

**Annual departmental report by the Director of Medical and Health Services  
/ Hong Kong.**

**Contributors**

Hong Kong. Medical Department.

**Publication/Creation**

Hong Kong : Govt. Printer, [1952]

**Persistent URL**

<https://wellcomecollection.org/works/t76ffbdr>

**License and attribution**

This work has been identified as being free of known restrictions under copyright law, including all related and neighbouring rights and is being made available under the Creative Commons, Public Domain Mark.

You can copy, modify, distribute and perform the work, even for commercial purposes, without asking permission.



Wellcome Collection  
183 Euston Road  
London NW1 2BE UK  
T +44 (0)20 7611 8722  
E [library@wellcomecollection.org](mailto:library@wellcomecollection.org)  
<https://wellcomecollection.org>

13076



HONG KONG

ANNUAL  
DEPARTMENTAL  
REPORTS  
1951-2



DIRECTOR OF  
MEDICAL & HEALTH  
SERVICES

PRICE: \$12

RBB / 40 k.

THE ROYAL SANITARY INSTITUTE LIBRARY  
90, Buckingham Palace Road, London, S.W.1.

Class No. ...RBB/40k

Acc. No. ....13076

This book is returnable on or before the last date Marked below

11 AUG 1953



22501293016

**HONG KONG**  
**ANNUAL DEPARTMENTAL REPORT**  
**BY THE**  
**DIRECTOR OF MEDICAL**  
**AND**  
**HEALTH SERVICES**  
**FOR THE**  
**FINANCIAL YEAR 1951 - 2**

**PRINTED AND PUBLISHED BY THE GOVERNMENT PRINTER,**  
**HONG KONG.**

HONG KONG  
ANNUAL DEPARTMENTAL REPORT  
BY THE  
DIRECTOR OF MEDICAL  
AND  
HEALTH SERVICES  
FOR THE  
FINANCIAL YEAR 1951-2

WELLCOME INSTITUTE LIBRARY	
Coll.	welM0mec
Call	Ann Rep
No.	WA28
	.JH6
	H77
	1952

## CONTENTS

---

	<i>Paragraph Number</i>
I. GENERAL	
Administration	
General ... ..	1 - 12
Staff .. ...	13 - 17
Legislation ... ..	18
Statistics	
Population ... ..	19 - 20
Births ... ..	21 - 25
Deaths ... ..	26 - 30
Infant Mortality ... ..	31 - 34
Maternal Mortality ... ..	35 - 37
Principal Causes of Death ... ..	38 - 43
Hospitals and Clinics ... ..	44 - 48
II. PUBLIC HEALTH	
Introduction ... ..	49 - 57
Hygiene and Sanitation ... ..	58 - 70
Rural Health ... ..	71 - 75
Communicable Diseases ... ..	76 - 103
Anti-Epidemic Measures ... ..	104 - 109
Health Education ... ..	110 - 111
Port Health ... ..	112 - 120

II. PUBLIC HEALTH,—*Contd.*

Social Hygiene ... ..	121 - 129
Maternal & Child Health ... ..	130 - 139
School Health ... ..	140 - 149
Malaria and Mosquito Control ... ..	150 - 166
Tuberculosis Control ... ..	167 - 218

III. HOSPITALS AND CLINICS

Queen Mary Hospital ... ..	219 - 231
Kowloon Hospital ... ..	232 - 240
Mental Hospital ... ..	241 - 250
Sai Ying Pun Hospital ... ..	251 - 259
Lai Chi Kok Hospital ... ..	260 - 264
Tsan Yuk Hospital ... ..	265 - 276
Eastern Maternity Hospital ... ..	277 - 280
St. John Hospital, Cheung Chau ... ..	281 - 283
Stanley Prison Hospital ... ..	284 - 294
Privately Hospitals ... ..	295 - 296
New Territories Clinics, Maternity Homes and Travelling Dispensaries	297 - 305
Dental Clinics . ... ..	306 - 412
Violet Peel Polyclinic ... ..	413 - 415
Public Dispensaries (Urban) ... ..	416 - 418
Midwives and Maternity Homes ... ..	419 - 426

	<i>Paragraph Number</i>
IV. GOVERNMENT ASSISTED HOSPITALS	427 - 428
Tung Wah Group Hospitals ... ..	429 - 433
Nethersole Hospital ... ..	434 - 435
Ruttonjee Sanatorium ... ..	436 - 437
V. SPECIAL SUB-DEPARTMENTS	
Pharmaceutical ... ..	438 - 445
Almoner ... ..	446 - 451
Pathological—including Mortuaries ...	452 - 489
Chemical .. ...	490 - 502
Medico-Legal ... ..	503 - 504
Radiological ... ..	505 - 512
Blood Transfusion ... ..	513 - 515
Births & Deaths Registration ... ..	516 - 518
Steward—including Transport & Am- bulance Services ... ..	519 - 521
VI. TRAINING OF MEDICAL AND HEALTH PERSONNEL ... ..	522 - 530
VII. ACCOUNTS	
Occupational Therapy Fund	
Samaritan Fund	
Nurses Rewards and Fines Fund.	
VIII. MAPS	



Digitized by the Internet Archive  
in 2019 with funding from  
Wellcome Library

## I. GENERAL ADMINISTRATION

### *General.*

1. In September 1951 the Director of Medical & Health Services attended the 2nd Session of the World Health Organization Western Pacific Regional Committee, which was held in Manila, as the representative of His Majesty's Government for British Territories in the Western Pacific Region, viz. Singapore, Federation of Malaya, Sarawak, Brunei, North Borneo, Fiji and Hong Kong.

