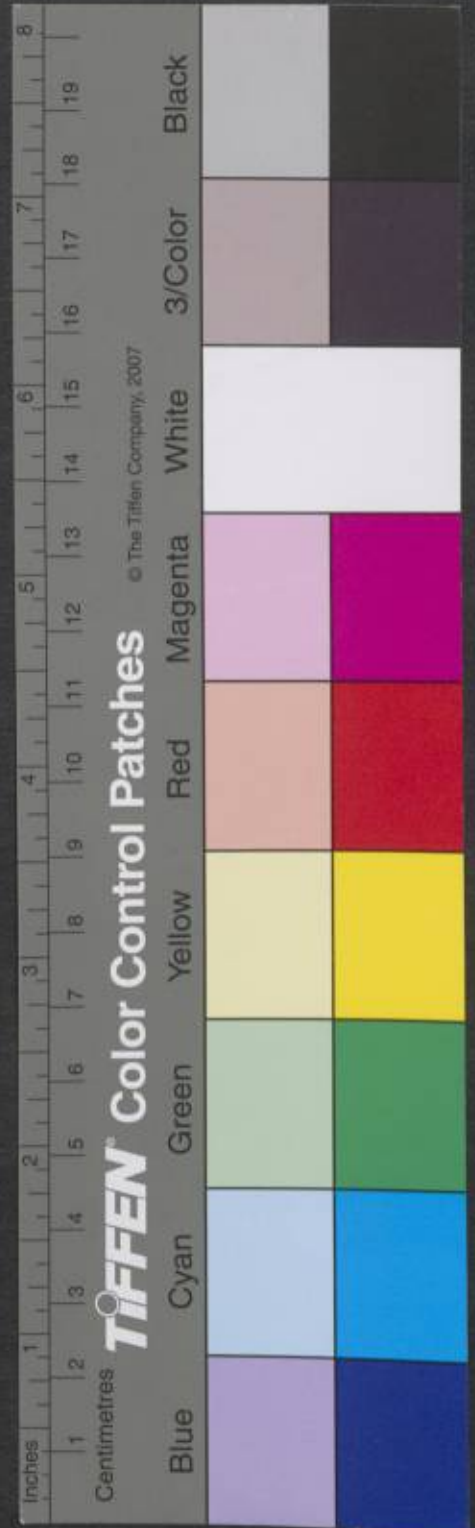


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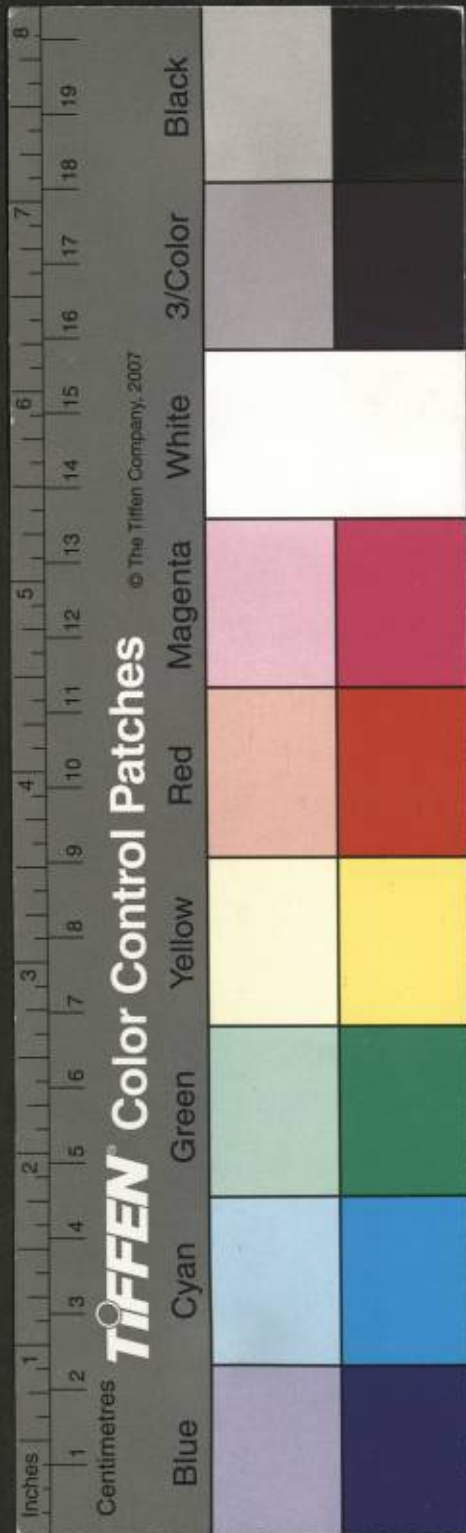
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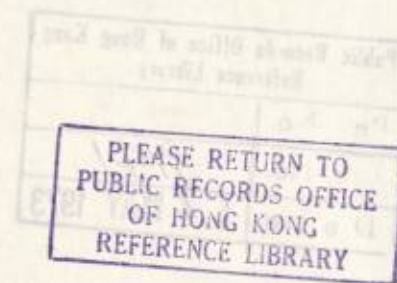


HONG KONG
ANNUAL DEPARTMENTAL REPORT

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 1971 - 72*



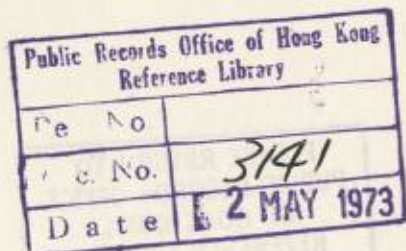
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HONG KONG
ANNUAL DEPARTMENTAL REPORT

EXCHANGE RATES

When dollars are quoted in the 1971-72 Reports, they are, unless otherwise stated, Hong Kong dollars. At the 31st March 1972, the official rate for conversion to pounds sterling was HK\$14.55 = £1 (HK\$1 = approx. 7p). The official rate for conversion to U.S. dollars was HK\$5.58 = US\$1.



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I. INTRODUCTION

THE Medical and Health Department is responsible for administering services which provide medical and health care for the community of Hong Kong. It operates hospitals and clinics throughout both the urban and the rural areas, maintains maternal and child health, school health, and port health services, and undertakes measures for the control of epidemic and endemic diseases. The department carries out its functions through two main divisions. The medical division is responsible for the treatment and rehabilitation of the sick in hospitals, and the health division promotes personal and public health. The department works closely with other departments holding statutory responsibility for safeguarding public health. These are the Urban Council, the Urban Services Department, the Labour Department and the New Territories Administration. To some of these departments, doctors are seconded.

2. During the year, the general health of the population continued to be good. Considerable improvements were made in the control of those communicable diseases, which have been the major causes of mortality and morbidity in the last 20 years. The incidence of diphtheria, poliomyelitis and measles remained at a low level as a result of immunization campaigns. There was no outbreak of cholera, but precautionary measures against the disease were maintained. In fact, cholera has not appeared in Hong Kong since notification of the last case in October 1969.

3. While tuberculosis remained a major cause of mortality among the communicable diseases, the Colony faced increasing problems arising from non-communicable diseases. The other major causes of death were cancer, heart and hypertensive diseases, pneumonia and cerebral-vascular lesions. Problems in caring for the sick and disabled increased as a result of industrialization, urbanization, and the increase in proportion of population in the elderly age group.

4. The department's development programme made steady progress. Thirty projects were being either 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. A newly-completed urban standard clinic in the north of Kwai Chung was opened in November 1971. Other projects under construction included the New Lai Chi Kok Hospital, the new Vaccine Institute at Pok Fu Lam, the stage one of the Kwai Chung South Polyclinic, a reprovisioning of the mortuary, virus laboratory and clinical pathology services, the construction of a new clinical building at Queen Mary Hospital, and the Medical Department Laundry.

5. There was increasing use of the department's services by the public, and attendances at general out-patients and specialist out-patients clinics remained high. The number of patients admitted to, and treated in, government hospitals showed an increase compared with the previous year. There was also a 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.

6. In the pages that follow, the state of the public health and the more important developments in the work of the department are reviewed. There are also references to the major voluntary agencies receiving substantial grants from government funds to support their medical activities. Detailed information covering all this can be found in the statistical appendix to this report, the index to which is on page 64.

II. PUBLIC HEALTH

(Tables 6-20)

VITAL STATISTICS

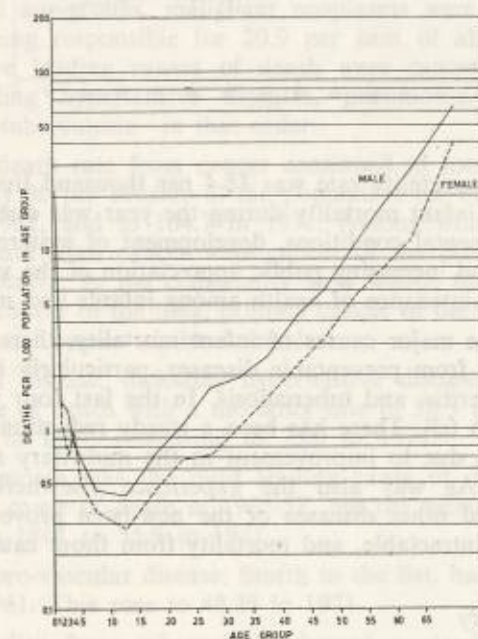
(Tables 6-12)

7. The estimated population of Hong Kong in the middle of 1971 was 4,045,300 and approximately 83 per cent of this total was concentrated in the urban areas of the Island, Kowloon and New Kowloon.

In regard to age, about 36 per cent was under 15, and 7.4 per cent over 60. The general state of health continued to be satisfactorily reflected by the vital statistics. The crude death rate, based on the number of deaths registered, was 5.0 per thousand of the population. As shown in Figure 1, age and sex specific death rates were also low, and reflected the rapid improvement of health and medical services in a young and expanding population. The birth pattern continued its downward trend, and the crude birth rate fell to 19.0 per thousand of the population.

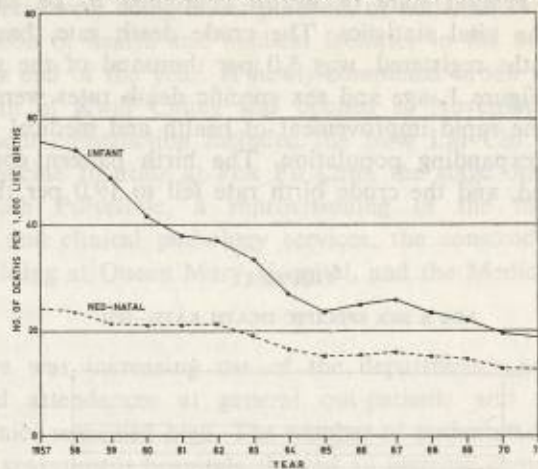
FIGURE 1

AGE & SEX SPECIFIC DEATH RATE—1971



8. There was a gratifying decline in the infant and neo-natal mortality rates. This 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 1957 - 71



Infant Mortality

9. The infant mortality rate was 18.4 per thousand live births. The steady decline in infant mortality during the year was due to improvement in environmental conditions, development of maternal and child health services, and increasing public appreciation of the value of these services in the maintenance of health among infants and mothers.

10. Among the major causes of infant mortality, there were reductions in mortality from preventable diseases, particularly bronchopneumonia, gastro-enteritis, and tuberculosis. In the last four years, deaths from measles also fell. There has been a steady reduction in mortality from prematurity, due to improvement in the midwifery and maternal health services. As was also the experience elsewhere, congenital malformations and other diseases of the new-born proved during the year to be more intractable, and mortality from those causes was only little affected.

Maternal Mortality

11. Here also the statistics reached standards prevailing in the technically-advanced countries of the world. The rate in 1971 was 0.14 per thousand total births. During recent years, great reduction in mortality rates have been effected in toxæmia of pregnancy, hæmorrhage and puerperal sepsis. There was also some reduction in mortality from

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

General Mortality

12. The marked social and economic changes occurring in Hong Kong during the years following the Second World War were again reflected in the mortality trends and patterns of diseases during the year. These have changed considerably in the past two decades. Improvements in the general level of public health were demonstrated by the decline in proportionate mortality from infectious, respiratory and intestinal diseases, while the ageing of the population—still predominantly young—was reflected in the increasing mortality from heart and hypertensive, cerebrovascular and neoplastic diseases.

13. In all age-groups, malignant neoplasms were the main causes of death, being responsible for 20.9 per cent of all deaths in 1971. The first five leading causes of death were cancer, diseases of the heart including hypertensive diseases, pneumonia, cerebro-vascular disease, and tuberculosis—in that order.

14. The death rate from cancer continued to increase, rising from approximately 30 per 100,000 of the population for both sexes in 1950, to 69.7 in 1961, and to 104.7 in 1971. Among women, the common causes of death from cancer were cancer of the breast and cancer of the uterine cervix. In the community as a whole, the common cancer deaths were cancer of the lung, primary cancer of the liver, nasopharyngeal cancer, and cancer of the stomach.

15. Heart disease, including hypertensive disease, was the second leading cause of death with a mortality rate of 58.9 per 100,000 of the populations in 1961, increasing to 73.0 in 1971.

16. Pneumonia was the third leading cause of death. The disease was a major cause of death in 1955-57, but the mortality rate dropped from 85.8 in 1961 to 55.9 in 1971.

17. Cerebro-vascular disease, fourth in the list, had a mortality rate of 44.2 in 1961. This rose to 48.35 in 1971.

18. Mortality from tuberculosis showed a steady decline, falling from 60.2 in 1961, to 30.9 in 1971.

19. 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

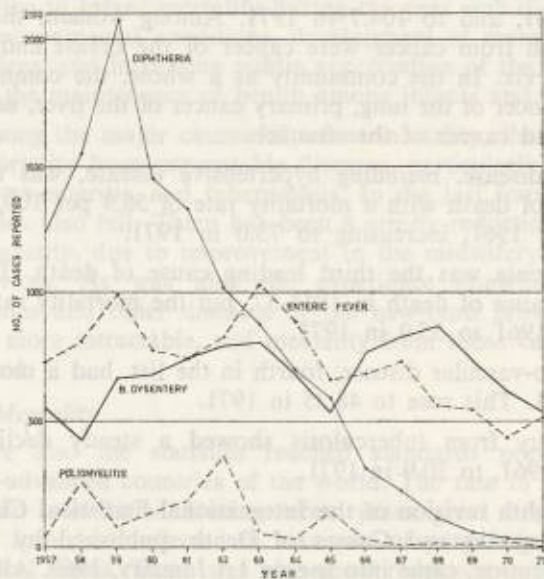
medical practitioners were supplied with a supplement of the eighth revision, and were requested to ensure that the nomenclature of causes of death given by them on death certificates complied with those in the International Classification.

20. Use was made during the year of computer facilities in mortality statistics, and it is hoped that this will result in a better handling of mortality data.

COMMUNICABLE DISEASES
(Tables 13-16)

21. The total of notifications of communicable diseases during 1971 was 11,410. Of this figure, tuberculosis comprised 79.1 per cent. Satisfactory progress continued to be made in the control of diphtheria and poliomyelitis. The incidence of bacillary dysentery continued its downward trend, but a slight increase in the incidence of enteric fever was noted. Trends in the occurrence of these four diseases are shown in Figure 3. The number of measles cases continued to remain low since the beginning of the annual anti-measles vaccination campaign in late 1967.

FIGURE 3
INCIDENCE OF MAJOR INFECTIOUS DISEASES 1957 - 1971



Cholera

22. Since the last reported case of cholera in October 1969, Hong Kong has remained free from the disease. The cholera surveillance programme was continued on a year-round basis. This included routine sampling of nightsoil for cholera vibrio, routine bacteriological investigation of specimens sent to the department's pathology laboratories of cases of gastro-enteritis, as well as the sampling of well water and of foodstuffs liable to be involved in the transmission of the vibrio. No positive samples were obtained from these investigations.

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

Amoebiasis

24. This disease continued to occur endemically, being most prevalent in overcrowded urban areas. A total of 66 cases was notified. The disease remained predominantly one affecting adult males.

Bacillary Dysentery

25. This disease showed a further decline in incidence, falling from 609 cases in 1970 to 543 cases in 1971. It affected all ages, but 40.1 per cent of the notifications were in respect of children under five. *Shigella flexneri* and *Shigella sonnei* remained the predominant organisms isolated.

26. Transmission of infection among families and in institutions was a feature of the disease, and as in the past, a few symptomless carriers were detected among members of the same family, or inmates of the same institution. In all, a total of 290 carriers were discovered during investigations of reported cases during the year. All were given appropriate treatment.

Chickenpox

27. This is generally a common disease among children. During the period under review, a total of 443 cases was notified, almost all being under 15. The seasonal prevalence of the disease being in the winter and spring, the earlier part of the year saw an increase in the number of notifications.

Diphtheria

28. Only 25 cases of the disease were notified during the year, an even lower figure than the 43 cases recorded in the previous year. As a result of annual immunization drives since 1959, the disease has shown a continuous and steady decline, falling from 2,087 cases in 1959 to 25 cases in 1971. The disease affects largely children, and 76 per cent of the year's cases were under 10. Two deaths were recorded, giving a case fatality rate of eight per cent. *Corynebacterium diphtheria mitis* remained the predominant organism isolated in clinical cases.

Enteric Fever

29. The number of cases notified was 515, an increase of 77 cases over the preceding year. The disease was generally mild, and the case fatality rate was less than two per cent. Transmission of infection was frequently associated with neglect in personal and food hygiene. As elsewhere in the world, the peak incidence occurred among children of school age and young adolescents. Free inoculation was offered, and the usual preventive measures enforced, with special attention to environmental and food hygiene, and the control of food premises.

