ANNUAL REPORTS
BY THE
DIRECTOR OF
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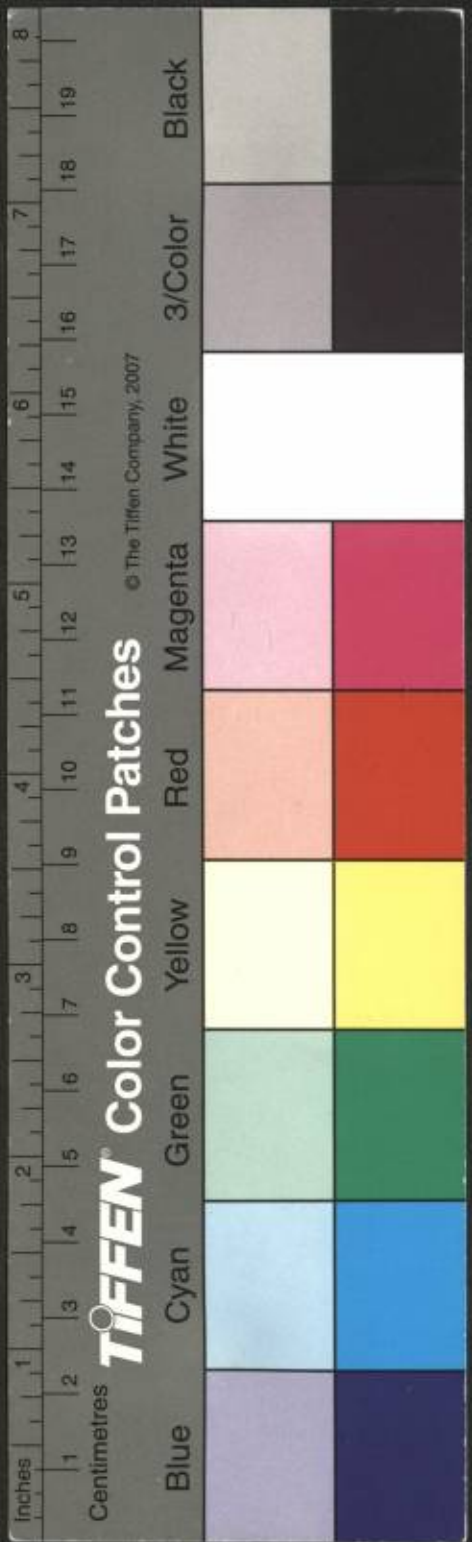
ANNUAL DEPARTMENTAL REPORTS 1969-70

DIRECTOR OF MEDICAL AND HEALTH SERVICES



HONG KONG

ANNUAL DEPARTMENTAL REPORT

BY THE

DIRECTOR OF MEDICAL AND HEALTH SERVICES

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FOR THE

FINANCIAL YEAR 1969 - 70*

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EXCHANGE RATES

When dollars are quoted in this Report, they are, unless otherwise stated, Hong Kong dollars. The official rate for conversion to pounds sterling is HK$14.54=£1 (HK$1=1s. 4½d.). The official rate for conversion to U.S. dollars is HK$6.06=US$1 (based on £1=US$2.40).

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I. INTRODUCTION

THE general health of the population continued to be good. Due to great advances in disease control, the pattern of infectious diseases is changing rapidly. Diphtheria and poliomyelitis are under control and since the commencement of the anti-measles vaccination campaign in December 1967, incidence of the disease has remained satisfactorily low. Between the months of July and October 1969, Hong Kong had a short visitation of cholera. The disease was quickly brought under control by the application of vigorous public health measures and an energetic inoculation drive.

2. While tuberculosis remains the major community health problem, the Colony is facing increasing problems due to diseases of later life. Neoplastic disease, particularly cancer, diseases of the heart, hypertension and cerebro-vascular lesions were the leading causes of death followed by pneumonia and tuberculosis.

3. The Development Programme of the Medical and Health Department has been making steady progress. Altogether there were 29 projects being planned or built for the improvement and expansion of health and medical facilities in the urban and rural areas at the end of the year. In April 1969, the new Tang Shiu Kin Hospital at Morrison Hill was opened. This hospital provides casualty services as well as facilities for maternal and child health, social hygiene and maternity services. The fifth of the five phases of the alteration programme of Queen Mary Hospital, to provide more acute beds, was completed, increasing the hospital bed capacity to 1,086 beds. Other projects in progress were the new Lai Chi Kok Hospital, the redevelopment of the Medical Institution, Sai Ying Pun, the Siu Lam Hospital for the mentally subnormal, a new convalescent ward block for Kowloon Hospital, and a new Vaccine Institute in the Pok Fu Lam area. Planning was under way for many other Government projects, including polyclinics for Kowloon East and Tsuen Wan/Kwai Chung areas and a standard clinic for Kwai Chung North.

4. There has been increasing use of the Department's services by members of the public and attendances at general out-patients and

specialist out-patients clinics continued to increase. The number of patients admitted to and treated in Government hospitals has also shown an increase compared with the previous year.

5. The continuing shortage of doctors and certain other professional and technical personnel was a grave problem, and during the year a Committee was appointed by Government to review the doctor problem in the Government service. The report of the Committee was submitted to Government in the same year.

6. In the following pages are reviewed the state of the public health and the more important developments in the work of the Medical and Health Department, and of the major voluntary agencies which are in receipt of substantial subventions from Government funds for the support of their medical activities. Detailed information covering all aspects of these fields is to be found in the statistical appendix to this report, the index to which is at page 62.

II. PUBLIC HEALTH

(Tables 6-16)

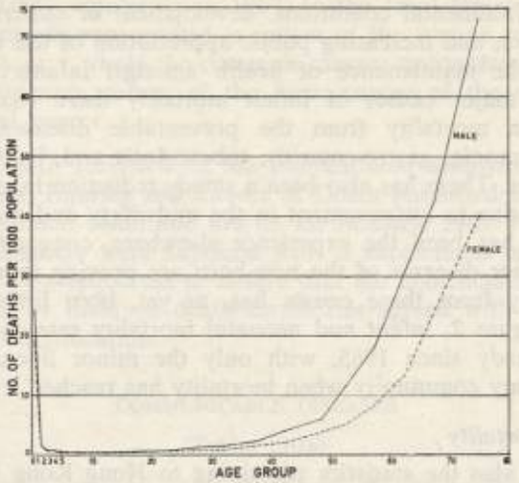
VITAL STATISTICS

(Tables 6-12)

7. The estimated mid-year population in 1969 was 3,987,500 of which approximately 82% was concentrated in the urban areas of Hong Kong Island and Kowloon. Approximately 38% of the population are under the age of 15 years and only 6% over the age of 60. The general state of health of the population continued to be satisfactorily reflected by the Colony's vital statistics. The crude death rate, at 4.7 per thousand of the population, is extremely low. As shown in Figure 1, age and sex specific death rates are also low and reflect the rapid improvement of health and medical services in a young and expanding population. The birth pattern continued its downward trend and the crude birth rate fell further from 21.1 in the previous year to 19.9 per thousand of population. Based on actual registration of births and deaths, there was a natural increase of 60,599, three thousand less than in the previous year.

FIGURE 1

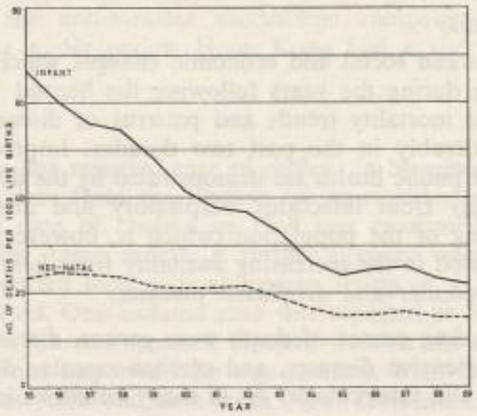
AGE & SEX SPECIFIC DEATH RATE—1969



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

FIGURE 2

INFANT AND NEO-NATAL MORTALITY RATE—1955 - 69



Infant Mortality

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

Maternal Mortality

10. Here also the statistics pertaining to Hong Kong have attained the standards prevailing in the technically advanced countries of the world. During recent years great improvements in mortality have been effected in the fields of toxaemia of pregnancy, haemorrhage and puerperal sepsis. There has been some reduction in mortality from abortion and ectopic pregnancy, and deaths attributed to other diseases occurring during pregnancy or childbirth have also decreased in numbers.

General Mortality

11. The marked social and economic changes which have occurred in Hong Kong during the years following the Second World War are reflected in the mortality trends and patterns of diseases, which have changed considerably in the past two decades. Improvements in the general level of public health are demonstrated by the decline in proportionate mortality from infectious, respiratory and intestinal diseases, while the ageing of the population (which is, however, predominantly young) is reflected in the increasing mortality from heart and hypertensive, cerebro-vascular and neoplastic diseases.

12. The leading causes of death were cancer, diseases of the heart including hypertensive diseases, and cerebro-vascular disease, followed by pneumonia and tuberculosis. As in many countries in different parts

of the world, the death rate from cancer continued to increase, rising from approximately 30 per 100,000 population for both sexes in 1950 to 96 per 100,000 population in 1969. In the local female community the common cancer encountered is cancer of the uterine cervix, and in the community as a whole the common cancers encountered are cancer of the lung, primary cancer of the liver, cancer of the stomach and nasopharyngeal cancer.

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

COMMUNICABLE DISEASES

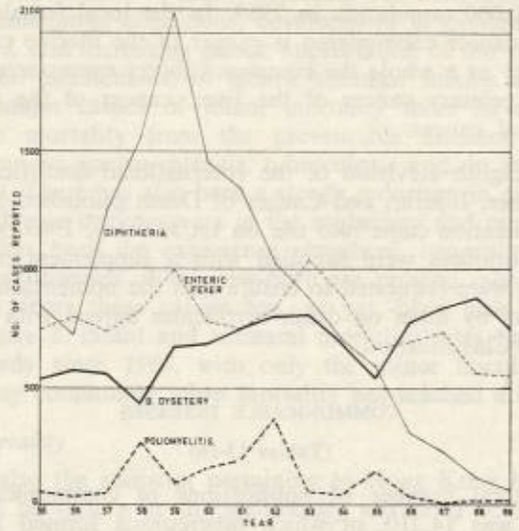
(Tables 13-16)

14. The total number of notifications of communicable diseases during 1969 was 14,210, of which tuberculosis formed 77.9%. Satisfactory progress continued to be made in the control of diphtheria and poliomyelitis. The incidence of bacillary dysentery declined slightly after a successive increase in incidence in the past three years, but the incidence of enteric fever showed little tendency to decline. Trends in the incidence of these four diseases are shown in Figure 3. The incidence of measles continued to remain low since the commencement of the anti-measles vaccination campaign in late 1967. During the year under review Hong Kong had a short visitation of cholera.

Cholera

15. Since the last reported case of cholera in November 1966, Hong Kong remained free from the disease for more than two and a half years. The first case of cholera in 1969 was confirmed on 5th July. Thereafter in the same month a further 5 cases were reported. In August one imported case, a boat woman living in a junk at Castle Peak, was reported. One isolated case was reported in September, and the last case in 1969 was reported on 16th October. In all a total of 9 cases including one imported case was notified. With the exception of the imported case and one case from New Territories, all originated

FIGURE 3
INCIDENCE OF MAJOR INFECTIOUS DISEASES 1955 - 1969



from Kowloon. No cases appeared on Hong Kong Island. The types of accommodation occupied by the patients included tenement buildings, resettlement estates, junks and wooden huts. All the cases occurred sporadically; there did not appear to be any common relationship or source of infection amongst the cases.

16. The youngest patients were two male children, one aged 4 and the other 8 years. The oldest patients were two males aged 70 and 71 years respectively. The remaining cases, three males and two females, were aged between 25 and 64 years. Apart from the imported case no patient had made a visit to Mainland China prior to his illness. None had had any contact with relatives or friends coming or returning from places outside the Colony.

17. Following the confirmation of the first clinical case of cholera, all the necessary public health measures to contain the spread of the disease were reinforced. The annual inoculation drive, which had been in progress since April, was intensified, particularly in the vicinity of the affected premises and among the population at risk. The contacts of cholera cases were isolated at the Chatham Road Quarantine Centre

for five full days and were discharged after this period if the stool cultures were negative for V. cholerae for three consecutive days. A total of 338 stool specimens of contacts were examined and among these 22 were found to harbour El Tor vibrios on primary isolation. The carriers were given a course of antibiotic treatment and were discharged from isolation when they had 3 negative stool cultures on consecutive days.

18. The usual bacteriological investigation on the distribution of V. cholerae at patients' homes was carried out and the places commonly found infected were water closets, spittoons and lavatory floors. Routine sampling of nightsoil was carried out throughout the year as part of Hong Kong's anti-cholera surveillance programme. The first indication of the possible existence of asymptomatic carriers in the community was a report in the middle of May of the presence of Vibrio cholerae El Tor (Inaba) in a specimen collected from a nightsoil route in the western area of Hong Kong Island. This was followed by further positive results scattered almost throughout all nightsoil collection routes in Hong Kong Island. The positive results were traced to the individual pail serving a flat. Residents of the flats and the premises were swabbed, and one asymptomatic carrier, a boy aged 12 years living in the Western District, was found. He was treated at Sai Ying Pun Hospital until his stool was negative for V. cholerae. In Kowloon and New Territories there were, however, no positive isolates from routine nightsoil samples before the occurrence of cholera cases.

19. Following the report of the first case of cholera in Kowloon on 5th July the tempo of nightsoil sampling was stepped up. Samplings from dry pail public latrines, flush type public latrines, dry pails in licensed food premises, nightsoil labourers, illegal immigrants and remand prisoners were done. Samples were taken from toilets in trains coming from Lu Wu on the Sino-British frontier. None of these produced positive results.

20. Throughout the course of the outbreak the public was kept fully informed of the progress of events. Health advice with regard to prevention of cholera was given to the public through the press, radio and television, and other forms of publicity such as posters, handbills, health education exhibitions, health talks and film shows, etc., were used as fully as possible.

21. Hong Kong was last declared free from cholera infection on 27th October, 1969. Since then no further case of the disease has been

reported. The disease, however, continues to be prevalent in nearby countries. Anti-cholera surveillance measures are, therefore, continued in force and strict quarantine restrictions are maintained in respect of neighbouring countries declared infected.

Amoebiasis

22. This disease continued to occur endemically, being most prevalent in the overcrowded urban areas. A total of 85 cases were notified. The disease remained predominantly one of adult males.

Bacillary Dysentery

23. This disease showed a slight decline in incidence after a rise in three successive years. The disease occurs at all ages, but 33.7% of the notifications were in respect of children under the age of 5 years. Shigella flexneri and Shigella sonnei remained the predominant organisms isolated.

24. Transmission of infection among families and in institutions is a feature of the disease and very often a number of symptomless carriers are detected among members of the same family or inmates of the same institution. In all a total of 247 carriers were discovered during investigations of reported cases. All were given appropriate treatment.

25. In February 1970 an outbreak of bacillary dysentery occurred in an orphanage home in Tai Po, New Territories. Between 24th February and 2nd March a total of 7 cases aged between 6 months and 2 years were reported. Extensive investigations in the institution were carried out and some 70 inmates in the institution, including predominantly children and some adults, were found at one time or the other to be carriers of the disease. The responsible organism was predominantly Shigella sonnei. Samples of water taken from the water taps and water storage tanks showed the presence of faecal organisms. The source of water supply to the home was traced to a hill stream, on the upper course of which there were a number of inhabitants living nearby. Among the inhabitants one girl aged 3 years was found to be a carrier of Shigella sonnei organisms. Water samples taken from the stream also showed the presence of Shigella sonnei and faecal organisms. The primary cause of the outbreak was presumably due to a water-borne spread from the contaminated source of water supply, but the subsequent secondary spread in the home must to some extent be due to cross transmission among the inmates, as Shigella sonnei

organisms were also detected from swabs taken from bedding, cot frames, and mattresses in the nursery.

26. Following the occurrence of the outbreak all necessary immediate control measures to contain the spread of the disease were employed. All cases and carriers were sent to Lai Chi Kok Hospital for treatment. Thorough disinfection and chlorination of the water supply in the home was carried out. Appropriate action was also taken at the source of water supply to prevent further contamination. The home undertook to apply to the Water Authority for a mains water supply to the institution, as a permanent measure to prevent further outbreaks.

Chickenpox

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

Diphtheria

28. As a result of annual immunization drives, which have been in progress since 1959, the incidence of the disease has shown a continuous and steady decline, falling from 73.0 per 100,000 population in 1959 to 1.6 in 1969. The disease affects largely children, and 74.2% of the cases were under the age of 10 years. The case fatality ratio in 1969 was 16.1%, and death occurred primarily among the unimmunized children. *Corynebacterium diphtheria mitis* remained the predominant organism isolated in clinical cases.

29. A total of 13 carriers was discovered among contacts of reported cases. Each was treated and, if necessary, isolated until proved free of infection.

Enteric Fever

30. Typhoid fever showed a slight increase in incidence during the summer months. The disease in Hong Kong is generally mild, and the case fatality ratio is less than 2%. Transmission of infection is frequently associated with neglect in personal and food hygiene. As elsewhere the peak incidence occurred in children of school age and young adolescents. Free inoculation was offered and the usual preventive measure enforced, with special attention to environmental and food hygiene and the control of food premises.

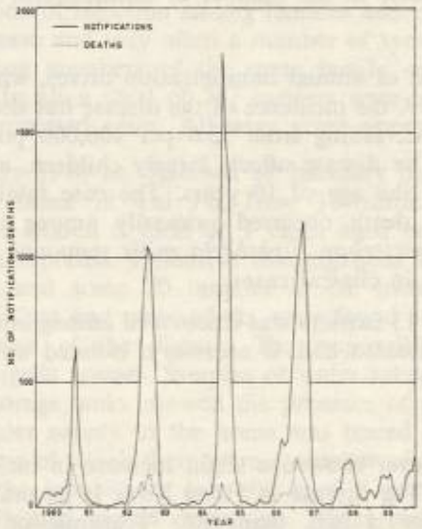
Malaria

31. The incidence of malaria during recent years showed a notable reduction, the disease being restricted mainly to the uncontrolled areas of the New Territories. Of the 11 cases reported during the year eight were imported cases, while in the remaining 3 two were recurrent cases and one was due to blood transfusion.

Measles

32. As revealed in Figure 4, measles in Hong Kong has shown a distinct biennial pattern, with exacerbation of the disease every alternate winter and spring. The last epidemic occurred in the winter months of 1966-67 and reached its peak in the first three months of 1967. Thereafter the incidence of the disease began to decline and the disease has since remained at a low ebb.

FIGURE 4
MONTHLY MEASLES NOTIFICATIONS & DEATHS
JANUARY 1960 - MARCH 1970



33. At the end of December 1967, measles vaccine was made available at all Government Maternal and Child Health Centres to children aged between 6 and 48 months, the reason for the selection of this age group being that the disease in Hong Kong affects predominantly children under the age of 4 years, and that in this age group there is a

high mortality associated with the disease, the mortality being due mainly to complications, particularly bronchopneumonia, developing as a result of delay in seeking medical attention. In the summer of 1968 the vaccine was also made available to the public through mobile teams visiting resettlement estates, tenement areas, New Territories villages, and other areas. At the end of 1968 a total of 83,107 children had been vaccinated and, although coverage was little more than 50% of all those infants and children in the 6 months to 4 years age group likely not to have had measles and to be susceptible to it, the outbreak of measles expected in the winter of 1968-69 did not occur. The measles vaccination drive is now on a year-round basis, the vaccine being available all the time at Government Maternal and Child Health Centres.

Poliomyelitis

34. Sixteen cases of poliomyelitis were reported during the year, and 15 of them were confirmed by laboratory investigation, 13 cases being type 1 and 2 cases being type 3 poliovirus infection. The success in the control of the disease has been due to the continuing vaccination programme, consisting of giving one dose of Type 1 polio-vaccine, soon after birth, followed by 2 doses of 'balanced' trivalent vaccine at three and five months of age. Approximately 74% of infants received one dose of Type 1 polio-vaccine soon after birth and 67% of children received two doses of the trivalent vaccine at Maternal and Child Health Centres. A general campaign is mounted annually in an attempt to immunize the remainder.

35. Virological investigation of the disease is maintained on a routine and year-round basis. A poliomyelitis faecal survey in normal children aged under 5 years was carried out in June. The result showed the excretor rate of 'wild' type of poliovirus was about 0.3%, which was in agreement with the low incidence of clinical infection.