2. The number of patients dealt with in every section of the department continues to increase and the plans for the proposed new hospital in Kowloon have been revised. It is now intended that a 1,000 bed general hospital, and a 200 bed children's hospital will be built to replace the existing Kowloon hospital.

3. The new block at Kowloon Hospital was opened in September 1951. This block provides an additional 72 beds, a much needed relief until such time as the hospital referred to above can be completed.

4. To cope with the increase of patients two additional evening clinics were opened at Shamshuipo Public Dispensary and Violet Peel Polyclinic as an extension of the dollar a time scheme.

5. A new maternity home of 6 beds was opened at Mui Wo (Silvermine Bay). This maternity home was built by the villagers and then handed over to this department which provided the staff and equipment.

6. A new public dispensary for the Kowloon City district was completed at the end of March 1952. Funds to construct this dispensary were provided by the local Kaifong and the Hong Kong Government, and on completion the building was handed over to this department which is now responsible for running it.

7. For the convenience of residents of the New Territories two new birth registration offices have been opened; one in the Taipo Dispensary and the other in the Un Long Dispensary.

8. Provision has now been made for a leper colony on Hay Ling Chau formerly known as Nun Island which will replace the temporary leprosarium at Sandy Bay. Work is going ahead on the construction of buildings on the island for patients and staff. This leper colony is operated by the Hong Kong Auxiliary of the Mission to Lepers.

9. Dr. E. D. Pridie, Chief Medical Officer of the Colonial Office, visited the Colony in June. He visited all sections of the Department and expressed himself as well satisfied with the work being done. Dr. B. Chisholm, Director General of the World Health Organization, also visited the Colony and gave the department the benefit of his advice.

10. A certain amount of assistance was received from U.N.I.C.E.F. during the year. This took the form of the provision of equipment and a feeding programme. The most important item of equipment received was a complete mobile mass X-ray unit housed in two specially built vans. This unit has been of great assistance to the department but unfortunately the shortage of staff in the X-ray department prevented its full utilization.

11. By the end of the period under review arrangements had been completed with U.N.I.C.E.F. and W.H.O. for the provision of assistance in immunizing the juvenile population

of the Colony against tuberculosis by the use of B.C.G. vaccine. U.N.I.C.E.F. and W.H.O. will assist the Colony by the provision of the necessary vaccine and equipment and the loan of an international team to instruct and train members of this department in the use of the vaccine.

12. U.N.I.C.E.F. also provided a quantity of diphtheria toxoid for use in the immunization campaign initiated by this department.

*Staff.*

13. On 6.7.51 Dr. I. Newton, F.R.C.S. (Edin.), M.R.C.S. (Eng.), L.R.C.P. (Lond.), left the Colony on leave prior to retirement and was replaced by Dr. K. C. Yeo, M.D., B.S. (H.K.), D.T.M. & H. (Eng.), D.P.H. (Camb.), who acted as Director of Medical & Health Services until 27.1.52 on which date he was promoted to the substantive post of Director of Medical & Health Services.

14. During the year under review recruiting of qualified staff continued to be a problem. Due to the lack of recruits with registrable qualifications the department had to continue to rely to a considerable extent on non-registrable doctors residing in the Colony. Out of a total establishment of 141 Medical Officers and Assistant Medical Officers, 98 posts were filled with persons having qualifications which cannot be registered in Hong Kong.

15. In the case of expatriate nursing staff it has proved impossible to fill the existing vacancies for Sister Tutors due to the shortage of this type of officer; vacancies for Nursing Sisters are filled only after considerable delay so that it has been necessary to employ temporary married staff who are recruited locally, a not very satisfactory solution to the problem. Thirteen locally trained and fully qualified nurses resigned during the year; there is a steady loss of qualified nurses, in the most part due to the attractions of private nursing.