Malaria

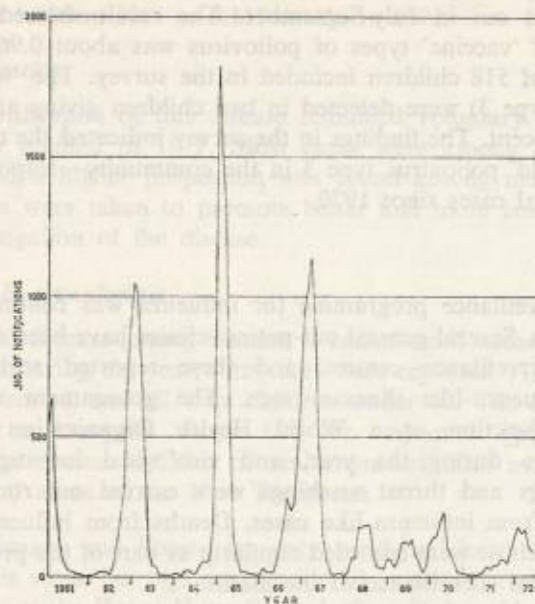
30. The incidence of malaria during recent years has fallen to a very low level, and again no fresh case of the disease due to natural transmission was reported. Of the nine cases recorded during the year, seven were imported, one was recurrent, and one was due to blood transfusion.

Measles

31. A total of 591 notifications of the disease was received during the year. As shown in Figure 4, the incidence of measles in Hong Kong has in previous years tended to fall into a distinct biennial pattern, with exacerbation of the disease every alternate winter and spring. Since December 1967, measles vaccine has been available regularly at all government maternal and child health centres, and during campaign periods, the vaccine has also been made available through mobile teams to children living in resettlement and housing estates, tenement buildings, and other crowded areas. Since the last epidemic in 1966-67, the disease incidence and its mortality have remained low. These results were due, at least in part, to immunization campaigns which are now on a year-round basis, and continuing health education efforts to encourage parents to seek early medical advice.

FIGURE 4

MONTHLY MEASLES NOTIFICATIONS, 1961 - MAY 1972



Poliomyelitis

32. Only two cases of poliomyelitis were reported during the year. This showed a significant reduction when compared with 27 cases in 1970, and was the lowest recorded since the introduction of the poliomyelitis vaccination campaign in 1963. Both cases were of the type 3 poliovirus infection, confirmed by laboratory investigation. The programme of vaccination consisted of giving one dose of type 1 polio-vaccine, soon after birth, followed by two doses of balanced trivalent vaccine at three and five months. Beginning in October 1971, a booster dose of the vaccine was introduced at the age of about 18 months.

33. Approximately 74 per cent of infants received one dose of type 1 polio-vaccine soon after birth, and 72 per cent of infants received two doses of the trivalent vaccine at maternal and child health centres. A general immunization campaign is mounted annually in January and March.

34. Virological investigation of the disease was maintained throughout the year. A poliomyelitis faecal survey among normal children under five was carried out in July-September. The result showed that the excretor rate of 'vaccine' types of poliovirus was about 0.96 per cent among a total of 518 children included in the survey. The 'wild' types of poliovirus (type 3) were detected in two children giving an excretor rate of 0.38 per cent. The findings in the survey indicated the continuing existence of 'wild' poliovirus type 3 in the community—responsible for nearly all clinical cases since 1970.

Influenza

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

36. The disease occurred sporadically from February to September 1971, but high incidences of influenza A and B virus infections were observed in June and July respectively. The most prevalent strain of influenza A virus was A/Hong Kong/68 (H3N2). A/England/878/69 variant was detected twice in March, and a new antigenic variant A/Hong Kong/107/71 was detected in September. The latter strain was closely studied by both the government virus unit and the World Influenza Centre.

Tetanus

37. This disease, although not notifiable, was recorded during the period under review, as in the past, with reasonable accuracy owing to the severity of the symptoms, requiring hospitalization of clinical cases. In past years, approximately half the cases reported were among the new-born whose births had not been attended by trained staff and who had been exposed to various hazards from unsterile equipment. In

1971, tetanus neonatorum was responsible for only 15.5 per cent of the recorded cases, and infant mortality from such infection fell from 1.2 deaths per 1,000 in 1951 to 0.117 deaths in 1971.

Viral Hepatitis

38. Notification of this disease remained voluntary. A total of 357 cases was notified in 1971. Most cases were among adolescents and adults, and a higher proportion was found among males. During the year, steps were taken to promote better and more complete reporting and investigation of the disease.

Japanese B encephalitis

39. This disease among humans is encountered occasionally in Hong Kong, and during the year, four cases were reported. All were from the New Territories, and all were children under 10. The disease is transmitted by a mosquito vector and the important species known to transmit the disease is *Culex tritaeniorhynchus*. This mosquito is found in the rural areas of the New Territories.

40. Humans and horses are only incidental hosts to the Japanese encephalitis virus, but pigs are considered important reservoirs. In June, five horses at the Royal Hong Kong Jockey Club stables at Beas River, New Territories, were found to be infected by the virus. Preventive and control measures against the disease were immediately reinforced, including mosquito control and personal anti-mosquito measures. The affected horses were isolated. There was no connection between the occurrence of the four human cases mentioned earlier, which came from other areas of the New Territories, and this outbreak. A serological survey of the incidence of the Japanese encephalitis virus infection among horses was subsequently carried out. There was no evidence of extensive virus dissemination among the horses. (See paragraph 91 for details).

Acute Kerato-Conjunctivitis

41. This disease is of worldwide distribution. It occurs as sporadic cases, but epidemics are often reported. In the beginning of August 1971, there was a sudden increase in the number of patients attending the three government ophthalmic clinics for treatment of acute conjunctivitis. Between August 5 and 7, a total of 1,571 cases was treated.

In the following week, the number of cases rose to 4,909. After August 16, the number of cases began to decline, and by the end of August, the incidence of the disease returned to normal.

42. The disease was of acute onset, causing redness and soreness of the eyes, and so became known locally as 'red eye'. It tended to spread among families and in public places such as swimming pools. Clinically the disease presented a picture suggestive of the adenovirus type of conjunctivitis. Laboratory examinations were carried out of conjunctival and throat swabs taken from patients. Preliminary findings suggested that the disease was of viral origin.

43. During the outbreak, the public were advised to observe the rules of personal hygiene, and were informed of the possible danger of contracting the disease in swimming pools. At the same time, measures were stepped up to ensure that the filtration and chlorination plants in swimming pools were working properly. The disease was self-limiting, and there was no evidence of further outbreaks after the peak was reached in August.

44. Developments in certain other communicable diseases are reviewed later in this report. The remainder showed little variation during 1971, and require no comment.

III. WORK OF THE HEALTH DIVISION

(Tables 21-46)

AREA HEALTH WORK

45. Much of the work of 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 during the year not only field investigations into the major communicable diseases, but also the co-ordination of the activities of teams of inoculators participating in prophylactic immunization drives.

46. Four such drives were carried out, and reference has already been made to three, namely, poliomyelitis, measles and diphtheria (and in the latter campaign the vaccine used combined immunization against

diphtheria with active anti-tetanus prophylaxis). The fourth, promoting smallpox vaccination, was held in February 1972. The increasing importance of Hong Kong in international travel by sea and air, and the prevalence of smallpox in nearby countries, underlined the need to maintain high level of community protection against the disease.

TUBERCULOSIS

(Tables 21-27)

47. Tuberculosis remained the major health problem in Hong Kong. The policy for control of the disease continued during the year to be to protect, by vaccination with B.C.G., the new-born, who were particularly vulnerable to the fulminating forms of the disease, and primary school entrants and school leavers who could develop active disease later in life. For actual cases of the disease, it was shown that in a large proportion of cases, out-patient therapy was at least as good as institutional treatment. It was gratifying to note that in complete contrast to the past, no waiting list for hospital admission for the treatment of tuberculosis was necessary in 1971, and a further 32 tuberculosis beds, making a total of 185 tuberculosis beds in the last two years, were made available for other uses. Institutional resources, still considerable, were reserved for those not responding to out-patient therapy, for acutely ill cases, for those where the diagnosis was in doubt, and for those in need of surgical intervention. In the execution of this policy, there was a high degree of co-operation between the Government and Voluntary Agencies concerned with the problem, particularly the Hong Kong Anti-Tuberculosis and Thoracic Diseases Association, the Haven of Hope Sanatorium, and the Tung Wah Group of Hospitals. The government chest service maintained the B.C.G. vaccination and out-patient treatment programme, while the Voluntary Agencies, aided by substantial government subventions, maintained most of the hospitals.

48. To keep pace with the rapid changes occurring in the fields of treatment and prevention of tuberculosis, close liaison was maintained with agencies outside Hong Kong. During the year, there was intense activity, in collaboration with the Medical Research Council of the United Kingdom, as to ways by which the treatment of tuberculosis could be made more efficient and cheaper as well as shortened. The study of

policies of chemotherapy in Hong Kong showed that an initial period of six months of three drugs is no more effective than an initial period of three months of three drugs, and the results were presented at the 21st International Tuberculosis Conference at Moscow. The study also showed that expensive routine pre-treatment sensitivity tests, were not as essential as previously believed, and should not be used on a routine basis. Investigations of international interest were carried out with regard to second-line drugs, and a belief prevailed that the problems of drug toxicity associated with second line drugs could be overcome so that these drugs could be given without the present initial period of hospitalization.

49. The joint study with the World Health Organization, namely the Comparative Study of Different Techniques of giving B.C.G. Vaccination to newborn infants in Hong Kong, continued on a follow-up basis. During the year, a new survey was begun of children born on or after 11th July, 1966, and notified as suffering or dying from tuberculosis. In this connection, the collaboration of the Medical Research Council Statistical Research and Services Unit was obtained. In certain parts of the world, direct B.C.G. is given to children of school age and a study to evaluate its role in Hong Kong came under planning. Another study, also under planning, was related to the differentiation between tuberculin positivity due to B.C.G. and that due to tuberculosis, or infection with atypical myco bacteria.

Case Finding

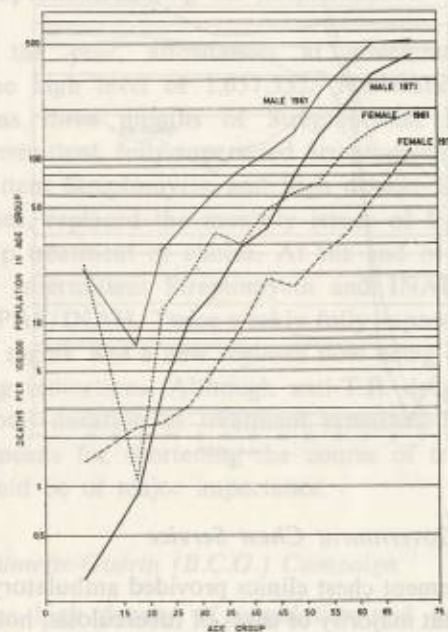
50. In the past, the many patients attending the chest clinics made large scale case-finding undesirable. With improved facilities and the decrease in the number of patients, case-finding during the year came to play an increasingly important role. Emphasis was placed in 1971 on symptom-motivated patients, and health education techniques were used to ensure a proper understanding of the disease. The chest unit participated in the Fisheries Exhibition at Aberdeen from 14th to 19th February, 1972.

Mortality and Morbidity

51. During the year, there was a marked fall in the tuberculosis death rate from 36.3 to 30.9. The 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.

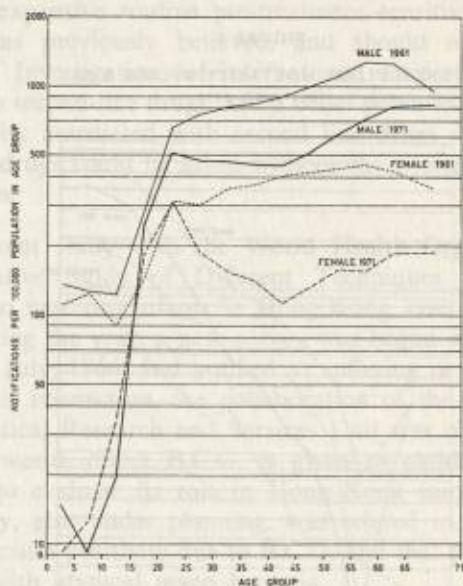
FIGURE 5
TUBERCULOSIS MORTALITY BY AGE & SEX
1961 AND 1971



52. Also during the year, the notification rate fell to 223.2 per 100,000 of the population. Figure 6 shows the changes which have taken place in age and sex specific notification rates. There were marked reductions in the incidence of the disease during childhood. There was little change in the vulnerability of adolescents, and some reduction in the incidence of the disease among middle-aged adults. The high susceptibility of males, except in childhood, corresponded with the patterns recorded elsewhere in the world.

FIGURE 6

TUBERCULOSIS NOTIFICATIONS BY AGE & SEX
1961 AND 1971



Working of the Government Chest Service

53. The government chest clinics provided 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 was paid to the public health aspects of tuberculosis. Seventy-four Health Auxiliaries, whose main duties consist of contact tracing and home visiting, were attached to the chest service. They were supervised by one Senior Health Visitor and eleven Health Visitors. Patients had all aspects of the disease thoroughly explained to them by Health Visitors and were given explanatory leaflets. Regular attendance for out-patient chemotherapy was regarded as being of paramount impor-

tance, and considerable emphasis was placed on the follow-up of defaulters, and on ensuring that contacts were examined. The clinics also provided medical social work, contact tracing and supervisory services, and undertook surveys of selected groups such as government employees and prisoners, in co-operation with the radiological service. A regular financial grant was allowed where a family depended on the patient's earnings and no other source of income could be found to maintain the dependants during his hospitalization.

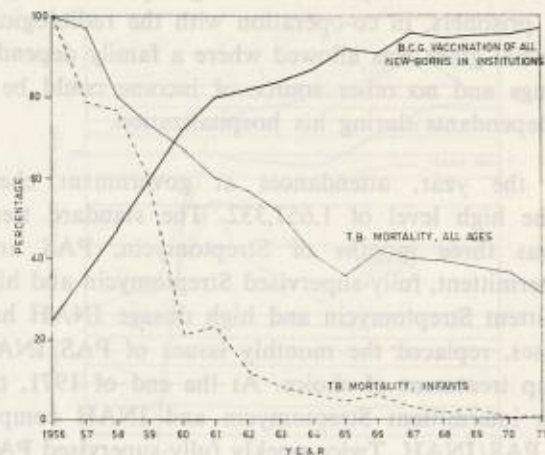
54. During the year, attendances at government chest clinics remained at the high level of 1,657,332. The standard treatment of tuberculosis was three months of Streptomycin, PAS and INAH followed by intermittent, fully-supervised Streptomycin and high dosage INAH. Intermittent Streptomycin and high dosage INAH had, in the majority of cases, replaced the monthly issues of PAS/INAH tablets as the follow-up treatment of choice. At the end of 1971, there were 5,281 cases on intermittent Streptomycin and INAH compared with 2,631 cases on PAS/INAH. Twice-weekly fully-supervised PAS 10 gms. and INAH 750 mgms. was a new regimen now being evaluated with, so far, encouraging indications. Although anti-T.B. drugs were extremely efficient, the total duration of treatment remained long, at 18 to 24 months. If a means for shortening the course of treatment could be found, this would be of major importance.

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

55. With the high density of population and comparatively high prevalence of tuberculosis, in Hong Kong B.C.G. has a vital role to play in the prevention of the disease. The B.C.G. campaign, as in previous years was mainly directed at the newly-born, school entrants and school leavers. During the year, 96 per cent of the newly-born were given B.C.G. Bearing in mind that the remaining four per cent usually had some contra-indication to B.C.G. (for example, prematurity) this represented an almost 100 per cent coverage of eligible babies, perhaps the highest in the world. The decline in infant mortality from tuberculosis which resulted is shown in Figure 7.

FIGURE 7

TUBERCULOSIS MORTALITY & B.C.G. VACCINATION OF NEW-BORNS 1956 - 1971
(MORTALITY RATES AS PERCENTAGE OF 1956 RATES)



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

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

SOCIAL HYGIENE SERVICE

(Tables 29-33)

58. The incidence of venereal diseases rose by 11 per cent during 1971. The increase was considered slight compared with many other parts of the world. The incidence in the teenage group was approximately 6 per cent of the total cases of venereal diseases. The trends over the past ten years are illustrated in Figures 8 to 10.

FIGURE 8
SYPHILIS 1972 - 1971

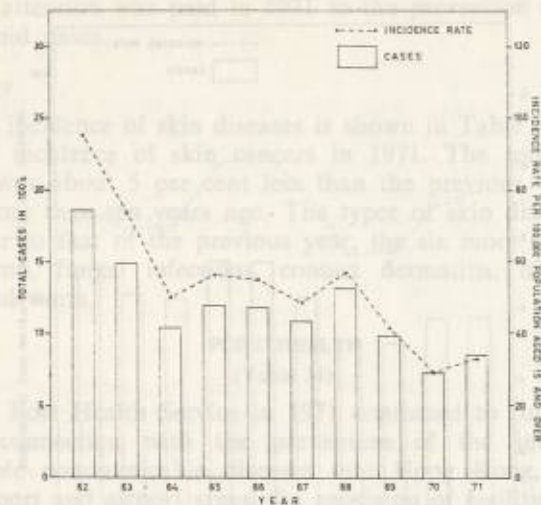


FIGURE 9
INFECTIOUS SYPHILIS 1962 - 1971

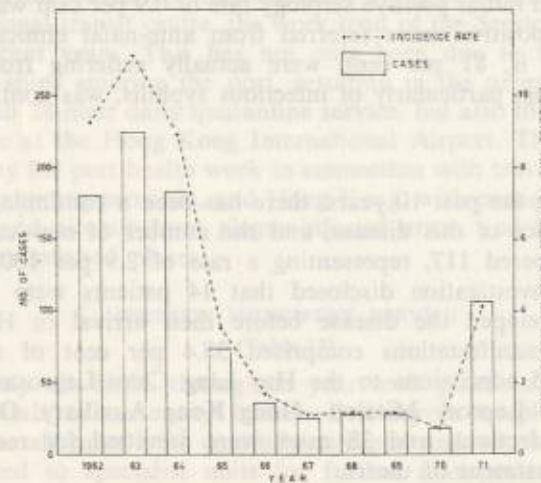
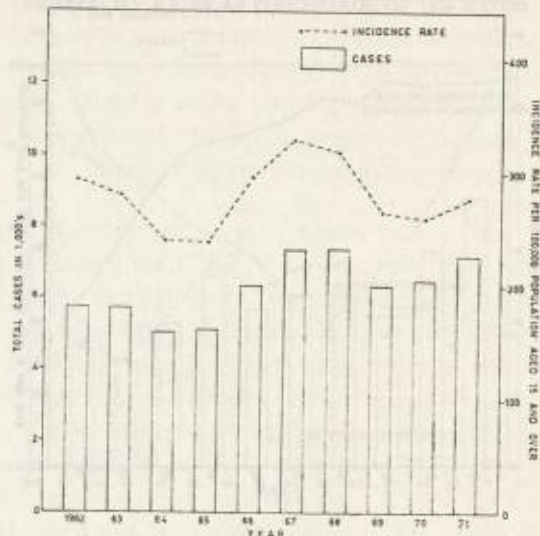


FIGURE 10
GONORRHOEA 1962 - 1971



59. Case finding continued at a high level, particularly in ante-natal cases where an initial positive serology rate of 0.9 per cent was observed. Of the 212 positive cases referred from ante-natal clinics, only 171 patients, that is, 81 per cent, were actually suffering from syphilis. Contact tracing, particularly of infectious syphilis, was continued.

