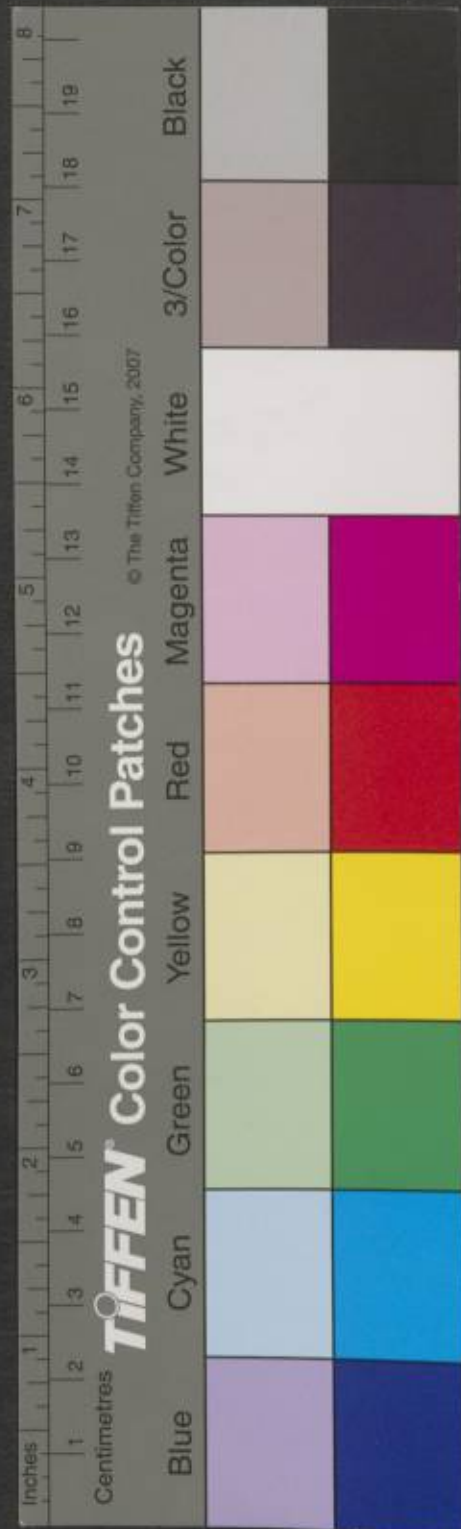


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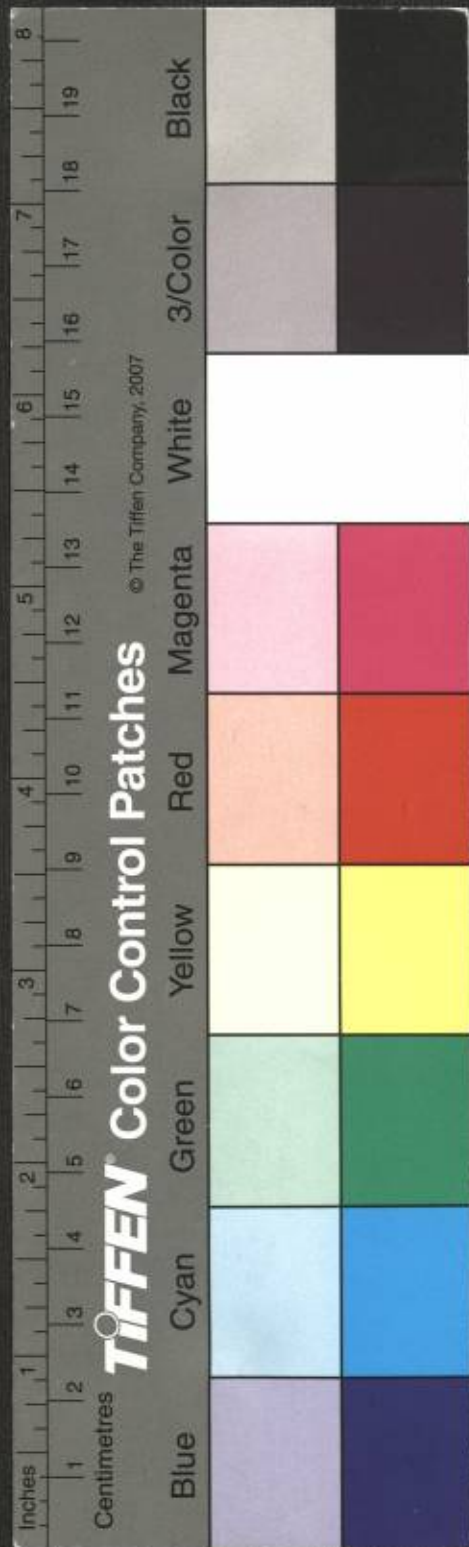
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HONG KONG  
ANNUAL DEPARTMENTAL REPORT  
BY THE  
DIRECTOR OF MEDICAL AND HEALTH SERVICES  
P. H. TENG  
FOR THE  
FINANCIAL YEAR 1964-65

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## I. INTRODUCTION

THE Colony of Hong Kong occupies a land area of 398½ sq. miles and the estimated mid-year population in 1964 was 3,692,200, of which approximately 85% was concentrated in the urban areas of Hong Kong Island and Kowloon. It is a young population, 40% being below the age of 15 years and only 5% over the age of 60.

2. The expansion of population in post-war years, due to unprecedented immigration and rapid natural increase, has created major difficulties in the fields of preventive and curative medicine. The problems arising from severe over-crowding have been aggravated by poor environmental hygiene in the pre-war tenement and other buildings where approximately 20% of the urban population are dependent on a night-soil collection service for sanitation, by large aggregations of squatter and roof-top dwellings and by exiguous water supplies. The severe water restrictions enforced by the drought of 1963 continued throughout the early months of 1964, but heavy rainfall from May onwards relieved the situation and a 24-hour supply was possible from September until the end of the year under review. Despite these difficulties the general level of the public health was well maintained.

3. In the following pages are reviewed the state of the public health and the more important developments in the work of the Medical and Health Department and of major voluntary agencies in receipt of subventions from Government for the support of medical activities. Detailed factual information covering all aspects of these fields is to be found in the Statistical Appendix to this report, the index to which is at page 56.

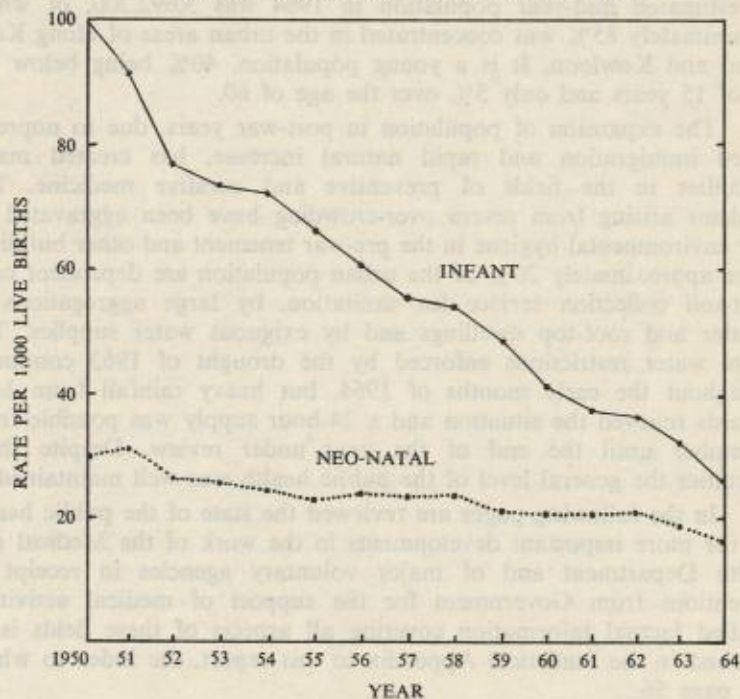
## II. PUBLIC HEALTH

### VITAL STATISTICS

4. Both the live birth rate and the crude death rate continued to decline. The latter, at 4.9 per thousand of population, is now one of the lowest in the world and reflects the rapid improvement of medical and health services in a young and expanding population. The total number of live births was the lowest recorded since 1959 and the natural increase was 90,406, over five thousand less than the previous year.

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

FIGURE 1  
INFANT AND NEO-NATAL MORTALITY 1950-64



#### Infant Mortality

6. The marked decline in infantile mortality has been due to rapidly-improved control of the preventable diseases of later infancy, particularly of broncho-pneumonia, gastro-enteritis and tuberculosis; in addition, improvements in the midwifery and maternal health services are gradually reducing the dangers of prematurity. As has been the experience in other countries, congenital malformations and other diseases of the new-born are proving more intractable and mortality from these causes has, as yet, been unaffected.

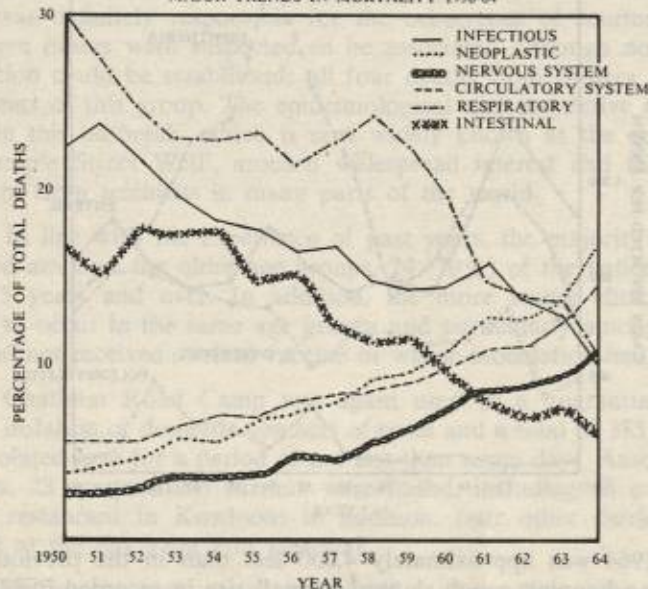
#### Maternal Mortality

7. Here also the statistics pertaining to Hong Kong are now approaching the standards prevailing in the advanced countries of the world. During recent years there have been continuing reductions in deaths from toxæmia, hæmorrhage and puerperal sepsis, although mortality from abortions and ectopic pregnancies has remained comparatively unaffected.

#### General Mortality

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

FIGURE 2  
MAJOR TRENDS IN MORTALITY 1950-64

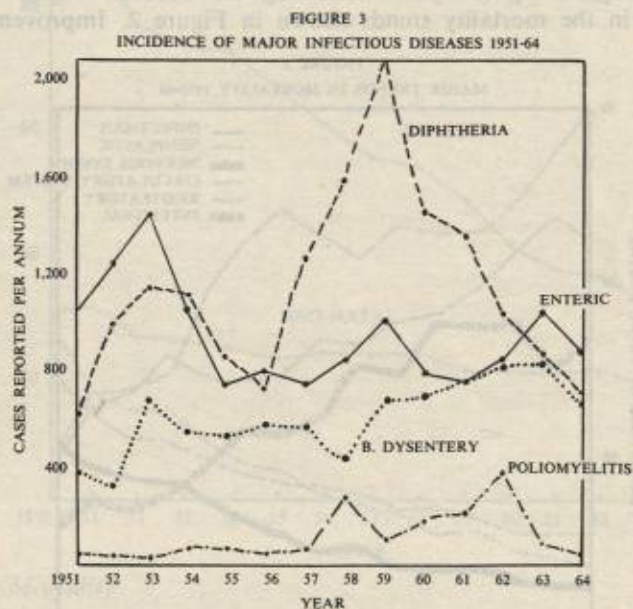


the general level of public health are demonstrated by the decline in mortality from infectious, respiratory and intestinal diseases, while the ageing of a relatively young immigrant population is reflected by the increasing mortality from neoplastic, neurological and circulatory diseases.

9. Of particular note has been the rise in deaths from carcinoma of the lung. These have increased from a mortality rate of 2.0 deaths per 100,000 population in 1951 to 12.2 deaths per 100,000 in 1964, a rate of increase which is more than twice that observed in respect of other neoplastic diseases.

#### COMMUNICABLE DISEASES

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



during 1964 was approximately 4,000 less than in the previous year, and only whooping cough showed a small rise in recorded incidence.

#### Cholera

11. Following the occurrence of a completely sporadic case of cholera El Tor in February, 1964, Hong Kong remained free from infection until 30th April, 1964, when a second case was notified. The

Colony was declared infected on 1st May and thereafter a further 32 cases were reported, the onset of the last notified case being 30th June. There were four deaths. The Colony was declared free from infection on 11th July and remained so for the remainder of the period covered by this report.

12. Most of the patients came from tenements, resettlement estates and squatter areas, and no case occurred among the boat dwellers. One case, notified on 12th May, was traced to a food-handler in a restaurant in Hong Kong who was a symptomless excretor of vibrios. On 13th May there commenced a short but severe outbreak in Kowloon which was traced to a well in a restaurant; this well had been infected by an employee of the restaurant who had experienced a very mild attack of gastro-enteritis and who was subsequently found to be excreting vibrios. The infection of the restaurant premises by the use of this polluted water was definitely responsible for the occurrence of fourteen cases, and three others were suspected to be associated although no definite connection could be established; all four deaths from cholera occurred in patients of this group. The epidemiological and preventive measures taken in this outbreak, which is now widely known as the episode of the 'Temple Street Well', aroused widespread interest and favourable comment from scientists in many parts of the world.

13. In line with the experience of past years, the majority of cases occurred amongst the older age groups, 24 (70%) of the patients being aged 45 years and over. In addition, the more severe clinical cases tended to occur in the same age groups and particularly amongst those who had not received cholera vaccine or whose inoculation had expired.

14. Chatham Road Camp was again used as a quarantine centre for the isolation of domestic contacts of cases and a total of 385 contacts were isolated here for a period of not less than seven days. Among these contacts, 23 symptomless carriers were found, including 18 employees of the restaurant in Kowloon; in addition, four other carriers were isolated at the Sai Ying Pun Hospital.

15. During the year, approximately 65% of the Colony's population received anti-cholera inoculations. Demand for such inoculation was heavy in the week commencing 18th May, and the highest number of inoculations in one day (131,000) was recorded on the 22nd May.

16. Testing of the night-soil in the urban areas has been continued as a routine year-round measure. Eleven out of fifteen routes on Hong

Kong Island and all eleven routes in Kowloon were found, at one time or another, to be infected with cholera vibrios. This widespread dissemination of the organism throughout the community is evidence of a large number of symptomless carriers, and was particularly noticeable in Kowloon immediately prior to the notification of the first case from the 'Temple Street Well'. The last infection of night-soil was reported on 28th June.

17. Routine sampling of foodstuffs, such as shell-fish, fresh-water fish and fruits, all proved negative. However, epidemiological investigations of the homes of each patient were of some interest; seventeen of the homes, exactly 50%, showed wide dissemination of the vibrio. Places most commonly found infected were latrine pans, drainage outlets, dustbins and food chopping-blocks.

18. Incidental observations, which are being further investigated, showed a variation in the frequency of isolation of non-agglutinable vibrios (vibrios not agglutinated by cholera anti-sera) suggesting waves of infection rather than sporadic appearance of saprophytic organisms. There was also a remarkable reduction in such isolations following the appearance of cholera El Tor. The significance of these findings is not clear as yet and further work is proceeding.

#### Amoebiasis

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

#### Bacillary Dysentery

20. The incidence of this disease remained high during the drought conditions in the earlier part of the year, but showed a marked decrease to below-average incidence during the last seven months following the onset of heavy rains and subsequent relaxation of the severe water restrictions. As in previous years, the organisms commonly isolated were *S. flexneri* and *S. sonnei*.

21. During investigations of the reported cases, a total of 139 symptomless carriers was discovered and appropriate treatment administered.

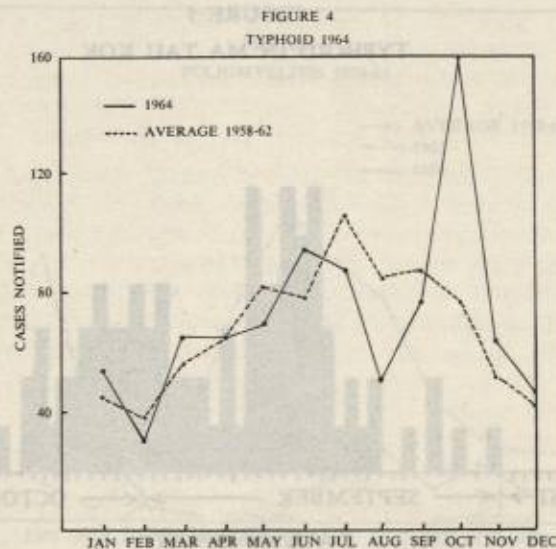
#### Diphtheria

22. As demonstrated in Figure 3, diphtheria incidence has shown a continuous decline since the commencement of an intensive and year-round immunization campaign in 1959. Although somewhat disrupted by the cholera and poliomyelitis immunization campaigns of recent years, this programme continues to give encouraging results. *C. diphtheriae mitis* remained the predominant organism; consequently most cases presented with laryngeal symptoms and, as in previous years, approximately 75% of cases were in children under the age of ten. The case mortality rate declined significantly from 9.87% in 1963 to 5.44% in 1964.

23. During the latter months of 1964 single cases occurred in two schools and investigations revealed a total of twelve carriers, including one teacher, amongst the immediate contacts. In all, 114 carriers were discovered amongst contacts of reported cases; each was treated and, if necessary, isolated until proved free of infection.

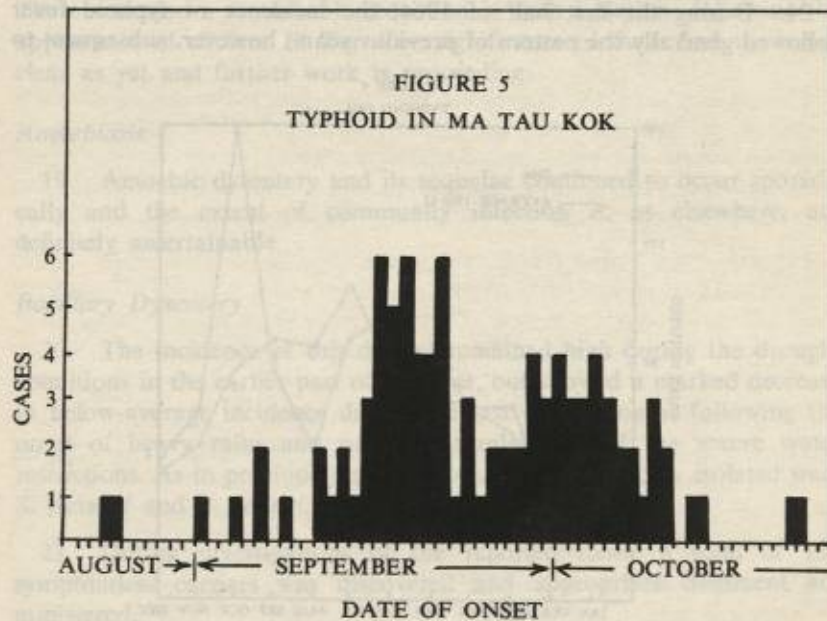
#### Enteric Fever

24. During the first half of 1964, the incidence of typhoid fever followed generally the pattern of previous years; however, subsequent to



the introduction of a daily water supply in June, there was a marked decrease in incidence during July and August. In September and October an outbreak of the disease occurred in the Ma Tau Kok area of North-East Kowloon and consequently figures of cases notified during these two months showed a marked increase. Monthly notifications are illustrated in Figure 4.

25. The outbreak, the course of which is shown in Figure 5, was confined mainly to persons living within a small area of the Ma Tau Kok district although a number of cases occurred in persons living elsewhere but working or going to school in Ma Tau Kok. Owing to the comparatively long incubation period of the disease, difficulty was encountered in obtaining accurate information of the patients' eating habits during the critical period, but there was sufficient incrimination of certain restaurants and cooked-food-stalls for action to be taken. Due to the numbers of food handlers involved and the possibility of scanty or intermittent excretion of organisms by carriers, Vi antibody titres were used for screening food handlers to determine those who might be implicated; eight showed titres of 1:64 or higher and were



therefore isolated for further investigation and treatment. Although *S. typhi* could not be recovered from any of these persons, the outbreak declined after their removal from food-handling practice.

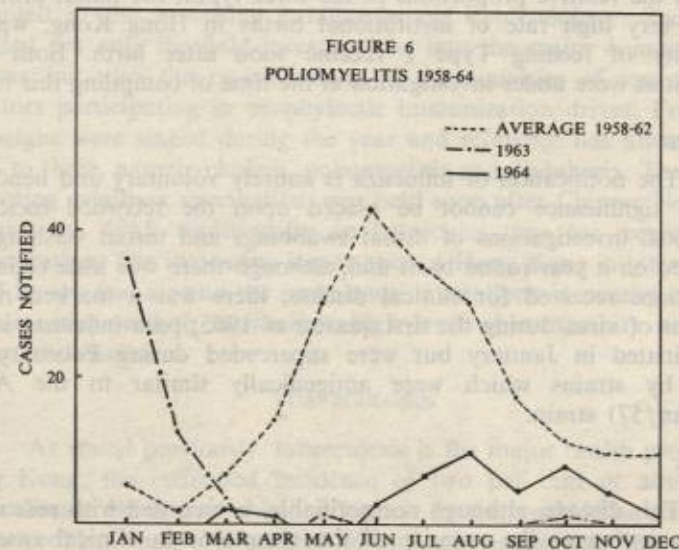
26. The use of Vi antibody titre for discovery of typhoid carriers has been practised on an experimental and empirical basis. In August, its use enable a few cases amongst children to be traced to two women who were dispensing soft ice-cream; these women had high titres and were subsequently found to be excreting *S. typhi*.

#### Measles

27. In Hong Kong, as in other parts of the world, this disease recurs every two years as a wave of infection spreading throughout children age 0 - 2 years. Such a wave of infection was experienced during the winter months of 1964-65, commencing in December 1964 and reaching a peak in January and February of 1965. The mortality, due mainly to complicating advanced broncho-pneumonia, remained low.

#### Poliomyelitis

28. The incidence of acute poliomyelitis during recent years is illustrated in Figure 6 and will be seen to have remained low since the



widespread campaign using oral vaccine early in 1963. Approximately half of all children born receive the vaccine at Maternal & Child Health Centres and general campaigns are held in January and March each year in an attempt to fully immunize the remainder.

29. It will be seen from Figure 6 that there was a recrudescence of the disease in the latter part of 1964 which, although low by comparison to notifications in the years prior to 1963, gave rise to some concern. An intensive educational drive was undertaken in conjunction with the immunization campaign staged in the first quarter of 1965 with a reasonably satisfactory response and it is hoped that this response will be reflected in future epidemiological statistics.

30. Virological investigation of the disease is maintained on a routine and year-round basis. Of the 37 cases reported during 1964, 18 were due to Type I virus, 17 due to Type III virus and the remaining two to Type II; only two of the cases notified had received two doses of triple vaccine. These findings, coupled with the results of previous surveys which had revealed that only two-thirds of those receiving vaccine showed a response to Type I vaccine, suggested two methods by which the incidence of the disease might be reduced even further. One of these methods was a variation in the composition of the vaccine between the relative proportions of the three types; the other, prompted by the very high rate of institutional births in Hong Kong, was the possibility of feeding Type I vaccine soon after birth. Both these possibilities were under investigation at the time of compiling this report.

