hospital, built with a substantial donation from Sir Shiu-kin TANG, C.B.E., LL.D., J.P., is situated at Morrison Hill, Hong Kong. Opened in 1969, it replaced the former Eastern Public Dispensary and Maternity Home, the Harcourt Health Centre and the Wan Chai Social Hygiene Female Clinic.

107. The hospital is equipped with a casualty department and casualty wards for 40 patients. It has a general out-patient department, a maternal and child health centre, a 36-bed maternity ward, a social hygiene clinic, a skin clinic and an obstetrical and gynaecological clinic.

108. The hospital also contains the head office of the Maternal and Child Health Services and a training school for Health Visitors and Health Auxiliaries. Quarters are available in the hospital for medical

and nursing staff. Since its opening the hospital has been playing a useful role in providing casualty and emergency services for the eastern part of the Island.

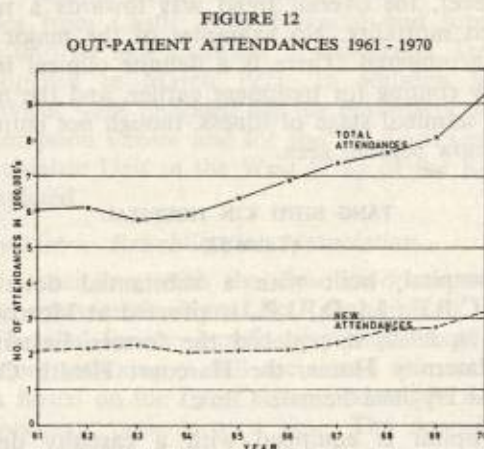
#### OTHER GOVERNMENT HOSPITALS

109. 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 South Lantau Hospital, serving the villages on the south-west coast of Lantau Island, and six hospitals within prison compounds at Stanley Prison, Victoria Prison, Tai Lam Centre for Women, Tai Lam Prison for convicted drug addicts, Tong Fuk Prison and Chi Ma Wan Prison.

#### OUT-PATIENT SERVICES

(Tables 57-59)

110. Pressure remained heavy throughout the year on all 43 general out-patient clinics and also on most special clinics. Trends during the past 10 years are shown in Figure 12.



111. New facilities which became available during the year are detailed in paragraphs 173 to 174 of this report.

112. In addition to general out-patient service, regular out-patient sessions were maintained at a number of clinics by staff of specialized units. Evening out-patient sessions continued to be held at 10 clinics

in the more densely populated areas; they are namely the Aberdeen Jockey Club Clinic, the Kowloon Hospital out-patient department, the Kwun Tong Jockey Club Clinic, the Lady Trench Polyclinic, the Li Po Chun Health Centre, the Robert Black Health Centre, the Sai Ying Pun Jockey Club Polyclinic, the Shau Kei Wan Jockey Club Polyclinic, the Violet Peel Polyclinic and the Yau Ma Tei Jockey Club Polyclinic. Sunday and public holiday clinics are also held amongst six of the above-mentioned clinics. The more remote areas of the New Territories continued to be served by two mobile dispensaries and the 'floating clinics', while the 'flying doctor' service to more isolated and inaccessible villages was maintained.

#### SPECIALIST SERVICES

113. 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 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

(Tables 60-61)

114. The Medical and Health Department Institute of Radiology operates a service comprising Radiodiagnosis, Radiotherapy, Radiation Physics, Radioisotope, Radiobiology and Clinical Photography. The Radiodiagnosis Division provides a X-ray diagnostic service mainly for Government institutions, but a free consultant service is 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 a payment basis. The Radiotherapy Division based at Queen Elizabeth Hospital and Queen Mary Hospital treats over 90% of all patients requiring radiotherapy in the whole of Hong Kong and also some patients referred to the Institute from overseas. The Radioisotope service is included in the Radiotherapy Division. It serves mainly Government institutions, but a consultant service is also available to the Tung Wah Group of Hospitals and

medical practitioners in private practice on a limited scale. The Radiation Physics Division is responsible for the operation of the Radiological Workshop which provides a maintenance service for Government radiological equipment and also of a film-badge radiation monitoring service for the whole Colony. These duties are in addition to its main function in assisting the first two divisions in their routine work. The Radiobiology Division is responsible for investigating radiobiological and cancer problems to help the Radiotherapy Division in its work and also for assisting it in the training of radiotherapists. The Institute also undertakes the training of medical undergraduates of the Hong Kong University in Clinical Radiology and Radiological Anatomy. The Radiotherapy Division also operates a Colony-wide Cancer Registry.

115. Under the direction of the Radiation Board the Radiation Physics Division carries out a programme of visits to premises where irradiating apparatus or radioactive substances are used, to give advice on radiation protection and ensure that adequate arrangements are being made for the protection of radiation workers and the public in the proximity of such premises.

116. In the field of research the Radiotherapy Division is continuing its collaboration with the International Agency for Research on Cancer in the investigation of the Epidemiology of Nasopharyngeal Carcinoma, as well as carrying a part of this research independently. In addition this division is also collaborating with the Department of Epidemiology of Harvard University in a study of the urinary oestrogen profiles of selected North American and Asian populations to test a hypothesis concerning the aetiology of breast carcinoma. The cost of these 3 research projects is borne respectively by the International Agency for Research on Cancer, the Hong Kong Anti-Cancer Society, and jointly by the American Cancer Society and the World Health Organization; while accommodation facilities are provided by Government to carry out such studies.

#### OPHTHALMOLOGY

(Tables 62-63)

117. This service maintains three full-time centres with surgical facilities and in addition holds regular sessions at out-patient clinics in urban and rural areas. 56% of the major operations were performed on an out-patient basis, and increased availability of beds enabled waiting lists to remain at almost negligible proportions.

118. During the year the number of persons first registered as blind was 226, including 10 under the age of 15 years. Trends of previous years in the causation of blindness continued, with increasing frequency of the eye diseases of advancing age, and a reduction in those caused by deficiency states and trauma; senile cataract and glaucoma have replaced keratomalacia as the predominant causes; amongst children the main cause of blindness is congenital defect, while blindness due to keratomalacia is now comparatively rare.

#### PHARMACEUTICAL SERVICE

(Table 64)

119. This service is concerned with the enforcement of the Ordinance dealing with Dangerous Drugs, Pharmacy and Poisons, and Antibiotics as well as the control, manufacture and supply of drugs, and the supply of dressings, medical and surgical instruments and sundries to hospitals, clinics, health centres and other units of the Department. Two main depots, one in Hong Kong Island and one in Kowloon, manufacture and distribute some 250 different types of pharmaceutical products to these institutions. In the two largest hospitals sterile preparation units supply all the hospital departments with their requirements of all intravenous fluids and with an extensive range of injections.

120. Central sterile supply departments are maintained at Queen Mary Hospital on Hong Kong Island and at Queen Elizabeth Hospital in Kowloon. These have been extended to include the sterile requirements of Tang Shiu Kin Hospital, Tsan Yuk Hospital, Kowloon Hospital and other institutions.

#### MEDICAL SOCIAL WORK

121. The expansion of the medical services and the increasing emphasis on rehabilitation in its various aspects continued to make heavy demands on the services of Medical Social Workers. The medical social service of the Hong Kong Division with its head office at Queen Mary Hospital continued to deal with an increasing number of patients treated at Queen Mary Hospital. The allocation during the year of 78 beds at Grantham Hospital as convalescent beds for chest and heart cases from Queen Mary Hospital has resulted an extension of the service to patients transferred to the Grantham Hospital. The medical social workers of the Hong Kong Division also undertake medical social work in Tsan Yuk Hospital, Sai Ying Pun Infectious Disease Hospital, Tang Shiu Kin Hospital, Sai Ying Pun Jockey Club

Polyclinic and Violet Peel Polyclinic. The medical social work in the ophthalmic service was re-organized and all new cases are now seen by the medical social worker in the Yau Ma Tei Ophthalmic Clinic.

122. The medical social service of the Kowloon Division based at Queen Elizabeth Hospital covers medical social work in the Government hospitals and other medical institutions on Kowloon side. Close liaison was maintained with other Government departments and voluntary agencies in regard to the various aspects of rehabilitation, such as job placement, vocational training, housing and education of the physically disabled. The continuing co-operation and assistance given by them contributed much help to the patients.

123. The medical social workers in the Chest and Special Skin Division continued to see patients on a referral and selection system. Medical social workers of this Division work at all main chest clinics and special skin clinics. In addition to services rendered to out-patients, this Division also provides medical social service to tuberculosis patients treated at such hospitals as Grantham Hospital, Ruttonjee Sanatorium, Wong Tai Sin Infirmery, Sandy Bay Convalescent Hospital and other medical institutions. In the Special Skin Service medical social workers maintained close liaison with the Hay Ling Chau Leprosarium. There are now less difficulties with such rehabilitation problems as the housing of leprosy patients, the employment of cured persons and their integration into the community.

124. In the Mental Health Service the scope of medical work both at Castle Peak Hospital and the out-patient psychiatric centres widened considerably due to an increase in the number of hospital patients and out-patient attendances. There is also increasing awareness of the availability of treatment facilities and social assistance for the mentally ill.

125. In-service training for new recruits was provided as before. Full use is also made of lectures given by specialists in various related fields, as well as extra-mural courses designed for social workers. Medical Social Workers continued to give lectures to other students in training mainly in nursing, medicine, physiotherapy, health visitors service, social work and trainees in the social welfare field. In education for social work the Medical Social Service continued to offer field training placements and the service of Medical Social Workers as supervisors for the practical training of university students

of the two universities, and for the post-graduate social study diploma students of the University of Hong Kong.

#### PHYSIOTHERAPY

(Table 65)

126. Demand for physiotherapy services continues to rise and there was increasing concentration on education and training of the handicapped in re-adapting themselves to day-to-day activities. The physiotherapy unit at Queen Mary Hospital has continued to treat those patients transferred to the Sandy Bay Convalescent Hospital, and the Wan Chai Polyclinic now supplies a number of staff for Tang Shiu Kin Hospital.

127. Since July 1970 a part time service has been supplied to give further physiotherapy to physically handicapped trainees at the World Rehabilitation Fund Day Centre in Kwun Tong. All other services have been maintained and in March 1971 the Tang Shiu Kin Physiotherapy Unit in the David Trench Rehabilitation Centre at Sai Ying Pun was opened to patients. This will provide a much needed service for patients in the Western half of Hong Kong Island and for the first time the service of hydrotherapy treatment has been made available on this side of the Island.

128. An increasing interest in sport for the handicapped resulted in the first annual sports meeting for the physically handicapped in August 1970, when some 96 Hong Kong 'athletes' and 14 from New Zealand competed in 9 different events. Training and planning for the last annual sports meeting was carried out by the physiotherapists and planning for the next meeting is already in progress. Intermediate matches and competitions are held on a regular basis especially at Kowloon Rehabilitation Centre. While these events are mainly for permanent wheelchair victims, amputees and cerebral palsy patients and others are also encouraged to improve their physical fitness.

129. The Physiotherapy Training School had 41 students under training at the end of the year under review, the number including 7 for non-Government institutions. An additional 3rd classroom for the training of student physiotherapists was added to the School during the year.

#### OCCUPATIONAL THERAPY

(Table 66)

130. The demand for occupational therapy services has continued. With the appointment of two officers and the return from overseas of

the first three scholarship graduates, the staffing position with regard to occupational therapists has somewhat improved. During the year two female candidates were awarded scholarships to receive training in the United Kingdom.

131. At Castle Peak Hospital the department continued to provide a diverse programme of progressive treatment, covering work, recreation and group social activities. Visits were made by small groups of patients to neighbouring villages accompanied by members of the staff in civilian dress, with the aim of bridging the gap between hospital and community. Industrial 'out-work', consisting of contracts with factories, continued as a valuable adjunct to the treatment programme, and domestic, hospital and office equipment continued to be produced to meet Government Supplies Department orders.

132. The Hong Kong Psychiatric Centre (now located in the David Trench Rehabilitation Centre) and Yau Ma Tei Mental Health Centre continued to provide a treatment programme for out-patients, including selected patients from Castle Peak Hospital for whom a short follow-up period was necessary and those receiving other forms of therapy referred for observation prior to assessment for future employment.

133. The Kowloon Jockey Club Rehabilitation Centre now includes a regular attendance of cerebral palsy children, for whom a special treatment room has been reserved which is located apart from the main work areas. Otherwise, treatment has followed the same pattern as in previous years and with the same aim in view—to assist patients to return to their previous employment, or where this is not possible, to an alternative means of livelihood. This unit has been directly responsible for the placement of an increased number of patients. The Hong Kong Telephone Company alone accepted a total of 8 against vacancies exclusively reserved for the disabled.

134. The occupational therapy units in Queen Mary Hospital and Queen Elizabeth Hospital continued with the treatment of in-patients. In Queen Elizabeth Hospital there is also an attendance of out-patients, including cerebral palsy children. The Wan Chai Polyclinic has continued to function to its maximum with the limited accommodation available. The expansion of the service included two new units, a physical unit in the David Trench Rehabilitation Centre and a psychiatric unit in Kowloon Hospital West Wing.

#### ORTHOPAEDIC AND PROSTHETIC APPLIANCES

135. Due to the increase of industrial and traffic accidents the demand for artificial limbs is increasing. Because of this, work-study in the production section has been directed mainly to improving the technique of fabricating prostheses. The main research and development undertaken during the year included modification to hip-disarticulation prostheses, improved prosthesis for fitting the Syme's amputee, and new prosthetic components for geriatric above-knee amputees. Though the number of new poliomyelitis patients requiring orthopaedic appliances has decreased the old poliomyelitis patients are growing up, and therefore the demand for medium and large sizes of long leg braces with knee hinges is increasing.

136. The number of Student Prosthetists under training in the department is now up to six. Since the training period for Student Prosthetists has been reduced from four years to three years a revised syllabus with more comprehensive lectures for the Prosthetic-Orthotic Course is being prepared. During the year one prosthetist was awarded the diploma of Orthopaedic Technician by the British Institute of Surgical Technicians and another prosthetist was awarded a prosthetic course by Government to study in the United Kingdom.

137. With the opening of the David Trench Rehabilitation Centre in March 1971 a comprehensive service to in-patients and out-patients on the Island has been achieved. The scope of the unit now covers all aspects of prosthetic and orthotic services for patients on either side of the harbour. The workshops of this unit also served as a supplier of special surgical appliances and instruments to the Orthopaedic Surgery Unit, the physiotherapy Unit and the Special Skin Clinic.

#### MEDICAL EXAMINATION BOARD

(Tables 67-68)

138. This section performs medical examinations of new entrants to Government employment and to the Essential Services Corps. The number of persons classified as unfit on account of tuberculosis decreased considerably when compared with the previous year. Tuberculosis remained the primary reason for non-acceptance of applicants on medical grounds, being responsible for 6 out of the 9 classifications as 'unfit' in each thousand examinations.

#### HOSPITAL MAINTENANCE AND SUPPLY

139. As a result of the continued development of the services provided in medical institutions operated by the Medical and Health Department, coupled with further increases in the demands upon them, the administration and supply of the hospital service becomes increasingly complex.

140. As in previous years, the Central Laundry has been kept under continuous review, particularly with reference to its future requirements and its relationship with other essential service departments. Further investigations into the use of disposable items have been undertaken with a view to reducing the work-load on the already overloaded service. However, the conclusions reached still confirm that disposable products are not yet an economic proposition in Hong Kong. Work on the new Shau Kei Wan Laundry is proceeding, and it is hoped that this new Unit will be in operation early next year thus easing the load on the existing Laundry at the Queen Elizabeth Hospital. Investigations indicate that owing to the continued expansion of the Department's activities a third laundry will eventually be required, and steps are being taken to find a suitable site for this.

141. Efforts to promote harmonious staff relations have continued during the year under review. The Joint Consultative Committee of Kowloon Hospital is proving a success, and it is hoped that further Joint Consultative Committees will be established in the near future. Proposals for the reorganization of the Medical and Health Department Staff Welfare Association have been approved, and the Association is now known as the Medical and Health Department Staff Society. Approval is also being sought for the appointment of a full-time Welfare Officer, and it is hoped to conduct a membership recruiting campaign shortly in order to encourage greater staff participation in the staff Society.