Leprosy

60. During the past 10 years, there has been a continuing reduction in the incidence of this disease, and the number of new cases treated in 1971 numbered 117, representing a rate of 2.9 per 100,000 of the population. Investigation disclosed that 14 patients were immigrants who had developed the disease before their arrival in Hong Kong. Tuberculoid manifestations comprised 38.4 per cent of total cases. There were 85 admissions to the Hay Ling Chau Leprosarium maintained by the Leprosy Mission—Hong Kong Auxiliary. Of these, 47 cases were infectious, and 38 cases were admitted for reconstructive surgery or treatment of ulcers.

61. In recent years, there has been some advance in overcoming the prejudice against employment of cured leprosy patients, and to this end, much attention was paid in 1971 to the prevention of disabilities in tuberculoid cases.

Dermatology

62. The incidence of skin diseases is shown in Table 32. There was a very low incidence of skin cancers in 1971. The total number of new cases was about 5 per cent less than the previous year, but 107 per cent more than ten years ago. The types of skin diseases in 1971 were similar to that of the previous year, the six more common types being eczema, fungal infections, contact dermatitis, lichen simplex, urticaria and warts.

PORT HEALTH

(Table 34)

63. The Port Health Service in 1971 continued to fulfil its routine duties in connection with the prevention of the introduction of quarantinable communicable diseases into Hong Kong, 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, and ports and airports in other countries.

64. With the increasing importance of Hong Kong as a tourist and an international transit centre, the work load of the Service has steadily risen in recent years. This has not only been due to the increasing number of ships entering the port, resulting in the necessity of maintaining a full 24-hour daily quarantine service, but also to a vast growth in air traffic at the Hong Kong International Airport. The Service has responsibility for port health work in connection with travelling between Macau, Kwangtung province, and Hong Kong, with particular emphasis on vessels and aircraft from plague-infected areas, and food imported from cholera-infected places.

DISTRICT MIDWIFERY SERVICE

(Table 35)

65. Nearly all births during the year took place in institutions—either hospitals or maternity homes. Delivery in hospitals gradually increased, as all cases were carefully screened and any high-risk cases were referred to specialist units for further management. Only 18.5

per cent of the births were attended by the government district midwives, and midwives in private practice attended another 15.5 per cent, compared with 18 per cent and 19 per cent respectively in 1970. The remainder of the births took place in government, government-subsidized and private hospitals.

66. During the year, there was no change in the number of government district maternity homes. On the other hand, one new private maternity home was registered, while eight old homes were voluntarily suspended, with a reduction of 53 beds. During the past five years, there has been a steady reduction in the still-birth rates in both government and private maternity homes.

MATERNAL AND CHILD HEALTH SERVICES (Tables 36-37)

67. Public appreciation of the value of these services in the maintenance of health among infants, and expectant or nursing mothers was again reflected by the fact that 89.6 per cent of the children born had been brought to a centre for attention on at least one occasion. The corresponding figure for 1970 was 85.4 per cent. Approximately 1 per cent of the new attendants at the various centres was found to have abnormalities. Of these, the majority had either congenital defects or displayed effects of prematurity. A further encouraging trend was the increasing appreciation by expectant mothers of the need for regular ante-natal care, this reflected by the average attendances per person at ante-natal sessions and by the low maternal mortality rate.

68. In July 1971, developmental screening for sight, hearing and speech was started at all full-time maternal and child health centres. Children attending these centres were seen at six weeks, 8-10 months, 18-20 months, 2½ years, 3½ years and 4½ years respectively. Children found having, or suspected to have, defects were referred to specialist clinics. Those with permanent defects were referred to the special education section of the Education Department. A special register is kept at each centre for children with defects, and follow-up visits were made by health visitors once every three months.

69. In November 1971, the North Kwai Chung Maternal and Child Health Centre was opened. It is a full-time centre. This brings the total number of full-time maternal and child health centres throughout Hong Kong to 19.

SCHOOL HEALTH SERVICE

70. The Medical and Health Department provides an advisory service to the Education Department on matters relating to environmental health and hygiene in schools, and this was continued in 1971. Inspections of schools were carried out by school health inspectors with special regard to lighting, ventilation and sanitary arrangements. Immunization against diphtheria, tetanus and smallpox was carried out in schools during the year by staff under the direction of area health officers. The government chest service maintained responsibility for tuberculin testing and B.C.G. vaccination in schools.

SCHOOL MEDICAL SERVICE BOARD (Table 38)

71. 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 the Government, which also meets the Board's administrative expenses.

72. On 31st March, 1972, the number of pupils participating was 37,181 from 661 schools, compared with 43,663 pupils from 704 schools on the same date in the previous year. Doctors participating in the scheme numbered 174 compared with 183 in the previous year.

DENTAL SERVICE (Table 39)

73. 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.

74. 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 was maintained in 1971. It represented 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 was estimated at about 14.5 cents per person receiving fluoridated water per annum. Dental health education plays an important part in combating dental disease in Hong Kong, and the Dental Service continued to take advantage of major educational exhibitions to distribute information and advice on the maintenance of dental health.

FORENSIC PATHOLOGY

(Table 40)

75. 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 public mortuaries in Victoria and Kowloon is in the hands of the Medical and Health Department Institute of Pathology, homicidal deaths and deaths under suspicious circumstances remained in 1971 in the hands of the forensic pathologists.

GOVERNMENT LABORATORY

(Table 41)

76. The Laboratory provides chemical and related scientific services for government departments. During the year, 37,804 items were examined by the professional and technical staff, an all-time record.

77. In the forensic science division, there was an appreciable increase in the number of questioned documents examined, particularly passports and forged papers. Handwriting examinations featured prominently in the year's work. A series of bomb incidents throughout Hong Kong occupied the attention of the scientific staff of the division for several months. Numerous visits were made to scenes of crime.

78. The quantity of illicit drugs of all kinds examined by the narcotics section was again a record. Seizures recorded included 12,057,086 lbs. of raw opium.

79. Officers of the general division were active throughout the year. The new pharmaceuticals section continued to expand, recording a ten-fold increase in the volume of work done and the output of the food control division doubled. There was also an upsurge in the specialist work carried out for the fire services division, the volume

of which more than doubled. The fire services section assisted in the investigations into the cause of the 'Jumbo' Floating Restaurant fire.

80. Surveys were carried out on the presence of cadmium on pottery, and in the confection commonly known as 'Love-Beads'. The arsenic content of bean curd also came under examination during the year.

MEDICAL AND HEALTH DEPARTMENT, INSTITUTE OF PATHOLOGY

(Tables 42-45)

81. 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 the Queen Mary Hospital on pathology, clinical biochemistry and bacteriology is undertaken by the University of Hong Kong, Department of Pathology which receives a grant from the Government for such services. During the year, the total number of examinations undertaken by the Institute exceeded that of the previous year by 152,741, indicating an increase of about 8 per cent. This was mainly in the fields of histopathology, chemical pathology, clinical pathology, haematology, serology and virology.

Morbid Anatomy and Histopathology

82. A total of 1,239 post-mortem examinations was carried out in 1971, of which 736 had medico-legal implications. The brains of 32 dogs were examined for the presence of Negri bodies (indicating death from rabies) but no positive findings were obtained. More than 4,200 specimens of sputum, pleural fluid, vaginal and cervical smears, and other specimens, were received for cytological examination, of which 77 showed definite evidence of malignant disease. More than 47,000 biopsy specimens were examined in order to determine the histopathological diagnosis. Of these, about 4,000 were benign or malignant tumours.

Haematology and Serology and the Blood Bank

83. More than 400,000 haematology specimens were examined, the most common examinations being haemoglobin estimations, total and differential white cell counts, blood examinations and blood grouping. More than 128,000 serology tests were performed, the most common

being the V.D.R.L. flocculation slide test for syphilis. In the blood banks, 28,469 pints of blood were received during the year, 27,966 pints of which were from the blood-collecting centres of the Hong Kong Red Cross Society. A total of more than 200,000 examinations of blood was carried out in the blood banks.

Chemical Pathology

84. Some 460,000 specimens were examined, the most common being various quantitative examinations on blood, which accounted for more than 350,000 of the examinations.

Bacteriology and Public Health

85. More than 600,000 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.

86. 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.

Virology

87. The government virus unit carried out diagnostic examinations for virus diseases and special investigations of virus infections prevalent in Hong Kong. During the year, a total of 9,728 specimens was examined, which was 44 per cent more than that in 1970.

88. In 1971, a survey of influenza antibody was carried out among pigs. Haemagglutination-inhibiting antibody to A/Hong Kong/68 virus was found present in 12.5 per cent of locally-bred, and in 8 per cent of imported pigs. In 1969, a similar survey was carried out which showed that haemagglutination-inhibiting antibody was present in 13.8 per cent of locally-bred and 25.7 per cent of imported pigs. The findings in the 1971 survey indicated a notable reduction during the year in the incidence of A/Hong Kong/68 influenza virus infection among imported pigs.

89. Parainfluenza type 1 virus infections were prevalent in March and April, and type 3 in December 1971. Other viruses associated with sporadic respiratory infections, in the order of frequency, were adeno-

virus type 3 and type 2, ECHO type 1, Coxsackie B2 and B4 and cytomegalovirus.

90. Cytomegalovirus was isolated in 30 infants presenting clinical syndromes of jaundice, hepatosplenomegaly, pneumonia or convulsion. A serological study showed 74 per cent of 100 adults aged between 20 and 30, had complement-fixing antibody against the virus. The finding suggested the endemicity of the disease.

91. In connection with the occurrence of Japanese B encephalitis among five horses in the New Territories, a serological survey of 436 horses was subsequently carried out. There was no evidence of extensive virus dissemination. About 9 per cent of the horses showed low titres of haemagglutination-inhibiting antibody against the virus.

INDUSTRIAL HEALTH

(Table 46)

92. The health of workers in factories and other industrial undertakings is the statutory responsibility of the Commissioner of Labour. The Industrial Health Division of the Labour Department, 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, the monitoring of the working environment by laboratory staff, and the investigation of notified occupational diseases and medical surveillance of special groups of workers, are the principal ways in which these functions are carried out.

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

94. Industrial health officers also act as advisers to commercial undertakings and other government departments on occupational health matters. They examine government divers annually to safeguard their health and safety.

95. A total of 38,306 occupational injuries was recorded by industrial health visitors and nurses of the division during the year. Of

these, 27,192 were accidents causing the injured to be off work for more than three days, and were therefore reportable under the workmen's compensation ordinance. Exactly 379 occupational deaths were recorded, but it was found on investigation that 137 occurred among seamen recruited in Hong Kong, and 54 were due to natural causes.

96. Industrial health officers participated on medical boards to assess the degree of disability of 6,731 injured workers. Health visitors and industrial nurses carried out case work, calling on homes and attending at the casualty departments of major hospitals.

97. Monitoring of air pollutants continued, the number of stations being 33, 13 on the Island, 13 in Kowloon and 7 in the New Territories. The use of the Huey plate for sulphation rate was found to be satisfactory, and completely replaced lead candles. The advisory committee on air pollution continued to meet regularly at intervals of two months.

98. The industrial health laboratory was designated by the World Health Organization as a national laboratory. It took part in an international study on air pollution in conjunction with other national laboratories throughout the world.

HEALTH EDUCATION

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

100. In February 1972, the department participated in the Fisheries Exhibition at Aberdeen by producing displays on various aspects of preventive medicine. In addition, the health education unit in the New Territories organized a number of local health exhibitions in rural towns. Exhibits included displays on personal and environmental hygiene, prevention of diseases, prevention of home accidents, maternal and child health, nutrition, and so on.

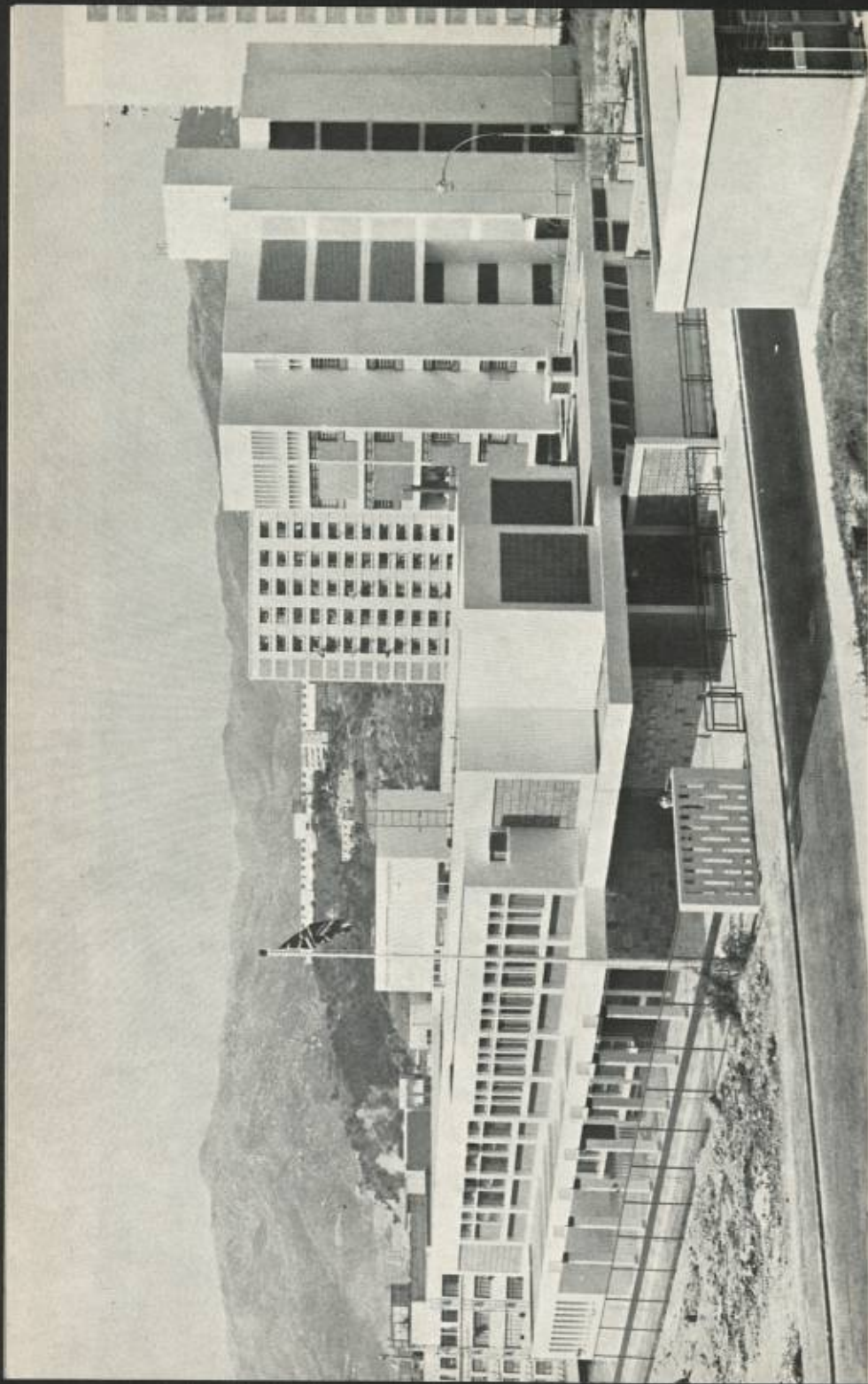
IV. WORK OF THE MEDICAL DIVISION

(Tables 47-72)

101. At the end of 1971, a total of 15,916 beds was available in all hospitals in Hong Kong, excluding those maintained by the armed



H.R.H. The Princess Anne inspecting the model of the New Lai Chi Kok Hospital at the foundation stone laying ceremony on 27th October, 1971.

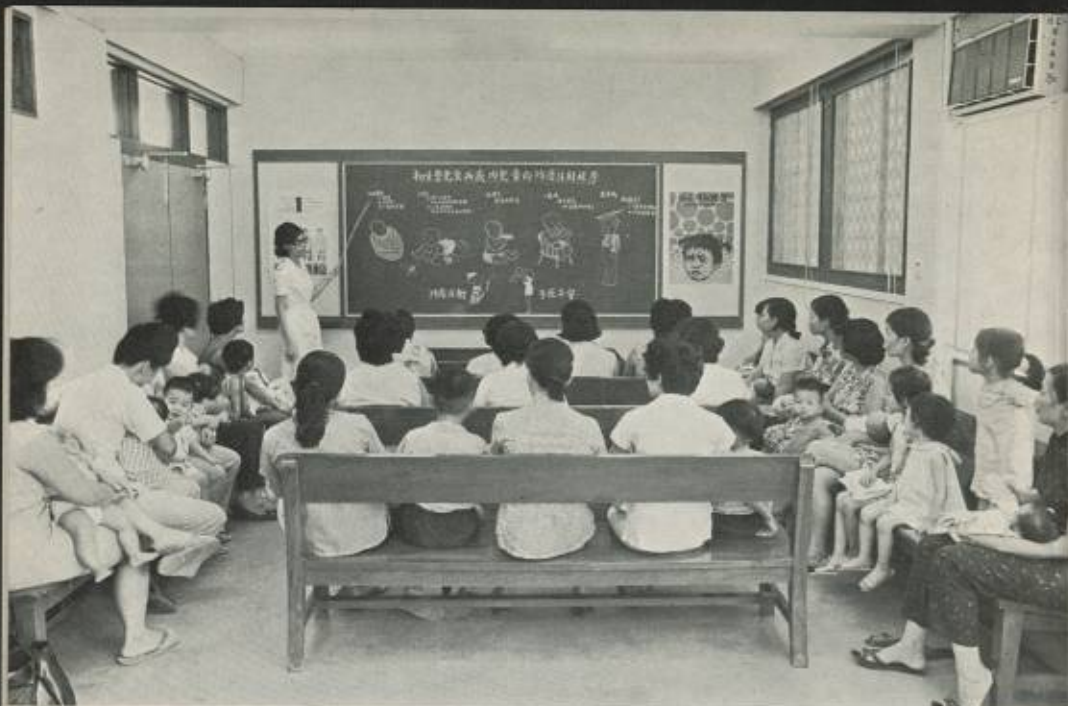


The North Kwai Chung Clinic opened on 6th November, 1971.