Influenza

36. The notification of influenza is entirely voluntary. The Virus Laboratory continued to function as a World Health Organization National Influenza Centre and virological investigations of throat swabbings and throat washings are continued on a year-round basis.

37. After the major outbreak of influenza in July 1968, the causative strain of influenza virus named as A2/HK/68 was absent from the local community for some time. Between February and September 1969 influenza virus type B was found prevalent in the community, causing

sporadic cases and localized outbreaks. The type B virus strains were antigenically similar to those prevailing in other parts of the world. Commencing November 1969, influenza virus type A2 returned to the community, and continued to cause sporadic cases and minor outbreaks of respiratory infection, but the virus strains showed no antigenic deviation from the A2/HK/68 variant. Meantime in the winter months of 1968-69 and 1969-70 the influenza virus A2/HK/68 caused outbreaks of influenza in various parts of the world.

Tetanus

38. This disease, although not notifiable, is recorded with reasonable accuracy owing to the severity of the symptoms, requiring hospitalization of clinical cases. In past years approximately half the cases reported were in those new-born whose birth had not been attended by trained personnel and who had been exposed to various hazards from unsterile materials. In 1969 tetanus neonatorum was responsible for only 10.5% of the recorded cases, and infant mortality from such infection fell from 1.2 deaths per 1,000 in 1951 to 0.025 deaths in 1969.

Viral Hepatitis

39. Notification of this disease is not compulsory, but the number of patients treated for it in hospitals has shown a steady decline since 1966, when there were 386 cases treated as compared with 191 in 1968 and 188 in the year under review. Since August 1966, disposable syringes have been used in all mass immunization drives, and it would appear that their use has led to a reduction in the incidence of this disease.

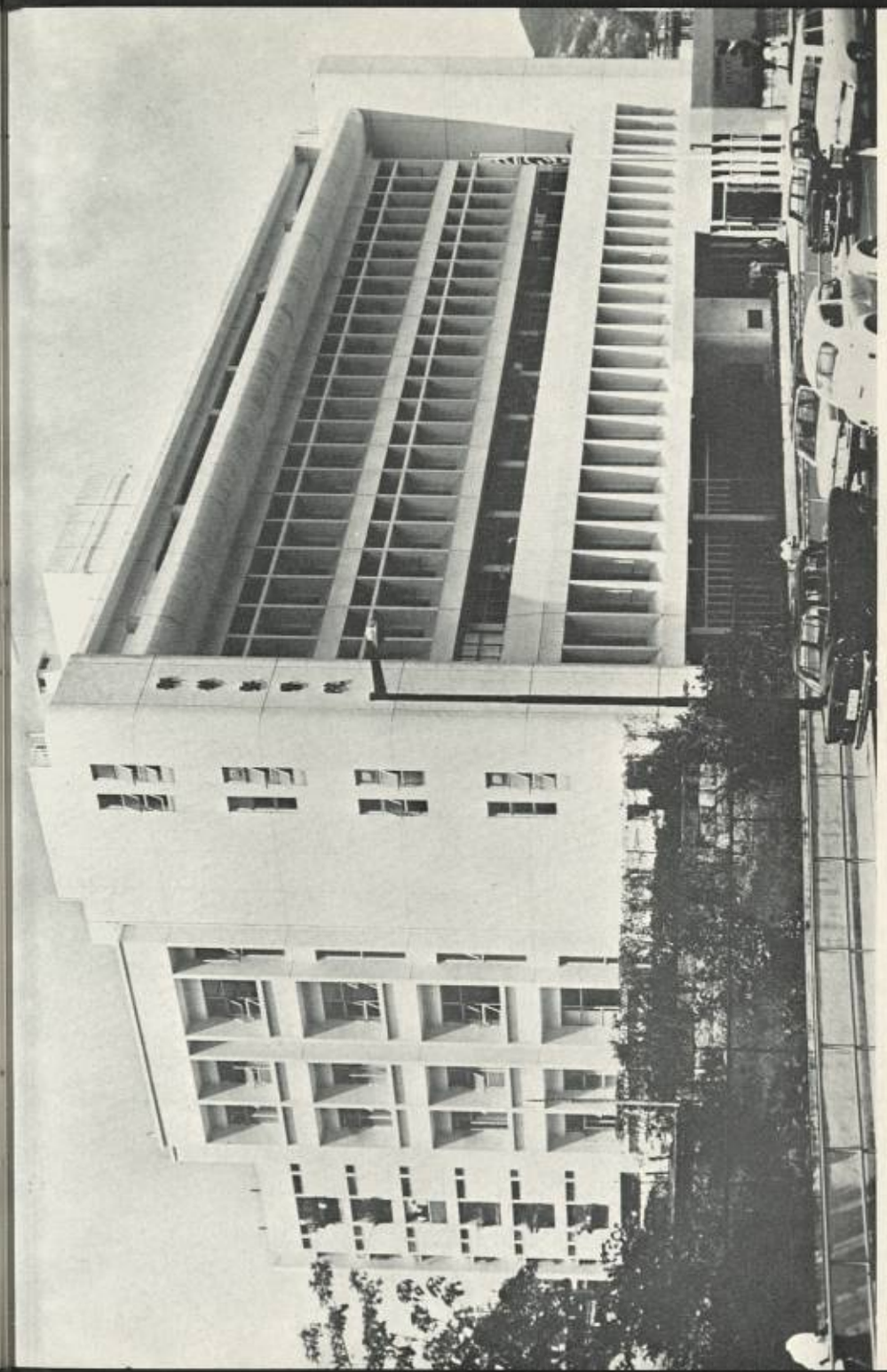
40. Developments in certain other communicable diseases are reviewed later in this report; the remainder showed little variation during 1969 and hence require no comment.

III. WORK OF THE HEALTH DIVISION

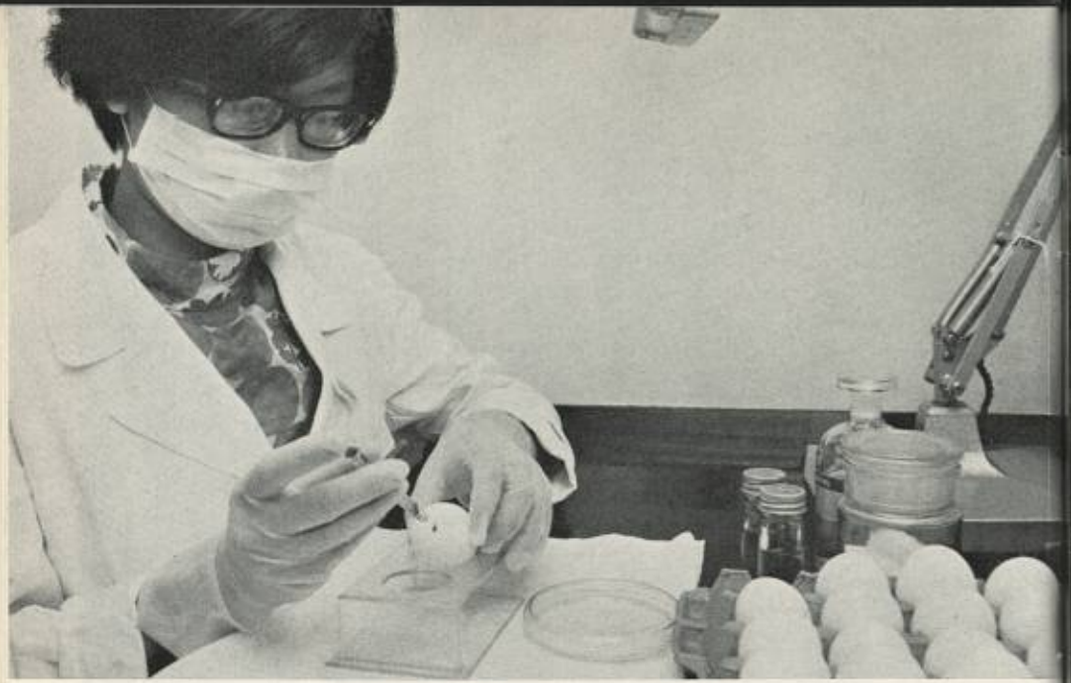
(Tables 17-42)

AREA HEALTH WORK

41. Much of the work of the area Health Officers, apart from their duties with the Urban Services Department in the maintenance of satisfactory standards of environmental sanitation and food hygiene, has been recounted in the preceding paragraphs on epidemiology. Such work included not only the field investigations into the major communicable diseases but also the co-ordination of the activities of teams

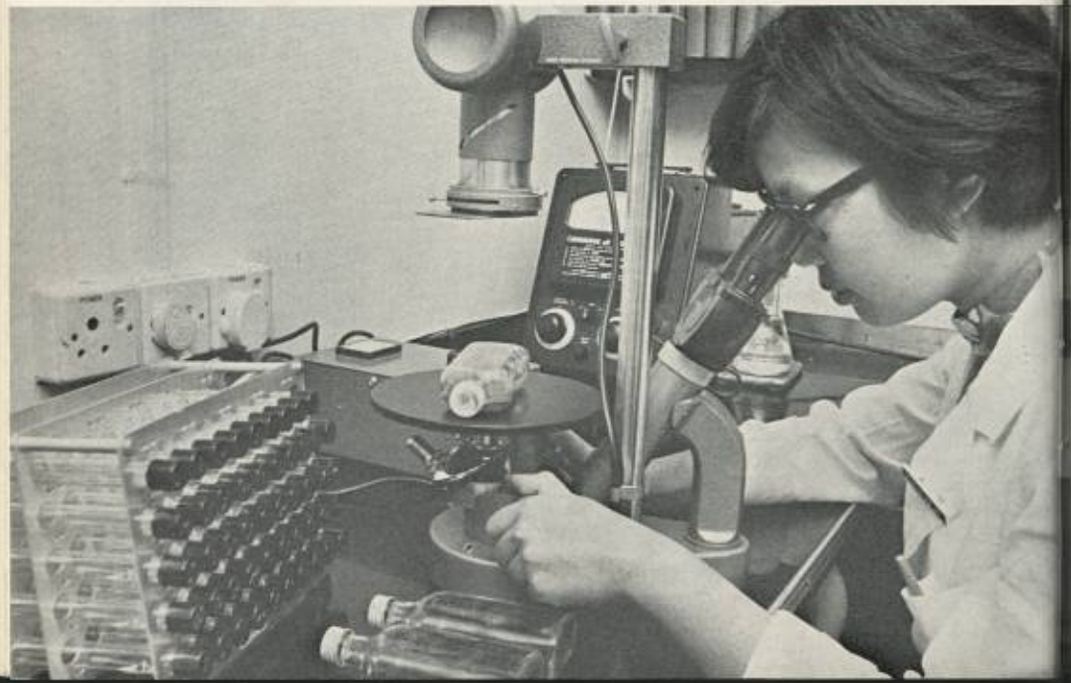


Tang Shiu Kin Hospital, Morrison Hill opened on 15th April, 1969.



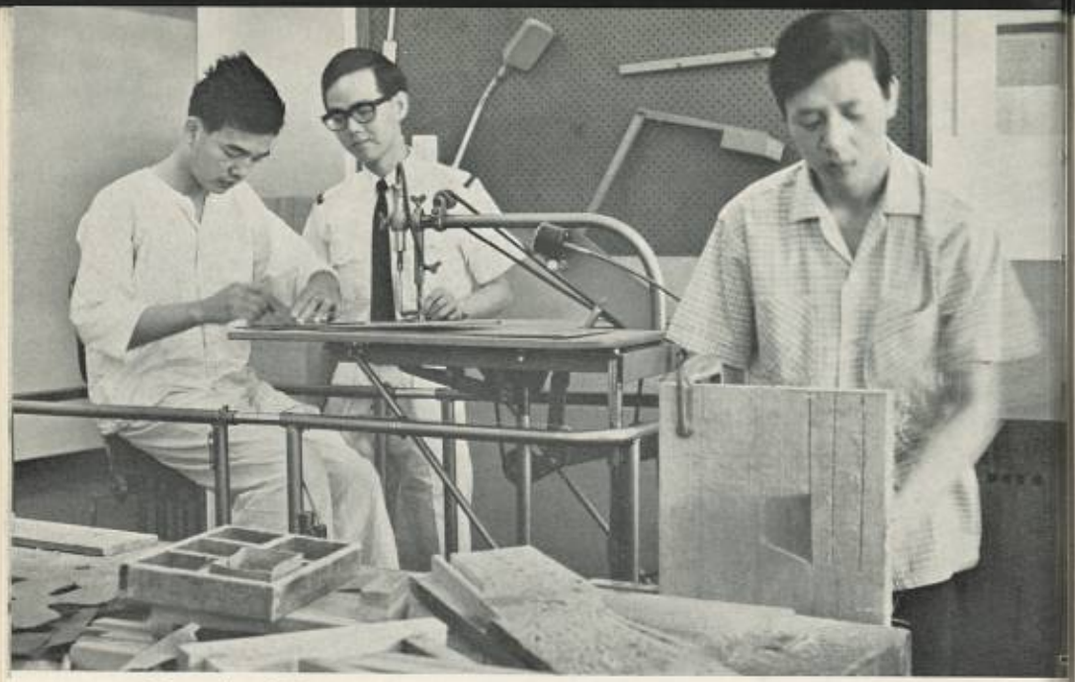
Virus Unit, The Medical and Health Department Institute of Pathology—Medical Laboratory Technician inoculating chick embryo with virus specimen.

Virus Unit, The Medical and Health Department Institute of Pathology—Medical Laboratory Technician examining a tissue culture under an inverted miscroscope.



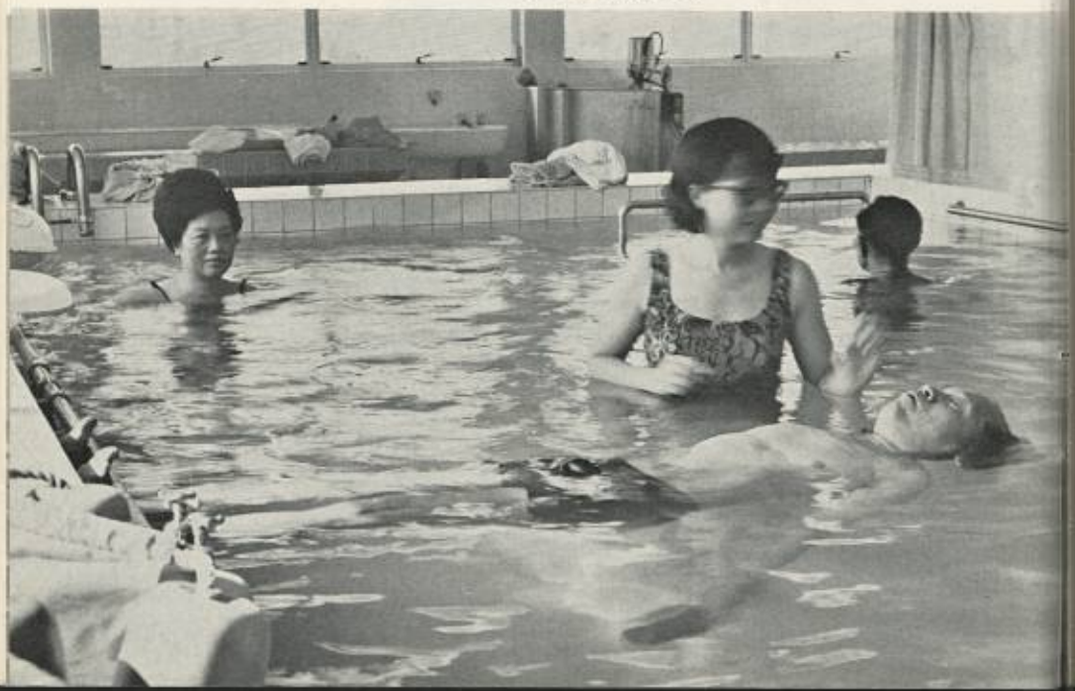
Central Sterile Supply Department, Queen Elizabeth Hospital. This department supplies the hospital's requirements for sterile dressings, medical and surgical instruments and other sterile preparations.

Central Sterile Supply Department, Queen Elizabeth Hospital —Packed instruments being delivered to the autoclave for sterilization.



Occupational Therapy Department, Queen Elizabeth Hospital—here patients receive rehabilitation training from an instructor.

Physiotherapy Department, Queen Elizabeth Hospital—here patients receive treatment at the hydrotherapy pool.



of inoculators participating in prophylactic immunization drives. Five such drives were staged during the year and reference has already been made to four, namely, cholera, poliomyelitis, measles and diphtheria (and in the latter campaign the vaccine used combined immunization against diphtheria with active anti-tetanus prophylaxis). The fifth, promoting smallpox vaccination, was held in February 1970. The increasing importance of Hong Kong in international travel by sea and air and the prevalence of smallpox in nearby countries underline the need to maintain a high level of community protection against the disease.

TUBERCULOSIS
(Tables 17-23)

42. As stated previously, tuberculosis is the major health problem of Hong Kong. The policy for control of the disease has been to protect, by vaccination with B.C.G., the new-born, who are particularly vulnerable to the fulminating forms of the disease, and the primary school entrants who may develop active disease later in life. For actual cases of the disease it has now been shown that in a large proportion of cases out-patient therapy is at least as good as institutional treatment. The not inconsiderable institutional resources are reserved for those not responding to out-patient therapy, for acutely ill cases, for those where the diagnosis is in doubt, and for those in need of surgical intervention. In the execution of this policy there has been a high degree of co-operation between Government and voluntary agencies concerned with the problem, particularly the Hong Kong Anti-Tuberculosis and Thoracic Diseases Association. The Government Chest Service maintains the B.C.G. vaccination and out-patient treatment programme, while the voluntary agencies, aided by substantial Government subventions, maintain most of the hospitals.

43. To keep pace with the rapid changes which are occuring in the fields of treatment and prevention of tuberculosis, close liaison is maintained with agencies outside the Colony. At the end of the year under review a most important study in conjunction with the Medical Research Council of the United Kingdom was started. Briefly, this study makes a comparison between the established treatment with second line drugs of resistant cases of tuberculosis and a new treatment based on ethambutol and rifampicin given either daily or intermittently.

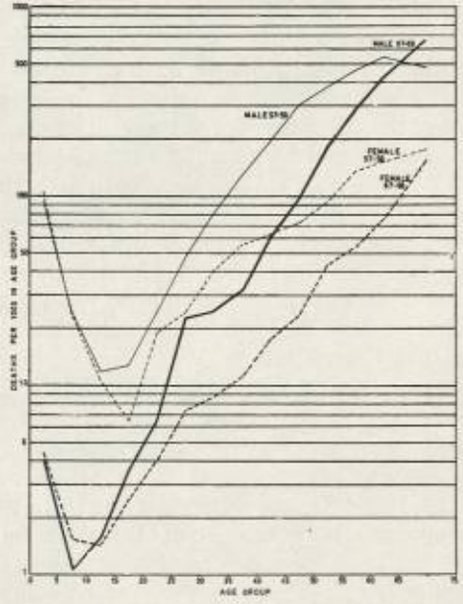
44. During the period June to August 1969 a joint study with the World Health Organization to determine the most efficacious method of administering B.C.G. in the circumstances of Hong Kong was carried out. Results are now under analysis.

Case Finding

45. In the past the large number of patients attending the Chest Clinics made large-scale case-finding undesirable. With improved facilities and the decrease in the number of patients case-finding has come to play an increasingly important role. Emphasis is being placed on symptom-motivated patients and health education techniques are being used to ensure a proper understanding of the disease. A mass Health Education Campaign lasting 2 weeks was held in April. The theme of the campaign was: 'If you have a chronic cough lasting more than one month, please have a chest X-Ray'. As a result of the campaign an estimated 10,000 persons came forward for X-ray.