142. The design and types of special and standard items of hospital equipment in use have been kept under review, so as to achieve some standardization between one unit and another and ensure greater efficiency and economy.

#### AUXILIARY MEDICAL SERVICE

143. This branch of the Essential Services Corps has a strength of over 5,400 men and women—2,000 of whom are under 25 years of age—trained to augment the Colony's medical services during any

emergency. Approximately half the strength is used to make up the Ambulance Depot teams, which are dispersed throughout the Colony and are affiliated to the nearest Fire Stations (Ambulance Service). These ambulance depot teams are trained to reinforce the regular ambulance service, to provide mobile first aid parties and light rescue teams, especially in the New Territories and on the islands.

144. Members of the Service who are assigned for emergency duties in Medical Establishments carry out training annually in one of the major hospitals. Members who are assigned to reinforce the Ambulance Service perform duties with the latter service at weekends and on public holidays. There are also over 250 members, male and female, who are trained as life-savers, and who reinforce the regular life guards on the beaches at weekends and on public holidays.

145. Members attended at the scenes of large fires throughout the Colony during the year. They assisted in the distribution of anti-narcotics leaflets, during the anti-narcotics campaign in November 1970, in resettlement estates, at cinemas and theatres, at playgrounds, at markets and at ferry piers, besides showing films at selected secondary schools.

146. The Band of the AMS has performed on a number of occasions in public, at Medical Department functions, and gave concerts at Christmas 1970 at seven of the Colony's major hospitals.

#### REGISTRATION OF MEDICAL CLINICS

(Table 69)

147. In accordance with the Medical Clinics Ordinance, Chapter 343, all clinics were required to be re-registered annually. On 31st March, 1971, there were 75 registered static clinics and 3 registered mobile clinics in the charge of registered medical practitioners, and 350 clinics registered with exemption, making a total of 428.

148. The Low Cost Medical Care Scheme under which static clinics are set up in Resettlement and Housing Estates continued to operate throughout the year, the aim being to provide one doctor for every 6,000 residents, with priority given to registered medical practitioners. At the end of the year under review there were 62 clinics in Resettlement Estates and 14 in Housing Estates operated by registered doctors. In addition there were 34 clinics in Resettlement Estates and 2 clinics in Housing Estates which were registered with exemption.

## GOVERNMENT-ASSISTED HOSPITALS

(Tables 70-73)

149. Financial assistance mainly by means of an annual subvention is given by Government to certain voluntary organization maintaining hospitals in the Colony. Such hospitals, containing a total of 7,533 beds, provide mainly sub-acute general beds or facilities for persons suffering from certain specific diseases or handicaps. The total Government subvention to these hospitals during the year was \$62,081,016 recurrent and \$1,065,719 special expenditure.

### THE TUNG WAH GROUP OF HOSPITALS

150. The Tung Wah Group of Hospitals, which celebrated the 100th Anniversary of its founding this year, is a long-established Chinese charitable organization, and is managed by a Board of Directors elected annually. During recent years a programme of modernization and expansion has been undertaken with assistance from Government in terms of personnel, especially medical officer and consultant services, money and material, the subvention amounting to \$34,891,431.

151. Construction work of the 12-storey Centenary Block in Tung Wah Hospital started in July 1970 and is expected to be completed at the end of 1972. The building will have 424 beds, with a new out-patient department, a new casualty department, X-Ray facilities, new operating theatres, and additional quarters for 50 nurses.

152. The Casualty Department at Kwong Wah Hospital handles all accident cases taking place between Waterloo Road and Lai Chi Kok Road. A large number of patients was referred to it by Government clinics both in Kowloon and in the New Territories. As a result this department dealt with cases not only from the northern part of the Kowloon peninsula but also from other areas. A police post has been established to deal with medico-legal cases, and an industrial nurse from the Labour Department attends to advise in cases of industrial accidents. An officer from the Fire Services Department was also posted to the casualty department to handle the ambulance services.

153. A new modern and well-equipped Dental Clinic in Kwong Wah Hospital was established and opened for use in February 1971 to serve all staff working for the Tung Wah Group of Hospitals.

154. The development of Wong Tai Sin Infirmary Phases II and III was completed. There are altogether 681 beds, 185 of them allocated

to the Government tuberculosis service. Patients for long-term treatment are transferred to the Infirmary from Queen Elizabeth Hospital or from Kwong Wah Hospital. There are also 503 beds in the Tung Wah Sandy Bay Convalescent Hospital for the treatment of chronic patients. However, the provision of a total of 1,184 beds for long-term patients under the management of the Tung Wah Group of Hospitals is still not sufficient to meet the demand for more chronic beds for the Colony.

### THE ALICE HO MIU LING NETHERSOLE HOSPITAL

155. This hospital, supported by the London Missionary Society, received a Government subvention of \$3,799,879 during the year. The hospital has been considerably modernized in recent years and its facilities greatly improved.

156. During the year the three gynaecology operating theatres and associated rooms were extensively remodelled and modernized; the cost was partly met by a capital subvention from Government. The changes have been welcomed by both patients and staff. The X-Ray department, over-burdened with increasing work, received a capital subvention from Government to add a diagnostic X-Ray unit and table. This has been installed and has markedly reduced the waiting lists.

### POK OI HOSPITAL

157. This charitable hospital at Yuen Long in the New Territories continued to serve the population in Yuen Long and its surrounding areas. The hospital's programme of modest expansion progressed satisfactorily and new projects included the construction of minor staff quarters, a kitchen and a mortuary.

### CARITAS MEDICAL CENTRE

158. This hospital of 850 beds, erected with the aid of donations from Roman Catholic communities in many parts of the world, in particular the Federal Republic of Germany, and maintained partly with the aid of a Government subvention of \$3,700,000, is situated in the densely populated district of So Uk in north-west Kowloon. It is administered by the Canossian Sisters and comprises blocks for general, tuberculosis and cancer patients, as well as quarters for staff and a nurses training school. The hospital continued to play an active part in the provision of medical services in the Colony. During the year

the new extension of the laundry unit was commissioned and has provided useful service for the hospital.

#### HONG KONG ANTI-TUBERCULOSIS AND THORACIC DISEASES ASSOCIATION

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

##### *The Grantham Hospital (Table 71)*

160. This hospital of 612 beds is equipped as a modern chest hospital and is administered by the Grantham Hospital Management Board on a fee-paying, non-profit-making basis. Government maintains 610 of the beds but all staff of the hospital is provided by the Association, with the exception of Government Medical Officers posted to the Government Clinical Units, which are directly responsible for 218 of the beds.

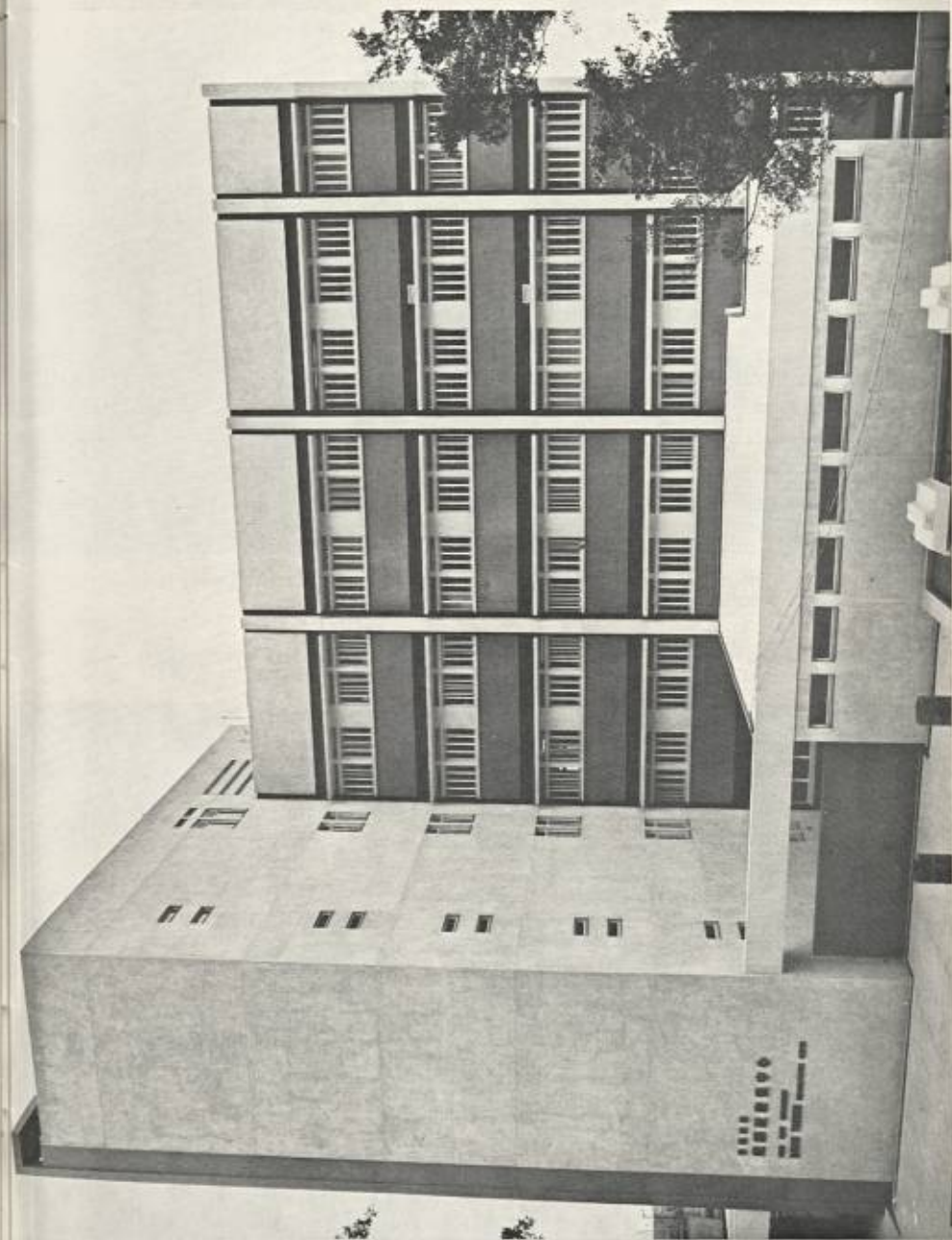
161. This hospital is also a centre for cardiac surgery. As a result of contributions from Government, the University and the Association, open-heart surgery started in 1968. Staff of this Unit consists of specialists from the Departments of Medicine and Surgery of the University of Hong Kong and from the Medical and Health Department.

##### *Ruttonjee Sanatorium and Freni Memorial Convalescent Home (Table 72)*

162. The Ruttonjee Sanatorium and its annex, the Freni Memorial Convalescent Home, together accommodate 360 patients suffering from tuberculosis and other chest diseases. The Sanatorium also operates a follow-up clinic and a B.C.G. centre. They are supported by voluntary contributions and by a subvention from Government amounting to \$2,300,000 in the year under review.

#### HAVEN OF HOPE SANATORIUM

163. This hospital of 322 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 \$1,080,000.

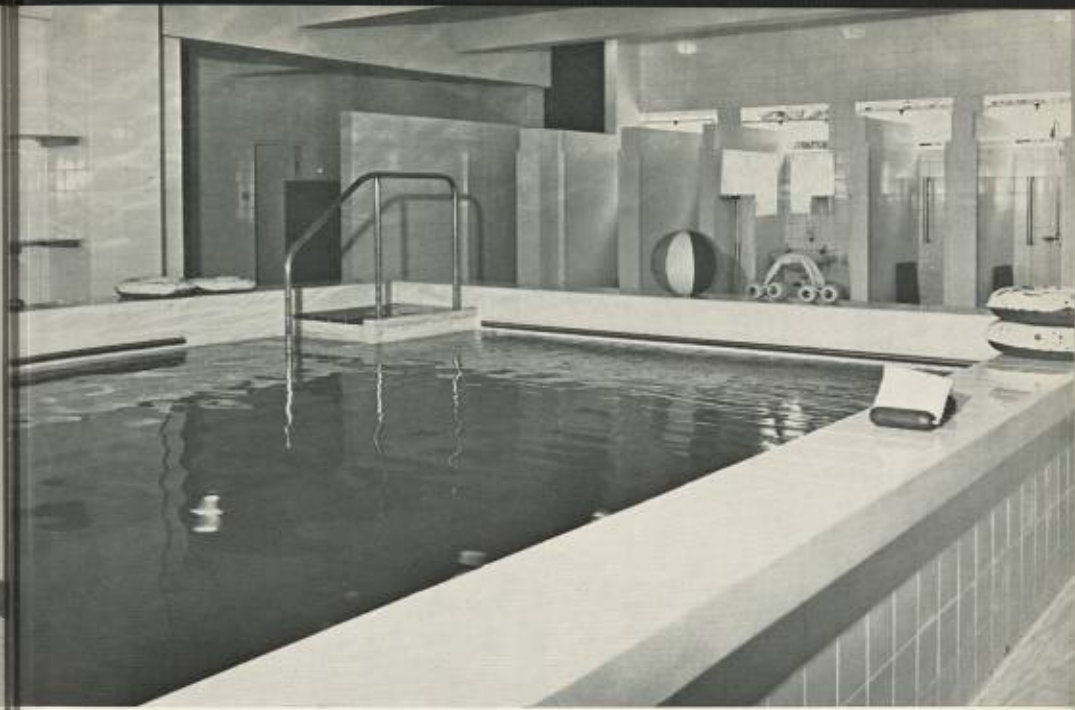


David Trench Rehabilitation Centre, opened in March 1971.



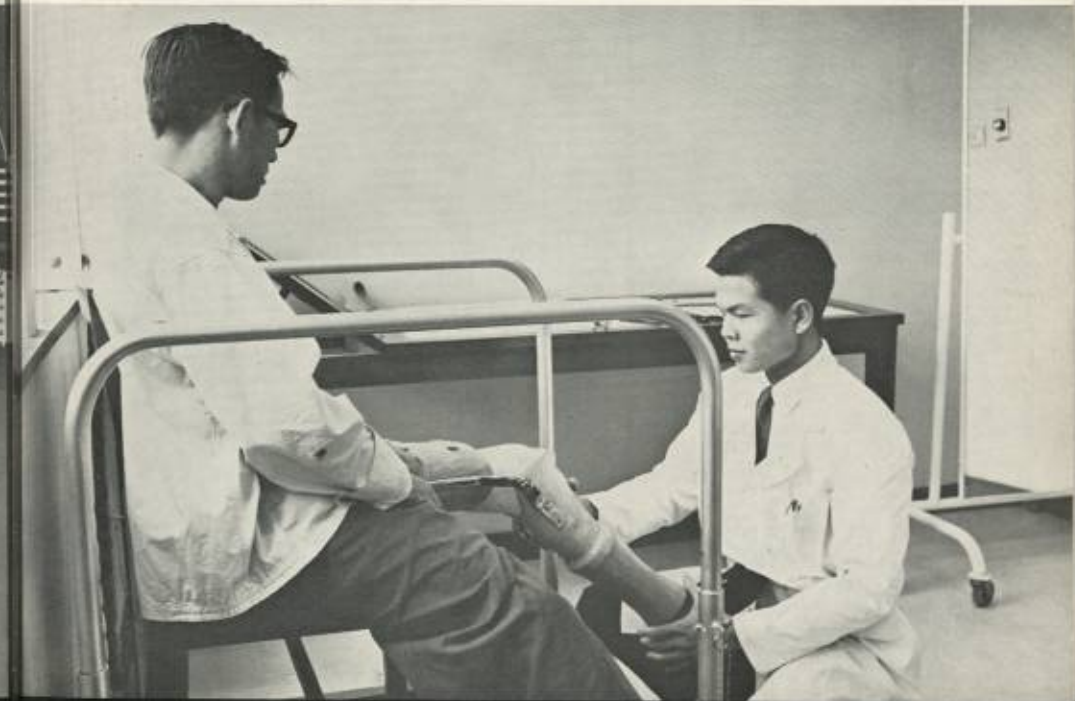
Weighing a baby in the Western Maternal and Child Health Centre inside the building of the David Trench Rehabilitation Centre.