A patient being attended by a nurse at the North Kwai Chung Clinic.



A baby attending the infant welfare session at the maternal and child health centre at North Kwai Chung Clinic.



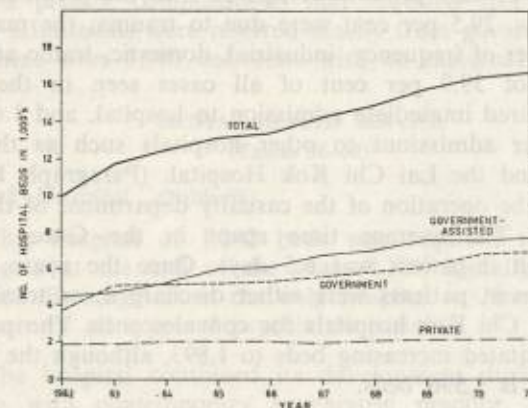
A Health Visitor giving a health talk at the maternal and child health centre at North Kwai Chung Clinic.

A health education stall by the Department's Health Education Unit in the New Territories.



forces. In addition, there were 485 beds in government maternity homes, and 288 beds in private maternity and nursing homes. The total 16,689 beds represented a ratio of 4.1 beds per thousand of the population. The figures are based on the normal bed capacities of hospitals, but in some cases, the actual bed occupancy was much higher, since camp beds and other additional beds were used whenever the need arose. Development over the past 10 years is illustrated in Figure 11, and it will be noted that the bed provision in 1971 represented an increase of 67 per cent over the bed provision in 1962.

FIGURE 11
HOSPITAL BEDS 1962 - 1971



QUEEN MARY HOSPITAL
(Table 51)

102. Built in 1937, the Queen Mary Hospital is the main acute and specialist centre for the Island, and is also the teaching hospital for the Medical Faculty of the University of Hong Kong. Clinical supervision is provided partly by the University's clinical departments, and partly by government specialist units.

103. A new psychiatric unit was commissioned in January 1972. The construction of 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, were in progress. They are due for completion in the latter part of 1972. During the year, the bed complement of the hospital

increased to 1,164—the result of the addition of a number of cots in the paediatric ward, and some maternity beds.

QUEEN ELIZABETH HOSPITAL

(Tables 52–53)

104. The Queen Elizabeth Hospital serves a population of approximately 2.5 million in Kowloon and the New Territories as a medical centre for emergency and specialist care.

105. During its eighth year of operation, attendances at the casualty department rose by 12.1 per cent compared with the previous year. Of these attendances, 29.5 per cent were due to trauma, the main causes being, in the order of frequency, industrial, domestic, traffic and assault cases. A total of 39.9 per cent of all cases seen in the casualty department required immediate admission to hospital, and 1.6 per cent were referred for admissions to other hospitals such as the Kwong Wah Hospital and the Lai Chi Kok Hospital. (Paragraph 177 below gives details of the operation of the casualty department of the Kwong Wah Hospital). The average time spent in the Queen Elizabeth Hospital by each in-patient was 6.5 days. Once the acute period of the illness was over, patients were either discharged, or transferred to Kowloon or Lai Chi Kok hospitals for convalescence. The pressure of admission necessitated increasing beds to 1,893, although the hospital's normal capacity is 1,596 beds.

KOWLOON HOSPITAL

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

107. With the completion of the west wing in October 1970, the total bed complement of the hospital increased from 500 to 1,042, including an acute psychiatric unit of 67 beds, a paraplegic unit of 50 beds, 192 beds for thoracic diseases, and 733 convalescent beds for the Queen Elizabeth Hospital. Towards the end of the year, the west wing was almost fully operational, while some wards in the old section underwent renovation.

TSAN YUK HOSPITAL

(Table 55)

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

109. About 90 per cent of admissions during 1971 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 5,985 deliveries with no maternal death.

MENTAL HEALTH SERVICE

(Tables 56–58)

Castle Peak Hospital (Table 56)

110. This hospital of 1,242 beds was required to accommodate 1,916 patients at the end of the year—1,798 actually living in, and 118 on trial discharge. It is the only hospital in Hong Kong for the full-time care of all types of psychiatric patients.

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

112. All modern treatments in psychiatry are administered. Reliance is placed on drug treatment and social measures, with emphasis on inter-disciplinary, participatory-democratic teamwork, co-ordinating the functions and resources of social worker, nurse, occupational therapist, doctor and others in therapy. There was an increasing tendency

to treat patients in psychiatric out-patients' centres and day hospitals rather than to admit them to Castle Peak.

113. Continued efforts were made to rehabilitate the long-stay and severely mentally disabled patients, the aim being to discharge them when they were fit to earn 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 were able to find employment while still in hospital. They were later discharged for full-time employment.

114. A variety of social and recreational activities was organized for the patients, who also had their own social club. Every ward has a television set.

115. Planning was underway for a new mental hospital at Lai Chi Kok, and the target date of completion was set for 1976/77.

Psychiatric Centres

116. 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 the Island, the Hong Kong Psychiatric Centre continued to see out-and day-patients, follow-up cases from Castle Peak Hospital, and forensic cases. In addition to these centres, psychiatric services were provided for the psychiatric observation unit in the Victoria Reception Centre and for the Tai Lam Centre for Women.

Kowloon Hospital Psychiatric Unit

117. The unit, located in the West Wing of Kowloon Hospital, was opened in July 1971. It aims to provide comprehensive psychiatric services in a general hospital setting. Because of shortage of staff, only the outpatients' section, the day hospital and half the in-patients' section, were operational. All types of patients, except those with strong suicidal and aggressive tendencies, were admitted. During their stay, they were subjected to an intensive treatment programme. Average length of stay was two weeks.

Voluntary Mental Health Organizations

118. The New Life Psychiatric Rehabilitation 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. The Association also owns two half-way homes and a sheltered workshop catering to selected discharged patients from Castle Peak Hospital. The Mental Health Association continued to serve a useful function in bridging the gap between the service and the community in 1971. The Irene House, a half-way hostel run by the Association for short-stay discharged patients from Castle Peak Hospital, was recently enlarged to accommodate 32 patients at a time. The Association successfully organized the 24th annual meeting of the World Federation for Mental Health in Hong Kong in November 1971.

Drug Addiction

119. The department maintained close liaison during the year with the Action Committee Against Narcotics (ACAN), other voluntary agencies and government departments connected with this work. Representatives from this department served as members on various sub-committees of the Action Committee Against Narcotics and participated in activities, particularly in relation to the treatment and rehabilitation of drug addicts, and research and health education in the dangers of drug addiction.

120. A notable achievement of the Action Committee Against Narcotics during the year was the setting up of a central registry for drug addicts in the narcotics division of the Secretariat for Home Affairs. The aims of this registry were described as; to obtain information on the average success rate for institutionalized treatment, to estimate the total number of drug addicts in Hong Kong, and to compare the success rate of organized treatment with that of other forms. Government departments and voluntary agencies concerned, private practitioners, hospitals, and so on, which might have contact with drug addicts, were requested to forward the information confidentially.

INFECTIOUS DISEASES HOSPITALS

121. 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.

122. During 1971, none of the common infectious diseases showed any serious variation, but the overall trend was towards a reduction, both in incidence and mortality. None of the major quarantinable diseases were encountered. There was a definite clinical impression that patients were coming for treatment earlier, and the moribund child admitted in the terminal stage of illness, though not entirely a memory of the past, was seldom seen.

TANG SHIU KIN HOSPITAL
(Table 54)

123. The Tang Shiu Kin, 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.

124. 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.

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

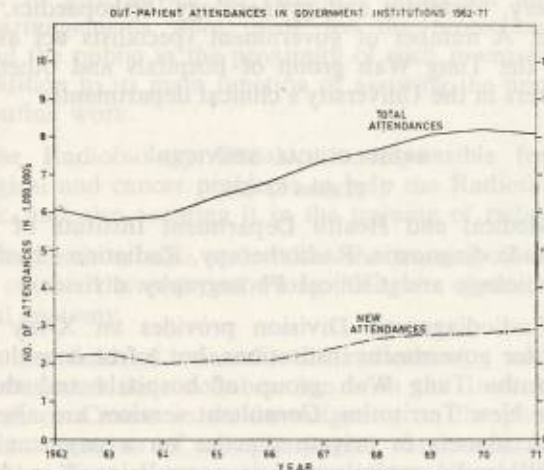
OTHER GOVERNMENT HOSPITALS

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

OUT-PATIENT SERVICES
(Tables 59-61)

127. Pressure remained heavy throughout the year on all 44 general out-patient clinics and also on most specialist clinics. Trends during the past 10 years are shown in Figure 12.

FIGURE 12
OUT-PATIENT ATTENDANCES IN GOVERNMENT INSTITUTIONS 1962-1971



128. New facilities which became available during the year are detailed in paragraph 203 of this report.

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

SPECIALIST SERVICES

130. 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, professors of the University of Hong Kong's Faculty of Medicine act as consultants in medicine, surgery, obstetrics and gynaecology, orthopaedics, pathology and paediatrics. A number of government specialists act as honorary consultants to the Tung Wah group of hospitals and others serve as part-time lecturers in the University's clinical departments.

RADIOLOGICAL SERVICES

(Tables 62-63)

131. The Medical and Health Department Institute of Radiology consists of a Radiodiagnostic, Radiotherapy, Radiation Physics, Radioisotope, Radiobiology and Clinical Photography divisions.

132. The Radiodiagnostic Division provides an 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. An additional mobile radiography unit was commissioned in April 1971, and is engaged primarily in serving New Territories chest clinics without static x-ray facilities. This addition brought the total number of mobile units to three.

133. The Radiotherapy Division based at the Queen Elizabeth and the Queen Mary Hospital treats more than 90 per cent of all patients requiring radiotherapy in the whole Colony, and also some patients referred to the Institute from overseas. It also operates a Centralized Cancer Registry.

134. The Radioisotope service is included in the radiotherapy division. Because of its modest outlay, 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.

135. The Radiation Physics Division is responsible for the operation of the radiological workshop, which provides a maintenance service for

government radiological equipment, and also a film-badge radiation monitoring service for the whole of Hong Kong. During 1971, the latter service covered 29 government institutions with 322 radiation workers, 133 private practitioners' X-ray laboratories with 381 workers, and industrial firms with 49 workers. Under the direction of the Radiation Board, the radiation physics division carried out a programme of visits to premises where irradiating apparatus, or radio-active substances, were used, to give advice on radiation protection and ensure that adequate arrangements were made for the protection of radiation workers and the public in the proximity of such premises. These duties were in addition to its main function of assisting the first two divisions in their routine work.

136. The Radiobiology Division is responsible for investigating radiobiological and cancer problems to help the Radiotherapy Division in its work, and also assisting it in the training of radiotherapists.

137. The Institute also undertakes the training of medical undergraduates of the University of Hong Kong in clinical radiology and radiological anatomy.

138. In the field of research, the radiotherapy and radiobiology divisions continued their collaboration with the International Agency for Research on Cancer in the investigation on the possible role of a virus in the causation of nasopharyngeal carcinoma, the commonest cancer in the Hong Kong male population. In addition, these two divisions carried out other investigations on the epidemiology of the cancer. The radiotherapy division also collaborated during the year with the department of epidemiology of Harvard University in a study of the urinary oestrogenic profiles of selected North American and Asian populations to test a hypothesis that the nature of the oestrogens produced by a young woman could be a determinant of her breast-cancer risk in later life.

139. Oriental women have been reported to have a definitely lower risk than their occidental counterparts. A preliminary report of this study was published in *The Lancet*, 23rd October, 1971 issue, pp. 900-902. The findings are compatible with the hypothesis. It is still too early to imply from these findings that the difference in oestrogen profile between Asian and North American women is responsible for their different breast-cancer rates, but they suggest that the oestrogen profiles warrant further studies. In collaboration with the World Health Organization regional office in Manila, a number of radiation measure-

ments were made to relate the techniques employed, and values obtained, for Cobalt-60 teletherapy units throughout Asia. At the end of the year, the findings were still being correlated in the World Health Organization in Geneva. The cost of these three research projects was supported respectively by grants from 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.

OPHTHALMOLOGY

(Tables 64-65)

140. This service maintains three full-time centres with surgical facilities, and in addition, holds regular sessions at 15 out-patients clinics in urban and rural areas. Ophthalmic surgery is performed in the two government hospitals with a total of 40 beds for ophthalmic cases as well as in the out-patient clinics. Emergency ophthalmic service is also provided to the three casualty departments at the Queen Mary, Queen Elizabeth, and Kwong Wah hospitals.

141. During the year, the number of persons first registered as blind was 228, including 11 aged under 15. Trends of previous years in the causation of blindness continued, with increasing frequency of the eye diseases of advancing age, and a reduction in those caused by deficiency states and trauma. Senile cataract and glaucoma replaced keratomalacia as the predominant causes. Among children, the main cause of blindness was congenital defect, while blindness due to keratomalacia became comparatively rare.

PHARMACEUTICAL SERVICE

(Table 66)

142. 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 on the Island and one in Kowloon, manufactured and distributed some 250 different types of pharmaceutical products to these institutions in 1971. In the two largest hospitals, sterile preparation units supplied all the hospital departments with their requirements of all intravenous fluids, and an extensive range of injections. During the year, alteration work was begun in the manufacturing depot on the Island

to provide larger and improved accommodation for the manufacture and control of drugs.

143. Following an increase in the number of Pharmacists in the Pharmacy Inspectorate Section, a larger number of prosecutions were taken out—132 in 1971 as compared with 63 in 1970—under the ordinances governing the conduct of pharmacies and the sale of dangerous drugs, poisons and antibiotics in the commercial sector.

MEDICAL SOCIAL WORK

144. 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 there. The allocation of 78 beds at Grantham Hospital as convalescent beds for chest and heart cases from Queen Mary Hospital resulted in an extension of the service to patients transferred to the Grantham. Medical Social Workers of the Hong Kong division also undertook medical social work in the Tsan Yuk Hospital, the Sai Ying Pun Infectious Disease Hospital, the Tang Shiu Kin Hospital, the Duchess of Kent Children's Orthopaedic Hospital, the Tung Wah Sandy Bay Convalescent Hospital, the David Trench Rehabilitation Centre, the Wan Chai Physiotherapy Centre, the Sai Ying Pun Jockey Club Polyclinic and the Violet Peel Polyclinic.

145. The medical social service of the Kowloon division, with its head office at Queen Elizabeth Hospital, covers medical social work in government hospitals and other medical institutions in Kowloon. Close liaison was maintained during the year with other Government departments, and voluntary agencies, in regard to the various aspects of rehabilitation, such as job placement, vocational training, and housing and education of the physically handicapped. The continuing co-operation and assistance given by them greatly helped the patients.

146. Medical Social Workers in the Chest and Special Skin Division continued to see patients in a referral and selection system, in addition to automatic interviews of all patients on admission arising from the social aspects of these diseases. Medical social workers of this division worked full-time at all main chest clinics and special skin clinics, and part-time at other sub-clinics, including New Territories clinics and the

Aberdeen Jockey Club Clinic. In addition to services rendered to out-patients, this division also provided medical social services to tuberculosis patients treated at such hospitals as the Kowloon, the Grantham, the Ruttonjee Sanatorium, the Wong Tai Sin Infirmary, the Haven of Hope Sanatorium and other medical institutions. In the special skin service, medical social workers maintained close liaison with the Hay Ling Chau Leprosarium. There were fewer difficulties in 1971 with such rehabilitation problems as the housing of leprosy patients, the employment of cured persons, and their re-integration into the community.

147. In the mental health service, medical social work widened further in scope with the establishment of a medical social service in the newly-started psychiatric unit in Kowloon Hospital, with its complement of out-patient psychiatric clinic and an additional day hospital—the third in Hong Kong. Towards the end of the year, the Out-Patient Psychiatric Clinic of the Hong Kong University department of Psychiatry came into operation at the Hong Kong Psychiatric centre of the David Trench Rehabilitation Centre. This led to the start of the second psychiatric unit in a general hospital, the Queen Mary. The demand for psychiatric social work further increased, apart from the need to cope with an increased number of admissions and out-patient attendances in existing services.

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

PHYSIOTHERAPY

(Table 67)

149. The physiotherapy units of government hospitals and clinics continued to report increasing numbers of patients and treatments carried out. The greatest number of patients in all units continued to be referred by the orthopaedic units, reflecting a continuing increase in the number of people in the community injured in industry, on the roads, and elsewhere. A great deal of time was spent in the treatment of surgical cases, including the intensive care unit at the Queen Mary, neurosurgical cases, at the Queen Elizabeth, and thoracic cases, at Kowloon Hospital, because they often required care urgently. Cases referred by paediatric and medical units, while not requiring care so urgently, also called for close attention and more continued care.

150. The opening of the West Wing of Kowloon Hospital necessitated the reorganization of this unit in an attempt to give convalescent patients, especially spinal cases, as full a programme as possible between treatment in the wards and the Rehabilitation centre. These long-stay patients needed much encouragement, and the sports activities arranged for them proved to be one of the best ways of increasing their strength and independence. Many of them became proficient at various wheelchair sports—including basketball, table-tennis, archery, javelin and discus.

