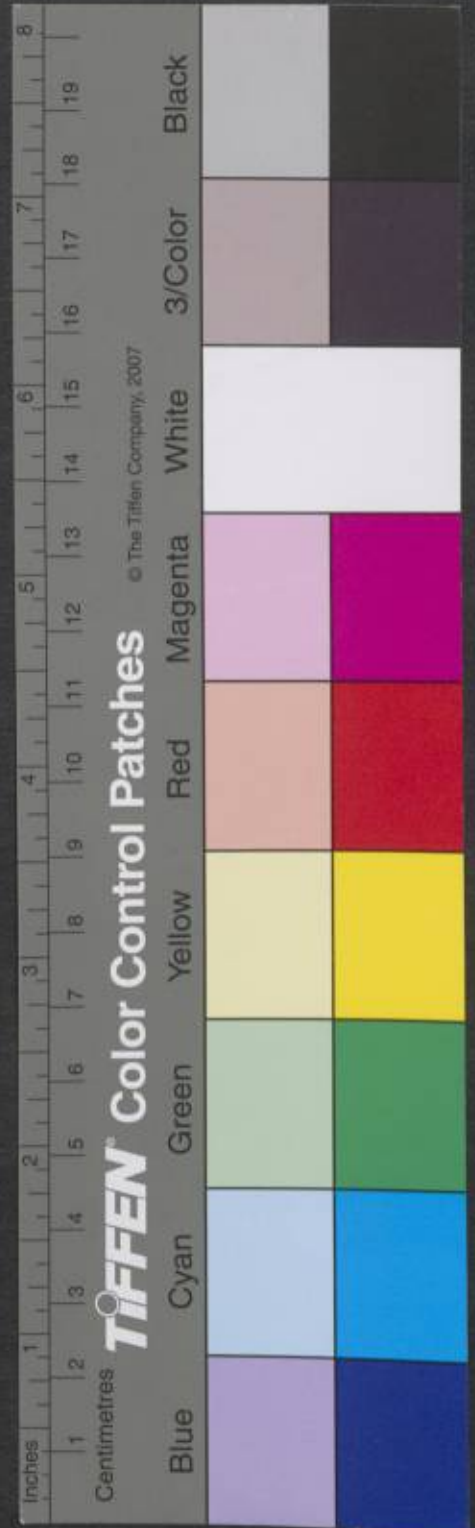


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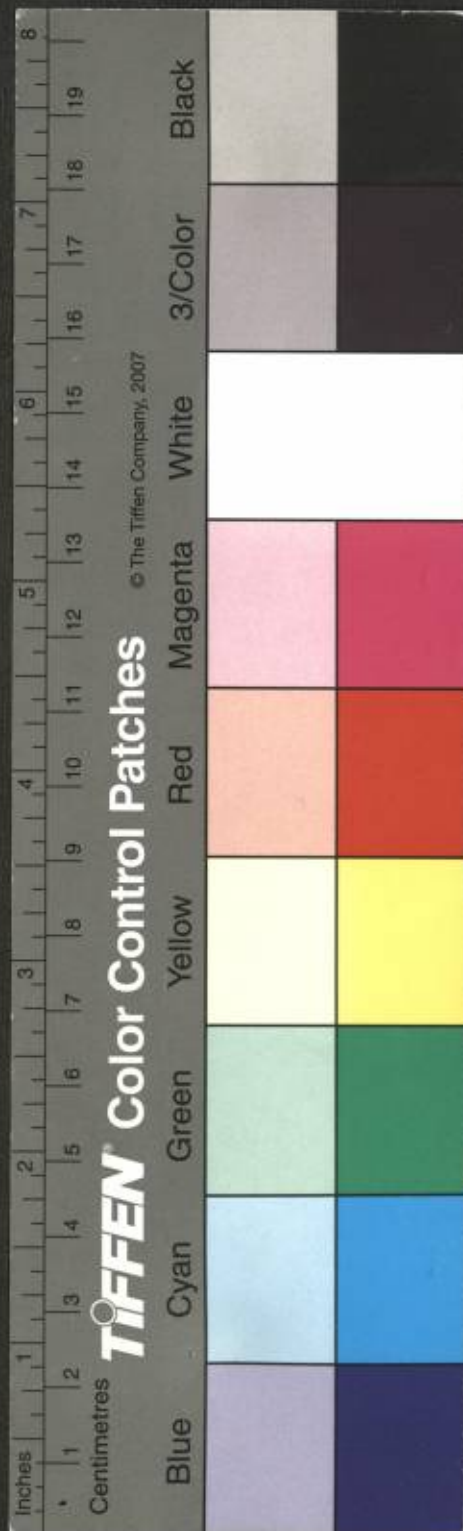


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**ANNUAL
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1968-69**

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**DIRECTOR OF MEDICAL
AND HEALTH SERVICES**



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	BY THE	
	DIRECTOR OF MEDICAL AND HEALTH SERVICES	
	P. H. TENG, C.M.G., O.B.E., J.P.,	
	M.B., B.S. (HK), D.P.H. (LOND.)	
	FOR THE	
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HONG KONG
ANNUAL DEPARTMENTAL REPORT

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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2. There has been increasing use of the Department's services by members of the public and attendance at general out-patients and specialist out-patient clinics continued to increase. The number of patients admitted to hospital has also shown an increase compared with the previous year.

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. No case of cholera was reported during the year and, apart from one isolated case in 1966, there has been no visitation of this disease for over 4½ years. Diphtheria and poliomyelitis are under control and only 15 cases of the latter disease were reported during 1968.

2. As the incidence of other infectious diseases has declined in recent years, measles has been seen to emerge as a major cause of death in young children, due primarily to complications associated with the disease, and the disease reaching serious epidemic proportions every second winter. An anti-measles vaccination drive was launched in December 1967 and was successful in preventing the measles epidemic which was expected in the winter of 1968-69. The drive was still in progress at the end of the year under review.

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

4. The Development Programme of the Medical and Health Department has been making steady progress. Altogether, there were 31 projects being planned or built for the improvement and expansion of the health and medical facilities in the urban and rural areas at the end of the year. The fifth of the five phases of the alteration programme of Queen Mary Hospital to provide more acute beds was in progress. Other works in progress were the new Lai Chi Kok Hospital, the Redevelopment of Medical Institutions at Sai Ying Pun, Tang Shiu Kin Hospital at Morrison Hill, Siu Lam Hospital for the Mentally Sub-normal, Tong Fuk Dental Clinic in South Lantau, and a new convalescent ward block for Kowloon Hospital. Projects completed during the year were the Chai Wan Clinic and Maternity Home and an extension to the Tuberculosis Laboratories at the Medical and Health Department Institute of Pathology, Sai Ying Pun.

5. 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.

6. The continuing shortage of doctors and certain other professional and technical personnel was a grave problem throughout the year, but the services continued to be satisfactorily maintained despite the difficult conditions.

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

II. PUBLIC HEALTH

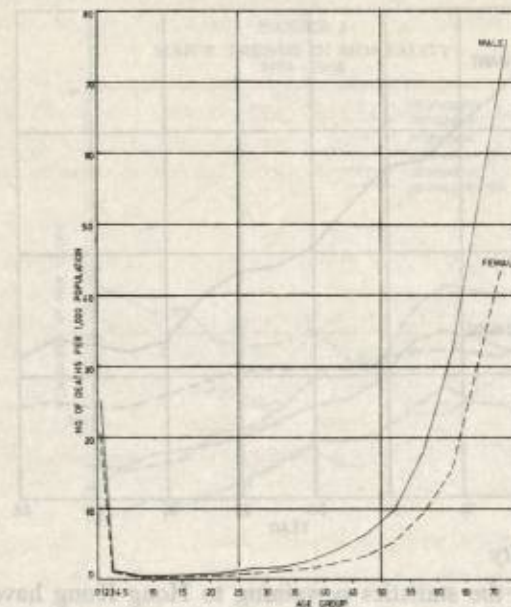
VITAL STATISTICS

(See tables 6-12)

8. The estimated mid-year population in 1968 was 3,926,500, of which approximately 85% was concentrated in the urban areas of Hong Kong Island and Kowloon. Approximately 40% 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 4.9 per thousand of the population, is extremely low. 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 23.0 in the previous year to 21.1 per thousand of population. Based on actual registration of births and deaths, there was a natural increase of 63,673, five thousand less than in the previous year.

9. The gratifying declines in infant and neonatal mortality rates which are a useful index to the trends of health conditions of the general population are illustrated in Figure 2.

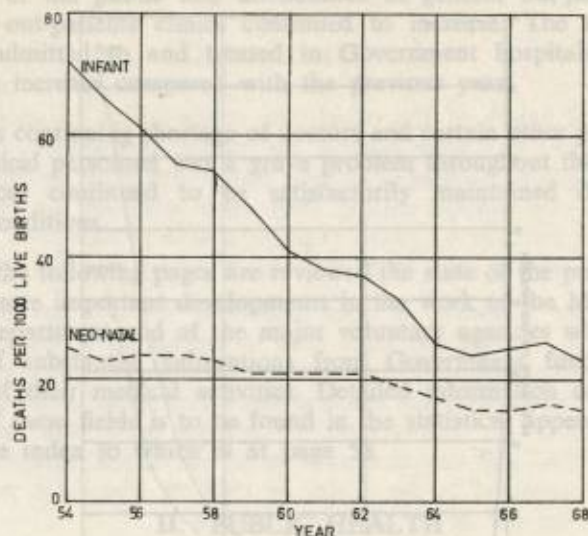
FIGURE 1
AGE & SEX SPECIFIC DEATH RATES 1968



Infant Mortality

10. 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, for the first time in the year under review, 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 the mortality has reached a low level.

FIGURE 2
INFANT AND NEO-NATAL MORTALITY 1954 - 1968



Maternal Mortality

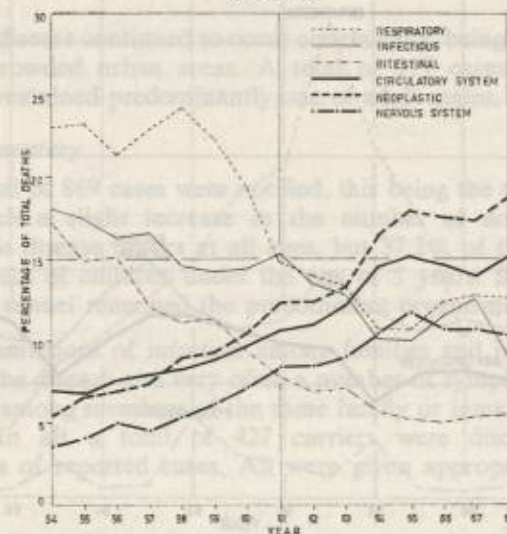
11. Here also the statistics pertaining to Hong Kong have attained the standards prevailing in the technically advanced countries of the world. During recent years great improvements in mortality have been obtained from toxæmia of pregnancy, hæmorrhage and puerperal sepsis. There has been some reduction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

General Mortality

12. 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 shown in Figure 3. 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 a relatively young population is reflected by the increasing mortality from diseases of the heart and circulatory system from neoplastic diseases and from diseases of the nervous system. Fifteen years ago deaths from the former disease groups comprised 59.5% of total deaths. The proportion has fallen to

28% in 1968. In the latter disease groups the proportion of deaths has risen from 15.3% to 44.2% over the same period.

FIGURE 3
MAJOR TRENDS IN MORTALITY
1954 - 1968



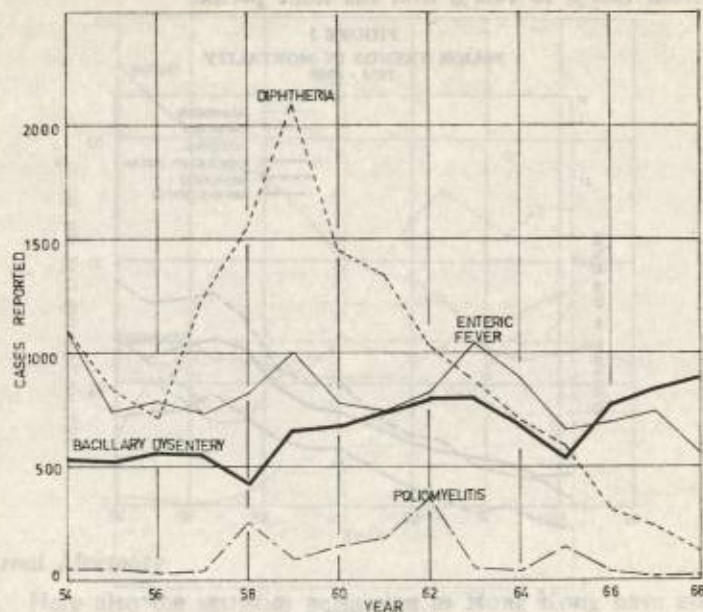
13. The leading causes of death were cancer, diseases of the heart and cerebro-vascular accidents, followed by pneumonia, tuberculosis and all accidents. Deaths from cancer of the lung continued to increase accounting for 18.7% of all cancer deaths in the age group between 40 and 69. They accounted for 8.9% of all cancer deaths in this age group in 1953.

COMMUNICABLE DISEASES

(See tables 13-16)

14. The total number of notifications of communicable diseases during 1968 was 14,000, of which tuberculosis formed 69.9%. Satisfactory progress continued to be made in the control of diphtheria and poliomyelitis. The incidence of bacillary dysentery rose slightly for the third year in succession and the incidence of enteric fever showed little tendency to decline. Trends in the incidence of these four diseases are shown in Figure 4. The epidemic of measles which was expected in the winter of 1968-69 was prevented by the use of measles vaccine. The Colony remain free from Cholera and other quarantinable disease.

FIGURE 4
INCIDENCE OF MAJOR INFECTIOUS DISEASES 1954 - 1968



Cholera

15. Hong Kong was last declared free from cholera infection on 5th December, 1966. Since then no further case of the disease has been reported though it continues to be prevalent in nearby countries which are in regular air and sea communication with Hong Kong. Special preventive measures were continued and strict quarantine restrictions were maintained in respect of neighbouring countries declared infected.

16. Routine sampling of nightsoil was carried out throughout the year as part of Hong Kong's anti-cholera surveillance programme. This measure now provides very useful epidemiological information about the presence or absence of infection in Hong Kong, the locality likely to be infected and the possible extent of infection. Other public health preventive measures taken routinely throughout the year included the routine bacteriological investigation of specimens sent to the Medical and Health Department pathology laboratories of cases of gastroenteritis as well as the sampling of well water and of food stuffs liable to be involved in the transmission of the vibrio. No positive samples

were obtained from these investigations. As in previous years a mass immunization campaign against cholera was commenced in April and by the end of the year a total of 1,385,272 inoculations had been given.

Amoebiasis

17. This disease continued to occur endemically, being most prevalent in the overcrowded urban areas. A total of 117 cases were notified. The disease remained predominantly one of adult males.

Bacillary Dysentery

18. A total of 869 cases were notified, this being the third successive year in which a slight increase in the number of notifications was recorded. The disease occurs at all ages, but 37.2% of the notifications were in respect of children under the age of 5 years. *Shigella flexneri* and *Shigella sonnei* remained the predominant organisms isolated.

19. Transmissions 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 427 carriers were discovered during investigations of reported cases. All were given appropriate treatment.

Chickenpox

20. This is a very common disease among children, 98% of 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

21. 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 73.01 per 100,000 population in 1959 to 2.9 in 1968. The disease affects largely children and 73.4% of the cases were under the age of 10 years. The case fatality ratio in 1968 was 8.8% and death occurred primarily among the unimmunized children. *Corynebacterium diphtheriae mitis* remained the predominant organism isolated in clinical cases.

22. A total of 25 carriers was discovered among contacts of reported cases. Each was treated and, if necessary, isolated until proved free of infection.

Enteric Fever

23. 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 measures enforced with special attention to environmental and food hygiene and the control of food premises.

Malaria

24. The incidence of malaria showed a notable reduction during the year, only 17 fresh cases of infection being reported and the disease being restricted mainly to the Tai Po Area of the New Territories. Of the 3 fresh cases reported from the urban areas, 2 were due to blood transfusion while in the remaining case the infection was probably contracted in the New Territories where the affected person had recently stayed. *Plasmodium vivax* remained the predominant parasite responsible for infection.