#### *Influenza*

31. The notification of influenza is entirely voluntary and hence too great a significance cannot be placed upon the recorded incidence. Virological investigations of throat swabbings and throat washings are continued on a year-round basis and, although there was little change in notifications received for clinical disease, there was a marked rise in isolations of virus during the first quarter of 1965; para-influenza strains predominated in January but were superceded during February and March by strains which were antigenically similar to the A2/57 (A/Asian/57) strain.

#### *Tetanus*

32. This disease, although not notifiable, is recorded with reasonable accuracy owing to the severity of the symptoms in clinical cases. In

past years, approximately half the cases reported were newborns whose birth had not been attended by trained personnel and who had been exposed to various hazards from unsterile materials, particularly the use of a powder containing raw ground ginger root as an umbilical styptic. It is encouraging to record that, in 1964, tetanus neonatorum was responsible for only one-third of the recorded cases of the disease and that the infantile mortality from such infection was 0.25 deaths per 1,000 live-births as compared with 0.42 deaths per 1,000 in 1963 and 1.4 deaths per 1,000 in 1950.

33. Developments in certain other communicable diseases are reviewed later in this report while the remainder showed little variation during 1964 and hence require no comment.

### III. WORK OF THE HEALTH DIVISION

#### AREA HEALTH WORK

34. Much of the work of the area Health Officers, apart from their duties with the Urban Services Department in the maintenance of satisfactory standards in environmental sanitation and food hygiene, has been recounted in the preceding paragraphs on Epidemiology. Such work included not only the field investigations into the major communicable diseases but also the co-ordination of the activities of teams of inoculators participating in prophylactic immunization drives. Four such campaigns were staged during the year and reference has already been made to three, namely cholera, poliomyelitis and diphtheria. The fourth, promoting smallpox vaccination, was held soon after Chinese New Year in February, 1965, traditionally an auspicious time for receiving this immunization. The increasing importance of Hong Kong in international travel by sea and air and the prevalence of smallpox in nearby countries underline the need to maintain a high level of community protection against the disease.

#### TUBERCULOSIS

35. As stated previously, tuberculosis is the major health problem of Hong Kong, the estimated incidence of two per cent of adults with active disease being probably the highest in the world. The magnitude of the problem makes it impossible both physically and financially to

provide institutional accommodation of the order required for the isolation of all infectious cases.

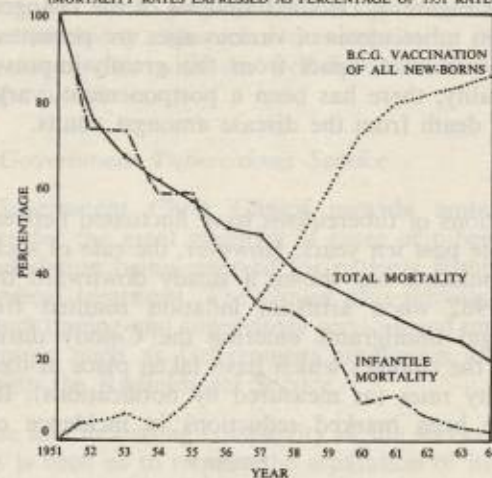
36. The policy for control of the disease has been to protect, by vaccination with B.C.G., those most vulnerable to fatal post-primary manifestations, to provide out-patient facilities for the ambulatory treatment of as many tuberculosis patients as possible and to reserve the limited hospital accommodation for patients not responding to ambulatory treatment or in need of surgical intervention. In the execution of this policy there has been a high degree of co-operation between Government and voluntary agencies concerned with the problem, particularly the Hong Kong Anti-Tuberculosis Association. The Government Tuberculosis Service maintains the B.C.G. vaccination and out-patient treatment programmes while the voluntary agencies, aided by substantial Government subventions, maintain the hospitals. To ensure the maximum co-operation and co-ordination, a small committee was formed in February, 1965, under the chairmanship of the Assistant Director of Medical and Health Services (Health) and comprising representatives of the Government Tuberculosis Service and of the Hong Kong Anti-Tuberculosis Association.

37. The formation of this committee was in accordance with the acceptance of certain recommendations made by Professor F. HEAF, C.M.G. and Dr. Wallace Fox in their report to Government on the future of the Colony's tuberculosis control programme. Other recommendations made in the report, particularly those concerning research, had far-reaching financial and sociological implications; these required detailed and expert study which was undertaken by a small group under the chairmanship of Dr. the Hon. A. M. RODRIGUES, C.B.E. and including representatives of Government, the University of Hong Kong and the Hong Kong Anti-Tuberculosis Association. The report submitted by this group was being considered by the Medical Advisory Board at the end of the year under review.

#### Mortality

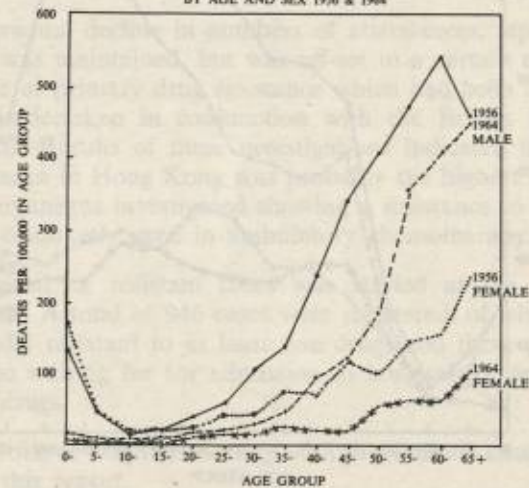
38. The death rates from all forms of tuberculosis continued the decline shown in past years, and the trends since 1951 are illustrated in Figure 7.

FIGURE 7  
TUBERCULOSIS MORTALITY & B.C.G. VACCINATION OF NEW-BORNS  
1951-64  
(MORTALITY RATES EXPRESSED AS PERCENTAGE OF 1951 RATES)



39. Infantile mortality rate from the disease has shown an even more impressive reduction than the overall rate; this is attributable, at

FIGURE 8  
TUBERCULOSIS MORTALITY  
BY AGE AND SEX 1956 & 1964

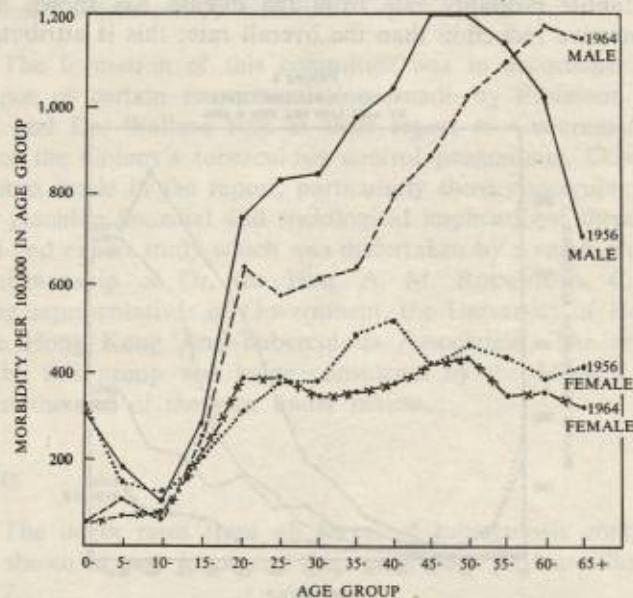


least in part, to the wide acceptance of vaccination with B.C.G. for newly-born babies and the increasing application of this measure is also demonstrated in Figure 7. Detailed analysis of the changes taking place in mortality from tuberculosis of various ages are presented in Figure 8; it will be observed that, apart from the greatly-improved control of childhood mortality, there has been a postponement, varying from five to ten years, of death from the disease amongst adults.

### Morbidity

40. Notifications of tuberculosis have fluctuated between 12,000 and 15,000 during the past ten years. However, the rate of such notifications per unit of population has shown a steady downward trend, with the exception of 1962 when artificial inflation resulted from the large number of illegal immigrants entering the Colony during that year. Figure 9 shows the changes which have taken place in the age and sex-specific morbidity rates (as measured by notifications). It will be seen that there have been marked reductions in incidence of the disease

FIGURE 9  
TUBERCULOSIS MORBIDITY 1956 & 1964  
(AS MEASURED BY NOTIFICATIONS)



during childhood, that there has been little change in the vulnerability of young adults between the ages of 15 and 24 and that in the older age-groups there has been, particularly amongst women, only a slight decrease in the morbidity. The relative susceptibility of males, except in childhood, corresponds with the well-documented pattern recorded elsewhere in the world.

### Work of the Government Tuberculosis Service

41. The Government Chest Clinics provide ambulatory chemotherapy services for the great majority of cases of tuberculosis presenting, hospital admission being reserved for patients requiring specialized surgical or medical treatment. The clinics also provide medical social work and contact tracing and supervisory services and undertake surveys of selected groups, such as Government employees and prisoners, in co-operation with the Radiological Service.

42. The size and increasing complexity of the service for the control of tuberculosis is such as to require the separation of its administration from the clinical supervision of cases. Accordingly, one post of Specialist was substituted by a post of Assistant Director, who will be responsible for all public health and administrative aspects of this complex organization while the diagnosis and treatment of cases will continue to be supervised and controlled by a clinical specialist in chest diseases.

43. The gradual decline in numbers of attendances, reported during recent years, was maintained, but was off-set to a certain extent by the high incidence of primary drug resistance which had been demonstrated by research undertaken in conjunction with the British Medical Research Council. Results of these investigations indicated that the level of drug resistance in Hong Kong was probably the highest in the world, 40% of the organisms investigated showing a resistance to one or more of the drugs commonly used in ambulatory chemotherapy.

44. A register of resistant cases was started at the main clinics during the year. A total of 946 cases were registered, of which 810 were bacteriologically resistant to at least one drug, and these patients were entered on the waiting list for admission to hospital for treatment with 'second-line' drugs.

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

MALARIA BUREAU

46. The Malaria Bureau continued routine control operations for the protection of the population in the main urban areas of Hong Kong Island and Kowloon and also in certain circumscribed rural areas of the New Territories at a cost of 35 cents per head of population protected. In addition to monitoring of the control programme, malariometric, mosquito and parasite surveys were also pursued by field and laboratory staff.

47. The incidence of malaria continued to decline, notifications being approximately one-half of those in 1963; this can be attributed most probably to the prolonged drought followed by a period of extremely heavy rainfall, a meteorological pattern which must inevitably have played havoc with the life-cycle of the stream-breeding anophelines which are the main transmitters of the disease in Hong Kong. The incidence of natural malaria transmission in the controlled areas continued to be virtually nil.

SOCIAL HYGIENE SERVICE

*Venereal Diseases*

48. The incidence of venereal disease followed the general trends of recent years, namely decline of latent syphilis and of gonorrhoea. However, the incidence of early infectious syphilis, which had been rising

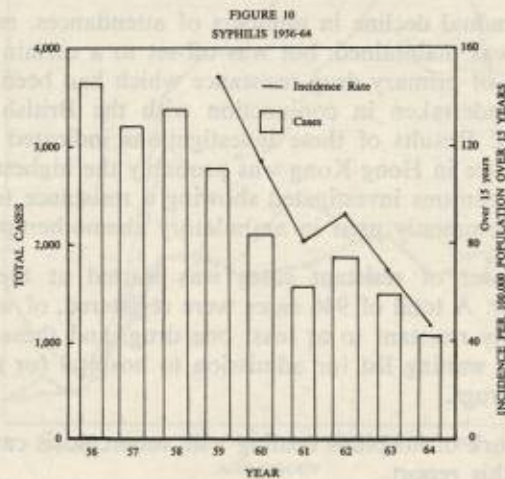
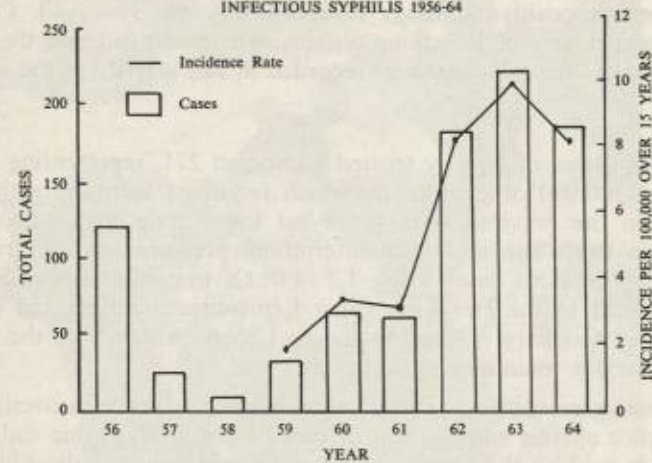
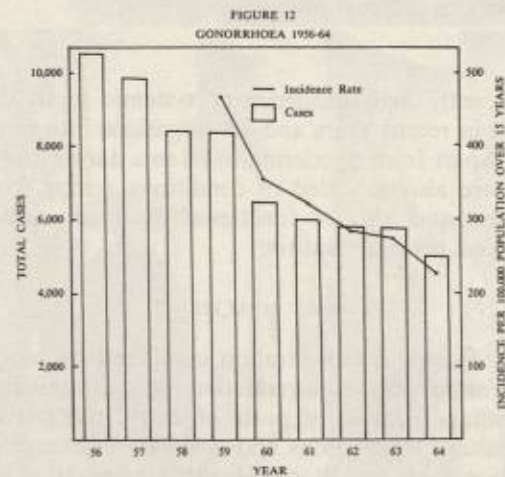


FIGURE 11  
INFECTIOUS SYPHILIS 1956-64



gradually since 1958 in general conformity with world statistics, showed a reduction; although it is as yet too early to say whether or not this is anything but a temporary phenomenon, it is encouraging to note that the incidence in the teenage group of the population has not risen in the manner experienced in many other parts of the world. The trends over the past nine years are illustrated in Figures 10 to 12.



49. Case finding continued at a high level, particularly in ante-natal cases where a positive serology rate of 1.8% was observed. Contact tracing, particularly of infectious syphilis, was intensified and the gratifying figure of 70.6% success was recorded in this activity of the service.

#### *Leprosy*

50. New cases of leprosy treated numbered 271, representing a rate of 7.3 per 100,000 of population, which is almost identical with rates recorded in the previous four years but lower than the rate of 10.1 recorded in 1959. Tuberculoid manifestations predominated, the ratio of these to lepromatous cases being 1.7 : 1.0. Of the infectious cases, 118 were admitted to the Hei Ling Chau Leprosarium maintained by the Hong Kong Auxiliary of the Mission to Lepers, with whom the Social Hygiene Service maintains close liaison.

51. During recent years there has been some advance in overcoming the prejudice against employment of cured lepers and, to this end, great attention is paid by the Service towards the prevention of disabilities in tuberculoid cases. A notable step was the enactment of the Leprosy (Repeal) Ordinance and the consequent addition of leprosy to the list of notifiable infectious diseases. The effects of this Ordinance and accompanying legislative measures, which are expected to be brought into force in June, 1965, are part of a world-wide appreciation of the fact that leprosy is no longer a disease calling for discriminatory measures against affected persons.

#### *Dermatology*

52. A significantly high incidence of systemic lupus erythematosus has been noticed in recent years and investigations into possible reasons are proceeding. Apart from pyoderma in infants during summer months, high incidences are also recorded of conditions arising from urtication and lichenification and also of functional disorders such as alopecia areata, vitaligo and neurodermatitis.

#### PORT HEALTH

53. The Port Health Administration continued its routine duties in respect of prevention of the introduction of quarantinable infectious diseases, the sanitary control of ports of entry, the provisions of the International Sanitary Regulations and a weekly exchange of epidemiological information with the World Health Organization.



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

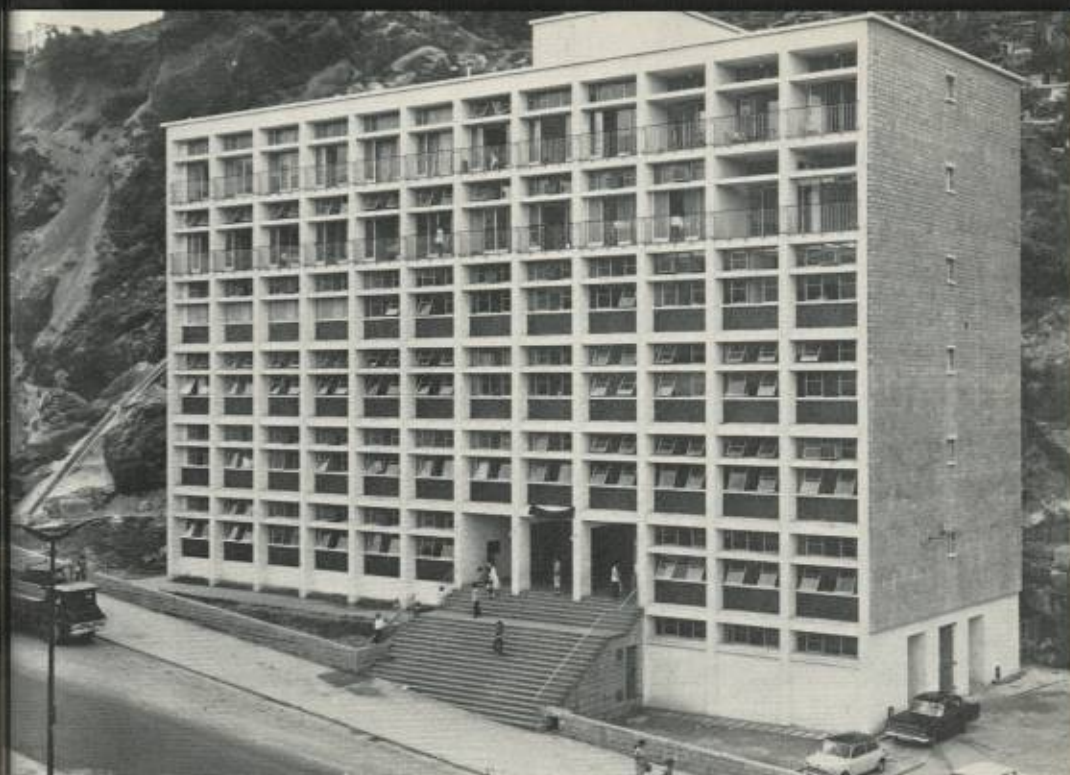


The Health Visitor waves 'au revoir' to the village mothers and their children.



Jockey Club Health Centre, Kwun Tong opened on 23.4.64.

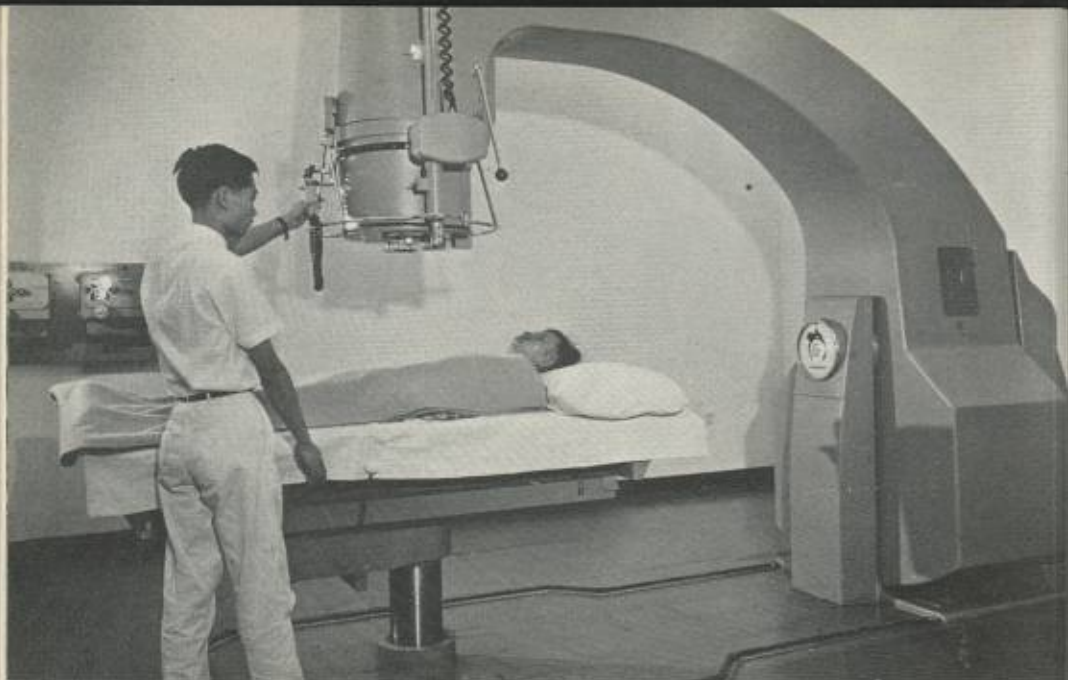
Lions Club Government Maternal and Child Health Centre, Kowloon City  
opened on 19.5.64.



Jockey Club Polyclinic, Shau Kei Wan opened on 15.7.64.

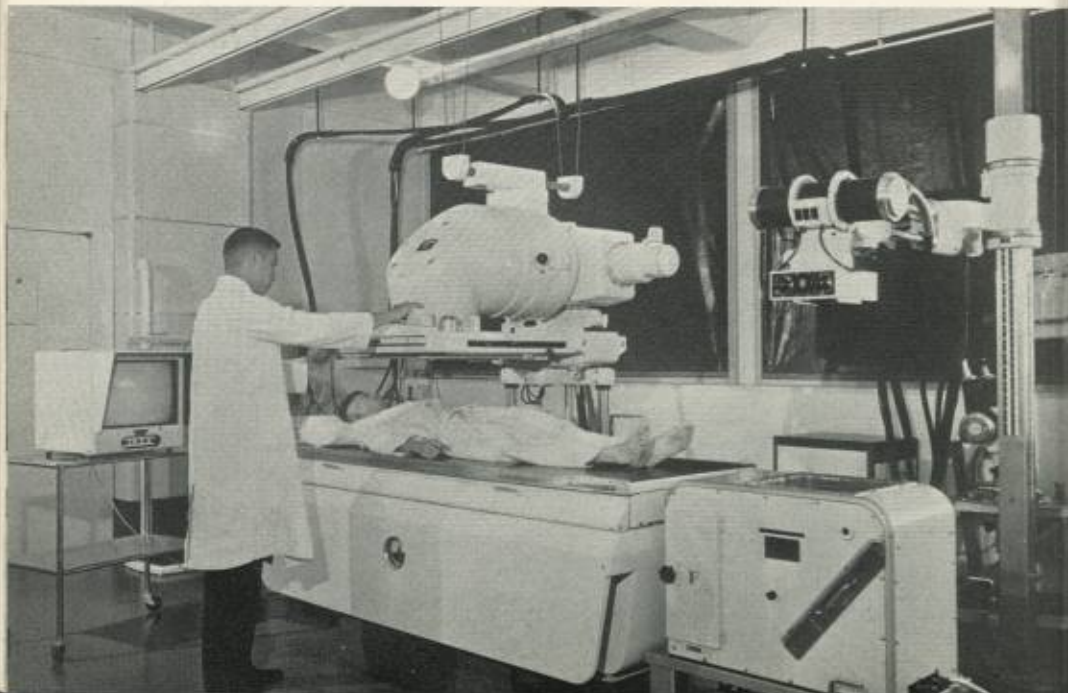
Sha Tin Clinic and Maternity Home, donated by the United States of America  
and opened on 11.2.65.