151. The David Trench Rehabilitation Centre reached one full year of operation in 1971. While it obviously provides a necessary service for patients living in the western end of the island, it has not reached its capacity yet, and has not taken much pressure off Wan Chai Polyclinic.

152. The physiotherapy training school had a busy year. During the summer, two open days attracted a large number of visitors who were able to view the various projects students had prepared, and to see some practical demonstrations of their work. 44 students were under training at the end of the year. The number included 11 who were receiving training for work in non-government institutions.

OCCUPATIONAL THERAPY

(Table 68)

153. During the year, the occupational therapy unit became fully established with the appointment of two expatriate officers in August and September, followed a few months later by the return of two more scholarship graduates from the Melbourne and Sydney schools of occupational therapy.

154. On 16th August, the psychiatric occupational therapy unit was opened in the New Kowloon Hospital west wing ward block, followed on October 26 by the opening of the new physical unit in the David Trench Rehabilitation Centre.

155. There was an increased demand for occupational therapy service at the Kowloon Rehabilitation Centre following the opening of the new Kowloon Hospital West Wing and a more regular attendance of cerebral palsy children. Otherwise, treatment in 1971 followed the same pattern as in previous years, with the same aim in view—to assist patients to return to their previous employment, or to an alternative form of livelihood.

156. The occupational therapy units in the Queen Mary and Queen Elizabeth hospitals continued with the treatment of in-patients. In the Queen Elizabeth, the attendance of out-patients, particularly cerebral palsy children, reached an all-time high. The Lai Chi Kok Hospital occupational therapy unit was re-opened on 13th April, 1971, and continued as a fully functional treatment unit throughout the year. The Wan Chai Polyclinic also continued to function to the maximum, in spite of its physical limitation and location, which together prevented further expansion of the service offered.

157. The Medical and Health Department continued to provide a diverse programme of progressive treatment in the Castle Peak Hospital covering work, recreation and group-social activities. The Hong Kong Psychiatric Centre and the Yau Ma Tei Mental Health Centre continued to provide a treatment programme for an attendance of out-patients, including selected patients from the 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.

PROSTHETIC-ORTHOTIC SERVICE
(Table 69)

158. The prosthetic-orthotic service provides modern artificial limbs and orthopaedic appliances for members of the public and for in-patients of government hospitals. The demand for prosthetic-orthotic service continued to rise as a result of increased industrial and traffic accidents. Though the number of new poliomyelitis patients requiring orthopaedic appliances decreased, the old poliomyelitis patients were growing up

during the year, and so the demand for medium and large sizes of long leg-braces with knee-hinges increased.

159. To ensure that artificial limbs available in Hong Kong were the best possible, and that the method of fabrication and limb fitting kept abreast of developments, one prosthetist was sent abroad in July 1971 to take a post-graduate prosthetic course and to make an up-to-date general survey of prosthetics and orthotics in England, Denmark, and West Germany, and to work in some of the famous research and development centres in those countries.

160. Work study in the production of artificial limbs continued. The main research and development undertaken during the year was: (1) modification to above-elbow prosthesis, (2) improved fabrication of the forearm section for all upper-extremity prosthesis, and (3) a new design of the SACH foot for all lower extremity prosthesis.

161. In-service training in prosthetics and orthotics continued for government student prosthetists. During the year, four student prosthetists successfully completed a training course of three years in prosthetics-orthotics, passing the prescribed examinations. Their ultimate qualification was recognized by the appropriate professional body in the United Kingdom.

MEDICAL EXAMINATION BOARD
(Tables 70-71)

162. This section carries out medical examinations of new entrants to the civil service and certain units of the Essential Services Corps. The number of persons classified as unfit, on account of tuberculosis, decreased considerably in 1971 when compared with the previous year. Tuberculosis remained the primary reason for non-acceptance of applicants on medical grounds, being responsible for seven out of the 10 classifications as 'unfit' in each 1,000 examinations. In May 1971, the Medical Examination Board was removed to new premises in the Canton Road government offices.

HOSPITAL MAINTENANCE AND SUPPLY

163. The development of services provided in medical institutions operated by the Medical and Health Department makes the administration and supply of the hospital service increasingly complex, and there was little doubt during the year that this trend would persist.

164. The Central Laundry Organization continued to be kept under review, particularly with reference to its future requirements, and its relationship with other essential service departments. Work on the new Shau Ki Wan laundry proceeded. It was hoped that this unit would be in operation by October 1972, and that it would ease the load on the existing services at the Queen Elizabeth Hospital. Approval was obtained for a third laundry in Kowloon, and planning would start soon.

165. The reorganization of the Medical and Health Department Staff society was completed and this, combined with the appointment of a Staff Welfare Officer, helped to promote harmonious staff relations during 1971.

166. Work on the planning and equipping of the new Lai Chi Kok Hospital was well underway in 1971. The design and types of standard and special items of hospital equipment were reviewed, and where necessary modified, in order to ensure that the most modern equipment would be obtained for the new hospital.

167. A degree of assistance was rendered to various subsidized hospitals, particularly medical equipment, and detailed requirements when planning new projects.

AUXILIARY MEDICAL SERVICE

168. This branch of the Essential Services Corps has a strength of more than 5,700 men and women—2,000 of whom are under 25—trained to augment Hong Kong's medical services during an emergency. Approximately half the strength was used in 1971 to make up the ambulance depot teams, dispersed throughout the Island, Kowloon and New Territories, and affiliated to the nearest ambulance service of the fire stations. These ambulance depot teams are trained to reinforce the regular ambulance service, and to provide mobile first-aid parties and light rescue teams, especially in the New Territories and outlying islands.

169. Members of the service assigned to emergency duties in medical establishments carry out training annually in one of the major hospitals. Members assigned to reinforce the ambulance service perform duties at weekends and on public holidays. There were more than 450 members, men and women, trained as life-savers, who reinforced regular life guards on beaches at weekends and on public holidays during the year.

170. Members attended at scenes of all major fires in 1971 to care for the injured and the homeless. Members were on duty during three

typhoon alerts during 1971, and helped to rescue persons from flooded areas in the New Territories.

171. The band of the AMS performed on many occasions in public parks, at medical functions, and gave concerts at hospitals at Christmas.

REGISTRATION OF MEDICAL CLINICS

(Table 72)

172. In accordance with the Medical Clinics Ordinance, all clinics were required to be re-registered annually. On 31st March, 1972, there were 75 registered static clinics, and three registered mobile clinics in the charge of registered medical practitioners, and 349 clinics registered with exemption, making a total of 427.

173. 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 1971, there were 74 clinics in resettlement estates, and 18 in housing estates operated by registered doctors. In addition, there were 34 clinics in resettlement estates, and two clinics in housing estates, registered with exemption.

V. GOVERNMENT-ASSISTED HOSPITALS

(Tables 73-76)

174. Financial assistance, mainly by means of an annual subvention, is given by the Government to certain voluntary organizations maintaining hospitals in Hong Kong. Such hospitals, containing a total of 7,664 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 \$78,942,866 recurrent, and \$3,103,195 special expenditure.

THE TUNG WAH GROUP OF HOSPITALS

175. The Tung Wah group of hospitals is a long-established Chinese charitable organization, managed by a board of directors elected annually. During recent years, a programme of modernization and expansion has been undertaken, with assistance from the Government, in staff—especially medical officers and consultant services—money, and material. The subvention for this was \$41,864,776.

176. Construction of the 12-storey Centenary Block in the Tung Wah Hospital was begun in July 1970, and the first stage was due to be completed at the end of May 1972. The building will have 424 beds, with a new casualty department, X-ray facilities, new operating theatres, and single quarters for 20 medical officers.

177. The casualty department at the Kwong Wah Hospital handles cases of accident occurring between Waterloo and Lai Chi Kok roads. Many patients were referred to it by government clinics in Kowloon and the New Territories. As a result, this casualty department dealt with cases not only from the northern part of Kowloon peninsula, but also from other areas. A police post was established to deal with medico-legal cases, and an industrial nurse from the Labour Department attended during the year to advise in cases of industrial accidents. An officer from the Fire Services Department was also posted to the casualty department to handle ambulance services.

178. In the Wong Tai Sin Infirmary, there are altogether 681 beds, 185 allocated to the government tuberculosis service. Patients for long-term treatment are transferred to the Infirmary from the Queen Elizabeth or the Kwong Wah hospitals. There are also 503 beds in the Tung Wah Sandy Bay Convalescent Hospital for the treatment of chronic patients. But the provision of a total 1,184 beds for long-term patients under the management of the Tung Wah group of hospitals was still not sufficient, according to the year's experience, to meet the demand for more chronic beds in Hong Kong.

179. Towards the end of 1971, the Tung Wah Eastern Hospital began a programme of alteration to convert the present hospital for acute and sub-acute cases. The work is expected to be completed in September 1972. After renovation, there will be two major operating theatres, and one minor theatre, and two air-conditioned X-ray rooms. The laboratory will be expanded, and the kitchen enlarged. The number of beds will be reduced from 338 to 330. The hospital will receive straight-forward emergency cases from its own out-patient department and receiving room, and also from the casualty department of the Tang Shiu Kin Hospital.

THE ALICE HO MIU LING NETHERSOLE HOSPITAL

180. This hospital, supported by the London Missionary Society, received a government subvention of \$5,484,613 during the year. The

hospital has been considerably modernized in recent years, and its facilities greatly improved.

181. In 1971, there was an increase in the number of surgical operations and laboratory examinations. Pathological facilities were completed by the establishment of a histology and cytology laboratory, handling all the hospital's work in this field. But the reading of microscope slides was still performed by the consultant pathologist. The small autopsy room in the hospital was also improved and re-equipped.

POK OI HOSPITAL

182. This charitable hospital at Yuen Long in the New Territories continued in 1971 to serve the population in Yuen Long and surrounding areas. Recently, the hospital was modestly expanded, and during the year, tenders were called for the construction of minor staff quarters, a kitchen, and a mortuary.

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

CARITAS MEDICAL CENTRE

184. The Caritas Medical Centre has 898 beds. It was erected with the aid of donations from Catholic communities in many parts of the world, in particular the Federal Republic of Germany, and is maintained partly with the aid of a government subvention. In 1971, this was \$4,440,000. The centre is situated in the densely populated district of So Uk in north-west Kowloon. It is administered by the Canossian Sisters and comprises blocks for general, tuberculosis and cancer patients, as well as quarters for staff and a nurses training school. The hospital continued to play an active part in the provision of medical services in Hong Kong.

185. During the year, a physiotherapy service on a small scale was set up. Other improvements included furnishing and equipping the milk kitchen in the maternity ward, the installation of an incinerator, and the extension of the hospital kitchen. The hospital also planned to develop the site adjacent to the medical centre by the construction of a nurses training centre, a physiotherapy block, a new chronic hospital block and staff quarters.

THE HONG KONG ANTI-TUBERCULOSIS AND THORACIC
DISEASES ASSOCIATION

186. The three institutions of this Association—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 74)

187. 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. The Government maintains 610 of the beds, but all staff of the hospital are provided by the Association, with the exception of government medical officers posted to the government clinical units, which are directly responsible for 218 of the beds. Because of the decline in the need for hospital beds for the treatment of pulmonary tuberculosis, 70 beds have been re-allocated for general use as convalescent beds for chest and heart cases from the Queen Mary Hospital.

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

The Ruttonjee Sanatorium and Freni Memorial Convalescent Home
(Table 75)

189. The Ruttonjee Sanatorium has 250 beds, including 40 for children. It is supported by voluntary contributions and by a subvention from the Government amounting to \$2,640,000 in the year under review. Patients are referred for admission by the government chest clinics or the casualty departments of government hospitals. Provision is also made for employees of the principal subscribers to the Association. Though the majority of patients admitted during the year suffered from pulmonary tuberculosis or its sequelae more patients with lung cancer were now being admitted. A special unit is provided for the management of patients suffering from tuberculous meningitis. The Freni Memorial Convalescent Home has 110 beds for adult males, and allows a greater

turnover of patients to take place in the Ruttonjee Sanatorium. It is used for post-operative patients, and also for those patients whose progress is uncomplicated but who need supervised anti-tuberculosis chemotherapy. The medical and nursing staff of the Ruttonjee Sanatorium operate the Freni Memorial Convalescent Home.

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

THE HAVEN OF HOPE SANATORIUM

191. 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 \$1,382,400.

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

192. Maintained by the Society for the Relief of Disabled Children, with the aid of a government subvention of \$1,200,000, this modern children's 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 the 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

193. This hospital of 264 beds is administered by the Maryknoll Sisters, and was maintained during the year with the aid of a government subvention of \$1,600,000. It is located at Wong Tai Sin in north-east Kowloon and provides general in-patient and out-patient facilities for this rapidly expanding area. During the year, certain improvements were made and new services provided, including a number of measures in the Out-Patient Department, the laboratory, and the setting up of ophthalmology and physiotherapy services.

HAY LING CHAU LEPROSARIUM

(Table 76)

194. 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 of \$840,000. It provides in-patient and rehabilitation facilities for leprosy patients, and has special facilities for those who require reconstructive surgery, or who are suffering from intercurrent disease. Fortunately, the number of patients has fallen in recent years as a result of the decreasing incidence of leprosy, and at the end of 1971, there were fewer than 200 patients at Hay Ling Chau.

THE HONG KONG SOCIETY FOR REHABILITATION MARGARET TRENCH MEDICAL REHABILITATION CENTRE

195. This centre, aided by a recurrent grant from the Government amounting to \$670,000 in 1971, accommodates 80 patients, with occupational workshops and facilities for physiotherapy and the manufacture of prostheses. It is designed to assist in the quick return to employment of those who have been injured, particularly as a result of industrial accidents.

NAM LONG HOSPITAL

196. The Nam Long, maintained by the Hong Kong Anti-Cancer Society, is situated at Brick Hill overlooking Aberdeen harbour. It has 120 beds, and takes in cancer patients, convalescing from major surgery, or from radiotherapy, and also those with advanced diseases. Chemotherapy is also given to patients. Cases are referred by government or private hospitals or by medical practitioners, and it is the policy of the hospital to admit only such cases. All needy patients receive free treatment, but for those who are able to pay, a small fee is charged. Patients are provided with medical social service. During the year, a third ward of 60 beds was completed in the expansion programme, and when it is put into operation, the hospital will accommodate a total of 180 patients.

THE HONG KONG BUDDHIST HOSPITAL

197. This hospital, situated in north-east Kowloon, was opened in October 1970. It has a capacity for 350 beds. The hospital is provided with beds for general medical, surgical and obstetric patients. During

the year, additional clinics in dermatology, ophthalmology and obstetrics were opened. The hospital was assisted by the Government with \$946,700 in 1971.

FANLING HOSPITAL

198. The Fanling Hospital has 54 beds. It is situated in the Fanling area of the New Territories. It is administered by the Lutheran World Federation. From April 1971, it began to be assisted by the Government in respect of its recurrent expenditure on a two-thirds cost per bed, subject to a ceiling. In addition to the provision of an in-patient service for general cases, the hospital also operates an out-patient clinic for residents in the Fanling district.

VI. DEVELOPMENT

(Table 77)

FORWARD PLANNING

199. Reference has been made to the unparalleled hospital development of the past 17 years. But the population has also been increasing 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 the Development of Medical Services in Hong Kong, 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, alongside a rapidly increasing population, a reasonably satisfactory standard of medical facilities. Developments were described as having to take account of the ability of the community to afford these facilities, either by direct payment or by indirect payment by means of taxation.

200. The working party which prepared the White Paper was re-constituted by the Governor as the Medical Development Plan Standing Committee. The Director of Medical and Health Services was appointed chairman, and the committee comprised two nominated members, and representatives of the Medical and Health Department, the Finance and Social Services branches of the Colonial Secretariat, and, when necessary, the Public Works Department. The committee has held 53 meetings since its inception, in order to keep the recommendations made in the White Paper under continual review and to report its conclusions on all major matters to the Government. The committee's activities

have fallen into five main categories—the development of medical institution, staffing of such institutions, subventions to government-assisted institutions, fees and charges, and improved utilization of existing medical facilities.

201. The principal matters with which the committee has been occupied were the Ad Hoc Committee on Medical Subventions, the utilization of vacant beds in government-assisted hospitals, medical facilities in the Kwun Tong district, and the subventions paid to government-assisted institutions.

202. Among new matters considered by the committee were the Kwong Wah Hospital Clinical Pathology Building, a review of the geographical distribution of medical services, the maternal and child health centre at Yau Tong, the additional floor of the Arran Street Clinic, the milk kitchen at the Tsan Yuk Hospital, a pupil nursing auxiliaries training school and quarters, and quarters for student nurses at Queen Mary Hospital.

COMPLETED PROJECTS

203. Two projects were completed and handed over to the Department during the year, namely the standard urban clinic at north Kwai Chung and the Tai Lam dental clinic at Tai Lam Chung. The Siu Lam Hospital was completed, and the buildings were in the process of being handed over to the Department by the end of the year.

PROJECTS UNDER CONSTRUCTION

204. Major projects on which construction had begun were the New Lai Chi Kok Hospital, the foundation stone of which was laid by H.R.H. The Princess Anne, the new Vaccine Institute at Pok Fu Lam, the re-provisioning of the Victoria Public Mortuary, re-provisioning of the mortuary at the Queen Mary Hospital, virus laboratory and clinical pathology services, Tsuen Wan/Kwai Chung Polyclinic, stage I, a Medical Department laundry, and the new Clinical Building at Queen Mary Hospital. Government-assisted projects under construction were the Yan Chai Hospital at Tsuen Wan, the centenary block of the Tung Wah Hospital, and the United Christian Hospital in Kwun Tong.

205. A detailed statement of development will be found in the statistical appendix to this report.

VII. TRAINING PROGRAMME

(Tables 78-80)

DOCTORS

206. This report has said earlier that the Queen Mary and the Tsan Yuk hospitals are used as teaching hospitals by the Faculty of Medicine of the University of Hong Kong. The University confers the degrees of M.B., B.S., which have been registrable with the General Medical Council of the United Kingdom since 1911. Between 1965 and 1969, the University's intake of medical students was 120 a year. From October 1970, the intake was increased to 150. Building works to expand the facilities for clinical teaching at the Queen Mary were in progress during 1971 to allow for the larger number of students expected to start their clinical training in October 1972.