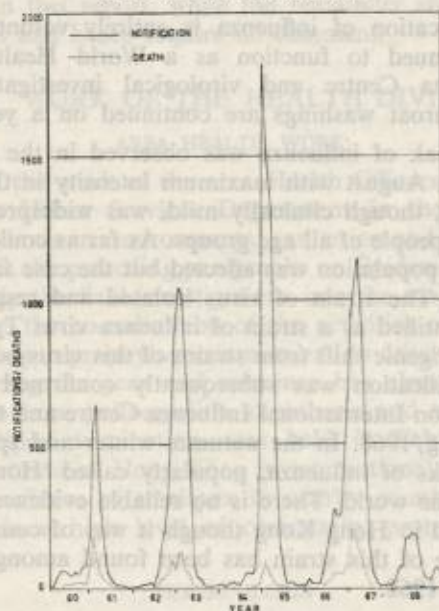
Measles

25. As shown in Figure 5, 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.

26. 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 broncho-pneumonia, 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 clinics visiting resettlement estates, tenement areas, New Territories villages, and other areas. At the end of the year 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 was still in progress at the end of the year.

FIGURE 5
MONTHLY MEASLES NOTIFICATIONS & DEATHS
JANUARY 1960 - MARCH 1969



Poliomyelitis

27. Fifteen cases of poliomyelitis were reported during the year, as compared with 5 cases in 1967. The rise in the number of cases reported is not considered to be significant. Variations in incidence must be expected when it reaches a low level and the disease continues to be satisfactorily controlled. 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 77% of infants received one dose of Type 1 polio-vaccine soon after birth and 64% 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.

28. 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 and July. No excretion of 'wild' poliovirus was found. Vaccine strains of poliovirus were found in 1.5% of the children.

Influenza

29. 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.

30. An outbreak of influenza was observed in the period between 9th July and 12th August with maximum intensity in the latter part of July. The disease, though clinically mild, was widespread in the community involving people of all age groups. As far as could be determined some 10% of the population was affected but the case fatality ratio was very low indeed. The strain of virus isolated and responsible for the outbreak was identified as a strain of influenza virus Type A2 showing a considerable antigenic shift from strains of this virus occurring in recent years. The identification was subsequently confirmed by the World Health Organization International Influenza Centre and the strain named as A2/Hong Kong/1968. In the autumn, winter and spring of 1968-69 it caused outbreaks of influenza, popularly called 'Hong Kong 'flu' in various parts of the world. There is no reliable evidence that the strain actually originated in Hong Kong though it was of course first isolated here. No evidence of this strain has been found among local residents since September, 1968.

Tetanus

31. 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 new-borns whose birth had not been attended by trained personnel and who had been exposed to various hazards from unsterile materials. In 1968 tetanus neonatorum was responsible for only 17% of the recorded cases and infant mortality from such infection fell from 1.2 deaths per 1,000 in 1951 to 0.036 deaths in 1968.

Viral Hepatitis

32. Notification of this disease is not compulsory, but the number of patients treated for it in hospital had shown a steady decline since

1966, when there were 386 cases treated as compared with 218 in 1967 and 191 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.

33. Developments in certain other communicable diseases will be reviewed later in this report, while the remainder showed little variation during 1968 and hence require no comment.

III. WORK OF THE HEALTH DIVISION

AREA HEALTH WORK

34. Much of the work of the area Health Officers, apart from their duties with the Urban Services Department in the maintenance of satisfactory standards in environmental sanitation and food hygiene, has been recounted in the preceding paragraphs on Epidemiology. Such work included not only the field investigations into the major communicable diseases but also the co-ordination of the activities of teams of inoculators participating in prophylactic immunization drives. Five such drives were staged during the year and reference has already been made to four, namely, cholera, poliomyelitis, diphtheria and measles. The fifth, promoting smallpox vaccination, was held in February, 1969. The increasing importance of Hong Kong in international travel by sea and air and the prevalence of smallpox in nearby countries underline the need to maintain a high level of community protection against the disease.

TUBERCULOSIS

(See tables 17-23)

35. 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 borns, 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 programmes while the voluntary agencies, aided by substantial Government subventions, maintain most of the hospitals.

36. To keep pace with the rapid changes which are occurring in the fields of treatment and prevention of tuberculosis, close liaison has been maintained with agencies outside the Colony. The treatment policy study which was started in March, 1967, in conjunction with the Medical Research Council of the United Kingdom has progressed in a most satisfactory manner and by the end of the year under review, when the study closed, 619 patients had been admitted to it. Preliminary results are now becoming available and the study should be most valuable in the planning of future treatment policies.

37. Consequent to the assignment of a bio-statistician by the World Health Organization to the Chest Service the production of statistical material has been re-organized and is now on a very sound footing. Following upon this re-organization there has been fluctuation in certain important statistics. This fluctuation is, however, of a temporary nature and should not recur in the future.

38. During the year a very considerable amount of laboratory work was carried out in preparation for a joint study with the World Health Organization of the most efficacious method of administering B.C.G. in the circumstances of Hong Kong.

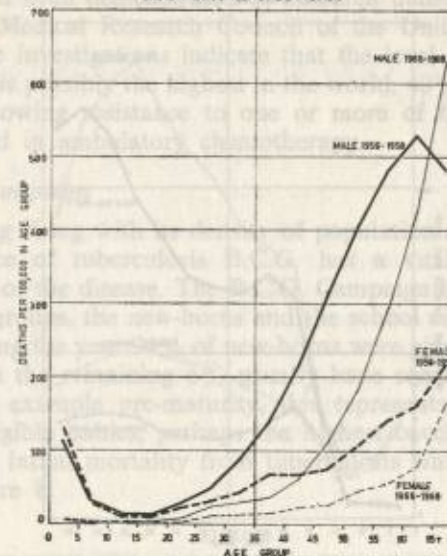
Case finding

39. 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 being placed on symptom-motivated patients and health education techniques are being used to ensure a proper understanding of the disease.

Mortality and Morbidity

40. During the year the number of deaths fell slightly, this fall being most marked in those under 50 years of age. 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 rose to 56.5 years. Tuberculosis mortality by age and sex is shown in Figure 6.

FIGURE 6
TUBERCULOSIS MORTALITY BY AGE & SEX
1956-1958 & 1966-1968

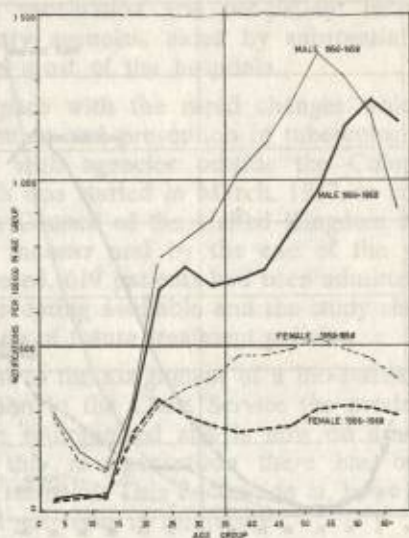


41. Notifications fell sharply and the notification rate at 249.4 per 100,000 of the population is by far the lowest recorded in recent years. Part of this fall was due to a tightening up of the notification system, to the elimination of double notification and to there now being well-defined criteria for the notification of tuberculosis. Figure 7 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.

Work of the Government Chest Service

42. 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

FIGURE 7
TUBERCULOSIS NOTIFICATIONS BY AGE & SEX
1956 - 1958 & 1966 - 1968



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.

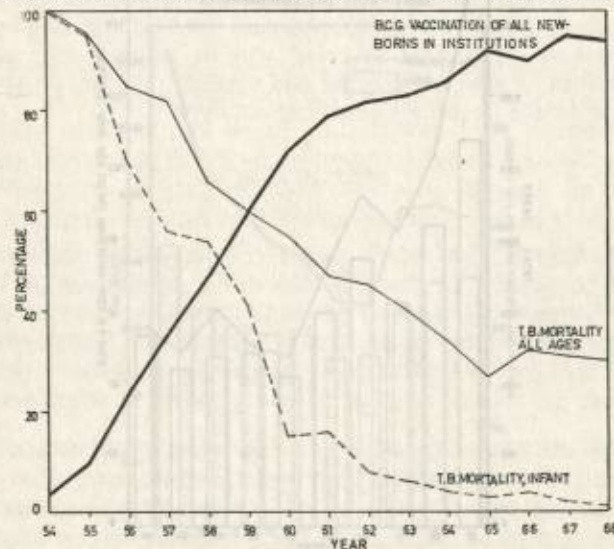
43. During the year there were 1,339,301 attendances at Government Chest Clinics. This figures has remained very stable over the past 6 years although it represents a drop from the high figure recorded in 1961, namely, 2,204,058. At the end of 1968, there were 3,435 cases on daily Streptomycin/PAS/INAH, 10,707 cases on PAS/INAH tablets and 1,219 on second-line drugs.

44. 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.

The B.C.G. Campaign

45. 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-borns and the school entrants aged about 6-7 years. During the year 94% of new-borns were given B.C.G.. Bearing it in mind that the remaining 6% usually have some contra-indication to B.C.G., for example pre-maturity, this represents an almost 100% coverage of eligible babies, perhaps the highest coverage in the world. The decline in infant mortality from tuberculosis which has resulted is shown in Figure 8.

FIGURE 8
TUBERCULOSIS MORTALITY & B.C.G. VACCINATION OF NEW-BORNS 1954 - 1968
(MORTALITY RATES EXPRESSED AS PERCENTAGE OF 1954 RATES)



46. 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.

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

SOCIAL HYGIENE SERVICE

(See tables 25-29)

48. The incidence of early infectious syphilis was almost the same as in the previous year while the number of latent syphilitic cases was 21% higher. This increase was due mainly to a high incidence of early infectious syphilis in the period 1960-64. The incidence of gonorrhoea was about the same as in the previous year. It is encouraging to note that the incidence of syphilis in the teenage group of the population has not risen in the manner experienced in many other parts of the world. The trends over the past ten years are illustrated in Figures 9 to 11.

FIGURE 9
SYPHILIS 1959 - 1968



FIGURE 10
INFECTIOUS SYPHILIS 1959 - 1968

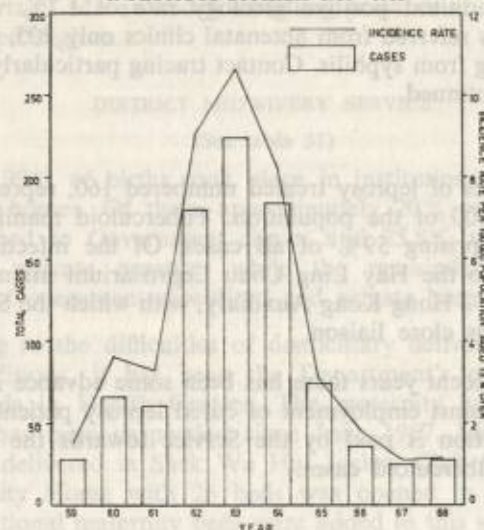
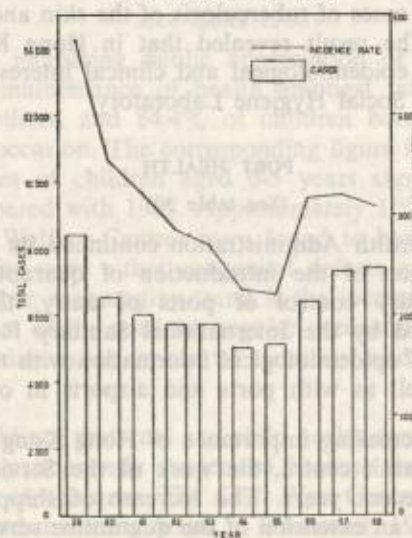


FIGURE 11
GONORRHOEA 1959 - 1968



49. Case finding continued at a high level, particularly in antenatal cases where an initial positive serology rate of 1.7% was observed. Of the 296 cases referred from antenatal clinics only 205, i.e. 69% were actually suffering from syphilis. Contact tracing particularly of infectious syphilis was continued.

Leprosy

50. New cases of leprosy treated numbered 160, representing a rate of 4.0 per 100,000 of the population. Tuberculoid manifestations predominated, comprising 59% of all 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.

51. 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 towards the prevention of disabilities in tuberculoid cases.

Dermatology

52. There was a high incidence of contact dermatitis, eczema, neurodermatitis and tinea. The incidence of skin cancers was very low. A clinical study of cases of tuberculosis of the skin and fungus diseases was undertaken. The result revealed that in Hong Kong cases show several features of epidemiological and clinical interest. A new fungus was isolated in the Social Hygiene Laboratory.

PORT HEALTH

(See table 30)

53. The Port Health Administration continued its routine duties in respect of prevention of the introduction of quarantinable infectious diseases, the sanitary control of ports of entry, the provisions of 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.

54. With the increasing importance of Hong Kong as a tourist and an international transit centre, the work of the Service has gradually increased during recent years. 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 nearby ports of Macau and Kwangtung province and to vessels from plague infected regions.

DISTRICT MIDWIFERY SERVICE

(See table 31)

55. 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 25.8% were attended by midwives in private practice, while the remainder took place in Government, Government-subsidized and private hospitals.

56. 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 Chai Wan Maternity Home with 26 beds was opened in December 1968. Thus 26 additional maternity beds were added to this service.

MATERNAL AND CHILD HEALTH SERVICE

(See tables 32-33)

57. There is increasing public appreciation of the value of these services in the maintenance of health amongst infants and expectant and nursing mothers, and 84.4% of children born attended a centre on at least one occasion. The corresponding figure for 1967 was 78.8%. Total attendances of children aged 0-5 years showed an increase of 12.46% as compared with 1967. Approximately 1% of the new attendances at Infant Welfare Centres were found to have abnormalities. Of these the majority were either congenital defects or the effects of prematurity. A further encouraging trend is the increasing appreciation by expectant mothers of the need for regular antenatal care as reflected in increasing attendances at antenatal sessions and the low maternal mortality rate.

58. The subsidiary maternal and child health centre in Sham Shui Po Dispensary was permanently suspended because three full-time centres are in operation in the area. The Chai Wan Centre was transferred to the new clinic and maternity home in December, 1968.

SCHOOL HEALTH SERVICE

59. The Medical and Health Department provides an advisory service to the Education Department on matters relating to environmental health and hygiene in schools. Inspection of schools is carried out by School Health Inspectors with special regard to lighting, ventilation and sanitary arrangements, and immunization against diphtheria, cholera and smallpox was carried out in the schools during the year by staff under the direction of Area Health Officers. The Government Chest Service is responsible for B.C.G. vaccination in schools.

SCHOOL MEDICAL SERVICES BOARD

(See table 34)

60. 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.

61. On 31st March, 1969 the number of pupils participating was 41,037 from 645 schools, compared with 46,744 pupils from 637 schools on the same date in the previous year. Doctors participating in the scheme numbered 201 compared with 218 in the previous year.

DENTAL SERVICE

(See table 35)

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

63. 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 nine 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.

64. Although no training in dentistry is undertaken in Hong Kong, a programme of overseas training is maintained by Government and during the year two 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 private employment. One dental surgery assistant was under training for dental nursing in Penang, Malaysia, under a World Health Organization Fellowship.

FORENSIC PATHOLOGY

(See table 36)

65. 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 dealt 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 Government Institute of Pathology, homicidal deaths and deaths from suspicious circumstances still remain in the hands of the Forensic Pathologists.

GOVERNMENT LABORATORY

(See table 40)

66. The laboratory was kept very busy throughout the year and some 31,012 items (seizures, exhibits, specimens and samples) were received for examination. This is a record total for any one year since the laboratory's inception.

67. The Forensic Division was again the busiest and towards the end of this year more than two-thirds of the staff were engaged in this aspect of the work. Changes in the law on dangerous drugs placed a considerable strain on resources. The examination of a large number of questioned documents was a feature of forensic work and during the year officers of the Division were called out on many occasions to scenes of crime.