A Linear Accelerator in operation at the Jockey Club Radiological Institute, Queen Elizabeth Hospital.

Radiodiagnostic equipment in operation in the Jockey Club Radiological Institute, Queen Elizabeth Hospital.



54. With the increasing importance of Hong Kong as a tourist and an international transit centre, the work of the Service has gradually increased during recent years. In the year under review, there was a marked increase in traffic with Macau owing to the introduction of new vessels on the route, notably a number of fast hydrofoil craft.

#### DISTRICT MIDWIFERY SERVICES

55. Owing to the difficulties of domiciliary delivery under existing housing conditions, approximately 93% of births took place in institutions, either hospitals or maternity homes. It is of interest that 20.5% of all births were in maternity centres attached to Government clinics and 38% were attended by midwives in private practice.

56. During the year a total of 72 maternity beds was provided in three new Government centres at Kwun Tong, Shau Kei Wan and Sha Tin. The domiciliary centre in Sham Shui Po was closed owing to the small number of cases attending and was transferred to the Tai Wo Hau Resettlement Estate in the rapidly-expanding township of Tsuen Wan where demand was greater and conditions more suitable for home deliveries.

#### MATERNAL AND CHILD HEALTH SERVICES

57. There is increasing public appreciation of the value of these services in the maintenance of health amongst infants and mothers, and 53.6% of children born attended a Centre on at least one occasion; the corresponding figure for 1963 was 45.8%. Only 0.14% of the new attendances at infant welfare centres were found to have abnormalities; of these, the majority were either congenital defects or the effects of prematurity. A further encouraging trend is the increasing appreciation by expectant mothers of the need for regular ante-natal care as reflected in increasing attendances at ante-natal sessions and by the low maternal mortality rate.

58. Three new full-time centres were opened during the year at Kwun Tong Jockey Club Clinic, the Shau Kei Wan Jockey Club Clinic and the Lions Club Government Maternal and Child Health Centre in the Kowloon City area.

#### SCHOOL HEALTH SERVICE

59. The Medical and Health Department undertakes in all registered schools responsibility for environmental sanitation, the control of

communicable disease, health education and immunization against diphtheria, smallpox, cholera and typhoid. Since 1933 the Department had maintained also a medical inspection and curative service for a limited number of participants in a contributory school health scheme. For some years this scheme had been under review and in September, 1964, it was replaced by a School Medical Service operated by private medical practitioners.

60. Tuberculin testing was carried out during the year to check the sensitivity state of pupils at various ages with the aim of identifying the most suitable age group to which the B.C.G. vaccination service could be extended as a routine. New entrants to, and pupils in Class 6 of Primary Schools and pupils in Form 5 of Secondary Schools were investigated and showed negative rates of 18.5%, 5.4% and 2.7% respectively.

#### SCHOOL MEDICAL SERVICE BOARD

61. After prolonged negotiations with the private medical practitioners through the Chinese Medical Association, the School Medical Service commenced in September, 1964. This service is administered by the School Medical Service Board, an independent body incorporated by Ordinance and is operated by private medical practitioners. Remuneration of the doctors is on a per capita basis and half the fees are contributed by participants; Government provides the remaining funds and, in addition, donates \$1 per participant for the administrative expenses of the Board.

62. By the end of the year under review over 250 doctors were participating in the scheme, providing out-patient medical care for nearly 82,000 pupils from 485 schools.

#### DENTAL SERVICE

63. In past years the Dental Service had operated in two divisions. One provided dental care for government officers and dependents and limited specialized treatment for in-patients of Government hospitals, for prisoners and for small numbers of the general public; the other was a school service for the very limited number of participants in the School Health Service and this ceased in September 1964 when the School Medical Service Board commenced to function.

64. In April 1964 a two-surgery clinic incorporated in the Jockey Club Health Centre at Kwun Tong was opened, although it was not

possible to staff it fully until January, 1965. In July a three-surgery clinic in the Jockey Club Clinic at Shau Kei Wan was completed and in August the third dental surgery at the Queen Elizabeth Hospital, provided as an ancillary to the radiotherapy unit, came into operation.

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

66. Although no training in dentistry is undertaken in Hong Kong, a programme of overseas training is maintained by Government and during the year three scholarships were awarded to students for study in the University of Otago in New Zealand. In-service training in dental technology is available for students in Government employment and evening classes are held in the Hong Kong Technical College for technicians in private employment.

#### FORENSIC PATHOLOGY

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

68. Owing to the abnormal number of typhoons during the year, there was an increase in deaths due to natural disasters, a total of 84 bodies from four typhoons being received by the public mortuaries; Typhoon 'Ruby' was responsible for nearly one-half (41 deaths). In addition, disasters from the foundering of junks carrying illegal immigrants resulted in thirteen deaths, while fires and house collapses accounted for a further nine.

#### GOVERNMENT CHEMICAL LABORATORY

69. The volume of work remained at a high level and covered a wide variety of analyses. The termination of the water emergency did little to alleviate the pressure, as the opening of three new water treatment plants and the continued search for new sources of supply were reflected in the number of water samples submitted.

70. Owing to complaints received from overseas importers of plastic toys, it was necessary to undertake an extensive survey of the industry;

some difficulty was encountered initially owing to uncertainty as to whether 'total' or 'soluble' lead content should be the basis for assessment of the problem, and it was finally agreed with agencies elsewhere that the total content would be used. Other commercial investigations of interest were in connexion with illegal removal of 'markers' from diesel oil, considerable ingenuity and chemical knowledge being exercised by operators in this criminal activity; it is hoped that the use of infra-red spectroscopy will achieve a more radical solution of this problem.

71. Work in the narcotics field increased considerably during the year, a marked feature being the lower proportion of actual narcotics in many of the mixtures seized. It would appear that much cruder methods are being used in illicit manufacture and that there is marked adulteration of the product before sale; this has required more complex, time-consuming and detailed analyses to evaluate the narcotic content of seizures.

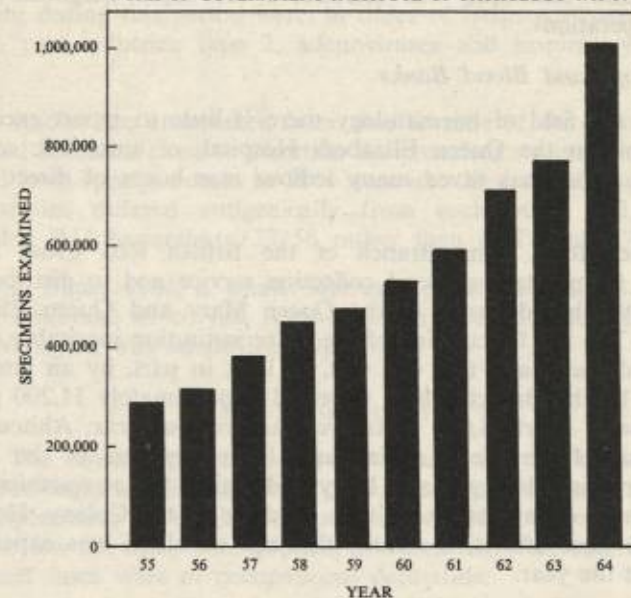
72. In chemistry of food, the main emphasis was on the identification of preservatives. Apart from examinations for the contents of such well-known substances as benzoic acid or salicylic acid, the introduction as legally-permitted preservatives of the group of additives known as p-hydroxybenzoic acid esters has posed new technical problems, and various investigations and experimental work were undertaken in respect of these chemicals.

#### GOVERNMENT INSTITUTE OF PATHOLOGY

73. The expansion of medical services in Hong Kong and the increasing importance of laboratory investigations in both curative and preventive medicine have been reflected in the Government Institute of Pathology, whose work over the past ten years is illustrated in Figure 13. The total number of investigations undertaken by the Institute in 1964 represented a 34.4 per cent rise over the figures for 1963. This marked increase was due mainly to the full operation of the Queen Elizabeth Hospital with a consequent steady rise in demand for clinical pathology, while a further factor was the relatively short duration of the cholera outbreak which therefore did not interfere with routine services to an appreciable extent.

FIGURE 13

WORK OF GOVERNMENT INSTITUTE OF PATHOLOGY 1955-64



#### Bacteriology

74. Apart from routine clinical work, the year-round monitoring of nightsoil and of cases of gastro-enteritis for cholera vibrios was continued, together with other epidemiological studies of which the most notable were the intensive bacteriological investigation in connexion with the 'Temple Street Well' and the assessment of the value of Vi antibody titres in the control of typhoid fever. Other projects included phage typing of El Tor vibrios and studies of the characteristics and distribution of non-agglutinable vibrios. In tuberculosis, bacteriological investigations were carried out, in collaboration with laboratories in Britain, during controlled trials of two anti-tuberculosis drugs, ethionamide and isoxyl.

#### Clinical Pathology

75. The histopathology section of the Queen Elizabeth Hospital laboratories opened in May 1964 and shortly thereafter the Institute accepted responsibility for all routine post-mortem examinations re-

quired by the clinical units in the hospital. Later in the year the frozen-section technique was introduced for rapid diagnosis during surgical operations.

#### *Haematology and Blood Banks*

76. In the field of haematology there is little to report except the introduction, in the Queen Elizabeth Hospital, of automatic counting equipment which has saved many tedious man-hours of direct microscopy.

77. The Hong Kong Branch of the British Red Cross Society continued to maintain a blood collection service and to distribute the blood to the blood banks at the Queen Mary and Queen Elizabeth Hospitals. The full functioning of the latter institution inevitably created increased demand and this was met, at least in part, by an intensified campaign by the Branch which provided approximately 11,200 pints—an increase of nearly 3,000 pints over the previous year. Although the greater part of the blood again came from members of the Armed Services or from visiting Royal Navy and United States warships, there are increasing donations by Chinese residents of the Colony. However, despite all these efforts, a serious shortage of blood was experienced throughout the year.

#### *Virology*

78. The Virus Laboratory is equipped mainly for diagnostic and survey work in connexion with entero—and respiratory viruses. It is designated a National Influenza Centre by the World Health Organization.

79. Routine identification of poliovirus and the conduct of serological surveys to assess the oral vaccination campaign were continued. A comparatively poor rise in Type I antibody following vaccination prompted an alteration in the composition of the trivalent vaccine used and an investigation into the value of administering Type I vaccine soon after birth; at the end of the year under review, further serological surveys were being conducted to ascertain the value of these innovations. Poliomyelitis virus types I and III continued to be almost equally the causative agents in clinical cases and only two cases of Type II were encountered; in addition, coxsackie virus, Group B, types 4 and 5 were each isolated from other patients in whom poliomyelitis was at first suspected.

80. In collaboration with the World Health Organization, a respiratory virus survey was conducted in the last quarter of 1964. The viruses prevalent during this period were, in order of frequency, para-influenza type 1, para-influenza type 2, adenoviruses and respiratory syncytial virus.

81. Studies are undertaken from time to time of throat swabs from suspected influenza cases to ascertain the prevalent strains. Three strains isolated from sporadic cases in 1964 were identified as Influenza type B; these strains differed antigenically from each other and generally resembled B/Johannesburg/33/58 rather than B/Taiwan/4/64.

82. In June, 1964, a small outbreak, in which patients presented with a syndrome of coryza, fever and conjunctivitis, was studied; the causative agent was adenovirus type 3.

#### INDUSTRIAL HEALTH

83. The outstanding feature in this sphere was the introduction of legislation requiring notification of certain industrial diseases and affording compensation for confirmed cases. In the last six months of the year under review ten cases were notified, of which two were confirmed; both confirmed cases were of occupational dermatitis.

84. Several field surveys, both clinical and environmental, were undertaken by the Industrial Health Section of the Labour Department, which is staffed by officers seconded from the Medical and Health Department. These included assessment of thermal comfort in the laundry of a large modern hospital and in certain government offices; investigation of conditions in paint and varnish factories; urinalysis of workers handling fluoride at water filtration plants; and the determination of lead absorbed by ship-breakers and by workers in a transistor radio factory. In addition, a continuous survey was commenced in Kowloon to determine the concentration of atmospheric sulphur dioxide in the vicinity of a large industrial plant.

#### REGISTRATION OF MEDICAL CLINICS

85. The Medical Clinics Ordinance, 1963, which came into force on 1st January, 1964, provides for the control of medical clinics in order to protect the public from exploitation in so-called charity clinics where the service provided is below an acceptable standard. Over

seven hundred clinics applied for registration, the majority of which were staffed by persons claiming to be unregistered doctors, eight hundred in all. The Ordinance makes special provision to allow unregistered doctors, who have satisfied the Registrar of Clinics as to their medical competence, to continue to work in clinics which are registered with exemption. To advise him on the capabilities of these persons, the Registrar convened a three-person panel representing the major specialities of medicine, surgery and obstetrics and gynaecology to assess their medical background and knowledge. The panel considered that only sixty per cent showed sufficient medical knowledge to be allowed to practise medicine in clinics.

86. At the same time, the various sponsoring organizations were investigated with the assistance of a number of Government departments and the premises and equipment of the clinics were inspected. Only in a few instances was the sponsoring organization regarded as unsuitable and the majority of premises were also considered adequate.

87. Formal registration of clinics commenced in May, 1964, and official notifications of refusal of registration were distributed in October. Some 246 petitions to the Governor in Council, appealing against such refusal, were lodged; by the end of the year under review, 159 petitions had been considered and disallowed while the remaining eighty-seven were still under consideration.

88. In December, 1964, two Medical Inspectors of Clinics were appointed and commenced regular inspections of all clinics on the register. Advice was given to assist in remedying deficiencies of a minor nature but, as a result of these inspections and of complaints made, the Registrar found it necessary to cancel four registrations.

#### HEALTH EDUCATION

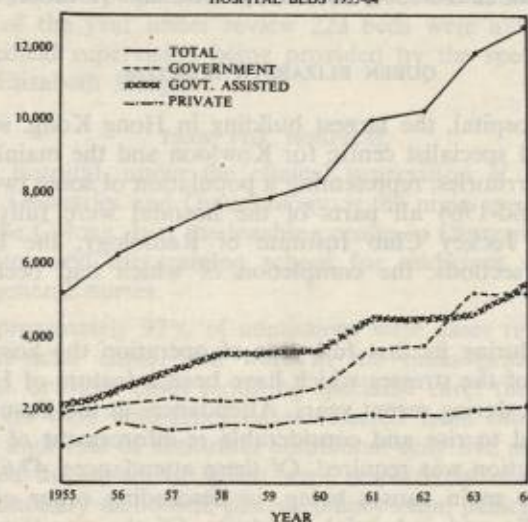
89. A better appreciation by the Colony's population of the basic principles of environmental hygiene and the prevention of disease continues to be the main health objective. A very wide field is covered by many branches of the Medical and Health Department, and the co-operation of all voluntary bodies interested in such topics is actively sought. During the year the Department co-operated in a number of exhibitions, notably the Third Kai Fong Health Education Exhibition in July-August, 1964, and the Fisheries Exhibition in February, 1965, by producing displays on various aspects of preventive medicine.

90. Recent authoritative reports on the association between the incidence of lung cancer and smoking have been carefully considered by the Medical Advisory Board and recommendations forwarded to Government. Most of these recommendations were accepted and, at the end of the year under review, the Medical and Health Department was entrusted with the dissemination of this information in consultation with other interested agencies and Government departments; particular attention is to be paid to bringing the facts to the notice of the younger generations.

#### IV. WORK OF THE MEDICAL DIVISION

91. At the end of 1964, there was a total of 11,831 beds available in all hospitals in Hong Kong, excluding those hospitals maintained by Her Majesty's Armed Forces; this total includes the Kowloon Hospital which was being renovated during the year. An additional 617 beds in private maternity and nursing homes were also available. Development over the past ten years is illustrated in Figure 14 and it is a mark of Hong Kong's achievements to record that the total of 12,448 beds represents an increase of nearly 200 per cent over the bed provision in 1950.

FIGURE 14  
HOSPITAL BEDS 1955-64



#### QUEEN MARY HOSPITAL

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

93. This hospital, built in 1937, has in recent years proved inadequate both for its function as a teaching hospital and also for the increasingly specialized services it is called upon to provide. During the year, construction commenced on major extensions designed to redress these inadequacies. These extensions comprise a six-storey professorial suite, a seven-storey block containing operating theatres and specialized services, a greatly-expanded radiodiagnostic department and new accommodation for nurses and for the Nurses Training School, and will also make available a further 180 beds. In spite of the magnitude of these developments, careful planning prevented direct interruption of hospital routine although some interference and considerable disturbance was unavoidably caused by noise and vibration to both staff and patients.

#### QUEEN ELIZABETH HOSPITAL

94. This hospital, the largest building in Hong Kong, serves as the emergency and specialist centre for Kowloon and the mainland portion of the New Territories, representing a population of some two-and-a-half million. By mid-1964 all parts of the hospital were fully functional, including the Jockey Club Institute of Radiology, the laundry and certain other sections, the completion of which had been somewhat delayed.

95. Even during its first full year of operation the hospital experienced certain of the stresses which have been a feature of Hong Kong's acute hospitals during recent years. Attendances at the Casualty Department continued to rise and considerable re-inforcement of the medical staff of this section was required. Of these attendances, 47.6% were due to trauma, the main causes being, in descending order of frequency, domestic, traffic and industrial accidents. Of the non-traumatic cases

attending a number were of comparatively mild character but, overall, 37.8% of such attendances required immediate admission to hospital.

96. A further indication of the stresses experienced is the average time (9.4 days) spent in the hospital by each in-patient, which is comparatively short by standards prevailing in western countries. Pressure, particularly on the orthopaedic wards, built up rapidly; by mid-1964 the convalescent beds available at Lai Chi Kok Hospital proved inadequate and an additional number had to be made available at Kowloon Hospital.

#### KOWLOON HOSPITAL

97. Following the opening of the Queen Elizabeth Hospital, Kowloon Hospital closed to allow extensive renovations. The large out-patient department continued to provide facilities for general cases but operated temporarily in two ward blocks during part of the year while alterations were carried out to its permanent accommodation.

98. Owing to the rapidity with which pressure built up on the Queen Elizabeth Hospital, notably in the orthopaedic section, it was found necessary to re-open certain wards in Kowloon Hospital earlier than had been anticipated to accommodate convalescent cases requiring further medical and nursing care. Accordingly two wards commenced in July 1964, to accept patients transferred from the acute hospital and, by the end of the year under review 223 beds were available for this purpose, medical supervision being provided by the specialist units of the Queen Elizabeth Hospital.

#### TSAN YUK HOSPITAL

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

100. Approximately 93% of admissions were cases registered at the hospital ante-natal clinic, and were in the main primiparae, grand multigravidae or other cases requiring specialist care; the remainder of the admissions were emergency cases referred from other sources. In spite of this high rate of abnormal admission, only five maternal deaths were recorded the causes of which were respectively obstetrical shock, amniotic pulmonary embolism, phaeochromocytoma, penicillin shock and advanced carcinoma of breast.

*Castle Peak Hospital*

101. This hospital for psychiatric patients, originally designed for 1,000 beds, was required to accommodate during the year an average of some 1,250 patients. Psychiatric cases from the whole Colony are admitted to this hospital and the great majority of such cases continued to present as voluntary patients.

102. Treatment facilities were augmented by the provision of portable faradic batteries for aversion therapy and these have been used with effect in selected obsessional and phobic patients. A further interesting feature was the formation in certain wards of ward committees; these are elected by the patients themselves and meet with the nursing staff to discuss ward matters, particularly social and recreational activities.

103. The first Guest Day in the history of the hospital was successfully held on 23rd June, 1964 to allow members of the public and of various organizations to view the hospital and its work.

*Day Hospital and Psychiatric Clinics*

104. Work in the out-patient centres continued to increase, and it was found necessary to hold sessions twice-weekly in the Tsim Sha Tsui Health Centre in Kowloon. In addition to these clinics, psychiatric services are provided for the Psychiatric Observation Unit in Victoria Remand Prison.

105. The New Life Mutual Aid Club, consisting of discharged patients and their relatives, continued to expand its activities. The club-house, established in 1963, was used as an experimental 'half-way house' from May 1964 onwards. A total of 68 patients, either homeless or rejected by their families, were accommodated after their discharge from Castle Peak Hospital, and 44 found employment through the assistance afforded by the Club.

*Drug Addiction Treatment Centre*

106. This centre, situated in Castle Peak Hospital, has provided treatment on a voluntary basis for male drug addicts since early 1961. Following the opening in 1963 of Shek Kwu Chau, maintained by the Society for the Aid and Rehabilitation of Drug Addicts, patients remained in the centre for one month during the immediate withdrawal period

and thereafter transferred to Shek Kwu Chau for rehabilitation. It is planned that all addicts, other than Government servants, will ultimately be admitted direct to Shek Kwu Chau and gradual implementation of this policy commenced during the year.

107. No new features in therapy were recorded, but oral administration of methadone was introduced, replacing the intravenous route, as a result of trials with amino-hydroxy-butyric acid in the treatment of the withdrawal syndrome.

INFECTIOUS DISEASES HOSPITALS

108. 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.

109. The general pattern of admissions followed that experienced in previous years with certain fluctuations. There was a rise in the number of admissions of diphtheria cases during the winter months of 1964-1965 as compared with the previous year, but the case fatality rate dropped considerably. At the same time there was also an increase in the number of cases of acute anterior poliomyelitis, mainly in Kowloon.

110. Typhoid admissions remained comparatively unchanged. The disease occurs mainly amongst children and adolescents and is very often of a mild character. A further interesting point is that, for reasons as yet obscure, a positive urine culture is almost unknown, although the organism can be isolated from either blood or stool in approximately 70% of cases.

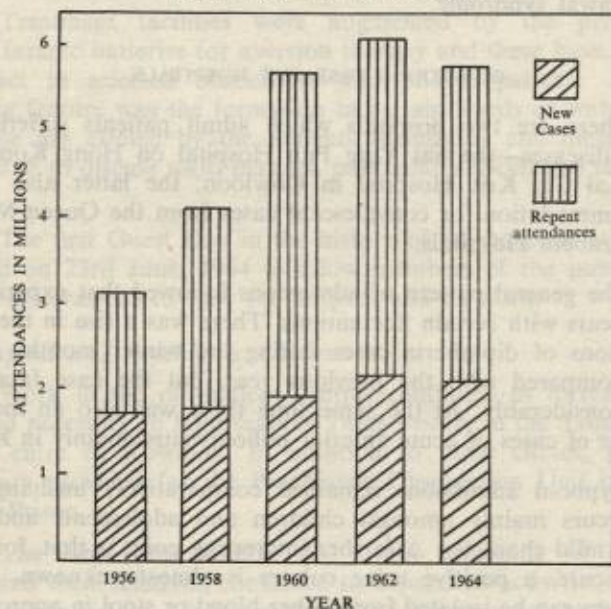
OTHER GOVERNMENT HOSPITALS

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

#### OUT-PATIENT SERVICES

112. Pressure remained heavy throughout the year on all general out-patient clinics and also on most specialized ones, although there was a further reduction in attendances at tuberculosis clinics. Trends during the past ten years are shown in Figure 15.