FIGURE 5

TUBERCULOSIS MORTALITY BY AGE & SEX
1957 - 1959 and 1967 - 1969



Mortality and Morbidity

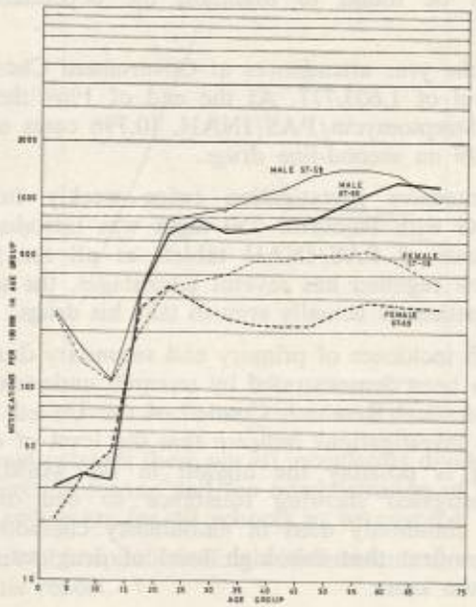
46. During the year the number of deaths fell slightly. The great majority of deaths continued to occur in elderly males who had been

suffering from tuberculosis for many years and who died of its sequelae rather than from active tuberculosis. The average age of death was 56 years. Tuberculosis mortality by age and sex is shown in Figure 5.

47. During the year the notification rate rose to 277.5 per 100,000 of the population. It is believed that this rise does not represent a deterioration of the tuberculosis situation but rather the response of the general public to the mass health education campaign which resulted in people coming forward in large numbers for X-Ray. Figure 6 shows the changes which have taken place in age and sex specific notification rates. There have been marked reductions in the incidence of the disease during childhood. There has been little change in the vulnerability of adolescents, and there has been some reduction in the incidence of the disease amongst middle-aged adults. The high susceptibility of males, except in childhood, corresponds with the pattern recorded elsewhere in the world.

FIGURE 6

TUBERCULOSIS NOTIFICATIONS BY AGE & SEX
1957 - 1959 and 1967 - 1969



Working of the Government Chest Service

48. The Government Chest Clinics provide ambulatory chemotherapy services for the great majority of cases of tuberculosis, hospital admission being reserved for emergencies, cases requiring investigation, and those requiring second-line drugs or surgical intervention. Increasing attention is being paid to the public health aspects of tuberculosis 75 Health Auxiliaries whose main duties consist of contact tracing and home visiting are attached to the Chest Service. These Health Auxiliaries are supervised by one Health Sister and six Health Visitors. Newly diagnosed cases of tuberculosis have all aspects of the disease thoroughly explained to them by Health Visitors and receive explanatory leaflets. Regular attendance for out-patient chemotherapy is regarded as being of paramount importance, and considerable emphasis is placed on the follow-up of defaulters and on ensuring that contacts are examined. The clinics also provide medical social work, contact tracing and supervisory services, and undertake surveys of selected groups such as Government employees and prisoners, in co-operation with the Radiological Service. In other cases a regular financial grant can be made where the family depend on the patient's earnings and no other way can be found to maintain the dependants during his hospitalization.

49. During the year attendances at Government Chest Clinics were at the high level of 1,603,777. At the end of 1969 there were 3,702 cases on daily Streptomycin/PAS/INAH, 10,796 cases on PAS/INAH tablets and 1,099 on second-line drugs.

50. After intensive investigation twice weekly fully supervised Streptomycin 1G with Isoniazid 750 mgm was introduced to replace the monthly issue of PAS/INAH tablets at all the full-time chest clinics. This new regimen has several advantages, the most important being that the patient is actually seen to take his drugs.

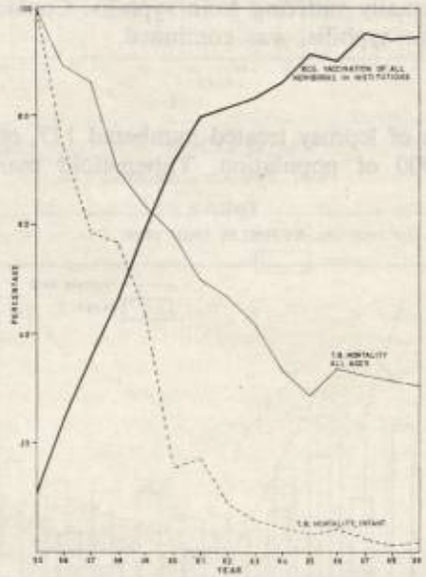
51. The high incidence of primary and secondary drug resistance in Hong Kong has been demonstrated by research undertaken in conjunction with the Medical Research Council of the United Kingdom. The results of these investigations indicate that the level of drug resistance in Hong Kong is possibly the highest in the world, 40% of the organisms investigated showing resistance to one or more of the first-line drugs commonly used in ambulatory chemotherapy. Recent investigations confirm that this high level of drug resistance remains approximately the same.

The B.C.G. Campaign

52. In Hong Kong with its density of population and comparatively high prevalence of tuberculosis B.C.G. has a vital role to play in the prevention of the disease. The B.C.G. Campaign is directed towards two main age groups, the new-born and the school entrants aged about 6-7 years. During the year 95% of the new-born were given B.C.G. Bearing in mind that the remaining 5% usually have some contra-indication to B.C.G. (for example, prematurity) this represents an almost 100% coverage of eligible babies, perhaps the highest coverage in the world. Consideration is now being given to extending B.C.G. coverage to school leavers. The decline in infant mortality from tuberculosis which has resulted is shown in Figure 7.

FIGURE 7

TUBERCULOSIS MORTALITY & B.C.G. VACCINATION OF NEW-BORNS 1955 - 1969
(MORTALITY RATES EXPRESSED AS PERCENTAGE OF 1955 RATES)



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

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

SOCIAL HYGIENE SERVICE

(Tables 25-29)

55. The incidence of early infectious syphilis was about the same as in the previous year. The number of syphilitic cases was 24.3% less than the previous year. There was also a marked reduction of latent syphilitic cases in 1969. The incidence of gonorrhoea was 14.2% less than in the previous year. It is encouraging to note that the incidence of syphilis in the teenage group of the population has not risen in the manner experienced in many other parts of the world. The trends over the past ten years are illustrated in Figures 8 to 10.

56. Case finding continued at a high level, particularly in ante-natal cases where an initial positive serology rate of 1.4% was observed. Of the 224 positive cases referred from ante-natal clinics, only 163 cases, i.e., 72% were actually suffering from syphilis. Contact tracing, particularly of infectious syphilis, was continued.

Leprosy

57. New cases of leprosy treated numbered 127, representing a rate of 3.2 per 100,000 of population. Tuberculoid manifestations com-

FIGURE 8

SYPHILIS 1960 - 1969

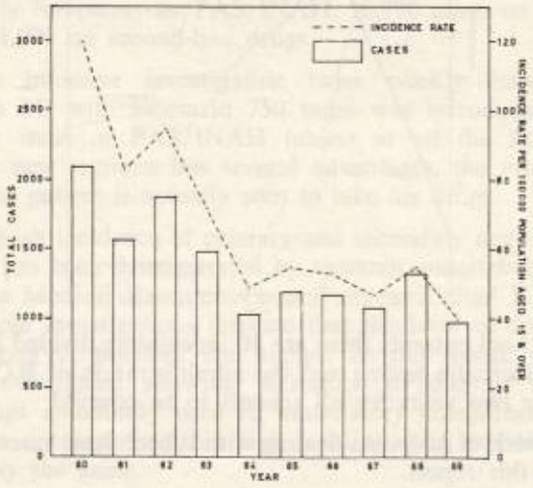


FIGURE 9

INFECTIOUS SYPHILIS 1960 - 1969

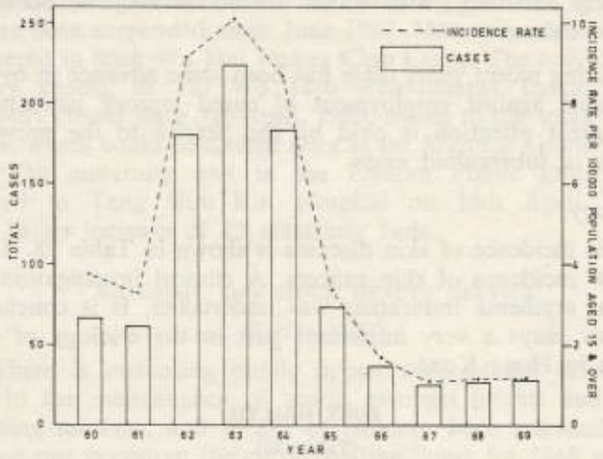
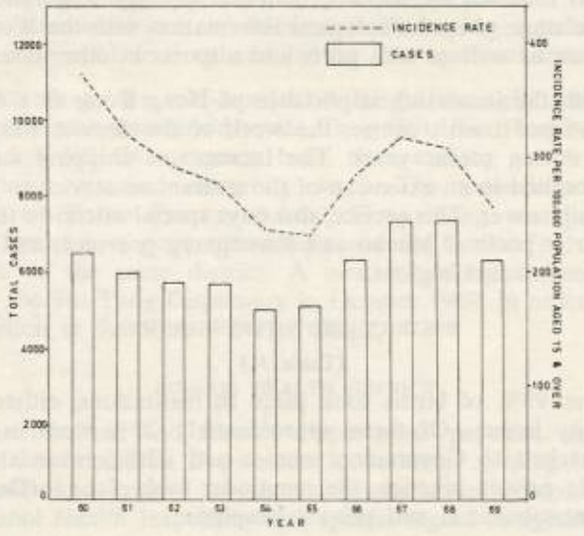


FIGURE 10

GONORRHOEA 1960 - 1969



prised 46% of total cases. Of the infectious cases 53 were admitted to the Hay Ling Chau Leprosarium maintained by the Leprosy Mission—Hong Kong Auxiliary, with which the Social Hygiene Service maintains close liaison.

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

Dermatology

59. The incidence of skin diseases is shown in Table 28. There was a very low incidence of skin cancers. A clinical investigation into the etiology of erythema induratum was undertaken. It is concluded that tuberculosis plays a very important part in the etiology of erythema induratum in Hong Kong.

PORT HEALTH

(Table 30)

60. 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 provision of facilities as required by the International Sanitary Regulations, and a regular exchange of epidemiological information with the World Health Organization as well as with ports and airports in other countries.

61. 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. The increase of shipping entering the port has resulted in an extension of the quarantine service to give a full 24-hour daily cover. This service also pays special attention to travellers to the nearby ports of Macao and Kwangtung province, and to vessels from plague-infected regions.

DISTRICT MIDWIFERY SERVICE

(Table 31)

62. Over 99% of births took place in institutions, either hospitals or maternity homes. Of these approximately 20% were in maternity centres attached to Government clinics and 22.3% were attended by midwives in private practice; the remainder took place in Government, Government-subsidized and private hospitals.

63. Owing to the difficulties of domiciliary delivery under existing housing conditions it has been the Department's policy to provide maternity beds in health centres. The maternity home in Sha Tau Kok Clinic has been suspended since June 1967. Maternity cases in the area are delivered in Shek Wu Hui Jockey Club Clinic. The only domiciliary midwifery centre, in Tai Wo Hau Resettlement Estate, has been permanently closed since 1st April, 1969, owing to the small number of deliveries, which could be looked after at the Maurine Grantham Health Centre. The maternity unit in the Eastern Public Dispensary was transferred to Tang Shiu Kin Hospital on 16th April, 1969. This resulted in an increase of 12 maternity beds.

MATERNAL AND CHILD HEALTH SERVICE

(Tables 32-33)

64. There is increasing public appreciation of the value of these services in the maintenance of health amongst infants and expectant and nursing mothers, and 85.2% of children born attended a Centre on at least one occasion; the corresponding figure for 1968 was 84.4%. Approximately 1% of the new attendants at infant welfare centre 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 the average attendances per person at ante-natal sessions and by the low maternal mortality rate.

65. With effect from mid-April 1969, the full-time clinic in Harcourt Health Centre was transferred to the Tang Shiu Kin Hospital which is also provided with 36 maternity beds, thus, making another full-time clinic with an attached maternity ward. The subsidiary centre at Arsenal Street Police Primary School, Hong Kong, was permanently suspended because of poor attendances and the availability of the full-time clinic in the same district. A new subsidiary centre began to operate in the Ho Tung Dispensary in October 1969, in order to reduce the congestion at the Shek Wu Hui Clinic.

SCHOOL HEALTH SERVICE

66. The Medical and Health Department provides an advisory service to the Education Department on matters relating to environmental health and hygiene in schools. Inspection of schools is carried out by School Health Inspectors with special regard to lighting, ventila-

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

SCHOOL MEDICAL SERVICE BOARD

(Table 34)

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

68. On 31st March, 1970, the number of pupils participating was 41,244, from 672 schools, compared with 41,037 pupils from 645 schools on the same date in the previous year. Doctors participating in the scheme numbered 195 compared with 201 in the previous year.

DENTAL SERVICE

(Table 35)

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

70. Fluoridation of the Colony's urban water supplies began in 1961. The rate of enrichment was formerly at two levels, being 0.7 parts of fluoride per million in summer and 0.9 parts per million during winter. In May 1967 the concentration was increased to a constant level of 1 part per million throughout the year. This level is to be maintained in future and is the result of a decision arrived at after consideration of more recent work on the study of optimum fluoride levels for community water supplies. The cost of this operation is now estimated at about 11.9 cents per person receiving fluoridated water per annum. Dental health education plays an important part in combating dental disease in the Colony and the Dental Service continued to take advantage of major educational exhibitions to distribute information and advice on the maintenance of dental health.

71. 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 Sydney in Australia. In-service training in dental technology is available for students in Government employment and evening classes are held in the Hong Kong Technical College for technicians in pirvate employment. One Dental Surgery Assistant was under training for dental nursing in Penang, Malaysia, under a World Health Organization Fellowship. One Dental Officer, under a World Health Organization Fellowship, underwent 9 months' training in Dental Health in Australia, New Zealand, Malaysia and Singapore, with a view to training Dental Nurses when a Dental Nurses Training School is established in Hong Kong. A Dental Nurse is now on a 12-month Dental Nurse Tutor course in New Zealand under a World Health Organization Fellowship with a view to assist, on completion of the course, in the training of Dental Nurses in Hong Kong.

FORENSIC PATHOLOGY

(Table 36)

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

GOVERNMENT LABORATORY

(Table 37)

73. The laboratory provides chemical services and a wide range of technical assistance for Government departments. During the year a total of 30,247 items were submitted for examination, which is comparable to the last year's record figure.

74. The number of items examined by the Forensic Division showed a marked increase over the previous year, particularly with respect to questioned documents. Other police work was related to murder, arson, rape and miscellaneous minor crimes. Senior members

of the staff were required to give evidence in a number of court cases and were called out on many occasions to the scenes of crime.

75. As in previous year, narcotics seizures accounted for a high proportion of the work. Of particular significance was the increase in the number of cannabis (marihuana) seizures, and one seizure of approximately two tons of raw opium.

76. The General Division was unable to meet all the demands made upon it by the various Government departments which require its services. Features of the work of this division during the year included a survey of artificial sweeteners in foods and the examination of a record number of adulterated liquors.

77. A number of additional appointments were made which resulted in an increased output towards the latter part of the year, and extra working space was being provided by the building of a small extension.

MEDICAL AND HEALTH DEPARTMENT, INSTITUTE OF PATHOLOGY

(Tables 38-41)

78. The total number of examinations for the year under review exceeded that of the previous year by 222,426, indicating an increase of about 14.5%. The increase was mainly in the Histopathology, Bacteriology, Public Health and Chemical Pathology sections.

Morbid Anatomy and Histopathology

79. A total of 1,211 post-mortem examinations were carried out during the year, of which 510 had medico-legal implications. The brains of 38 dogs were examined for the presence of Negri bodies (indicating death from rabies) but no positive findings were obtained. Over 2,500 specimens of sputum, and pleural fluid and other specimens were received for cytological examination, of which 32 showed definite evidence of malignant disease. Over 23,000 biopsy specimens were examined in order to determine the histo-pathological diagnosis. Of these about 3,800 were benign or malignant tumours.

Haematology and Serology and Blood Bank

80. Slightly more than 323,000 haematology specimens were examined, the most common examinations being haemoglobin estimations, total and differential white cell counts, blood slide examinations and

blood grouping. Over 121,000 serology tests were performed, the most common being the V.D.R.L. floculation slide test for syphilis. In the blood banks 25,339 pints of blood were received during the year, 24,596 pints of which were from the blood collecting centres of the Hong Kong Red Cross Society. A total of over 172,000 examinations of blood were carried out in the blood banks.

Chemical Pathology

81. Some 331,000 specimens were examined, the most common being various quantitive examinations upon blood, which accounted for over 248,000 of the examinations.

Bacteriology

82. Over 535,000 bacteriological examinations were carried out. Samples of nightsoil, well water and imported food from endemic areas were routinely examined throughout the year for cholera vibrios. As a result of these tests the first isolate of Vibrio cholerae during the year from nightsoil specimens was confirmed on 14th May, 1969. The strain was identified as V. cholerae, El Tor biotype, Inaba. Since then in Hong Kong Island from 14th May, 1969 to 23rd July, 1969, 6,148 nightsoil specimens were tested. Among these there were 51 positive isolates, i.e. 0.83%.

83. There were no positive isolates in Kowloon and the New Territories until after the first confirmation of a clinical case of cholera in Queen Elizabeth Hospital on 5th July, 1969. Following this the number of routine nightsoil samples sent for bacteriological examination was stepped up in Kowloon. From 6th July, 1969 to 23rd July, 1969 a total of 1,398 nightsoil specimens were tested in the Kowloon Institute of Pathology. From these tests 3 positive isolates of El Tor vibrios were obtained, i.e. 0.22%.

84. The isolation of non-cholera vibrios in nightsoil samples presented opportunities for further work on identification and typing. The use of nitrate blood agar and coagulated serum agar as selective media for the growth of these vibrios has been of value. The emergence of multiple drug resistant strains of Shigella organisms received further study. In the food section new tests were developed to comply with the health regulations of importing countries.

85. Apart from routine bacteriological diagnosis of tuberculosis, the tuberculosis laboratory was involved in anti-tuberculosis drug sensitivity

tests in conjunction with the Medical Research Council of the United Kingdom. In this connection the slide culture technique initiated by a member of the Medical Research Council in this laboratory for rapid testing of anti-tuberculosis drug sensitivity is progressing satisfactorily.

Virology

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

87. The incidence of paralytic poliomyelitis remained low. There were 15 cases of laboratory-confirmed poliomyelitis during the year and of these, 13 cases were type 1 and 2 cases type 3 poliovirus infection. As part of a long term surveillance of poliomyelitis disease, a faecal survey in normal children was carried out in June. The result showed the excretor rate of 'wild' type of poliovirus was about 0.3%, which was in agreement with the low incidence of clinical infection.

88. The laboratory continued to function as a World Health Organization National Influenza Centre. After the major outbreak of A2/HK/68 influenza in July 1968, influenza type B was prevalent in February—September 1969, causing sporadic cases and localized outbreaks of influenza in the community. The type B virus strains were antigenically similar to those prevailing in other parts of the world. Commencing November 1969, A2 virus has returned, and continued to cause sporadic cases and minor outbreaks of respiratory infection, but the virus strains so far have shown no antigenic deviation from the A2/HK/68 variant.

89. The study of respiratory infection in children under 5 years of age continued in 1969. Parainfluenza type 1 virus was frequently isolated in cases of respiratory diseases in February—March, while respiratory syncytial virus was the major pathogen in June—September. Other virological findings of medical interest were the positive isolations of cytomegalo-virus in two cases of neonatal jaundice, and mumps virus in 3 children with neurologic disorders.

INDUSTRIAL HEALTH

(Table 42)

90. The health of workers in factories and the other industrial undertakings is the statutory responsibility of the Commissioner of

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

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

92. The work of the Workmen's Compensation Unit which is part of the Industrial Health Division was reorganized in September with the introduction of an Industrial Injury Notification system; this increased the number of industrial injuries brought to the notice of the unit from an average of 800 per month to 1,400. An amended Workmen's Compensation Ordinance came into force on 1st January, 1970, which increased the range of workers covered and increased the amount of compensation paid in the case of incapacity or death.

93. Industrial Medical Officers participated in Medical Boards held under the Workmen's Compensation Ordinance for the medical assessment of injured workers. Health visitors and industrial nurses carried out case work and visited homes as well as attending at the casualty departments of major hospitals.

94. Regulation 5 of the Factories and Industrial Undertakings (First Aid in Registrable Workplaces) Regulations 1968 became effective on the first day of October 1969. This required every factory employing more than 100 workers to have at least one trained in first aid. Throughout the year the Industrial Health Division played an active role in making arrangements for industrial workers to be trained by the St. John Ambulance Association. Advice was also given to many factories regarding first aid facilities and equipment.