68. Some 2½ tons of silver were certified in the Commerce and Industry Division. The quantity of gold products examined was far in excess of the figure for the previous year. The Division continued its regular protection work resulting in considerable savings to Government.

69. Plans were approved for alterations and extensions to the existing laboratory and designs submitted for a new Forensic and Narcotics Laboratory at Police Headquarters, Hong Kong.

GOVERNMENT INSTITUTE OF PATHOLOGY

(See tables 37-40)

70. The total number of examinations for the year under review exceeded that of the previous year by 155,706, indicating an increase of about 10%. The increase was mainly in the Haematology, Serology, Blood Bank and Bacteriology sections.

71. Due to the increasing amount of work the Institute of Pathology, Sai Ying Pun, underwent alterations so as to extend the tuberculosis and public health sections. The alteration work was completed in September, 1968.

Morbid Anatomy and Histology

72. A total of 1,898 post-mortem examinations were carried out during the year, of which 486 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 3,000 specimens of sputum, and pleural and other fluids, were received for cytological examination of which 83 showed evidence of malignant disease. Over 15,000 biopsy specimens were examined in order to determine the histo-pathological diagnosis. Of these slightly over 4,000 were benign or malignant tumours.

Haematology and Serology and Blood Bank

73. Slightly more than 285,000 haematology specimens were examined, the most common examinations being haemoglobin estimations, total and differential white cell counts, blood slide examinations and blood grouping. Over 135,000 serology tests were performed, the most common being the V.D.R.L. flocculation slide test for syphilis. In the blood banks 23,070 pints of blood were received during the year, 22,033 pints of which was from the blood collecting centres of the Hong Kong Red Cross Society. A total of over 15,000 examinations of blood were carried out in the blood banks.

Chemical Pathology

74. Some 277,000 specimens were examined. The most common being various quantitative examinations upon blood, which accounted for over 200,000 of the examinations.

Bacteriology

75. Over 457,000 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. There was no positive isolated and no clinical cases were detected. 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.

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

Virology

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

78. Laboratory evidence of poliovirus infection was obtained in 14 suspected cases of poliomyelitis, 13 of which were type 1 and one type 2 infections. The incidence was higher than in 1967 but much lower than the incidences observed in the period 1960-66. Two poliomyelitis faecal surveys in normal children were carried out in June and December respectively. 'Wild' poliovirus was not detected in either survey and despite the increased incidence of poliomyelitis during the year there was no evidence of dissemination of the 'wild' poliovirus with the community.

79. The laboratory continued to function as a World Health Organization National Influenza Centre. A large outbreak of influenza was recorded in the period between 9th July and 12th August reaching maximum intensity in the latter part of July. The etiological agent was found to be a new antigenic variant of the A2 sub-type of influenza virus. It has been designated as the A2/Hong Kong/1968 strain and has spread to many parts of the world.

80. Other viruses found in association with sporadic cases of respiratory infections were the respiratory syncytial virus, para-influenza viruses type 2 and type 3, adenovirus types 3 and 7, and Coxsackie virus type B5. Other virus diseases of medical interest were a case of Japanese B encephalitis occurring in August and confirmed serologically, a case of a newborn infant presenting with spleno-hepatomegaly and jaundice and found to be suffering from cytomegalovirus infection, the virus being isolated from the urine, and a case of kerato-conjunctivitis in which adenovirus type 8 was detected.

81. The follow-up study of post-vaccinal measles antibody was continued in children who received the Beckenham 31 or Schwartz live attenuated measles vaccine in 1966. These children were found to possess a satisfactory level of neutralizing antibody which remained stable after an initial fall in the first year after vaccination. It was concluded that the immunity conferred by both vaccines may be expected to remain effective for a further period.

82. In 1968, 220,900 doses of tri-valent polio-vaccine and 102,600 doses of mono-valent type 1 polio-vaccine were issued by the laboratory.

INDUSTRIAL HEALTH

(See table 42)

83. 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.

84. 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.

85. The Workmen's Compensation Section is now part of the Industrial Health Division and this has resulted in improved co-ordination.

86. Under the Factories and Industrial Undertakings (First Aid in Registrable Workplaces) Regulations, 1968, statutory requirements were made that first aid boxes be provided and that, where there are more than 100 employees, trained first aid workers must be available at all times. At the end of the year a survey was being undertaken on medical facilities in factories.

87. Monitoring of air pollutants continued and in May a Smoke Abatement Advisor was appointed to the Labour Department. This officer will take charge of the air-pollution control unit which will have, as its primary responsibility, the enforcement of the provisions of the Clear Air Ordinance.

88. 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.

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

HEALTH EDUCATION

90. 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

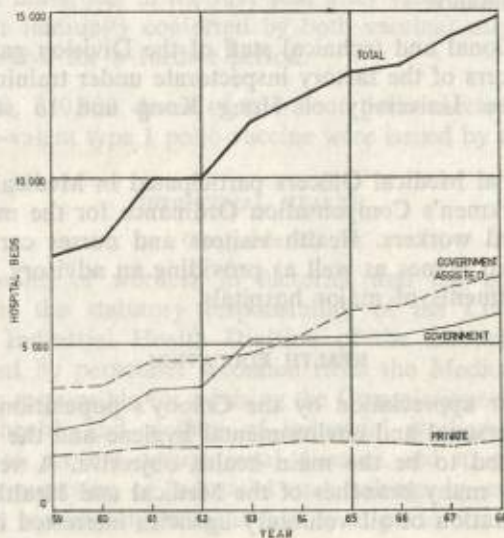
was actively sought. During the year the Department co-operated in a number of exhibitions, notably the Chinese Manufacturers Association's Exhibition in December and January, by producing displays on various aspects of its work.

IV. WORK OF THE MEDICAL DIVISION

(See tables 44-47)

91. At the end of 1968, there was total of 13,925 beds available in all hospitals in Hong Kong excluding those hospitals maintained by Her Majesty's Armed Forces; in addition there were 526 beds in Government Maternity Homes and 448 beds in private maternity and nursing homes. The total 14,899 beds represented 3.8 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 12 and it will be noted that the bed provision in 1968 represents an increase of 93% over the bed provision in 1959.

FIGURE 12
HOSPITAL BEDS 1959 - 1968



QUEEN MARY HOSPITAL

(See table 48)

92. 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.

93. Work on the alterations to the hospital continued throughout the year and, by the beginning of 1969, the bed capacity had been increased to 980 and the use of camp beds discontinued. By the end of the year under review the alterations to all of the public wards of the hospital were complete and the wards were commissioned and in use. Work on the alterations to the private wards continues so as to provide a total of approximately 1,080 beds by the end of 1969 and to set up an intensive care unit, an acute psychiatric ward and a new maternity unit to improve the facilities of the hospital as a teaching and specialized institution.

QUEEN ELIZABETH HOSPITAL

(See tables 49-50)

94. 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.

95. During its fifth year of operation attendances at the casualty department rose by 11% compared with the previous year. Of these attendances 27% were due to trauma, the main causes being in order of frequency, domestic, industrial and assault cases. 31% of all the cases seen in the casualty department required immediate admission to hospital and 5.2% were referred for admission to other hospitals such as Kwong Wah Hospital and Lai Chi Kok Hospital (Please see paragraph 152 below for details of operation of the casualty department of the Kwong Wah Hospital). The average time spent in the hospital by each in-patient was 7.6 days. Once tidied over the acute episode of the illness, patients are either discharged or transferred to Kowloon or Lai Chi Kok Hospitals for convalescence. The pressure of admission necessitated increasing the bed state to 1,523.

KOWLOON HOSPITAL

96. This hospital at present has 500 beds and an additional block of 600 beds had its sub-structure completed in November 1968. At the end of the year construction of the super-structure was in hand and it is expected that the block will be completed in the early summer of 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.

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

TSAN YUK HOSPITAL

(See table 51)

98. 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.

99. About 92% 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 5,856 deliveries with no maternal deaths.

MENTAL HEALTH SERVICE

Castle Peak Hospital (See table 52)

100. This hospital of 1,242 beds was required to accommodate 1,570 patients at the end of the year. This is the only hospital in the Colony for the full time care of psychiatric patients.

101. Continued efforts to turn the hospital into a modern therapeutic community has 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.

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

103. Increasing efforts were made to rehabilitate the long-stay and grossly mentally handicapped patients, the aim being to make them fit to earn their living. Two wards were 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.

104. The first Annual Sports Day for patients and staff was held successfully during the year.

Psychiatric Centres (See table 53)

105. 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 treating 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 Remand Prison and for the Lai Chi Kok Female Prison.

New Life Psychiatric Rehabilitation Association

106. 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. The Association also owns a 'Half-way House' in Hung Hom—a hostel where selected discharged patients from Castle Peak Hospital spend a transitional period before returning to normal society.

Drug Addiction

107. An attempt has been made by the Psychiatric Social Work Unit of the Drug Addiction Section of the Mental Health Service to follow-up the voluntary patients who were wholly treated in the former Castle Peak Drug Addiction Treatment Centre before the opening of the Shek Kwu Chau Centre. These patients have remained in close contact with the Medical Social Worker of the Castle Peak Centre and have organized themselves into an informal social and recreational group so that it was possible to know with considerable accuracy whether or not they had relapsed. The total number followed-up was 314. A pamphlet outlining the scientific basis of assessing the effectiveness of treatment and the results of follow-up of this group of patients has been printed for general information.

INFECTIOUS DISEASES HOSPITALS

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

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

110. Typhoid admissions showed a definite decrease compared with previous years. The disease occurred mainly amongst children and adolescence 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.

OTHER GOVERNMENT HOSPITALS

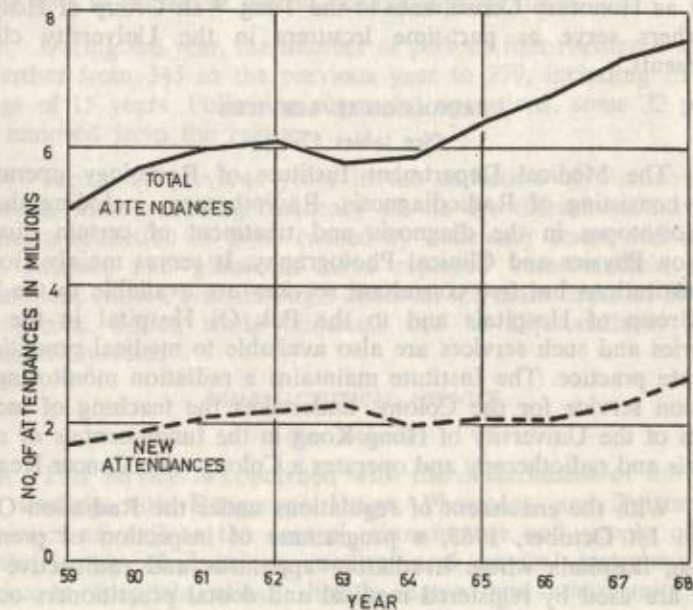
111. Other hospitals maintained by Government are the St. John Hospital, serving the Island of Cheung Chau and neighbouring islands of the western sea board, the Wan Chai Hospital for the care of female patients with skin diseases, the South Lantau Hospital, serving the villages on the south-west coast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

OUT-PATIENT SERVICES

(See tables 54-56)

112. 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 13.

FIGURE 13
OUT-PATIENT ATTENDANCES 1959 - 1968



113. New facilities which became available during the year are detailed in paragraphs 171 to 172 of this report.

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

SPECIALIST SERVICES

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

RADIOLOGICAL SERVICES

(See tables 57-58)

116. The Medical Department Institute of Radiology operates a service consisting of Radiodiagnosis, Radiotherapy, including the use of radioisotopes in the diagnosis and treatment of certain diseases, Radiation Physics and Clinical Photography. It serves mainly Government institutions but free consultant services are available to the Tung Wah Group of Hospitals and to the Pok Oi Hospital in the New Territories and such services are also available to medical practitioners in private practice. The Institute maintains a radiation monitoring and protection service for the Colony, 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.

117. 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 have 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

(See tables 59-60)

118. 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.

119. During the year, the number of persons first registered as blind fell further from 345 in the previous year to 279, including 15 under the age of 15 years. Following successful operations, some 32 patients were removed from the register.

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

PHARMACEUTICAL SERVICE

(See table 61)

121. This service is concerned with the enforcement of the Ordinances 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.

122. 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

123. 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 development by Health Visitors of the work concerned with public health and preventive aspects of this disease has enabled the Medical Social Workers, working on a referral and selection basis, to concentrate more on the purely social work angles; more time can be spent by Medical Social Workers in hospitals, and the stationing of Medical Social Workers at the Grantham Hospital and at the Ruttonjee Sanatorium has proved successful.

124. Work at the Kowloon Jockey Club Rehabilitation Centre has remained at a high level. The backlog of handicapped children awaiting admission to school has created a problem, and a valuable service has been provided by the Heep Hong Club in which handicapped children are encouraged to participate in group recreational and educational activities.

125. 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. Severe residual disabilities, particularly in such conditions as paraplegia and hemiplegia, pose serious problems.

126. In the Mental Health Service, the demand for fully-trained Psychiatric Social Workers and the scope of work at Castle Peak Hospital remained wide. Social Work is carried out on a referral basis and the follow-up discharged drug addicts from Castle Peak Hospital was continued.

127. In the Leprosy Service, methods of rehabilitation remains the same and co-operation with the Hay Ling Chau Leprosarium was maintained. The housing of leprosy patients and the employment of cured persons 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.

128. In staff training two Medical Social Workers left for overseas training during the year. In staff training locally, full use has been made of Extra-Mural Courses, several of which have been designed especially for social workers. Medical Social Workers continued to give lectures in the course of training of nurses, physiotherapists and medical students, and all possible assistance was given to the two universities in the training of social work students.

PHYSIOTHERAPY

(See table 62)

129. Demand for physiotherapy services continued 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 services were extended during the year under review to treating patients at the Sandy Bay Children's Orthopaedic Hospital and Convalescent Home, leprosy patients attending at special leprosy clinics and a proportion of those patients attending the World Rehabilitation Fund Day Centre at Kwun Tong.

130. The physiotherapy training school had 23 students under training at the end of the year under review. During the year 11 students qualified. A 3-year course of training was approved for students at the school.

OCCUPATIONAL THERAPY

(See table 63)

131. Owing to the pressure on the acute hospitals and to the resulting short patient-stay, the main energies of the Occupational Therapy Service were concentrated on the hospitals for long-term patients, particularly the Castle Peak Hospital for psychiatric cases.

Progress has however been considerably handicapped by difficulties in the recruitment of trained staff.

132. 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 for the purpose of attempting to bridge the gap between hospital and community. Industrial 'out-work', consisting of contracts with factories, continued as a valuable adjunct to the treatment programme and Government orders for domestic, hospital and office equipment continued to be placed. In the Hong Kong Psychiatric Centre a carefully planned programme of rehabilitation was also carried out for patients attending the centre.

133. The occupational therapy sub-department at Yau Ma Tei Psychiatric Centre which was opened in June, 1967, continued its work. Patients treated at this department consist of two main categories, 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.

134. Work in the Kowloon Jockey Club Rehabilitation Centre followed the same pattern as in the 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.

135. The Occupational Therapy Units at Queen Elizabeth, Queen Mary and Lai Chi Kok Hospitals continued their activities and treatments given to patients covered orthopaedic, tuberculosis, surgical and medical conditions. The weekly occupational therapy service to the tuberculosis patients at St. John Hospital, Cheung Chau, was discontinued on 31st January, 1969, due to an acute shortage of professional staff.

136. An out-patient department was opened in Wan Chai Polyclinic in April, 1968, and was planned and equipped so as it may function to maximum efficiency in concentrating on the treatment needs of

patients with upper limb disabilities. The World Rehabilitation Fund Day Centre, Social Welfare Department, was opened in September, 1968. Applicants for admissions to this centre are initially referred to an Occupational Therapist for assessment of mental and physical capacities and suitability for training. Following a period of observation, recommendations are made regarding possible areas of training.

ORTHOPAEDIC AND PROSTHETIC APPLIANCES

137. During the year 2,465 appliances were made and 1,769 patients were treated while approximately 1,004 minor repairs, alterations or checkings were also done. There was an increase in the production of artificial limbs, especially the below-knee prosthesis. The number of new poliomyelitis cases decreased but the old patients are growing up and therefore the demand for long leg brace with knee hinges rose. Work study in the production section has therefore been directed mainly to simplified but effective designs and improved techniques of fabrication of appliances.