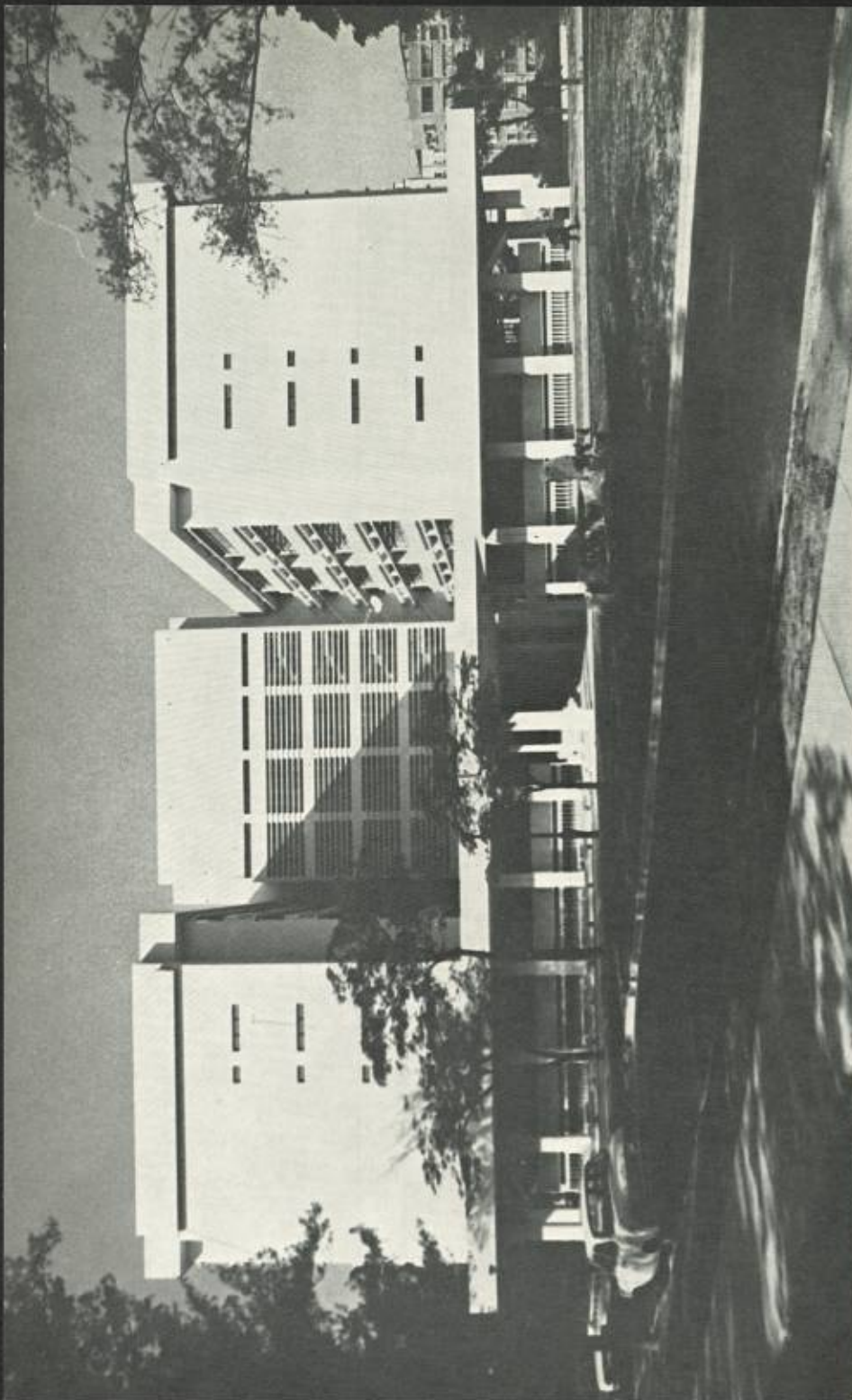
Patients receiving physiotherapy treatment at the Tang Shiu Kin Physiotherapy Clinic in the David Trench Rehabilitation Centre.



The hydrotherapy pool in the Tang Shiu Kin Physiotherapy Clinic.

A patient being fitted with an artificial limb in the Orthopaedic and Prosthetic Appliance Unit in the David Trench Rehabilitation Centre.





Kowloon Hospital West Wing, completed in October 1970.

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

164. Maintained by the Society for the Relief of Disabled Children, with the aid of a Government subvention of \$1,215,858, this modern children orthopaedic hospital now contains 200 beds for children requiring specialized long-term orthopaedic care and surgery. Patients are admitted to the hospital through its own out-patient department and other clinics. Traumatic cases are transferred from Queen Mary Hospital for convalescence. An orthopaedic appliance department is provided at the hospital. The Hong Kong Red Cross Society provides primary school teachers to enable the children to continue their education during convalescence.

#### OUR LADY OF MARYKNOLL HOSPITAL

165. This hospital is administered by the Maryknoll Sisters, and was maintained during the year with the aid of a Government subvention of \$1,050,000. 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. The new wing of the hospital was opened in 1969. The hospital now has 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 (Table 73)

166. This leprosarium, situated on an island six miles from Hong Kong Island, is maintained by the Leprosy Mission, Hong Kong Auxiliary, with the aid of a Government subvention, which in the year under review was \$800,000. It provides in-patient and rehabilitation facilities for leprosy patients and has special facilities for those who require reconstructive surgery or who are suffering from inter-current disease. Fortunately the number of patients has fallen in recent years as a result of the decreasing incidence of leprosy and at the end of the year under review there were fewer than 250 patients in the leprosarium.

#### HONG KONG SOCIETY FOR REHABILITATION MARGARET TRENCH MEDICAL REHABILITATION CENTRE

167. This centre, aided by a recurrent grant from Government amounting to \$655,000 in the year under review, accommodates 80

patients and has occupational workshops and facilities for physiotherapy and for the manufacture of prostheses. It is designed to assist in the quick return to employment of those who have been injured, particularly in industrial accidents.

#### NAM LONG HOSPITAL

168. This hospital, maintained by the Hong Kong Anti-Cancer Society, is situated at Brick Hill overlooking Aberdeen harbour. With accommodation for 120 beds it takes in cancer patients, convalescing from major surgery or from radiotherapy and also those with advanced disease. Chemotherapy is also given to patients. Cases are referred by Government or private hospitals or by medical practitioners, and it is the policy of the hospital to admit only such cases. All poor patients receive free treatment but for those who are able to pay a small fee is charged. Patients are provided with medical social service. During the year planning was underway to expand the capacity of the hospital by an addition of 60 beds to a complement of 180 beds.

#### HONG KONG BUDDHIST HOSPITAL

169. This hospital, situated at Lo Fu Ngam, Kowloon, was opened in October 1970. It has a capacity for 350 beds, and during its first stage of operation the hospital opened 178. The capital cost of this hospital was met by the Hong Kong Buddhist Association with Government granting the hospital site at nil premium. The hospital was assisted by Government in respect of its recurrent cost to the amount of \$250,026 during the year.

## VI. DEVELOPMENT

(Table 74)

#### FORWARD PLANNING

170. Reference has been made previously in this report to the unparalleled hospital development of the past 16 years. However, the population has also been increasing very rapidly and there is 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 the Legislative Council in February 1964, outlined the medical

problems of the Colony and made suggestions to remedy deficiencies in order to produce, in the face of a rapidly increasing population, a reasonably satisfactory standard of medical facilities. Developments have to take into account the ability of the community to afford these facilities either by direct payment or by indirect payment by means of taxation. The Working Party which prepared the White Paper was re-constituted by His Excellency the Governor as the Medical Development Plan Standing Committee. The Director of Medical and Health Services is its Chairman and the Committee comprises two nominated members and representatives of the Medical and Health Department, of the Finance and Social Services Branches of the Colonial Secretariat, and, when necessary, of the Public Works Department. The Committee has held 51 meetings since its inception, in order to keep the recommendations made in the White Paper under continuous review and to report its conclusions on all major matters to Government. 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.

171. The principal matters with which the Committee were occupied were: the 350-bed United Christian Hospital at Kwun Tong; the 100-bed Yan Chai Hospital at Tsuen Wan; the Hong Kong Buddhist Hospital in Kowloon; the working party on medical subventions; and the subventions paid to Government-assisted institutions.

172. Amongst new matters considered by the Committee were: Fanling Hospital, Sha Tau Kok Clinic and the Specialist Clinic on Hong Kong Island East; a permanent midwives training school and an extension to Block B of Queen Elizabeth Hospital; medical facilities at Kwun Tong; and the utilization of vacant beds in subvented hospitals.

#### COMPLETED PROJECTS

173. The year 1970-71 saw the completion of a number of major additions to the Colony's medical and health services. Although most of these have been mentioned elsewhere in this report, it is appropriate to summarize them in this chapter.

174. Government projects completed during the year were the Kowloon Hospital West Wing, the Organ Transplant Unit and the new maternity ward at Queen Mary Hospital, the additional third-class

room at the Physiotherapy Training School at Queen Elizabeth Hospital and the David Trench Rehabilitation Centre. Also completed, was the Government-assisted hospital, the Hong Kong Buddhist Hospital.

#### PROJECTS UNDER CONSTRUCTION

175. Major projects on which construction had commenced were the new vaccine institute at Pok Fu Lam, a standard clinic for Kwai Chung North, Queen Mary Hospital reprovisioning of the mortuary, virus laboratory and clinical pathology services, Tsuen Wan/Kwai Chung Polyclinic, stage I, a Medical Department laundry, the New Clinical Building at Queen Mary Hospital, the Yan Chai Hospital at Tsuen Wan, and the Centenary Block of the Tung Wah Hospital.

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

### VII. TRAINING PROGRAMME

(Tables 75-77)

#### DOCTORS

177. 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 examining bodies in Britain.

178. Mention has been made in recent reports of the shortage of qualified medical personnel. In February 1969 a Committee was appointed by Government to review the doctor problem in the Hong Kong Government. The Committee, under the chairmanship of Sir Charles HARTWELL, C.M.G., submitted its report in the same year. In the report reference was made to the need for increasing the intake of medical students by the Medical Faculty of the University of Hong Kong. Between 1965 and 1969 the University's intake of medical students was 120 a year; with effect from October 1970 the intake has been increased to 150. Extension plans to increase the facilities for clinical teaching at Queen Mary Hospital are already in hand, in order to allow for the larger number of students expected to start their clinical training in October 1972.

179. A programme for the training of Government doctors for post-graduate qualifications has been in existence. A number of training posts are established in the clinical units for post-qualification training. Suitable candidates when selected will be given training under the supervision of the clinical specialists for a period of about four years. Subject to departmental needs a local officer who has completed four years continuous resident service and who has been confirmed to the pensionable establishment, may be granted paid study leave to attend a course of study outside the Colony for the purpose of acquiring knowledge, experience or qualifications which will be of advantage to the public service or to the officer in the official capacity. Through this arrangement, many Government doctors in the past years have been given study leaves and granted fellowships, scholarships, or study tours to attend courses of study overseas. Between 1965 and 1970, a total of 48 Government doctors returned to the Colony with higher qualifications in various fields.

#### DENTAL STAFF

180. No training in dentistry is available in Hong Kong but Government annually awards scholarships for the study of dentistry overseas. Four such scholarships were awarded during the year. One scholar returned to the Colony after qualification, bringing the total of returned graduates to 63 out of a total of 85 scholarships so far awarded.

181. In-service training in dental technology continues for Government student dental technicians, while evening classes for dental technicians in private employment are held at the Hong Kong Technical College. During the year seven Government student dental technicians passed the Intermediate Examination of the City and Guilds of London Institute in Dental Technology. In-service training for selected dental surgery assistants in the fields of dental radiography and orthodontics is also carried on.

182. Two Dental Surgery Assistants are in Singapore under World Health Organization scholarships for training in dental nursing. A Dental Nurse is now on a 12-month Dental Nurse Tutor course in New Zealand under a World Health Organization Fellowship, to assist, on her completion of the course, in the training of Dental Nurses in Hong Kong.

## NURSING STAFF

### *Nurses*

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

### *Nursing Auxiliaries*

184. Two types of course are held for nursing auxiliaries. The general course is of two years' duration. It is undertaken at Kowloon Hospital and consists of theoretical and practical training in basic and routine nursing care of general hospital patients. The psychiatric course, also of two years' duration, is held at Castle Peak Hospital, and consists of theoretical and practical training in the performance of routine nursing duties for, and in the maintenance of custodial care of, psychiatric patients.

### *Post-graduate nurses*

185. Seven qualified nurses who had been sent overseas for further study returned to the Colony having successfully gained post-graduate certificates in nursing education, nursing administration, neuro-surgical nursing and dietetics. A further ten nurses proceeded overseas to study nursing education, theatre service centre technique, intensive care therapy, orthopaedic nursing and dietetics.

### *Midwifery*

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

187. Due to the limited scope of domiciliary midwifery in Hong Kong adequate practical training in this aspect of midwifery cannot be

given, and full reciprocity of recognition of midwifery qualifications with the Central Midwives Board of England and Wales is not possible.

### *Health Visitors*

188. A nine-month Health Visitors' Course is held yearly for Registered Nurses who also hold a Midwifery Certificate. 15 trained nurses successfully completed this course, which ended in January 1971.

### *Health Auxiliaries*

189. A two-year course for health auxiliaries is held yearly. It provides training in health education and public health nursing, which includes maternal and child health work, training and keeping of records of infectious diseases in general, and of tuberculosis, leprosy and venereal diseases in particular.

## RADIOGRAPHERS

190. Training in this sphere 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.

## LABORATORY TECHNICIANS

191. The Medical and Health Department Institute of Pathology maintained its in-service training for Medical Laboratory Technicians, the Intermediate Examination of the Institute of Medical Laboratory Technology of the United Kingdom being held in the Colony. Technicians were also sent to the United Kingdom to obtain the AIMLT qualifications.

## OTHER FORMS OF DEPARTMENTAL TRAINING

192. In-service courses of training were continued for dispensers, dental technicians and prosthetists. 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.