95. The Factories and Industrial Undertakings Regulations were amended in August 1969, to protect persons employed to work under-

ground in mines, quarries and industrial undertakings involving tunnelling operations. Proprietors are now required to keep registers of persons working underground, and are prohibited from employing women and children to do such work. Each worker must be medically examined by a medical practitioner within one month prior to employment, and certified as fit for working underground by the Senior Industrial Health Officer.

96. Monitoring of air pollutants continued, the number of stations being increased to 27. Approval has been given for the establishment of an air pollution control unit with one senior smoke inspector and six smoke inspectors under the control of the Smoke Abatement Adviser. The final report of the Air Pollution Committee under the chairmanship of Mr. J. L. MARDEN, J.P., was submitted in November 1969.

97. Professional and technical staff of the Division gave a series of lectures to officers of the factory inspectorate under training, to medical students at the University of Hong Kong and to student health auxiliaries.

HEALTH EDUCATION

98. A better appreciation by the Colony's population of the basic principles of personal and environmental hygiene and the prevention of disease continued to be the main health objective. A very wide field was covered by many branches of the Medical and Health Department and the co-operation of all voluntary agencies interested in such topics was actively sought. During the year the Department co-operated in a number of exhibitions, notably the Kaifong Health Education Exhibitions and the Chinese Manufacturers Association's Exhibition, by producing displays on various aspects of its work.

IV. WORK OF THE MEDICAL DIVISION

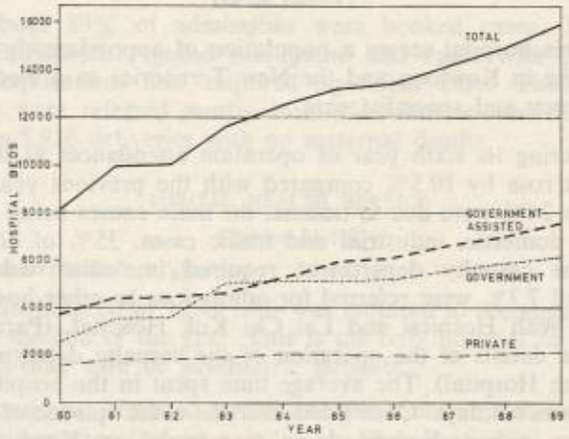
(Tables 43-65)

99. At the end of 1969, there was a total of 14,936 beds available in all hospitals in Hong Kong excluding those hospitals maintained by Her Majesty's Armed Forces; in addition, there were 493 beds in Government maternity homes and 406 beds in private maternity and nursing homes. The total 15,835 beds represented 4.0 beds per thousand of the population. The figures quoted are based on the normal bed

capacities of hospitals, but in some cases the actual bed occupancy is much higher as camp beds are used whenever the need arises. Development over the past 10 years is illustrated in Figure 11 and it will be noted that the bed provision in 1969 represents an increase of 96% over the bed provision in 1960.

FIGURE 11

HOSPITAL BEDS 1960 - 1969



QUEEN MARY HOSPITAL

(Table 47)

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

101. The 5-phased alteration and extension programme of the existing main building had been completed by the end of 1969, providing a bed capacity of 1,086. Alterations to all the public and private wards of the hospital were completed and, except for the acute psychiatric ward and the intensive care unit, all wards were commissioned and in use. In September 1969, construction was started on a new, 54-bed, public maternity ward on the roof of A and B Blocks; it is due for

completion soon, thus making a total bed capacity of 1,140. As a result of the alteration and extension programme the pressure of admissions into public wards has been much relieved and the hospital is now provided with improved facilities as a teaching and specialized institution.

QUEEN ELIZABETH HOSPITAL

(Tables 48-49)

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

103. During its sixth year of operation attendances at the casualty department rose by 10.5% compared with the previous year. Of these attendances 24% were due to trauma, the main causes being in order of frequency, domestic, industrial and traffic cases. 35% of all the cases seen in the casualty department required immediate admission to hospital and 7.7% were referred for admissions to other hospitals such as Kwong Wah Hospital and Lai Chi Kok Hospital. (Paragraph 166 below gives details of the operation of the casualty department of the Kwong Wah Hospital). The average time spent in the hospital by each in-patient was 6.8 days. Once tided over the acute episode of the illness, patients are either discharged or transferred to Kowloon or Lai Chi Kok Hospitals for convalescence. The pressure of admissions necessitated increasing the bed state to 1,525.

KOWLOON HOSPITAL

104. This hospital at present has 500 beds; an additional block containing 600 beds is expected to be completed in October 1970. When completed there will be a total of 1,100 beds in this hospital as subsidiary accommodation for Queen Elizabeth Hospital and for chest diseases requiring both medical and surgical treatment. It will also contain an acute psychiatric ward and a paraplegic unit.

105. The pulmonary tuberculosis unit and the thoracic surgical unit in the hospital now have a total of 171 beds. Apart from treating patients suffering from tuberculosis the work of these two units, especially the surgical unit, includes also other aspects of thoracic surgery and non-tuberculosis disease.

TSAN YUK HOSPITAL

(Table 50)

106. This hospital, under the clinical supervision of the Professor of Obstetrics and Gynaecology of the University of Hong Kong, is the main specialist obstetric hospital in Hong Kong. It has 241 beds and is the teaching centre in obstetrics for medical undergraduates and the training school for midwives.

107. About 89% of admissions were booked cases. These were mainly primigravidae, grand multiparae and cases with previous or present complications that required specialist care. The emergency admissions were referred mostly from Government Maternity Homes. There were 5,926 deliveries with no maternal deaths.

MENTAL HEALTH SERVICE

(Tables 51-52)

Castle Peak Hospital (Table 51)

108. This hospital of 1,242 beds was required to accommodate 1,700 patients at the end of the year. This is the only hospital in the Colony for the full-time care of psychiatric patients.

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

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

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

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

112. A wide variety of social and recreational activities was organized for the patients. A patients' Social Club was established.

Psychiatric Centres (Table 52)

113. The Yau Ma Tei Psychiatric Centre provides treatment for both out- and day-patients, including follow-up cases from Castle Peak Hospital. Its facilities include a Child Psychiatric Unit. The Day Hospital was found most useful for the treatment of psychoneurotics and disturbed adolescents and children. On Hong Kong Island the Hong Kong Psychiatric Centre, which is also the Headquarters of the Mental Health Service, continued to see out- and day-patients, follow-up cases from Castle Peak Hospital and forensic cases. In addition to these centres, psychiatric services were provided for the Psychiatric Observation Unit in Victoria Reception Centre and for the Lai Chi Kok Female Prison.

New Life Psychiatric Rehabilitation Association

114. This Association, with the close co-operation of the Mental Health Service, operates the New Life Rehabilitation Farm adjacent to Castle Peak Hospital for the benefit of patients requiring a period of orientation before returning to full social and economic activity in the community. A hostel on the Farm was opened on 26th April, 1969, accommodating 20 discharged mainly chronic schizophrenic patients at a time. The Association also owns a 'Half-way Home' in Hung Hom—a hostel accommodating 67 selected discharged patients from Castle Peak Hospital. These patients spend a transitional period there before returning to normal society.

Drug Addiction

115. Voluntary patients who were wholly treated in the former Castle Peak Drug Addiction Treatment Centre before the opening of the Shek Kwu Chau Centre have remained in close contact with a Medical Social

Worker of the Mental Health Service and have organized themselves into an informal social and recreational group. This has not only prevented relapses but made it possible to know with considerable accuracy whether or not they had relapsed. A pamphlet outlining the scientific basis of assessing the effectiveness of treatment and the results of the follow-up of this group of patients has been printed for general information.

INFECTIOUS DISEASES HOSPITALS

116. 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.

117. The general pattern of admissions followed the trend experienced in previous years. There was a further reduction in the number of admissions for diphtheria and a slight increase for poliomyelitis.

118. Typhoid admissions showed a definite decrease compared with previous years. The disease occurred mainly amongst children and adolescents and was often extremely mild. Measles showed a welcome drop both in incidence and mortality. However, as in previous years, children continued to be admitted in the terminal stages of post-measles broncho-pneumonia.

119. The first case of cholera was confirmed on 5th July, 1969, in Kowloon. In all there were 9 cases of confirmed cholera in the year (including one imported case), and all occurred in Kowloon and the New Territories areas, whereas the Hong Kong Island was free from the disease. All the 9 confirmed cholera cases were treated and discharged well from Lai Chi Kok Hospital. The Chatham Road Quarantine Centre was opened on 12th July, 1969, for isolation of contacts of cholera cases. Up to the date of closure of the Quarantine Centre, a total of 82 contacts were isolated, and amongst them 22 were proved to be carriers of the disease.

TANG SHIU KIN HOSPITAL

120. This hospital is situated at Morrison Hill, Hong Kong. It was opened on 15th April, 1969, and replaced the Eastern Public Dispensary and Maternity Home, the Harcourt Health Centre and the Wan Chai Social Hygiene Female Clinic.

121. The original estimate of the building cost in 1967 was $2.6 million. Sir Shiu-kin TANG, C.B.E., LL.D., J.P. generously donated $1.3 million towards the project. However, the estimate of the building cost was later revised to $2 million and Sir Shiu-kin TANG agreed to transfer the saving of $300,000 from the original donation of $1.3 million to the Lady Trench Day Nursery and Training Centre of the Social Welfare Department. The Hong Kong Government paid the remainder of the capital cost and is responsible for recurrent expenses.

122. This hospital is equipped with a casualty department and casualty wards for 40 patients. It has a general outpatient department, a maternal and child health centre, a 36-bed maternity ward, a social hygiene clinic and a skin clinic.

123. The hospital also contains the head office of the Maternal and Child Health Services and a training school for Health Visitors and Health Auxiliaries. Quarters are available in the hospital for medical and nursing staff. Since its opening the hospital has been playing a useful role in providing casualty and emergency services for the eastern part of the Island.

OTHER GOVERNMENT HOSPITALS

124. Other hospitals maintained by Government are the St. John Hospital, serving the Island of Cheung Chau and neighbouring islands of the western sea board, the South Lantau Hospital, serving the villages on the south-west coast of Lantau Island, and six hospitals within prison compounds at Stanley Prison, Victoria Prison, Tai Lam Centre for Women, Tai Lam Prison for convicted drug addicts, Tong Fuk Prison and Chi Ma Wan Prison.

OUT-PATIENT SERVICES

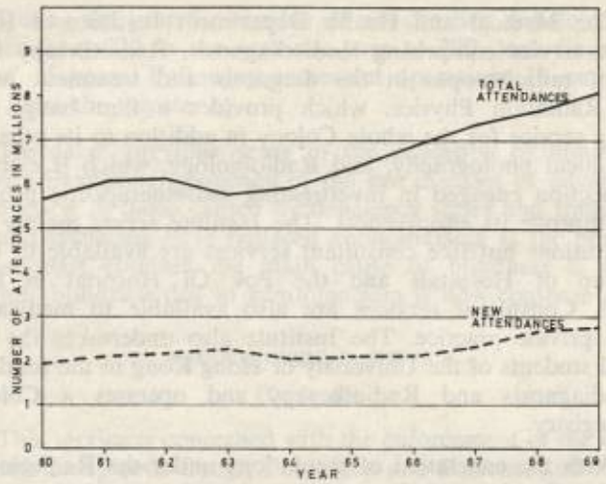
(Tables 53-55)

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

126. New facilities which became available during the year are detailed in paragraphs 185 to 186 of this report.

FIGURE 12

OUT-PATIENT ATTENDANCES 1960 - 1969



127. In addition to general out-patient service, 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 10 clinics in the more densely populated areas. The more remote areas of the New Territories continued to be served by two mobile dispensaries and the 'floating clinics', while the 'flying doctor' service to more isolated and inaccessible villages was maintained.

SPECIALIST SERVICES

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

RADIOLOGICAL SERVICES

(Tables 56-57)

129. The Medical and Health Department Institute of Radiology operates a service comprising Radiodiagnosis, Radiotherapy including the use of radioisotopes in the diagnosis and treatment of certain diseases, Radiation Physics, which provides a film badge radiation monitoring service for the whole Colony in addition to its other routine duties, Clinical photography, and Radiobiology, which is essentially a research section engaged in investigating radiotherapeutic problems in order to improve its effectiveness. The Institute serves mainly Government institutions but free consultant services are available to the Tung Wah Group of Hospitals and the Pok Oi Hospital in the New Territories. Consultant services are also available to medical practitioners in private practice. The Institute also undertakes the teaching of medical students of the University of Hong Kong in the fundamentals of Radiodiagnosis and Radiotherapy and operates a Colony-wide Cancer Registry.

130. With the enactment of regulations under the Radiation Ordinance on 1st October, 1965, a programme of inspection of premises, including hospitals where irradiating apparatus and radioactive substances are used by registered medical and dental practitioners outside Government Service for medical purposes, was commenced. A number of factories employing irradiating apparatus or radioactive substances for industrial use are also visited. This programme of visits continued throughout the year under review, advice on the improvement of radiation protection facilities being given where required, and subsequent visits being paid to ensure that improvements suggested had been carried out. In May 1968, the Institute commenced a co-operative research programme with the International Agency for Research on Cancer, Lyons, France, on the possible role of virus in the development of nasopharyngeal carcinoma. The cost of this research is being borne by the International Agency through the Hong Kong Anti-Cancer Society. The research programme continues.

OPHTHALMOLOGY

(Tables 58-59)

131. This service maintains three full-time centres with surgical facilities and in addition holds regular sessions at out-patient clinics in urban and rural areas. 54% of the major operations were performed

on an out-patient basis, and increased availability of beds enabled waiting lists to remain at almost negligible proportions.

132. During the year the number of persons first registered as blind fell further from 279 in the previous year to 220, including 17 under the age of 15 years. Following successful operations 19 patients were removed from the register.

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

PHARMACEUTICAL SERVICE

(Table 60)

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

135. Central sterile supply departments are maintained at Queen Mary Hospital on Hong Kong Island and at Queen Elizabeth Hospital in Kowloon. These are gradually being extended to include the sterile requirements of other hospitals.

MEDICAL SOCIAL WORK

136. The expansion of the medical services and the increasing emphasis on rehabilitation in its various aspects continued to make heavy demands on the services of medical Social Workers. In the Tuberculosis Service the maintenance by Health Visitors of the work concerned with the public health and preventive aspects of this disease continued to enable the Medical Social Workers working on a referral

and selection basis to concentrate more on the purely social work aspect; more time could be spent by Medical Social Workers in hospitals, and the stationing of Medical Social Workers at the Grantham Hospital, Haven of Hope Sanatorium, and at the Ruttonjee Sanatorium has proved successful.

137. During the cholera outbreak, the Medical Social Service extended its activities to contacts of cholera cases at the Chatham Road Quarantine Centre. The inmates at the Centre received re-assurance from the Medical Social Workers who helped to solve the social problems arising from their detention.

138. Medical Social Workers in the hospitals have continued to work with patients and families throughout the period of hospitalization towards the ultimate goal of discharging them back into the community. Preparation work before admission and follow-up service after discharge has also been maintained, whenever necessary, in particular, in the Tuberculosis Service. Severe residual disabilities, particularly in such conditions as paraplegia and hemiplegia, pose serious problems.

139. In the Mental Health Service the demand for fully-trained Psychiatric Social Workers remains great. The scope of work both at Castle Peak Hospital and the Out-patient Psychiatric Centres widened considerably with the increased need for community care for discharged mental patients. The follow-up of discharged drug addicts from Castle Peak Hospital was continued.

140. In the Leprosy Service methods of rehabilitation remain the same and co-operation with the Hay Ling Chau Leprosarium was maintained. The housing of leprosy patients, the employment of cured persons and their integration into the community remained important problems. In the fields of venereal diseases and dermatology, long interviews with patients were needed to release tensions and uncover hidden anxieties which play an important part in some dermatological conditions. In other specialist sections, such as ophthalmology, the Medical Social Workers worked on the referral system, and constantly pruned their activities in order to obtain the best possible results.

141. In staff training two Medical Social Workers returned from training overseas. In-service training was provided as before for new recruits. Full use is made of appropriate extra mural courses designed for the training of social workers. Medical Social Workers continued to give lectures to students in training, in nursing, physiotherapy and medicine, to cultivate an inter-disciplinary approach.

PHYSIOTHERAPY

(Table 61)

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

143. Though the number of poliomyelitis patients requiring follow-up care has decreased, the number of new poliomyelitis patients treated was higher than the previous year, 15 new cases being referred. While the greatest amount of the physiotherapists' time is spent with orthopaedic and surgical cases of all kinds, the department also deals with cerebral palsy cases referred to it by the paediatric unit.

144. The physiotherapy training school had 24 students under training at the end of the year under review. Many outside hospitals and institutions are showing an interest in having young people trained, and during the year 3 candidates from outside institutions were accepted for training.

OCCUPATIONAL THERAPY

(Table 62)

145. The demand for occupational therapy services has continued and the treatment numbers again show an increase in the units which have had adequate professional staff coverage. Progress has been considerably handicapped by difficulties in the recruitment of trained staff; however six students are already undergoing training overseas and a further two candidates were selected during the year under review.

146. At Castle Peak Hospital the department continued to provide a diverse programme of treatment, covering work, recreation and group social activities for a daily average of 950 patients. Visits were made by small groups of patients to neighbouring villages accompanied by members of the staff in civilian dress with the aim of bridging the gap between hospital and community. Industrial 'out-work', consisting of contracts with factories, continued as a valuable adjunct to the treatment programme, and domestic, hospital and office equipment continued to be produced to meet Government Supplies Department orders.

147. In the Hong Kong Psychiatric Centre a carefully planned programme of rehabilitation was carried out for patients attending the centre. The occupational therapy sub-department at Yau Ma Tei Psychiatric Centre continued its work for two main categories of patients, namely, those discharged from Castle Peak Hospital who need a short follow-up in a Day Psychiatric Centre to aid their rehabilitation, and those requiring close observation and assessment as out-patients. Patients in the latter group are generally children and young adolescents in the early stages of illness whose pattern of behaviour needs close observation.

148. Work in the Kowloon Jockey Club Rehabilitation Centre followed the same pattern as in previous years, the aim of treatment being to assist patients to return to their previous employment or, where that is not possible, to an alternative means of livelihood. The ward work in the Kowloon Hospital progressed satisfactorily throughout the year.

149. The Occupational Therapy Units at Queen Elizabeth and Queen Mary Hospitals continued their activities, and treatment was given to patients from orthopaedic, tuberculosis, neurosurgical, surgical and medical units, and from cerebral palsy clinics.

150. The Wan Chai Polyclinic unit is functioning to its maximum with the accommodation and staff resources available, and is concentrating efforts on the treatment needs of upper limb disabilities, hemiplegics and cerebral palsy children.

ORTHOPAEDIC AND PROSTHETIC APPLIANCES

151. The department continued to give satisfactory service to the in-patients and out-patients of all government hospitals and clinics and some other, outside institutions, subsidized by the Government, and also the British Military Hospital. During the year 2,456 appliances and prostheses were made and 1,965 patients were treated in the department. The number of new poliomyelitis cases is decreasing, but the demand for artificial limbs is increasing steadily due to the increase in patients suffering from industrial and traffic accidents.

152. One student technician completed his four-year training during the year and has been accepted by the British Institute of Surgical Technicians as an Associate of the Institute. Four other student technicians are now under training in the department. To meet local

requirement the research and development programme continued during the year to improve both the quality and quantity of the products, especially on nylon coating, above-knee cast-taking technique, plastazote, plastic and foam materials.

MEDICAL EXAMINATION BOARD

(Tables 63-64)

153. This section performs medical examinations of new entrants to Government employment and to the Essential Services Corps. The number of persons classified as unfit on account of tuberculosis decreased considerably when compared with the previous year. Tuberculosis remained the primary reason for non-acceptance of applicants on medical grounds, being responsible for 7 out of the 11 classifications as 'unfit' in each thousand examinations.

HOSPITAL MAINTENANCE AND SUPPLY

154. Continued development of the services provided in medical institutions, coupled with a further increased demand upon them, again caused the lay administration and supply of the hospital service to become an increasingly complex task. Inability to recruit appropriately experienced hospital secretaries continued to be an impediment in adequate staffing.

155. The Central Laundry organization was again kept under continuous review throughout the year, with particular reference to the future requirements of this service and its relationship with other essential service departments. Further investigation into the potential use of disposable items was undertaken with a view to reducing the work of the already overloaded Laundry Service, but the conclusions reached in previous, preliminary enquiries were confirmed, that disposable products in this field are not yet an economic proposition in Hong Kong. These findings lent impetus to the need for detailed planning of additional laundry facilities.