16. Eleven local nurses were promoted to Nursing Sisters during the year.

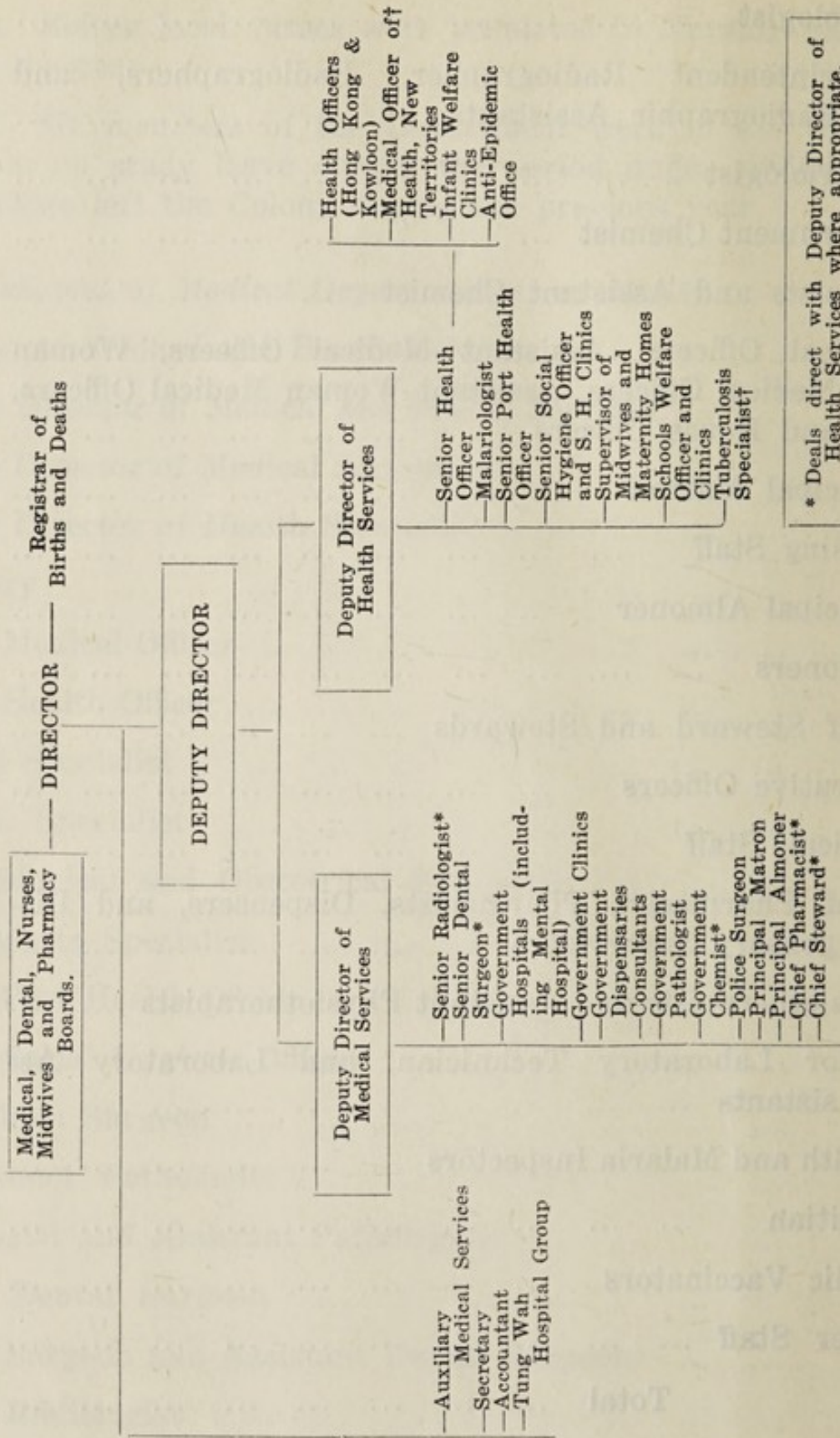
17. Six members of the Department were in the United Kingdom on study leave during the period under review; of these, three left the Colony during the previous year.

*Establishment of Medical Department as at 31.3.52.*

Director of Medical and Health Services .. ... ..	1
Deputy Director of Medical and Health Services ... ..	1
Deputy Director of Medical Services ... ..	1
Deputy Director of Health Services ... ..	1
Secretary ... ..	1
Senior Medical Officer .. ... ..	1
Senior Health Officer ... ..	1
Medical Specialist .. ... ..	1
Surgical Specialist ... ..	1
Gynaecological and Obstetrical Specialist ... ..	1
Tuberculosis Specialist ... ..	1
Senior Port Health Officer ... ..	1
Senior Social Hygiene Officer ... ..	1
Ophthalmic Surgeon ... ..	1
Government Pathologist ... ..	1
Pathologist and Assistant Pathologists ... ..	3
Senior Dental Surgeon ... ..	1
Dental Surgeon and Assistant Dental Surgeons ... ..	8
Senior Radiologist ... ..	1

Radiologist	...	...	...	...	...	...	...	...	...	...	1
Superintendent Radiographer, Radiographers, and Radiographic Assistants	...	...	...	...	...	...	...	...	...	...	23
Malariologist	..	...	...	...	...	...	...	...	...	...	1
Government Chemist	...	...	...	...	...	...	...	...	...	...	1
Chemists and Assistant Chemist	...	...	...	...	...	...	...	...	...	...	3
Medical Officers, Assistant Medical Officers, Woman Medical Officers, Assistant Woman Medical Officers, and House Officers	...	...	...	...	...	...	...	...	...	...	155
Principal Matron	...	...	...	...	...	...	...	...	...	...	1
Nursing Staff	...	...	...	...	...	...	...	...	...	...	634
Principal Almoner	...	...	...	...	...	...	...	...	...	...	1
Almoners	...	...	...	...	...	...	...	...	...	...	16
Chief Steward and Stewards	...	...	...	...	...	...	...	...	...	...	3
Executive Officers	...	...	...	...	...	...	...	...	...	...	6
Clerical Staff	...	...	...	...	...	...	...	...	...	...	164
Chief Pharmacist, Pharmacists, Dispensers, and Dispensary Supervisors	...	...	...	...	...	...	...	...	...	...	54
Physiotherapists and Assistant Physiotherapists	...	...	...	...	...	...	...	...	...	...	7
Senior Laboratory Technician, and Laboratory Assistants	...	...	...	...	...	...	...	...	...	...	17
Health and Malaria Inspectors	...	...	...	...	...	...	...	...	...	...	24
Dietitian	...	...	...	...	...	...	...	...	...	...	1
Public Vaccinators	...	...	...	...	...	...	...	...	...	...	39
Other Staff	...	...	...	...	...	...	...	...	...	...	1,804
Total	...	...	...	...	...	...	...	...	...	...	<u>2,983</u>