138. The training programme for Student Assistant Orthopaedic Appliance Technicians progressed satisfactorily. To suit the Asian conditions and meet the local requirements, a co-ordinated research programme covering various aspects of design and production techniques continued during the year. For the first time a locally graduated Appliance Technician was sent to Britain and Europe for post-graduate study and work, and a programme for the post-graduate training of local Appliance Technicians was instituted. This will ensure a continuous supply of technical staff for future development.

MEDICAL EXAMINATION BOARD

(See tables 64-65)

139. This section performs medical examinations of new entrants to Government employment and to the Essential Service Corps. The number of persons classified as unfit on account of tuberculosis rose slightly as compared with the previous year but remained markedly lower than in the period 1959 to 1965. Tuberculosis remained the primary reason for non-acceptance of applicants on medical grounds, being responsible for 14 out of the 19 classifications as 'unfit' in each thousand examinations.

HOSPITAL MAINTENANCE AND SUPPLY

140. The continuing expansion of the hospital service, the increased demand for services and the more rapid bed turnover made the routine supply and lay administration of medical institutions progressively more complex throughout the year under review. The recruitment of hospital secretaries with adequate knowledge and experience of large modern hospitals became more difficult.

141. As the department's services increased and improved, so the demands on the Central Laundry inevitably increased and it became increasingly obvious that the departmental laundry service could not cope efficiently with the increasing demand. Accordingly, planning progressed as rapidly as possible for the construction of a second departmental laundry. To improve the position considerable research was undertaken and the use of disposable items, in order to reduce pressure on the laundry services, was examined. It was found however that the use of 'disposables' on any large scales would prove more expensive than the use of equivalent conventional items. The present laundry machinery, some of which is already 6 years old, was subjected to very considerable pressure throughout the year, being in continuous use for some 16 to 20 hours per day. At this rate it must be expected that major repairs or renewals will shortly become inevitable.

142. The Medical and Health Department Staff Welfare Association continued to suffer from a deficiency in membership and efforts were made to increase its membership and to expand its activities. Staff relations as a whole were examined and an experiment made with the use of joint consultation committees.

143. The UNICEF—sponsored feeding programme continued throughout the year and a total of 63,201 lbs. of milk powder and 9,620 lbs. of corn-soya-milk was distributed to the various Government feeding centres throughout the Colony.

AUXILIARY MEDICAL SERVICE

144. This branch of the Essential Services Corps has a strength of over 5,000 men and women trained to augment the Colony's medical services during an emergency. Approximately half of the strength is used to make up the Ambulance Depot Teams which are based on the Fire 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.

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

146. At the scene of the stand collapse at the military tattoo at Shek Kong on 9th November, 1968, members of the Auxiliary Medical Service with equipment arrived quickly and assisted the Army Medical Services in rendering first-aid and in evacuating the casualties. Members also attended at the scenes of a number of fires in Hong Kong and Kowloon during the year.

REGISTRATION OF MEDICAL CLINICS

(See table 43)

147. 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, 1969, there were 72 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 426 which is slightly less than the previous year's total of 458.

148. The Low Cost Medical Care Scheme under which static clinics are set up in Resettlement and Housing Estates continued to operate throughout the year, the aim being to provide one doctor for every 6,000 residents with priority given to registered medical practitioners. At the end of the year under review there were 59 clinics in Resettlement Estates and 9 in Housing Estates being operated by registered doctors. In addition there were 17 clinics in Resettlement Estates and 2 clinics in the Hong Kong Housing Societies which were registered with exemption.

V. GOVERNMENT ASSISTED HOSPITALS

(See table 66)

149. 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 7,010 beds provide mainly subacute general beds of facilities for persons suffering from certain specific diseases or handicaps. The total Government subvention to these hospitals during the year was \$50,432,975 recurrent and \$1,440,816 special expenditure.

THE TUNG WAH GROUP OF HOSPITALS

150. 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, with a subvention amounting to \$29,161,060.

151. The Intensive Care Unit at Kwong Wah Hospital was opened in March 1968. Up to the end of the year, 592 patients had been treated in the unit. With the provision of intensive nursing care, active treatment and continuous close observation for critical cases, case fatality ratios for many diseases have been markedly reduced.

152. 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 cases of industrial accident.

153. 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

154. This hospital, supported by the London Missionary Society, received a Government subvention of \$2,991,400 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.

POK OI HOSPITAL

155. 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 including minor staff quarters, a kitchen and a mortuary were under construction at the end of the year under review.

CARITAS MEDICAL CENTRE

156. This hospital of 830 beds, erected with the aid of donations from Roman Catholic Communities in many parts of the world and in particular from the Federal Republic of Germany, and maintained partly with the aid of a Government subvention of \$2,568,802 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.

HONG KONG ANTI-TUBERCULOSIS AND THORACIC DISEASES ASSOCIATION

157. 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 (See table 67)

158. 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 586 of the beds but all staff of the hospital is provided by the Association with the exception of Government Medical Officers posted to the Government Clinical Units which are directly responsible for 220 of the beds.

159. 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 (See table 68)

160. 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 \$2,021,360 in the year under review.

HAVEN OF HOPE SANATORIUM

161. This hospital of 261 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 \$880,000 and the construction of an additional wing was undertaken.

SANDY BAY CHILDREN'S ORTHOPAEDIC HOSPITAL AND CONVALESCENT HOME

162. Maintained by the Society for the Relief of Disabled Children, with the aid of a Government subvention of \$584,000, this hospital now contains 200 beds for children requiring long-term Orthopaedic care. Additional facilities in the form of an outpatient department, an operating theatre suite, X-Ray facilities, physiotherapy facilities and 100 additional beds were brought into use during the year. The Hong Kong Red Cross Society provides primary school teachers to enable the children to continue their education during convalescence.

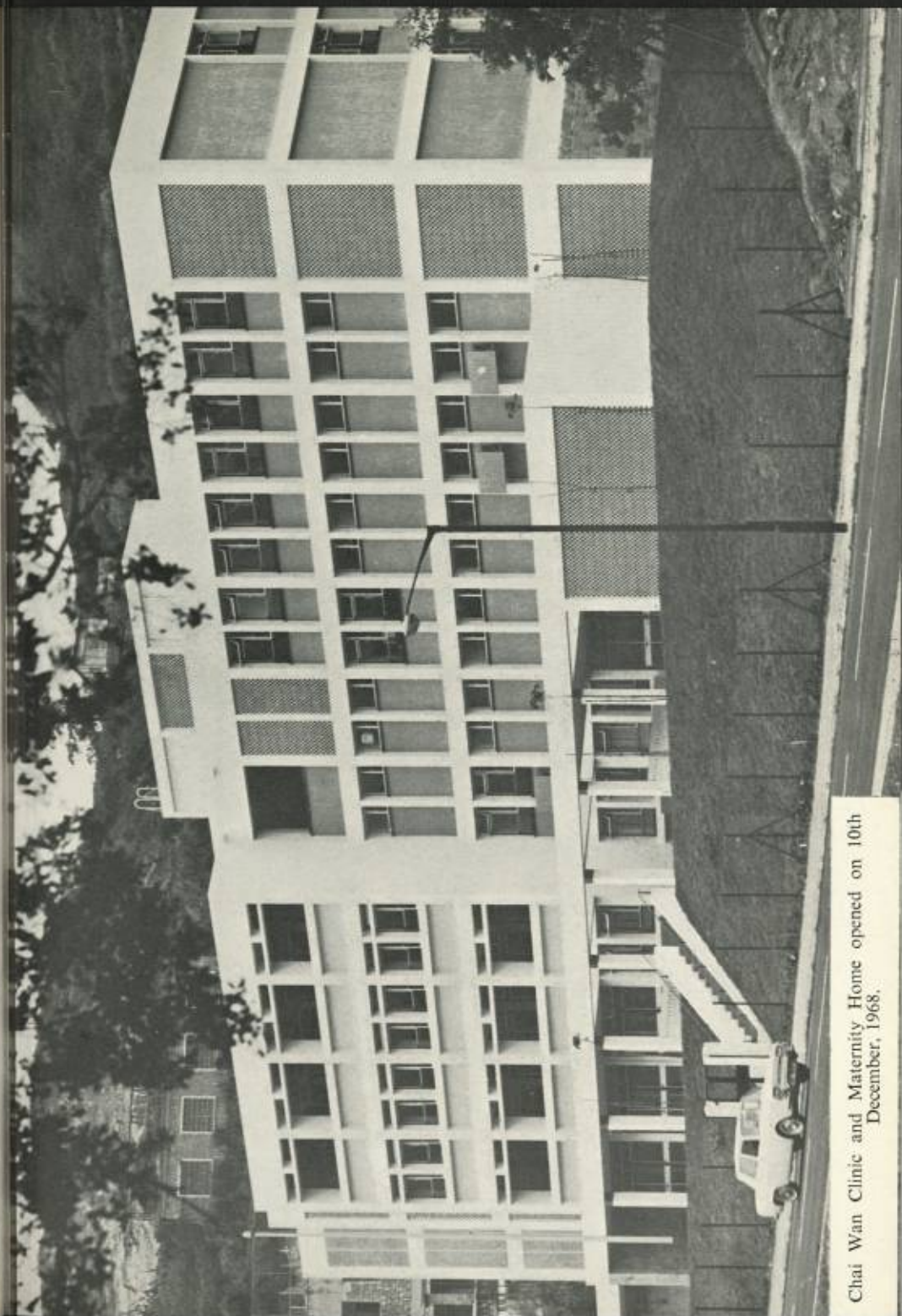
OUR LADY OF MARYKNOLL HOSPITAL

163. This hospital is administered by the Maryknoll Sisters, and was maintained during the year with the aid of a Government subvention of \$830,922. It is located at Wong Tai Sin in north-east Kowloon and provides general in-patient and out-patient facilities for this rapidly expanding area. During the year, construction of an extension of 140 beds was completed and the hospital now has a total of 220 beds, 180 for general third class patients and 40 for first and second class and maternity patients.

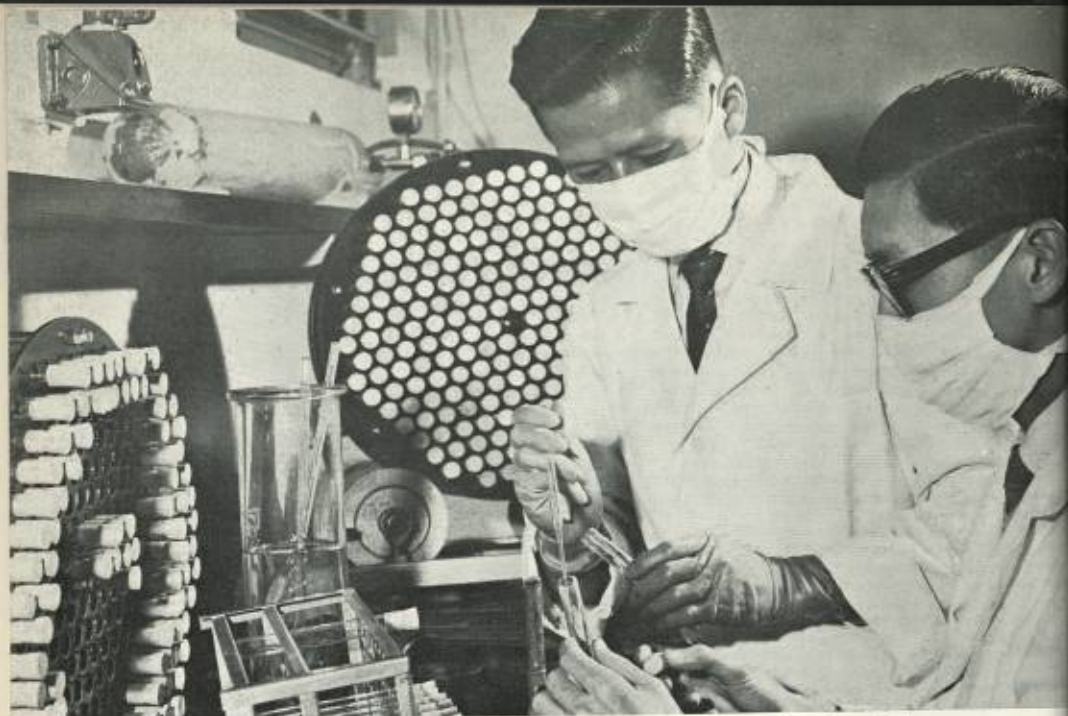
HAY LING CHAU LEPROSARIUM

(See table 69)

164. This leprosarium situated on an island six miles from Hong Kong is maintained by the Leprosy Mission, Hong Kong Auxiliary



Chai Wan Clinic and Maternity Home opened on 10th December, 1968.



Medical Laboratory Technicians at work. An extension to the tuberculosis laboratory, Medical and Health Department Institute of Pathology, Sai Ying Pun, was completed in September, 1968.



All prophylactic vaccinations and immunizations are given free of charge. Here Health Visitors are discussing an immunization drive.



Surgeons at work. A patient's eye view. A special photographic technique was used to take this photograph in one of the recently completed operating theatres in Queen Mary Hospital.



Public co-operation is an essential feature of disease prevention. Here New Territories villagers line up for their anti-Cholera inoculations.

Health education is vital. Here a Health Visitor explains how to care for a newborn infant's umbilicus and to prevent tetanus neonatorum.



with the aid of a Government subvention which in the year under review was \$775,000. 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.

165. In therapy, diamino-diphenyl-sulphone remained the drug of choice for most patients, but thiambutasone was used with considerable success, either by itself or with diamino-diphenyl-sulphone. Its usefulness has improved greatly since it became available in the injectable form; results are much better and undesirable side effects far fewer. The newer drugs are also used for some of those who do not respond favourably to more routine therapy. Physiotherapy has become an essential part of the programme to prevent disability and through this treatment programme many of the newer patients are able to return home early and without any disability.

HONG KONG SOCIETY FOR REHABILITATION KWUN TONG REHABILITATION CENTRE

166. This centre, aided by a recurrent grant from Government amounting to \$600,000 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

167. 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

(See table 70)

FORWARD PLANNING

168. Reference has been made previously in this report to the unparalleled hospital development of the past 15 years. However, the population has also been increasing very rapidly and there is considerable pressure on most categories of hospital beds, particularly those for acute and chronic general and mental patients. The White Paper on Development of Medical Services in Hong Kong which was tabled in Legislative Council in February, 1964, outlined the medical problems of the Colony and made suggestions to remedy deficiencies in order to produce, in the face of a rapidly increasing population, 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 & Health Services is its Chairman and the Committee comprises two nominated members and representatives of the Medical & Health Department, the Finance and Social Services Branches of the Colonial Secretariat, and, when necessary, the Public Works Department. The Committee has held 38 meetings since its inception, in order to keep the recommendations made in the White Paper under continuous administrative review and to report its conclusion 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.

169. The principal matters with which the Committee continued to occupy themselves were: the alterations to and extensions of Queen Mary Hospital, the first four phases of which have been completed, the fifth being underway at the end of the year and being expected to be completed in July, 1969, so as to provide a total of 1,086 beds; the progress made with the provision of a new 1,360-bed general hospital at Lai Chi Kok; the planning of a new convalescent block in the grounds of Kowloon Hospital; the adequacy of the present psychiatric services, planning for a new mental hospital of approximately 1,000 beds being underway; and the subventions paid to Government-assisted institutions.

170. Amongst new matters considered by the Committee were: alterations and renovations to Mount Kellet Hospital in order to provide infectious diseases and convalescent facilities; additions and improvements to Castle Peak Hospital; a new specialist clinic for Hong Kong Island East; a Standard Clinic and Maternity Home for Tze Wan Shan; additions to and improvements to the Pharmaceutical Manufactory at the Central Medical Stores, Government Supplies Department Compound, North Point; and a 350-bed acute general hospital to be provided at Kwun Tong by the Hong Kong Christian Council.