156. Efforts to promote harmonious staff relations took a step forward in the year under review with the inauguration of a Joint Consultative Committee at Kowloon Hospital. Proposals for the reorganization of the Medical and Health Department Staff Welfare Association were actively considered, and officers of the association sought approval of the Registrar of Societies for a change of name and

a new constitution designed to encourage staff participation in this organization.

157. The UNICEF sponsored milk feeding programme continued throughout the year and a total of 59,625 lbs. of milk powder was distributed to the various Government feeding centres in the Colony.

AUXILIARY MEDICAL SERVICE

158. This branch of the Essential Services Corps has a strength of over 5,200 men and women trained to augment the Colony's medical services during an emergency. Approximately half the strength is used to make up the Ambulance Depot Teams which are based on the Fire Services Ambulance Stations throughout the Colony. These Ambulance Depot Teams are trained to reinforce the Fire Services Ambulance Service and to provide mobile first aid teams as necessary.

159. Members of the Service who are assigned for emergency duties in Medical Establishments carry out training annually in one of the major hospitals. Members of the Service who are assigned to reinforce the Fire Services Ambulance Service perform duties with the latter service at weekends, as ambulance men, drivers and telephone/RT. operators.

160. During the outbreak of cholera in 1969 the Auxiliary Medical Service members, under the guidance of Medical Officers, staffed the Chatham Road Quarantine Centre, assigned for cholera contacts. Members also attended at the scenes of a number of fires in the Colony. During the summer 73 members qualified as life-savers. During the year an Auxiliary Medical Service Corps of drums and bugles was formed and performed in public four times.

REGISTRATION OF MEDICAL CLINICS

(Table 65)

161. In accordance with the Medical Clinics Ordinance, Chapter 343, all clinics, except the mobile vans which were formerly registered with exemption (that is operated by unregistered doctors), were required to be re-registered annually. As on 31st March, 1970, there were 75 registered static clinics and 3 registered mobile clinics in the charge of registered medical practitioners and 351 clinics registered with exemption, making a total of 429.

162. The Low Cost Medical Care Scheme under which static clinics are set up in Resettlement and Housing Estates continued to operate throughout the year, the aim being to provide one doctor for every 6,000 residents, with priority given to registered medical practitioners. At the end of the year under review there were 59 clinics in Resettlement Estates and 10 in Housing Estates being operated by registered doctors. In addition there were 30 clinics in Resettlement Estates and 2 clinics in Housing Estates which were registered with exemption.

V. GOVERNMENT-ASSISTED HOSPITALS

(Tables 66-69)

163. 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 7,556 beds, provide mainly subacute general beds or facilities for persons suffering from certain specific diseases or handicaps. The total Government subvention to these hospitals during the year was $57,170,027 recurrent and $1,562,352 special expenditure.

THE TUNG WAH GROUP OF HOSPITALS

164. 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 assistance from Government in terms of personnel, especially medical officer and consultant services, money and material, the subvention amounting to $31,169,168.

165. The Tung Wah Group of Hospitals will be celebrating the 100th anniversary of the founding of the Tung Wah Hospital in April 1970 and to mark the occasion, the Board of Directors proposes to demolish the out-dated Jubilee Block built in 1920, and to erect in its place a 12-storey Centenary Block with a complement of 424 beds, a new outpatient department, a new casualty department, new operating theatres, an X-ray department and additional quarters for 50 nurses.

166. The Casualty Department at Kwong Wah Hospital now handles all accident cases taking place between Waterloo Road and Lai Chi Kok Road. A police post has been established to deal with medico-legal cases, and an industrial nurse from the Labour Department

attends to advise in cases of industrial accidents. As from July 1969, an officer from the Fire Services Department was posted to the casualty department to handle the ambulance service.

167. The need for subsidiary beds for long-term patients was stressed in the Medical Development Plan and the Group's programme of development has been directed towards the provision of these. Phases II and III of the Wong Tai Sin Infirmary were completed in March 1969, and immediately commissioned and brought into use. They provide an additional 450 beds for long-term patients.

THE ALICE HO MIU LING NETHERSOLE HOSPITAL

168. This hospital, supported by the London Missionary Society, received a Government subvention of $3,481,400 during the year. The hospital has been considerably modernized in recent years and its facilities greatly improved. Features now provided in the hospital include a central sterile supply department, a central milk kitchen, an intensive care unit and a new laundry. Several departments, including pharmacy, radiology, blood bank and haematology, laboratory, operating theatres, and casualty and ward units have been re-modelled or rebuilt.

169. During the year a Medical Social Work Department was inaugurated, not only to render financial assistance to patients, but also to assist in solving social problems arising from admission to or discharge from hospital. A small Physiotherapy Department was equipped, and staffed by two part-time physiotherapists. The Nurses' Training School was extended by the addition of a classroom, a practical room, a library and offices.

POK OI HOSPITAL

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

CARITAS MEDICAL CENTRE

171. This hospital of 850 beds, erected with the aid of donations from Roman Catholic Communities in many parts of the world, in particular from the Federal Republic of Germany, and maintained partly

with the aid of a Government subvention of $3,429,306 is situated in the densely populated district of So Uk in north-west Kowloon. It is administered by the Canossian Sisters and comprises blocks for general, tuberculosis and cancer patients, as well as quarters for staff and a nurses training school. The hospital continued to play an active part in the provision of medical services in the Colony. During the year an improved centralized laboratory service in the hospital was commissioned and an east wing in the maternity and paediatric block brought into use.

HONG KONG ANTI-TUBERCULOSIS AND THORACIC DISEASES ASSOCIATION

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

The Grantham Hospital (Table 67)

173. This hospital of 619 beds is equipped as a modern chest hospital and is administered by the Grantham Hospital Management Board on a fee-paying, non-profit making basis. Government maintains 610 of the beds but all staff of the hospital is provided by the Association, with the exception of Government Medical Officers posted to the Government Clinical Units, which are directly responsible for 212 of the beds.

174. Closed heart surgery became available in 1967 and open heart surgery became possible in 1968. The Cardiac Surgery Unit is operated in conjunction with the Professorial Medical and Surgical Departments at the University of Hong Kong.

Ruttonjee Sanatorium and Freni Memorial Convalescent Home (Table 68)

175. The Ruttonjee Sanatorium and its annex, the Freni Memorial Convalescent Home, together accommodate 360 patients suffering from tuberculosis and other chest diseases. The Sanatorium also operates a Follow-up Clinic and a B.C.G. Centre. They are supported by voluntary contributions and by a subvention from Government amounting to $2,363,400 in the year under review.

HAVEN OF HOPE SANATORIUM

176. This hospital of 310 beds is situated in the Junk Bay area of the New Territories, and a tuberculosis out-patient and follow-up clinic is maintained at nearby Rennie's Mill. During the year, the hospital was assisted in its recurrent expenditure by a Government subvention of $1,080,000.

SANDY BAY CHILDREN'S ORTHOPAEDIC HOSPITAL AND CONVALESCENT HOME

177. Maintained by the Society for the Relief of Disabled Children, with the aid of a Government subvention of $830,807, this modern children orthopaedic hospital now contains 200 beds for children requiring specialized long-term orthopaedic care and surgery. Patients are admitted to the hospital through its own outpatient department and other clinics. Traumatic cases are transferred from Queen Mary Hospital for convalescence. During the year an orthopaedic appliance department was opened at the hospital. The Hong Kong Red Cross Society provides primary school teachers to enable the children to continue their education during convalescence.

OUR LADY OF MARYKNOLL HOSPITAL

178. This hospital is administered by the Maryknoll Sisters, and was maintained during the year with the aid of a Government subvention of $870,375. It is located at Wong Tai Sin in north-east Kowloon and provides general in-patient and out-patient facilities for this rapidly expanding area. The new wing of the hospital was officially opened on 2nd December, 1969. The hospital now has a total of 220 beds, 180 for general third class patients and 40 for first and second class patients and maternity cases.

HAY LING CHAU LEPROSARIUM

(Table 69)

179. This leprosarium, situated on an island six miles from Hong Kong, is maintained by the Leprosy Mission, Hong Kong Auxiliary, with the aid of a Government subvention which in the year under review was $820,000. It provides in-patient and rehabilitation facilities for leprosy patients and has special facilities for those who require

reconstructive surgery or who are suffering from intercurrent disease. Fortunately the decreasing incidence of leprosy has meant that the number of patients has fallen in recent years and at the end of the year under review there were fewer than 300 patients in the leprosarium.

HONG KONG SOCIETY FOR REHABILITATION KWUN TONG REHABILITATION CENTRE

180. This centre, aided by a recurrent grant from Government amounting to $700,000 in the year under review, accommodates 80 patients and has occupational workshops and facilities for physiotherapy and for the manufacture of prostheses. It is designed to assist in the quick return to employment of those who have been injured, particularly in industrial accidents.

NAM LONG HOSPITAL

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

VI. DEVELOPMENT

(Table 70)

FORWARD PLANNING

182. Reference has been made previously in this report to the unparalled hospital development of the past 15 years. However, the population has also been increasing very rapidly and there is considerable pressure on most categories of hospital beds, particularly those for acute and chronic general and mental patients. The White Paper on Development of Medical Services in Hong Kong which was tabled in the Legislative Council in February 1964, outlined the medical problems of the Colony and made suggestions to remedy deficiencies in order to produce, in the face of a rapidly increasing population, a reasonably

satisfactory standard of medical facilities. Developments have to take into account the ability of the community to afford these facilities either by direct payment or by indirect payment by means of taxation. The Working Party which prepared the White Paper was re-constituted by His Excellency the Governor as the Medical Development Plan Standing Committee. The Director of Medical and Health Services is its Chairman and the Committee comprises two nominated members and representatives of the Medical and Health Department, the Finance and Social Services Branches of the Colonial Secretariat, and, when necessary, the Public Works Department. The Committee has held 44 meetings since its inception, in order to keep the recommendations made in the White Paper under continuous administrative review and to report its conclusions on all major matters to Government. The Committee's activities fall into five main categories, namely: development of medical institutions; staffing of such institutions; subventions to Government-assisted institutions; fees and charges; and improved utilization of existing medical facilities.

183. The principal matters with which the Committtee continued to occupy themselves were: the 350-bed United Christian Hospital at Kwun Tong; the 100-bed Yan Chai Hospital at Tsuen Wan; the four clinics respectively at Kwai Chung North, Kwai Chung South, Kowloon East and Tsz Wan Shan areas; the alterations to and extensions of Queen Mary Hospital; and the subventions paid to Government-assisted institutions.

184. Amongst new matters considered by the Committee were: re-design of standard urban clinics; re-development of Tung Wah Hospital; Nam Long Hospital extension; salaries and allowances of medical staff in Government-assisted hospitals; improvement of the central departmental laundry at Queen Elizabeth Hospital; provision of an organ transplant unit at Queen Mary Hospital, provision of an additional classroom for the physiotherapy training school at Queen Elizabeth Hospital; the 180-bed Hong Kong Buddhist Hospital in Kowloon; and the proposed working party on the medical subvention policy.

COMPLETED PROJECTS

185. The year 1969-70 saw the completion of a number of major additions to the Colony's medical and health services. Although most of these have been mentioned elsewhere in this report, it is appropriate to summarize them in this chapter.

186. Government projects completed during the year were the Tang Shiu Kin Hospital at Queen's Road East, Hong Kong Island and a one-chair dental clinic at Tong Fuk in South Lantau. Also completed, at a Government-assisted medical institution, was an extension to Shek Kwu Chau Treatment and Rehabilitation Centre for Drug Addicts.

PROJECTS UNDER CONSTRUCTION

187. Major projects on which construction had commenced were the new Lai Chi Kok Hospital, a new convalescent block at Kowloon Hospital, the re-development of medical institutions at Sai Ying Pun, the Siu Lam Hospital for the Mentally Subnormal, and the Buddhist Hospital at Lo Fu Ngam in north-east Kowloon.

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

VII. TRAINING PROGRAMME

(Tables 71-73)

DOCTORS

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

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

191. The programme for the training of doctors for post-graduate qualifications was kept under review by the Panel on Post-Graduate Medical Education. A shortage of experienced personnel has been encountered in various specialties but it is hoped that most of these deficiencies will be remedied within the next few years.

DENTAL STAFF

192. No 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 3 scholars returned to the Colony after qualification, bringing the total of returned graduates to 62 out of a total of 81 scholarships so far awarded.

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

194. One Dental Surgery Assistant was under training in Penang, Malaysia, under a World Health Organization scholarships scheme for training in dental nursing. One Dental Officer underwent 9 months' training in Dental Health in Australia, New Zealand, Malaysia and Singapore, under a World Health Organization Fellowship with a view to training Dental Nurses when a Dental Nurses Training School is established in Hong Kong. A Dental Nurse is now on a 12-month Dental Nurse Tutor course in New Zealand under a World Health Organization Fellowship, to assist, on her completion of the course, in the training of Dental Nurses in Hong Kong.

NURSING STAFF

Nurses

195. There are three Government hospital schools of nursing. Those at the Queen Elizabeth and Queen Mary Hospitals are general schools, while that at the Castle Peak Hospital is a psychiatric nursing school. Training at Government schools and at the Caritas Medical Centre is in English. There are also approved schools at the Tung Wah Group

of Hospitals, the Alice Ho Miu Ling Nethersole Hospital and the Hong Kong Sanatorium and Hospital, where instruction is in Cantonese. Examinations are held by the Nursing Board of Hong Kong and there is full reciprocity of registration between the Board and the General Nursing Council of England and Wales.

Nursing Auxiliaries

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

Post-graduate nurses

197. Nine qualified nurses who had been sent overseas for further study returned to the Colony having successfully gained post-graduate certificates in nursing education, (general nursing and health nursing), dietetics, open heart surgery and paediatric nursing. A further 11 nurses proceeded overseas to study nursing administration, nursing education, dietetics, neuro-surgical nursing and occupational therapy.

Midwifery

198. For registered general nurses a one-year course in midwifery is held 3 times a year. Usually it commences immediately after general registration with the Nursing Board. For student midwives who are not registered nurses a two-year course of training at the Tsan Yuk Hospital, and to a limited extent at other approved training schools, is accepted by the Midwives Board for entry to its examinations.

199. Due to the limited scope of domiciliary midwifery in Hong Kong adequate practical training in this aspect of midwifery cannot be given, and full reciprocity of recognition of midwifery qualifications with the Central Midwives Board of England and Wales is not possible.

Health Visitors

200. A nine-month Health Visitors' Course is scheduled to take place yearly for Registered Nurses who also hold a Midwifery Certificate. 10 trained nurses successfully completed this course, which ended in January 1970.

Health Auxiliaries

201. A two-year course for health auxiliaries is scheduled to take place once a year. It provides training in health education and public health nursing, which includes maternal and child health work, training and keeping of records of infectious diseases in general, and of tuberculosis, leprosy and venereal diseases in particular.

RADIOGRAPHERS

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

LABORATORY TECHNICIANS

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

OTHER FORMS OF DEPARTMENTAL TRAINING

204. In-service courses of training were continued for dispensers, dental technicians and orthopaedic appliance technicians. These do not all lead to recognized qualifications, but prepare those concerned for appointment to permanent posts in Government service after passing a departmental examination.

VIII. DONATIONS

(Table 78)

205. The Colony's medical and health services have in the past years benefitted to a considerable degree from donations received from a number of non-government organizations and individuals, and in the year under review this continuing interest was reflected in donations totalling $564,973.85. Of this amount Sir Shiu-kin TANG, whose philanthropy is well known, contributed $500,000 towards the cost of construction of the David Trench Rehabilitation Centre at Sai Ying Pun.

As mentioned in annual report for 1968-69, Sir Shiu-kin TANG earlier contributed a similar amount of money towards the cost of the proposed Specialist Clinic for Hong Kong Island East. This clinic is to be named after his father, the late TANG Chi-ngong. Pending the completion of the clinic, the interest from Sir Shiu-kin's donation is to be used for further training of teachers for the education of physically handicapped children and other charitable projects in the Colony.

IX. ACKNOWLEDGEMENT

206. This report would be incomplete without special mention of the devotion to duty shown by each and every officer of the Medical and Health Department during the year under review. All ranks of the Department, in particular the doctors, have carried out their duties efficiently despite a serious shortage of staff. To them I would like to place on record my sincere tribute for their effective help in dealing with the many problems associated with the provision of medical care for the population of Hong Kong. The department has also received every assistance and co-operation from other Government departments, the Press, the Radio, the Television and other publicity agencies. The patience shown by members of the public in spite of the many unavoidable shortcomings of the service is deeply appreciated.

207. I would also wish to thank the many public-spirited persons who have devoted so much of their valuable time to serving on Statutory Boards, Advisory Committees and Working Parties, and in voluntary institutions connected with the many curative and preventive medical problems in Hong Kong. Thanks are also due to the local and overseas organizations which manage and help to supplement Government's resources and to ensure that adequate facilities are available for all those in need of medical care.

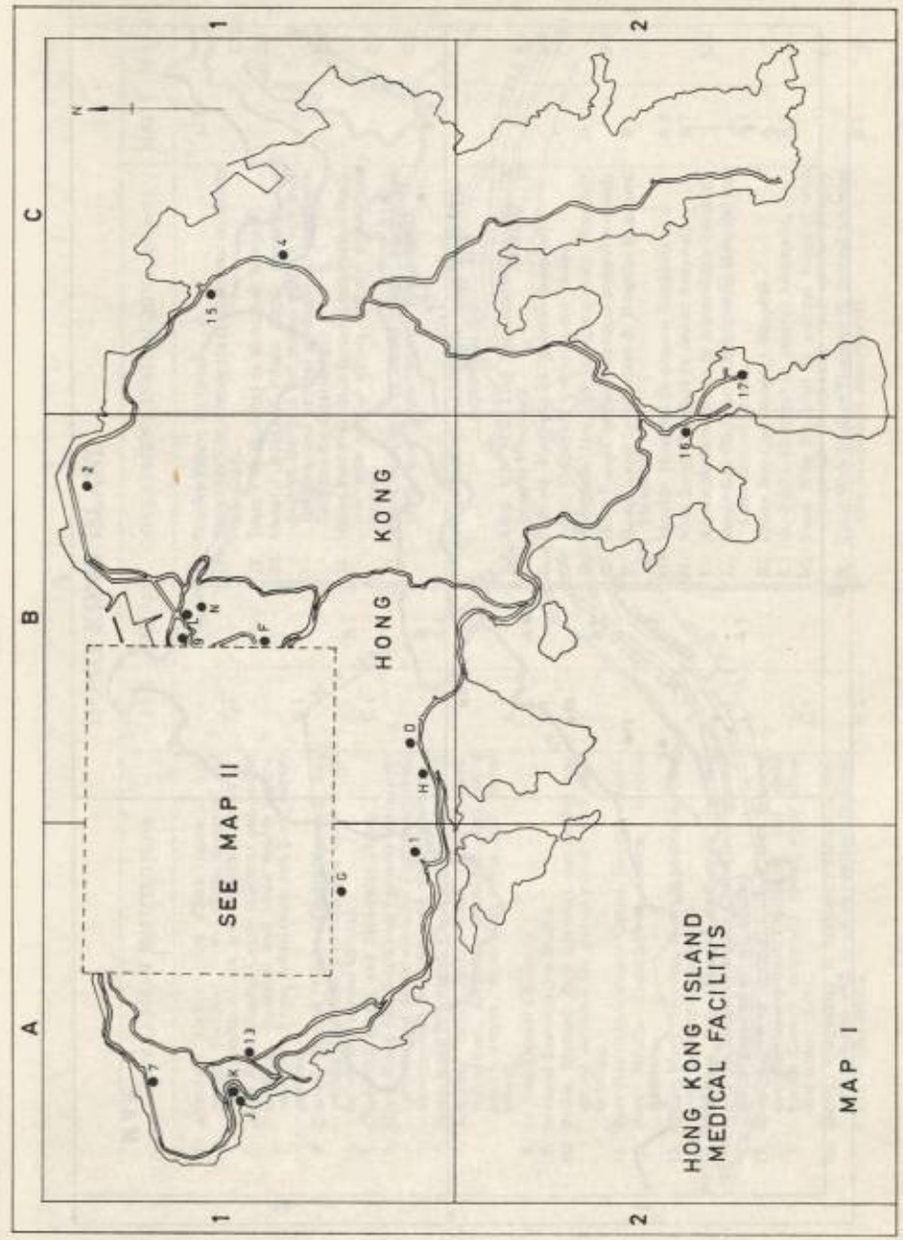
208. Although Hong Kong had a visitation of cholera during the year under review, the outbreak was effectively contained. Much of the success in the application of the control measures was due to the continuing co-operation of other Government Departments and outside agencies which worked as a team with the Medical and Health Department in dealing with the many varied aspects of the anti-cholera campaign. Tribute is also paid to the staff of the Department who took part in the inoculation drive and other anti-epidemic measures. All those concerned showed their devotion to duty, and the shortness of the