ACKNOWLEDGEMENT

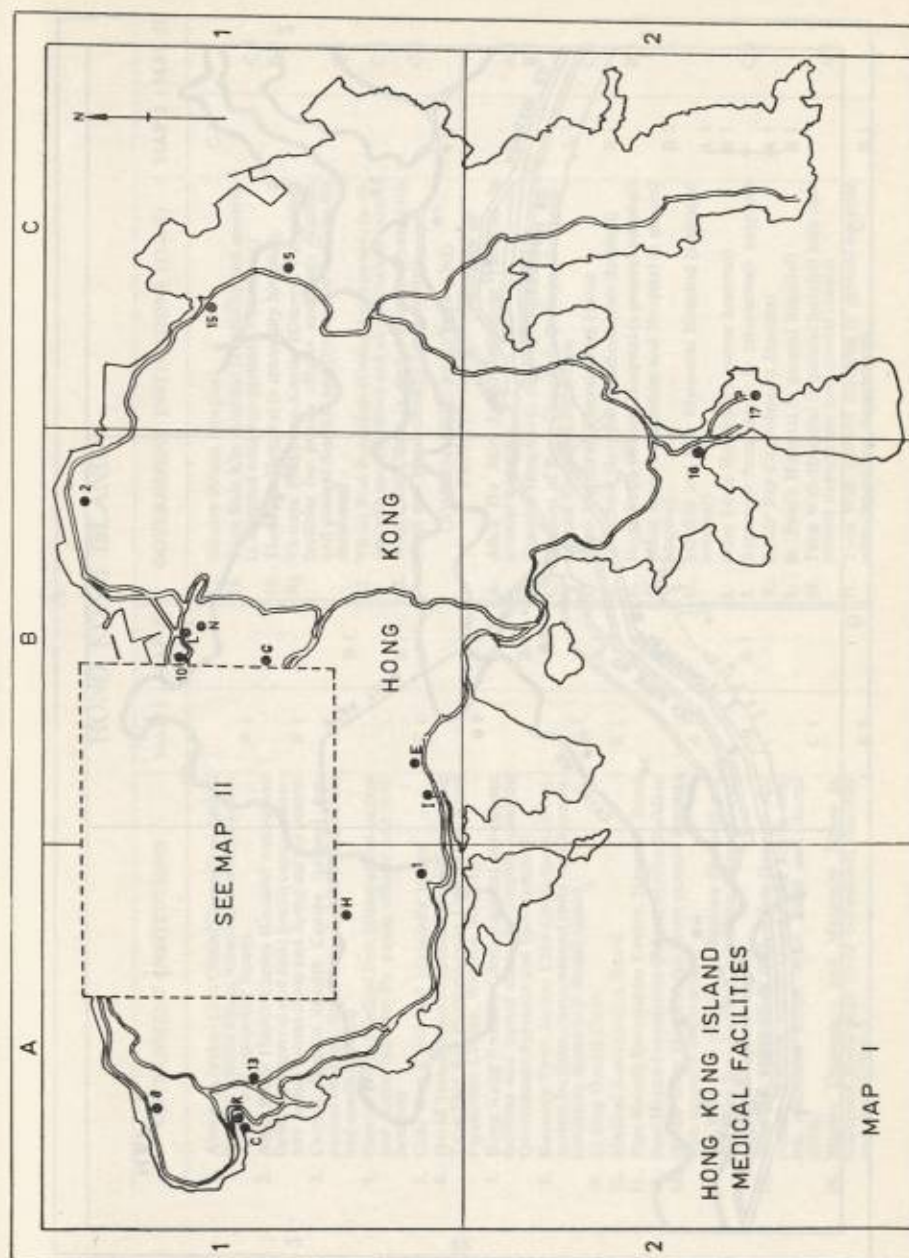
193. During the year under review, Dr. P. H. TENG, C.M.G., O.B.E. retired on 1st July, 1970. Within the 7-year period of his tenure of office the Medical and Health Services in Hong Kong underwent rapid and far-reaching expansion resulting in better improvement all round. The Department is greatly indebted to him for much accomplishment and achievement.

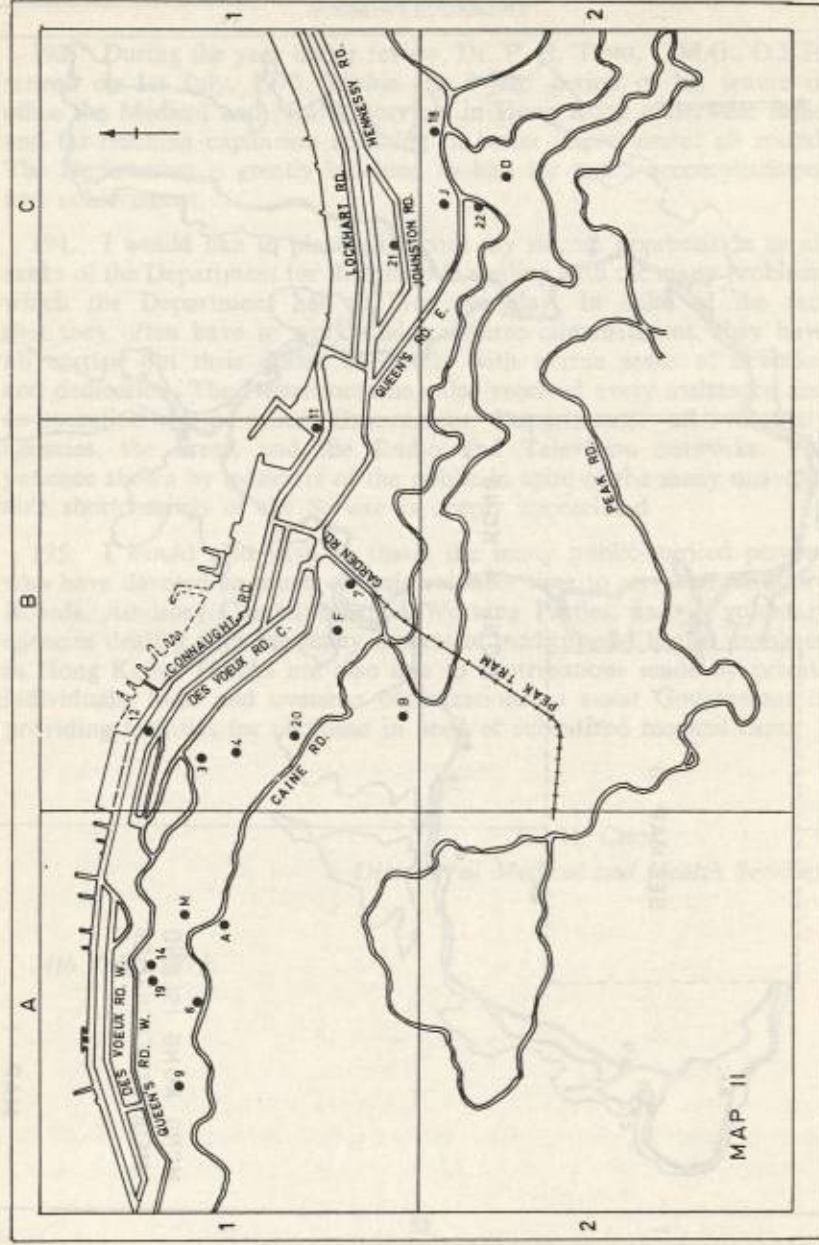
194. I would like to place on record my sincere appreciation to all ranks of the Department for their help in dealing with the many problems which the Department has to face everyday. In spite of the fact that they often have to work under adverse circumstances, they have all carried out their duties effectively with a true sense of devotion and dedication. The Department has also received every assistance and co-operation from other Government Departments, all voluntary agencies, the Press, and the Radio and Television networks. The patience shown by members of the public in spite of the many unavoidable shortcomings of the Service is deeply appreciated.

195. I would also wish to thank the many public-spirited persons who have devoted so much of their valuable time to serve on Statutory Boards, Advisory Committees and Working Parties, and in voluntary agencies dealing with the many aspects of medical and health problems in Hong Kong. Thanks are also due to contributions made by private individuals, local and overseas organizations to assist Government in providing facilities for all those in need of subsidized medical care.

G. H. CHOA,  
*Director of Medical and Health Services.*

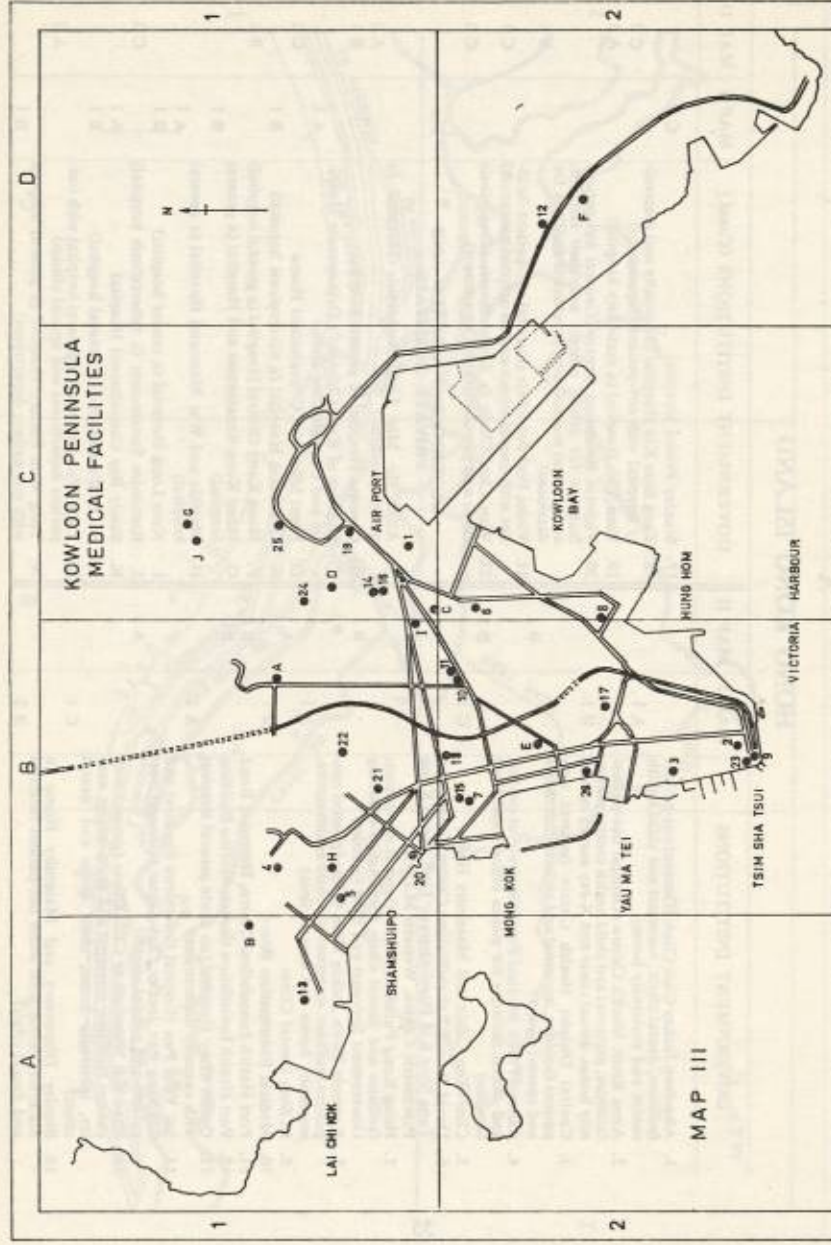
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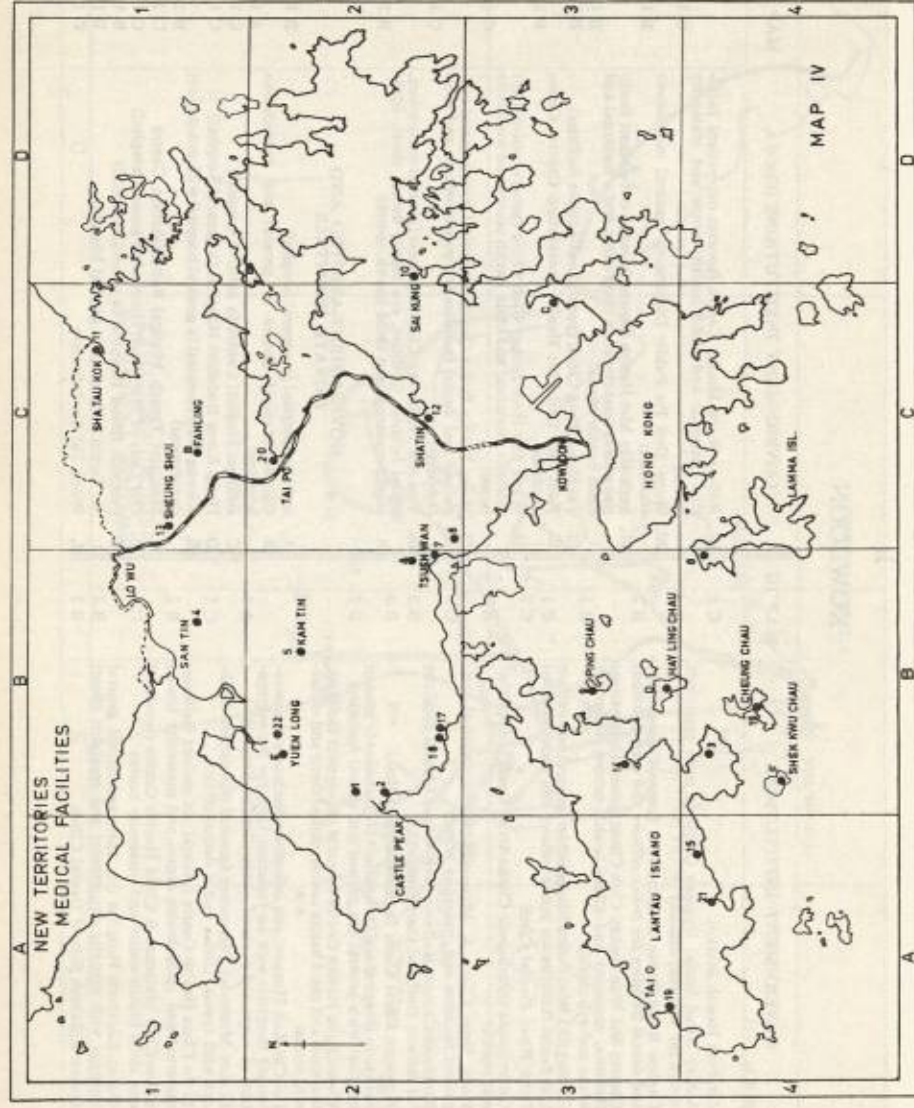
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HONG KONG ISLAND

GOVERNMENT INSTITUTIONS	MAP I	MAP II	GOVERNMENT INSTITUTIONS (Contd.)	MAP I	MAP II
1. Aberdeen Jockey Club Clinic (General out-patient facilities, dental clinic, maternal and child health centre and maternity home)	A 1		17. Stanley Prison Hospital	C 2	C 2
2. Anne Black Health Centre (General out-patient facilities, maternal and child health centre, maternity home, dental clinic and X-ray survey centre)	B 1		18. Tang Shiu Kin Hospital (a casualty and maternity hospital with out-patient Department)		A 1
3. Central District Health Centre (general out-patient facilities, maternal and child health centre and special clinics)		B 1	19. Tsan Yuk Hospital (a maternity hospital)		B 1
4. Central Police Medical Post (General out-patient and dental facilities for police officers and their families)		B 1	20. Victoria Reception Centre (General out-patient facilities for prison officers and their families, and general medical and psychiatric facilities for detainees)		C 1
5. Chai Wan Clinic and Maternity Home		C 1	21. Violet Peel Polyclinic (General out-patient facilities with special clinics and an ophthalmic centre)		C 2
6. David Trench Rehabilitation Centre (Embracing Psychiatric Centre, Western M.C.H.)		A 1	22. Wan Chai Clinic (a dental centre, tuberculosis clinic and physiotherapy Department)		
7. Hong Kong Families Clinic (General out-patient facilities and dental clinic for English-speaking Government Servants and their families)		B 1	GOVERNMENT-ASSISTED AND PRIVATE HOSPITALS		
8. Kennedy Town Jockey Club Clinic (general out-patient facilities, maternal and child health centre, maternity home and dental clinic)		A 1	A. Alice Ho Miu Ling Nethersole Hospital (a general hospital)		A 1
9. Li Sing Dental Clinic		B 1	B. Canossa Hospital (a general hospital)		B 1
10. Medical Examination Board		A 1	C. Duchess of Kent Children's Orthopaedic Hospital and Convalescent Home	A 1	C 2
11. Port Health Inoculation Centre, Harcourt Road		B 1	D. Freni Memorial Convalescent Home	B 1	B 1
12. Port Health Inoculation Centre, Marine Building		B 1	E. Grantham Hospital (a tuberculosis hospital)		
13. Queen Mary Hospital (an acute general hospital with casualty department)		A 1	F. Hong Kong Central Hospital (a general hospital)		
14. Sai Ying Pun Hospital (infectious diseases) and Sai Ying Pun Jockey Club Clinic (General out-patient and special clinics)		A 1	G. Hong Kong Sanatorium and Hospital (a general hospital)	B 1	
15. Shau Kei Wan Jockey Club Clinic (general out-patient facilities, maternal and child health centre, maternity home, chest clinic and dental clinic)		C 1	H. Matilda and War Memorial Hospital (a general hospital)		
16. Stanley Dispensary and Maternity Home (a maternity home with some out-patient facilities and dental clinic)		B 2	I. Nam Long Hospital (a cancer hospital)	A 1	
			J. Ruttonjee Sanatorium (a tuberculosis hospital)	B 1	C 2
			K. Sandy Bay Convalescent Hospital	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	A 1
			N. Tung Wah Eastern Hospital (a general hospital with out-patient department)	B 1	