COMPLETED PROJECTS

171. The year 1968-69 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.

172. Government projects completed during the year were an extension of the tuberculosis laboratory in the Medical & Health Department Institute of Pathology at Sai Ying Pun and a new clinic and maternity home at Chai Wan. Major projects completed at Government-assisted medical institutions were a new wing of Our Lady of Maryknoll Hospital at Wong Tai Sin, an extension to the Haven of Hope Tuberculosis Sanatorium at Junk Bay, Phases II and III of the Wong Tai Sin Infirmary of the Tung Wah Group of Hospitals, and a small experimental treatment and rehabilitation centre for female drug addicts operated by the Society for the Aid and Rehabilitation of Drug Addicts.

PROJECTS UNDER CONSTRUCTION

173. Major projects on which construction had commenced were the new Lai Chi Kok Hospital, the Tang Shiu Kin Hospital, a new convalescent block at Kowloon Hospital, a major programme of alteration to Queen Mary Hospital, the redevelopment of medical institutions at Sai Ying Pun, the Siu Lam Hospital for the Mentally Subnormal, the Buddhist Hospital at Lo Fu Ngam at north-east Kowloon and extensions to the Shek Kwu Chau Treatment and Rehabilitation Centre for drug addicts.

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

VII. TRAINING PROGRAMME

(See tables 71-73)

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

176. Mention has been made in recent reports of the shortage of qualified medical personnel and, with the completion of the new University pre-clinical buildings at Sassoon Road, the University's intake of medical students was increased to 120 students in 1965. The extensions to Queen Mary Hospital, to which reference has already been made, have been substantively completed in time to allow the large number of students to have their clinical training. While there will therefore be a considerable increase in the output of medical graduates from the University of Hong Kong as from 1970, the Colony will remain relatively short of qualified medical personnel for some years to come.

177. 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

178. No training in dentistry is available in Hong Kong but Government annually awards scholarships for the study of dentistry overseas. Two such scholarships were awarded during the year while 7 scholars returned to the Colony after qualification, bringing the total of returned graduates to 59 out of a total of 78 scholarships so far awarded.

179. 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 one Government dental technician passed the Intermediate Certificate of the City and Guilds of London Institute in Dental Technology. In-service training of selected dental surgery assistants in the fields of dental radiography and orthodontics is also carried on.

180. One Dental Surgery Assistant is under training in Penang, Malaysia, under World Health Organization scholarships for training in dental nursing.

NURSING STAFF

Nurses

181. 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

182. 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 practical training in the routine nursing care of general hospital patients. The psychiatric course, also of two years' duration, is held at Castle Peak Hospital and consists of practical training in the performance of routine nursing duties for, and in the maintenance of custodial care of, mental patients.

Post-graduate nurses

183. Eight qualified nurses who had been sent overseas for further study returned to the Colony having successfully gained post-graduate certificates in nursing administration, nursing education, dietetics, open heart surgery and paediatric nursing. A further 8 trained nurses proceeded overseas to study these same subjects. In addition, one was sent overseas to study for a Health Visitor's Teaching Diploma and two to study Occupational Therapy.

Midwifery

184. For registered general nurses, a one-year course in midwifery continued to be held. 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.

185. 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

186. Nine trained nurses successfully completed the nine-month Health Visitors' course which ended in November 1968.

Health Auxiliaries

187. A two-year course for health auxiliaries continued to be conducted. 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

188. 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

189. The Government 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

190. 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

(See table 78)

191. The Colony's medical and health services have in the past years benefited to a considerable degree from donations received from a number of non-government organizations and individuals, and in the year under review this continuing interest has been reflected in donations totalling \$585,947.66. Of this amount Sir Shiu-kin TANG, whose philanthropy is well known, contributed \$500,000 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 the physically handicapped children and other charitable projects in the Colony.

IX. ACKNOWLEDGEMENT

192. 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, had 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 the members of the public in spite of the many unavoidable shortcomings of the service is deeply appreciated.

193. I would also wish to thank the many public spirited persons who have devoted so much of their valuable time to serve on Statutory Boards, Advisory Committees and Working Parties and in voluntary 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.

194. The year under review has been a satisfactory one in that no major outbreaks of infectious diseases occurred. The vital statistical figures which are normal pointers to the health and environmental conditions have been 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.

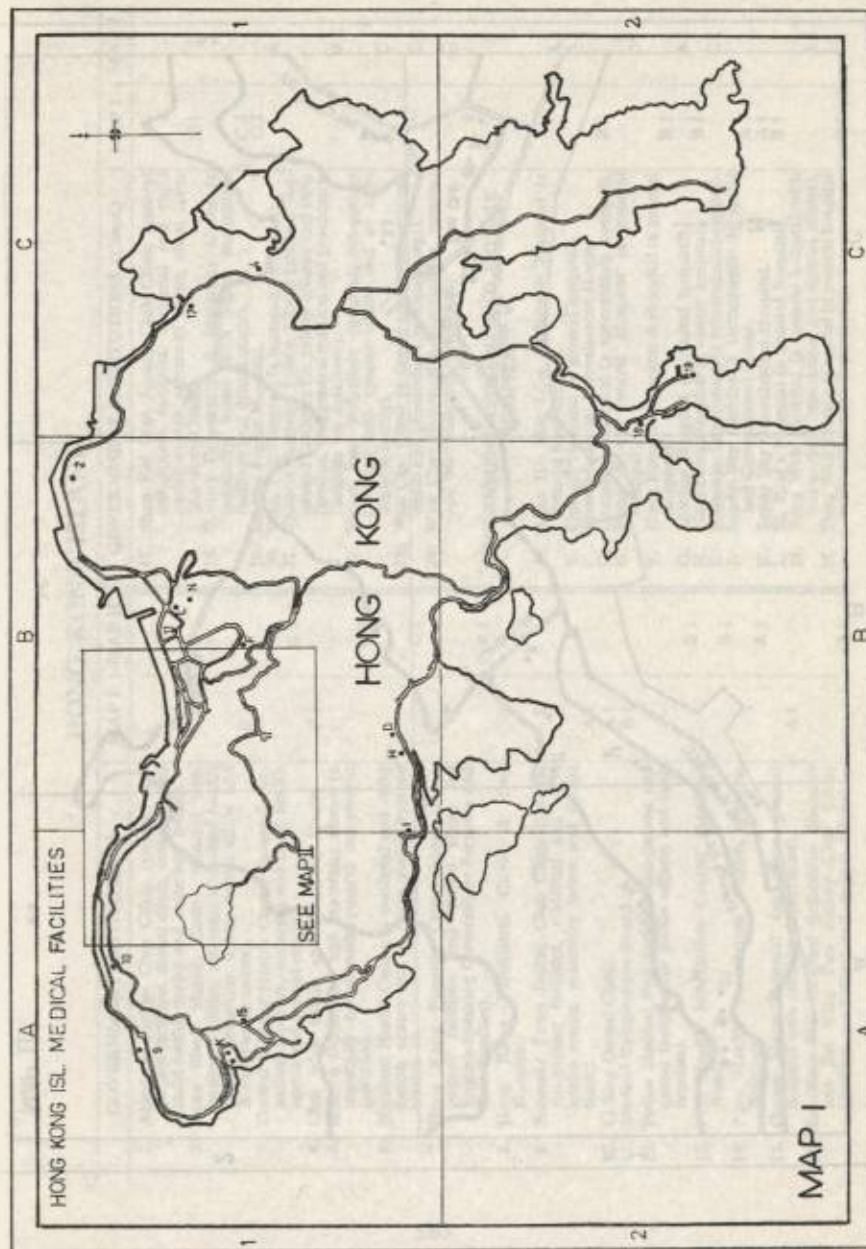
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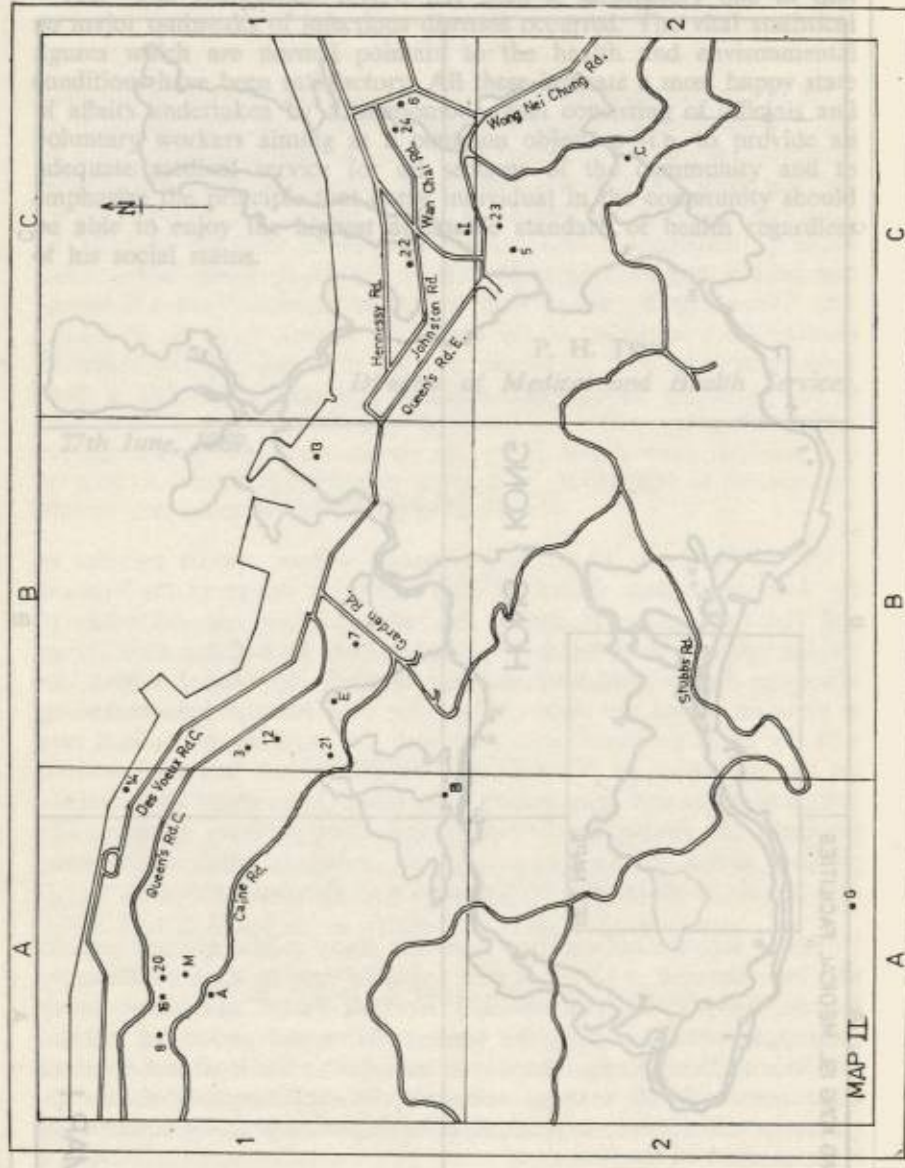
Director of Medical and Health Services.

27th June, 1969.

IX. ACKNOWLEDGEMENT

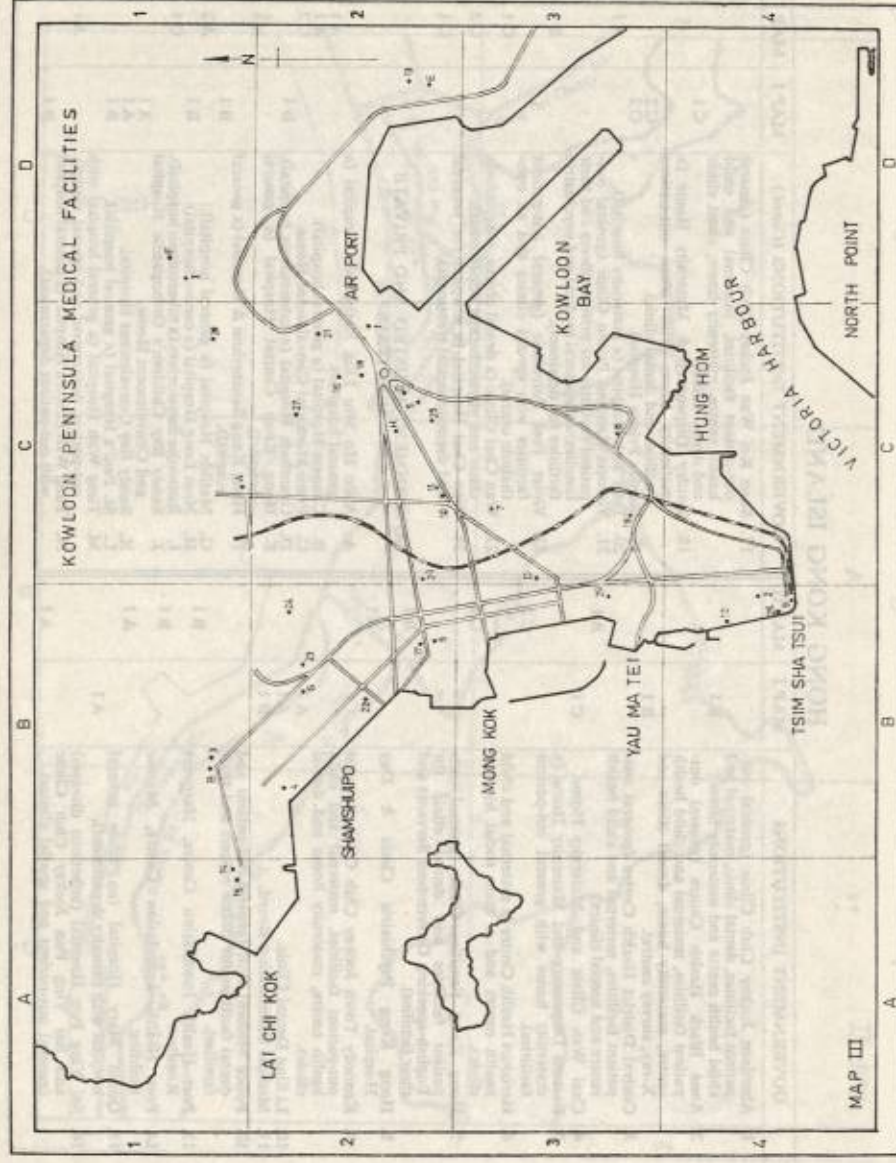
192. This report would be incomplete without special mention of the devotion to duty shown by each and every officer of the Medical and Health Department during the year under review. All staff of the Department in general, the doctors and nurses in particular, have shown a constant desire to improve their skills to meet the needs of the community. It is a pleasure 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 Police, the Fire, the Harbour and other public agencies. The patient service by the members of the public is due to the many available departments of the service in which specialists (dentists, etc.) are engaged. I think all staff of the Department will all be pleased to know that the many public spirited persons who have devoted so much of their valuable time to serve on Statutory Boards, Advisory Committees and Working Parties and in voluntary capacities connected with the preventative and promotional medical problems in Hong Kong have made a valuable contribution to the local and overseas organizations which arrange and help to supplement Government's resources and to ensure that the health services are available for all those in need of medical care.