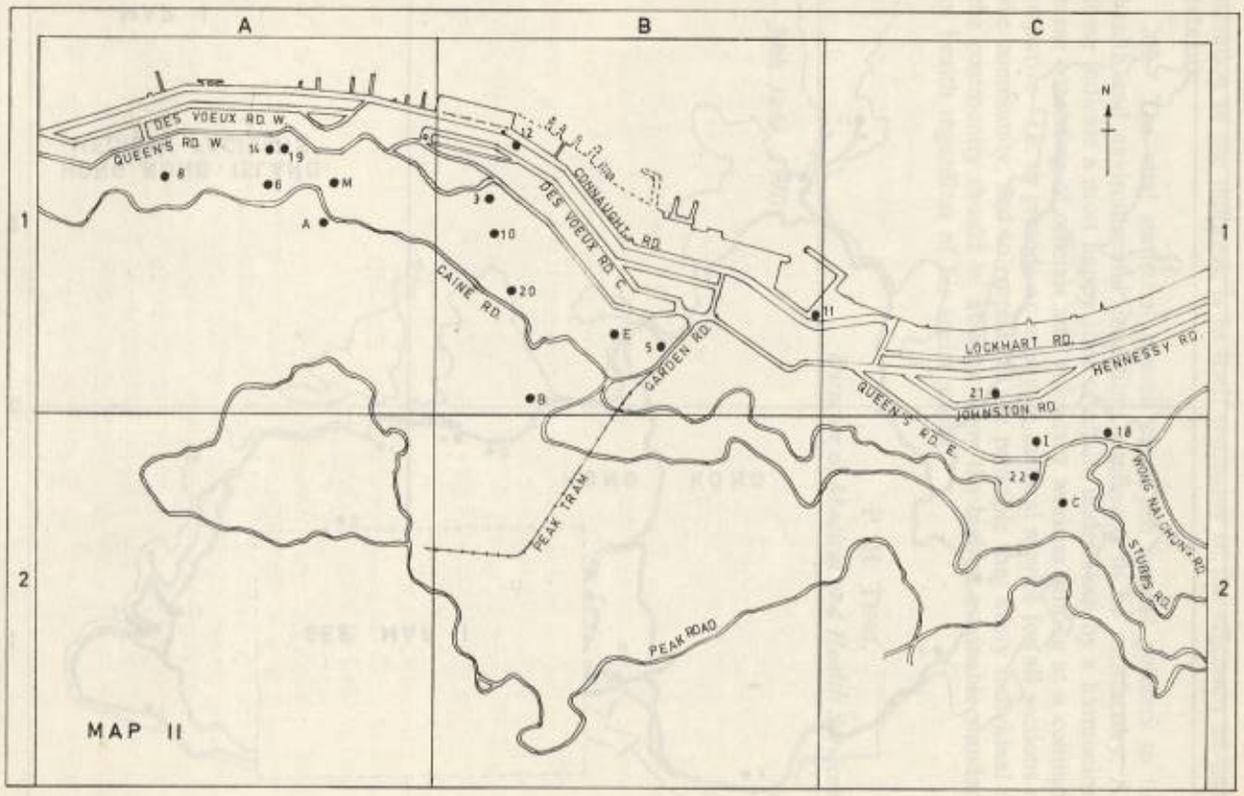
duration of the outbreak is in itself testimony of the efficiency of their labours.

209. The vital statistical figures which are normal pointers to the health and environmental conditions continued to be satisfactory. All these indicate a most happy state of affairs undertaken by a harmonious team consisting of officials and voluntary workers aiming at a common objective—i.e. to provide an adequate medical service for all sections of the community, and to emphasize the principle that every individual in the community should be able to enjoy the highest attainable standard of health regardless of his social status.

P. H. TENG,
Director of Medical and Health Services.

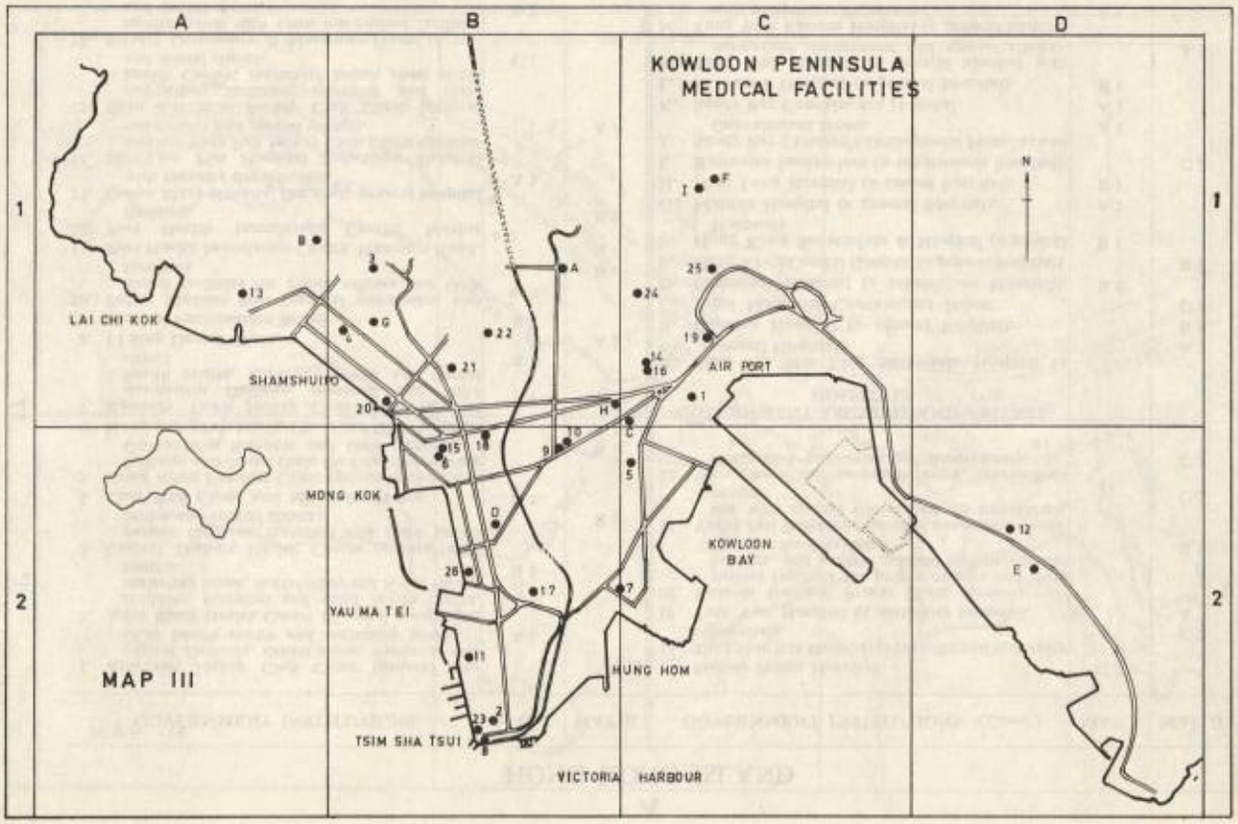
29th June, 1970.





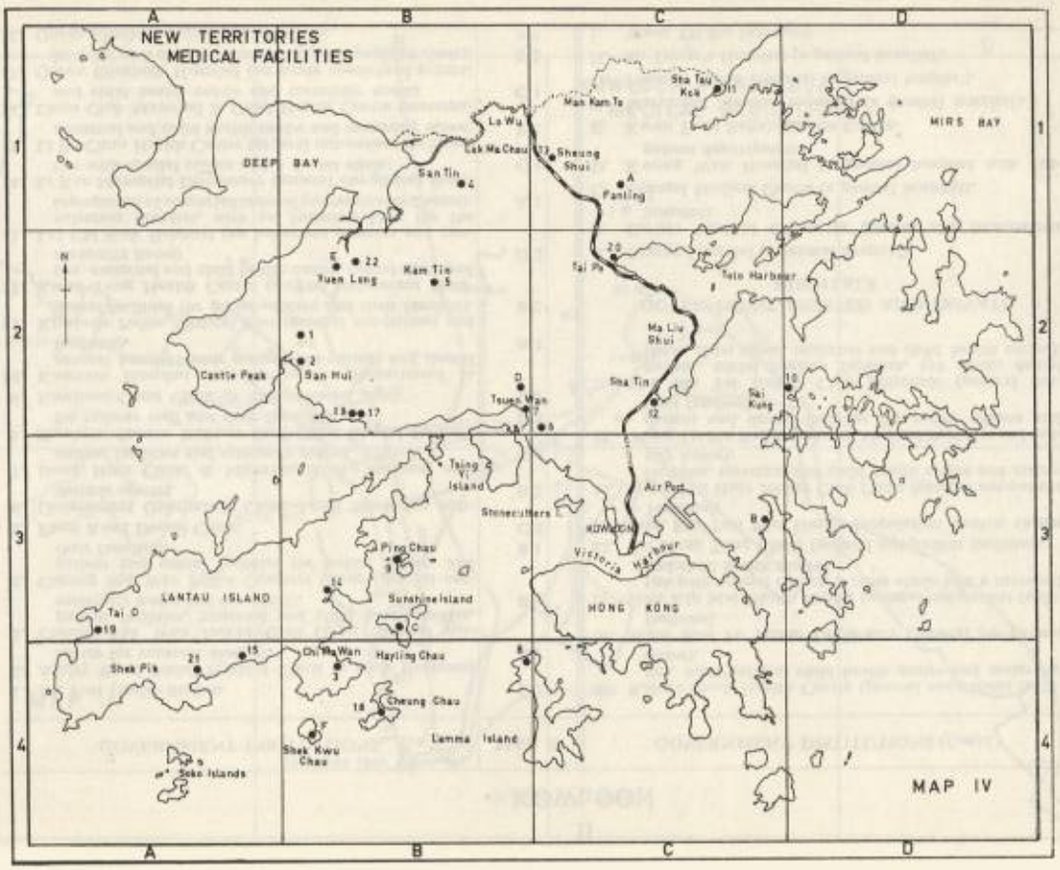
A
HONG KONG ISLAND

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



B
KOWLOON

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



C
NEW TERRITORIES

GOVERNMENT INSTITUTIONS	MAP IV
1. Castle Peak Hospital (a mental hospital)	B 2
2. Castle Peak Clinic (general out-patient facilities and maternity home)	B 2
3. Chi Ma Wan Prison Hospital	B 4
4. Ho Tung Dispensary (general out-patient facilities and maternity home)	B 1
5. Kam Tin Clinic (a maternity home with some out-patient facilities)	B 2
6. Lady Trench Polyclinic (general out-patient facilities with special clinics)	C 2
7. Maurine Grantham Polyclinic (maternal and child health centre and maternity home)	B 2
8. North Lamma Clinic (a maternity home with some out-patient facilities)	B 4
9. Peng Chau Clinic (a maternity home with some out-patient facilities)	B 3
10. Sai Kung Dispensary (general out-patient facilities and maternity home)	D 2
11. Sha Tau Kok Clinic (some out-patient facilities)	C 1
12. Sha Tin Clinic (general out-patient facilities and maternity home)	C 2
13. Shek Wu Hui Jockey Club Clinic (general out-patient facilities and maternity home)	C 1
14. Silver Mine Bay Dispensary (a maternity home with some out-patient facilities)	B 3
15. South Lantau Hospital (a general hospital with out-patient facilities)	A 4
16. St. John Hospital (a general hospital with out-patient department)	B 4
17. Tai Lam Chung Prison Hospital	B 2
18. Tai Lam Centre for Women	B 2
19. Tai O Dispensary (general out-patient facilities and maternity home)	A 3
20. Tai Po Jockey Club Clinic (general out-patient facilities, dental clinic and maternity home)	C 2
21. Tong Fuk Prison Hospital	A 4
22. Yuen Long Dispensary (general out-patient facilities, dental clinic and maternity home)	B 2
GOVERNMENT-ASSISTED AND PRIVATE HOSPITALS	
A. Fanling Hospital (a general hospital)	C 1
B. Haven of Hope Tuberculosis Sanatorium	C 3
C. Hay Ling Chau Leprosarium	B 3
D. Seventh Day Adventist Hospital (a general hospital)	B 2
E. Pok Oi Hospital (a general hospital)	B 2
F. The Society for the Aid and Rehabilitation of Drug Addicts (Shek Kwu Chau)	B 4

INDEX TO STATISTICAL APPENDIX

INDEX TO STATISTICAL APPENDIX—*Contd.*

INDEX TO STATISTICAL APPENDIX—*Contd.*

TABLE 1

ESTABLISHMENT OF THE MEDICAL AND HEALTH DEPARTMENT AS AT 31ST MARCH, 1970

Grade \ Zone	Headquarters	Queen Mary Hospital	Queen Elizabeth Hospital	Kowloon Hospital	Castle Peak Hospital and Mental Health Centre	Tsan Yuk Hospital	Dental Service	Tuberculosis Service	Other Hospitals, Clinics and Services	Total	Strength on 31.3.70
Director of Medical & Health Services	1	—	—	—	—	—	—	—	—	1	1
Deputy Director of Medical & Health Services	2	—	—	—	—	—	—	—	—	2	1
Assistant Director of Medical & Health Services	4	—	—	—	—	—	—	1	—	5	4
Senior Specialist and Specialist ...	—	7	23	—	3	—	3	2	4	42	38
Principal Medical and Health Officer	3	1	1	1	—	—	—	—	4	10	7
Chief Executive Officer/Senior Executive Officer/Executive Officer	11	—	1	—	—	—	1	—	—	13	13
Senior Treasury Accountant/ Treasury Accountant	2	—	—	—	—	—	—	—	—	2	2
Senior Medical & Health Officer/ Medical & Health Officer/ Assistant Medical & Health Officer	2	62	104	12	18	12	—	27	322	559	482
Senior Dental Officer/Dental Officer/Assistant Dental Officer	—	2	4	1	1	—	58	—	—	66	66
Principal Matron	1	—	—	—	—	—	—	—	—	1	1
Nursing Staff	1	623	872	349	314	152	—	114	993	3,418	3,184
Senior Dietitian/Dietitian ...	—	2	5	1	—	—	—	—	—	8	4
Senior Medical Social Worker/ Medical Social Worker Class I & Class II	—	9	12	4	13	2	—	10	31	81	77
Chief Pharmacist/Senior Pharmacist/Pharmacist/Chief Dispenser/Senior Dispenser/ Dispenser/Student Dispenser/ Dispensary Supervisor	—	19	20	4	5	2	—	7	131	188	180
Government Chemist/Senior Chemist/Chemist/ Assistant Biochemist	—	—	—	—	—	—	—	—	15	15	12
Scientific Officer (Medical) and (Psychometry)	—	—	2	—	1	—	—	—	1	4	3
Virologist	—	—	—	—	—	—	—	—	1	1	0
Senior Physicist/Physicist ...	—	2	5	—	—	—	—	—	—	7	7
Chief Hospital Secretary/Senior Hospital Secretary/Hospital Secretary/Assistant Hospital Secretary	1	3	5	2	2	—	—	—	5	18	16
General Grade Staff	89	69	134	31	35	11	43	44	249	705	697
Superintendent Radiographer/ Senior Radiographer/ Radiographer Class I/ Radiographer Class II/Student Radiographer	—	31	44	4	—	—	—	—	40	119	117
Carried forward	117	830	1,232	409	392	179	105	205	1,796	5,265	4,912

TABLE 1—*Contd.*

Grade \ Zone	Headquarters	Queen Mary Hospital	Queen Elizabeth Hospital	Kowloon Hospital	Castle Peak Hospital and Mental Health Centre	Tsan Yuk Hospital	Dental Service	Tuberculosis Service	Other Hospitals, Clinics and Services	Total	Strength on 31.3.70
Brought forward	117	830	1,232	409	392	179	105	205	1,796	5,265	4,912
Superintendent Physiotherapist/ Senior Physiotherapist/Tutor Physiotherapist/Physiotherapist Class I/Physiotherapist Class II/ Student Physiotherapist ...	—	8	55	3	—	—	—	—	15	81	72
Superintendent Occupational Therapist/Senior Occupational Therapist/Occupational Therapist/Handicraft Instructor	—	5	4	3	39	—	—	—	12	63	59
Chief Medical Technologist/ Senior Medical Technologist/ Medical Technologist/Medical Laboratory Technician Class I/ Medical Laboratory Technician Class II/Student Laboratory Technician	—	13	29	—	3	—	—	—	103	148	143
Senior Laboratory Assistant/ Laboratory Assistant/Student Laboratory Assistant	—	—	—	—	—	—	—	—	31	31	27
Senior Health Inspector/Health Inspector Class I & II	—	—	—	—	—	—	—	—	18	18	14
Senior Inoculator/Inoculator ...	—	—	—	—	—	—	—	10	112	122	122
Audiology Technician	—	—	—	—	—	—	—	—	1	1	1
Orthopaedic Appliance Technician/Assistant Orthopaedic Appliance Technician/Student Assistant Orthopaedic Appliance Technician	—	—	—	—	—	—	—	—	11	11	11
Mould Laboratory Technician/ Student Mould Laboratory Technician	—	2	3	—	—	—	—	—	—	5	5
Dental Technologist/Dental Technician/Student Dental Technician/Dental Inspector/ Senior Dental Surgery Assistant/Dental Surgery Assistant/Dental Nurse ...	—	5	6	—	1	—	118	—	—	130	129
Laundry Manager/Assistant Laundry Manager/Laundry Supervisor	—	3	3	3	2	1	—	—	3	15	13
Senior Linen Room Supervisor/ Linen Room Supervisor ...	—	—	—	—	—	—	—	—	5	5	5
Other Staff	14	766	1,265	256	586	127	44	32	1,601	4,691	4,517
TOTAL	131	1,632	2,597	674	1,023	307	267	247	3,708	10,586	10,030

TABLE 2

ADMINISTRATION OF MEDICAL & HEALTH DEPARTMENT

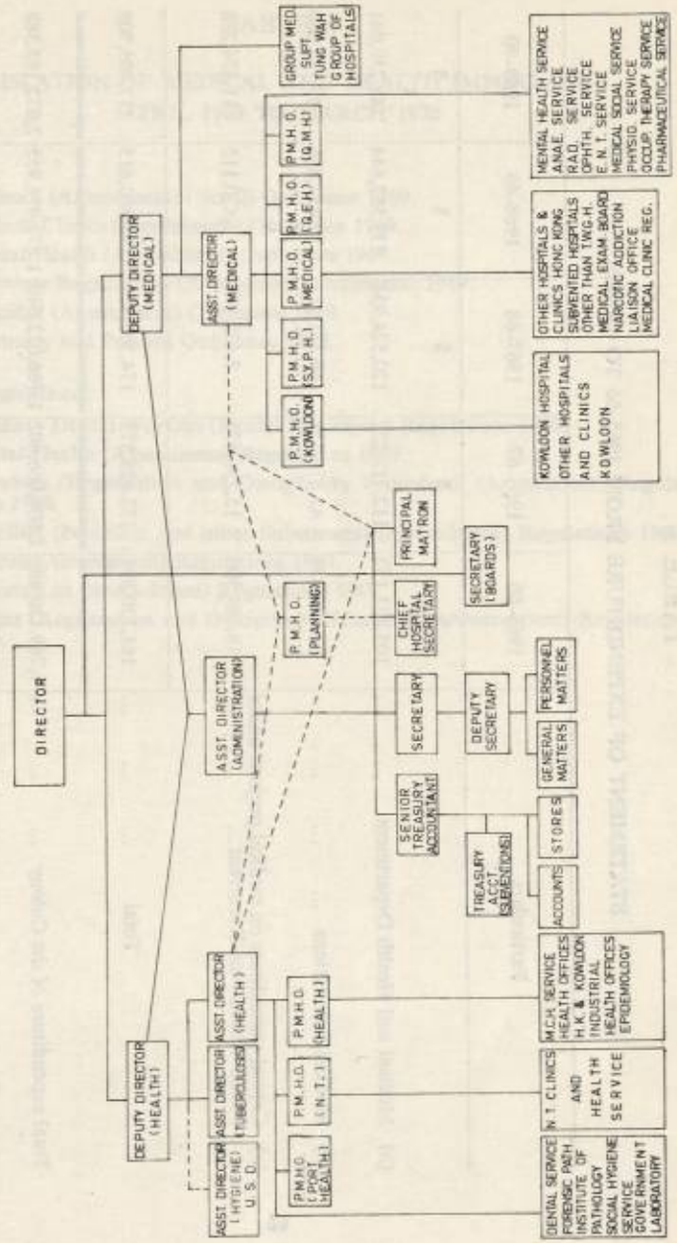


TABLE 3

STATEMENT OF EXPENDITURE FROM 1965–66 TO 1969–70

Particulars	1965–66	1966–67	1967–68	1968–69	1969–70
	$	$	$	$	$
(*a*) Medical and Health Department	105,473,152	112,713,222	120,524,934	133,582,644	148,239,041
(*b*) Medical Subventions	38,158,439	45,478,728	46,341,311	52,457,856	57,732,380
(*c*) Capital expenditure on medical projects under Public Works Non-Recurrent...	18,089,300	15,236,622	7,439,173	8,420,115	11,434,288
Total	161,720,891	173,428,572	174,305,418	194,460,615	217,405,709
Total expenditure of the Colony	1,769,130,468	1,806,066,602	1,766,022,040	1,872,974,955	2,032,183,388
Percentage of Medical and Health Department Expenditure to the Total Expenditure of the Colony	9.14%	9.60%	9.87%	10.38%	10.70%

TABLE 4

LEGISLATION OF MEDICAL AND HEALTH IMPORTANCE APRIL 1969 TO MARCH 1970

Ordinances:

(i) Evidence (Amendment) (No. 2) Ordinance 1969.
(ii) Medical Clinics (Amendment) Ordinance 1969.
(iii) Mental Health (Amendment) Ordinance 1969.
(iv) Midwives Registration (Amendment) Ordinance, 1969.
(v) Penicillin (Amendment) Ordinance 1969.
(vi) Pharmacy and Poisons Ordinance 1969.