## B KOWLOON

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



C

## NEW TERRITORIES

### GOVERNMENT INSTITUTIONS

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

### GOVERNMENT-ASSISTED AND PRIVATE HOSPITALS

- A. Adventist Sanitarium & Hospital (a general hospital)
- B. Fanling Hospital (a general hospital)
- C. Haven of Hope Tuberculosis Sanatorium
- D. Hay Ling Chau Leprosarium
- E. Pok Oi Hospital (a general hospital)
- F. The Society for the Aid and Rehabilitation of Drug Addicts (Shek Kwu Chau)

MAP IV

- |     |     |
|-----|-----|
| B 2 | B 2 |
| B 4 | B 4 |
| B 1 | B 1 |
| B 2 | B 2 |
| C 2 | C 2 |
| B 2 | B 2 |
| B 4 | B 4 |
| B 3 | B 3 |
| D 2 | D 2 |
| C 1 | C 1 |
| C 2 | C 2 |
| C 1 | C 1 |
| B 3 | B 3 |
| A 4 | A 4 |
| B 4 | B 4 |
| B 2 | B 2 |
| B 2 | B 2 |
| A 3 | A 3 |
| C 2 | C 2 |
| A 4 | A 4 |
| B 2 | B 2 |
|     |     |
| B 2 | B 2 |
| C 1 | C 1 |
| C 3 | C 3 |
| B 3 | B 3 |
| B 2 | B 2 |
| B 4 | B 4 |

INDEX TO STATISTICAL APPENDIX

	<i>Table No.</i>
<b>I. ADMINISTRATION</b>	
Establishment of the Medical and Health Department as at 31.3.71 ...	1
Administration of the Medical and Health Department ... ..	2
Statement of Expenditure from 1966-67 to 1970-71 ... ..	3
Legislation of Medical and Health Importance—April 1970 to March 1971	4
Work of Statutory Councils and Boards—April 1970 to March 1971 ...	5
<b>II. PUBLIC HEALTH</b>	
<i>(a) Vital Statistics</i>	
Estimated Population Structure—1970 ... ..	6
Births and Deaths 1956 and 1961-70 ... ..	7
Infant and Maternal Mortality 1956 and 1961-70 ... ..	8
Major Causes of Infant Mortality 1956, 1961 and 1966-70 ... ..	9
Major Causes of Maternal Mortality 1956 and 1961-70 ... ..	10
Proportionate Mortality by Disease Groups 1956, 1961 and 1966-70	11
The Ten Leading Causes of Deaths by age and sex 1970 ... ..	12
<i>(b) Infectious Diseases</i>	
Infectious Diseases notified (cases and deaths) 1966-70 ... ..	13
Mortality Rates for Certain Infectious Diseases 1966-70 ... ..	14
Principal Infectious Diseases by age and Sex 1970 ... ..	15
Prophylactic Immunizations 1966-70 ... ..	16
<i>(c) Cancer Statistics</i>	
Number of Cancer Deaths by Age and Sex, 1970 ... ..	17
Main Causes of Death from Cancer in Hong Kong, 1960-70 ... ..	18
New Cases of Cancer notified to the Cancer Registry by age and sex, 1967 ... ..	19
<b>III. WORK OF HEALTH DIVISION</b>	
<i>(a) Tuberculosis</i>	
Tuberculosis Mortality 1956 and 1961-70 ... ..	20
Tuberculosis in Childhood 1956 and 1961-70 ... ..	21
Tuberculosis Notifications 1956, 1961 and 1966-70 ... ..	22
Work of Government Chest Service 1970 ... ..	23
X-Ray Surveys 1960-70 ... ..	24
Contact Examinations 1970 ... ..	25
Classification of Orthopaedic Tuberculosis of New Patients by Site 1966-70 ... ..	26
<i>(b) Malaria</i>	
Distribution of Cases and Identification of Parasites 1966-70 ... ..	27
<i>(c) Social Hygiene and Dermatology</i>	
Annual Incidence and Trend of Venereal Disease 1961-70 ... ..	28
V.D.R.L. Examinations in Expectant Mothers 1966-70 ... ..	29
Leprosy 1970 ... ..	30
Analysis of Dermatological Conditions Presenting at Clinics, 1970...	31
Cultures for Mycological Identifications, 1970 ... ..	32

INDEX TO STATISTICAL APPENDIX—Contd.

	<i>Table No.</i>
<b>III. WORK OF HEALTH DIVISION—Contd.</b>	
<i>(d) Port Health</i>	
Work of the Port Health Service 1970 ... ..	33
<i>(e) District Midwifery Services</i>	
Midwifery Services 1969-70—1970-71 ... ..	34
<i>(f) Maternal and Child Health Services</i>	
Distribution of Maternal and Child Health Centres at 31.3.1971 ...	35
Work of Maternal and Child Health Services 1969-70 ... ..	36
<i>(g) School Medical Service Board</i>	
Number of Participating Schools, Pupils and Doctors at 31.3.1971 ...	37
<i>(h) Dental Service</i>	
Work of the General Dental Service 1966-70 ... ..	38
<i>(i) Forensic Pathology</i>	
Work of the Forensic Pathology Laboratories 1969-70 ... ..	39
<i>(j) Government Laboratory</i>	
Work of the Government Laboratory 1969-70 ... ..	40
<i>(k) Medical and Health Department, Institute of Pathology</i>	
Work of Medical and Health Department, Institute of Pathology, 1969-70 ... ..	41
Vaccine Production 1969-70 ... ..	42
Blood Banks 1969-70 ... ..	43
Work of Public Mortuaries 1969-70 ... ..	44
<i>(l) Industrial Health</i>	
Work of Industrial Health Section 1970 ... ..	45
<b>IV. WORK OF THE MEDICAL DIVISION</b>	
Number of Hospital Beds in Hong Kong 1970 ... ..	46
In-patients Treated in Government, Government-Assisted and Private Hospitals, Clinics and Maternity Homes, 1970 ... ..	47
Disease Classification of In-patients Treated in Government and Government-Assisted Hospitals and all Deaths in the Colony, 1970 ...	48
<i>(a) Government Hospitals</i>	
Hospital Costing 1969-70 and 1970-71 ... ..	49
Work of the Queen Mary Hospital 1969-70 ... ..	50
Work of the Queen Elizabeth Hospital 1969-70 ... ..	51
Work of the Queen Elizabeth Hospital Casualty 1970 ... ..	52
Work of the Tang Shiu Kin Hospital 1969-70 ... ..	53
Work of the Tsan Yuk Hospital 1969-70 ... ..	54
Work of Castle Peak Hospital 1970 ... ..	55
Work of Day Hospitals and Psychiatric Centres 1970 ... ..	56

INDEX TO STATISTICAL APPENDIX—Contd.

	Table No.
IV. WORK OF THE MEDICAL DIVISION—Contd.	
(b) <i>Out-patient Clinics</i>	
New Out-patient Attendances at Government and Government-Assisted Hospitals and Clinics, 1970 ... ..	57
Total Out-patient Attendances at Government and Government-Assisted Hospitals and Clinics, 1970 ... ..	58
New Territories Clinics 1970 ... ..	59
(c) <i>Radiology</i>	
Work of Radiodiagnostic Branch 1970 ... ..	60
Radiotherapeutic Division 1970... ..	61
(d) <i>Ophthalmology</i>	
Work of the Ophthalmic Service 1969-70 ... ..	62
Analysis of Major Causes of Blindness ... ..	63
(e) <i>The Pharmaceutical Services</i>	
Work of Pharmaceutical Services 1969-70 ... ..	64
(f) <i>Physiotherapy</i>	
Work of Physiotherapy Service 1970 ... ..	65
(g) <i>Occupational Therapy</i>	
Work of Occupational Therapy Service 1970 ... ..	66
(h) <i>Medical Examination Board</i>	
Work of Medical Examination Board 1969-70 ... ..	67
Unfitness of Candidates by Causes 1960, 1969-70 ... ..	68
(i) <i>Medical Clinics Registration</i> ... ..	69
V. GOVERNMENT-ASSISTED HOSPITALS	
(a) Government Medical Subventions to Voluntary Institutions 1966-67-1970-71 ... ..	70
(b) Work of the Grantham Hospital 1970 ... ..	71
(c) Work of Ruttonjee Sanatorium 1966-70 ... ..	72
(d) Admissions to Leprosarium 1970 ... ..	73
VI. DEVELOPMENT PROGRAMME	
Building Programme ... ..	74
VII. TRAINING PROGRAMME	
(a) Nurses in Training at 31.3.1971 ... ..	75
(b) Courses of Study Overseas 1970-71 ... ..	76
(c) Departmental Training at 31.3.1971 ... ..	77
VIII. MISCELLANEOUS	
(a) Attendance at Conferences, etc., Overseas ... ..	78
(b) Overseas Visitors ... ..	79
(c) Publications ... ..	80
(d) Samaritan Fund ... ..	81
(e) Donations ... ..	82

TABLE 1

ESTABLISHMENT OF THE MEDICAL AND HEALTH DEPARTMENT  
AS AT 31ST MARCH, 1971

Grade \ Zone	Zone										Total	Strength on 31.3.71
	Headquarters	Queen Mary Hospital	Queen Elizabeth Hospital	Lai Chi Kok Hospital	Kowloon Hospital	Castle Peak Hospital and Mental Health Centre	Tsuan Yuk Hospital	Dental Service	Tuberculosis Service	Other Hospitals, Clinics and Services		
Director of Medical and Health Services ... ..	1	—	—	—	—	—	—	—	—	—	1	1
Deputy Director of Medical and Health Services ... ..	2	—	—	—	—	—	—	—	—	—	2	2
Assistant Director of Medical and Health Services ... ..	3	—	—	—	—	—	—	—	—	—	3	2
Specialist ... ..	—	10	21	—	1	3	—	3	3	4	45	44
Principal Medical and Health Officer ... ..	3	1	1	—	1	—	—	—	—	5	11	6
Chief Executive Officer/Senior Executive Officer/Executive Officer ... ..	11	—	1	—	—	—	—	1	—	—	13	13
Senior Treasury Accountant/Treasury Accountant ... ..	2	—	—	—	—	—	—	—	—	—	2	2
Senior Medical and Health Officer/Medical and Health Officer/Assistant Medical and Health Officer ... ..	2	94	106	6	27	19	12	—	27	341	634	572
Senior Dental Officer/Dental Officer/Assistant Dental Officer ... ..	—	3	5	—	2	1	—	54	—	—	65	63
Principal Matron ... ..	1	—	—	—	—	—	—	—	—	—	1	1
Nursing Staff ... ..	1	794	1,012	207	349	326	172	—	135	808	3,804	3,521
Senior Dietitian/Dietitian ... ..	—	2	5	3	1	—	—	—	—	—	11	8
Senior Medical Social Worker/ Medical Social Worker Class I and Class II ... ..	—	12	12	2	7	13	2	—	11	29	88	82
Chief Pharmacist/Senior Pharmacist/Pharmacist/Chief Dispenser/Senior Dispenser/Dispenser/Student Dispenser/Dispensary Supervisor ... ..	—	20	20	16	7	5	2	—	8	142	220	197
Government Chemist/Senior Chemist/Chemist/Assistant Biochemist ... ..	—	—	—	—	—	—	—	—	—	16	16	14
Scientific Officer (Medical) and (Psychometry) ... ..	—	—	2	—	—	1	—	—	—	1	4	3
Virologist ... ..	—	—	—	—	—	—	—	—	—	1	1	—
Senior Physicist/Physicist ... ..	—	2	6	—	—	—	—	—	—	—	8	8
Chief Hospital Secretary/Senior Hospital Secretary/Hospital Secretary/Assistant Hospital Secretary ... ..	1	3	5	2	2	2	—	—	—	5	20	18
Steward Class I, Class II and Class III ... ..	—	3	5	2	3	4	1	—	—	10	28	26
General Grade Staff ... ..	97	56	100	6	40	28	6	38	46	226	643	621
Superintendent Radiographer/Senior Radiographer/Radiographer Class I/Radiographer Class II/Student Radiographer ... ..	—	33	46	17	4	—	—	—	—	41	141	122
Carried forward ... ..	124	1,033	1,347	261	444	402	195	96	238	1,629	5,761	5,326

TABLE 1—Contd.

Grade \ Zone	Zone										Total	Strength on 31.3.71
	Headquarters	Queen Mary Hospital	Queen Elizabeth Hospital	Lai Chi Kok Hospital	Kowloon Hospital	Castle Peak Hospital and Mental Health Centre	Tsai Yuk Hospital	Dental Service	Tuberculosis Service	Other Hospitals, Clinics and Services		
<i>Brought forward</i> ...	124	1,033	1,347	261	444	402	195	96	238	1,629	5,761	5,326
Superintendent Physiotherapist/ Senior Physiotherapist/Tutor Physiotherapist/Physiotherapist Class I/Physiotherapist Class II/ Student Physiotherapist ...	—	9	55	11	8	—	—	—	—	22	105	89
Superintendent Occupational Therapist/Senior Occupational Therapist/Occupational Therapist/Occupational Therapy Assistant ...	—	4	4	4	7	46	—	—	—	12	77	71
Chief Medical Technologist/ Senior Medical Technologist/ Medical Technologist/Medical Laboratory Technician Class I/ Medical Laboratory Technician Class II/Student Medical Laboratory Technician ...	—	14	29	36	—	3	—	—	—	102	184	143
Senior Laboratory Assistant/ Laboratory Assistant/Student Laboratory Assistant ...	—	1	—	—	—	—	—	—	—	43	44	37
Senior Health Inspector/Health Inspector Class I and II ...	—	—	—	—	—	—	—	—	—	18	18	13
Senior Inoculator/Inoculator ...	—	—	—	—	—	—	—	—	14	115	129	126
Audiology Technician ...	—	—	—	—	—	—	—	—	—	1	1	1
Prosthetist Class I/Prosthetist Class II/Student Prosthetist ...	—	—	—	—	—	—	—	—	—	16	16	12
Mould Laboratory Technician/ Student Mould Laboratory Technician ...	—	2	3	—	—	—	—	—	—	—	5	5
Dental Technologist ...	—	—	—	—	—	—	—	2	—	—	2	2
Dental Technician/Student Dental Technician ...	—	2	2	1	—	—	—	38	—	—	43	41
Dental Inspector ...	—	—	—	—	—	—	—	2	—	—	2	2
Senior Dental Surgery Assistant/ Dental Surgery Assistant ...	—	3	4	—	2	1	—	64	—	—	74	72
Dental Nurse ...	—	—	—	—	—	—	—	12	—	—	12	11
Laundry Manager/Assistant Laundry Manager/Laundry Supervisor ...	—	3	3	1	3	2	1	—	—	2	15	13
Senior Linen Room Supervisor/ Linen Room Supervisor/Linen Production Unit Manager ...	—	—	—	—	—	—	—	—	—	6	6	5
Senior Electrical Technician/ Electrical Technician ...	—	3	4	—	—	—	—	—	—	3	10	9
Senior Optical Technician/Optical Technician ...	—	—	—	—	—	—	—	—	—	5	5	5
Technical Assistant (Social Hygiene) ...	—	—	—	—	—	—	—	—	—	1	1	1
Supplies Officer/Assistant Supplies Officer/Supplies Supervisor/ Supplies Assistant ...	2	2	10	—	2	—	—	5	—	11	34	34
Other Staff ...	14	799	1,289	201	492	592	130	42	32	1,759	5,350	4,776
<b>TOTAL</b> ...	<b>140</b>	<b>1,875</b>	<b>2,750</b>	<b>515</b>	<b>958</b>	<b>1,048</b>	<b>326</b>	<b>261</b>	<b>276</b>	<b>3,745</b>	<b>11,894</b>	<b>10,794</b>