A
HONG KONG ISLAND

GOVERNMENT INSTITUTIONS	MAP I	MAP II	GOVERNMENT INSTITUTIONS (Contd.)	MAP I	MAP I
1. Aberdeen Jockey Club Clinic (general out-patient facilities, dental clinic, maternal and child health centre and maternity home).	B 1		17. Shau Kei Wan Jockey Club Clinic (general out-patient facilities, maternal and child health centre, maternity home, chest clinic and dental clinic).	C 1	C 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	B 1	18. Stanley Dispensary & Maternity Home (a maternity home with some out-patient facilities and dental clinic).	C 2	C 2
3. Central District Health Centre (general out-patient facilities, maternal and child health centre and special clinics).	C 1	C 2	19. Stanley Prison Hospital.		A 1
4. Chai Wan Clinic and Maternity Home.			20. Tsan Yuk Hospital (a maternity hospital).		B 1
5. Eastern Dispensary and Maternity Home (a maternity home with general out-patient facilities).			21. Victoria Remand Prison Clinic (general out-patient facilities for prison officers and their families, and general medical and psychiatric facilities for detainees).		C 1
6. Harcourt Health Centre (a maternal and child health centre and a male social hygiene clinic).		C 1	22. Victor Peel Polyclinic (general out-patient facilities with special clinics and an ophthalmic centre).		C 2
7. Hong Kong Families Clinic (general out-patient facilities and dental clinic for English-speaking Government Servants and their families).			23. Wan Chai Clinic (a dental centre, tuberculosis clinic and physiotherapy department).		C 1
8. Hong Kong Psychiatric Clinic & Day Hospital.		B 1	24. Wan Chai Hospital (a hospital for venereal and dermatological treatment).		C 1
9. Kennedy Town Jockey Club Clinic (general out-patient facilities, maternal and child health centre, maternity home and dental clinic).	A 1	A 1	GOVERNMENT-ASSISTED AND PRIVATE HOSPITALS		
10. Li Sing Dental Clinic.	A 1		A. Alice Ho Miu Ling Nethersole Hospital (a general hospital).		A 1
11. Medical Examination Board.	A 1		B. Cancer Hospital (a general hospital).		A 1
12. Police Medical Post (general out-patient and dental facilities for police officers and their families).	B 1		C. Fred Memorial Convalescent Home.		C 2
13. Port Health Inoculation Centre, Harcourt Road.			D. Granatun Hospital (a tuberculosis hospital).	B 1	B 1
14. Port Health Inoculation Centre, Marine Building.			E. Hong Kong Central Hospital (a general hospital).		B 1
15. Queen Mary Hospital (an acute general hospital with casualty department).		B 1	F. Hong Kong Sanatorium & Hospital (a general hospital).		A 2
16. Sai Ying Pun Hospital (infectious diseases) and Sai Ying Pun Jockey Club Clinic (general out-patient and special clinics).	A 1	A 1	G. Matilda Hospital (a general hospital).		C 1
			H. Nunn Long Hospital (a cancer hospital).		A 1
			I. Ruttonwee Shue Sun (a tuberculosis hospital).		B 1
			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	GOVERNMENT INSTITUTIONS (Contd.)	MAP III
1. Air Port Health Station.	C 2	20. Queen Elizabeth School Dental Clinic.	C 2
2. Ashley Road Social Hygiene Clinic (a male treatment centre for venereal disease).	B 4	21. Robert Black Health Centre (general out-patient facilities, maternal and child health centre and maternity home).	C 2
3. Cheung Sha Wan Jockey Club Clinic (general out-patient facilities, maternal and child health centre, maternity home and eye clinic).	B 1	22. Sham Shui Po Public Dispensary (general out-patient facilities).	B 2
4. Cheung Sha Wan Police Quarters Clinic (general out-patient and dental facilities for police officers and their families).	B 2	23. Shek Kip Mei Health Centre (general out-patient facilities with special clinics, a chest clinic and a maternity and child health centre).	B 2
5. Farm Road Dental Clinic.	C 2	24. Tai Hang Tung Clinic (general out-patient facilities).	C 2
6. Government Ophthalmic Clinic—Arrun Street (an ophthalmic centre).	C 3	25. Tin Kwong Road Police Quarters Medical Post (general out-patient facilities for police officers and their families).	C 2
7. Ho Man Tin Maternal & Child Health Centre.	C 3	26. Tsim Sha Tsui Port Health Inoculation Centre, Ocean Terminal.	B 4
8. Hung Hom Clinic Maternity Home (general out-patient facilities and maternity home).	B 4	27. Wang Tau Hom Jockey Club Clinic (general out-patient facilities, maternal and child health centre and maternity home).	C 2
9. Kowloon-Canton Railway Staff Clinic (dental facilities for railway staff and their families).	C 2	28. Wong Tai Sin Police Quarters Medical Post (general out-patient and dental facilities for police officers and their families).	C 1
10. Kowloon Chest Clinic (a tuberculosis clinic).	C 2	29. Yau Ma Tei Jockey Club Polyclinic (general out-patient, social hygiene facilities, eye clinic, dental clinic, chest clinic, maternal and child health centre).	B 3
11. Kowloon Hospital and Out-patient Department (a general hospital with general out-patient and dental facilities).	D 2	GOVERNMENT-ASSISTED AND PRIVATE HOSPITALS	
12. Kowloon Police Medical Post (general out-patient and dental facilities for police officers and their families).	A 1	A. Baptist Hospital (a general hospital).	C 1
13. Kwan Tong Health Centre (general out-patient facilities maternal and child health centre, dental clinic and maternity home).	C 2	B. Caritas Medical Centre (a general and tuberculosis hospital).	B 1
14. Lai Chi Kok Female Prison Hospital.	C 2	C. Evangelical Medical Centre (a general hospital).	C 2
15. Lai Chi Kok Hospital (an infectious diseases and convalescent hospital, with an Isolation Unit for the segregation of suspected cases of quarantinable disease).	B 2	D. Kwong Wah Hospital (a general hospital with out-patient department).	C 3
16. Li Kee Memorial Dispensary (general out-patient facilities with special clinics and a dental clinic).	C 2	E. Kwan Tong Rehabilitation Centre.	D 2
17. Li Po Chun Health Centre (general out-patient facilities, maternal and child health centre and maternity home).	C 2	F. Maryknoll Mission Hospital (a general hospital).	D 1
18. Lions Club Maternal & Child Health Centre (maternal and child health centre and maternity home).	C 3	G. Precious Blood Hospital (a general hospital).	B 2
19. Queen Elizabeth Hospital (an acute specialized general hospital with casualty department and specialist clinic).	C 3	H. St. Teresa's Hospital (a general hospital).	C 2
		I. Wong Tai Sin Infirmary.	D 1

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TABLE I

ESTABLISHMENT OF THE MEDICAL AND HEALTH DEPARTMENT
AS AT 31ST MARCH, 1969

Zone Grade	Zone									Total	Strength on 31.3.69
	Headquarters	Queen Mary Hospital	Queen Elizabeth Hospital	Kowloon Hospital	Castle Peak Hospital and Mental Health Centre	Tsai Yuk Hospital	Dental Service	Tuberculosis Service	Other Hospitals, Clinics and Services		
Director of Medical & Health Services	1	—	—	—	—	—	—	—	—	1	1
Deputy Director of Medical & Health Services	2	—	—	—	—	—	—	—	—	2	2
Assistant Director of Medical & Health Services	3	—	1	—	—	—	—	—	—	5	4
Senior Specialist and Specialist Principal Medical and Health Officer	7	23	—	3	—	3	1	4	41	39	4
Chief Executive Officer/Senior Executive Officer/Executive Officer	3	1	—	1	—	—	—	4	9	8	8
Senior Treasury Accountant/Treasury Accountant	11	—	1	—	—	1	—	—	13	12	12
Senior Medical & Health Officer/Medical & Health Officer/Assistant Medical & Health Officer	2	—	—	—	—	—	—	—	2	2	2
Senior Dental Officer/Dental Officer/Assistant Dental Officer	2	62	104	12	18	12	28	321	559	480	480
Principal Matron	1	1	4	1	1	—	58	—	65	65	65
Nursing Staff	1	590	784	349	306	152	—	114	992	3,288	3,085
Senior Dietitian/Dietitian	—	2	5	1	—	—	—	—	8	8	5
Senior Medical Social Worker/Medical Social Worker Class I & Class II	—	9	12	4	12	2	—	10	29	78	72
Chief Pharmacist/Senior Pharmacist/Pharmacist/Chief Dispenser/Senior Dispenser/Dispenser/Student Dispenser/Dispensary Supervisor	—	19	18	4	5	2	—	5	126	179	168
Government Chemist/Senior Chemist/Chemist/Assistant Biochemist	—	—	—	—	—	—	—	—	15	15	11
Scientific Officer (Medical) and (Psychometry)	—	—	2	—	1	—	—	—	1	4	3
Virologist	—	—	—	—	—	—	—	—	1	1	0
Senior Physicist/Physicist	—	2	5	—	—	—	—	—	7	7	7
Chief Hospital Secretary/Senior Hospital Secretary/Hospital Secretary/Assistant Hospital Secretary	1	3	4	2	2	—	—	—	5	17	16
Clerical Staff	84	52	96	22	24	6	37	43	218	582	577
Superintendent Radiographer/Senior Radiographer/Radiographer Cl. I/Radiographer Cl. II/Student Radiographer	—	31	44	4	—	—	—	—	40	119	115
Carried forward	111	779	1,103	400	372	174	99	202	1,756	4,996	4,673

TABLE 3

STATEMENT OF EXPENDITURE FROM 1964-65 TO 1968-69

Particulars	1964-65	1965-66	1966-67	1967-68	1968-69
	\$	\$	\$	\$	\$
(a) Medical and Health Department	94,525,377	105,473,152	112,713,222	120,524,934	133,582,644
(b) Medical Subventions	32,178,883	38,158,439	45,478,728	46,341,311	52,457,856
(c) Capital expenditure on medical projects under Public Works Non-Recurrent	7,121,098	18,089,300	15,236,622	7,439,173	8,420,115
Total	133,825,358	161,720,891	173,428,572	174,305,418	194,460,615
Total expenditure of the Colony	1,440,523,324	1,769,130,468	1,806,066,602	1,766,022,040	1,872,974,955
Percentage of Medical and Health Department Expenditure to the Total Expenditure of the Colony	9.29%	9.14%	9.60%	9.87%	10.38%

TABLE 4

LEGISLATION OF MEDICAL AND HEALTH IMPORTANCE
APRIL 1968 TO MARCH 1969

Ordinances:

- (i) Dangerous Drugs Ordinance 1968
- (ii) Drug Addiction Treatment Centres Ordinance 1968
- (iii) Medical (Therapy, Education and Research) Ordinance 1968

Rules and Regulations:

- (a) Dangerous Drugs Regulations 1968
- (b) Dentists (Registration and Disciplinary Procedure) (Amendment) Regulations 1968
- (c) Poisons (Amendment) Regulations 1968
- (d) Poisons List (Amendment) Regulations 1968
- (e) Prevention of the Spread of Infectious Diseases (Amendment) Regulations 1968
- (f) Drug Addiction Treatment Centres Regulations 1969

TABLE 5

WORK OF STATUTORY COUNCILS AND BOARDS—APRIL 1968 TO MARCH 1969

	Medical Council	Dental Council	Nursing Board	Midwives Board	Pharmacy Board	Radiation Board	Medical Advisory Board††
Number of meetings held	5	2	3	4	4	—	—
Number on the Register...	1,785	455	General Mental Female: 4,170 Male: 256 67	3,722	175	289‡	—
Number of applications for registration...	159*(76)†	32‡	General Mental Female: 344 3 Male: 5 14	301§	21	48‡	—
Number of registrations granted ...	159*(76)†	29‡	General Mental Female: 337 3 Male: 5 14	298	11	41‡	—
Number of examinations held ...	—	9	General Mental Female: 3 3 Male: 3 3	4	2	—	—
Number of candidates examined ...	—	Oral & practical: 5 Written: 7	General Mental Female: 543 22 Male: 5 14	325	14	—	—
Number of successful candidates ...	—	Oral & practical: 5 Written: 5	General Mental Female: 440 20 Male: — —	304	4	—	—
Number of disciplinary hearings held ...	—	—	General Mental Female: 2 — Male: — —	2	—	—	—
Number of removals from register ...	8	31	General Mental Female: — — Male: — —	2||	5	21**	—

* Including 6 restorations to the register.

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

‡ Including 1 restoration to the register.

§ Including 3 restorations to the register.

|| 2 removals from the register as a result of disciplinary proceedings.

¶ These figures refer to the licensing of irradiating apparatus.

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

†† Not a statutory Board.

TABLE 6

POPULATION STRUCTURE MID 1968

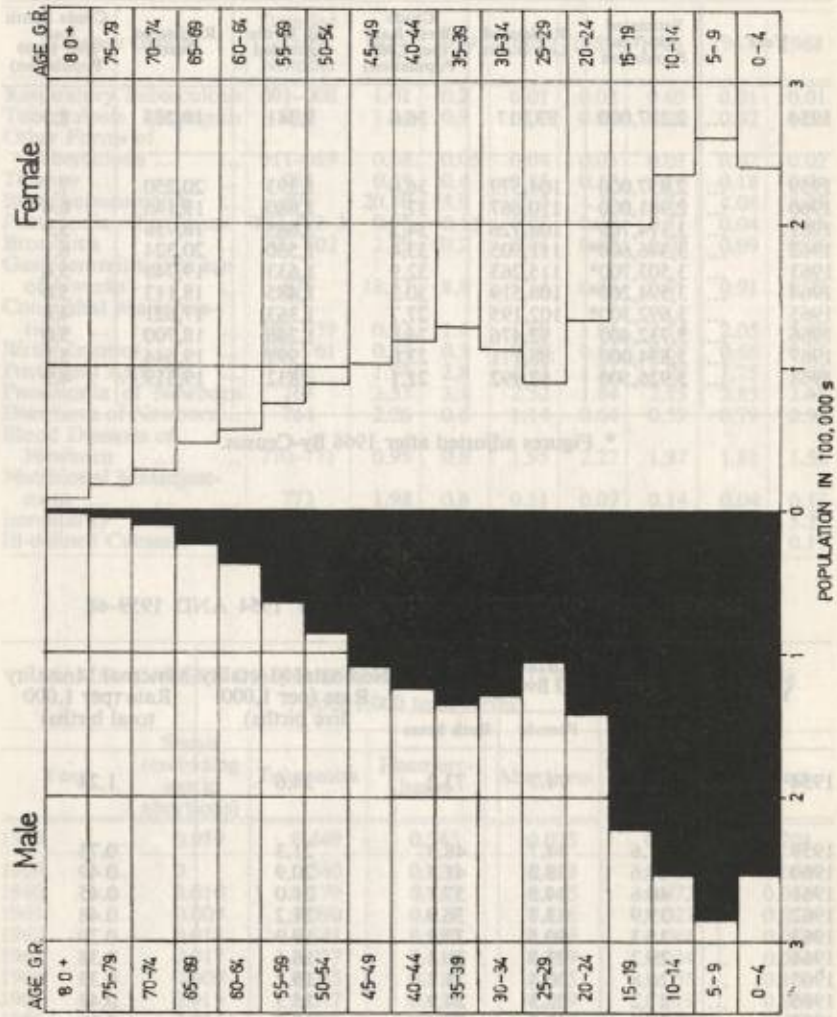


TABLE 7

BIRTHS AND DEATHS 1954 AND 1959-68

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)
1954	2,277,000	83,317	36.6	1,341	19,283	8.5
1959	2,857,000	104,579	36.6	1,393	20,250	7.1
1960	2,981,000	110,667	37.1	1,680	19,146	6.4
1961	3,174,700*	108,726	34.2	1,683	18,738	5.9
1962	3,346,600*	111,905	33.4	1,560	20,324	6.1
1963	3,503,700*	115,263	32.9	1,633	19,748	5.6
1964	3,594,200*	108,519	30.2	1,485	18,113	5.0
1965	3,692,300*	102,195	27.7	1,363	17,621	4.8
1966	3,732,400	92,476	24.8	1,246	18,700	5.0
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

* Figures adjusted after 1966 By-Census.