207. There is a programme for the training of government doctors for post-graduate qualifications. A number of training posts has been established in the clinical units of major hospitals for post-qualification training, recognized by examining bodies in the United Kingdom and Australia. When selected, suitable candidates are given training under the supervision of clinical specialists for 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 to acquire knowledge, experience, or qualifications of advantage to the public, or to the officer in his official capacity. Through this arrangement, many government doctors have been given study leave and granted fellowships, scholarships, or study tours to attend courses of study overseas. Between 1965 and 1971, a total of 59 government doctors returned to Hong Kong with higher qualifications in various fields.

DENTAL STAFF

208. No training in dentistry is available in Hong Kong, but the Government annually awards scholarships overseas for the study of dentistry. Four such scholarships were awarded during the year. One scholar returned to Hong Kong after qualification, bringing the total of returned graduates to 67 out of a total of 89 scholarships so far awarded.

209. In-service training in dental technology continued in 1971 for government student dental technicians, while evening classes for dental technicians in private employment were held at the Hong Kong Technical College. During the year, three government student dental technicians passed the intermediate examination of the City and Guilds of the London Institute in Dental Technology. In-service training for selected dental surgery assistants in the fields of dental radiography and orthodontics was also carried out.

210. Seven dental surgery assistants were in Singapore and Penang during the year under World Health Organization scholarships for training in dental nursing. A dental nurse was 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

211. There are three government hospital schools of nursing. Those at the Queen Elizabeth and Queen Mary hospitals are general schools, and the one at the Castle Peak Hospital is 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

212. Two types of course are held for nursing auxiliaries. The general course lasts two years. It is undertaken at the Kowloon Hospital, and consists of theoretical and practical training in basic and routine nursing care of general hospital patients. The psychiatric course, also two years, is held at the 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

213. Nine qualified nurses who had been sent overseas for further study returned to Hong Kong, having successfully gained post-graduate certificates in nursing education, dietetics, theatre service centre technique, orthopaedic nursing and intensive care therapy. A further nine nurses went overseas to study nursing education, nursing administration, dietetics, theatre service centre technique and ophthalmic nursing.

Midwifery

214. 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.

215. 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

216. A nine-month health visitors' course is held yearly for registered nurses who also hold a midwifery certificate. Nine trained nurses successfully completed this course, which ended in January 1972.

Health auxiliaries

217. 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

218. 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. During the year, three D.M.R.D. and four D.M.R.T. candidates passed the part I examination, held in Hong Kong in October 1971, by examiners from the Examining Board in England. Five candidates passed the final D.M.R.D. examination, and one the D.M.R.T.

LABORATORY TECHNICIANS

219. 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 Hong Kong. Technicians were also sent to the United Kingdom to obtain the AIMLT qualifications.

OTHER FORMS OF DEPARTMENTAL TRAINING

220. 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.

VIII. ACKNOWLEDGEMENT

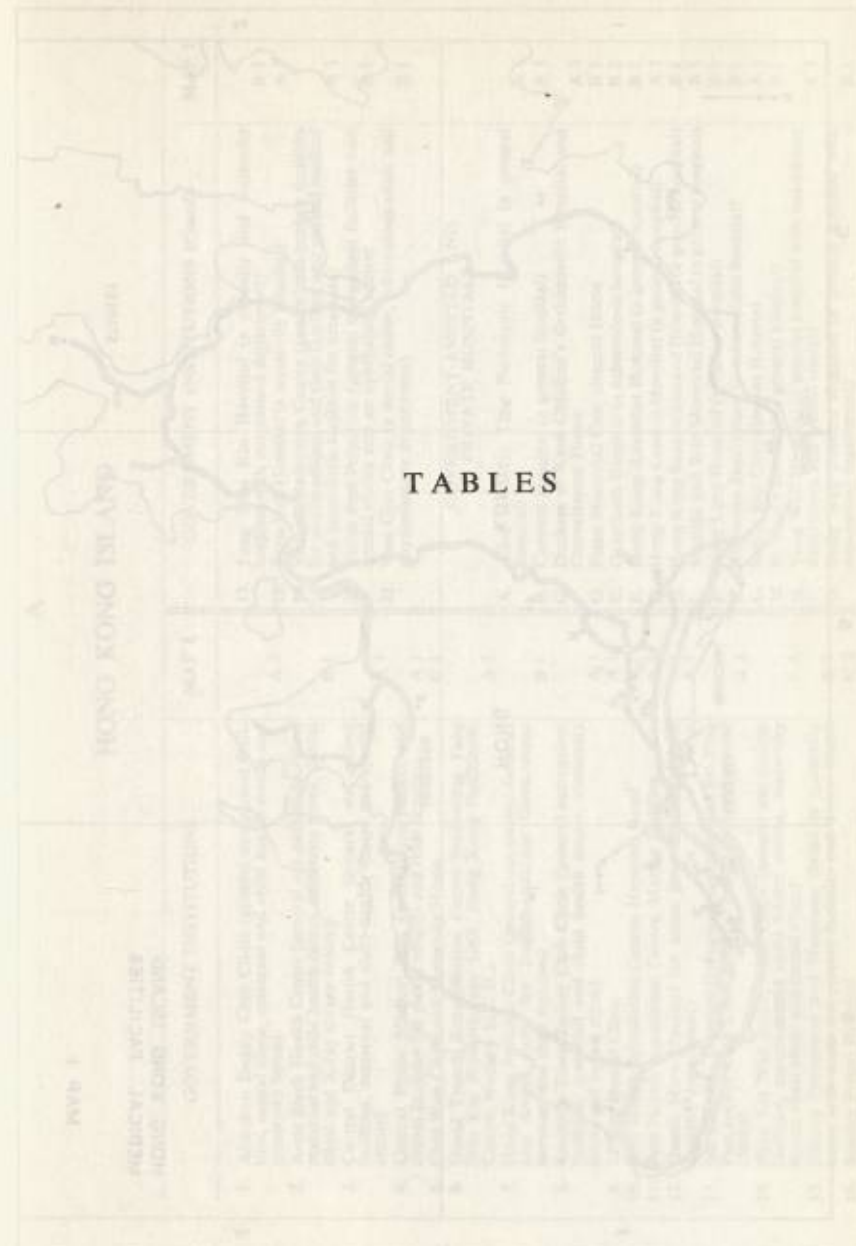
221. I would like to place on record my sincere appreciation to all ranks of the Department for their help in dealing with the many problems which the Department has had to face every day in the year under review. In spite of the fact that they often had to work under adverse circumstances, they all carried out their duties effectively with a true sense of devotion and dedication. The Department also received every assistance and co-operation from other government departments, 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.

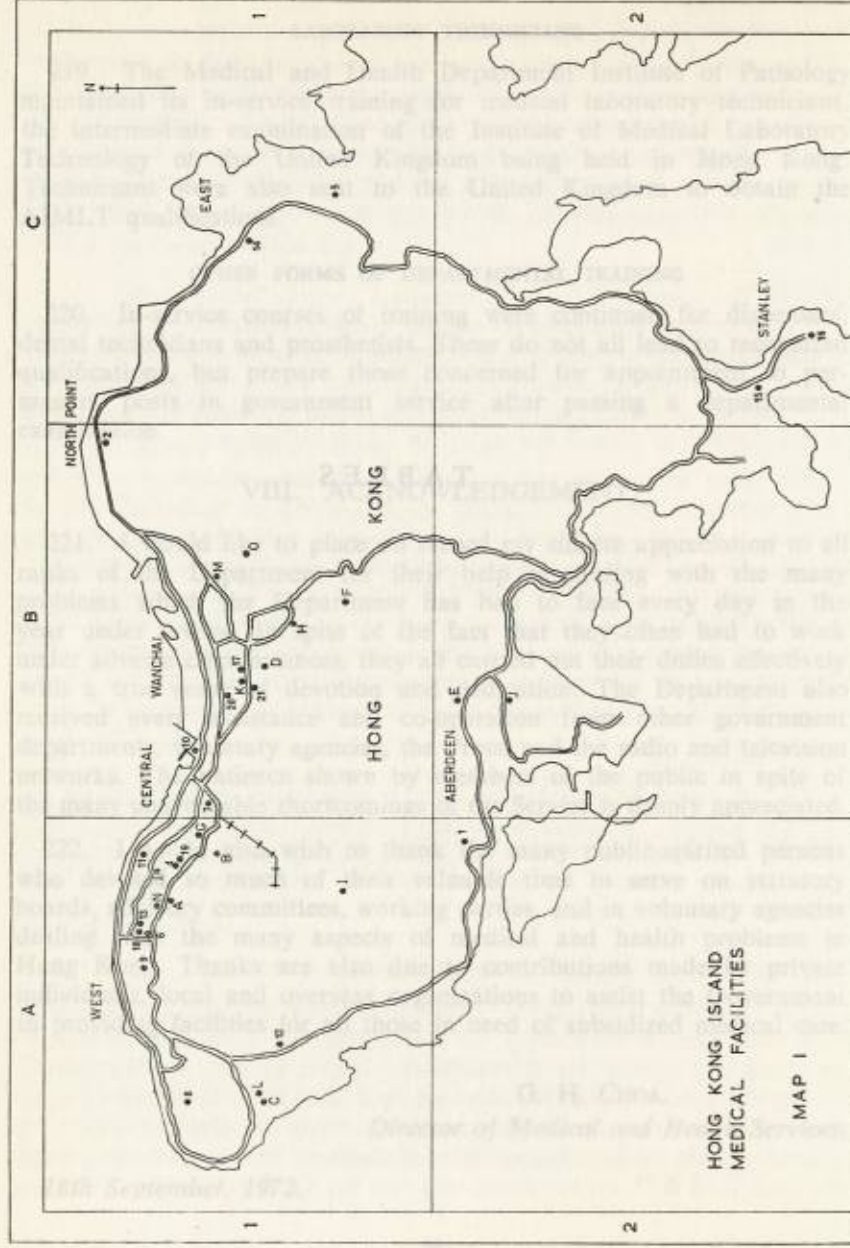
222. I would also wish to thank the many public-spirited persons who devoted so much of their valuable time to serve on statutory boards, advisory committees, working parties, and in voluntary agencies dealing with the many aspects of medical and health problems in Hong Kong. Thanks are also due to contributions made by private individuals, local and overseas organizations to assist the Government in providing facilities for all those in need of subsidized medical care.

G. H. CHOA,

Director of Medical and Health Services.

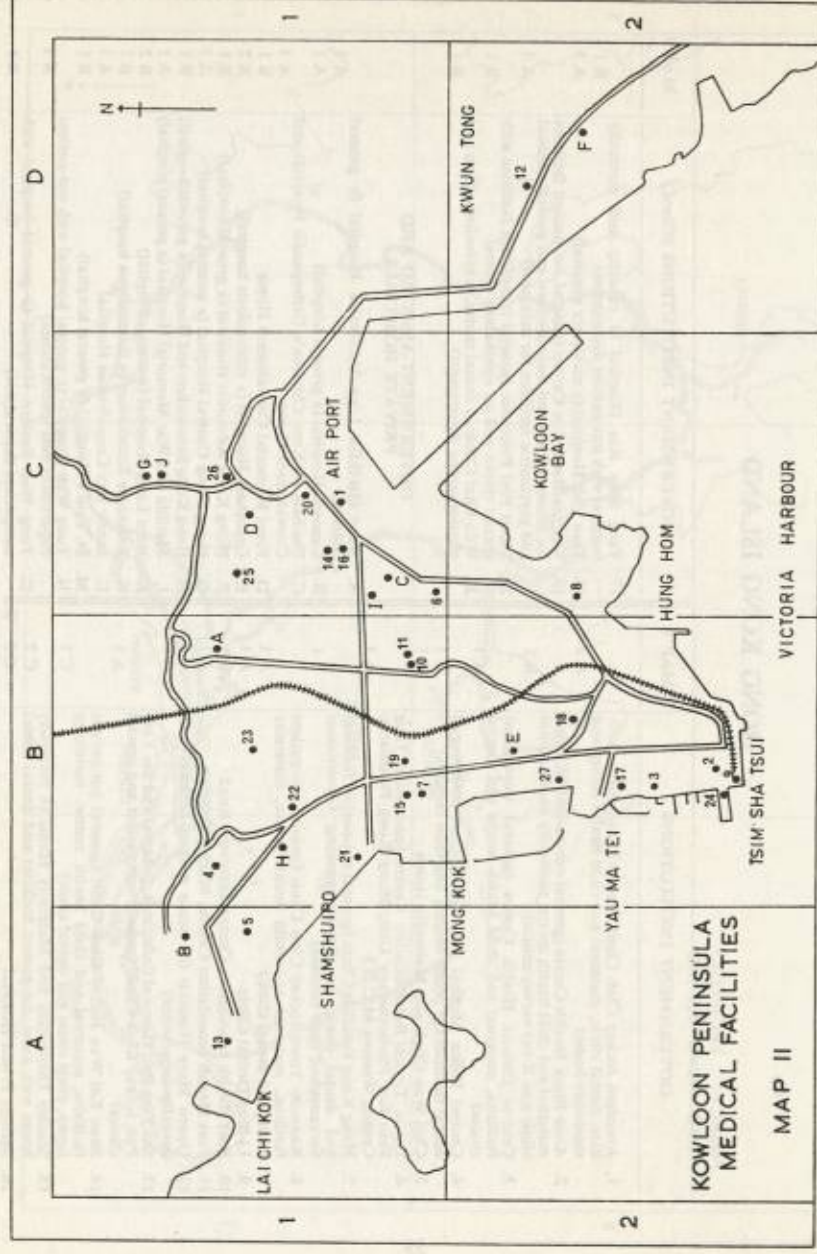
18th September, 1972.





A
HONG KONG ISLAND

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



B
KOWLOON

GOVERNMENT INSTITUTIONS	MAP II	GOVERNMENT INSTITUTIONS (Contd.)	MAP II
1. Air Port Health Station	C 1	20. 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	21. 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	22. 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	23. Tai Hang Tung Clinic (general out-patient facilities)	B 1
5. Sheung Sha Wan Police Medical Post (general out-patient and dental facilities for police officers and their families)	A 1	24. Tsim Sha Tsui Port Health Inoculation Centre, Ocean Terminal	B 2
6. Farm Road Dental Clinic	C 1	25. 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 1	26. 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)	C 2	27. Yau Ma Tei Jockey Club Polyclinic (general out-patient, social hygiene facilities, eye clinic, dental clinic, chest clinic, maternal and child health centre)	B 2
9. Kowloon-Canton Railway Staff Clinic (dental facilities for railway staff and their families)	B 2		
10. Kowloon Chest Clinic (a tuberculosis clinic)	B 1		
11. Kowloon Hospital and Out-patient Department (a general hospital with general out-patient and dental facilities)	B 1		
12. Kwun Tong Health Centre (general out-patient facilities, maternal and child health centre, dental clinic and maternity home)	B 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)	D 2		
14. Li Kee Memorial Dispensary (general out-patient facilities with special clinics and a dental clinic)	A 1		
15. Li Po Chun Health Centre (general out-patient facilities, maternal and child health centre and maternity home)	C 1		
16. Lions Club Maternal and Child Health Centre (maternal and child health centre and maternity home)	B 1		
17. Medical Examination Board	C 1		
18. Queen Elizabeth Hospital (an acute specialised general hospital with casualty department and specialist clinic)	B 2		
19. Queen Elizabeth School Dental Clinic	B 1		
		GOVERNMENT-ASSISTED AND PRIVATE HOSPITALS	
		A. Baptist Hospital (a general hospital)	B 1
		B. Caritas Medical Centre (a general and tuberculosis hospital)	A 1
		C. Evangelical Medical Centre (a general hospital)	C 1
		D. Hong Kong Buddhist Hospital (a general hospital)	C 1
		E. Kwong Wah Hospital (a general hospital with out-patient department)	B 2
		F. Margaret Trench Medical Rehabilitation Centre	D 2
		G. Our Lady of Maryknoll Hospital (a general hospital)	C 1
		H. Precious Blood Hospital (a general hospital)	B 1
		I. St. Teresa's Hospital (a general hospital)	C 1
		J. Wong Tai Sin Infirmary	C 1

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TABLE 1

ESTABLISHMENT OF THE MEDICAL AND HEALTH DEPARTMENT AS AT 31ST MARCH, 1972

Zone Grade	Headquarters	Queen Mary Hospital	Queen Elizabeth Hospital	Lai Chi Kok Hospital	Kowloon Hospital	Castle Peak Hospital and Mental Health Centre	Tsien Yuk Hospital	Dental Service	Tuberculosis Service	Other Hospitals, Clinics and Services	Total	Strength on 31.3.71
	Director of Medical and Health Services	1	—	—	—	—	—	—	—	—	—	1
Deputy Director of Medical and Health Services	2	—	—	—	—	—	—	—	—	—	2	2
Assistant Director of Medical and Health Services	4	—	—	—	—	—	—	—	—	—	4	4
Senior Specialist and Specialist Principal Medical and Health Officer	3	1	1	1	1	—	—	—	—	4	11	8
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	143	6	32	19	12	—	30	343	681	586
Senior Dental Officer/Dental Officer/Assistant Dental Officer	—	3	5	—	2	1	—	54	—	—	65	63
Principal Nursing Officer	1	—	—	—	—	—	—	—	—	—	1	1
Nursing Staff	2	796	1,014	412	661	445	185	—	151	824	4,490	3,792
Senior Dietitian/Dietitian	—	3	5	3	1	1	—	—	—	—	13	8
Senior Medical Social Worker/Medical Social Worker Class I and Class II	—	12	12	2	7	13	2	—	13	30	91	88
Chief Pharmacist/Senior Pharmacist/Pharmacist/Chief Dispenser/Senior Dispenser/Dispenser/Student Dispenser/Dispensary Supervisor	—	20	24	16	7	6	2	—	9	143	227	212
Government Chemist/Senior Chemist/Chemist/Assistant Biochemist	—	—	—	—	—	—	—	—	—	16	16	15
Scientific Officer (Medical) and (Clinical Psychologist)	—	—	2	—	—	1	—	—	—	1	4	3
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	17
Steward Class I, Class II and Class III	—	3	11	2	3	4	1	—	—	10	34	28
General Grade Staff	105	57	109	6	40	28	6	39	54	227	671	663
Superintendent Radiographer/Senior Radiographer/Radiographer Class I/Radiographer Class II/Student Radiographer	—	33	53	17	4	—	—	—	—	42	149	128
X-Ray Assistant	—	—	—	—	—	—	—	—	—	20	20	19
Superintendent Physiotherapist/Senior Physiotherapist/Tutor Physiotherapist/Physiotherapist Class I/Physiotherapist Class II/Student Physiotherapist	—	9	56	11	8	—	—	—	—	26	110	99
Carried forward	134	1,046	1,468	478	769	523	208	97	260	1,698	6,681	5,806