TABLE 2  
ADMINISTRATION OF MEDICAL & HEALTH DEPARTMENT

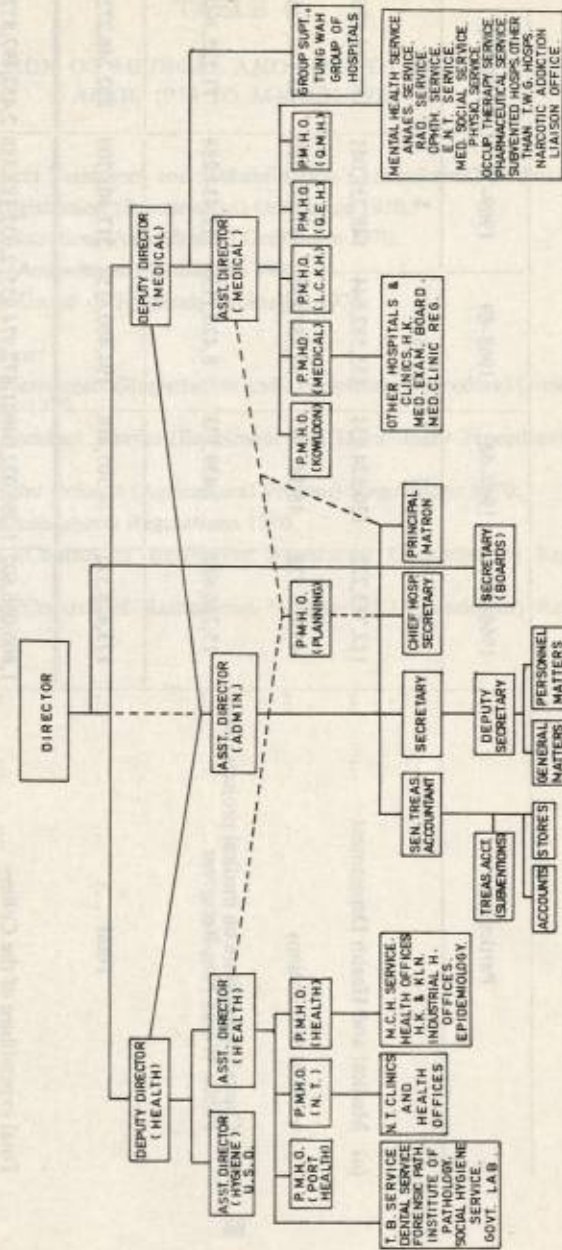


TABLE 3

## STATEMENT OF EXPENDITURE FROM 1966-67 TO 1970-71

Particulars	1966-67	1967-68	1968-69	1969-70	1970-71
	\$	\$	\$	\$	\$
(a) Medical and Health Department ... ..	112,713,222	120,524,934	133,582,644	148,239,041	177,874,176
(b) Medical Subventions ... ..	45,478,728	46,341,311	52,457,856	57,732,380	63,146,736
(c) Capital expenditure on medical projects under Public Works Non-Recurrent ... ..	15,236,622	7,439,173	8,420,115	11,434,288	11,225,360
Total ... ..	173,428,572	174,305,418	194,460,615	217,405,709	252,246,272
Total expenditure of the Colony ... ..	1,806,066,602	1,766,022,040	1,872,974,955	2,032,183,388	2,452,192,832
Percentage of Medical and Health Department Expenditure to the Total Expenditure of the Colony ... ..	9.60%	9.87%	10.38%	10.70%	10.29%

66

TABLE 4

LEGISLATION OF MEDICAL AND HEALTH IMPORTANCE  
APRIL 1970 TO MARCH 1971

## Ordinances:

- (i) Drug Addicts Treatment and Rehabilitation (Amendment) Ordinance 1970.
- (ii) Medical Registration (Amendment) Ordinance 1970.
- (iii) Nurses Registration (Amendment) Ordinance 1970.
- (iv) Radiation (Amendment) Ordinance 1970.
- (v) Tung Wah Group of Hospitals Ordinance 1971.

## Rules and Regulations:

- (a) Medical Practitioners (Registration and Disciplinary Procedure) (Amendment) Regulations 1970.
- (b) Enrolled Assistant Nurses (Enrolment and Disciplinary Procedure) Regulations 1970.
- (c) Pharmacy and Poisons (Agricultural Poisons) Regulations 1970.
- (d) Poisons (Amendment) Regulations 1970.
- (e) Radiation (Control of Irradiating Apparatus) (Amendment) Regulations 1970.
- (f) Radiation (Control of Radioactive Substances) (Amendment) Regulations 1970.

67

TABLE 5

WORK OF STATUTORY COUNCILS AND BOARDS—APRIL 1970 TO MARCH 1971

	Medical Council	Dental Council		Nursing Board	Midwives Board	Pharmacy and Poisons Board	Radiation Board	Medical Advisory Board
		Dentists	Dental Hygienists					
Number of meetings held ...	4	1	2	3	3	3	1	—
Number on the Register ...	2,030	487	2	General 4,897 Female: Male: Mental 280 92	4,263	182	314†	—
Number of applications for registration ...	162‡ (115)*	28‡	3	General 338 Female: Male: Mental 15 16	274§	24	27†	—
Number of registrations granted ...	157‡ (115)*	22‡	1	General 333 Female: Male: Mental 15 16	271	3	25†	—
Number of examinations held ...	—	Oral & Practical Written 10 3	—	General 3 Mental 3	4	2	—	—
Number of candidates examined ...	—	Oral & Practical Written 10 7	—	General 322 Mental 47	306	14	—	—
Number of successful candidates ...	—	Oral & Practical Written 7 3	—	General 314 Mental 45	296	2	—	—
Number of disciplinary hearings held ...	—	—	—	—	2	—	—	—
Number of removals from register ...	11	7	—	Female: Male: Mental — — —	1	—	16**	—

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

† Including 2 restorations to the register.

‡ Including 2 restorations to the register.

§ Including 1 restoration to the register.

|| Not a statutory Board.

¶ These figures refer to the licensing of irradiating apparatus.

\*\* These figures refer to number of cancellation of irradiating apparatus licences.

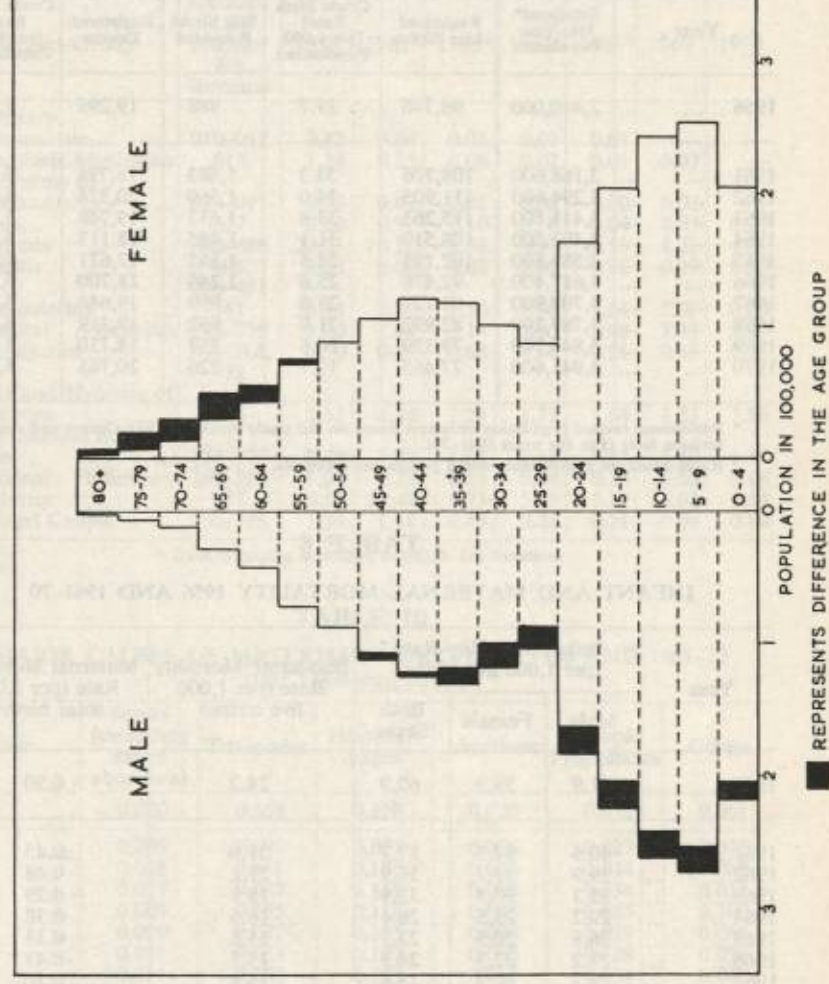
TABLE 6  
POPULATION STRUCTURE MID 1970

TABLE 7  
BIRTHS AND DEATHS 1956 AND 1961-70

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)
1956 ... ..	2,440,000	96,746	39.7	988	19,295	7.9
1961 ... ..	3,168,600	108,726	34.3	1,683	18,738	5.9
1962 ... ..	3,294,600	111,905	34.0	1,560	20,324	6.2
1963 ... ..	3,411,500	115,263	33.8	1,633	19,748	5.8
1964 ... ..	3,493,500	108,519	31.1	1,485	18,113	5.2
1965 ... ..	3,585,800	102,195	28.5	1,363	17,621	4.9
1966 ... ..	3,617,400	92,476	25.6	1,246	18,700	5.2
1967 ... ..	3,708,900	88,171	23.8	999	19,644	5.3
1968 ... ..	3,787,200	82,992	21.9	832	19,319	5.1
1969 ... ..	3,847,700	79,329	20.6	757	18,730	4.9
1970 ... ..	3,941,600	77,465	19.7	726	20,763	5.3

\* Provisional revised population estimates based on the crude results of 1971 Census and subject to revision later (For the years 1961-70).

† Rates based on provisional revised population estimates.

TABLE 8  
INFANT AND MATERNAL MORTALITY 1956 AND 1961-70

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		
1956... ..	61.9	59.9	60.9	24.2	0.90
1961... ..	40.6	34.5	37.7	21.0	0.45
1962... ..	39.9	33.7	36.9	21.2	0.48
1963... ..	35.3	30.5	32.9	18.9	0.29
1964... ..	29.2	23.5	26.4	16.6	0.38
1965... ..	26.8	20.5	23.7	15.2	0.33
1966... ..	27.2	22.3	24.9	15.3	0.43
1967... ..	28.7	22.3	25.6	15.9	0.30
1968... ..	25.2	20.7	23.0	15.0	0.14
1969... ..	24.2	19.3	21.8	14.9	0.15
1970... ..	22.2	16.8	19.6	12.7	0.19

TABLE 9  
MAJOR CAUSES OF INFANT MORTALITY 1956, 1961 AND 1966-70  
(per 1,000 registered live births)

Diseases Group	Detailed List Number 8th Revision	1956*	1961*	1966*	1967*	1968*	1969	1970
Respiratory								
Tuberculosis...	010-012	0.42	0.04	0.03	0.01	0.01	—	—
Tuberculosis Meningitis	013	1.24	0.35	0.08	0.02	0.01	0.03	—
Other Forms of Tuberculosis...	014-019	0.33	0.07	0.01	0.02	0.02	0.03	—
Tetanus...	037	2.50	0.97	0.10	0.18	0.04	0.05	0.10
Pneumonia ... ..	480-486	20.21	10.72	6.58	6.97	6.13	4.29	4.21
Bronchitis ... ..	466, 490-491	1.23	0.06	0.02	0.09	0.06	0.09	0.09
Gastro-enteritis ...	561	16.13	5.80	1.50	1.70	1.64	1.29	0.53
Congenital Anomalies	740-759	1.20	1.44	2.14	2.05	2.88	3.33	3.09
Births Injuries ...	764-768, 772	0.70	0.43	0.68	0.66	0.51	0.43	0.25
Anoxia and Hypoxia of Newborn ... ..	776	2.55	1.30	1.28	1.75	1.64	1.53	1.56
Blood Diseases of New born ... ..	774-775	0.75	1.07	1.97	1.81	1.58	1.40	1.38
Nutritional Deficiency	260-269	1.04	0.22	0.14	0.04	0.13	0.03	0.04
Immaturity ... ..	777	10.13	10.48	5.73	5.39	5.27	6.62	5.14
Ill-defined Causes ...	795-796	1.24	1.44	0.43	0.24	0.11	0.04	0.06

\* Data Grouping according to I.C.D. 7th Revision.

TABLE 10  
MAJOR CAUSES OF MATERNAL MORTALITY 1956 AND 1961-70  
(per 1,000 total births)

Year	Sepsis (excluding septic abortions)	Toxaemias	Haemorrhages	Abortions	Ectopic Pregnancies	Others
*1956 ... ..	0.020	0.368	0.358	0.020	0.072	0.061
*1961 ... ..	0.009	0.090	0.027	0.036	0.027	0.072
*1962 ... ..	0.018	0.141	0.185	0.026	0.044	0.062
*1963 ... ..	0.017	0.077	0.111	0.009	0.034	0.051
*1964 ... ..	0.009	0.055	0.118	0.045	0.055	0.100
*1965 ... ..	0.019	0.077	0.135	0.009	0.019	0.068
*1966 ... ..	0.011	0.053	0.107	0.032	0.128	0.096
*1967 ... ..	0.011	0.056	0.123	0.011	0.034	0.067
*1968 ... ..	0	0.024	0.084	0	0.024	0.012
1969 ... ..	0.012	0.025	0.050	0.012	0.012	0.037
1970 ... ..	0	0.038	0.051	0.013	0.064	0.026

\* Data Grouping according to I.C.D. 7th Revision.

TABLE 11

## PROPORTIONATE MORTALITY BY DISEASE GROUPS 1956, 1961 AND 1966-70

(Percentage of Total Deaths)

Disease Group	Detailed List Number 8th Revision	1956*	1961*	1966*	1967*	1968*	1969	1970
1. Infectious and Parasitic ...	000-136	16.2	15.3	11.5	12.6	9.0	8.9	7.9
2. Neoplasm ...	140-239	7.0	12.3	17.6	17.4	18.7	20.6	19.1
3. Endocrine, Nutritional, Metabolic and Blood ...	240-289	1.2	1.1	1.5	1.7	2.2	1.6	1.5
4. Nervous System and Sense Organs...	290-389	4.9	8.3	10.7	10.7	10.3	1.0	1.1
5. Circulatory System ...	390-458	7.6	10.7	14.7	14.0	15.2	25.0†	25.1†
6. Respiratory System ...	460-519	21.3	14.8	12.4	12.8	12.5	13.5	15.0
7. Intestinal System ...	520-577	15.1	7.7	5.0	5.3	5.5	5.8	5.3
8. Genito-Urinary System ...	580-629	2.1	2.0	1.8	1.9	2.1	2.2	2.2
9. Pregnancy, Child-birth and Puerperium ...	630-678	0.5	0.3	0.2	0.1	0.1	0.1	0.1
10. Skin and Musculo-Skeletal System...	680-738	0.4	0.2	0.2	0.2	0.4	0.3	0.2
11. Congenital Anomalies and Causes of Perinatal Morbidity and Mortality ...	740-779	11.2	11.1	8.4	7.8	7.5	6.2	4.8
12. Ill-defined Causes ...	780-796	7.5	10.4	8.9	8.8	9.3	10.0	9.4
13. Accidents, Poisonings and Violence	E800-E999	5.0	5.9	7.1	6.8	7.2	4.8	8.3

\* Data Grouping according to I.C.D. 7th Revision.

† Including Cerebrovascular Disease (formerly Vascular lesion affecting central nervous system under the Nervous System and Sense Organs).