TABLE 8

INFANT AND MATERNAL MORTALITY 1954 AND 1959-68

Year	Infant Mortality Rate (per 1,000 live births)			Neo-natal Mortality Rate (per 1,000 live births)	Maternal Mortality Rate (per 1,000 total births)
	Male	Female	Both Sexes		
1954	70.2	74.7	73.2	24.6	1.24
1959	51.6	44.7	48.3	21.3	0.73
1960	44.6	38.2	41.5	20.9	0.49
1961	40.6	34.5	37.7	21.0	0.45
1962	39.9	33.7	36.9	21.2	0.48
1963	35.3	30.5	32.9	18.9	0.29
1964	29.2	23.5	26.4	16.6	0.38
1965	26.8	20.5	23.7	15.2	0.33
1966	27.2	22.3	24.9	15.3	0.43
1967	28.7	22.3	25.6	15.9	0.30
1968	25.2	20.7	23.0	15.0	0.14

TABLE 9

MAJOR CAUSES OF INFANT MORTALITY 1954, 1959 AND 1964-68 (per 1,000 live births)

Disease Group	Detailed List Number	1954	1959	1964	1965	1966	1967	1968
Respiratory Tuberculosis	001-008	1.01	0.2	0.01	0.02	0.03	0.01	0.01
Tuberculosis Meningitis	010	1.24	0.9	0.07	0.04	0.08	0.02	0.01
Other Forms of Tuberculosis ...	011-019	0.58	0.05	0.04	0.03	0.01	0.02	0.02
Tetanus ...	061	0.49	0.6	0.25	0.17	0.10	0.18	0.04
Bronchopneumonia ...	491	20.50	15.9	4.60	4.21	4.34	4.08	3.35
Pneumonia other forms	490,492-3	0.95	0.15	0.08	0.07	0.11	0.04	0.13
Bronchitis ...	500-502	2.89	0.2	0.06	0.02	0.02	0.09	0.06
Gastroenteritis over age of 4 weeks ...	571	18.53	8.8	1.34	0.86	0.91	0.91	0.72
Congenital Malformations ...	750-759	0.82	1.6	1.69	1.91	2.14	2.05	2.88
Births Injuries ...	760-761	0.24	0.3	0.50	0.54	0.68	0.66	0.51
Post-natal Asphyxia ...	762	1.94	2.8	1.43	1.31	1.28	1.75	1.64
Pneumonia of Newborn	763	2.53	3.1	2.52	1.84	2.13	2.85	2.65
Diarrhoea of Newborn...	764	2.26	0.6	1.14	0.64	0.59	0.79	0.92
Blood Diseases of Newborn ...	770-771	0.95	0.8	1.95	2.27	1.97	1.81	1.58
Nutritional Maladjustment ...	772	1.98	0.8	0.11	0.07	0.14	0.04	0.13
Immaturity ...	776	11.03	7.3	7.50	6.49	5.73	5.39	5.27
Ill-defined Causes ...	795	1.61	1.2	0.40	0.37	0.43	0.24	0.11

TABLE 10

MAJOR CAUSES OF MATERNAL MORTALITY 1954 AND 1959-1968 (per 1,000 total births)

Year	Sepsis (excluding septic abortions)	Toxaemias	Haemorrhages	Abortions	Ectopic Pregnancies	Others
1954	0.059	0.449	0.343	0.035	0.153	0.201
1959	0	0.340	0.226	0.028	0.066	0.056
1960	0.010	0.179	0.145	0.045	0.072	0.045
1961	0.009	0.090	0.027	0.036	0.027	0.072
1962	0.018	0.141	0.185	0.026	0.044	0.062
1963	0.017	0.077	0.111	0.009	0.034	0.051
1964	0.009	0.055	0.118	0.045	0.055	0.100
1965	0.019	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

TABLE 11
PROPORTIONATE MORTALITY BY DISEASE GROUPS 1954, 1959 AND 1964-68
(Percentage of Total Deaths)

Disease Group	Detailed List Number	1954	1959	1964	1965	1966	1967	1968
1. Infectious and Parasitic ...	001-138	18.0	14.2	10.1	10.0	11.5	12.6	9.0
2. Neoplastic ...	140-239	5.4	9.3	16.4	18.1	17.6	17.4	18.7
3. Allergic, Endocrine, Metabolic and Blood ...	240-299	1.2	1.1	1.5	1.4	1.5	1.7	2.2
4. Nervous System and Sense Organs ...	300-398	3.4	6.2	10.5	11.7	10.7	10.7	10.3
5. Circulatory System ...	400-468	7.0	8.9	14.5	15.2	14.7	14.0	15.2
6. Respiratory System ...	470-527	23.0	22.3	10.7	10.6	12.4	12.8	12.5
7. Intestinal System ...	530-587	17.2	11.3	5.7	5.2	5.0	5.3	5.5
8. Genito-Urinary System ...	590-637	2.0	2.1	2.0	1.7	1.8	1.9	2.1
9. Pregnancy, Child-birth and Puerperium ...	640-689	0.5	0.4	0.2	0.2	0.2	0.1	0.1
10. Skin and Musculo-Skeletal System	690-749	0.2	0.4	0.2	0.1	0.2	0.2	0.4
11. Congenital Malformations and Diseases of Early Infancy ...	750-776	9.8	9.3	9.9	9.5	8.4	7.8	7.5
12. Ill-defined Causes ...	780-795	7.6	8.7	10.5	9.2	8.9	8.8	9.3
13. Accidents, Poisoning and Violence	E800-E999	4.7	5.8	7.7	7.1	7.1	6.8	7.2

TABLE 12
THE TEN LEADING CAUSES OF DEATHS BY AGE AND SEX 1968

Rank	Cause of Death	Detailed List No.	Sex	Age Group								Un-known
				All ages	0	1-4	5-14	15-44	45-64	65 & over		
1	All Causes		M	10,567	1,077	248	282	1,642	4,053	3,254	11	
			F	8,747	833	219	201	880	2,298	4,312	4	
			T	19,319(5)	1,911(1)	467	483	2,522	6,351	7,566	19(4)	
2	Malignant neoplasms, including neoplasm of lymphatic and Laematopoietic tissues	140-205	M	2,000	3	15	45	396	1,068	473	—	
			F	1,582	4	11	22	217	746	582	—	
			T	3,582	7	26	67	613	1,814	1,055	—	
3	Heart Diseases	400-402 410-416 420-422 430-434 440-443	M	1,294	1	3	11	108	573	598	—	
			F	1,262	—	3	23	117	332	786	1	
			T	2,556	1	6	34	225	905	1,384	1	
4	Vascular Lesions affecting central nervous system	330-334	M	823	1	1	2	48	368	403	—	
			F	980	1	2	1	38	285	653	—	
			T	1,803	2	3	3	86	653	1,056	—	
5	Pneumonia, all forms	490-493	M	851	153	72	25	96	210	294	1	
			F	789	136	57	26	37	101	431	1	
			T	1,640	289	129	51	133	311	725	2	
6	Tuberculosis	001-008 010-019	M	1,110	2	6	6	164	624	308	—	
			F	373	1	8	8	58	141	157	—	
			T	1,483	3	14	14	222	765	465	—	
7	All Accidents	E800-E802 E810-E835 E840-E962	M	568	30	52	127	213	102	44	—	
			F	301	15	45	53	59	68	61	—	
			T	869	45	97	180	272	170	105	—	

TABLE 12—Contd.

Rank	Cause of Death	Detailed List No.	Sex	Age Group							Un- known
				All ages	0	1-4	5-14	15-44	45-64	65 & over	
7	Bronchitis	500-502	M	289	3	2	1	11	129	142	1
			F	242	2	4	2	7	66	161	—
			T	531	5	6	3	18	195	303	1
8	Suicide and self-inflicted injury	E963 E970-E979	M	247	—	—	3	121	91	32	—
			F	208	—	—	—	97	64	47	—
			T	455	—	—	3	218	155	79	—
9	Infections of the newborn	763-768	M	193	193	—	—	—	—	—	—
			F	179	179	—	—	—	—	—	—
			T	372	372	—	—	—	—	—	—
10	Cirrhosis of Liver	581	M	234	—	1	1	59	131	42	—
			F	68	—	—	—	5	37	26	—
			T	302	—	1	1	64	168	68	—
			M	160	—	1	7	59	57	36	—
			F	125	—	—	3	31	40	51	—
			T	285	—	1	10	90	97	87	—
			M	144	121	12	5	5	1	—	—
			F	139	118	11	4	3	3	—	—
			T	284(1)	240(1)	23	9	8	4	—	—
			M	115	—	—	—	5	63	47	—
			F	96	—	—	—	4	34	58	—
			T	211	—	—	—	9	97	105	—
			M	2,539	570	83	49	357	636	835	9
			F	2,403	377	78	59	207	381	1,299	2
			T	4,946(4)	947	161	108	564	1,017	2,134	15(4)

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

TABLE 13

INFECTIOUS DISEASES NOTIFIED CASES AND DEATHS 1964-68

Diseases	Cases					Deaths				
	1964	1965	1966	1967	1968	1964	1965	1966	1967	1968
Cholera ...	34	—	1	—	—	4	—	—	—	—
Amoebic Dysentery ...	209	173	220	154	117	21	16	24	21	12
Bacillary Dysentery (Including unspecified dysentery) ...	680	537	766	829	869	8	4	10	7	6
Cerebro-spinal Meningitis ...	38	19	10	55	32	19	9	7	16	14
Chickenpox ...	718	1,552	600	1,257	900	1	—	4	10	1
Diphtheria ...	699	581	307	226	113	38	37	27	18	10
Enteric Fever (Typhoid and Paratyphoid) ...	882	658	686	728	552	20	14	7	11	8
* Leprosy ...	—	102	160	148	164	—	—	2	4	—
Malaria ...	180	143	127	65	19	—	1	—	2	—
Measles ...	1,218	5,459	2,360	4,726	1,138	73	217	384	654	46
Ophthalmia Neonatorum ...	232	215	203	191	203	—	—	—	—	—
Poliomyelitis ...	37	140	32	5	15	3	17	1	3	2
Puerperal Fever ...	1	3	2	1	1	1	2	2	1	—
Scarlet Fever ...	12	12	37	64	8	—	—	—	—	—
Tuberculosis ...	12,557	9,927	11,427	15,253	9,792	1,441	1,278	1,515	1,493	1,483
Typhus (Mite-borne) ...	—	2	2	—	—	—	—	—	—	—
Whooping Cough ...	106	339	108	40	88	—	—	—	—	—
Total ...	17,603	19,862	17,048	23,742	14,011	1,630	1,595	1,983	2,240	1,583

† Influenza

Remarks: * Notifiable since June 1965.
† Voluntary Notifications.

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

TABLE 14

MORTALITY RATES FOR CERTAIN INFECTIOUS DISEASES 1964-68

Diseases	Case Fatality Ratio (Deaths as percentage of Notifications)					Death Rate (per million population)				
	1964	1965	1966	1967	1968	1964*	1965*	1966	1967	1968
	Cholera ...	11.76	—	—	—	—	1.1	—	—	—
Amoebiasis ...	10.01	9.25	10.91	13.64	10.26	5.8	4.3	6.4	5.5	3.06
Cerebrospinal Meningitis ...	50.00	47.30	70.00	29.09	43.75	5.3	2.4	1.9	4.2	3.57
Diphtheria ...	5.44	6.35	8.79	7.96	8.85	10.6	10.0	7.2	4.7	2.55
Dysentery { Bacillary ... Unspecified ...	1.18	0.74	1.30	0.84	0.69	2.2	1.1	2.7	1.8	1.53
Enteric Fever { Typhoid ... Paratyphoid ...	2.27	2.12	1.02	1.51	1.45	5.6	3.8	1.9	2.9	2.04
Measles ...	5.99	3.97	16.27	13.84	4.04	20.3	58.8	102.9	170.6	11.72
Poliomyelitis ...	8.11	12.15	3.12	60.00	13.33	0.8	4.6	0.3	0.8	0.51
Tuberculosis ...	11.48	12.87	13.26	9.79	15.15	400.9	346.1	405.9	389.4	377.69

* Figures adjusted after 1966 By-Census.

TABLE 15
PRINCIPAL INFECTIOUS DISEASES BY AGE AND SEX 1968
CASES NOTIFIED

Age Group	Tuberculosis		Diphtheria		Enteric Fever		Poliomyelitis		*B/Dysentery	
	M	F	M	F	M	F	M	F	M	F
0-4 ...	58	45	31	21	26	18	7	6	186	137
5-9 ...	65	42	14	17	70	45	1	—	68	55
10-14 ...	65	82	2	5	80	59	—	1	20	23
15-19 ...	602	417	1	5	55	39	—	—	13	20
20-24 ...	803	390	2	1	19	17	—	—	18	20
25-29 ...	661	200	2	1	15	15	—	—	21	11
30-34 ...	681	192	2	1	9	13	—	—	25	15
35-39 ...	753	194	3	3	13	7	—	—	41	21
40-44 ...	704	183	—	1	10	11	—	—	26	23
45-49 ...	696	159	—	—	4	6	—	—	16	13
50-54 ...	667	193	—	—	4	4	—	—	14	8
55-59 ...	635	145	—	1	1	2	—	—	9	11
60-64 ...	385	130	—	—	3	2	—	—	2	14
65-69 ...	243	95	—	—	1	2	—	—	5	4
70-74 ...	114	49	—	—	—	—	—	—	2	7
75 & Over ...	70	64	—	—	1	1	—	—	5	14
Unknown ...	5	5	—	—	—	—	—	—	—	2
Total ...	7,207	2,585	57	56	311	241	8	7	471	398

DEATHS

Age Group	Tuberculosis		Diphtheria		Enteric Fever		Poliomyelitis		*B/Dysentery	
	M	F	M	F	M	F	M	F	M	F
0-4 ...	8	9	6	2	—	1	—	2	1	1
5-9 ...	2	4	—	2	—	1	—	—	1	—
10-14 ...	4	4	—	—	1	—	—	—	—	—
15-19 ...	9	4	—	—	1	—	—	—	—	—
20-24 ...	6	4	—	—	1	—	—	—	—	—
25-29 ...	15	8	—	—	—	1	—	—	—	—
30-34 ...	30	9	—	—	—	—	—	—	—	—
35-39 ...	43	13	—	—	1	—	—	—	—	—
40-44 ...	61	20	—	—	—	1	—	—	1	—
45-49 ...	107	23	—	—	—	—	—	—	—	—
50-54 ...	154	35	—	—	—	—	—	—	—	—
55-59 ...	199	34	—	—	—	—	—	—	1	—
60-64 ...	164	49	—	—	—	—	—	—	—	—
65-69 ...	144	48	—	—	—	—	—	—	—	—
70-74 ...	92	38	—	—	—	—	—	—	—	1
75 & Over ...	72	71	—	—	—	—	—	—	—	—
Unknown ...	—	—	—	—	—	—	—	—	—	—
Total ...	1,110	373	6	4	4	4	—	2	4	2

* Including unspecified dysentery.

TABLE 16
PROPHYLACTIC IMMUNIZATIONS 1964-68

Immunological Procedure	1964	1965	1966	1967	1968
Anti-Smallpox Vaccination	844,367	776,538	487,790	575,869	767,541
Anti-Cholera Inoculation	2,406,623	1,603,875	1,467,271	1,318,991	1,385,272
Anti-Diphtheria Inoculations:					
1st Dose	338,468	392,474	290,226	341,632	335,128
2nd Dose	282,176	351,960	249,738	301,097	293,746
Booster Dose	142,242	181,603	167,557	175,359	181,735
Anti-Typhoid Inoculations:					
1st Dose	19,931	19,378	49,913	29,799	32,324
2nd Dose	6,843	7,052	19,115	12,793	14,417
Booster Dose	41,018	65,381	65,042	61,447	67,464
Anti-Tuberculosis (B.C.G.) Vaccinations:					
Infants	93,806	93,666	84,839	85,917	80,354
Others	13,875	15,465	13,933	28,274	33,895
Poliomyelitis Vaccinations:					
1st Dose	145,760	194,084	106,190	107,302	97,754
2nd Dose	98,111	126,095	116,009	90,880	82,939
*Oral Poliovaccine Type I for Newborn	—	—	54,590	69,495	62,869
†Anti-measles Vaccination	—	—	—	—	83,107

* From April, 1966.

† From end of December, 1967.

TABLE 17
TUBERCULOSIS MORTALITY 1954 AND 1959-68

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
1954	2,876	126.3	14.9	29
1959	2,178	76.2	10.7	37
1960	2,085	69.9	10.8	43
1961	1,907	60.1*	10.2	43
1962	1,881	56.2*	9.2	46
1963	1,762	50.3*	8.9	47
1964	1,441	40.1*	7.9	48
1965	1,278	34.6*	7.2	49
1966	1,515	40.6	8.1	53
1967	1,493	38.9	7.6	55
1968	1,483	37.8	7.7	56.5

* Figures adjusted after 1966 By-Census.