FIGURE 15  
OUT-PATIENT ATTENDANCES 1956-64



113. New facilities which became available during the year are detailed in paragraphs 163 to 165 of this report.

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

#### SPECIALIST SERVICES

115. There are Government Specialist Clinical Units of medicine, surgery, obstetrics and gynaecology, anaesthesiology, dentistry, neurosurgery, ophthalmology, orthopaedic surgery, otorhinolaryngology, pathology, paediatrics, psychiatry, radiodiagnosis, radiotherapy, social hygiene, thoracic surgery and tuberculosis. In addition, the Professors and certain Senior Lecturers of the University Faculty of Medicine act as Consultants in medicine, surgery, obstetrics and gynaecology, orthopaedics, pathology and paediatrics. Certain of the Government Specialists act as Honorary Consultants to the Tung Wah Group of Hospitals and others give part-time services as lecturers in the Faculty of Medicine.

#### RADIOLOGICAL SERVICES

116. The major event during the year was the opening on June 30th, 1964, of the Jockey Club Institute of Radiology at the Queen Elizabeth Hospital. This institute not only provides modern and specialized radio-diagnostic facilities for the hospital but also includes a large radiotherapeutic unit equipped with two 6-million volt linear accelerators, one 5-to-35-million-volt betatron, physics laboratories and workshops.

##### *Radiodiagnostic Division*

117. A new X-ray department was opened in the Jockey Club Clinic, Shau Kei Wan, in October, 1964. The total number of patients examined by the division rose by approximately twenty-five per cent during the year, while the number of films taken rose by 5.5%.

##### *Radiotherapeutic Division*

118. With the opening of the Jockey Club Institute of Radiology, the headquarters of this division was transferred to the Queen Elizabeth Hospital: Not only is the Institute equipped with the machines mentioned previously, but there are also adequate stocks of radium and of radio-isotopes for both diagnostic and therapeutic usage.

#### OPHTHALMOLOGY

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

while increased availability of beds due to the opening of the Queen Elizabeth Hospital enabled waiting lists to be reduced to almost negligible proportions.

120. During the year, 423 persons were registered as blind, a slight reduction from the number (467) recorded in 1963; of these only thirty-three were in children under fifteen years of age. Following successful operations, some forty-eight patients were removed from the register.

121. Trends of previous years in the causation of blindness were continued, with increasing frequency of the diseases of advancing age and reduction in deficiency states and results of trauma being observed; senile cataract and glaucoma have replaced keratomalacia as the predominant causes, and amongst children blindness due to the latter disease is now comparatively rare.

#### PHARMACEUTICAL SERVICE

122. This service continued to supply all Government medical institutions with pharmaceuticals and medical and surgical equipment and supplies. Manufacturing units are also maintained for the supply in bulk of pharmaceuticals in concentrated form and for the production of parenteral fluids and other sterile preparations.

123. The service also maintains the Central Sterile Supply Department at the Queen Elizabeth Hospital. This department had been in operation for eighteen months at the time of writing this report and has proved a most useful innovation. An idea of the volume of work undertaken is shown by the average daily issues which are: 610 sterile sets; 2,480 linen, swab and glove packs; 1,995 sterile syringes and needles; and 460 accessory instruments, etc.

#### MEDICAL SOCIAL WORK

124. The Almoners of the Department, whose title has been changed to Medical Social Workers in conformity with practice elsewhere in the world, celebrated in October 1964 the twenty-fifth anniversary of the foundation of their service in Hong Kong. The wide variety of disciplines in whose activities Medical Social Workers now play a prominent role is in itself a tribute to the firm foundations which were laid immediately prior to and after the Second World War.

125. Although the main work of this sub-department is concentrated on patients from the major hospitals and from the tuberculosis service,

certain other specialized out-patient services also require assistance, notably the leprosy and ophthalmological sub-departments; Medical Social Workers are also attached to large polyclinics and assist at rehabilitation centres. In the major acute hospitals, allocation of duties is based on the unit system which leads to improved liaison with medical and ward staff.

126. The demand for medical social services continued to rise. Apart from increases due to the expansion of population and pressure on general hospital beds, the ageing of the immigrant population and the growth of urbanization and industrialization are bringing in their train increasing social problems resulting from geriatric, degenerative and mental diseases. Due to the long-term nature of such diseases, the problems arising are of necessity far more time-consuming and intricate than those arising from short-term hospital admissions.

#### PHYSIOTHERAPY

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

128. The first two students graduated from the Physiotherapy Training School in August, 1964. However, wastage from the course has been high and during the year an appraisal was undertaken of the economic and practical feasibility of continuing such training in Hong Kong.

#### OCCUPATIONAL THERAPY

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

130. At Castle Peak Hospital industrial 'out-work' continues to be a valuable adjunct to the programme of therapy. It has been limited mainly to the assembly of plastic flowers, although a small order for shell chimes from a local factory was filled and a regular but limited

output of tapestry work was maintained. Government orders for brooms and other domestic, hospital and office equipment continued. A small printing press was acquired during the year and a number of departmental printing requirements were undertaken. In addition, a carefully-planned programme of rehabilitation is also carried out for patients attending the Hong Kong Psychiatric Centre. With the gradual change in the policy for admission of drug addicts, the general occupational therapeutic regime in this sphere has been reduced considerably.

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

132. A welcome innovation during the year was the preparation, in conjunction with the Social Welfare and Resettlement Departments, of a unit to house twenty-four paraplegics in a resettlement block at Kwun Tong. The unit, which was nearing completion at the end of the year, is designed to provide specific facilities for this type of patient and includes vocational workshops to promote a degree of self-sufficiency.

133. No Annual Exhibition and Sale of Work was held during the year, but surplus finished articles were sold with good effect from the Occupational Therapy Section of the Queen Elizabeth Hospital.

#### ORTHOPAEDIC AND PROSTHETIC APPLIANCES

134. The production of appliances rose by 42 per cent during the year to a total of 1,561 as compared with 1,100 in 1963, but output still falls somewhat short of demand.

135. The study of below-knee amputees has been continued and a pre-amputation socket technique has been evolved whereby the socket of the prosthesis is prepared for immediate post-operative fitting, thus reducing considerably the period of hospitalization. A simplified cast-taking device has also been produced which is superior to those used hitherto and enables casts to be taken from the patient prior to amputation. In addition, investigations are in progress, in co-operation with a local manufacturer of footwear, to design suitable shoes for leprosy patients with ulcerated feet.

#### MEDICAL EXAMINATION BOARD

136. There was little of note during the year in the work of this section, which continued to perform medical examination of new entrants to Government employment and to the Essential Service Corps. The intensive recruiting campaign staged by the Police Department early in 1965 required some temporary re-arrangement of the appointment system, but it was possible to cope with the numbers coming forward with little derangement of the service provided for other Government departments.

137. Although the numbers of persons classified as unfit on account of tuberculosis continued to fall, the disease remained the primary reason for non-acceptance of applicants on medical grounds, being responsible for thirty out of the forty-nine 'unfit' classifications in each thousand examinations.

#### HOSPITAL MAINTENANCE AND SUPPLY

138. This section, which is responsible for the routine supply and lay administration of medical institutions, experienced considerable staffing difficulties during the year. Not only was difficulty encountered in the recruitment of experienced Hospital Secretaries but there has been an increasing wastage rate amongst male menial staff which was only partially halted by an interim salary award in the later part of the year.

139. Provision of transport services presented certain problems as routine requirements were augmented by the increased need for vehicles during mass immunization campaigns and in meeting the expanded intake of the central departmental laundry. The laundry itself, situated in Queen Elizabeth Hospital, encountered certain teething troubles, but these are being overcome gradually and it is now working on two full shifts per day.

140. Castle Peak Hospital continued to experience, due to its rather isolated position, difficulties in the supplies of electricity and of flushing water. The abnormal number of typhoons caused, as in previous years, intermittent interference with main electric cables; to minimize the potentially dangerous effects of such interruptions in a large mental hospital, work commenced on the installation of an auxiliary generator and emergency circuit.

### *Staff Welfare*

141. The Staff Welfare Association recorded a satisfactory year, marred only by the failure to operate successfully the canteen in the Queen Elizabeth Hospital. In addition to maintaining various welfare schemes to aid the families of members, the Association has been active in many sporting events, the highlights of which were visits to Macau by football teams of the Association and a return visit by a team from the Macau Medical Department.

### *UNICEF Assistance*

142. The UNICEF-sponsored milk feeding programme continued throughout the year. Altogether, a total of 130,729 lbs. of milk powder was distributed to the various feeding centres of both Government and voluntary agencies throughout the Colony.

### AUXILIARY MEDICAL SERVICE

143. This branch of the Essential Service Corps has a strength of over 5,000 men and women trained to augment the Colony's hospital and first-aid services during an emergency; approximately half are divided between 42 Ambulance Depot Teams spread over 25 districts throughout the Colony. Their services were in constant demand during the summer of 1964 owing to the abnormal number of typhoons affecting the Colony, and outstanding first aid and rescue work was performed by members of the Sha Tin team. During the cholera outbreak other members were employed on administrative duties in the Chatham Road Quarantine Centre.

144. On 17th January, 1965, a parade of nearly 2,000 uniformed men and women of the Service was inspected by the Colonial Secretary, who also presented Civil Defence Long Service Medal to 126 members.

### V. GOVERNMENT-ASSISTED HOSPITALS

145. Financial assistance mainly by means of an annual subvention is given by Government to certain voluntary organizations maintaining hospitals in the Colony. Such hospitals, containing a total of 5,221 beds, are either for general patients or cater for persons suffering from certain specific diseases or handicaps.

### THE TUNG WAH GROUP OF HOSPITALS

146. The Tung Wah Group of Hospitals is a long-established Chinese charitable organization and is managed by a Board of Directors elected annually. During recent years a programme of modernization and expansion has been undertaken with considerable financial assistance from Government. The main item in this programme has been the re-development of the Kwong Wah Hospital in Kowloon into a modern general hospital of some 1,500 beds; this re-development was completed during the year and was opened by His Excellency the Governor on 23rd March, 1965.

147. The need for subsidiary beds for long-term patients has been appreciated by successive Boards of Directors, and the Group is currently undertaking two projects to provide these. One is the phased construction of a large infirmary at Wong Tai Sin in Kowloon; the first stage, designed to provide 210 beds and financed partly by a donation from the Australian World Refugee Year Fund and partly by the Hong Kong Government, was nearing completion at the end of the year under review. The second project, to contain 270 beds, is being built at Sandy Bay on Hong Kong Island to replace some existing but dilapidated accommodation and to provide in addition subsidiary beds for the Queen Mary Hospital.

### THE ALICE HO MIU LING NETHERSOLE HOSPITAL

148. This hospital which is supported by the London Missionary Society, adopted a new constitution in July, 1964, which confirmed the basic policy of the hospital and re-defined its relationships with the community and with Church bodies. The hospital management engaged in detailed negotiations with other religious bodies, both in Hong Kong and overseas, on the proposal to establish a United Christian Hospital in Kowloon.

149. Important developments were also recorded in the hospital itself. Work commenced on extra quarters for nursing staff and plans were being prepared for a new East Wing to enlarge and modernize certain departments.

### POK OI HOSPITAL

150. This charitable hospital at Yuen Long in the New Territories continued a programme of expansion. The new out-patient department, replacing an old and unsatisfactory building, was opened by the District

Commissioner, New Territories, on 22nd January, 1965; on the same occasion a new ambulance was donated to the hospital by the Board of Directors. Tenders were called for the foundation work for a new wing to be financed by the Board of Directors and by Government; this wing, designed ultimately for a seven-storey building, will initially be of three storeys and will provide improved and expanded facilities for the maternity and paediatric patients who are at present accommodated in an overcrowded and unsuitable building.

#### CARITAS MEDICAL CENTRE

151. This hospital of 454 beds, erected with the aid of donations from Roman Catholic communities in many parts of the world and in particular the Federal Republic of Germany, is situated in the densely-populated district of So Uk in North-West Kowloon. Admission of patients to certain wards commenced in September, 1964, and the hospital was formally opened by His Excellency the Governor on 17th December. It is administered by the Canossa Sisters and comprises three blocks for general, tuberculosis and cancer patients respectively, as well as quarters for staff and a nurses' training school. Although certain staffing difficulties were encountered initially, these had been mainly overcome at the end of the year under review and the hospital was playing a very active part in the provision of medical services in the Colony.

#### HONG KONG ANTI-TUBERCULOSIS ASSOCIATION

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

#### *The Grantham Hospital*

153. This hospital of 613 beds is equipped as a modern chest hospital and is administered by the Grantham Hospital Management Board on a fee-paying, non-profit-making basis. Government maintains 576 of the beds, but all staff of the hospital is provided by the Association with the exception of Government Medical Officers posted to the Government clinical units which are responsible for 253 of the total bed strength.

#### *Ruttonjee Sanatorium and Freni Memorial Convalescent Home*

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

#### HAVEN OF HOPE SANATORIUM

155. This hospital of 230 beds is situated in the Junk Bay area of the New Territories, and a tuberculosis out-patient and 'follow-up' clinic is maintained at nearby Rennie's Mill. During the year under review construction of a new technical services building commenced; this building, the funds for which have been provided by the United States of America as a World Refugee year project, will contain improved and expanded diagnostic and technical facilities required by the increasing work of this hospital.

#### SANDY BAY CHILDREN'S CONVALESCENT HOME

156. Maintained by the Society for the Relief of Disabled Children, this home contains 100 beds for children requiring long-term orthopaedic care; the Hong Kong Branch of The British Red Cross Society provides two full-time primary school teachers to enable the children to continue their education during convalescence. The continued severe water restrictions during the early part of 1964 caused some interference with the work of the home, notably the hydrotherapy department, but normal activities were resumed following heavy rains in the summer months.

#### OUR LADY OF MARYKNOLL HOSPITAL

157. This hospital of eighty beds is administered by the Maryknoll Sisters. It is located in Wong Tai Sin in North-East Kowloon and provides general in-patient and out-patient facilities for this rapidly-expanding area.

#### HEI LING CHAU LEPROSARIUM

158. This leprosarium, situated on an island six miles from Hong Kong and maintained by the Mission to Lepers, provides accommodation for 540 leprosy patients and special facilities for those who require

reconstructive surgery or who are suffering from intercurrent disease. No new buildings were constructed during the year, but extensive repairs to several existing ones were required owing to damage caused by Typhoon 'Ruby'.

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

160. The severe drought of 1963-64 caused a great reduction in the number of surgical operations undertaken. However, the summer rains of 1964 remedied the position and a wider variety of surgical procedures, particularly in the reconstructive field, is now possible. Mr. Harold RIDLEY, of St. Thomas's Hospital in London, visited the island in February, 1965, and performed ten ophthalmological operations, of which five were corneal grafts.

HONG KONG SOCIETY FOR REHABILITATION KWUN TONG  
REHABILITATION CENTRE

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

## VI. DEVELOPMENT

### FORWARD PLANNING

162. Reference has been made previously in this report to the unparalleled hospital development of the past fifteen years. However, the population has also been increasing very rapidly and there is still considerable pressure on most categories of hospital beds, particularly on those for general and mental patients. The White Paper on Development of Medical Services in Hong Kong, which was tabled in Legislative Council in February 1964, outlined the medical problems of the Colony and made suggestions to remedy the most pressing deficiencies. To

ensure as far as practicable the implementation of these recommendations, the Working Party which prepared the White Paper was reconstituted by His Excellency the Governor as the Medical Development Plan Standing Committee; with the Director of Medical and Health Services as chairman, the committee comprises two nominated members of Legislative Council and representative of the Medical and Health Department and of the General and Finance Branches of the Colonial Secretariat. The task of this committee, which met on fourteen occasions during the year, is to keep the recommendations of the White Paper under continuous administrative review and to report its conclusions on all major matters to Government through the Medical Advisory Board. The activities have fallen into five main categories, namely development of medical institutions; staffing of such institutions; improved utilization of existing medical facilities; subventions to Government-assisted institutions; and fees and charges. Details of these activities can be found in the Committee's annual report to the Legislative Council.

### COMPLETED PROJECTS

163. The year 1964-65 saw the completion of a number of major additions to the Colony's medical and health services. Although most of these have been mentioned elsewhere in this report, it is appropriate to review them once more in this chapter.

164. Complementary to the Government's Queen Elizabeth Hospital, which attained full function during the year, there were notable achievements in hospital development by both Government-assisted and private agencies. The Caritas Medical Centre was opened in December, 1964, and the completion of the final stage in the re-development of the Kwong Wah Hospital was celebrated in March, 1965. Other completed projects, which have not requested Government assistance, were the Baptist Hospital and the Evangelical Medical Centre, both in Kowloon, and the Seventh Day Adventists Hospital in Tsuen Wan.

165. The interest of the Royal Hong Kong Jockey Club in medical and health matters was well demonstrated during the year by the opening of the Jockey Club Health Centre at Kwun Tong, the Jockey Club Institute of Radiology at the Queen Elizabeth Hospital and the Jockey Club Polyclinic, Shau Kei Wan. A standard rural clinic, donated by the Government of the United States of America, was opened at Sha Tin in February, 1965, and a maternal and child health centre adjacent to the Li Kee Memorial Dispensary was opened in May, 1964,

the cost of construction being borne equally by the Lions Clubs of Hong Kong and the Hong Kong Government.

#### PROJECTS UNDER CONSTRUCTION

166. The major project under construction at the end of the year was the extension of the Queen Mary Hospital to provide expanded teaching facilities and improved specialized services. In addition, the Tung Wah Group of Hospitals were proceeding, with assistance from the Hong Kong Government and from overseas, to erect two infirmaries, one in Wong Tai Sin in Kowloon and the other at Sandy Bay on Hong Kong Island; these two projects will add, in the first instance, some 480 convalescent and chronic beds to the medical facilities of the Colony, but a staged expansion of the Wong Tai Sin Infirmary is already planned. Three Government clinics were also under construction at Tsuen Wan and Yuen Long in the New Territories and at Yau Ma Tei in Kowloon.

167. A detailed statement of development can be found in the Statistical Appendix to this report.

### VII. TRAINING PROGRAMME

#### DOCTORS

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

169. Mention has been made in previous reports of the shortage of qualified medical personnel, and facilities available to the Faculty of Medicine, both in the University and at the Queen Mary Hospital, are now being expanded to enable an annual student intake of 120; it is expected that by 1968 some one hundred doctors will be graduating each year. The future requirements of doctors of the Colony as a whole have been intensively examined and discussions with representatives of the University have been undertaken to define the financial and personnel implications of further expansion should this prove to be required at a later date.

170. Following the opening of the Queen Elizabeth Hospital, the programme for the training of doctors for post-graduate qualifications

was reviewed by the Panel on Post-Graduate Medical Education, which advised a re-appraisal of trainees in the major specialities. A shortage of experienced personnel has been encountered in certain of the less general specialities, but it is expected that most of these deficiencies will be remedied within the next few years.

#### DENTAL STAFF

171. No undergraduate training in dentistry is available in Hong Kong, but Government annually awards scholarships for the study of dentistry overseas. Three such scholarships were awarded during the year, while three scholars returned to the Colony after qualification, bringing the total of returned graduates to 27.

172. In-service training in dental technology is available for student dental technicians, while evening classes are held at the Hong Kong Technical College for technicians in private employment. During the year, two student technicians passed the Intermediate Examination in Dental Technology of the City and Guilds of London Institute.

173. One student dental nurse was sent to Penang, where there are now four such students training under scholarships awarded by the World Health Organization. Two nurses returned, having completed their training.

#### NURSES

##### *General Nursing*

174. There is full reciprocity of registration between the general nursing qualifications of the Nursing Board in Hong Kong and of the General Nursing Council of England and Wales. Government maintains two training schools, while the other approved training schools are maintained by the Tung Wah Group of Hospitals, the Alice Ho Miu Ling Nethersole Hospital and the Hong Kong Sanatorium and Hospital. The implementation of the White Paper on Development of Medical Services underlined the need for increased training of nursing staff, and most nursing schools increased their intake during the year.

##### *Psychiatric Nursing*

175. Training in psychiatric nursing is undertaken at the Castle Peak Hospital but the response, particularly from female students, has remained insufficient to meet the demand for locally-trained psychiatric nurses.

### *Midwifery*

176. For registered general nurses, one-year courses in midwifery continued to be conducted in the maternity wards of their respective hospitals, while for student midwives without nursing training the Government staff of the Tsan Yuk Hospital conduct a two-year course in the Chinese language.

### *Auxiliary Nurses*

177. With the rapid expansion of the Medical and Health Department and the need to make optimum use of trained staff in the acute hospitals, recruitment of nursing auxiliaries commenced in September, 1964. Staff in this grade are given a two-year in-service course of training to fit them for the performance of the more routine nursing duties, particularly in the care of convalescent and long-stay patients.

### HEALTH VISITORS

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

### RADIOGRAPHERS

179. Training in this sphere was continued during the year and, as usual, an examination was held in the Colony for both Parts I and II of the Membership (Diagnostic) of the Society of Radiographers in the United Kingdom.

### LABORATORY TECHNICIANS

180. The Government Institute of Pathology maintained its in-service training for Medical Laboratory Technicians, and the Institute of Medical Laboratory Technology of the United Kingdom during the year conducted in the Colony an Intermediate Examination for the Associate-ship of the Institute. Results of this examination were commendable, twenty-eight candidates being successful out of a total entry of thirty.

### OTHER FORMS OF DEPARTMENTAL TRAINING

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

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

### VIII. ACKNOWLEDGEMENT

182. This report would be incomplete without a sincere tribute to all staff of the Department, whose loyalty and devotion are reflected by the progress recorded in these pages. Working under increasing pressure, they have received the whole-hearted support of other Departments of Government and of the many voluntary and welfare agencies whose dedicated work is a prominent feature of life in Hong Kong. It is a pleasure and a privilege to acknowledge again the practical generosity of a number of organizations, notably the Royal Hong Kong Jockey Club, and of other private donors and the assistance received from other countries. Finally, a tribute is necessary to the citizens of Hong Kong without whose energy, industry and co-operation the achievements recounted would have been far less impressive.

P. H. TENG,

*Director of Medical and Health Services.*

...acknowledgment...  
 ...the report would be incomplete without a sincere tribute to  
 all staff of the Department whose loyalty and devotion are reflected in  
 the progress achieved in these fields. Working under increasing pressure  
 that has been caused by the rapid expansion of other Departments of  
 Government and of the many voluntary and welfare agencies which  
 dedicated work is a constant reminder of the fact that Hong Kong is a  
 people's city. It is a privilege to know that the medical community  
 of a number of organizations, through the Royal Hong Kong Society,  
 Club and other private donors and the assistance received from other  
 countries. Finally, a tribute is offered to the citizens of Hong Kong  
 without whose co-operation, interest and co-operation the Department  
 would not have been able to carry out its duties so effectively and  
 efficiently.