TABLE 12

## THE TEN LEADING CAUSES OF DEATHS BY AGE AND SEX, 1970

Rank	Cause of Death	Detailed List No. 8th Revision	Sex	All Ages	Age Group							Un-known
					0	1-4	5-14	15-44	45-64	65 & Over		
1	All Causes		M F T	11,666 9,092 20,763(5)	890 629 1,521(2)	200 207 407	276 177 453	1,795 904 2,699	4,767 2,360 7,127	3,729 4,814 8,543	9 1 13(3)	
2	Malignant neoplasms, including neoplasms of lymphatic & haematopoietic tissues	140-209	M F T	2,266 1,698 3,964	3 4 7	15 9 24	32 25 57	403 263 666	1,260 788 2,048	553 609 1,162	— — —	
3	Heart Diseases, including hypertensive diseases	390-392 393-398 400-404 410-414 420-429	M F T	1,532 1,589 3,121	4 4 8	1 1 2	10 13 23	109 105 214	723 418 1,141	685 1,047 1,732	— 1 1	
4	Pneumonia, all forms	480-486	M F T	996 989 1,985	176 150 326	54 52 106	24 18 42	81 54 135	318 167 485	341 548 889	2 — 2	
5	Cerebrovascular Disease	430-438	M F T	927 879 1,806	4 3 7	5 1 6	8 1 9	59 32 91	414 223 637	436 619 1,055	1 — 1	
6	Tuberculosis	010-012 013-019	M F T	1,102 334 1,436	— — —	4 5 9	— 5 5	163 50 213	614 139 753	321 135 456	— — —	
7	All accidents	E800-E807 E810-E823 E825-E949	M F T	710 338 1,050(2)	18 13 31	53 56 109	137 59 196	310 73 383	130 203 203	61 64 125	1 — 3(2)	

TABLE 12—Contd.

Rank	Cause of Death	Detailed List No. 8th Revision	Sex	Age Group							Un- known
				All Ages	0	1-4	5-14	15-44	45-64	65 & Over	
7	Bronchitis, emphysema and asthma	490-493	M F T	603 323 926	4 1 5	3 2 5	3 1 4	21 11 32	321 79 400	251 229 480	— — —
8	Suicide and self-inflicted injuries	E950-E959	M F T	310 230 540	— — —	— — —	3 2 5	152 96 248	122 63 185	33 69 102	— — —
9	Certain causes of Perinatal Mortality	760-779	M F T	328 201 529	328 201 529	— — —	— — —	— — —	— — —	— — —	— — —
10	Cirrhosis of Liver	571	M F T	284 86 370	— 1 1	— — —	— 2 3	71 10 81	176 39 215	36 34 70	— — —
	Congenital Anomalies	740-759	M F T	175 143 320(2)	129 108 239(2)	21 18 39	15 8 23	7 5 12	3 4 7	— — —	— — —
	Nephritis and Nephrosis	580-584	M F T	156 137 293	— 1 1	1 4 5	5 5 10	57 36 93	56 41 97	37 50 87	— — —
	Peptic ulcer	531-533	M F T	128 54 182	1 2 3	— 1 1	— — —	16 1 17	46 16 62	64 34 98	— — —
	All Other causes		M F T	2,149 2,091 4,241(1)	223 141 364	43 58 101	37 38 75	346 168 514	584 310 894	911 1,376 2,287	5 6(1) —

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

TABLE 13

## INFECTIOUS DISEASES NOTIFIED CASES AND DEATHS 1966-70

Diseases	Cases					Deaths				
	1966	1967	1968	1969	1970	1966	1967	1968	1969	1970
Cholera ...	1	—	—	9	—	—	—	—	—	—
Amoebic Dysentery ...	220	154	117	85	68	24	21	12	7	4
Bacillary Dysentery ...	766*	829*	869*	736	609	10*	7*	6*	5	7
Cerebro-spinal Meningitis ...	10	55	32	23	10	7	16	14	4	4
Chickenpox ...	600	1,257	900	445	959	4	10	1	2	2
Diphtheria ...	307	226	113	62	43	27	18	10	10	4
Enteric Fever (Typhoid and Paratyphoid) ...	686	728	552	546	438	7	11	8	7	5
Leprosy ...	160	148	164	127	135	2	4	—	—	—
Malaria ...	127	65	19	11	3	—	—	—	—	—
Measles ...	2,360	4,726	1,138	994	1,011	384	654	46	21	13
Ophthalmia Neonatorum ...	203	191	203	76	84	—	—	—	—	—
Poliomyelitis ...	32	5	15	16	27	1	3	2	3	3
Puerperal Fever ...	2	1	1	1	1	—	—	—	—	—
Scarlet Fever ...	37	64	8	4	3	2	1	—	1	1
Tuberculosis ...	11,427	15,253	9,792	11,072	10,077	1,515	1,493	1,483	1,470	1,436
Typhus (Mite-borne) ...	2	—	—	—	—	—	—	—	—	—
Whooping Cough ...	108	40	88	3	5	—	—	—	—	—
Total ...	17,048	23,742	14,011	14,210	13,473	1,983	2,240	1,583	1,528	1,481
†Influenza ...	1,220	4,923	8,493	3,232	5,814	30	25	45	14	16

Remarks: \* Including unspecified Dysentery.

† Cases reported in 1969.

‡ 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 1966-70

Diseases	Case Fatality Ratio (Deaths as percentage of Notifications)					Death Rate (per million population)*				
	1966	1967	1968	1969	1970	1966	1967	1968	1969	1970
	Cholera ... ..	0	—	—	0	—	—	—	—	—
Amoebiasis ... ..	10.91	13.64	10.26	8.23	5.88	6.63	3.17	1.82	1.01	1.01
Cerebrospinal Meningitis ...	70.00	29.09	43.75	17.39	40.00	1.94	3.70	1.04	2.60	1.01
Diphtheria ... ..	8.79	7.96	8.85	16.13	9.30	7.46	2.64	1.30	1.78	1.78
Bacillary Dysentery ... ..	1.30†	0.84†	0.69†	0.68	1.15	2.76†	1.89†	1.82	1.82	1.27
Enteric Fever { Typhoid Paratyphoid	1.02	1.51	1.45	1.28	1.14	1.94	2.11	5.46	0.78	0.76
Measles ... ..	16.27	13.84	4.04	2.11	1.29	106.15	176.33	391.58	382.05	364.32
Poliomyelitis ... ..	3.12	60.00	13.33	18.75	11.11	0.27	0.81	0.53	0.78	0.76
Tuberculosis ... ..	13.26	9.79	15.15	13.28	14.25	418.81	402.55	391.58	382.05	364.32

\* Based on population figures provisionally revised after 1971 census.  
† Including unspecified dysentery.

TABLE 15

PRINCIPAL INFECTIOUS DISEASES BY AGE AND SEX 1970  
CASES NOTIFIED

Age Group	Tuberculosis		Diphtheria		Enteric Fever		Poliomyelitis		B/Dysentery	
	M	F	M	F	M	F	M	F	M	F
0-4 ...	36	24	7	5	9	16	15	6	142	102
5-9 ...	29	36	2	7	36	30	3	3	53	37
10-14 ...	59	95	3	4	56	47	—	—	17	12
15-19 ...	633	457	1	2	39	36	—	—	9	9
20-24 ...	944	489	—	3	25	26	—	—	22	11
25-29 ...	605	174	1	1	14	14	—	—	16	8
30-34 ...	671	175	—	2	6	8	—	—	16	5
35-39 ...	669	185	2	—	9	5	—	—	10	15
40-44 ...	760	149	1	1	11	7	—	—	15	15
45-49 ...	716	167	—	—	6	5	—	—	13	8
50-54 ...	729	150	—	—	7	2	—	—	12	10
55-59 ...	671	167	—	—	4	2	—	—	4	4
60-64 ...	438	138	—	1	9	2	—	—	5	5
65-69 ...	263	97	—	—	1	—	—	—	2	8
70-74 ...	158	50	—	—	1	2	—	—	3	8
75 and over	81	62	—	—	—	3	—	—	2	11
Unknown	2	—	—	—	—	—	—	—	—	—
Total ...	7,462	2,615	17	26	233	205	18	9	341	268

## DEATHS

Age Group	Tuberculosis		Diphtheria		Enteric Fever		Poliomyelitis		B/Dysentery	
	M	F	M	F	M	F	M	F	M	F
0-4 ...	4	5	3	1	—	—	2	1	2	1
5-9 ...	—	4	—	—	—	—	—	—	—	—
10-14 ...	—	1	—	—	—	—	—	—	—	—
15-19 ...	4	1	—	—	—	—	—	—	—	—
20-24 ...	3	4	—	—	—	—	—	—	—	—
25-29 ...	13	5	—	—	—	—	—	—	—	—
30-34 ...	22	10	—	—	—	—	—	—	—	—
35-39 ...	35	16	—	—	—	—	—	—	—	—
40-44 ...	86	14	—	—	—	—	—	—	—	—
45-49 ...	87	22	—	—	—	1	—	—	—	—
50-54 ...	140	20	—	—	1	—	—	—	—	—
55-59 ...	211	46	—	—	—	1	—	—	—	—
60-64 ...	176	51	—	—	2	—	—	—	1	—
65-69 ...	150	48	—	—	—	—	—	—	—	—
70-74 ...	98	30	—	—	—	—	—	—	1	1
75 & Over	73	57	—	—	—	—	—	—	—	1
Unknown	—	—	—	—	—	—	—	—	—	—
Total ...	1,102	334	3	1	3	2	2	1	4	3

TABLE 16  
PROPHYLACTIC IMMUNIZATIONS 1966-70

Immunological Procedure	1966	1967	1968	1969	1970
Anti-Smallpox Vaccination ...	487,790	575,869	767,541	550,092	553,714
Anti-Cholera Inoculation ...	1,467,271	1,318,991	1,385,272	2,506,348	1,715,249
Anti-Diphtheria Inoculations:					
1st Dose ...	290,226	341,632	335,128	339,428	329,279
2nd Dose ...	249,738	301,097	293,746	331,250	320,757
Booster Dose ...	167,557	175,359	181,735	169,085	167,579
Anti-Typhoid Inoculations:					
1st Dose ...	49,913	29,799	32,324	27,744	14,456
2nd Dose ...	19,115	12,793	14,417	10,191	4,126
Booster Dose ...	65,042	61,447	67,464	72,989	92,813
Anti-Tuberculosis (B.C.G.) Vaccinations:					
Infants ...	84,839	85,917	80,354	77,004	75,749
Others ...	13,933	28,274	33,895	18,232	51,576
Poliomyelitis Vaccinations:					
1st Dose ...	106,190	107,302	97,754	85,145	82,659
2nd Dose ...	116,009	90,880	82,939	74,949	71,671
Oral Poliovaccine Type I for Newborn*	54,590	69,495	62,869	59,057	57,065
Anti-Measles Vaccination†	—	—	83,107	33,504	28,611

\* From April 1966.

† From end of December 1967.

TABLE 17  
NUMBER OF CANCER DEATHS BY AGE AND SEX 1970

A-List Number	Detailed List Number 1965 Revision	Cause Group	Sex	All Ages	0-9	10-19	20-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+ Unk.	
A45	140-149	Malignant Neoplasm of Buccal Cavity and Pharynx ...	M F	326 137	—	3	8	17	30	47	58	38	24	18	17	8	—	
A46	150	Malignant Neoplasm of Oesophagus ...	M F	148 55	—	—	—	1	2	14	12	21	23	27	25	12	11	—
A47	151	Malignant Neoplasm of Stomach ...	M F	221 139	—	1	1	7	2	15	21	36	33	40	25	26	14	—
A48	152, 153	Malignant Neoplasm of Intestine, except Rectum ...	M F	98 81	—	1	1	4	5	4	14	11	12	11	16	6	13	—
A49	154	Malignant Neoplasm of Rectum and Rectosigmoid Junction ...	M F	62 52	—	1	2	—	2	5	5	7	11	9	6	6	8	—
A50	161	Malignant Neoplasm of Larynx ...	M F	28 3	—	1	—	—	1	1	1	—	6	7	3	5	2	2
A51	162	Malignant Neoplasm of Trachea, Bronchus and Lung ...	M F	467 319	—	—	1	4	10	24	43	62	93	77	66	51	36	—
A52	170	Malignant Neoplasm of Bone ...	M F	10 8	—	1	—	—	—	1	1	1	1	2	2	1	2	—

TABLE 17—Contd.

A-List Number	Detailed List Number 1965 Revision	Cause Group	Sex	All Ages	10-19		20-29		30-39		40-49		50-59		60-69		70-74		75+ Unk.
					D	R	D	R	D	R	D	R	D	R	D	R			
A53	172, 173	Malignant Neoplasm of Skin ...	M	6	—	—	—	—	—	—	1	2	—	1	—	—	—	—	—
			F	4	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
A54	174	Malignant Neoplasm of Breast...	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
			F	159	—	—	2	4	9	14	24	16	26	19	19	10	16	—	—
A55	180	Malignant Neoplasm of Cervix Uteri...	F	141	—	—	2	3	7	16	17	24	25	17	11	10	9	—	—
A56	181, 182	Other Malignant Neoplasm of Uterus...	F	38	—	—	—	—	—	—	1	7	6	12	4	1	3	4	—
A57	185	Malignant Neoplasm of Prostate	M	14	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—
A58(a)	155	Malignant Neoplasm of Liver and Intrahepatic Bile Ducts, Specified as Primary...	M	503	3	4	12	13	30	43	71	75	99	69	39	25	20	—	—
			F	132	3	1	3	2	2	6	10	16	18	18	18	16	19	—	—
(b)	156-160, 163, 171, 183, 184, 186-199	Malignant Neoplasm of Other and Unspecified Sites ...	M	270	12	11	7	5	12	18	23	36	34	40	27	20	25	—	—
			F	334	8	7	7	5	13	30	29	38	31	46	33	34	53	—	—
A59	204-207	Leukaemia ...	M	57	11	13	5	—	3	5	3	4	2	5	3	3	—	—	—
			F	67	8	11	10	4	7	6	5	5	2	3	3	2	1	—	—
A60	200-203, 208, 209	Other Neoplasm of Lymphatic and Haemopoietic Tissue ...	M	56	6	8	4	2	4	4	6	7	3	6	4	1	1	—	—
			F	29	2	3	2	2	3	1	2	2	4	2	3	2	1	—	—
A45-A60	140-209	All forms of Cancer ...	M	2,266	32	43	42	53	101	182	260	324	359	317	237	173	143	—	—
			F	1,698	22	27	36	35	59	122	152	192	224	220	220	167	222	—	—

TABLE 18  
MAIN CAUSES OF DEATH FROM CANCER IN HONG KONG 1960-70

Cause Group (According to I.C.D. 1965 Revision)	1960		1961		1962		1963		1964		1965		1966		1967		1968		1969		1970	
	D	R	D	R	D	R	D	R	D	R	D	R	D	R	D	R	D	R	D	R	D	R
All Forms of Cancer (140-209) ...	1,985	64.8	2,280	72.0	2,488	75.5	2,697	79.1	2,916	83.5	3,155	88.0	3,249	89.8	3,380	91.1	3,582	94.6	3,839	99.8	3,964	100.6
Malignant Neoplasm of Nasopharynx (147) ...	217	7.1	235	7.4	272	8.3	286	8.4	278	8.0	321	9.0	320	8.8	336	9.1	357	9.4	376	9.8	393	10.0
Malignant Neoplasm of Oesophagus (150) ...	75	2.4	126	4.0	108	3.3	112	3.3	147	4.2	148	4.1	132	3.6	163	4.4	159	4.2	180	4.7	203	5.2
Malignant Neoplasm of stomach (151) ...	243	7.9	284	9.0	307	9.3	298	8.7	361	10.3	378	10.5	366	10.1	314	8.5	342	9.0	414	10.8	360	9.1
Malignant Neoplasm of intestine except Rectum (153) ...	93	3.0	100	3.2	113	3.4	96	2.8	123	3.5	130	3.6	151	4.2	171	4.6	170	4.5	185	4.8	172	4.4
Malignant Neoplasm of liver and Intra-hepatic Bile Ducts, specified as Primary (155) ...	*357	11.7	*418	13.2	*470	14.3	*564	16.5	*537	15.4	*607	16.9	*589	16.3	*601	16.2	*647	17.1	626	16.3	635	16.1
Malignant Neoplasm of Trachea, Bronchus and Lung (162)	†259	8.5	†294	9.3	†329	10.0	†387	11.3	†449	12.9	†513	14.3	†551	15.2	†616	16.6	†638	16.8	†787	20.5	†866	23.9
Malignant Neoplasm of Breast (174) ...	115	3.8	111	3.5	104	3.2	120	3.5	138	4.0	145	4.0	135	3.7	125	3.4	147	3.9	134	3.5	159	4.0
Malignant Neoplasm of Cervix Uteri (180)	138	4.5	137	4.3	148	4.5	146	4.3	153	4.4	127	3.5	163	4.5	158	4.3	153	4.0	141	3.7	141	3.6

\* Malignant Neoplasm of Biliary Passages and of Liver (155-156) according to I.C.D. 1955 Revision.