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	Tsun Yuk Hospital	Dental Service	Tuberculosis Service	Other Hospitals, Clinics and Services		
<i>Brought forward</i> ...	134	1,046	1,468	478	769	523	208	97	260	1,698	6,681	5,806
Superintendent Occupational Therapist/Senior Occupational Therapist/Occupational Therapist/Occupational Therapy Assistant ...		4	5	4	7	51				12	83	80
Chief Medical Technologist/Senior Medical Technologist/Medical Technologist/Medical Laboratory Technician Class I/Medical Laboratory Technician Class II/Student Medical Laboratory Technician ...		14	34	36		3				104	191	152
Senior Laboratory Assistant/Laboratory Assistant/Student Laboratory Assistant ...										43	43	43
Senior Health Inspector/Health Inspector Class I and II ...										11	11	8
Senior Inoculator/Inoculator ...									14	113	127	125
Audiology Technician ...										1	1	1
Prosthetist Class I/Prosthetist Class II/Student Prosthetist ...										16	16	15
Mould Laboratory Technician/Student Mould Laboratory Technician ...		2	4								6	4
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	71
Dental Nurse ...								12			12	12
Laundry Manager/Assistant Laundry Manager/Laundry Supervisor ...		3	3	1	2	1	1			1	12	12
Linen Production Unit Manager/Linen Production Unit Supervisor/Linen Room Supervisor ...				1						4	5	4
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
Kitchen Supervisor ...				1	1	1	1				4	4
Mortuary Assistant ...			1							2	3	2
Medical Board Assistant ...										1	1	1
Poster Artist ...		1									1	1
Photographer Class I and Class II ...		1	2								3	3
Fumigator ...										1	1	1
Foreman Class I and Class III ...			12								12	12
Supplies Officer/Assistant Supplies Officer/Supplies Supervisor/Supplies Assistant ...		2	3	9		3	2			5	12	34
Telephone Operator ...		1	7	8	4	5	4				10	42
Hospital Receptionist ...		3	3								6	6
Other Staff ...		12	791	1,278	196	486	722	124	43	39	1,611	5,302
TOTAL ...	150	1,882	2,838	721	1,275	1,308	338	263	313	3,649	12,737	11,267

TABLE 2

ADMINISTRATION OF MEDICAL AND HEALTH DEPARTMENT

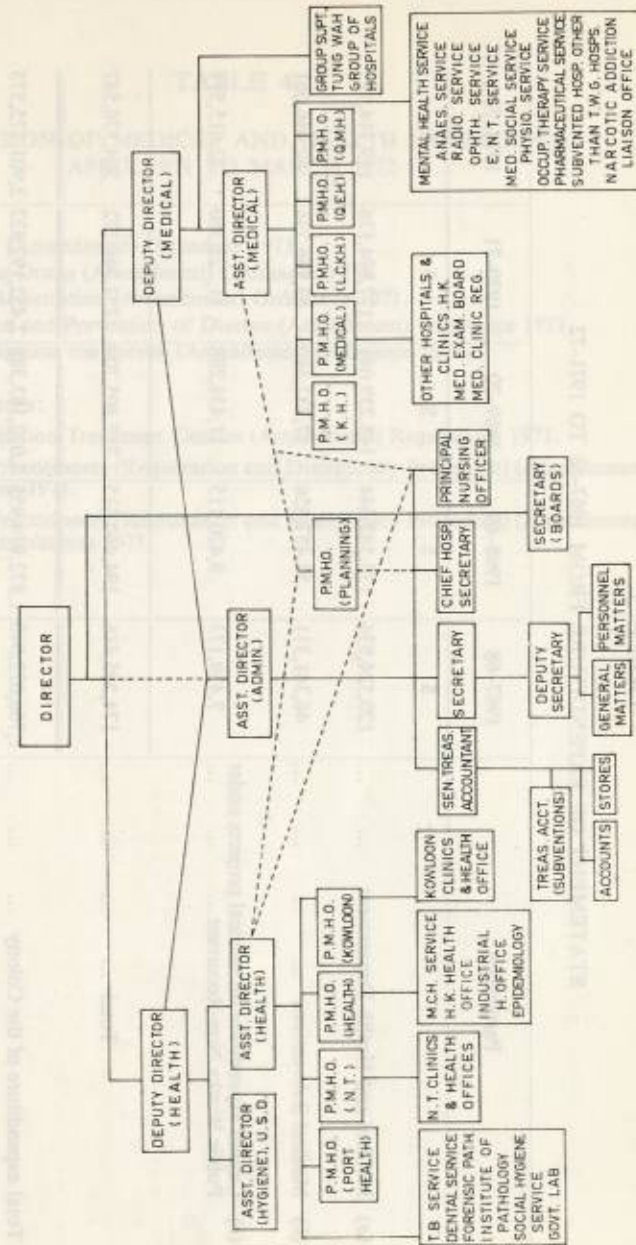


TABLE 3

STATEMENT OF EXPENDITURE FROM 1967-68 TO 1971-72

Particulars	1967-68	1968-69	1969-70	1970-71	1971-72
	\$	\$	\$	\$	\$
(a) Medical and Health Department	120,524,934	133,582,644	148,239,041	177,874,176	189,714,915
(b) Medical Subventions	46,341,311	52,457,856	57,732,380	63,146,736	82,046,061
(c) Capital expenditure on medical projects under Public Works Non-Recurrent	7,439,173	8,420,115	11,434,288	11,225,360	32,615,571
Total	174,305,418	194,460,615	217,405,709	252,246,272	304,376,547
Total expenditure of the Colony	1,766,022,040	1,872,974,955	2,032,183,388	2,452,192,832	2,901,375,575
Percentage of Medical and Health Department Expenditure to the Total Expenditure of the Colony	9.87%	10.38%	10.70%	10.29%	10.49%

TABLE 4

LEGISLATION OF MEDICAL AND HEALTH IMPORTANCE
APRIL 1971 TO MARCH 1972

Ordinances:

- (i) Clean Air (Amendment) Ordinance 1971.
- (ii) Dangerous Drugs (Amendment) Ordinance 1971.
- (iii) Medical Registration (Amendment) Ordinance 1971.
- (iv) Quarantine and Prevention of Disease (Amendment) Ordinance 1971.
- (v) Offences against the Person (Amendment) Ordinance 1972.

Rules and Regulations:

- (a) Drug Addiction Treatment Centres (Amendment) Regulations 1971.
- (b) Medical Practitioners (Registration and Disciplinary Procedure) (Amendment) Regulations 1971.
- (c) Medical Practitioners (Registration and Disciplinary Procedure) (Amendment) (No. 2) Regulations 1971.

TABLE 5

WORK OF STATUTORY COUNCILS AND BOARDS—APRIL 1971 TO MARCH 1972

	Medical Council		Dental Council		Nursing Board	Midwives Board	Pharmacy and Poisons Board	Radiation Board	Medical Advisory Board**
	Local list	Over-seas list	Dentists	Dental Hygienists					
Number of meetings held...	2	1	487	4	3	3	4	2	—
Number on the Register ...	2,167	35	25‡	3	General Mental Female: 5313 Male: 312	4,561	190	328	—
Number of applications for registration ...	192* (115)†	35‡	26‡	2	General Mental Female: 4238 Male: 32	305	33	36	—
Number of registrations granted ...	192* (115)†	35‡	Oral & Practical Written	7	General Mental Female: 4168 Male: 32	298	9	28	—
Number of candidates held ...	—	—	Oral & Practical Written	7	General Mental 3	4	2	—	—
Number of candidates examined ...	—	—	Oral & Practical Written	14	General Mental 378	248	27	—	—
Number of successful candidates ...	—	—	Oral & Practical Written	6	General Mental 374	232	5	—	—
Number of disciplinary hearings held ...	2	—	—	—	—	1	2	—	—
Number of removals from register ...	55	—	26	—	General Mental Female: 3 Male: 2	4	1	14‡	—

* Including 4 restorations to the register.

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

‡ Including 1 restoration to the register.

§ Including 2 restorations to the register.

|| These figures refer to the licensing of irradiating apparatus. These figures refer to number of cancellation of irradiating apparatus licences.

** Not a statutory Board.

TABLE 6

POPULATION STRUCTURE, MID 1971

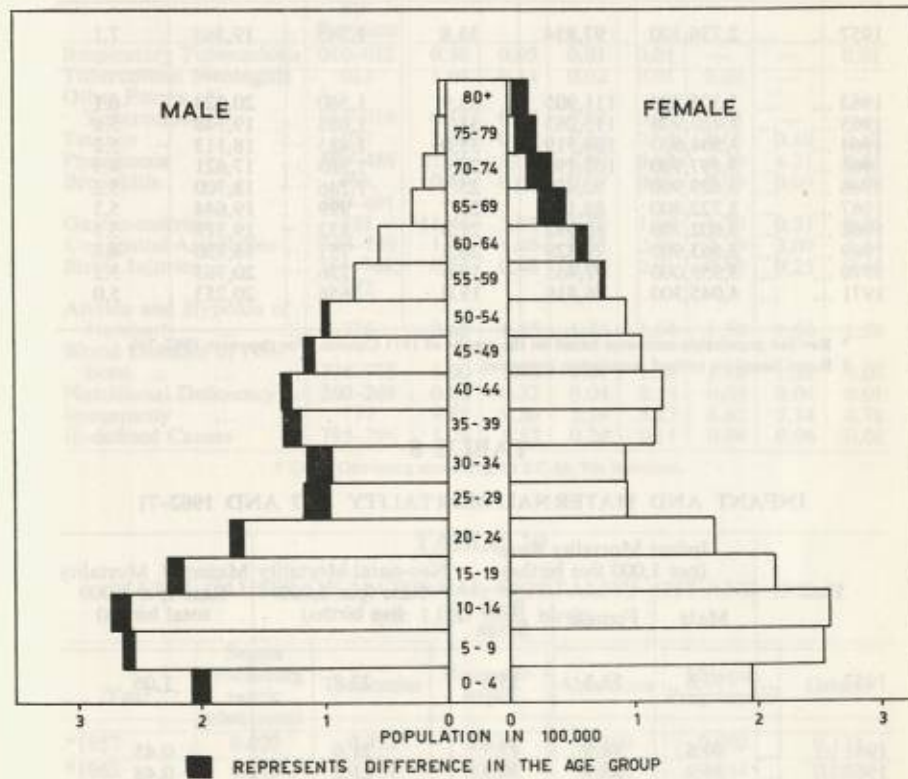


TABLE 7

BIRTHS AND DEATHS 1957 AND 1962-71

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)
1957	2,736,300	97,834	35.8	1,245	19,365	7.1
1962	3,305,200	111,905	33.9	1,560	20,324	6.1
1963	3,420,900	115,263	33.7	1,633	19,748	5.8
1964	3,504,600	108,519	31.0	1,485	18,113	5.2
1965	3,597,900	102,195	28.4	1,363	17,621	4.9
1966	3,629,900	92,476	25.5	1,246	18,700	5.2
1967	3,722,800	88,171	23.7	999	19,644	5.3
1968	3,802,700	82,992	21.8	832	19,319	5.1
1969	3,863,900	79,329	20.5	757	18,730	4.8
1970	3,959,000	77,465	19.6	726	20,763	5.2
1971	4,045,300	76,818	19.0	656	20,253	5.0

* Revised population estimates based on the results of 1971 Census. (For the years 1962-71).

† Rates based on revised population estimates.

TABLE 8

INFANT AND MATERNAL MORTALITY 1957 AND 1962-71

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		
1957	57.6	53.3	55.6	23.8	1.06
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
1971	21.0	15.5	18.4	12.6	0.14

TABLE 9

MAJOR CAUSES OF INFANT MORTALITY 1957, 1962 AND 1967-71
(per 1,000 registered live births)

Diseases Group	Detailed List Number 8th Revision	1957	1962	1967*	1968*	1969	1970	1971
Respiratory Tuberculosis	010-012	0.36	0.05	0.01	0.01	—	—	0.01
Tuberculosis Meningitis	013	1.04	0.14	0.02	0.01	0.03	—	—
Other Forms of Tuberculosis	014-019	0.17	0.05	0.02	0.02	0.03	—	—
Tetanus	037	2.00	0.52	0.18	0.04	0.05	0.10	0.12
Pneumonia	480-486	21.06	9.83	6.97	6.13	4.29	4.21	3.85
Bronchitis	466,	0.86	0.05	0.09	0.06	0.09	0.09	0.08
	490-491							
Gastro-enteritis	561	11.46	5.83	1.70	1.64	1.29	0.53	0.76
Congenital Anomalies	740-759	1.32	1.46	2.05	2.88	3.33	3.09	3.14
Births Injuries	764-768,	0.51	0.48	0.66	0.51	0.43	0.25	0.46
	772							
Anoxia and Hypoxia of Newborn	776	2.68	1.35	1.75	1.64	1.53	1.56	1.58
Blood Diseases of New born	774-775	1.00	1.74	1.81	1.58	1.40	1.38	1.05
Nutritional Deficiency	260-269	0.80	0.32	0.04	0.13	0.03	0.04	0.01
Immaturity	777	9.68	9.20	5.39	5.27	6.62	5.14	4.78
Ill-defined Causes	795-796	1.28	1.52	0.24	0.11	0.04	0.06	0.08

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

TABLE 10

MAJOR CAUSES OF MATERNAL MORTALITY 1957 AND 1962-71
(per 1,000 total birth)

Year	Sepsis (excluding septic abortions)	Toxaemias	Haemorrhages	Abortions	Ectopic Pregnancies	Others
*1957	0.020	0.373	0.334	0.040	0.060	0.132
*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
1971	0.013	0.039	0.013	0.013	0.039	0.026

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

TABLE 11

PROPORTIONATE MORTALITY BY DISEASE GROUPS 1957, 1962 AND 1967-71
(Percentage of Total Deaths)

Disease Group	Detailed List Number 8th Revision	1957*	1962*	1967*	1968*	1969	1970	1971
1. Infective and Parasitic ...	000-136	16.6	13.5	12.6	9.0	8.9	7.9	7.2
2. Neoplasm ...	140-239	7.5	12.4	17.4	18.7	20.6	19.1	21.0
3. Endocrine, Nutritional, Metabolic and Blood ...	240-289	1.6	1.2	1.7	2.2	1.6	1.5	1.2
4. Nervous System and Sense Organs ...	290-389	4.6	8.4	10.7	10.3	1.0	1.1	0.8
5. Circulatory System ...	390-458	8.0	11.0	14.0	15.2	25.0†	25.1†	25.3†
6. Respiratory System ...	460-519	22.8	13.9	12.8	12.5	13.5	15.0	16.6
7. Intestinal System ...	520-577	12.1	6.8	5.3	5.5	5.8	5.3	5.1
8. Genito-Urinary System ...	580-629	2.2	2.1	1.9	2.1	2.2	2.2	2.2
9. Pregnancy, Child-birth and Puerperium ...	630-678	0.5	0.3	0.1	0.1	0.1	0.1	0.1
10. Skin and Musculo-Skeletal System ...	680-738	0.4	0.2	0.2	0.4	0.3	0.2	0.2
11. Congenital Anomalies and Causes of Perinatal Morbidity and Mortality ...	740-779	10.5	11.4	7.8	7.5	6.2	4.8	4.4
12. Ill-defined Causes ...	780-796	8.2	11.4	8.8	9.3	10.0	9.4	8.8
13. Accidents, Poisonings and Violence	E800-E999	5.0	7.6	6.8	7.2	4.8	8.3	7.1

* 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 DEATH BY AGE AND SEX, 1971

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	11,410 8,843 20,253	832 578 1,410	182 132 314	238 161 399	1,685 834 2,519	4,686 2,237 6,923	3,787 4,901 8,688	—	
2	Malignant neoplasms, including neoplasms of lymphatic & haematopoietic tissues	140-209	M F T	2,469 1,768 4,237	4 4 8	17 6 23	27 24 51	426 217 643	1,367 796 2,163	628 721 1,349	—	
3	Heart Diseases, including hypertensive diseases	390-392 393-398 400-404 410-414 420-429	M F T	1,522 1,430 2,952	2 1 3	2 1 4	11 12 23	130 106 236	681 353 1,034	696 956 1,652	—	
4	Pneumonia, all forms	480-486	M F T	1,242 1,021 2,263	157 139 296	58 44 102	35 20 55	120 45 165	368 137 505	504 636 1,140	—	
5	Cerebrovascular Disease	430-438	M F T	1,003 953 1,956	1 2 3	2 — 2	8 4 12	52 46 98	456 248 704	484 653 1,137	—	
6	Tuberculosis	010-012 013-019	M F T	949 301 1,250	— 1 1	1 6 7	1 3 4	128 51 179	565 105 670	254 135 389	—	
7	All accidents	E800-E807 E810-E823 E825-E949	M F T	634 291 925	24 15 39	61 41 102	99 53 152	242 43 285	153 68 224	55 71 123	—	