**MEDICAL DEPARTMENT — ADMINISTRATIVE ORGANIZATION AND  
CHANNELS OF COMMUNICATION**



\* Deals direct with Deputy Director of Health Services where appropriate.  
 † Deals direct with Deputy Director of Medical Services where appropriate.

*Legislation.*

18. The following legislation affecting public health was enacted during the year 1951-52.

(I) *Ordinances:*

(a) The Law Revision (Penalties Amendment) Ordinance No. 22 of 1950.

Item 12—Amendment to the Coroner's Abolition Ordinance No. 5 of 1888.

Item 30—Amendment to the Midwives Ordinance No. 22 of 1910.

Item 54—Amendment to the Nurses Registration Ordinance No. 1 of 1931.

Item 65—Amendment to the Births & Deaths Registration Ordinance No. 21 of 1934.

Item 66—Amendment to the Cremation Ordinance No. 40 of 1934.

Item 67—Amendment to the Adulterated Food and Drugs Ordinance No. 8 of 1935.

Item 68—Amendment to the Public Health (Food) Ordinance No. 13 of 1935.

Item 69—Amendment to the Public Health (Animals and Birds) Ordinance No. 16 of 1935.

Item 70—Amendment to the Lepers Ordinance No. 25 of 1935.

Item 73—Amendment to the Dangerous Drugs Ordinance No. 35 of 1935.

Item 76—Amendment to the Quarantine & Prevention of Disease Ordinance No. 7 of 1936.

Item 79—Amendment to the Nursing & Maternity Home Registration Ordinance No. 48 of 1936.

Item 83—Amendment to the Registration of Dentists Ordinance No. 1 of 1940.



- (b) The Law Revision (Miscellaneous Amendments) (No. 2) Ordinance No. 24 of 1950.

PART II:

Item 45—Amendment to the Public Health (Animals & Birds) Ordinance No. 16 of 1935.

Item 46—Amendment to the Dangerous Drugs Ordinance No. 35 of 1935.

Item 52—Amendment to the Registration of Dentists Ordinance No. 1 of 1940.

- (c) The Consular Conventions Ordinance No. 12 of 1951.  
Section 3 of sub-section 5—Amendment to the Births and Deaths Registration Ordinance No. 21 of 1934.

- (d) The Venereal Disease Ordinance No. 1 of 1952.

- (e) The Nursing and Maternity Homes Registration (Amendment) Ordinance No. 4 of 1952.

- (f) The Mental Hospitals (Amendment) Ordinance No. 5 of 1952.

(II) *Orders, Rules, Regulations and By-laws:*

- (a) The Public Health (Food) Ordinance 1935—Amendments to the by-laws under the heading “Slaughter-Houses”. (G.N.A. 70 of 1951).

- (b) The Law Revision Amendment Regulations (G.N.A. 79 of 1951).

Item 1—Amendment to the Adulterated Food and Drugs Ordinance No. 8 of 1935.

Item 2—Amendment to the Cremation Ordinance No. 40 of 1934.

Item 3—Amendment to the Dangerous Drugs Ordinance No. 35 of 1935.

- Item 4—Amendment to the Asylums Ordinance No. 22 of 1936.
- Item 5—Amendment to the Pharmacy & Poisons Ordinance No. 8 of 1937.
- Item 7—Amendment to the Dogs & Cats Ordinance No. 1 of 1950.
- (c) The Public Health (Food) Ordinance 1935—Amendment to the Market By-law. (G.N.A. 85 of 1951).
- (d) The Law Revision Amendment Regulations (G.N.A. 87 of 1951).
- Item 1—Amendment to the Public Health (Animals & Birds) Ordinance No. 16 of 1935.
- Item 2—Amendment to the Public Health (Food) Ordinance No. 13 of 1935.
- (e) The Births & Deaths Registration Ordinance 1934—Amendment to the First Schedule. (G.N.A. 105 of 1951).
- (f) The Nurses Registration (Amendment) Regulation. (G.N.A. 129 of 1951).
- (g) The Public Health (Animals and Birds) (Amendment) By-laws. (G.N.A. 211 of 1951).
- (h) The Quarantine & Prevention of Disease (Scale of Charges) Regulations. (G.N.A. 215 of 1951).
- (i) The Essential Services (Auxiliary Medical Services) Corps (Instruction Periods) Order. (G.N.A. 219 of 1951).
- (j) The Restaurants and Food Stalls (Amendment) By-laws. (G.N.A. 227 of 1951).
- (k) The Markets and Market Areas (N.T.) Rules. (G.N.A. 21 of 1952).