P. H. TONG

Director of Medical and Health Services

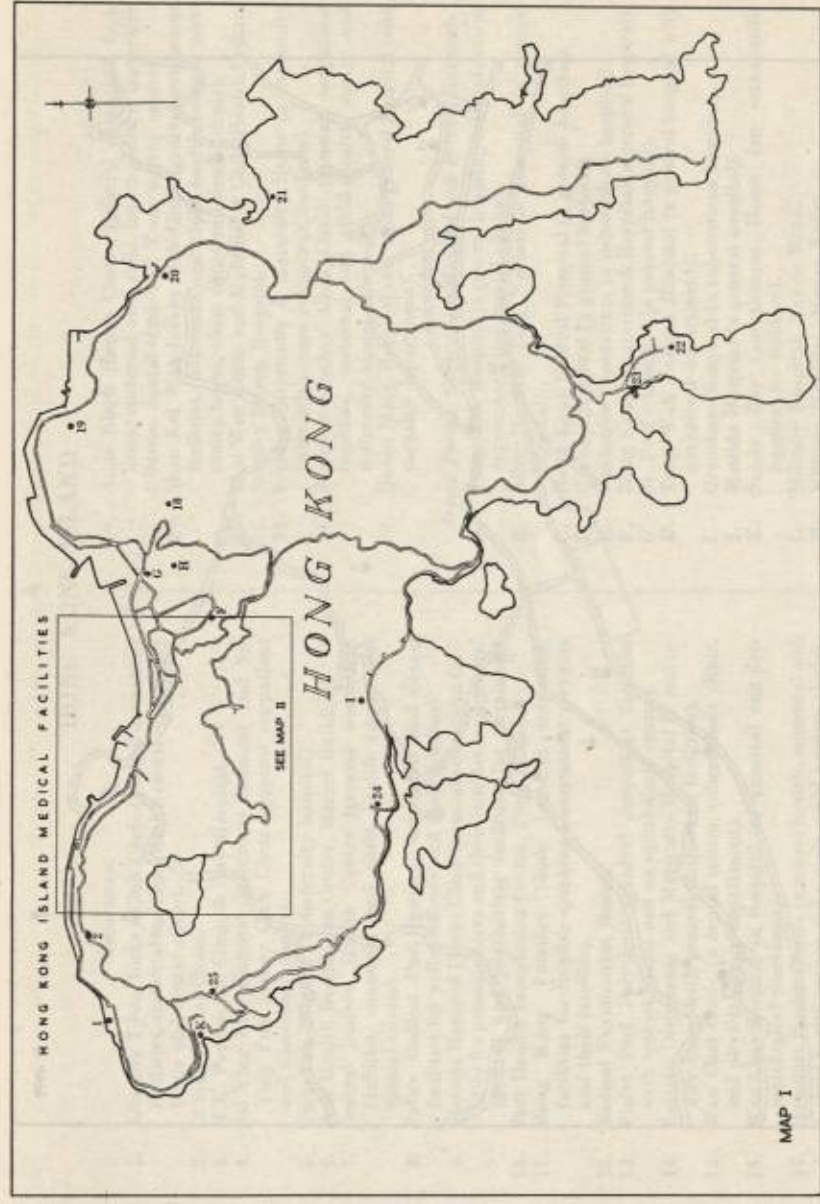
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ACKNOWLEDGEMENT

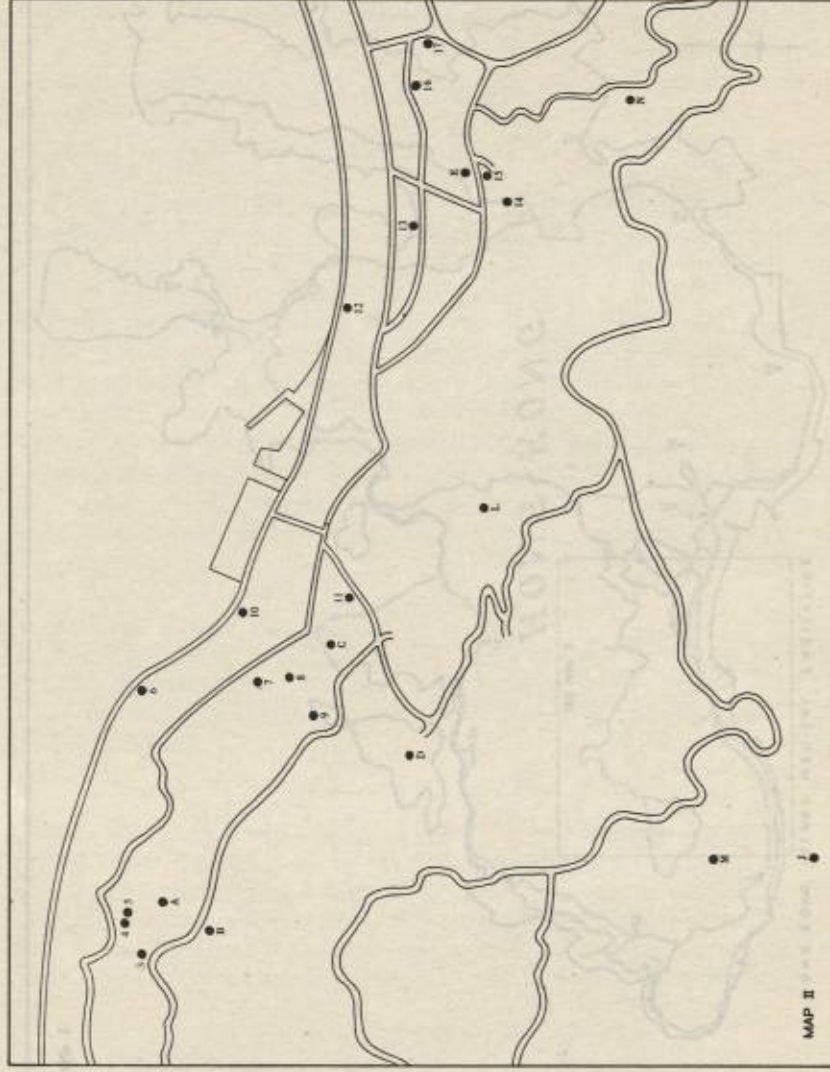
The Government Institute of Technology maintained its service  
 training for Medical Laboratory Technicians, and the Institute of  
 Medical Laboratory Technology of the United Kingdom during the year  
 completed in the Colony an examination for the diploma in  
 laboratory science. The examination was held in Hong Kong in  
 1971. The examination was held in Hong Kong in 1971.

ACKNOWLEDGEMENT

In-service courses of training were continued for Dispensary,  
 Laboratory Workers, Social Hygiene Visitors, Dental Technicians and



MAP I



MAP II

A  
HONG KONG ISLAND

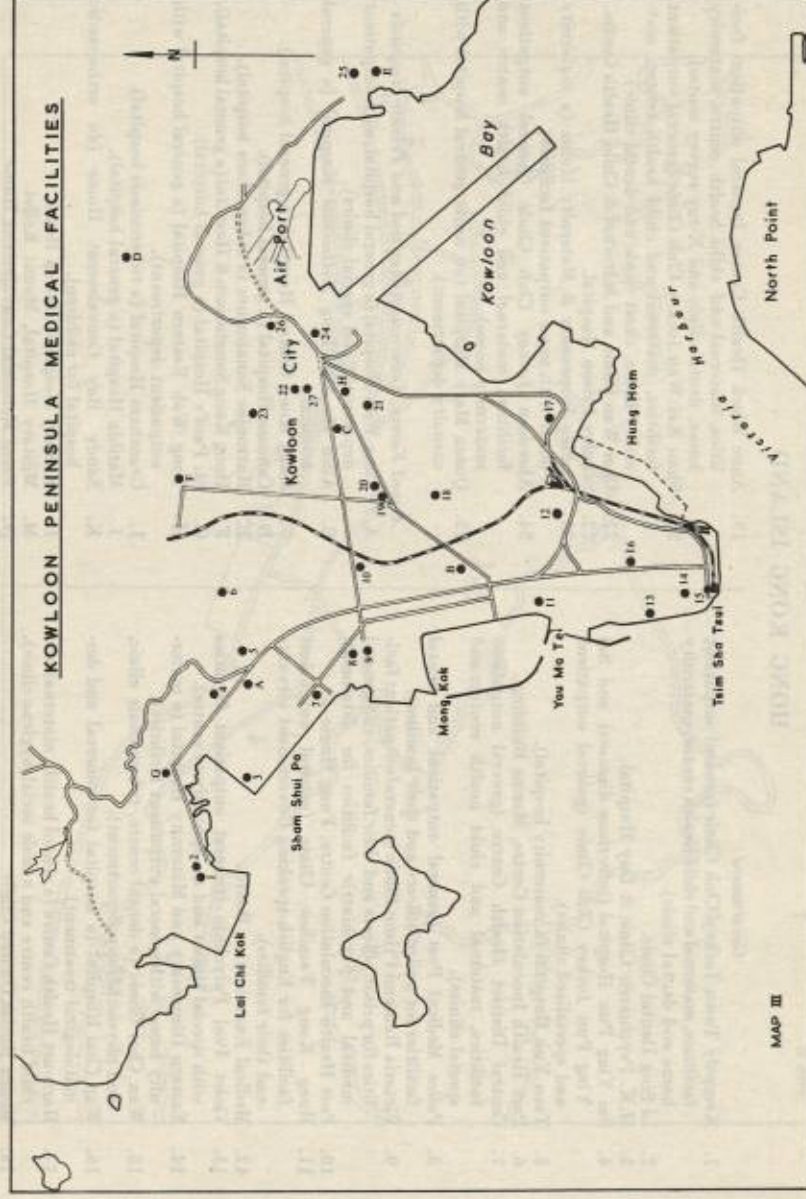
*Government*

1. Kennedy Town Jockey Club Clinic (general outpatient facilities, maternal and child health centre, maternity home and dental clinic).
2. Li Sing Dental Clinic.
3. H.K. Psychiatric Clinic & Day Hospital.
4. Sai Ying Pun Hospital (infectious diseases) and Sai Ying Pun Jockey Club Clinic (general outpatient and specialised clinics).
5. Tuen Yuk Hospital (a maternity hospital).
6. Port Health Inoculation Centre, Marine Building.
7. Central District Health Centre (general outpatient facilities, maternal and child health centre and special clinics).
8. Police Medical Post (general outpatient and dental facilities for police officers and their families).
9. Victoria Remand Prison Clinic (general outpatient facilities for prison officers and their families, and general medical and psychiatric facilities for detainees).
10. Port Health Inoculation Centre, Fung House.
11. Hong Kong Families Clinic (general outpatient facilities for English-speaking Government servants and their families).
12. Medical Examination Board.
13. Violet Peel Polyclinic (general outpatient facilities with special clinics and an ophthalmic centre).
14. Eastern Dispensary and Maternity Hospital (a maternity home with general outpatient facilities).
15. Wan Chai Clinic (a dental centre, tuberculosis clinic, and physiotherapy department).
16. Wan Chai Hospital (a hospital for venereal and dermatological treatment).
17. Harcourt Health Centre (a school health, maternal and child health centre and a male social hygiene clinic).
18. Mount Butler Quarry Clinic.

19. Anne Black Health Centre (general outpatient facilities, maternal and child health centre, maternity home, dental clinic and X-ray survey centre).
20. Chau Kei Wan Jockey Club Clinic (general outpatient facilities, maternal and child health centre, maternity home, chest clinic and dental clinic).
21. Chai Wan Clinic and Maternal & Child Health Centre.
22. Stanley Prison Hospital.
23. Stanley Dispensary & Maternity Home (a maternity home with some outpatient facilities).
24. Aberdeen Jockey Club Clinic (general outpatient facilities, maternal and child health centre and maternity home).
25. Queen Mary Hospital (an acute general hospital with casualty department).

*Armed Forces, Government-Assisted and Private Hospitals*

- A. Tung Wah Hospital (a general hospital, with outpatient department and special clinics).
- B. Alice Ho Miu Ling Nethersole Hospital (a general hospital).
- C. Hong Kong Central Hospital (a general hospital).
- D. Canossa Hospital (a general hospital).
- E. Ruttonjee Sanatorium (a tuberculosis hospital).
- F. Hong Kong Sanatorium & Hospital (a general hospital).
- G. St. Paul's Hospital (a general hospital).
- H. Tung Wah Eastern Hospital (a general hospital with outpatient department).
- I. Grantham Hospital (a tuberculosis hospital).
- J. Matilda Hospital (a general hospital).
- K. Sandy Bay Convalescent Home (an orthopaedic hospital for children).
- L. Military Hospital, Bowen Road.
- M. Military Hospital, Mount Kellet.
- N. Freni Memorial Convalescent Home.

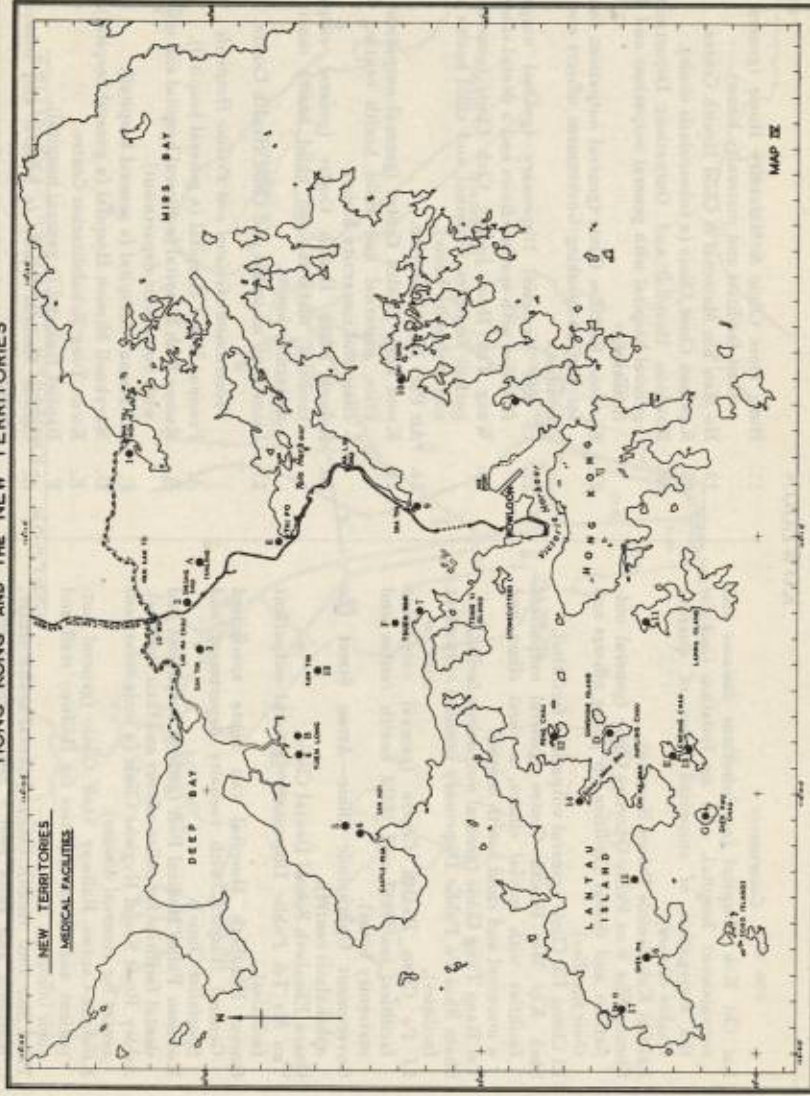


- Government*
1. Lai Chi Kok Hospital (an infectious diseases and convalescent hospital, with an Isolation Unit for the segregation of suspected cases of quarantinable disease).
  2. Lai Chi Kok Female Prison Hospital.
  3. Cheung Sha Wan Police Quarters Clinic (general outpatient and dental facilities for police officers and their families).
  4. Li Cheng Uk Clinic (general outpatient facilities).
  5. Shek Kip Mei Health Centre (general outpatient facilities with special clinics, a chest clinic and a maternal and child health centre).
  6. Tai Hang Tung Clinic (general outpatient facilities).
  7. Sham Shui Po Public Dispensary (general outpatient facilities).
  8. Li Po Chun Health Centre (general outpatient facilities, maternal and child health centre and maternity home).
  9. Government Ophthalmic Clinic—Arran Street (an ophthalmic centre).
  10. Queen Elizabeth School Dental Clinic.
  11. Yau Ma Tei Public Dispensary (general outpatient facilities).
  12. Queen Elizabeth Hospital (an acute specialised General Hospital with casualty department and Specialist Clinic).
  13. Kowloon Police Medical Post (general outpatient and dental facilities for police officers and their families).
  14. Ashley Road Social Hygiene Clinic (a male treatment centre for venereal disease).
  15. Kowloon-Canton Railway Staff Clinic (general outpatient and dental facilities for Railway staff and their families).
  16. Tsim Sha Tsui Health Centre (mental health centre, maternal and child health centre, female social hygiene clinic and port health inoculation centre).

**B  
KOWLOON**

17. Hung Hom Clinic & Maternity Home (general outpatient facilities and maternity home).
  18. Ho Man Tin Maternal & Child Health Centre.
  19. Kowloon Chest Clinic (a tuberculosis clinic).
  20. Kowloon Hospital and Outpatient Department (a general hospital with general outpatient and dental facilities).
  21. Kowloon Families Clinic (general outpatient facilities for English-speaking Government officers and their families).
  22. Li Kee Memorial Dispensary (general outpatient facilities with special clinics and a dental clinic).
  23. Wang Tau Hom Jockey Club Clinic (general outpatient facilities, maternal and child health centre and maternity home).
  24. Air Port Health Station.
  25. Kwun Tong Health Centre (general outpatient facilities, maternal and child health centre, dental clinic and maternity home).
  26. Robert Black Health Centre (general outpatient facilities, maternal and child health centre and maternity home).
  27. Lions Club maternal and Child Health Centre.
- Government-Assisted and Private Hospitals*
- A. Precious Blood Hospital (a general hospital).
  - B. Kwong Wah Hospital (a general hospital and infirmary with outpatient department).
  - C. St. Teresa's Hospital (a general hospital).
  - D. Maryknoll Mission Hospital (a general hospital).
  - E. Kwun Tong Rehabilitation Centre.
  - F. Baptist Hospital (a general hospital).
  - G. Caritas Medical Centre (a general and tuberculosis hospital).
  - H. Evangelical Medical Centre (a general hospital).

HONG KONG AND THE NEW TERRITORIES



C

NEW TERRITORIES

*Government*

1. Sha Tau Kok Clinic (a maternity home with some outpatient facilities).
2. Shek Wu Hui Jockey Club Clinic (general outpatient facilities and maternity home).
3. Ho Tung Dispensary (a maternity home with convalescent beds).
4. Yuen Long Dispensary (general outpatient facilities and maternity home).
5. Castle Peak Hospital (a mental hospital).
6. San Hui Dispensary (a maternity home with some outpatient facilities).
7. Maurice Grantham Health Centre (general outpatient facilities and maternity home).
8. Tai Po Jockey Club Clinic (general outpatient facilities, dental clinic and maternity home).
9. Sha Tin Clinic (general outpatient facilities and maternity home).
10. Sai Kung Dispensary (general outpatient facilities and maternity home).
11. North Lamma Clinic (a maternity home with some outpatient facilities).
12. Peng Chau Clinic (a maternity home with some outpatient facilities).
13. St. John Hospital (a general hospital and outpatient department).
14. Silver Mine Bay Dispensary (a maternity home with some outpatient facilities).
15. South Lantau Hospital (a general hospital with outpatient facilities).
16. Shek Pik First Aid Post.
17. Tai O Dispensary (general outpatient facilities and maternity home).
18. Kam Tin Clinic (a maternity home with some outpatient facilities).

*Government-Assisted and Private Hospitals*

- A. Fanling Hospital (a general hospital).
- B. Pok Oi Hospital (a general hospital).
- C. Haven of Hope Tuberculosis Sanatorium.
- D. Hei Ling Chau Leprosarium.
- E. Children's Convalescent Home, Cheung Chau.
- F. Seventh Day Adventist Hospital (a general hospital).
- G. Shek Kwu Chau Centre for Drug Addicts.

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TABLE 1  
ESTABLISHMENT OF THE MEDICAL AND HEALTH DEPARTMENT  
AS AT 31ST MARCH, 1965

Grade	Headquarters	Queen Mary Hospital	Queen Elizabeth Hospital	Kowloon Hospital	Castle Peak Hospital and Mental Health Centre	Other Hospital, Clinic and Services	Total	Strength on 31.3.65
Director of Medical & Health Services ... ..	1	—	—	—	—	—	1	1
Deputy Director of Medical & Health Services ... ..	1	—	—	—	—	—	1	1
Senior Assistant Director of Medical & Health Services ... ..	1	—	—	—	—	—	1	—
Assistant Director of Medical & Health Services ... ..	3	—	1	—	—	1	5	4
Senior Specialist and Specialist ... ..	—	7	23	—	3	8	41	35
Principal Medical and Health Officer ... ..	3	1	1	—	—	4	9	9
Chief Executive Officer/Senior Executive Officer/Executive Officer ... ..	8	—	1	—	—	1	10	10
Senior Treasury Accountant ... ..	1	—	—	—	—	—	1	1
Senior Medical & Health Officer/Medical & Health Officer/Assistant Medical & Health Officer ... ..	—	53	79	13	12	279	436	402
Senior Dental Officer/Dental Officer/Assistant Dental Officer ... ..	—	1	2	—	1	45	49	48
Principal Matron ... ..	1	—	—	—	—	—	1	1
Nursing Staff ... ..	1	521	682	168	235	1,040	2,647	2,386
Dietitian ... ..	—	2	5	1	—	—	8	7
Principal Medical Social Worker/Senior Medical Social Worker/Medical Social Worker Class I and Class II ... ..	1	9	11	4	10	34	69	57
Chief Pharmacist/Senior Pharmacist/Pharmacist/Chief Dispenser/Senior Dispenser/Dispenser/Student Dispenser ... ..	—	14	21	4	4	105	148	145
Government Chemist/Chemist/Assistant Chemist/Assistant Biochemist ... ..	—	—	—	—	—	10	10	10
Scientific Officer (Medical) ... ..	—	—	—	—	—	3	2	2
Virologist ... ..	—	—	—	—	—	1	1	—
Senior Physicist/Physicist ... ..	—	2	5	—	—	—	7	7
Chief Hospital Secretary/Senior Hospital Secretary/Hospital Secretary/Assistant Hospital Secretary ... ..	2	2	2	2	2	4	14	11
Clerical Staff ... ..	65	29	64	15	15	189	377	372
Superintendent Radiographer/Senior Radiographer/Radiographer/Assistant Radiographer/Student Assistant Radiographer ... ..	—	19	45	4	—	44	112	98
Superintendent Physiotherapist/Tutor Physiotherapist/Physiotherapist/Assistant Physiotherapist/Student Assistant Physiotherapist ... ..	—	7	36	—	—	11	54	41
Superintendent Occupational Therapist/Occupational Therapist ... ..	—	2	1	1	4	3	11	8
Chief Medical Technologist/Senior Medical Technologist/Medical Technologist/Laboratory Technician Grade I/Medical Laboratory Technician Grade II/Student Medical Laboratory Technician ... ..	—	4	27	—	3	94	128	110
Senior Laboratory Assistant/Laboratory Assistant/Student Laboratory Assistant ... ..	—	—	—	—	—	15	15	15
Senior Health Inspector/Health Inspector/Senior Malaria Inspector/Malaria Inspector Class I and Class II ... ..	—	—	—	—	—	31	31	27
Senior Inoculator/Inoculator ... ..	—	—	—	—	—	106	106	104
Audiology Technician ... ..	—	—	—	—	—	1	1	1
Orthopaedic Appliance Adviser/Assistant Orthopaedic Appliance Technician/Student Assistant Orthopaedic Appliance Technician ... ..	—	—	—	—	—	7	7	6
Mould Laboratory Technician/Student Mould Laboratory Technician ... ..	—	1	2	—	—	—	3	3
Dental Technologist/Dental Technician/Student Dental Technician ... ..	—	—	2	—	—	27	29	27
Laundry Adviser/Assistant Laundry Manager ... ..	—	—	3	—	—	3	3	3
Other Staff ... ..	25	711	1,412	178	594	1,822	4,742	4,445
<b>TOTAL</b> ... ..	<b>113</b>	<b>1,385</b>	<b>2,425</b>	<b>390</b>	<b>883</b>	<b>3,884</b>	<b>9,080</b>	<b>8,397</b>