† Malignant Neoplasm of Trachea, Bronchus and Lung not specified as Secondary (162-163) according to I.C.D. 1955 Revision.

Note: D = Death.

R = Mortality Rate per 100,000 population using revised estimated population based on the crude results of 1971 census and subject to revision later (for the years 1961-70).

TABLE 19

NEW CASES OF CANCER NOTIFIED TO THE CANCER REGISTRY BY AGE AND SEX 1967

A-List	Detailed List Number 1965 Revision	Cause Group	Sex	All Ages	0-9	10-19	20-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+	Unk.
A45	140-149	Malignant Neoplasm of Buccal Cavity and Pharynx ...	M F	441 206	2	4	23	32	71	80	63	69	39	19	15	15	6	3
A46	150	Malignant Neoplasm of Oesophagus ...	M F	117 56	1	—	—	2	3	9	13	18	27	14	10	15	5	—
A47	151	Malignant Neoplasm of Stomach ...	M F	137 89	—	—	—	—	4	5	21	22	12	25	24	14	4	1
A48	152, 153	Malignant Neoplasm of Intestine, except Rectum ...	M F	84 80	—	—	6	2	2	5	7	15	13	12	6	9	4	3
A49	154	Malignant Neoplasm of Rectum and Rectosigmoid Junction ...	M F	61 59	—	—	2	2	3	3	5	8	9	10	11	5	3	—
A50	161	Malignant Neoplasm of Larynx ...	M F	50 9	—	—	1	—	—	2	5	7	10	11	8	3	2	1
A51	162	Malignant Neoplasm of Trachea, Bronchus and Lung ...	M F	272 199	1	4	4	4	8	19	25	54	44	46	22	29	13	3
A52	170	Malignant Neoplasm of Bone ...	M F	18 8	1	4	3	1	1	1	4	2	—	2	1	—	1	—

82

TABLE 19—Contd.

A-List	Detailed List Number 1965 Revision	Cause Group	Sex	All Ages	0-9	10-19	20-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+	Unk.
A53	172, 173	Malignant Neoplasm of Skin ...	M F	46 41	—	1	2	—	1	2	6	6	10	8	3	3	3	—
A54	174	Malignant Neoplasm of Breast...	M F	1 335	—	—	—	—	—	—	—	—	—	1	—	—	—	—
A55	180	Malignant Neoplasm of Cervix Uteri ...	F	479	—	1	5	13	44	66	105	69	56	52	24	11	24	9
A56	181, 182	Other Malignant Neoplasm of Uterus...	F	72	—	—	1	—	4	3	12	22	15	4	5	3	3	—
A57	185	Malignant Neoplasm of Prostate ...	M	11	—	—	—	—	—	—	—	—	—	—	3	2	6	—
A58(a)	155	Malignant Neoplasm of Liver and Intrahepatic Bile Ducts, Specified as Primary ...	M F	232 71	2	—	4	4	11	23	39	41	34	35	14	7	9	9
(b)	156-160, 163, 171, 183, 184, 186-199	Malignant Neoplasm of Other and Unspecified Sites ...	M F	517 495	18 12	18 22	20 16	29 16	38 28	46 45	55 41	65 67	71 56	64 53	46 53	20 42	16 31	11 13
A59	204-207	Leukaemia ...	M F	6 5	2 4	1	—	—	—	—	—	2	—	—	—	—	—	—
A60	200-203, 208, 209	Other Neoplasm of Lymphatic and Haematopoietic Tissue ...	M F	53 32	6 3	9 2	6 5	5	2	3	5	5	2	4	1	3	2	—
A45-A60	140-209	All forms of Cancer ...	M F	2,046 2,236	31 21	38 30	69 42	86 145	144 222	201 277	248 277	314 285	271 261	251 225	164 148	125 156	73 45	31 45

83

TABLE 20

## TUBERCULOSIS MORTALITY 1956 AND 1961-70

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
1956 ... ..	2,629	107.7	13.6	32
1961 ... ..	1,907	60.2*	10.2	43
1962 ... ..	1,881	57.1*	9.2	46
1963 ... ..	1,762	51.6*	8.9	47
1964 ... ..	1,441	41.2*	7.9	48
1965 ... ..	1,278	35.6*	7.2	49
1966 ... ..	1,515	41.9*	8.1	53
1967 ... ..	1,493	40.3*	7.6	55
1968 ... ..	1,483	39.2*	7.7	56.5
1969 ... ..	1,470	38.2*	7.9	56
1970 ... ..	1,436	36.4*	6.9	57.5

\* Based on provisionally revised population after 1971 census & subject to revision later.

TABLE 21

## TUBERCULOSIS IN CHILDHOOD 1956 AND 1961-70

Percentage of	Percentage of newborns receiving B.C.G.	Percentage of Tuberculosis deaths below 5 years	Percentage of Tuberculosis deaths under 1 year	Infantile Mortality from Tuberculosis (per 1,000 live Births)
1956 ... ..	24.21	25.0	7.34	1.99
1961 ... ..	79.31	11.48	2.62	0.46
1962 ... ..	81.59	5.74	1.43	0.24
1963 ... ..	83.44	5.50	1.08	0.16
1964 ... ..	86.40	4.09	0.90	0.12
1965 ... ..	91.65	3.36	0.70	0.09
1966 ... ..	90.22	2.71	0.73	0.12
1967 ... ..	95.42	2.01	0.33	0.07
1968 ... ..	94.23	1.15	0.20	0.04
1969 ... ..	94.78	0.95	0.27	0.05
1970 ... ..	95.33	0.63	0.00	0.00

TABLE 22

## TUBERCULOSIS NOTIFICATIONS 1956, 1961 AND 1966-70

		1956	1961	1966	1967	1968	1969	1970
Origin of Notification	Govt. Chest Clinics ...	7,704	8,957	8,105	11,917	6,844	8,391	7,061
	Other Govt. Inst. ...	1,643	2,056	990	1,167	688	482	494
	Tung Wah Group ...		947	618	563	309	299	443
	Other Non-Govt. Inst. and Private Sources ...	2,808						
			624	1,714	1,606	1,951	1,900	2,079
Total ... ..		12,155	12,584	11,427	15,253	9,792	11,072	10,077
Notification rate per 100,000 population ...		488	397*	316*	411*	259*	288*	256*

\* Based on provisional revised population after 1971 census and subject to revision later.

TABLE 23

## WORK OF GOVERNMENT CHEST SERVICE

## GOVERNMENT CHEST CLINICS

1970

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

TABLE 23—Contd.

	Hong Kong	Kowloon	New Territories
Other Centres (for injections only)...		Hung Hom Dispensary	Ho Tung Dispensary Peng Chau Clinic North Lamma Clinic Silver Mine Bay Dispensary Tai O Dispensary South Lantau Hospital Chi Wan Floating Dispensary Chi Hong Floating Dispensary

## ATTENDANCES AT GOVERNMENT CHEST CLINICS, 1970

Total Attendances ... ..	1,727,930
Total Patients attending, new and old ... ..	103,901
Number of new patients ... ..	43,209 (100.00%)
Total with examination completed ... ..	42,178 ( 97.61%)
N.S.D. ... ..	20,622 ( 47.73%)
Disease other than T.B. ... ..	6,264 ( 14.50%)
Non-respiratory T.B.	
(a) Meninges ... ..	1 ( 0.00%)
(b) Bones and Joints ... ..	87 ( 0.20%)
(c) Others ... ..	76 ( 0.18%)
Respiratory T.B.	
(a) Not active and unknown activity ... ..	7,732 ( 17.89%)
(b) Active ... ..	7,396 ( 17.11%)
By bacteriology and extent	
Negative	
A1 ... ..	2,264 ( 5.24%)
A2 ... ..	811 ( 1.88%)
A3 ... ..	208 ( 0.48%)
Positive	
B1 ... ..	1,181 ( 2.73%)
B2 ... ..	1,356 ( 3.14%)
B3 ... ..	1,069 ( 2.47%)
Incomplete	
O1 ... ..	311 ( 0.72%)
O2 ... ..	123 ( 0.28%)
O3 ... ..	73 ( 0.17%)
By bacteriology and presence of cavity	
Negative	
A Yes ... ..	321 ( 0.74%)
A No ... ..	2,962 ( 6.8%)
Positive	
B Yes ... ..	1,237 ( 2.86%)
B No ... ..	2,369 ( 5.48%)
Incomplete	
O Yes ... ..	106 ( 0.25%)
O No ... ..	401 ( 0.92%)
By previous history and treatment	
No previous history of T.B. ... ..	5,615 ( 12.99%)
Previously diagnosed no treatment ... ..	134 ( 0.31%)
Previously diagnosed and treatment ... ..	1,646 ( 3.81%)
Previous history not known ... ..	1 ( 0.00%)

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

TABLE 24

## X-RAY SURVEY 1960-70

Year	Government Servants		Conditional Survey		Prisoners Survey	
	Total Examined	% with Active T.B.	Total Examined	% with Active T.B.	Total Examined	% with Active T.B.
1960 ...	42,482	0.88	17,311	1.25	9,481	10.39
1961 ...	45,617	0.88	26,809	1.17	9,735	4.98
1962 ...	39,232	1.04	20,019	2.06	5,852	5.52
1963 ...	51,180	0.55	41,905	0.86	4,994	4.60
1964 ...	50,009	0.55	47,521	0.78	9,524	2.90
1965 ...	57,893	0.64	44,271	0.71	5,876	3.94
1966 ...	59,691	0.51	40,572	0.74	5,904	4.18
1967 ...	31,096	0.71	56,826	0.56	4,997	3.58
1968 ...	54,947	0.50	53,703	0.51	7,082	1.57
1969 ...	41,925	0.75	50,233	0.53	7,107	1.31
1970 ...	51,812	0.63	47,741	0.34	6,417	1.70

TABLE 25

## CONTACT EXAMINATIONS 1970

Number of patients giving rise to contacts ...	Number of contacts listed to be examined ...	Number of B.C.G. given ...	Number of Contacts	Number X-rayed	Result of Examination						
					Result Un-known	N.S.D.	Disease other than TB	Respiratory TB			Non-Respiratory TB
							A	B	O	Not Active	
9,488	25,465	1,554	1,316	1,152	6	1,060	1	—	—	13	—
...	...	...	1,554	—	—	—	—	—	—	—	—
...	...	...	—	—	—	—	—	—	—	—	—
...	...	...	1,314	490	6	451	—	—	—	3	—
...	...	...	4,184	1,642	12	1,511	1	—	—	16	—
...	...	...	21,281	15,117	94	13,979	—	—	—	504	5
(A) Under 8 years											
	Positive										
	Negative										
	Not Read										
	Tuberculin Tested										
	Not Tuberculin Tested										
	Total under 8 years										
(B) 8 years and over											

Remarks: (A) Under 8 years  
% examined with active respiratory T.B. = 0.03%.

(B) 8 years and over  
% examined with active respiratory T.B. = 1.18%.

TABLE 26

## CLASSIFICATION OF ORTHOPAEDIC TUBERCULOSIS OF NEW PATIENTS, BY SITE 1966-70

Year	Site of Disease						TOTAL
	Spine	Hip Joint	Knee	Ankle	Femur	Others	
1966 ...	49	10	4	1	1	2	67
1967 ...	30	12	4	0	0	5	51
1968 ...	49	17	4	2	0	22	94
1969 ...	48	15	4	1	0	30	98
1970 ...	54	11	9	1	2	45	122

TABLE 27

## MALARIA 1966-70

DISTRIBUTION OF CASES  
(According to notified place of residence)

Year	Cases Notified	Deaths	Urban Controlled Areas	Sai Kung* District	Lantau* District	Tai Po* District	Other Areas
1966...	127	—	13	5	7	79	23
1967...	65	2	5	1	3	43	13
1968...	19	—	4	—	—	9	6
1969...	11	—	2	—	1	—	8‡
1970...	3	1†	1	—	—	—	2‡

\* Including floating population.

† Case reported in 1969.

‡ Imported cases.

## IDENTIFICATION OF PARASITES

Year	P. vivax	P. falciparum	P. malariae	Mixed infection	Species undetermined
1966...	115	10	2	—	—
1967...	56	5	2	1	1
1968...	14	—	3	—	2
1969...	3	4	4	—	—
1970...	2	—	1	—	—

TABLE 28

## ANNUAL INCIDENCE AND TREND OF VENEREAL DISEASE 1961-70

	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970
<i>Veneral Diseases</i>										
Total (Except Congenital) ...	1,555	1,858	1,487	1,036	1,197	1,177	1,082	1,314	983	722
Primary ...	35	154	164	119	39	28	10	20	16	13
Secondary ...	26	26	60	64	35	8	15	7	12	5
Early Latent ...	202	359	307	197	263	198	220	233	125	116
Late Latent ...	1,173	1,216	864	590	791	874	788	981	763	538
All others ...	119	103	92	66	69	69	49	73	67	50
Congenital { Under 1 year ...	3	11	5	1	2	1	16	12	7	5
Over 1 year ...	48	66	53	47	66	56	45	72	69	109
Gonorrhoea ...	5,997	5,747	5,696	5,008	5,096	6,353	7,344	7,375	6,331	6,470
Non-Gonococcal Urethritis ...	509	453	379	496	578	629	648	659	613	608
Chancroid ...	635	356	347	268	254	105	53	286	862	387
Lymphogranuloma Venereum ...	7	8	16	8	8	11	5	23	130	62
Granuloma inguinale ...	0	0	0	0	0	0	0	0	1	1
<i>Other Diseases</i>										
Non-Veneral Disease ...	4,293	5,489	4,155	4,548	5,169	5,191	4,672	5,074	4,200	3,488
Skin Diseases ...	12,173	12,917	10,740	12,570	14,121	15,014	13,206	15,846	18,361	20,704
<i>Attendances at Clinics (All Types)</i>										
New Attendances ...	25,819	27,264	23,761	25,224	27,541	29,254	27,669	31,342	32,027	32,994
Total Attendances ...	182,049	179,135	147,588	143,381	147,311	161,994	170,532	209,916	221,882	208,319

TABLE 29

## V.D.R.L. EXAMINATIONS IN EXPECTANT MOTHERS 1966-70

	1966	1967	1968	1969	1970
No. of tests (Clinics and Hospitals) ...	52,381	55,012	47,552	50,952	52,382
% Positive ...	2.4	1.8	1.7	1.4	1.0
No. of tests (Private Midwives) ...	4,580	3,577	3,208	2,625	1,797
% Positive ...	1.7	0.8	1.2	0.7	0.5

TABLE 30

## LEPROSY 1970

## INCIDENCE OF LEPROSY 1965-70

Year	New Cases	Rate per 100,000 population*
1965 ...	217	6.1
1966 ...	163	4.5
1967 ...	149	4.0
1968 ...	160	4.2
1969 ...	127	3.3
1970 ...	135	3.4

\* Based on population figures provisionally revised after 1971 census.

## ANALYSIS OF CASES BY AGE 1970

Age Group	No. of Cases
Under 1 ...	—
1 - 4 ...	—
5 - 9 ...	3
10 - 14 ...	9
15 - 19 ...	5
20 - 24 ...	8
25 - 29 ...	21
30 - 34 ...	13
35 - 39 ...	14
40 - 44 ...	14
45 - 49 ...	9
50 - 54 ...	8
55 - 59 ...	14
60 & Over ...	17
<b>Total</b> ...	<b>135</b>

## ADMISSION TO LEPROSARIUM 1970

New admissions ...	43
Relapses ...	13
For surgery ...	14
<b>Total</b> ...	<b>70</b>