- (l) The New Territories (Amendment) Rules. (G.N.A. 22 of 1952).
- (m) The slaughter-houses (Amendment) By-laws. (G.N.A. 51 of 1952).
- (n) The Slaughter-houses By-laws—Suspension of By-law 29 in respect of the Ma Tau Kok Slaughter-house (G.N.A. 64 of 1952).

## STATISTICS

### *Population.*

19. No official census has been taken since 1931. The population estimated in the mid-year by the Department of Statistics was 2,013,000. The figure mentioned above represents a little more than a quarter of a million decrease over the year 1950.

20. Table 1 below gives the population figures from 1920 to 1951 excepting the period of the Japanese Occupation.

*Table 1*

Year	Estimated Population
1920 ... ..	648,150
1921 ... ..	625,116
1922 ... ..	638,300
1923 ... ..	667,900
1924 ... ..	695,500
1925 ... ..	725,100
1926 ... ..	710,100

Year	Estimated Population
1927 ... ..	740,300
1928 ... ..	766,700
1929 ... ..	802,900
1930 ... ..	838,800
1931 ... ..	840,473
1932 ... ..	900,812
1933 ... ..	922,643
1934 ... ..	944,492
1935 ... ..	966,341
1936 ... ..	988,190
1937 ... ..	1,281,982
1938 ... ..	1,478,619
1939 ... ..	1,750,256
1940 ... ..	1,821,893
1941 ... ..	1,639,357
1942-1945 (Aug.) ... ..	Not available (Japanese Occupation)
1945 (Sept.) ... ..	Under 600,000
1946 ... ..	1,500,000-
	1,600,000
1947 ... ..	1,750,000
1948 ... ..	1,800,000
1949 ... ..	1,857,000
1950 ... ..	2,265,000
1951 ... ..	2,013,000

*Births.*

21. During the year, 68,500 births as compared with 60,600 in 1950 were registered. The figure is the highest so far in the history of the registration of births in the Colony.

22. In addition to the 68,500 births registered, (a) 752 births as against 564 of last year were post-registered, and (b) 454 births as compared with 513 in 1950 were re-registered in accordance with the Ordinance introduced in December, 1947, which permits re-registration of births recorded in the registers which were either lost or destroyed during the Japanese Occupation.

23. Table 2 shows the number of births recorded and the birth-rate per thousand according to the population estimates from 1934 when the present Births and Deaths Ordinance was introduced.

*Table 2*  
*Births Registered 1934-1951.*

Year	No. of Births Registered	Birth rate using estimated population
1934 ... ..	20,886	22.11
1935 ... ..	25,037	25.9
1936 ... ..	27,383	27.8
1937 ... ..	32,303	25.19
1938 ... ..	35,893	24.5
1939 ... ..	46,675	26.7
1940 ... ..	45,064	24.73
1941 ... ..	45,000	27.44
1942 ... ..	10,343	Not available (Japanese Occupation)
1943 ... ..	20,732	„

Year	No. of Births Registered	Birth rate using estimated population
1944 ... ..	13,687	Not available (Japanese Occupation)
1945 ... ..	3,712	„
1946 ... ..	31,098	20.1
1947 ... ..	42,473	24.3
1948 ... ..	47,475	26.4
1949 ... ..	54,774	29.5
1950 ... ..	60,600	26.8
1951 ... ..	68,500	34.

24. The post-registered and re-registered births are not recorded in the above table.

25. It will be seen from the Table that the highest birth rate since 1934 was recorded in 1951.

#### *Deaths.*

26. Except in outlying places in the New Territories, where deaths are recorded at the nearest Police Station as being from natural causes or otherwise, as an investigation by the Police suggests, all deaths have to be certified by a registered medical practitioner and the nomenclature adopted is that of the International Statistical Classifications of Diseases and Injuries and Causes of Death. 7.0% of the total deaths were recorded at the Police Stations as being from natural causes.

27. 20,580 deaths were registered during the year, a figure representing an increase of 2,115 deaths over the year 1950, in spite of the decrease of population. The death rate calculated by using the estimated population is 10.2 as compared with 8.2 of last year.