TABLE 2  
ADMINISTRATION OF MEDICAL AND HEALTH DEPARTMENT

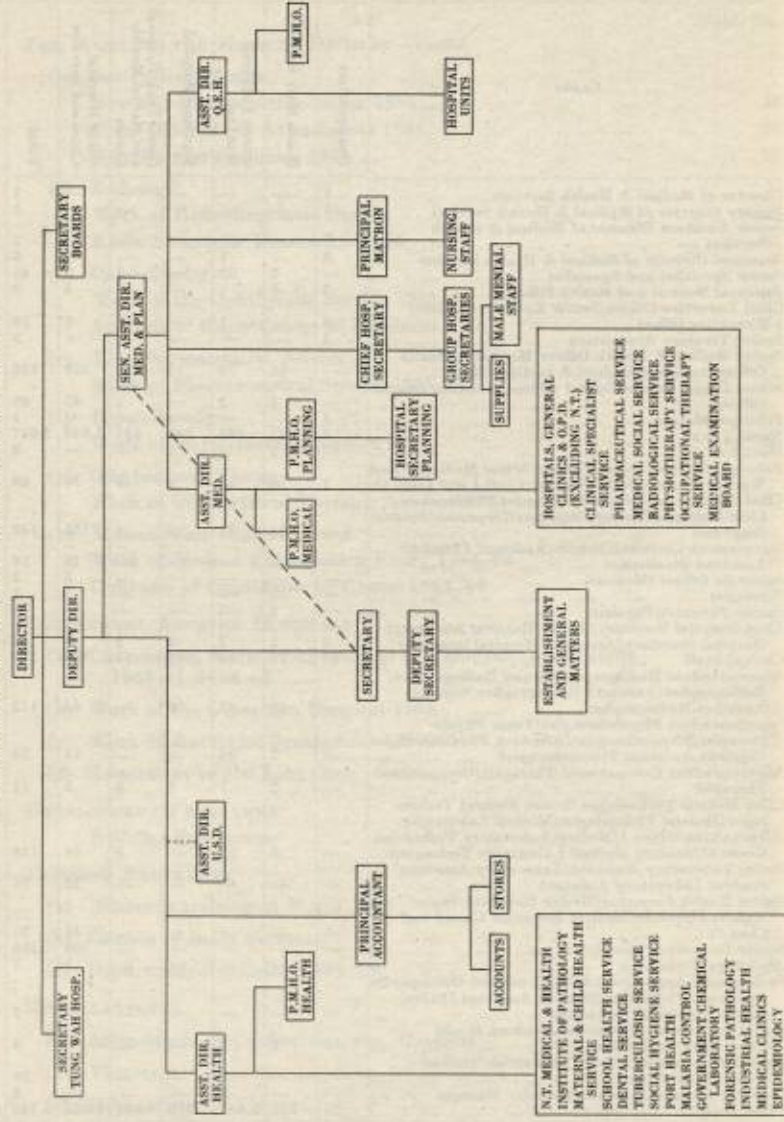


TABLE 3  
STATEMENT OF EXPENDITURE FROM 1960-61 TO 1964-65

Particulars	1960-61	1961-62	1962-63	1963-64	1964-65
	\$	\$	\$	\$	\$
(a) Medical and Health Department ... ..	56,573,091	64,064,336	68,541,015	76,893,619	94,525,377
(b) Medical Subventions ... ..	21,910,889	25,009,269	26,386,405	27,764,694	32,178,893
(c) Capital expenditure on medical projects under Public Works Non-Recurrent ... ..	12,369,272	9,836,801	28,262,729	29,675,789	7,121,098
Total ... ..	90,853,252	98,910,406	123,190,149	134,334,102	133,825,358
Total expenditure of the Colony ... ..	845,297,629	953,205,237	1,113,276,099	1,295,372,840	1,440,523,324
Percentage of Medical and Health Department Expenditure to the Total Expenditure of the Colony	10.75%	10.38%	11.07%	10.37%	9.29%

TABLE 4

LEGISLATION OF MEDICAL AND HEALTH IMPORTANCE  
APRIL 1964 TO MARCH 1965

## Ordinances:

- (I) Animals (Control of Experiments) (Amendment) Ordinance 1964  
(II) Medical Clinics (Amendment) Ordinance 1964  
(III) Penicillin (Amendment) Ordinance 1964  
(IV) Pharmacy and Poisons (Amendment) Ordinance 1964  
(V) School Medical Service Board Incorporation Ordinance 1964  
(VI) Lepers (Repeal) Ordinance 1965

## Rules and Regulations:

- (a) Prevention of Cholera Regulations 1938 (Revocation) Order 1964 (L.N. 72/64)  
(b) Poisons (Amendment) Regulations 1964 (L.N. 121/64)  
(c) Poisons (Amendment) (No. 2) Regulations 1964 (L.N. 150/64)  
(d) Poisons List (Amendment) Regulations 1964 (L.N. 122/64)  
(e) Poisons List (Amendment) (No. 2) Regulations 1964 (L.N. 151/64)  
(f) Factories and Industrial Undertakings (Notification of Occupational Diseases) Regulations 1965 (L.N. 38/65)

TABLE 5  
WORK OF STATUTORY COUNCILS AND BOARDS — APRIL 1964 TO MARCH 1965

	Medical Council	Dental Council	Nursing Board	Midwives Board	Pharmacy Board	Radiation Board	Medical Advisory Boards <sup>§</sup>
Number of meetings held ...	3	3	4	4	1	1	2
Number on the Register ...	1,288	430	Female: 2,755 Male: 165	2,595	132	—	—
Number of applications for registration ...	97(70)*	25	331	294	17	—	—
Number of registrations granted ...	97(69)*	20	328†	292	16	—	—
Number of examinations held ...	—	16	PreL. 2 General: 2 Mental: 2	4	2	—	—
Number of candidates examined ...	—	Oral & practical: 8 Written: 8	PreL. 452 General: 29 Mental: 14	298	34	—	—
Number of successful candidates ...	—	Oral & practical: 5 Written: 2	PreL. 383 General: 27 Mental: 14	282	13	—	—
Number of disciplinary hearing held ...	1	—	—	—	—	—	—
Number of removals from register ...	12(1)†	20	2	1	1	—	—
Number of reprimands and warnings issued ...	—	—	—	—	—	—	—

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

† Figure in brackets represents removal as a result of disciplinary proceedings (included in total).

‡ Including 2 applications for re-registration.

§ Not a statutory board.

TABLE 6  
ESTIMATED POPULATION STRUCTURE—1964  
(BASED ON MEDIAN PROJECTION FROM 1961 CENSUS)

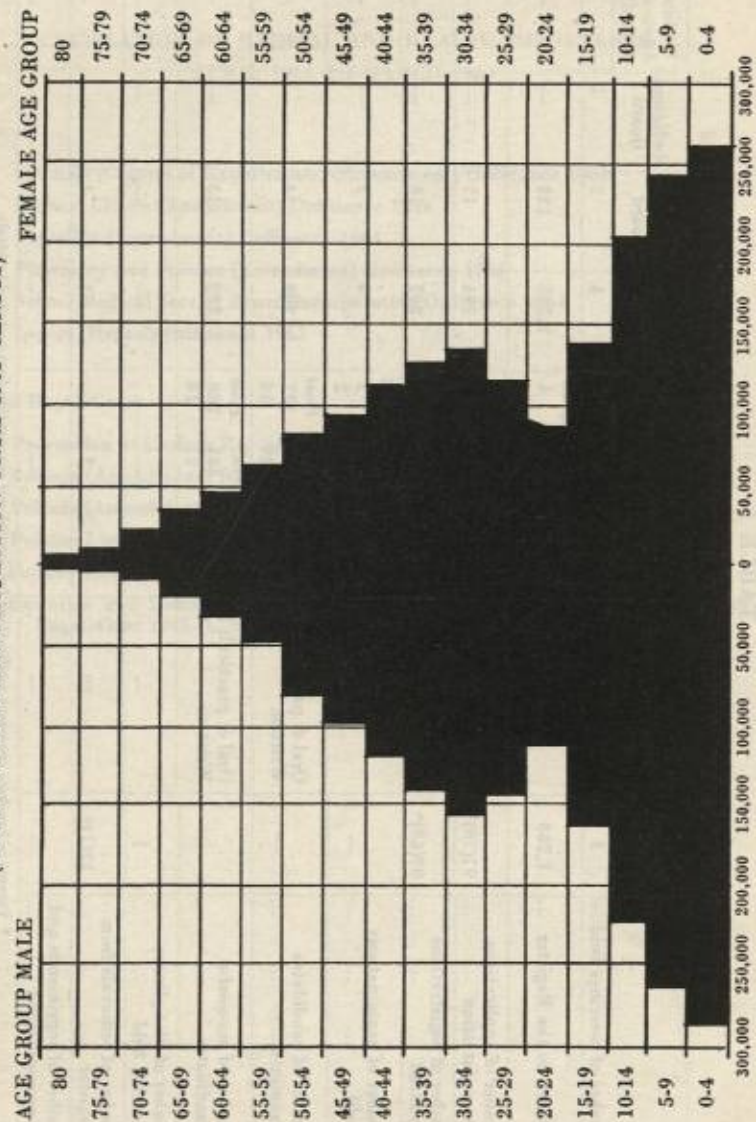


TABLE 7  
BIRTHS AND DEATHS 1951-64

Year	Estimated Mid-Year Population	Total Live Birth	Crude Live Birth Rate (per 1,000 Population)	Still Births Recorded	Total Deaths	Crude Deaths Rate (per 1,000 Population)
1951...	2,013,000	68,500	34.0	1,180	20,580	10.2
1955...	2,340,000	90,511	38.7	1,250	19,080	8.2
1956...	2,440,000	96,746	39.7	988	19,295	7.9
1957...	2,583,000	97,834	37.9	1,245	19,365	7.5
1958...	2,748,000	106,624	38.8	1,297	20,554	7.5
1959...	2,857,000	104,579	36.6	1,393	20,250	7.1
1960...	2,981,000	110,667	37.1	1,680	19,146	6.4
1961...	3,177,700	108,726	34.2	1,683	18,738	5.9
1962...	3,400,300	111,905	32.8	1,560	20,324	5.9
1963...	3,592,100	115,263	32.1	1,633	19,748	5.5
1964...	3,692,200	108,519	29.4	1,485	18,113	4.9

TABLE 8  
INFANTILE AND MATERNAL MORTALITY 1951-64

Year	Infantile Mortality rate (per 1,000 live births)			Neo-natal Mortality rate (per 1,000 live births)	Maternal Mortality rate (per 1,000 total births)
	M.	F.	Both Sexes		
1951...	87.8	96.0	91.8	31.3	1.59
1955...	66.9	65.9	66.4	23.1	1.16
1960...	44.6	38.2	41.5	20.9	0.40
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

TABLE 9

MAJOR CAUSES OF INFANT MORTALITY 1950 and 1960-64  
(per 1,000 live births)

Disease Group	Detailed List Numbers	1950	1960	1961	1962	1963	1964
Respiratory Tuberculosis ...	001-008	1.5	0.05	0.04	0.05	0.02	0.01
Tuberculosis Meningitis ...	010	2.4	0.33	0.35	0.14	0.14	0.07
Other Forms of Tuberculosis ...	011-019	1.4	0.05	0.07	0.05	0.01	0.04
Tetanus ...	061	1.4	0.67	0.97	0.52	0.42	0.25
Bronchopneumonia ...	491	33.0	12.10	8.5	7.1	6.0	4.6
Pneumonia other forms ...	490, 492-3	1.9	0.24	0.16	0.17	0.17	0.08
Bronchitis ...	500-502	7.0	0.09	0.06	0.05	0.17	0.06
Gastroenteritis over age of 4 weeks	571	25.3	5.90	4.6	3.6	3.6	1.34
Congenital Malformations ...	750-759	1.1	1.23	1.44	1.46	1.64	1.69
Birth Injuries ...	760 & 761	0.8	0.26	0.43	0.48	0.36	0.50
Post-natal Asphyxia ...	762	0.6	1.42	1.30	1.35	1.10	1.43
Pneumonia of Newborn ...	763	3.1	4.06	2.06	2.56	2.67	2.52
Diarrhoea of Newborn ...	764	1.5	1.20	1.20	2.23	2.01	1.14
Blood Diseases of Newborn ...	770 & 771	1.1	0.70	1.07	1.74	1.76	1.95
Nutritional Maladjustment ...	772	0.4	0.35	0.22	0.32	0.16	0.11
Immaturity ...	776	11.6	8.44	10.5	9.2	8.9	7.5
Ill-defined causes ...	795	1.2	1.35	1.44	1.52	0.66	0.40

TABLE 10

ANALYSIS OF MATERNAL MORTALITY 1952-64  
(per 1,000 total births)

Year	Sepsis (excluding septic abortions)	Toxaemias	Haemorrhages	Abortions	Ectopic Pregnancies	Others
1952...	.041	.287	.424	.055	.109	.233
1957...	.020	.373	.334	.040	.060	.132
1960...	.010	.179	.145	.045	.072	.045
1961...	.009	.09	.027	.036	.027	.072
1962...	.018	.141	.185	.026	.044	.062
1963...	.017	.077	.111	.009	.034	.051
1964...	.009	.055	.118	.045	.055	.100

TABLE 11  
ANALYSIS OF MORTALITY 1951-64  
(As Percentage of Total Deaths)

Disease Group	Detailed List Numbers	1951	1956	1960	1961	1962	1963	1964
1. Infectious and Parasitic ...	001-138	23.6	16.2	14.4	15.3	13.5	12.8	10.1
2. Neoplastic ...	140-239	4.0	7.0	10.5	12.3	12.4	13.4	16.4
3. Allergic, Endocrine, Metabolic and Blood ...	240-299	0.8	1.2	1.1	1.1	1.2	1.5	1.5
4. Nervous System and Sense Organs	300-398	2.4	4.9	7.2	8.3	8.4	9.1	10.5
5. Circulatory System ...	400-468	5.5	7.6	9.7	10.7	11.0	12.2	14.5
6. Respiratory System ...	470-527	27.4	21.3	19.3	14.8	13.9	13.3	10.7
7. Intestinal System ...	530-587	15.0	15.1	9.3	7.7	6.8	7.1	5.7
8. Genito-Urinary System ...	590-637	1.6	2.1	2.1	2.0	2.1	2.2	2.0
9. Pregnancy, Child-birth and Puerperium ...	640-689	0.5	0.5	0.3	0.3	0.3	0.2	0.2
10. Skin and Musculo-Skeletal Systems	690-749	0.2	0.4	0.3	0.2	0.2	0.2	0.2
11. Congenital Malformations and Diseases of Early Infancy ...	750-776	8.5	11.2	10.7	11.1	11.4	11.3	9.9
12. Ill-defined Causes ...	780-795	6.7	7.5	9.5	10.4	11.4	9.9	10.5
13. Accidents, Poisoning and Violence...	E800-E999	3.8	5.0	5.7	5.9	7.6	6.3	7.7

TABLE 12

## INFECTIOUS DISEASES NOTIFIED CASES AND DEATHS 1960-64

	1960		1961		1962		1963		1964	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
Cholera ...	—	—	130	15	11	1	115	4	34	4
Amoebic Dysentery ...	334	9	215	12	195	9	241	12	209	21
Bacillary Dysentery (Including unspecified dysentery) ...	678	10	742	8	795	13	802	3	680	8
Cerebro-spinal Meningitis ...	30	21	36	26	50	35	50	24	38	19
Chickenpox ...	304	1	498	7	707	5	1,199	3	718	1
Diphtheria ...	1,450	95	1,334	109	1,022	102	871	86	699	38
Enteric Fever (Typhoid & Paratyphoid) ...	773	30	742	24	826	21	1,038	28	882	20
Malaria ...	833	—	812	1	794	—	377	1	180	1
Measles ...	710	192	1,727	435	2,317	326	3,416	405	1,218	73
Ophthalmia Neonatorum ...	254	—	250	—	310	—	240	—	232	—
Poliomyelitis ...	148	23	184	39	363	52	53	4	37	3
Puerperal Fever ...	1	—	2	2	2	2	2	1	1	1
Scarlet Fever ...	17	1	29	—	19	—	18	1	12	—
Tuberculosis ...	12,425	2,085	12,584	1,907	14,263	1,881	13,031	1,762	12,557	1,441
Typhus (Mite-borne) ...	—	—	1	1	1	—	1	—	—	—
Whooping Cough ...	48	—	47	—	98	—	61	—	106	—
Total ...	18,005	2,467	19,333	2,586	21,773	2,447	21,515	2,334	17,603	1,630

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\*Influenza ... 5,727 26 6,223 39 6,374 39 4,433 22 2,473 16

Remarks: \* Voluntary notification.

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

TABLE 13

## MORTALITY RATES FOR CERTAIN INFECTIOUS DISEASES 1960-64

Diseases	Case fatality rates (as percentage)				Specific death rate per million population					
	1961		1962		1961		1962			
	1960	1961	1962	1963	1960	1961	1962	1963		
Cholera ...	—	11.53	9.09	3.48	11.11	—	4.7	0.3	1.1	1.1
Amoebiasis ...	2.69	5.58	4.62	4.98	10.01	3.0	3.8	2.6	3.3	5.7
Cerebrospinal Meningitis ...	70.00	72.22	70.00	48.00	50.00	7.0	8.2	10.3	6.7	5.1
Diphtheria ...	6.55	8.17	9.98	9.87	5.44	31.9	34.3	30.0	23.9	10.3
Dysentery { Bacillary Unspecified	1.47	1.08	1.64	0.39	1.18	3.4	2.5	3.8	0.8	2.2
Enteric Fever { Typhoid Paratyphoid	3.88	3.23	2.54	2.60	2.27	10.1	7.6	6.2	7.8	5.1
Measles ...	27.04	25.13	14.07	11.85	5.99	64.4	136.9	95.9	112.7	19.8
Poliomyelitis ...	15.54	21.19	14.33	7.55	8.11	7.7	12.3	15.3	1.1	0.8
Tuberculosis ...	16.78	15.15	13.19	13.52	11.48	699.4	600.1	553.2	490.5	390.3

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TABLE 14  
 PRINCIPAL INFECTIOUS DISEASES BY AGE AND SEX 1964  
 CASES NOTIFIED

Age Group	Tuberculosis		Diphtheria		Typhoid		Poliomyelitis		B/Dysentery	
	M	F	M	F	M	F	M	F	M	F
0-4 ...	146	127	201	148	28	18	16	20	93	74
5-9 ...	268	166	89	85	110	97	—	1	24	19
10-14 ...	139	139	36	46	104	91	—	—	11	9
15-19 ...	415	288	11	18	66	57	—	—	7	8
20-24 ...	710	340	7	7	44	21	—	—	25	11
25-29 ...	814	450	6	6	34	31	—	—	34	8
30-34 ...	950	468	6	15	26	24	—	—	99	18
35-39 ...	891	458	1	6	23	21	—	—	52	19
40-44 ...	979	426	1	4	18	13	—	—	46	13
45-49 ...	890	399	2	—	11	11	—	—	21	13
50-54 ...	807	352	1	2	8	5	—	—	22	11
55-59 ...	533	215	—	—	3	2	—	—	5	6
60-64 ...	362	181	—	1	4	8	—	—	4	6
65-69 ...	191	138	—	—	—	1	—	—	5	4
70-74 ...	70	64	—	—	—	1	—	—	2	6
75 & Over ...	128	53	—	—	1	1	—	—	1	4
	8,293	4,264	361	338	480	402	16	21	451	229

DEATHS

Age Group	Tuberculosis		Diphtheria		Typhoid		Poliomyelitis		B/Dysentery	
	M	F	M	F	M	F	M	F	M	F
0-4 ...	39	20	11	16	—	—	2	1	2	1
5-9 ...	14	7	5	5	—	2	—	—	—	—
10-14 ...	7	7	—	1	—	2	—	—	—	—
15-19 ...	9	11	—	—	2	—	—	—	—	—
20-24 ...	21	10	—	—	1	1	—	—	—	—
25-29 ...	27	19	—	—	—	—	—	—	—	—
30-34 ...	46	22	—	—	—	—	—	—	—	—
35-39 ...	63	36	—	—	6	3	—	—	—	1
40-44 ...	117	24	—	—	1	—	—	—	1	—
45-49 ...	121	22	—	—	1	—	—	—	—	—
50-54 ...	147	46	—	—	—	1	—	—	—	—
55-59 ...	172	40	—	—	—	—	—	—	—	—
60-64 ...	127	32	—	—	—	—	—	—	—	1
65-70 ...	75	35	—	—	—	—	—	—	—	—
70-74 ...	38	27	—	—	—	—	—	—	—	—
75 & Over ...	37	23	—	—	—	—	—	—	—	2
	1,060	381	16	22	11	9	2	1	3	5

TABLE 15  
 PROPHYLACTIC IMMUNIZATIONS 1960-64

Immunological Procedure	1960		1961		1962		1963		1964	
	M	F	M	F	M	F	M	F	M	F
Anti-Smallpox Vaccination	573,848	...	969,577	...	744,599	...	321,942	...	844,367	...
Anti-Cholera Inoculation	30,634	...	1,968,214	...	2,976,274	...	3,101,766	...	2,406,623	...
Anti-Diphtheria Inoculations:	...	...	...	...	...	...	...	...	...	...
1st Dose	202,883	...	296,071	...	323,521	...	371,059	...	338,468	...
2nd Dose	174,406	...	207,143	...	312,374	...	281,369	...	282,176	...
Booster Dose	71,219	...	115,566	...	129,279	...	146,374	...	142,242	...
Anti-Typhoid Inoculations:	...	...	...	...	...	...	...	...	...	...
1st Dose	97,902	...	45,080	...	21,440	...	17,779	...	19,931	...
2nd Dose	78,103	...	30,013	...	11,734	...	10,696	...	6,843	...
Booster Dose	38,374	...	38,624	...	30,141	...	28,864	...	41,018	...
Anti-Plague Inoculation	220	...	224	...	249	...	618	...	48	...
Anti-Typhus Inoculation	1,409	...	981	...	275	...	255	...	52	...
Anti-Rabies:	...	...	...	...	...	...	...	...	...	...
1st Dose	3,717	...	3,786	...	3,784	...	3,829	...	1,102	...
Other Doses	12,846	...	14,342	...	15,010	...	17,019	...	5,519	...
Anti-Tuberculosis (B.C.G.) Vaccinations:	...	...	...	...	...	...	...	...	...	...
Infants	79,169	...	86,234	...	91,304	...	98,342	...	93,806	...
Others	11,054	...	7,756	...	26,939	...	14,175	...	13,875	...
Poliomyelitis Vaccination:	...	...	...	...	...	...	...	...	...	...
1st Dose	...	...	...	...	...	...	...	...	...	...
2nd Dose	...	...	...	...	...	...	...	...	...	...
	...	...	...	...	...	...	...	...	...	...