Rules and Regulations:

(*a*) Ancillary Dental Workers (Dental Hygienists) Regulations 1969.
(*b*) Mental Health (Amendment) Regulations 1969.
(*c*) Midwives (Registration and Disciplinary Procedure) (Amendment) Regulations 1969.
(*d*) Penicillin (Penicillin and other Substances) (Amendment) Regulations 1969.
(*e*) Poisons (Amendment) Regulations 1969.
(*f*) Poisons List (Amendment) Regulations 1969.
(*g*) Nurses (Registration and Disciplinary Procedure) (Amendment) Regulations 1970.

TABLE 5

WORK OF STATUTORY COUNCILS AND BOARDS—APRIL 1969 TO MARCH 1970

	Medical Council	Dental Council		Nursing Board	Midwives Board	Pharmacy & Poisons Board¶	Radiation Board	Medical Advisory Board‖
Number of meetings held ...	3	3		3	3	2	1	—
Number on the Register ...	1,884	Dentists	Dental Hygienists	*General* *Mental*	3,992	179	305**	—
		472	1	Female: 4,564 29 Male: 265 76				
Number of applications for registration	186† (89)*	29‡	7	*General* *Mental* Female: 397 2 Male: 10 9	270§	21	29**	—
Number of registrations granted	186† (89)*	28‡	1	*General* *Mental* Female: 394 2 Male: 9 9	270	17	32**	—
Number of examinations held	—	Oral & Practical: 7 Written: 5	—	*General* *Mental* 3 3	4	2	—	—
Number of candidates examined	—	Oral & Practical: 7 Written: 7	—	*General* *Mental* 403 27	295	19	—	—
Number of successful candidates	—	Oral & Practical: 6 Written: 4	—	*General* *Mental* 364 22	283	12	—	—
Number of disciplinary hearings held	2	—	—	—	—	—	—	—
Number of removals from register	87	11	—	*General* *Mental* Female: 4 — Male: — —	5	13	16††	—

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

† Including 4 restorations to the register.

‡ Including 4 restorations to the register.

§ Including 2 restorations to the register.

‖ Not a statutory Board.

¶ The name of the Pharmacy Board was changed to Pharmacy & Poisons Board on 1st January, 1970.

** These figures refer to the licensing of irradiating apparatus.

†† These figures refer to number of cancellation of irradiating appratus licences.

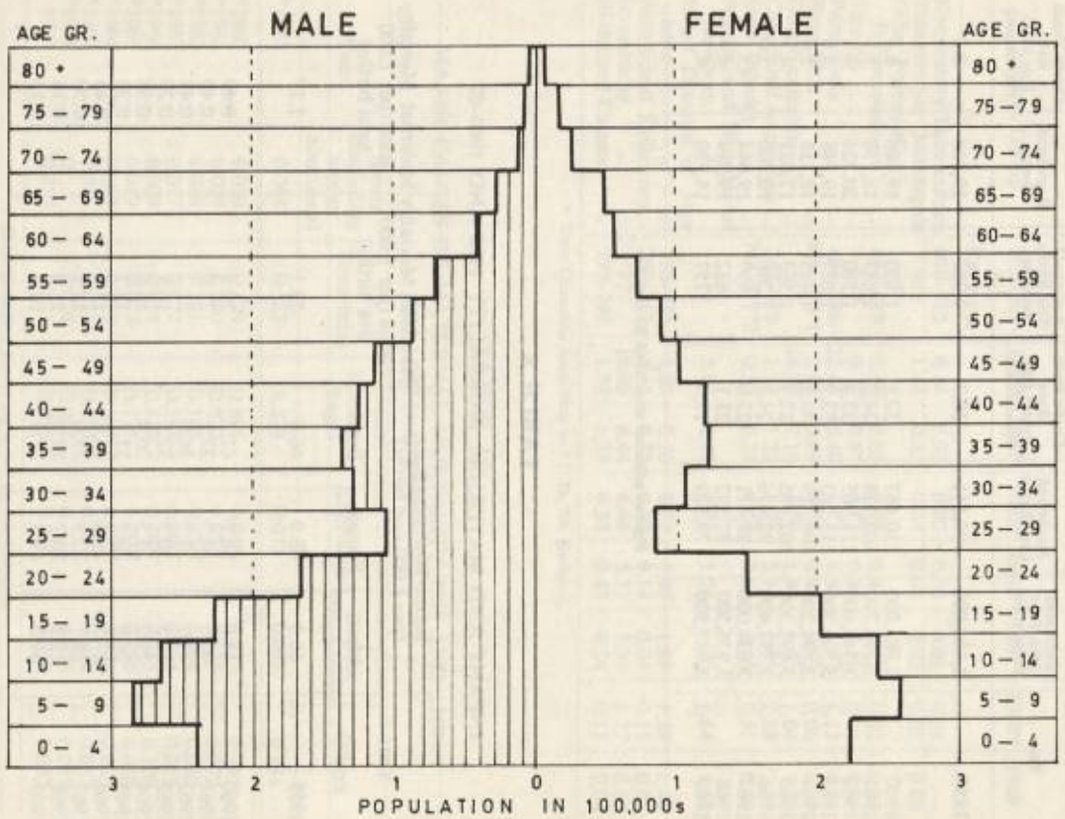


TABLE 6

POPULATION STRUCTURE MID 1969

TABLE 7

BIRTHS AND DEATHS 1955 AND 1960–69

Year	Estimated Mid-Year Population	Registered Live Births	Crude Birth Rate (per 1,000 Population)	Still Births Recorded	Registered Deaths	Crude Death Rate (per 1,000 Population)
1955 ...	2,340,000	90,511	38.7	1,250	19,080	8.2
1960 ...	2,981,000	110,667	37.1	1,680	19,146	6.4
1961 ...	3,174,700*	108,726	34.2	1,683	18,738	5.9
1962 ...	3,346,600*	111,905	33.4	1,560	20,324	6.1
1963 ...	3,503,700*	115,263	32.9	1,633	19,748	5.6
1964 ...	3,594,200*	108,519	30.2	1,485	18,113	5.0
1965 ...	3,692,300*	102,195	27.7	1,363	17,621	4.8
1966 ...	3,732,400	92,476	24.8	1,246	18,700	5.0
1967 ...	3,834,000	88,171	23.0	999	19,644	5.1
1968 ...	3,926,500	82,992	21.1	832	19,319	4.9
1969 ...	3,987,500	79,329	19.9	757	18,730	4.7

* Figures adjusted after 1966 By-Census.

TABLE 8

INFANT AND MATERNAL MORTALITY 1955 AND 1960–69

Year	Infant Mortality Rate (per 1,000 live births)			Neo-natal Mortality Rate (per 1,000 live births)	Maternal Mortality Rate (per 1,000 total births)
	Male	Female	Total		
1955 ...	66.9	65.9	66.4	23.1	1.17
1960 ...	44.6	38.2	41.5	20.9	0.49
1961 ...	40.6	34.5	37.7	21.0	0.45
1962 ...	39.9	33.7	36.9	21.2	0.48
1963 ...	35.3	30.5	32.9	18.9	0.29
1964 ...	29.2	23.5	26.4	16.6	0.38
1965 ...	26.8	20.5	23.7	15.2	0.33
1966 ...	27.2	22.3	24.9	15.3	0.43
1967 ...	28.7	22.3	25.6	15.9	0.30
1968 ...	25.2	20.7	23.0	15.0	0.14
1969 ...	24.2	19.3	21.8	14.9	0.15

TABLE 9

MAJOR CAUSES OF INFANT MORTALITY 1955, 1960 AND 1965–69
(per 1,000 live births)

Diseases Group	Detailed List Number 8th Revision	1955*	1960*	1965*	1966*	1967*	1968*	1969
Respiratory Tuberculosis	010–012	0.64	0.05	0.02	0.03	0.01	0.01	—
Tuberculosis Meningitis	013	1.44	0.33	0.04	0.08	0.02	0.01	0.03
Other Forms of Tuberculosis	014–019	0.60	0.05	0.03	0.01	0.02	0.02	0.03
Tetanus	037	0.70	0.67	0.17	0.10	0.18	0.04	0.05
Pneumonia	480–486	22.65	16.40	6.12	6.58	6.97	6.13	4.29
Bronchitis	466,490–1	2.86	0.09	0.02	0.02	0.09	0.06	0.09
Gastro-enteritis... ...	561	16.32	7.10	1.50	1.50	1.70	1.64	1.29
Congenital Anomalies ...	740–759	1.33	1.23	1.91	2.14	2.05	2.88	3.33
Birth Injuries	764–8,772	0.38	0.26	0.54	0.68	0.66	0.51	0.43
Anoxia and Hypoxia of Newborn	776	2.86	1.42	1.31	1.28	1.75	1.64	1.53
Blood Diseases of New born	774–775	1.09	0.70	2.27	1.97	1.81	1.58	1.40
Nutritional Deficiency...	260–269	1.41	0.35	0.07	0.14	0.04	0.13	0.03
Immaturity	777	10.08	8.44	6.49	5.73	5.39	5.27	6.62
Ill-defined Causes ...	795–796	1.52	1.35	0.37	0.43	0.24	0.11	0.04

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

TABLE 10

MAJOR CAUSES OF MATERNAL MORTALITY 1955 AND 1960–69
(per 1,000 total births)

Year	Sepsis (excluding septic abortions)	Toxaemias	Haemorr-hages	Abortions	Ectopic Pregnancies	Others
*1955 ...	0.044	0.523	0.338	0.033	0.098	0.131
*1960 ...	0.010	0.179	0.145	0.045	0.072	0.045
*1961 ...	0.009	0.090	0.027	0.036	0.027	0.072
*1962 ...	0.018	0.141	0.185	0.026	0.044	0.062
*1963 ...	0.017	0.077	0.111	0.009	0.034	0.051
*1964 ...	0.009	0.055	0.118	0.045	0.055	0.100
*1965 ...	0.019	0.077	0.135	0.009	0.019	0.068
*1966 ...	0.011	0.053	0.107	0.032	0.128	0.096
*1967 ...	0.011	0.056	0.123	0.011	0.034	0.067
*1968 ...	0	0.024	0.084	0	0.024	0.012
1969 ...	0.012	0.025	0.050	0.012	0.012	0.037

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

TABLE 11

PROPORTIONATE MORTALITY BY DISEASE GROUPS 1955, 1960 AND 1965–69

(Percentage of Total Deaths)

Disease Group	Detailed List Number 8th Revision	1955*	1960*	1965*	1966*	1967*	1968*	1969
1. Infectious and Parasitic	000–136	17.4	14.4	10.0	11.5	12.6	9.0	8.9
2. Neoplasm	140–239	6.6	10.5	18.1	17.6	17.4	18.7	20.6
3. Endocrine, Nutritional, Metabolic and Blood	240–289	1.2	1.1	1.4	1.5	1.7	2.2	1.6
4. Nervous System and Sense Organs...	290–389	3.8	7.2	11.7	10.7	10.7	10.3	1.0
5. Circulatory System	390–458	6.8	9.7	15.2	14.7	14.0	15.2	25.0†
6. Respiratory System	460–519	23.2	19.3	10.6	12.4	12.8	12.5	13.5
7. Intestinal System	520–577	14.8	9.3	5.2	5.0	5.3	5.5	5.8
8. Genito-Urinary System	580–629	2.3	2.1	1.7	1.8	1.9	2.1	2.2
9. Pregnancy, Child-birth and Puerperium	630–678	0.6	0.3	0.2	0.2	0.1	0.1	0.1
10. Skin and Musculo-Skeletal System	680–738	0.3	0.3	0.1	0.2	0.2	0.4	0.3
11. Congenital Anomalies and Causes of Perinatal Morbidity and Mortality	740–779	10.3	10.7	9.5	8.4	7.8	7.5	6.2
12. Ill-defined Causes	780–796	7.8	9.5	9.2	8.9	8.8	9.3	10.0
13. Accidents, Poisonings and Violence	E800–E999	5.0	5.7	7.1	7.1	6.8	7.2	4.8

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

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

TABLE 12

THE TEN LEADING CAUSES OF DEATHS BY AGE AND SEX, 1969

Rank	Cause of Death	Detailed List No. 8th Revision	Sex	Age Group							
				All Ages	0	1–4	5–14	15–44	45–64	65 & Over	Unknown
	All Causes		M	10,305	987	173	194	1,414	4,198	3,338	1
			F	8,424	743	168	146	803	2,224	4,340	—
			T	18,730(1)	1,731(1)	341	340	2,217	6,422	7,678	1
1	Malignant neoplasms, including neoplasms of lymphatic & haematopoietic tissues	140–209	M	2,170	5	8	31	371	1,216	539	—
			F	1,669	2	8	22	246	783	608	—
			T	3,839	7	16	53	617	1,999	1,147	—
2	Heart Diseases, including hypertensive diseases	390–392 393–398 400–404 410–414 420–429	M	1,206	3	1	12	104	541	545	—
			F	1,145	5	3	13	128	294	702	—
			T	2,351	8	4	25	232	835	1,247	—
3	Cerebrovascular Disease	430–438	M	870	2	1	3	54	375	435	—
			F	942	4	1	2	29	280	626	—
			T	1,812	6	2	5	83	655	1,061	—
4	Pneumonia, all forms	480–486	M	792	191	60	27	57	206	251	—
			F	809	149	64	26	35	105	430	—
			T	1,601	340	124	53	92	311	681	—
5	Tuberculosis	010–012 013–019	M	1,100	1	7	12	179	625	276	—
			F	370	3	3	3	49	139	173	—
			T	1,470	4	10	15	228	764	449	—
6	Certain Causes of Perinatal Mortality	760–779	M	496	496	—	—	—	—	—	—
			F	336	336	—	—	—	—	—	—
			T	832	832	—	—	—	—	—	—

TABLE 12—*Contd.*

Rank	Cause of Death	Detailed List No. 8th Revision	Sex	Age Group							
				All Ages	0	1–4	5–14	15–44	45–64	65 & Over	Unknown
7	Bronchitis, emphysema and asthma	490–493	M	474	2	1	3	33	228	207	—
			F	341	3	—	1	12	90	235	—
			T	815	5	1	4	45	318	442	—
8	All Accidents	E800–E807 E810–E823 E825–E949	M	358	6	20	41	163	98	30	—
			F	170	11	24	22	43	37	33	—
			T	528	17	44	63	206	135	63	—
9	Cirrhosis of Liver	571	M	251	—	—	1	70	140	40	—
			F	93	1	—	3	10	43	36	—
			T	344	1	—	4	80	183	76	—
10	Suicide and Self-inflicted injuries	E950–E959	M	180	—	—	2	88	73	16	1
			F	150	—	—	3	69	47	31	—
			T	330	—	—	5	157	120	47	1
	Congenital Anomalies	740–759	M	173	138	14	10	9	2	—	—
			F	154	125	12	7	4	3	3	—
			T	328(1)	264(1)	26	17	13	5	3	—
	Nephritis and Nephrosis	580–584	M	143	1	1	5	38	53	45	—
			F	112	—	1	2	29	41	39	—
			T	255	1	2	7	67	94	84	—
	Diabetes Mellitus	250	M	91	—	—	—	8	39	44	—
			F	84	—	—	1	2	35	46	—
			T	175	—	—	1	10	74	90	—
	All Other causes		M	2,001	142	60	47	240	602	910	—
			F	2,049	104	52	41	147	327	1,378	—
			T	4,050	246	112	88	387	929	2,288	—

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

TABLE 13

INFECTIOUS DISEASES NOTIFIED CASES AND DEATHS 1965–69

Diseases	Cases					Deaths				
	1965	1966	1967	1968	1969	1965	1966	1967	1968	1969
Cholera	—	1	—	—	9	—	—	—	—	—
Amoebic Dysentery ...	173	220	154	117	85	16	24	21	12	7
Bacillary Dysentery ...	537‡	766‡	829‡	869‡	736	4‡	10‡	7‡	6‡	5
Cerebro-spinal Meningitis	19	10	55	32	23	9	7	16	14	4
Chickenpox	1,552	600	1,257	900	445	—	4	10	1	—
Diphtheria	581	307	226	113	62	37	27	18	10	10
Enteric Fever (Typhoid and Paratyphoid) ...	658	686	728	552	546	14	7	11	8	7
*Leprosy	102	160	148	164	127	—	2	4	—	—
Malaria	143	127	65	19	11	1	—	2	—	—
Measles	5,459	2,360	4,726	1,138	994	217	384	654	46	21
Ophthalmia Neonatorum	215	203	191	203	76	—	—	—	—	—
Poliomyelitis	140	32	5	15	16	17	1	3	2	3
Puerperal Fever	3	2	1	1	1	2	2	1	—	1
Scarlet Fever	12	37	64	8	4	—	—	—	1	—
Tuberculosis	9,927	11,427	15,253	9,792	11,072	1,278	1,515	1,493	1,483	1,470
Typhus (Mite-borne) ...	2	2	—	—	—	—	—	—	—	—
Whooping Cough ...	339	108	40	88	3	—	—	—	—	—
Total	19,862	17,048	23,742	14,011	14,210	1,595	1,983	2,240	1,583	1,528
†Influenza	896	1,220	4,923	8,493	3,232	21	30	25	45	14

Remarks: * Notifiable since June 1965.
† Voluntary Notifications.
‡ Including unspecified Dysentery.

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

TABLE 14

MORTALITY RATES FOR CERTAIN INFECTIOUS DISEASES 1965–69

Diseases	Case Fatality Ratio (Deaths as percentage of Notifications)					Death Rate (per million population)				
	1965	1966	1967	1968	1969	1965*	1966	1967	1968	1969
Cholera	—	—	—	—	—	—	—	—	—	—
Amoebiasis...	9.25	10.91	13.64	10.26	8.23	4.3	6.4	5.5	3.06	1.76
Cerebrospinal Meningitis...	47.30	70.00	29.09	43.75	17.39	2.4	1.9	4.2	3.57	1.00
Diphtheria	6.35	8.79	7.96	8.85	16.13	10.0	7.2	4.7	2.55	2.51
Bacillary Dysentery ...	0.74†	1.30†	0.84†	0.69†	0.68	1.1†	2.7†	1.8†	1.53†	1.25
Enteric Fever (Typhoid / Paratyphoid) ...	2.12	1.02	1.51	1.45	1.28	3.8	1.9	2.9	2.04	1.76
Measles	3.97	16.27	13.84	4.04	2.11	58.8	102.9	170.6	11.72	5.27
Poliomyelitis	12.15	3.12	60.00	13.33	18.75	4.6	0.3	0.8	0.51	0.75
Tuberculosis	12.87	13.26	9.79	15.15	13.28	346.1	405.9	389.4	377.69	368.65

* Figures adjusted after 1966 By-Census.
† Including unspecified dysentery.