28. The following table shows the deaths registered and the death rate per mille from 1926 onwards based on the estimated population:—

*Table 3*

Year	No. of Deaths Registered	Death rate using estimated population
1926 ... ..	12,516	17.6
1927 ... ..	14,761	19.9
1928 ... ..	14,735	19.2
1929 ... ..	17,565	21.9
1930 ... ..	16,268	19.4
1931 ... ..	18,797	22.4
1932 ... ..	19,829	24.7
1933 ... ..	18,161	22.1
1934 ... ..	19,766	20.9
1935 ... ..	22,133	22.9
1936 ... ..	26,356	26.6
1937 ... ..	34,635	27
1938 ... ..	38,818	26.3
1939 ... ..	48,283	27.6
1940 ... ..	61,010	33.5
1941 ... ..	61,324	37.4
1942 ... ..	83,435	Not available (Japanese Occupation)
1943 ... ..	40,117	"
1944 ... ..	24,936	"
1945 ... ..	23,089	"
1946 ... ..	16,653	10.7

Year	No. of Deaths Registered	Death rate using estimated population
1947 ... ..	13,231	7.6
1948 ... ..	13,434	7.5
1949 ... ..	16,287	8.8
1950 ... ..	18,465	8.2
1951 ... ..	20,580	10.2

29. Besides the 20,580 deaths registered, (a) 23 deaths were post-registered and (b) 4 deaths were re-registered under the Ordinance introduced in December 1947, which permits re-registration of deaths recorded in registers that were lost in the Japanese Occupation.

30. An attempt has been made this year to get an approximation to a standardized death rate, based on a survey of over 40,000 squatters in a resettlement area. The figure is 17.3 per 1,000, using the British 1931 census standard million as a basis.

#### *Infant Mortality.*

31. There were 6,285 deaths of infants under one year, a mortality rate of 91.8 compared with 99.6 for 1950. Of the 6,285 deaths, 1,238 and 1,151 occupying the 1st and 2nd places were those in the 4 weeks to 3 months and 3 to 6 months age periods respectively.

32. As in previous years, the deaths in infants under one year provided almost one third of the total deaths occurring during the year.



33. Table 4 shows the number of infant deaths per thousand live births for the years 1928-1951.

*Table 4.*  
*Infant Mortality.*

Year	Infant Mortality Rate
1928 ... ..	458
1929 ... ..	662.9
1930 ... ..	557.5
1931 ... ..	617.4
1932 ... ..	525.3
1933 ... ..	454.9
1934 ... ..	347.3
1935 ... ..	316.4
1936 ... ..	372.4
1937 ... ..	376
1938 ... ..	343
1939 ... ..	345
1940 ... ..	327
1941 ... ..	Not available
1942 to 1945 ... ..	Not available (Japanese Occupation)
1946 ... ..	89.1
1947 ... ..	102.3
1948 ... ..	91.1
1949 ... ..	99.4
1950 ... ..	99.6
1951 ... ..	91.8

34. Table 5 shows the infant and neo-natal deaths and also the neo-natal death rate per thousand live births for the years 1946-1951.

Table 5.

*Neo-natal Mortality Rate.*

Aged Period	1946	1947	1948	1949	1950	1951
0 - 1 day ... ..	174	273	221	219	308	391
1 - 7 days ... ..	264	376	467	454	539	814
1 - 4 weeks ... ..	563	814	745	936	972	936
4 weeks - 3 months ...	771	981	900	1,136	1,254	1,238
3 - 6 months ... ..	462	750	665	925	1,025	1,151
6 - 9 months ... ..	367	731	775	986	1,040	967
9 - 12 months ... ..	169	421	551	788	899	788
Total under 1 year ...	2,700	4,346	4,324	5,444	6,037	6,285
Infant Mortality rate ...	89.1	102.3	91.1	99.4	99.6	91.8
No. of deaths under 4 weeks ... ..	1,001	1,463	1,433	1,609	1,819	2,141
Neo-natal Mortality rate	32.2	34.4	30.2	29.4	30.0	31.3

*Maternal Mortality.*

35. A further drop in the maternal mortality rate was noted when 1.59 was recorded as compared with 1.7 in 1950 and 2.12 in 1949.

36. Table 6 sets out the maternal mortality rate for the years 1946-1951 with the death rate per 1,000 live and still births.

Table 6.

Maternal Mortality for 1946—1951 with rates per 1,000 live and still births ascribed to:—

- (a) Pregnancy & Child bearing, excluding Abortion  
(b) Abortion (including criminal)

Year	Live Births	Still Births	Total Live and Still Births	* Pregnancy and Childbearing		† Abortion		Maternal Mortality Rate	
				No. of Deaths	Rate per 1,000 Births	No. of Deaths	Rate per 1,000 Births	No. of Deaths	Rate per 1,000 Births
1946	31,098	685	31,783	32	1.01	7	0.22	39	1.23
1947	42,473	1,348	43,821	68	1.55	3	0.07	71	1.62
1948	47,475	1,251	48,726	65	1.33	7	0.14	72	1.47
1949	54,774	1,321	56,095	115	2.01	6	0.11	119	2.12
1950	60,600	1,343	61,943	92	1.49	13	0.21	105	1.70
1951	68,500	1,180	69,680	109	1.56	2	0.03	111	1.59

\* For 1946-1948, Nos. 142-150 of International List of Causes of Death.

For 1949-1951, Nos. 640-649 and Nos. 660-689 of International Statistical Classification of Diseases, Injuries and Causes of Death.

† For 1946-1948, Nos. 140-141 of International List of Causes of Death. For 1949-1951, Nos. 650-652 of International Statistical Classification of Diseases, Injuries and Causes of Death.

36. Table 7 gives the figures of death from toxæmias of pregnancy for the years 1946-1951:—

Table 7.

Deaths from Toxæmias of Pregnancy.