TABLE 16  
ANALYSIS OF CHOLERA CASES 1964  
GEOGRAPHICAL DISTRIBUTION

Imported	Hong Kong	Kowloon	New Territories
1	7	25	1

AGE AND SEX DISTRIBUTION

Age Group	Male	Female	Total
0-14 ... ..	—	—	—
15-29 ... ..	1	—	1
30-44 ... ..	7	2	9
45-59 ... ..	9	3	12
60 & Over ... ..	7	5	12
	24	10	34

SEVERITY OF CHOLERA CASES BY AGE, SEX AND INOCULATION STATE

	Age:	Mild		Moderate		Severe		Total
		0-44	45+	0-44	45+	0-44	45+	
		Males — Inoculated ... ..	1	—	—	2	1	
Not inoculated ... ..	—	7	3	1	3	5	19	
Females— Inoculated ... ..	1	—	—	—	—	—	1	
Not inoculated ... ..	—	1	—	2	1	5	9	
		2	8	3	5	5	11	34

TABLE 17  
CHOLERA MORTALITY BY AGE AND SEX 1961-64

	1961		1962		1963		1964		Total	
	M	F	M	F	M	F	M	F	M	F
0-14 ... ..	2	1	—	—	—	1	—	—	2	2
15-29 ... ..	1	2	1	—	—	—	—	—	2	2
30-44 ... ..	—	1	—	—	—	—	—	—	—	1
45-59 ... ..	1	1	—	—	—	—	—	—	1	1
60 & Over ... ..	3	3	—	—	1	2	2	2	6	7
Total ... ..	7	8	1	—	1	3	2	2	11	13

Note: No fatal case had been immunised according to accepted international standards.

TABLE 18  
ANALYSIS OF CHOLERA CARRIERS 1964

Domestic contacts... ..	23
Other carriers ... ..	4

AGE AND SEX DISTRIBUTION

Age Group	M	F	Total
0-14 ... ..	2	2	4
15-29 ... ..	11	1	12
30-44 ... ..	6	1	7
45-59 ... ..	4	—	4
60 & Over ... ..	—	—	—
	23	4	27

IMMUNIZATION STATE

	M	F	Total
Inoculated ... ..	20	2	22
Not inoculated ... ..	3	2	5
	23	4	27

TABLE 19  
TUBERCULOSIS MORTALITY 1951-64

Year	Total Deaths from Tuberculosis	Tuberculosis Death Rate per 100,000	Tuberculosis Deaths as percentage of total deaths	Average age at death from Tuberculosis
1951 ... ..	4,190	208.0	20.0	25
1956 ... ..	2,629	107.0	13.6	32
1960 ... ..	2,085	69.9	10.8	43
1961 ... ..	1,907	60.0	10.2	43
1962 ... ..	1,881	55.3	9.2	46
1963 ... ..	1,762	49.0	8.9	47
1964 ... ..	1,441	39.0	7.9	48

TABLE 20

## TUBERCULOSIS IN CHILDHOOD 1951-64

Year	% age of newborns receiving B. C. G.	Percentage of Tuberculosis deaths below 5 years	Percentage of Tuberculosis deaths under 1 year	Infantile Mortality from tuberculosis (per 1,000 live births)
1951 ... ..	0	34.0	7.70	4.73
1956 ... ..	24.21	25.0	7.34	1.99
1960 ... ..	71.54	10.5	2.20	0.42
1961 ... ..	79.31	11.5	2.62	0.46
1962 ... ..	81.59	5.74	1.43	0.24
1963 ... ..	83.44	5.50	1.08	0.16
1964 ... ..	86.4	4.09	0.90	0.12

TABLE 21

## TUBERCULOSIS NOTIFICATIONS 1951-64

	1951	1956	1960	1961	1962	1963	1964	
Original of Notification	Govt. Chest Clinics ...	6,896	7,704	8,426	8,957	10,691	8,794	9,478
	Other Govt. Inst. ...	5,522	1,643	2,378	2,056	1,680	1,660	1,184
	Tung wah Group ...	1,468	2,808	780	947	801	864	604
	Other Non-Govt. Inst. and Private Sources			841	624	1,091	1,713	1,291
Total ... ..	13,886	12,155	12,425	12,584	14,263	13,031	12,557	
Notification rate per 100,000 population ... ..	689	498	417	396	419	363	340	

TABLE 22

WORK OF GOVERNMENT TUBERCULOSIS SERVICE  
GOVERNMENT CHEST CLINICS 1964

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

## ATTENDANCES AT GOVERNMENT CHEST CLINICS 1960-64

	1960	1961	1962	1963	1964
First attendances ... ..	35,991	40,146	43,519	39,277	35,735
Cases of tuberculosis discovered ...	12,937	15,270	16,541	15,036	13,884
Total attendances for treatment ...	2,001,960	2,204,058	1,901,425	1,414,009	1,251,534
Under treatment from previous year ... ..	16,062	16,433	17,714	17,372	14,049
Started treatment during the year	12,617	12,381	12,190	9,694	10,423
Completed treatment ... ..	3,724	3,776	4,935	7,147	5,323
Failed to attend ... ..	4,975	4,987	5,371	5,208	3,544
Admitted to hospital from Chest Clinics ... ..	1,592	889	921	811	758
Still on treatment at end of year...	16,433	17,714	17,372	14,049	13,244

TABLE 23

## X-RAY SURVEYS 1964

	Government Employees	Conditional Surveys	Prisoners
Total examined ... ..	50,009	47,521	9,524
Clinically examined ... ..	6,343	2,672	1,282
Active tuberculosis ... ..	276	372	275
Percentage active tuberculosis ... ..	0.55%	0.78%	2.9%

TABLE 24  
CONTACT EXAMINATIONS 1963-64

		1963	1964
<i>Under 8 years of age</i>			
Tuberculin Test	Negative ... ..	308	169
	Positive ... ..	5,632	5,385
Clinical examination (of contacts showing positive children) Positive Mantou	Active tuberculosis ...	205	95
	Inactive T.B. ...	404	555
	(Undetermined) Suspicious T.B. ...	395	438
	Free of tuberculosis ...	4,628	4,297
Percentage of contacts found to have active T.B. ...		2.31%	1.76%
<i>Over 8 years of age</i>			
Results of clinical examination following 'Contact' X-rays	Active tuberculosis ...	400	322
	Inactive T.B. ...	846	650
	(Undetermined) Suspicious T.B. ...	984	674
	Free of tuberculosis ...	20,376	10,776
Percentage found to have active T.B. ...		1.77%	2.59%

TABLE 25  
ORTHOPAEDIC TUBERCULOSIS 1959-64  
ATTENDANCES AT CLINICS

	1959	1960	1961	1962	1963	1964
First visits ... ..	617	441	415	397	288	231
Revisits ... ..	3,503	4,001	4,618	3,685	5,747	5,498
	4,120	4,442	5,033	4,082	6,035	5,729

CLASSIFICATION OF DISEASE BY SITE

	1959	1960	1961	1962	1963	1964
Spine ... ..	303	202	197	197	158	133
Hip Joint ... ..	125	94	115	109	60	50
Others ... ..	189	145	103	91	70	48
	617	441	415	397	288	231

TABLE 26  
MALARIA 1960-64  
DISTRIBUTION OF CASES  
(According to notified place of residence)

Year	Cases Notified	Deaths	Urban Controlled Areas	Sai Kung* District	Lantau* District	Other Areas
(as percentage of notified cases)						
1960... ..	833	nil	6.7	60.5	26.8	6.0
1961... ..	812	1	8.7	55.4	26.5	9.4
1962... ..	794	nil	8.9	61.3	12.1	17.7
1963... ..	377	1	10.9	47.5	18.6	23.0
1964... ..	180	1	13.3	35.6	25.0	26.1

\* including floating population.

IDENTIFICATION OF PARASITES  
(as percentage of parasites found)

Year	P. vivax	P. falciparum	P. malariae	Mixed infection	Species undetermined
1960... ..	95.2	4.3	0.4	0	0.1
1961... ..	96.4	2.4	1.0	0.1	0.1
1962... ..	98.1	0.4	1.3	0.1	0.1
1963... ..	93.9	4.2	1.3	0.3	0.3
1964... ..	85.6	12.2	1.1	0.55	0.55

TABLE 27

## ANNUAL INCIDENCE AND TREND OF VENEREAL DISEASE 1955-64

Year	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964
<i>Veneral Diseases</i>										
(Total (Except Congenital))	4,232	3,628	3,190	3,372	2,680	2,091	1,555	1,858	1,487	1,036
Primary ...	153	93	17	9	19	46	35	154	164	119
Secondary ...	34	20	7	3	9	20	26	26	60	64
Early Latent ...	1,044	733	450	417	426	296	202	359	307	197
Late Latent ...	2,853	2,616	2,532	2,766	2,038	1,590	1,173	1,216	864	590
All Others ...	148	166	184	177	188	139	119	103	92	66
(Congenital)										
Under 1 year ...	19	19	3	7	10	0	3	11	5	1
Over 1 year ...	111	64	116	86	131	74	48	66	53	47
Gonorrhoea ...	11,309	10,609	9,881	8,360	8,362	6,506	5,997	5,747	5,696	5,008
Non-Gonococcal Urethritis ...	869	776	800	644	481	591	509	453	379	496
Chancroid ...	2,468	1,614	685	294	324	873	635	356	347	268
Lymphogranuloma Venereum ...	249	140	178	91	53	16	7	8	16	8
<i>Other Diseases</i>										
Non-Veneral Disease ...	6,623	6,245	5,855	5,458	4,997	4,717	4,293	5,489	4,155	4,548
Skin Diseases ...	8,165	8,437	9,814	8,701	11,046	10,611	12,173	12,917	10,740	12,570
<i>Attendances at Clinics (All Types)</i>										
New Attendances ...	34,853	32,490	31,391	27,841	28,980	26,281	25,819	27,264	23,761	25,224
Total Attendances ...	203,701	180,148	193,674	203,954	213,026	213,733	182,049	179,135	147,588	143,381

TABLE 28

## V.D.R.L. EXAMINATIONS IN EXPECTANT MOTHERS 1960-64

	1960	1961	1962	1963	1964
No. of tests (Clinics and Hospitals) ...	52,068	51,449	55,159	31,544	55,406
% Positive ...	2.3	1.6	2.2	1.6	1.7
No. of tests (Private Midwives) ...	6,805	6,940	7,645	3,690	7,373
% Positive ...	1.9	1.4	1.5	1.1	1.8

TABLE 29

## LEPROSY 1964

## INCIDENCE OF LEPROSY 1959-64

Year	New Cases	Rate per 100,000 population
1959 ...	297	10.1
1960 ...	239	7.8
1961 ...	255	8.0
1962 ...	255	7.5
1963 ...	258	7.3
1964 ...	271	7.3

## ANALYSIS OF CASES BY AGE 1964

Age-Group	No. of Cases
Under 1	—
1 - 5	1
6 - 10	4
11 - 15	15
16 - 20	25
21 - 25	23
26 - 30	25
31 - 35	40
36 - 40	30
41 - 45	25
46 - 50	30
51 - 60	30
Over 60	23
<b>Total ...</b>	<b>271</b>

TABLE 30

## ANALYSIS OF DERMATOLOGICAL CONDITIONS PRESENTING AT CLINICS

Acne ... ..	164	Neurofibromatosis ... ..	7
Alopecia ... ..	90	Nevi (All Types) ... ..	68
Angioedema ... ..	6	Pediculosis ... ..	12
Carcinoma ... ..	14	Pemphigus ... ..	5
Contact Dermatitis ... ..	1,101	Paronychia ... ..	59
Dermatitis Exfoliative ... ..	8	Pityriasis Rosea ... ..	55
Dermatitis Herpetiformis ... ..	1	Pityriasis Alba ... ..	62
Dermatomyositis ... ..	1	Pruritus ... ..	154
Drug Eruption ... ..	46	Psoriasis ... ..	117
Eczema (All Types) ... ..	4,197	Purpura ... ..	11
Erythema Multiforme ... ..	8	Pyoderma ... ..	547
Erythema Nodosum ... ..	6	Raynaud's Phenomenoma ... ..	2
Granulomata ... ..	8	Rosacea ... ..	23
Herpes Simplex ... ..	10	Scabies ... ..	15
Herpes Zoster ... ..	29	Scleroderma ... ..	5
Icthyosis ... ..	30	Tinea (All Types) ... ..	574
Keloid ... ..	22	T. B. Cutis ... ..	19
Keratosis (All Types) ... ..	24	Tumors, Benign ... ..	22
Lichen Amyloidosis ... ..	9	Ulcer, Varicose ... ..	54
Lichen Planus ... ..	8	Urticaria ... ..	248
Light Sensitivity ... ..	15	Vasculitis ... ..	7
Lupus Erythematosus (All Types) ... ..	25	Verruca ... ..	258
Miliaria ... ..	12	Vitiligo ... ..	184
Molluscum Contagiosum ... ..	8	Xanthoma ... ..	21
Neurodermatitis ... ..	616	Leprosy ... ..	141
		Miscellaneous ... ..	412
Total ... ..	9,540		

TABLE 31

## CULTURES FOR MYCOLOGICAL IDENTIFICATION

T. Rubrum ... ..	371	T. Tonsurans ... ..	6
T. Mentogrophytes ... ..	40	E. Floccosum ... ..	12
M. Canis ... ..	54	T. Verrucosum ... ..	1
T. Concentricum ... ..	1	M. Gypseum ... ..	1
T. Ferrugineum ... ..	3	C. Albicans ... ..	33
T. Verrucosum ... ..	6		
Total specimens examined ... ..	2,138		

TABLE 32

## WORK OF THE PORT HEALTH SERVICE 1964

## INSPECTIONS

## Immigration

	No. of Vessels	No. of passengers	No. of Crew	No. of smallpox vaccinations	No. of cholera inoculations	No. under Surveillance
By Sea	Overseas ...	20,836	71,308	443,004	281	602
	Macau ...	1,486	806,502	—	29,658	764
	Junks, etc. ...	15,255	*	*	90	77
By Air ... ..	9,319	387,182	84,648	461	381	947
By Train ... ..	*	393,077	—	18,777	9,828	—
Total ... ..	46,896	1,658,069	527,652	49,267	11,652	947

## Emigration

By Sea ... ..	41	3,156	4,977	—	—	—
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\* Number not recorded.

## FUMIGATION

No. of ships fumigated ... ..	66
Total net tonnage ... ..	110,963.38
Cubic capacity (cubic feet) ... ..	16,938,365
Rats recovered ... ..	821
Exemptions granted ... ..	242
No. of ships disinfected ... ..	20
No. of aircraft disinfected ... ..	359

## MEDICAL ASSISTANCE TO SHIPS

To ships at sea ... ..	30 occasions
To ships in port ... ..	21 occasions

TABLE 33  
MIDWIFERY SERVICES 1963-64  
(Excluding Hospitals)

PRIVATE MIDWIFERY SERVICES		
	1963	1964
Number of midwives in active practice ... ..	196	188
Number of registered maternity home ... ..	109	104
Number of beds ... ..	510	514
Maternity home deliveries ... ..	44,187	39,827
Domiciliary deliveries ... ..	1,595	1,454
Total deliveries ... ..	45,782	41,281
GOVERNMENT MIDWIFERY SERVICES		
	1963	1964
Maternity beds in maternity homes (Urban) ... ..	136	207
Maternity beds in maternity homes (rural) ... ..	154	197
Midwives (excluding hospitals) ... ..	100	114
Cases attended (excluding hospitals) ... ..	21,162	22,955
Average case-load for each midwife (excluding hospitals) ... ..	225	201

TABLE 34  
DISTRIBUTION OF M.C.H. CENTRES 1964

District	Full-time Centres		Subsidiary Centre	
	No Midwifery Service attached	With Midwifery Service attached	No Midwifery Service attached	With Midwifery Service attached
Hong Kong ...	3	5	1	1
Kowloon ...	1	6	4	1
N.T. & Islands ...	—	—	—	10
Total ...	4	11	5	12

TABLE 35  
WORK OF MATERNAL AND CHILD HEALTH SERVICE 1963-64

	1963	1964
No. of full-time centres ... ..	12	15
No. of subsidiary centres ... ..	21	17
<i>Ante-natal Sessions</i>		
Total Sessions ... ..	2,413	2,549
New attendances ... ..	25,897	27,689
Total attendances ... ..	111,324	122,195
Average attendance per session ... ..	46	47
Average attendance per person ... ..	4.3	4.4
<i>Post-natal Sessions</i>		
Total Sessions ... ..	914	952
New attendances ... ..	5,255	5,774
Total attendances ... ..	6,987	7,498
Percentage presenting with some abnormality ... ..	20.06%	19.86%
<i>Infant Welfare Sessions (0-2 years of age)</i>		
Total Sessions ... ..	4,124	4,985
New attendances ... ..	58,732	64,545
Total attendances ... ..	539,970	598,264
Percentage presenting with some abnormality ... ..	0.13%	0.14%
Percentage of total new-borns attending ... ..	45.83%	53.64%
<i>Toddler Welfare Sessions (2-5 years of age)</i>		
Total Sessions ... ..	1,144	1,196
New attendances ... ..	14,788	15,221
Total attendances ... ..	92,358	92,669
<i>Home visits</i> ... ..	89,616	103,010

TABLE 36

## SCHOOL MEDICAL SERVICE BOARD

NUMBER OF PARTICIPATING SCHOOLS, STUDENTS AND DOCTORS AT 31ST MARCH, 1965

District	No. of Part. Schools	No. of Part. Students	No. of Part. Doctors
<i>Hong Kong:</i>			
Wan Chai ... ..	33	3,849	19
Central ... ..	11	1,642	46
Sheung Wan ... ..	14	2,764	6
Western ... ..	36	5,647	9
Tai Hang ... ..	35	8,893	14
North Point ... ..	26	3,882	17
Shau Kei Wan ... ..	16	2,001	6
Aberdeen ... ..	10	1,726	4
Stanley ... ..	2	533	1
Sub-total ... ..	183	30,937	122
<i>Kowloon:</i>			
Tsim Sha Tsui ... ..	10	1,978	14
Yau Ma Tei ... ..	22	3,023	20
Mong Kok ... ..	55	13,480	39
Cheung Sha Wan ... ..	19	3,326	7
Shek Kip Mei ... ..	23	4,514	10
Hung Hom ... ..	22	4,009	8
San Po Kong ... ..	8	904	5
Kowloon Tong ... ..	6	859	2
Kai Tak ... ..	37	6,806	9
Kwun Tong ... ..	9	1,681	3
Sub-total ... ..	211	40,580	117
<i>New Territories:</i>			
Tsuen Wan ... ..	17	2,927	6
Yuen Long ... ..	35	4,101	4
Sha Tin ... ..	7	406	2
Tai Po ... ..	17	1,662	1
Sheung Shui ... ..	10	814	1
Fanling ... ..	5	457	1
Sub-total ... ..	91	10,367	15
Grand Total ... ..	485	81,884	254

TABLE 37

## WORK OF THE GENERAL DENTAL SERVICE 1960-64

Year	Attendances	Deciduous Teeth		Permanent Teeth		Persons rendered dentally fit
		Restored	Extracted	Restored	Extracted	
1960... ..	117,948	5,515	16,299	40,193	30,609	9,740
1961... ..	130,323	5,304	19,196	51,329	33,895	15,086
1962... ..	138,377	6,254	20,269	48,893	34,599	18,844
1963... ..	145,128	6,406	21,649	52,254	33,535	21,628
1964... ..	175,683	14,540	23,176	74,038	35,199	26,496

TABLE 38

## WORK OF THE FORENSIC PATHOLOGY LABORATORIES 1963-64

	1963	1964
Examination of victims and suspects ... ..	362	397
Attendance at scenes of crime ... ..	55	51
Attendance at courts ... ..	119	182
Medico-legal examination of weapons ... ..	78	126
Examination of hairs, fibres, etc. ... ..	558	565
Examination of clothing ... ..	726	811
Miscellaneous examination ... ..	287	378
Blood grouping (medico-legal) ... ..	2,109	2,173
Blood grouping (Police Officers) ... ..	894	618
Lectures to Police Officers ... ..	13	27
Identification of nature of meat (dog, cat, etc.) ... ..	9	18
Chemical examinations ... ..	42	97
<i>Assistance in Raids</i>		
Breach of Pharmacy and Poisons Ordinance and		
Penicillin Ordinance ... ..	8	2
Unregistered Medical Practitioners ... ..	9	1
Abortionists ... ..	5	6
Unregistered Dentists ... ..	1	—

TABLE 39

## WORK OF PUBLIC MORTUARIES 1963-64

	Victoria		Kowloon	
	1963	1964	1963	1964
Total number of bodies received ... ..	1,163	1,041	2,997	2,731
Total number of autopsies performed ... ..	598	667	1,126	1,166
Number of bodies claimed for burial... ..	803	809	1,662	1,620
Number of bodies unclaimed for burial ... ..	360	232	1,335	1,111
Deaths due to natural causes... ..	872	730	2,458	2,104
Deaths due to unnatural causes... ..	291	311	539	627

TABLE 40

## WORK OF GOVERNMENT INSTITUTE OF PATHOLOGY

LABORATORIES			
Clinical Laboratories	...	...	Sai Ying Pun Polyclinic Queen Elizabeth Hospital Lai Chi Kok Hospital Castle Peak Hospital
Public Health Laboratories	...	...	Sai Ying Pun Polyclinic Queen Elizabeth Hospital (temporary)
Virological Laboratory	...	...	Queen Mary Hospital
Vaccine Production	...	...	Caine Lane Laboratory
Blood Banks	...	...	Queen Mary Hospital Queen Elizabeth Hospital

Note: Clinical pathological services for Queen Mary Hospital are provided by the Department of Pathology, University of Hongkong.