TABLE 18
TUBERCULOSIS IN CHILDHOOD 1954 AND 1959-68

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)
1954	3.66	31.2	8.17	2.82
1959	59.53	18.92	5.56	1.17
1960	71.54	10.50	2.20	0.42
1961	79.31	11.48	2.62	0.46
1962	81.59	5.74	1.43	0.24
1963	83.44	5.50	1.08	0.16
1964	86.40	4.09	0.90	0.12
1965	91.65	3.36	0.70	0.09
1966	90.22	2.71	0.73	0.12
1967	95.42	2.01	0.33	0.07
1968	94.23	1.15	0.20	0.04

TABLE 19
TUBERCULOSIS NOTIFICATIONS 1954, 1959 AND 1964-68

	1954	1959	1964	1965	1966	1967	1968	
Origin of Notification	Govt. Chest Clinics ...	7,693	10,221	9,478	6,530	8,105	11,917	6,844
	Other Govt. Inst. ...	1,788	2,114	1,184	1,334	990	1,167	688
	Tung Wah Group		1,120	604	463	618	563	309
	Other Non-Govt. Inst. and Private Services	3,027						
		847	1,291	1,600	1,714	1,606	1,951	
Total ...	12,508	14,302	12,557	9,927	11,427	15,253	9,792	
Notification rate per 100,000 population	549	501	349*	269*	306	398	249	

* Figures adjusted after 1966 By-Census.

TABLE 20
WORK OF GOVERNMENT CHEST SERVICE
GOVERNMENT CHEST CLINICS 1968

	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 Tung Tau Clinic	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

ATTENDANCES AT GOVERNMENT CHEST CLINICS, 1968

Total attendances ...	1,339,301
Total number of new and old patients attending ...	91,039
Number of new patients ...	38,019 (100.00%)
Number of new patients with examination completed ...	36,723 (96.5%)
N.S.O. ...	15,217 (40.02%)
Not tuberculosis ...	5,837 (15.35%)
Extra-pulmonary T.B.	
(a) Meninges ...	5 (0.01%)
(b) Bones and joints ...	79 (0.21%)
(c) Others ...	126 (0.33%)
Pulmonary T.B.	
(a) Not active and unknown ...	7,604 (20.00%)
(b) Active ...	7,855 (20.67%)
By bacteriology and extent	
Negative	
A1 ...	1,867 (4.91%)
A2 ...	859 (2.26%)
A3 ...	214 (0.56%)
Positive	
B1 ...	1,120 (2.95%)
B2 ...	1,593 (4.19%)
B3 ...	1,287 (3.39%)
Incomplete	
O1 ...	532 (1.40%)
O2 ...	276 (0.73%)
O3 ...	107 (0.28%)
By previous history and treatment	
No previous history of T.B. ...	5,705
Previously, diagnosis no treatment ...	70
Previously, diagnosis and treatment ...	2,004
Previous history not known ...	76

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

TABLE 21

X-RAY SURVEYS 1958-68

Year	Government Servants		Conditional Survey		Prisoners Survey	
	Total Examined	% with Active Disease	Total Examined	% with Active Disease	Total Examined	% with Active Disease
1958	33,420	1.38	8,768	1.88	6,279	6.24
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	0.87	9,735	1.17	1,761	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

TABLE 22

CONTACT EXAMINATIONS 1968

Number of patients giving rise to contacts ... 10,046
 Number of contacts listed to be examined ... 28,389
 Number of B.C.G. given ... 1,326

Under 8 years	Tuberculin Tested	Positive	Negative	Not Read	Number of Contacts listed	Number X-rayed	Un-known	N.S.D.	Disease other than TB	Result of Examination				
										Respiratory TB			Non-Respiratory TB	
										A	B	O		Not-Active + unknown
(A)	Total (under 8 years)	...	...	...	5,729	3,514	36	3,221	146	7	21	4	78	5
(B)	8 years and over	...	...	...	22,660	17,129	103	15,761	346	101	67	64	673	14

Remarks: (A) Under 8 years
 % examined with active T.B. = 0.58%
 (B) 8 years and over
 % examined with active T.B. = 1.35%

TABLE 23

CLASSIFICATION OF ORTHOPAEDIC TUBERCULOSIS
OF NEW PATIENTS†, BY SITE, 1964-68

Year	Site of Disease						TOTAL
	Spine	Hip Joint	Knee	Ankle	Femur	Others	
1964 ...	133	50	*	*	*	48*	231
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

* Figures with regard to tuberculosis of the knee, ankle and femur, not available prior to 1965.

† Attending Orthopaedic Specialist Clinic at Sai Ying Pun Chest Clinic.

TABLE 24

MALARIA 1964-68

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
1964 ...	180	1	24	64	45	31	16
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

* Including floating population.

IDENTIFICATION OF PARASITES

Year	P. vivax	P. falciparum	P. malariae	Mixed infection	Species undetermined
1964 ...	154	22	2	1	1
1965 ...	136	4	3	—	—
1966 ...	115	10	2	—	—
1967 ...	56	5	2	1	1
1968 ...	14	—	3	—	2

TABLE 25

ANNUAL INCIDENCE AND TREND OF VENEREAL DISEASE 1959-68

Venereal Diseases	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968
	(Total (Except Congenital))	2,680	2,091	1,555	1,858	1,487	1,036	1,197	1,177	1,082	1,314
Primary ...	19	46	35	154	164	119	39	28	10	20
Secondary ...	9	20	26	26	60	64	35	8	15	7
Early Latent ...	426	296	202	359	307	197	263	198	220	233
Late Latent ...	2,038	1,590	1,173	1,216	864	590	791	874	788	981
All others ...	188	139	119	103	92	66	69	69	49	73
Congenital (Under 1 year ...)	10	0	3	11	5	1	2	1	16	12
(Over 1 year ...)	131	74	48	66	53	47	66	56	45	72
Gonorrhoea ...	8,362	6,506	5,997	5,747	5,696	5,008	5,096	6,353	7,344	7,375
Non-Gonococcal Urethritis ...	481	591	509	453	379	496	578	629	648	659
Chancroid ...	324	873	635	356	347	268	254	105	53	286
Lymphogranuloma Venereum ...	53	16	7	8	16	8	8	11	5	23
Other Diseases										
Non-Venereal Disease ...	4,997	4,717	4,293	5,489	4,155	4,548	5,169	5,191	4,672	5,074
Skin Diseases ...	11,046	10,611	12,173	12,917	10,740	12,570	14,121	15,014	13,206	15,846
Attendances at Clinics (All Types)										
New Attendance ...	28,980	26,281	25,819	27,264	23,761	25,224	27,541	29,254	27,669	31,342
Total Attendances	213,026	213,733	182,049	179,135	147,588	143,381	147,311	161,994	170,532	209,916

TABLE 26

V.D.R.L. EXAMINATIONS IN EXPECTANT MOTHERS 1964-68

	1964	1965	1966	1967	1968
No. of tests (Clinics & Hospitals) ...	55,406	56,103	52,381	55,012	47,552
% Positive ...	1.7	2.2	2.4	1.8	1.7
No. of tests (Private Midwives) ...	7,373	6,669	4,580	3,577	3,208
% Positive ...	1.8	2.0	1.7	0.8	1.2

TABLE 27

LEPROSY 1968

INCIDENCE OF LEPROSY 1963-68

Year	New Cases	Rate per 100,000 population
1963 ...	258	7.5*
1964 ...	271	7.6*
1965 ...	217	5.9*
1966 ...	163	4.1*
1967 ...	149	3.9
1968 ...	160	4.0

* Figures adjusted after 1966 By-Census.

ANALYSIS OF CASES BY AGE 1968

Age Group	No. of Cases
Under 1 ...	—
1 - 4 ...	—
5 - 9 ...	6
10 - 14 ...	4
15 - 19 ...	17
20 - 24 ...	11
25 - 29 ...	13
30 - 34 ...	10
35 - 39 ...	27
40 - 44 ...	20
45 - 49 ...	12
50 - 54 ...	17
55 - 59 ...	7
60 & Over ...	16
Total ...	160

ADMISSION TO LEPROSARIUM 1968

New admissions ...	51
Relapses ...	2
For surgery ...	15
Total ...	68

TABLE 28

ANALYSIS OF DERMATOLOGICAL CONDITIONS
PRESENTING AT CLINICS 1968

Acne	281	Neurofibromatosis	3
Alopecia	128	Nevi (All Types)	51
Angioedema	1	Pediculosis	1
Carcinoma	6	Pemphigus	6
Contact Dermatitis	1,553	Paronychia	74
Dermatitis Exfoliative	7	Pityriasis Rosea	148
Dermatitis Herpetiformis	15	Pityriasis Alba	92
Dermatomyositis	2	Pruritus	310
Drug Eruption	69	Psoriasis	187
Eczema (All Types)	5,242	Purpura	20
Erythema Multiforme	19	Pyoderma	295
Erythema Nodosum	11	Raynaud's Phenomenoma	1
Granulomata	23	Rosacea	43
Herpes Simplex	22	Scabies	34
Herpes Zoster	52	Scleroderma	8
Ichthyosis	29	Tinea (All Types)	1,111
Keloid	32	T.B. Cutis	54
Keratosis (All Types)	33	Tumors, Benign	32
Lichen Amyloidosis	28	Ulcer, Varicose	46
Lichen Planus	13	Urticaria	621
Light Sensitivity	3	Vasculitis	1
Lupus Erythematosus (All Types)	40	Verruca	465
Miliaria	40	Vitiligo	255
Molluscum Contagiosum	16	Xanthoma	17
Neurodermatitis	827	Leprosy	94
		Miscellaneous	438
Total	12,899		

TABLE 29

CULTURES FOR MYCOLOGICAL IDENTIFICATION, 1968

T. rubrum	256	T. tonsurans	13
T. mentogrophytes	10	E. floccosum	18
M. canis	41	M. gypseum	1
T. versicolor	38	C. albicans	8
M. ferrugineum	2	T. violaceum	10
Total specimens examined	1,435		

TABLE 30

WORK OF THE PORT HEALTH SERVICE—1968

INSPECTIONS

Immigration

	No. of Vessels	No. of Passengers	No. of Crew	No. of Smallpox Vaccinations	No. of Cholera Inoculations	No. under Surveillance
By Sea						
Overseas ...	5,644	37,840	247,969	448	566	—
Macau ...	*	1,038,856	257,148	123,935	—	—
Junks, etc. ...	10,268	*	131,387	272	38	—
By Air ...	16,545	713,464	149,541	1,192	1,209	4
By Train ...	*	313,205	—	19,710	131	—
Total ...	32,457	2,103,365	786,045	145,557	1,944	4

Emigration

By Sea	25	2,812	2,732	—	—	—
---------------	----	-------	-------	---	---	---

* Number not recorded.

FUMIGATION

No. of ships fumigated	33
Total net tonnage	53,214.67
Cubic capacity (cubic feet)	7,800,964
Rats recovered	551
Exemptions granted	278
No. of ships disinfected	22
No. of aircraft disinsected	366

MEDICAL ASSISTANCE TO SHIPS

To ships at sea	37
To ships in port	26

TABLE 31

MIDWIFERY SERVICES 1967-68*

(Excluding Hospitals)

PRIVATE MIDWIFERY SERVICES

	1967	1968
Number of midwives in active practice	134	114
Number of registered maternity homes	80	69
Number of maternity beds	460	386
Maternity home deliveries	24,848	20,906
Domiciliary deliveries	687	411
Total deliveries	25,535	21,317

GOVERNMENT MIDWIFERY SERVICES

	1967	1968
Maternity beds in maternity homes (Urban)	253	279
Maternity beds in maternity homes (Rural)	232	225
Midwives (excluding hospitals)	123	128
Cases attended (excluding hospitals)	18,880	17,989
Average case-load for each midwife (excluding hospitals)...	164	145

* Position at 31st March.

TABLE 32

DISTRIBUTION OF M.C.H. CENTRES AT 31ST MARCH, 1969

District	Full-time Centres		Subsidiary Centres	
	No Midwifery Service attached	With Midwifery Service attached	No Midwifery Service attached	With Midwifery Service attached
Hong Kong ...	3	5	1	1
Kowloon ...	2	6	—	1
N.T. & Islands...	—	1	1	8
Total ...	5	12	2	10

TABLE 33

MATERNAL AND CHILD HEALTH SERVICES 1967-68

	1967	1968
No. of full-time centres	17	17
No. of subsidiary centres	14	13
<i>Ante-natal Sessions</i>		
Total Sessions	2,556	2,597
New attendances	22,295	21,850
Total attendances	112,780	113,868
Average attendance per session	44.12	43.85
Average attendance per person	5.06	5.21
<i>Post-natal Sessions</i>		
Total Sessions	825	813
New attendances	5,045	5,221
Total attendances	6,346	6,262
Percentage presenting with some abnormality	27.12%	26.33%
<i>Infant Welfare Sessions (0-2 years of age)</i>		
Total Sessions	6,069	6,093
New attendances	76,254	74,981
Total attendances	778,202	868,365
<i>Toddler Welfare Sessions (2-5 years of age)</i>		
Total Sessions	1,207	1,241
New attendances	27,737	31,815
Total attendances	134,594	158,160
Percentage presenting with some abnormality (0-5 years of age)	1.20%*	0.93%*
Home Visits	135,795	116,930

* New attendances only.

TABLE 34

SCHOOL MEDICAL SERVICE BOARD

NUMBER OF PARTICIPATING SCHOOLS, PUPILS AND DOCTORS AT 31ST MARCH, 1969

Districts	No. of Part. Schools	No. of Part. Pupils	No. of Part. Doctors
<i>Hong Kong</i>			
Wan Chai ...	30	926	12
Central and Sheung Wan ...	26	1,880	34
Western ...	48	2,223	6
Causeway Bay ...	34	4,849	13
North Point ...	34	2,894	10
Shau Kei Wan ...	26	678	5
Aberdeen ...	25	2,078	4
Sub-total ...	223	15,528	84
<i>Kowloon</i>			
Tsim Sha Tsui ...	12	789	11
Yau Ma Tei ...	21	946	19
Mong Kok ...	70	6,346	31
Cheung Sha Wan ...	29	1,595	8
Shek Kip Mei ...	36	1,904	7
Hung Hom and To Kwa Wan ...	23	1,148	7
San Po Kong ...	48	2,967	7
Kowloon Tong ...	11	393	2
Kai Tak ...	44	2,876	8
Kwun Tong ...	31	2,512	5
Sub-total ...	325	21,476	105
<i>New Territories</i>			
Tsuen Wan ...	31	2,200	5
Yuen Long ...	35	838	3
Sha Tin ...	7	195	2
Tai Po ...	9	213	1
Sheung Shui ...	15	587	1
Sub-total ...	97	4,033	12
Grand Total ...	645	41,037	201

TABLE 35

WORK OF THE GENERAL DENTAL SERVICE 1964-68

Year	Attendances	Deciduous Teeth		Permanent Teeth		Persons rendered dentally fit
		Restored	Extracted	Restored	Extracted	
1964 ...	175,683	14,540	23,176	74,038	35,199	26,496
1965 ...	224,172	18,899	29,688	90,519	40,635	36,010
1966 ...	244,097	23,107	29,996	96,851	39,991	44,262
1967 ...	258,399	21,836	30,257	100,312	38,941	23,475
1968 ...	277,935	20,975	34,033	95,694	42,692	57,245

TABLE 36

WORK OF THE FORENSIC PATHOLOGY LABORATORIES 1967-68

	1967	1968
Examination of victims and suspects ...	808	729
Attendance at scenes of crime ...	168	218
Attendance at courts ...	188	131
Medico-legal examination of weapons ...	111	80
Examination of hairs, fibres, etc. ...	984	1,086
Examination of clothing ...	1,101	990
Miscellaneous examination ...	285	377
Blood grouping (medico-legal) ...	3,033	2,728
Blood grouping (Police officers) ...	832	1,210
Lectures to Police Officers ...	18	27
Identification of nature of meat (dog, cat, etc.) ...	56	37
Chemical examinations ...	45	18
Assistance in Raids:		
Breach of Pharmacy and Poisons Ordinance and Penicillin Ordinance ...	—	—
Unregistered Medical Practitioners ...	1	—
Abortionists ...	3	9
Unregistered Dentists ...	—	—