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	526	—	1	4	34	240	247	—
			F	362	1	1	—	10	111	239	—
			T	888	1	2	4	44	351	486	—
8	Suicide and self inflicted injuries	E950-E959	M	217	—	—	2	99	91	25	—
			F	171	—	—	2	74	49	46	—
			T	388	—	—	4	173	140	71	—
9	Certain causes of Perinatal Mortality	760-779	M	394	394	—	—	—	—	—	—
			F	226	226	—	—	—	—	—	—
			T	620	620	—	—	—	—	—	—
10	Cirrhosis of Liver	571	M	284	2	—	3	65	156	58	—
			F	79	2	—	—	9	34	34	—
			T	363	4	—	3	74	190	92	—
	Congenital Anomalies	740-759	M	149	129	9	6	4	—	1	—
			F	134	112	8	10	3	—	1	—
			T	283	241	17	16	7	—	2	—
	Nephritis and Nephrosis	580-584	M	135	—	—	3	40	48	44	—
			F	138	—	—	2	40	45	51	—
			T	273	—	—	5	80	93	95	—
	Peptic ulcer	531-533	M	114	1	1	—	19	45	48	—
			F	49	—	—	—	2	13	34	—
			T	163	1	1	—	21	58	82	—
	All Other causes		M	1,772	118	30	39	326	516	743	—
			F	1,920	75	24	31	188	275	1,327	—
			T	3,692	193	54	70	514	791	2,070	—

TABLE 13
INFECTIOUS DISEASES NOTIFIED CASES AND DEATHS 1967-71

Diseases	Cases					Deaths				
	1967	1968	1969	1970	1971	1967	1968	1969	1970	1971
Cholera ...	—	—	9	—	—	—	—	—	—	—
Amoebic Dysentery ...	154	117	85	68	66	21	12	7	4	4
Bacillary Dysentery ...	829*	869*	736	609	543	7*	6*	5	7	3
Cerebro-spinal Meningitis ...	55	32	23	10	5	16	14	4	4	1
Chickenpox ...	1,257	900	445	959	443	10	1	—	2	—
Diphtheria ...	226	113	62	43	25	18	10	10	4	2
Enteric Fever (Typhoid and Paratyphoid) ...	728	552	546	438	515	11	8	7	5	6
Leprosy ...	148	164	127	135	117	4	—	—	—	—
Malaria ...	65	19	11	3	9	2	—	—	1†	—
Measles ...	4,726	1,138	994	1,011	591	654	46	21	13	4
Ophthalmia Neonatorum ...	191	203	76	84	56	—	—	—	—	—
Poliomyelitis ...	5	15	16	27	2	3	2	3	3	—
Puerperal Fever ...	1	1	1	1	1	1	—	1	1	1
Scarlet Fever ...	64	8	4	3	5	—	—	—	—	—
Tuberculosis ...	15,253	9,792	11,072	10,077	9,028	1,493	1,483	1,470	1,436	1,250
Typhus (Mite-borne) ...	—	—	—	—	2	—	—	—	—	—
Whooping Cough ...	40	88	3	5	2	—	—	—	—	—
Total ...	23,742	14,011	14,210	13,473	11,410	2,240	1,583	1,528	1,481	1,271
‡Influenza ...	4,923	8,493	3,232	5,814	7,397	25	45	14	16	34

Remarks: * Including unspecified Dysentery.

† Case 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 1967-71

Diseases	Cases Fatality Ratio (Deaths as percentage of Notifications)				Death Rate (per million populations)*				
	1967	1968	1969	1970	1967	1968	1969	1970	1971
	Cholera ...	—	—	—	—	—	—	—	—
Amoebiasis ...	13.64	10.26	8.23	5.88	6.06	3.16	1.81	1.01	0.99
Cerebrospinal Meningitis...	29.09	43.75	17.39	40.00	20.00	3.68	1.04	1.01	0.25
Diphtheria ...	7.96	8.85	16.13	9.30	8.00	2.63	2.59	1.01	0.49
Bacillary Dysentery ...	0.84†	0.69†	0.68	1.15	0.55	1.58†	1.29	1.77	0.74
Enteric Fever } Typhoid	1.51	1.45	1.28	1.14	1.17	2.10	1.81	1.26	1.48
Paratyphoid	13.84	4.04	2.11	1.29	0.68	12.10	5.43	3.28	0.99
Measles ...	60.00	13.33	18.75	11.11	—	0.53	0.78	0.76	—
Poliomyelitis ...	9.79	15.15	13.28	14.25	13.85	401.04	389.99	362.72	309.00
Tuberculosis ...	—	—	—	—	—	—	—	—	—

* Revised population estimates based on the results of 1971 census.

† Including unspecified dysentery.

TABLE 15
PRINCIPAL INFECTIOUS DISEASES BY AGE AND SEX 1971

CASES NOTIFIED

Age Group	Tuberculosis		Diphtheria		Enteric Fever		Poliomyelitis		B/Dysentery	
	M	F	M	F	M	F	M	F	M	F
0-4 ...	31	18	7	5	17	7	—	2	116	102
5-9 ...	24	32	3	4	35	45	—	—	46	44
10-14 ...	54	91	1	1	76	34	—	—	25	14
15-19 ...	564	398	—	3	58	49	—	—	14	8
20-24 ...	906	510	—	1	35	32	—	—	15	18
25-29 ...	545	179	—	—	14	10	—	—	13	3
30-34 ...	538	145	—	—	11	5	—	—	13	10
35-39 ...	607	167	—	—	18	7	—	—	5	11
40-44 ...	613	139	—	—	5	9	—	—	7	7
45-49 ...	595	145	—	—	4	13	—	—	8	8
50-54 ...	619	150	—	—	5	4	—	—	8	6
55-59 ...	547	121	—	—	3	1	—	—	—	2
60-64 ...	446	118	—	—	3	1	—	—	7	5
65-69 ...	238	92	—	—	1	2	—	—	4	4
70-74 ...	169	73	—	—	1	3	—	—	2	5
75 & Over	91	63	—	—	1	4	—	—	3	8
Unknown	—	—	—	—	2	—	—	—	1	1
Total ...	6,587	2,441	11	14	289	226	—	2	287	256

DEATHS

Age Group	Tuberculosis		Diphtheria		Enteric Fever		Poliomyelitis		B/Dysentery	
	M	F	M	F	M	F	M	F	M	F
0-4 ...	1	7	2	—	—	—	—	—	—	1
5-9 ...	—	—	—	—	—	—	—	—	—	—
10-14 ...	1	3	—	—	—	—	—	—	—	—
15-19 ...	2	5	—	—	1	—	—	—	—	—
20-24 ...	7	4	—	—	—	1	—	—	—	—
25-29 ...	12	3	—	—	—	—	—	—	—	—
30-34 ...	18	5	—	—	—	—	—	—	1	—
35-39 ...	38	11	—	—	1	—	—	—	—	—
40-44 ...	51	23	—	—	—	—	—	—	—	—
45-49 ...	89	18	—	—	—	—	—	—	—	—
50-54 ...	140	24	—	—	—	—	—	—	1	—
55-59 ...	159	27	—	—	—	—	—	—	—	—
60-64 ...	177	36	—	—	1	—	—	—	—	—
65-69 ...	122	29	—	—	—	1	—	—	—	—
70-74 ...	76	43	—	—	—	1	—	—	—	—
75 & Over	56	63	—	—	—	—	—	—	—	—
Unknown	—	—	—	—	—	—	—	—	—	—
Total ...	949	301	2	—	3	3	—	—	2	1

TABLE 16

PROPHYLACTIC IMMUNIZATIONS 1967-71

Immunological Procedure	1967	1968	1969	1970	1971
Anti-Smallpox Vaccination	575,869	767,541	550,092	553,714	536,374
Anti-Cholera Inoculation	1,318,991	1,385,272	2,506,348	1,715,249	388,109
Anti-Diphtheria Inoculations:					
1st Dose	341,632	335,128	339,428	329,279	278,595
2nd Dose	301,097	293,746	331,250	320,757	289,040
Booster Dose	175,359	181,735	169,085	167,579	159,650
Anti-Typhoid Inoculations:					
1st Dose	29,799	32,324	27,744	14,456	14,969
2nd Dose	12,793	14,417	10,191	4,126	5,389
Booster Dose	61,447	67,464	72,989	92,813	75,648
Anti-Tuberculosis (B.C.G.) Vaccinations:					
Infants	85,917	80,354	77,004	75,749	76,191
Others	28,274	33,895	18,232	51,576	54,380
Poliomyelitis Vaccinations:					
1st Dose	107,302	97,754	85,145	82,659	85,243
2nd Dose	90,880	82,939	74,949	71,671	77,400
Booster Dose*	—	—	—	—	10,792
Oral Poliovaccine Type I for Newborn	69,495	62,869	59,057	57,065	57,512
Anti Measles Vaccination†	—	83,107	33,504	28,611	30,306

* From October 1971.

† From end of December 1967.

TABLE 17

NUMBER OF CANCER DEATHS BY AGE AND SEX, 1971

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	295	1	1	15	11	23	59	53	45	41	26	11	5	4	—
			F	105	—	—	3	3	10	14	9	16	20	13	2	6	9	—
A46	150	Malignant Neoplasm of Oesophagus	M	150	—	—	—	1	4	8	14	26	25	25	23	15	9	—
			F	69	—	—	—	—	—	1	7	7	3	8	10	15	18	—
A47	151	Malignant Neoplasm of Stomach	M	233	—	—	—	1	9	13	20	25	46	34	33	29	23	—
			F	145	—	1	1	1	5	7	9	12	14	24	13	22	36	—
A48	152, 153	Malignant Neoplasm of Intestine, except Rectum	M	95	—	—	4	1	5	9	6	5	21	14	12	9	9	—
			F	102	—	—	1	1	4	5	3	11	8	16	13	16	24	—
A49	154	Malignant Neoplasm of Rectum and Rectosigmoid Junction	M	70	—	1	3	1	1	4	5	8	13	7	9	5	13	—
			F	54	—	—	—	2	2	3	3	9	3	5	8	8	11	—
A50	161	Malignant Neoplasm of Larynx	M	45	—	—	—	—	1	5	4	8	7	9	6	5	—	—
			F	4	—	—	—	—	—	—	—	—	1	—	1	2	—	—
A51	162	Malignant Neoplasm of Trachea, Bronchus and Lung	M	534	—	—	1	2	10	24	38	87	97	101	81	58	35	—
			F	375	—	1	—	2	5	6	12	30	62	52	69	70	66	—
A52	170	Malignant Neoplasm of Bone	M	8	—	1	1	1	1	1	1	1	1	1	1	1	—	—
			F	12	—	3	—	—	—	—	—	—	—	—	—	—	—	—

TABLE 19

NEW CASES OF CANCER NOTIFIED TO THE CANCER REGISTRY BY AGE AND SEX, 1968

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	503 232	— —	6 4	28 11	37 7	63 28	74 38	84 28	74 33	66 29	30 27	21 16	9 5	8 6
A46	150	Malignant Neoplasm of Oesophagus ...	M F	132 47	— —	— —	— —	— —	5 —	7 2	14 4	25 4	26 7	18 7	23 10	3 7	8 3
A47	151	Malignant Neoplasm of Stomach ...	M F	201 108	— 1	— —	— —	4 5	8 1	14 8	30 10	28 9	42 11	32 17	24 16	9 12	4 4
A48	152, 153	Malignant Neoplasm of Intestine, except Rectum ...	M F	94 88	— 1	1 —	4 —	3 —	4 4	8 3	8 14	15 11	13 10	11 14	9 13	8 9	2 6
A49	154	Malignant Neoplasm of Rectum and Rectosigmoid Junction ...	M F	78 66	— 1	2 —	2 2	1 4	— 5	6 4	6 3	22 10	10 11	8 6	7 7	6 5	4 2
A50	161	Malignant Neoplasm of Larynx ...	M F	78 9	— 1	— —	2 —	1 —	3 —	3 1	9 1	8 3	16 2	16 1	6 —	7 —	6 —
A51	162	Malignant Neoplasm of Trachea, Bronchus and Lung ...	M F	283 197	— —	1 —	1 —	4 —	5 3	21 10	34 9	51 25	46 36	37 34	16 17	13 22	4 4
A52	170	Malignant Neoplasm of Bone ...	M F	18 11	1 —	3 —	5 —	1 —	— —	— —	— —	— —	2 —	3 —	1 —	1 —	2 —

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	49 31	1 —	— —	— 2	— 1	1 1	7 4	3 3	9 5	11 2	5 4	3 4	1 4	3 —
A54	174	Malignant Neoplasm of Breast ...	M F	361 2	— —	— 1	11 14	37 44	46 54	46 50	46 54	54 39	54 24	52 30	24 11	8 6	6 —
A55	180	Malignant Neoplasm of Cervix Uteri ...	F	440	—	—	5	18	46	65	76	75	54	52	24	11	8
A56	181, 182	Other Malignant Neoplasm of Uterus ...	F	104	—	1	5	5	4	14	12	17	22	8	5	6	4
A57	185	Malignant Neoplasm of Prostate ...	M	21	—	—	—	1	—	—	—	1	1	3	4	3	8
A58(a)	155	Malignant Neoplasm of Liver and Intrahepatic Bile Ducts, Specified as Primary ...	M F	285 63	— 1	2 —	6 —	14 1	16 4	36 4	34 1	39 9	46 8	32 10	23 6	12 5	11 8
(b)	156-160, 163, 171, 183, 184, 186-199	Malignant Neoplasm of Other and Unspecified Sites ...	M F	514 515	24 18	19 12	33 14	14 17	38 36	43 51	55 58	71 56	58 64	44 65	44 34	28 34	20 12
A59	204-207	Leukaemia ...	M F	13 2	6 —	2 —	1 —	1 —	— —	— —	— —	— —	1 —	1 —	— —	— —	— —
A60	200-203, 208, 209	Other Neoplasm of Lymphatic and Haemopoietic Tissue ...	M F	54 33	12 2	8 2	1 3	— 1	4 1	9 3	2 1	2 6	4 5	3 2	3 4	3 1	— 2
A45-A60	140-209	All forms of Cancer ...	M F	2,325 2,307	44 24	44 23	84 55	81 73	147 171	229 251	279 266	348 314	348 316	264 290	204 215	105 135	88 126

TABLE 23

TUBERCULOSIS NOTIFICATIONS 1957, 1962 AND 1967-71

Origin	1957	1962	1967	1968	1969	1970	1971
Govt. Chest Clinics ...	8,194	10,691	11,917	6,844	8,391	7,061	6,141
Other Govt. Inst. ...	2,517	1,680	1,167	688	482	494	524
Tung Wah Group ...		801	563	309	299	443	412
Other non-Govt. Inst. and Private Sources ...	2,954	1,091	1,606	1,951	1,900	2,079	1,951
Total ...	13,665	14,263	15,253	9,792	11,072	10,077	9,028
Notification rate per 100,000 population ...	499	432*	410*	258*	287*	255*	223*

* Based on revised population estimates after 1971 census.

TABLE 24

WORK OF GOVERNMENT CHEST SERVICE

GOVERNMENT CHEST CLINICS
1971

	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
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

TABLE 24—Contd.

ATTENDANCES AT GOVERNMENT CHEST CLINICS, 1971

Total Attendances ...	1,657,332
Total Patients attending, new and old ...	103,158
Number of new patients ...	39,696 (100.0%)
Total with examination completed ...	38,648 (97.4%)
N.S.D. ...	18,546 (46.7%)
Disease other than T.B. ...	6,171 (15.6%)
Non-respiratory T.B.	
(a) Meninges ...	2 (0.0%)
(b) Bones and Joints ...	51 (0.1%)
(c) Others ...	89 (0.2%)
Respiratory T.B.	
(a) Not active and unknown activity ...	7,472 (18.9%)
(b) Active ...	6,317 (15.9%)
By bacteriology and extent	
Negative	
A1 ...	2,086 (5.3%)
A2 ...	810 (2.0%)
A3 ...	133 (0.3%)
Positive	
B1 ...	917 (2.3%)
B2 ...	1,171 (2.9%)
B3 ...	779 (2.0%)
Incomplete	
O1 ...	276 (0.7%)
O2 ...	107 (0.3%)
O3 ...	38 (0.1%)
By bact. and presence of cavity	
Negative	
A Yes ...	266 (0.7%)
A No ...	2,763 (7.0%)
Positive	
B Yes ...	1,002 (2.5%)
B No ...	1,865 (4.7%)
Incomplete	
O Yes ...	57 (0.1%)
O No ...	364 (0.9%)
By previous history and treatment	
No previous history of T.B. ...	4,712 (11.9%)
Previously diagnosed no treatment ...	185 (0.4%)
Previously diagnosed and treatment ...	1,419 (3.6%)
Previous history not known ...	1 (0.0%)

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

TABLE 25

X-RAY SURVEY 1961-71

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.
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
1971 ...	48,247	0.45	49,821	0.39	8,543	0.75

TABLE 26

EXAMINATION OF NEW CONTACTS

1971

Number of patients listed ...	8,196
Number of contacts listed ...	22,587
(a) Number of children with negative tuberculin ...	1,502
Number of children given B.C.G. ...	1,499
(b) Number of contacts X-Rayed ...	12,934 (100.00%)
Results: N.S.D. ...	11,951 (92.40%)
Disease other than T.B. ...	358 (2.77%)
Respiratory T.B.	
Active A ...	84 (0.65%)
B ...	34 (0.26%)
O ...	8 (0.06%)
Not active ...	424 (3.28%)
Non-respiratory T.B. ...	0 (0%)
Result not yet known ...	75 (0.58%)

TABLE 27

CLASSIFICATION OF ORTHOPAEDIC TUBERCULOSIS OF NEW PATIENTS, BY SITE, 1967-71

Year	Site of Disease						TOTAL
	Spine	Hip Joint	Knee	Ankle	Femur	Others	
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
1971... ..	44	17	8	3	1	37	110

TABLE 28

MALARIA 1967-71

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
1967... ..	65	2	5	1	3	43	13
1968... ..	19	—	4	—	—	9	6
1969... ..	11	—	2	—	1	—	8†
1970... ..	3	1†	1	—	—	—	2‡
1971... ..	9	—	2	—	—	—	7‡

* Including floating population. † Case reported in 1969. ‡ Imported cases.

IDENTIFICATION OF PARASITES

Year	p. vivax	p. falciparum	p. malariae	Mixed infection	Species undetermined
1967... ..	56	5	2	1	1
1968... ..	14	—	3	—	2
1969... ..	3	4	4	—	—
1970... ..	2	—	1	—	—
1971... ..	6	2	1	—	—