## SPECIMENS EXAMINED 1963-64

	1963	1964
(1) Protozoology and Helminthology	26,736	31,335
(2) a. Haematology	144,459	295,253
b. Blood Grouping	1,931	1,276
(3) Serology	106,049	131,940
(4) Bacteriology	268,386	267,513
(5) Mycology	4,445	7,281
(6) Public Health	69,630	36,399
(7) Histopathology	5,769	11,290
(8) Biochemistry	112,002	216,188
(9) Clinical Pathology	34,807	41,052
(10) Virology	2,122	3,380
(11) Others	457	944
	776,793	1,043,851

## AUTOPSIES PERFORMED 1964

Queen Mary Hospital	124
Queen Elizabeth Hospital	464
Total	588

## RODENT EXAMINATIONS 1964

Victoria public Mortuary	37,586
Kowloon Public Mortuary	41,402
Total	78,988

TABLE 41

## VACCINE PRODUCTION 1963-64

(in millilitres)

Vaccine	Prepared		Issued	
	1963	1964	1963	1964
Smallpox	20,180 ml.	11,892 ml.	19,827 ml.	45,454 ml.
Rabies (2%)	51,650 ml.	55,250 ml.	50,400 ml.	54,250 ml.
Rabies (4%)	39,850 ml.	39,000 ml.	39,100 ml.	43,300 ml.
Typhoid-paratyphoid	96,000 ml.	40,300 ml.	84,950 ml.	76,650 ml.
Cholera	2,668,850 ml.	241,825 ml.	2,668,425 ml.	2,356,750 ml.
Plague	19,350 ml.	—	30,850 ml.	—

TABLE 42

## BLOOD BANKS 1963-64

## SOURCES OF BLOOD

	1963	1964
British Red Cross Society	8,384 pints	11,182 pints
Patients' relatives and friends	1,171 "	916 "
Other sources	0 "	197 "
Total	9,555 pints	12,295 pints

## DISTRIBUTION OF BLOOD

	1963	1964
Government hospitals	6,919 pints	8,077 pints
Government-assisted hospitals	2,023 "	3,080 "
Private hospitals	448 "	415 "
Military hospitals	0 "	0 "
Manufacture of plasma	0 "	0 "
Preparation of Coombs reagent	0 "	0 "
Unusable due to various causes	258 "	449 "
Total	9,648 pints	12,021 pints

TABLE 43

## WORK OF VIRUS LABORATORY 1964

## ISOLATIONS OF POLIOVIRUS

Specimen	No. of specimens	Negative	Positive Poliovirus			
			Type 1	Type 2	Type 3	Total
<i>Clinical cases</i>						
Faeces ...	235	156	34	6	39	79
Throat swab ...	19	14	4	—	1	5
Cerebro-spinal fluid ...	42	42	—	—	—	—
Brain tissue ...	5	2	3	—	—	3
<i>Contacts</i>						
Faeces ...	398	368	14	2	14	30
<b>Total</b> ...	<b>699</b>	<b>582</b>	<b>55</b>	<b>8</b>	<b>54</b>	<b>117</b>

## FAECAL SURVEY FOR POLIOVIRUS

Date	No. of specimens	Positive Poliovirus								Other Enteroviruses
		'Wild' Strains				'Vaccine' Strains				
		Type 1	Type 2	Type 3	Total	Type 1	Type 2	Type 3	Total	
May, 1964 ...	329	—	—	—	—	—	—	—	—	28 (8.9%)
Nov. 1964 ...	383	—	1	2	3(0.7%)	2	1	6	9(2.2%)	40(10.4%)

## NIGHTSOIL SURVEY FOR POLIOVIRUS

No. of specimens	Positive Poliovirus								Positive other enteroviruses
	'Wild' Strains				'Vaccine' Strains				
	Type 1	Type 2	Type 3	Total	Type 1	Type 2	Type 3	Total	
1,262	24	5	12	41(3.2%)	17	17	26	60(4.7%)	717(56.5%)

## SEROLOGICAL RESPONSE TO IMMUNISATION CAMPAIGN

Vaccination campaign	No. of specimen	No. showing response								
		Type 1		Median* titre	Type 2		Median* titre	Type 3		Median* titre
		No.	%		No.	%		No.	%	
1963 ...	64	42	65.6	40	63	98.5	240	61	95.3	92
1964 ...	34	19	55.8	23	33	97	154	33	97	90

\* Median antibody titre of positive sera.

TABLE 44

## WORK OF THE GOVERNMENT CHEMICAL LABORATORY 1963-64

	Samples Analysed	
	1963	1964
Biochemical ...	13,185	*
Dangerous Drugs Ordinance ...	13,528	15,097
Dutiable Commodities ...	9,341	9,346
Water and Waterworks Chemicals ...	3,893	4,735
Food and Drugs ...	1,086	2,045
Forensic ...	797	1,099
Toxicology ...	899	791
Dangerous Goods Regulations ...	370	528
Commercial... ...	868	610
Import/Export (Prohibition) (Specified Articles) Orders ...	3	19
Miscellaneous ...	1,081	1,549
	<b>45,051</b>	<b>35,819</b>

\* Work transferred to Government Institute of Pathology.

TABLE 45

## WORK OF INDUSTRIAL HEALTH SECTION 1964-65

## EXAMINATIONS OF SHIP-BREAKERS

Number examined...	68
Number showing excessive lead absorption	
Basophilic stippling ...	7
High coproporphyrin level ...	7
Number showing lead line ...	41

TABLE 45—Contd.

## ENVIRONMENTAL AND BIOLOGICAL MONITORING

	Numbers
<b>Atmospheric Samples</b>	
(a) Benzene ... ..	9
(b) Lead ... ..	4
(c) Sulphur Dioxide ... ..	36
(d) Toluene ... ..	5
(e) Carbon dioxide ... ..	8
(f) Carbon monoxide ... ..	8
(g) Dust ... ..	30
(h) Ether ... ..	6
(i) Ethyl Acetate ... ..	6
(j) Hydrogen Sulphide ... ..	8
(k) Acetone ... ..	2
<b>Total</b> ... ..	<b>122</b>
<b>Ventilation Surveys</b>	
(a) Effective temperature ... ..	26
(b) Radiant heat ... ..	26
(c) Relative humidity ... ..	26
(d) Velocity of air ... ..	42
<b>Total</b> ... ..	<b>120</b>
<b>Samples for Analysis</b>	
(a) Solvent ... ..	5
(b) Varnish ... ..	1
(c) Plastic toys (for lead) ... ..	211
(d) Colouring matters (for lead) ... ..	359
<b>Total</b> ... ..	<b>576</b>
<b>Urinalysis</b>	
(a) Coproporphyrin in urine ... ..	124
(b) Fluoride in urine ... ..	21
<b>Total</b> ... ..	<b>145</b>
<b>Surveys on wells</b>	
(a) Hong Kong ... ..	4
(b) Kwun Tong ... ..	68
<b>Total</b> ... ..	<b>72</b>
<b>Blood Counts</b>	
(a) Lead workers ... ..	69
(b) Workers handling radioactive substances ... ..	16
(c) Ship-breaking workers ... ..	68
<b>Total</b> ... ..	<b>153</b>
<b>Film Badges</b>	
(a) Badges issued ... ..	364
(b) Evidence of contamination ... ..	30
(c) Evidence of excessive dosage ... ..	0
(d) Reports received ... ..	367
<b>Total</b> ... ..	<b>761</b>

TABLE 45—Contd.

## WORKMAN'S COMPENSATION CASE WORK

	1960-1	1961-2	1962-3	1963-4	1964-5
Injured persons dealt with (old and new)...	8,469	11,972	17,094	18,710	16,608
Number of visits ... ..	4,740	5,673	7,176	5,218	4,822
Cases assessed by I.H.O. ... ..	96	131	127	218	734
Cases assessed at Medical Boards ... ..	—	—	—	1,830	2,218

TABLE 46

## MEDICAL CLINICS REGISTRATION

(POSITION AT 31ST MARCH, 1965)

Clinics fully registered ... ..	74
Clinics registered with exemption ... ..	365
Clinics in respect of which registration was refused ... ..	245
Clinics in respect of which multiple sponsorship was refused ... ..	14
Clinics in respect of which notice of intent to refuse registration had been given ... ..	1
Clinics in respect of which applications were under consideration ... ..	7
Clinics in respect of which registration was cancelled ... ..	4
Clinics in respect of which notice of intent to cancel registration had been given ... ..	1
Petitions to Governor in Council against decision of Registrar allowed ... ..	0
Petitions to Governor in Council against decision of Registrar rejected ... ..	159
Petitions awaiting determination ... ..	87

TABLE 47

## NUMBER OF HOSPITAL BEDS IN HONG KONG 1964

HONG KONG		Med.	Surg.	Ophth.	E.N.T.	Gyn.	Mat.	Pae. & Babies	T.B.	Lep.	Pay.	Chro. & Long Term	Cust. & Obs.	Inf.	Others	Total
<b>(A) GOVERNMENT HOSPITALS</b>																
Queen Mary Hospital	164	233	7	7	52	44	76				12		15		44	632
H.K. Psychiatric Clinic & Day Hospital														80		88
Sai Ying Pun Hospital						200								30		200
Twan Yuk Hospital											30		50			30
Wan Chai Hospital													84			80
Victoria Prison Hospital													84			84
Stanley Prison Hospital						99										99
Government Clinics & Maternity Homes																
<b>(B) GOVT.-ASSISTED HOSPITALS</b>																
Tung Wah Hospital	153	126	8	16	41	60	50	131				89				673
Tung Wah Eastern Hospital	108	39	6	8	16	64	49	48								338
Alice Ho Min Ling Nethercole Hospital	76	70			57	67	34									304
Ruttonjee Sanatorium								348								348
Grantham Hospital	8							605				106				613
Sandy Bay Convalescent Home																106
<b>(C) PRIVATE HOSPITALS</b>																
H.K. Sanatorium & Hospital	86	92	2	10	25	52	27	12			4	6				316
Carroll Hospital	100	60				20	20									200
St. Paul's Hospital	82	60				30	18									190
H.K. Central Hospital	37	37			9	14	4	10			2				7	120
Mutida & War Memorial Hospital	20	20					8									52
Private Nursing & Maternity Homes						80										80
<b>TOTAL Hong Kong</b>	<b>833</b>	<b>727</b>	<b>23</b>	<b>41</b>	<b>200</b>	<b>738</b>	<b>262</b>	<b>1,174</b>			<b>40</b>	<b>201</b>	<b>149</b>	<b>118</b>	<b>51</b>	<b>4,565</b>
<b>KOWLOON</b>																
<b>(A) GOVERNMENT HOSPITALS</b>																
Queen Elizabeth Hospital	389	523	14	27	62	165	16	172					28		164	1,388
Kowloon Hospital †	70	194			16		42							140		404
Lai Chi Kok Hospital	53	205			14		56									473
Lai Chi Kok Female Prison	11	1				1										15
Government Clinics & Maternity Homes						110										110

TABLE 47—Contd.

<b>(B) GOVT.-ASSISTED HOSPITALS</b>																
Kwong Wah Hospital	618	187			93	235	171								97	1,401
H.K. Society for Rehab. Kwun Tong																40
Rehab. Centre	149	42			16	29	71	150								457
Caritas Hospital	51				5	18	6									80
Maryknoll Mission Hospital																
<b>(C) PRIVATE HOSPITALS</b>																
Precious Blood Hospital	94					12										106
St. Teresa's Hospital	274					8	5									274
Baptist Hospital	23	16				432										52
Private Nursing & Maternity Homes																432
<b>TOTAL Kowloon</b>	<b>1,732</b>	<b>1,168</b>	<b>14</b>	<b>27</b>	<b>206</b>	<b>1,010</b>	<b>369</b>	<b>322</b>	<b>5</b>		<b>40</b>	<b>28</b>	<b>140</b>	<b>261</b>	<b>51</b>	<b>5,322</b>
<b>NEW TERRITORIES</b>																
<b>(A) GOVERNMENT HOSPITALS</b>																
Castle Peak Hospital						15	10	42			1,119			5		1,119
St. John Hospital	28															28
South Lantau Hospital	15															15
Tai Lam Chung Prison Hospital	12							8						4		24
Government Clinics & Maternity Homes	32					155										187
<b>(B) GOVT.-ASSISTED HOSPITALS</b>																
Pok Oi Hospital	61	6	4			20	27	196				7				118
Hei Ling Chau Leprosarium										540						540
Heaven of Hope T.B. Sanatorium																203
<b>(C) PRIVATE HOSPITALS</b>																
Fanning Hospital	23	10				4	15									52
Children's Convalescent Home, Cheung Chau	16	19				15	14									34
Adventist Sanatorium Hospital						105										64
Private Nursing Homes & Maternity Homes																105
<b>TOTAL New Territories</b>	<b>107</b>	<b>35</b>	<b>4</b>			<b>314</b>	<b>66</b>	<b>246</b>	<b>540</b>	<b>1,119</b>	<b>41</b>	<b>9</b>		<b>9</b>		<b>2,561</b>
<b>GOVERNMENT ASSISTED HOSPITALS</b>	<b>774</b>	<b>1,146</b>	<b>21</b>	<b>34</b>	<b>144</b>	<b>789</b>	<b>202</b>	<b>222</b>	<b>5</b>	<b>1,161</b>	<b>242</b>	<b>177</b>	<b>267</b>	<b>208</b>	<b>97</b>	<b>5,150</b>
<b>GOVERNMENT HOSPITALS</b>	<b>1,223</b>	<b>470</b>	<b>18</b>	<b>24</b>	<b>228</b>	<b>493</b>	<b>408</b>	<b>1,478</b>	<b>540</b>	<b>6</b>	<b>242</b>	<b>40</b>	<b>40</b>	<b>7</b>	<b>7</b>	<b>5,221</b>
<b>PRIVATE HOSPITALS</b>	<b>755</b>	<b>314</b>	<b>2</b>	<b>10</b>	<b>34</b>	<b>780</b>	<b>87</b>	<b>42</b>	<b>6</b>	<b>6</b>	<b>282</b>	<b>177</b>	<b>267</b>	<b>312</b>	<b>7</b>	<b>2,077</b>
<b>GRAND TOTAL</b>	<b>2,752</b>	<b>1,930</b>	<b>41</b>	<b>68</b>	<b>406</b>	<b>2,062</b>	<b>697</b>	<b>1,742</b>	<b>545</b>	<b>1,167</b>	<b>282</b>	<b>177</b>	<b>267</b>	<b>312</b>	<b>12</b>	<b>12,448</b>

† Owing to renovation, Kowloon Hospital was not fully functional at the end of the year.

TABLE 48

IN-PATIENTS ADMITTED INTO GOVERNMENT, GOVERNMENT-ASSISTED  
AND PRIVATE HOSPITALS IN 1964, INCLUDING CASES REMAINING  
IN HOSPITALS FROM THE PREVIOUS YEAR

	Beds	General cases	Infectious cases	Tuberculosis cases	Maternity cases	Psychiatric cases	Total
<b>HONG KONG</b>							
<b>(A) GOVERNMENT HOSPITALS</b>							
Queen Mary Hospital ... ..	632	19,615	58	112	2,338	—	22,123
Tsan Yuk Hospital ... ..	200	1,146	—	—	6,962	—	8,108
Sai Ying Pun Hospital ... ..	88	551	974	13	—	—	1,538
Wan Chai Hospital ... ..	30	257	65	—	—	—	322
H.K. Psychiatric Clinic ... ..	12	—	—	—	—	347	347
Victoria Remand Prison ... ..	80	2,595	15	62	—	231	2,903
Stanley Prison Hospital ... ..	84	1,444	230	79	—	5	1,758
Dispensaries & Maternity Homes...	99	—	—	—	4,343	—	4,343
<b>(B) GOVT.-ASSISTED HOSPITALS</b>							
Tung Wah Hospital ... ..	673	5,224	43	306	3,842	47	9,462
Tung Wah Eastern Hospital ... ..	338	4,466	66	220	3,301	—	8,053
Alice Ho Miu Ling Nethersole Hospital ... ..	304	5,186	37	122	2,375	—	7,720
Ruttonjee Sanatorium ... ..	348	36	—	1,290	—	—	1,326
Grantham Hospital... ..	613	166	—	1,525	—	—	1,691
Sandy Bay Convalescent Home ... ..	106	38	74	91	—	—	203
<b>(C) PRIVATE HOSPITALS</b>							
H.K. Sanatorium & Hospital ... ..	316	8,125	83	164	2,141	156	10,669
Gnossen Hospital ... ..	200	3,234	16	56	199	—	3,505
St. Paul's Hospital ... ..	190	2,888	178	472	742	—	4,280
H.K. Central Hospital ... ..	120	3,420	6	17	283	12	3,738
Matilda & War Memorial Hospital	52	880	—	—	120	15	1,015
Private Nursing & Maternity Homes	80	—	—	—	4,096	—	4,096
<b>TOTAL Hong Kong ... ..</b>	<b>4,565</b>	<b>59,271</b>	<b>1,845</b>	<b>4,529</b>	<b>30,742</b>	<b>813</b>	<b>97,200</b>

TABLE 48—Contd.

	Beds	General cases	Infectious cases	Tuberculosis cases	Maternity cases	Psychiatric cases	Total
<b>KOWLOON</b>							
<b>(A) GOVERNMENT HOSPITALS</b>							
Queen Elizabeth Hospital ... ..	1,388	34,480	866	915	5,820	109	42,190
Kowloon Hospital ... ..	494	1,337	13	41	—	—	1,391
Lai Chi Kok Hospital ... ..	473	4,386	1,359	86	—	—	5,831
Lai Chi Kok Female Prison ... ..	15	76	10	6	1	2	95
Government Clinics & Maternity Homes ... ..	110	—	—	—	5,193	—	5,193
<b>(B) GOVT.-ASSISTED HOSPITALS</b>							
Kwong Wah Hospital ... ..	1,401	23,296	211	770	19,138	—	43,415
H.K. Society for Rehab. Kwun Tong Rehab. Centre ... ..	40	311	—	—	—	—	311
Caritas Hospital ... ..	457	111	—	82	143	—	336
Maryknoll Mission Hospital ... ..	80	2,230	140	67	1,049	—	3,486
<b>(C) PRIVATE HOSPITALS</b>							
Precious Blood Hospital ... ..	106	1,216	15	95	234	—	1,560
St. Teresa's Hospital ... ..	274	16,533	488	567	2,002	229	19,819
Baptist Hospital ... ..	52	588	—	—	66	—	654
Private Nursing and Maternity Homes ... ..	432	750	—	20	32,414	—	33,184
<b>TOTAL Kowloon ... ..</b>	<b>5,322</b>	<b>85,314</b>	<b>3,102</b>	<b>2,649</b>	<b>66,060</b>	<b>340</b>	<b>157,465</b>
<b>NEW TERRITORIES</b>							
<b>(A) GOVERNMENT HOSPITALS</b>							
Castle Peak Hospital ... ..	1,119	—	—	—	—	†3,920	†3,920
St. John Hospital ... ..	100	975	30	146	580	—	1,731
South Lantau Hospital ... ..	15	109	—	2	54	—	165
Tai Lam Chung Prison Hospital ... ..	24	185	33	27	—	—	245
Government Clinics & Maternity Homes ... ..	187	—	—	—	12,884	—	12,884
<b>(B) GOVT.-ASSISTED HOSPITALS</b>							
Pok Oi Hospital ... ..	118	3,267	—	—	1,876	—	5,143
Hei Ling Chau Leprosarium ... ..	540	—	629	—	—	—	629
Haven of Hope T.B. Sanatorium...	203	4	—	613	—	—	617
<b>(C) PRIVATE HOSPITALS</b>							
Fauling Hospital ... ..	52	1,216	29	36	69	8	1,358
Children's Convalescent Home, Cheung Chau ... ..	34	129	—	4	—	—	133
Adventist Sanatorium Hospital ... ..	64	387	—	—	38	—	425
Private Nursing Homes & Maternity Homes ... ..	105	16	—	—	4,771	—	4,787
<b>TOTAL New Territories ... ..</b>	<b>2,561</b>	<b>6,288</b>	<b>721</b>	<b>828</b>	<b>20,272</b>	<b>3,928</b>	<b>32,037</b>
<b>GOVERNMENT HOSPITALS ... ..</b>	<b>5,150</b>	<b>67,156</b>	<b>3,653</b>	<b>1,489</b>	<b>38,175</b>	<b>4,614</b>	<b>115,087</b>
<b>GOVT.-ASSISTED HOSPITALS ... ..</b>	<b>5,221</b>	<b>44,335</b>	<b>1,200</b>	<b>5,086</b>	<b>31,724</b>	<b>47</b>	<b>82,392</b>
<b>PRIVATE HOSPITALS ... ..</b>	<b>2,077</b>	<b>39,382</b>	<b>815</b>	<b>1,431</b>	<b>47,175</b>	<b>420</b>	<b>89,223</b>
<b>GRAND TOTAL ... ..</b>	<b>12,448</b>	<b>150,873</b>	<b>5,668</b>	<b>8,006</b>	<b>117,074</b>	<b>5,081</b>	<b>286,702</b>

† Including 364 patients treated in Drug Addiction Treatment Centre.

TABLE 49

IN-PATIENTS TREATED IN GOVERNMENT AND GOVERNMENT-ASSISTED HOSPITALS, 1964  
CLASSIFIED ACCORDING TO INTERNATIONAL STANDARD CLASSIFICATION  
INTERMEDIATE LIST OF 150 CAUSES

Inter- mediate List Number	Detailed List Number	Cause Groups	Cases Treated		Deaths		Deaths			
			Government Hospitals	Government- Assisted Hospitals	Government Hospitals	Government- Assisted Hospitals	Male	Female	Sex Un- known	Total
A 1	001-008	Tuberculosis of respiratory system...	1,014	4,403	123	548	956	309	—	1,265
A 2	010	Tuberculosis of meninges and central nervous system ...	137	175	33	70	77	45	—	122
A 3	011	Tuberculosis of intestines, peri- toneum and mesenteric glands	37	26	4	—	4	3	—	7
A 4	012-013	Tuberculosis of bones and joints ...	332	437	—	2	5	4	—	9
A 5	014-019	Tuberculosis, all other forms ...	170	150	13	10	18	20	—	38
A 6	020	Congenital syphilis ...	7	6	—	1	1	1	—	2
A 7	021	Early Syphilis...	3	—	—	—	—	—	—	—
A 8	024	Tabes dorsalis...	18	7	—	—	—	—	—	—
A 9	025	General paralysis of insane...	151	1	2	—	—	2	—	2
A 10	022-023 026-029	All other syphilis ...	98	23	10	1	25	5	—	30
A 11	030-035	Gonococcal infections ...	12	5	—	—	—	—	—	—
A 12	040	Typhoid fever...	655	218	9	6	11	9	—	20
A 13	041-042	Paratyphoid fever and other Salmonella infections ...	36	2	—	—	—	2	—	4
A 14	043	Cholera ...	48	—	4	—	—	2	—	—
A 15	044	Brucellosis (undulant fever)...	—	—	—	—	—	—	—	—
A 16 (a)	045	Bacillary dysentery ...	669	52	1	2	2	5	—	7
		<i>Carried forward...</i>	3,387	5,505	199	640	1,101	405	—	1,506

TABLE 49—Contd.

Inter- mediate List Number	Detailed List Number	Cause Groups	Cases Treated		Deaths		Deaths			
			Government Hospitals	Government- Assisted Hospitals	Government Hospitals	Government- Assisted Hospitals	Male	Female	Sex Un- known	Total
A 16 (b)	046	Amoebiasis ...	184	37	10	2	13	8	—	21
A 17	047-048	Other unspecified forms of dysentery	24	6	1	—	1	—	—	1
A 18	050	Scarlet fever ...	6	1	—	—	—	—	—	—
A 19	051	Streptococcal sore throat ...	9	9	—	—	—	—	—	—
A 20	052	Erysipelas ...	5	—	—	—	—	—	—	—
A 21	053	Septicaemia and pyaemia ...	68	189	40	40	35	49	—	84
A 22	055	Diphtheria ...	905	—	35	—	16	22	—	38
A 23	056	Whooping cough ...	10	—	—	—	—	—	—	—
A 24	057	Meningococcal infections ...	31	8	8	5	7	12	—	19
A 25	058	Plague ...	—	—	—	—	—	—	—	—
A 26	060	Leprosy ...	61	642	—	1	—	1	—	1
A 27	061	Tetanus ...	167	47	55	6	48	17	—	65
A 28	062	Anthrax ...	54	—	3	—	2	1	—	3
A 29	080	Acute poliomyelitis ...	3	—	—	—	—	—	—	—
A 30	081, 083	Acute infectious encephalitis Late effects of acute poliomyelitis and acute infectious encephalitis ...	174	83	—	—	—	—	—	—
A 31	084	Smallpox ...	—	—	—	—	—	—	—	—
A 32	085	Measles ...	184	83	13	1	44	29	—	73
A 33	091	Yellow fever ...	—	—	—	—	—	—	—	—
A 34	092	Infectious hepatitis ...	199	76	7	4	10	3	—	13
A 35	094	Rabies ...	—	—	—	—	—	—	—	—
A 36 (a)	100	Louse-borne epidemic typhus ...	—	—	—	—	—	—	—	—
		<i>Carried forward...</i>	5,471	6,686	371	699	1,277	547	—	1,824