TABLE 15

PRINCIPAL INFECTIOUS DISEASES BY AGE AND SEX 1969

CASES NOTIFIED

Age Group	Tuberculosis		Diphtheria		Enteric Fever		Poliomyelitis		B/Dysentery	
	M	F	M	F	M	F	M	F	M	F
0–4 ...	60	22	15	15	20	12	4	6	131	117
5–9 ...	54	47	5	11	64	34	2	2	53	54
10–14 ...	65	89	4	4	82	58	—	2	13	11
15–19 ...	693	513	—	3	60	50	—	—	13	8
20–24 ...	1,008	490	—	2	28	28	—	—	28	14
25–29 ...	726	208	—	1	16	9	—	—	28	8
30–34 ...	744	226	—	1	11	12	—	—	31	10
35–39 ...	792	240	—	—	5	5	—	—	38	10
40–44 ...	866	204	1	—	7	6	—	—	24	17
45–49 ...	742	182	—	—	5	4	—	—	19	11
50–54 ...	723	186	—	—	8	1	—	—	17	10
55–59 ...	658	179	—	—	3	6	—	—	9	8
60–64 ...	476	138	—	—	1	5	—	—	5	12
65–69 ...	291	105	—	—	1	1	—	—	4	9
70–74 ...	133	65	—	—	—	1	—	—	1	9
75 & Over ...	86	61	—	—	1	2	—	—	3	10
Unknown ...	—	—	—	—	—	—	—	—	—	1
Total ...	8,117	2,955	25	37	312	234	6	10	417	319

DEATHS

Age Group	Tuberculosis		Diphtheria		Enteric Fever		Poliomyelitis		B/Dysentery	
	M	F	M	F	M	F	M	F	M	F
0–4 ...	8	6	4	3	—	—	1	1	1	—
5–9 ...	6	2	1	2	—	1	—	—	—	—
10–14 ...	6	1	—	—	—	—	—	—	—	1
15–19 ...	7	6	—	—	2	—	—	1	—	—
20–24 ...	9	7	—	—	—	—	—	—	—	—
25–29 ...	27	3	—	—	—	1	—	—	—	—
30–34 ...	25	6	—	—	—	—	—	—	—	—
35–39 ...	33	11	—	—	—	—	—	—	—	—
40–44 ...	78	16	—	—	1	1	—	—	1	—
45–49 ...	99	22	—	—	—	—	—	—	—	—
50–54 ...	164	44	—	—	—	—	—	—	1	—
55–59 ...	198	39	—	—	—	—	—	—	—	—
60–64 ...	164	34	—	—	—	—	—	—	1	—
65–69 ...	137	47	—	—	—	—	—	—	—	—
70–74 ...	69	49	—	—	—	—	—	—	1	—
75 & Over ...	70	77	—	—	—	1	—	—	1	—
Unknown ...	—	—	—	—	—	—	—	—	—	—
Total ...	1,100	370	5	5	3	4	1	2	4	1

TABLE 16

PROPHYLACTIC IMMUNIZATIONS 1965–69

Immunological Procedure	1965	1966	1967	1968	1969
Anti-Smallpox Vaccination	776,538	487,790	575,869	767,541	550,092
Anti-cholera Inoculation	1,603,875	1,467,271	1,318,991	1,385,272	2,506,348
Anti-Diphtheria Inoculations:					
1st Dose	392,474	290,226	341,632	335,128	339,428
2nd Dose	351,960	249,738	301,097	293,746	331,250
Booster Dose	181,603	167,557	175,359	181,735	169,085
Anti-Typhoid Inoculations:					
1st Dose	19,378	49,913	29,799	32,324	27,744
2nd Dose	7,052	19,115	12,793	14,417	10,191
Booster Dose	65,381	65,042	61,447	67,464	72,989
Anti-Tuberculosis (B.C.G.) Vaccinations:					
Infants	93,666	84,839	85,917	80,354	77,004
Others	15,465	13,933	28,274	33,895	18,232
Poliomyelitis Vaccinations:					
1st Dose	194,084	106,190	107,302	97,754	85,145
2nd Dose	126,095	116,009	90,880	82,939	74,949
*Oral Poliovaccine Type I for Newborn	—	54,590	69,495	62,869	59,057
†Anti Measles Vaccination	—	—	—	83,107	33,504

* From April, 1966.

† From end of December, 1967.

TABLE 17

TUBERCULOSIS MORTALITY 1955 AND 1960–69

Year	Total Deaths from Tuberculosis	Tuberculosis Death Rate per 100,000 population	Tuberculosis Deaths as percentage of total deaths	Average age at death from Tuberculosis
1955 ...	2,810	120.0	14.7	31
1960 ...	2,085	69.9	10.8	43
1961 ...	1,907	60.1*	10.2	43
1962 ...	1,881	56.2*	9.2	46
1963 ...	1,762	50.3*	8.9	47
1964 ...	1,441	40.1*	7.9	48
1965 ...	1,278	34.6*	7.2	49
1966 ...	1,515	40.6	8.1	53
1967 ...	1,493	38.9	7.6	55
1968 ...	1,483	37.8	7.7	56.5
1969 ...	1,470	36.8	7.9	56

* Figures adjusted after 1966 By-Census.

TABLE 18

TUBERCULOSIS IN CHILDHOOD 1955 AND 1960–69

Year	Percentage of newborns receiving B.C.G.	Percentage of Tuberculosis deaths below 5 years	Percentage of Tuberculosis deaths under 1 year	Infantile Mortality from Tuberculosis (per 1,000 live Births)
1955 ...	10.59	28.00	8.61	2.67
1960 ...	71.54	10.50	2.20	0.42
1961 ...	79.31	11.48	2.62	0.46
1962 ...	81.59	5.74	1.43	0.24
1963 ...	83.44	5.50	1.08	0.16
1964 ...	86.40	4.09	0.90	0.12
1965 ...	91.65	3.36	0.70	0.09
1966 ...	90.22	2.71	0.73	0.12
1967 ...	95.42	2.01	0.33	0.07
1968 ...	94.23	1.15	0.20	0.04
1969 ...	94.78	0.95	0.27	0.05

TABLE 19

TUBERCULOSIS NOTIFICATIONS 1955, 1960 AND 1965-69

		1955	1960	1965	1966	1967	1968	1969
Origin of Notification	Govt. Chest Clinics	9,843	8,426	6,530	8,105	11,917	6,844	8,391
	Other Govt. Inst.	1,434	2,378	1,334	990	1,167	688	482
	Tung Wah Group ...	2,871	780	463	618	563	309	299
	Other Non-Govt. Inst. and Private Sources ...		841	1,600	1,714	1,606	1,951	1,900
Total		14,148	12,425	9,927	11,427	15,253	9,792	11,072
Notification rate per 100,000 population		605	417	269*	306	398	249	278

* Figures adjusted after 1966 By-Census.

TABLE 20

WORK OF GOVERNMENT CHEST SERVICE

GOVERNMENT CHEST CLINICS 1969

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

TABLE 20—*Contd.*

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

ATTENDANCES AT GOVERNMENT CHEST CLINICS 1969

Total Attendances			1,603,777	
Total patients attending, new and old			100,425	
Number of new patients			42,938	(100.00%)
Total with examination completed			41,743	(97.22%)
N.S.D.			18,489	(43.06%)
Disease other than T.B.			7,234	(16.85%)
Non-respiratory T.B.				
(*a*) Meninges			5	(0.01%)
(*b*) Bones and Joints			62	(0.14%)
(*c*) Others			93	(0.22%)
Respiratory T.B.				
(*a*) Not active and unknown activity			7,719	(17.98%)
(*b*) Active			8,141	(18.96%)
By bacteriology and extent				
Negative	A1		2,164	(5.04%)
	A2		871	(2.03%)
	A3		266	(0.62%)
Positive	B1		1,443	(3.36%)
	B2		1,654	(3.85%)
	B3		1,221	(2.85%)
Incomplete	O1		314	(0.73%)
	O2		125	(0.29%)
	O3		83	(0.19%)
By bact. and presence of cavity				
Negative	A Yes		350	(0.82%)
	A No		2,951	(6.87%)
Positive	B Yes		1,489	(3.47%)
	B No		2,829	(6.59%)
Incomplete	O Yes		94	(0.22%)
	O No		428	(0.99%)
by previous history and treatment				
No previous history of T.B.			6,210	(14.46%)
Previously diagnosed no treatment			190	(0.44%)
Previously diagnosed and treatment ...			1,741	(4.06%)
Previous history not known			0	(0.00%)

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

TABLE 21

X-RAY SURVEYS 1959–69

Year	Government Servants		Conditional Survey		Prisoners Survey	
	Total Examined	% with Active T.B.	Total Examined	% with Active T.B.	Total Examined	% with Active T.B.
1959... ...	37,204	1.29	13,995	1.78	6,483	5.15
1960... ...	42,482	0.88	17,311	1.25	9,481	10.39
1961... ...	45,617	0.88	26,809	1.17	9,735	4.98
1962... ...	39,232	1.04	20,019	2.06	5,852	5.52
1963... ...	51,180	0.55	41,905	0.86	4,994	4.60
1964... ...	50,009	0.55	47,521	0.78	9,524	2.90
1965... ...	57,893	0.64	44,271	0.71	5,876	3.94
1966... ...	59,691	0.51	40,572	0.74	5,904	4.18
1967... ...	31,096	0.71	56,826	0.56	4,997	3.58
1968... ...	54,947	0.50	53,703	0.51	7,082	1.57
1969... ...	41,925	0.75	50,233	0.53	7,107	1.31

TABLE 22

CONTACT EXAMINATIONS 1969

Number of patients giving rise to contacts 11,231

Number of contacts listed to be examined 27,801

Number of B.C.G. given 805

			Number of Contacts	Number X-rayed	Result of Examination						
					Result Unknown	N.S.D.	Disease other than TB	Respiratory TB			Non-Respiratory TB
								Active		Not Active	
								A	B	O	
(A) Under 8 years	Tuberculin Tested	Positive ...	2,850	2,770	6	2,556	155	3	—	12	36	2
		Negative ...	805	—	—	—	—	—	—	—	—	—
		Not Read ...	4	—	—	—	—	—	—	—	—	—
	Not Tuberculin Tested ...		1,513	685	2	635	42	1	—	—	4	1
	Total under 8 years ...		5,172	3,455	8	3,191	197	4	—	12	40	3
(B) 8 years and over ...			22,629	16,248	63	14,913	419	103	81	27	634	8

Remarks: (A) Under 8 years
% examined with active respiratory T.B. — 0.38%
(B) 8 years and over
% examined with active respiratory T.B. — 1.30%

TABLE 23

CLASSIFICATION OF ORTHOPAEDIC TUBERCULOSIS OF NEW PATIENTS, BY SITE 1965–69

Year	Site of Disease						TOTAL
	Spine	Hip Joint	Knee	Ankle	Femur	Others	
1965	84	32	8	4	1	17	146
1966	49	10	4	1	1	2	67
1967	30	12	4	0	0	5	51
1968	49	17	4	2	0	22	94
1969	48	15	4	1	0	30	98

TABLE 24

MALARIA 1965–69

DISTRIBUTION OF CASES

(According to notified place of residence)

Year	Cases Notified	Death	Urban Controlled Areas	Sai Kung* District	Lantau* District	Tai Po* District	Other Areas
1965... ...	143	1	9	40	15	68	11
1966... ...	127	—	13	5	7	79	23
1967... ...	65	2	5	1	3	43	13
1968... ...	19	—	4	—	—	9	6
1969... ...	11	—	2	—	1	—	8†

* Including floating population.
† Imported cases.

IDENTIFICATION OF PARASITES

Year	P. vivax	P. falciparum	P. malariae	Mixed infection	Species undetermined
1965...	136	4	3	—	—
1966...	115	10	2	—	—
1967...	56	5	2	1	1
1968...	14	—	3	—	2
1969...	3	4	4	—	—

TABLE 25

ANNUAL INCIDENCE AND TREND OF VENEREAL DISEASE 1960–69

		1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
Venereal Diseases											
SYPHILIS	Total (Except Congenital) ...	2,091	1,555	1,858	1,487	1,036	1,197	1.177	1,082	1,314	983
	Primary	46	35	154	164	119	39	28	10	20	16
	Secondary	20	26	26	60	64	35	8	15	7	12
	Early Latent	296	202	359	307	197	263	198	220	233	125
	Late Latent	1,590	1,173	1,216	864	590	791	874	788	981	763
	All others	139	119	103	92	66	69	69	49	73	67
	Congenital { Under 1 year ...	0	3	11	5	1	2	1	16	12	7
	Congenital { Over 1 year ...	74	48	66	53	47	66	56	45	72	69
Gonorrhoea		6,506	5,997	5,747	5,696	5,008	5,096	6,353	7,344	7,375	6,331
Non-Gonococcal Urethritis		591	509	453	379	496	578	629	648	659	613
Chancroid		873	635	356	347	268	254	105	53	286	862
Lymphogranuloma Venereum ...		16	7	8	16	8	8	11	5	23	130
Granuloma inguinale		0	0	0	0	0	0	0	0	0	1
Other Diseases											
Non-Venereal Disease		4,717	4,293	5,489	4,155	4,548	5,169	5,191	4.672	5,074	4,200
Skin Diseases		10,611	12,173	12,917	10,740	12,570	14,121	15,014	13,206	15,846	18,361
Attendances at Clinics (All Types)											
New Attendances		26,281	25,819	27,264	23,761	25,224	27,541	29,254	27,669	31,342	32,027
Total Attendances		213,733	182,049	179,135	147,588	143,381	147,311	161,994	170,532	209,916	221,882

TABLE 26

V.D.R.L. EXAMINATIONS IN EXPECTANT MOTHERS 1965–69

	1965	1966	1967	1968	1969
No. of tests (Clinics & Hospitals)	56,103	52,381	55,012	47,552	50,952
% Positive	2.2	2.4	1.8	1.7	1.4
No. of tests (Private Midwives)	6,669	4,580	3,577	3,208	2,625
% Positive	2.0	1.7	0.8	1.2	0.7

TABLE 27

LEPROSY

INCIDENCE OF LEPROSY 1964–69

Year	New Cases	Rate per 100,000 population
1964	271	7.6*
1965	217	5.9*
1966	163	4.1*
1967	149	3.9
1968	160	4.0
1969	127	3.2

* Figures adjusted after 1966 By-Census.

ANALYSIS OF CASES BY AGE 1969

Age Group	No. of Cases
Under 1	—
1 – 4	1
5 – 9	3
10 – 14	6
15 – 19	6
20 – 24	16
25 – 29	17
30 – 34	13
35 – 39	11
40 – 44	14
45 – 49	13
50 – 54	7
55 – 59	8
60 & Over	12
Total	127

ADMISSION TO LEPROSARIUM 1969

New admissions	46
Relapses	7
For surgery	36
Total	89

TABLE 28

ANALYSIS OF DERMATOLOGICAL CONDITIONS PRESENTING AT CLINICS 1969

Acne	306	Neurofibromatosis	7
Alopecia	157	Nevi (All Types)	70
Angioedema	—	Pediculosis	1
Carcinoma	7	Pemphigus	5
Contact Dermatitis	1,089	Paronychia	64
Dermatitis Exfoliative	7	Pityriasis Rosea	141
Dermatitis Herpetiformis	6	Pityriasis Alba	123
Dermatomyositis	5	Pruritus	255
Drug Eruption	68	Psoriasis	212
Eczema (All Types)	6,583	Purpura	16
Erythema Multiforme	24	Pyoderma	296
Erythema Nodosum	5	Raynaud's Phenomenoma	—
Granuloma	16	Rosacea	38
Herpes Simplex	28	Scabies	102
Herpes Zoster	73	Scleroderma	4
Ichthyosis	22	Tinea (All Types)	1,245
Keloid	22	T.B. Cutis	48
Keratosis (All Types)	28	Tumors, Benign	28
Lichen Amyloidosis	20	Ulcer, Varicose	48
Lichen Planus	6	Urticaria	567
Light Sensitivity	24	Vasculitis	5
Lupus Erythematosus (All Types)	38	Verruca	468
Miliaria	51	Vitiligo	298
Molluscum Contagiosum	17	Xanthoma	13
Neurodermatitis	933	Leprosy	66
		Miscellaneous	522
Total	14,177		

TABLE 29

CULTURES FOR MYCOLOGICAL IDENTIFICATION 1969

T. rubrum	292	T. tonsurans	10
T. mentogrophytes	11	E. floccosum	21
M. canis	53	M. gypseum	1
T. versicolor	59	C. albicans	16
M. ferrugineum	3	T. violaceum	3
Trichomycosis axilliaris	2		
Total specimens examined	2,008		

TABLE 30

WORK OF THE PORT HEALTH SERVICE—1969

INSPECTIONS

Immigration

	No. of Vessels	No. of Passengers	No. of Crew	No. of Smallpox Vaccinations	No. of Cholera Inoculations	No. of passengers under Surveillance
By Sea — Overseas	5,985	40,408	249,868	311	333	—
By Sea — Macao	*	1,163,985	261,345	133,038	1,856	567
By Sea — Junks, etc.	10,261	*	135,141	103	5	—
By Air	19,040	938,145	175,269	1,641	1,093	9
By Train	*	436,456	—	24,539	1,373	—
Total	35,286	2,578,994	821,623	159,632	4,660	576

Emigration

By Sea	2	232	188	—	—	—

* Number not recorded.

FUMIGATION

No. of ships fumigated	18
Total net tonnage	34,829.73
Cubic capacity (cubic feet)	5,008,547
Rats recovered	257
Exemptions granted	230
No. of ships disinfected and disinsected	7
No. of supervision of disinfecting aircraft	366

MEDICAL ASSISTANCE TO SHIPS

To ships at sea	31
To ships in port	19

TABLE 31

MIDWIFERY SERVICES 1968–69 — 1969–70

(Excluding Hospitals)

PRIVATE MIDWIFERY SERVICES

	1968–69	1969–70
Number of midwives in active practice	114	101
Number of registered maternity homes	69	62
Number of maternity beds	386	340
Maternity home deliveries	20,906	17,489
Domiciliary deliveries	411	245
Total deliveries	21,317	17,734

GOVERNMENT MIDWIFERY SERVICES

	1968–69	1969–70
Maternity beds in maternity homes (Urban)	279	291
Maternity beds in maternity homes (Rural)	225	225
Midwives (excluding hospitals)	128	130
Cases attended (excluding hospitals)	17,989	16,788
Average case-load for each midwife (excluding hospitals)	145	129

TABLE 32

DISTRIBUTION OF M.C.H. CENTRES AT 31ST MARCH, 1970

District	Full-time Centres		Subsidiary Centres	
	No Midwifery Service attached	With Midwifery Service attached	No Midwifery Service attached	With Midwifery Service attached
Hong Kong ...	2	6	—	1
Kowloon	2	6	—	1
N.T. & Islands ...	—	1	1	9
Total	4	13	1	11

TABLE 33

MATERNAL AND CHILD HEALTH SERVICES 1968–69

	1968	1969
No. of full-time centres	17	17
No. of subsidiary centres	13	13
Ante-natal Sessions		
Total Sessions	2,597	2,596
New attendances	21,850	20,892
Total attendances	113,868	113,836
Average attendance per session	43.85	43.85
Average attendance per person	5.21	5.45
Post-natal Sessions		
Total Sessions	813	869
New attendances	5,221	5,918
Total attendances	6,262	7,091
Percentage presenting with some abnormality	26.33%	23.54%
Infant Welfare Sessions (0–2 years of age)		
Total Sessions	6,093	6,084
New attendances	74,981	71,098
Total attendances	868,365	847,668
Toddler Welfare Sessions (2–5 years of age)		
Total Sessions	1,241	1,292
New attendances	31,815	28,124
Total attendances	158,160	143,251
Percentage presenting with some abnormality (0–5 years of age)	0.93%*	0.92%*
Home Visits	116,930	123,072

* New attendances only.