Year	Deaths from Toxæmias of Pregnancy	Total Births (including still births)	Death rate per 1,000
1946	9	31,783	0.3
1947	15	43,821	0.3
1948	15	48,726	0.3
1949	50	56,095	0.9
1950	31	61,943	0.5
1951	33	69,680	0.5

37. It will be seen from these figures that if the deaths from toxæmias of pregnancy are subtracted from the total maternal deaths there is a remarkably constant maternal mortality rate, and, in view of the very rapid increase in the demands on the maternity services since 1947, this reflects great credit on those concerned.

## Principal Causes of Death.

38. Table 8 shows the principal causes of death for the years 1946-1951.

Table 8.

Causes of death (classified by 1938 Revision of International List).	Number of Deaths.					
	1946	1947	1948	1949	1950	1951
Beri-beri ... ..	1318	312	140	100	39	45
Bronchitis ... ..	839	529	419	611	743	354
Cancer, malignant diseases ... ..	277	304	397	513	659	795
Cerebro-spinal fever ... ..	85	137	19	16	26	13
Diphtheria ... ..	62	52	49	75	135	121
Diseases of the heart ... ..	379	514	572	620	825	982
Enteritis and diarrhoea ... ..	1235	1179	1757	2268	2514	2574
Influenza ... ..	243	35	25	29	47	49
Intracranial lesions of vascular origin ...	189	264	275	294	344	410
Malaria ... ..	765	253	193	116	89	35
Non-venereal diseases of genito-urinary system ... ..	226	341	350	343	287	328
Old age, senility ... ..	142	101	113	81	114	174
Other diseases of circulatory system ... ..	44	39	67	122	194	154
Other diseases of digestive system ... ..	337	361	318	454	492	509
Other diseases of nervous system and sense organs ... ..	132	180	95	78	86	78
Other diseases of respiratory system ... ..	197	139	125	105	248	328
Pneumonia (all forms) ... ..	4129	3464	3157	4391	4485	4964
Premature births, congenital malformations and diseases of early infancy ... ..	982	1289	1214	1204	1262	1644
Smallpox ... ..	1306	129	2	7	—	—
Syphilitic diseases ... ..	42	93	85	100	120	95
Tuberculosis of respiratory system ... ..	1475	1420	1443	1712	2165	3006
Tuberculosis (other forms) ... ..	343	443	518	899	1098	1184
Violence, (accidents, suicide, homicide etc.)	631	686	781	620	718	778
Other defined diseases ... ..	786	445	517	690	722	796
Ill-defined causes ... ..	489	522	803	839	1053	1164
Total ... ..	16653	13231	13434	16287	18465	20580

### 39. *Pneumonia.*

The principal cause of death was pneumonia, all forms, which has steadily increased in number over the last five years.

### 40. *Enteritis.*

Deaths from this disease have likewise increased over the past few years, but probably both in this disease and with pneumonia the increase is roughly *pari passu* with the increase in the number of births.

### 41. *Tuberculosis.*

This disease is steadily overtaking Pneumonia as the major killing disease in the Colony.

42. Table 9 shows the number of notifiable diseases and

**TABLE**  
**Notifiable**  
**Notifications and**

Diseases	Total No. of Notifications			
	1946	1947	1948	1949
Amoebiasis .....	76	54	118	153
Cerebro-Spinal Meningitis .....	293	556	69	36
Chickenpox .....	123	116	146	195
Cholera .....	514	6	—	—
Diphtheria .....	161	122	140	261
Dysentery (Bacillary & clinical) .....	96	104	65	123
Enteric Fever .....	221	246	311	408
Infantile Paralysis .....	—	—	1	5
Malaria .....	—	—	—	—
Measles .....	317	160	190	458
Plague .....	—	—	—	—
Puerperal Fever .....	6	7	12	13
Rabies Human .....	2	4	2	20
„ Animal .....	—	1	3	40
Relapsing Fever .....	77	25	—	—
Scarlet Fever .....	2	1	1	1
Small-pox .....	1,998	214	8	11
Tuberculosis .....	2,801	4,855	6,279	7,510
Typhus Fever .....	42	19	5	9
Whooping Cough .....	—	2	21	52
Yellow Fever .....	—	—	—	—

NOTE:—Malaria was first made notifiable in June 1950.

Whooping Cough and Infantile Paralysis were made notifiable

deaths at all ages for the years 1946-51.

9

Diseases

Deaths — 1946 to 1951.

		Total No. of Deaths at all ages.					
1950	1951	1946	1947	1948	1949	1950	1951
177	154	21	7	10	10	10	9
49	26	85	137	19	16	26	13
233	281	1	—	3	—	1	3
—	—	246	—	—	—	—	—
524	574	62	52	49	75	135	121
528	374	39	11	15	12	15	29
907	1,024	115	61	69	89	160	134
16	28	1	3	3	—	3	3
502	526	765	253	193	116	89	35
453	528	26	8	6	44	64	39
—	—	—	—	—	—	—	—
10	7	4	4	5	6	6	—
11	1	2	4	2	20	11	1
10	—	—	1	3	40	10	—
1	—	31	6	—	—	—	—
3	4	—	—	—	—	—	1
1	—	1,306	129	2	7	—	—
9,067	13,886	1,818	1,863	1,961	2,611	3,263	4,190
14	2	2	—	1	—	1	—
306	747	5	4	—	5	16	20
—	—	—	—	—	—	—	—

in October 1947 and July 1948 respectively.

43. Table 10 shows the age groups of diseases notified for

**TABLE**  
**Age Group of**

Diseases	Under 1 year			1 year to 3 years		
	M.	F.	Total	M.	F.	Total
Amoebiasis .....	0	0	0	7	1	8
Cerebro-Spinal Meningitis .....	3	5	8	4	1	5
Chickenpox .....	12	16	28	49	70	119
Diphtheria .....	11	12	23	95	95	190
Dysentery (Bacillary & clinical) .....	8	4	12	28	39	67
Enteric Fever .....	0	0	0	8	7	15
Human Rabies .....	0	0	0	0	0	0
Malaria .....	7	1	8	13	10	23
Measles .....	29	40	69	112	146	258
Poliomyelitis, Acute .....	1	0	1	6	3	9
Puerperal Fever .....	0	0	0	0	0	0
Scarlet Fever .....	0	0	0	0	0	0
Tuberculosis .....	193	175	368	811	790	1,601
Typhus Fever (scrub) .....	0	0	0	0	0	0
Whooping Cough .....	78	60	138	159	127	286
<b>TOTAL .....</b>	<b>342</b>	<b>313</b>	<b>655</b>	<b>1,292</b>	<b>1,289</b>	<b>2,581</b>

Nil return for Cholera, Plague, Smallpox, Yellow Fever, Epidemic

1951.

10

Notifiable Diseases — 1951.

4 years to 9 years			10 years to 14 years			Over 14 years			Total		
M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total
11	3	14	2	3	5	84	43	127	104	50	154
0	2	2	0	0	0	5	6	11	12	14	26
48	38	86	12	7	19	24	5	29	145	136	281
110	116	226	24	18	42	32	61	93	272	302	574
27	10	37	1	3	4	192	62	254	256	118	374
53	32	85	50	39	89	579	256	835	690	334	1,024
0	0	0	0	0	0	1	0	1	1	0	1
17	19	36	11	5	16	350	93	443	398	128	526
91	74	165	9	4	13	6	17	23	247	281	528
4	1	5	1	0	1	11	1	12	23	5	28
0	0	0	0	0	0	0	7	7	0	7	7
1	2	3	0	0	0	0	1	1	1	3	4
753	545	1,298	113	93	206	7,017	3,396	10,413	8,887	4,999	13,886
0	0	0	0	0	0	2	0	2	2	0	2
147	142	289	5	6	11	12	11	23	401	346	747
1,262	984	2,246	228	178	406	8,315	3,959	12,274	11,439	6,723	18,162

Typhus, and Relapsing Fever.



44. Table 11 gives a summary of all the in-patients treated

TABLE

Inpatients admitted into Government and including cases remaining in

Name	Beds	General Cases
Queen Mary Hospital .....	574	7,490
Kowloon Hospital .....	231	4,835
Sai Ying Pun Hospital .....	88	777
Tsan Yuk Hospital .....	85	—
Mental Hospital .....	140	—
Stanley Prison Hospital .....	65	794
Eastern Maternity Hospital .....	24	—
Wanchai Social Hygiene Hospital .....	20+8 cots	1,074
Lai Chi Kok Hospital .....	470+18 cots	1,781
St. John Hospital .....	100	1,137
Lai Chi Kok Female Prison Hospital .....	12	165
Total Government Hospitals .....	1,809+26 cots	18,053
New Territories Dispensaries .....	47	225
Tung Wah Group Hospitals .....	1,085	22,858
Nethersole Hospital .....	185	3,211
Ruttonjee Sanatorium .....	140	—
Grand Total .....	3,266+26 cots	44,347

and Clinics.

in Government and Government assisted Hospitals in 1951:—

11

Government assisted hospitals 1951,  
hospital from the previous year.

Mental Cases	Maternity Cases	Tuberculosis Cases	Infectious Cases	Total
7	2,118	594	113	10,322
9	2,454	131	111	7,540
—	—	66	876	1,719
—	7,113	—	—	7,113
935	—	—	—	935
26	—	84	271	1,175
—	2,437	—	—	2,437
—	—	—	—	1,074
—	5	623	943	3,352
—	412	77	31	1,657
2	13	8	36	224
979	14,552	1,583	2,381	37,548
—	2,994	3	1	3,223
—	17,560	4,683	340	45,441
3	1,676	96	70	5,056
—	—	383	—	383
982	36,782	6,748	2,792	91,651

45. Table 12 gives a summary of all new out-patients treated

**TABLE**  
**Outpatients**  
**New Cases at Government & Government**

Institutions	Dressings	General Out- patients	Children's Clinics
<b>Hospitals:</b>			
Queen Mary .....	4,646	8,184	—
Kowloon .....	258,982	212,833	3,281
Sai Ying Pun .....	6,648	67,613	46,488
Tsan Yuk .....	—	—	—
Stanley Prison .....	7,182	43,823	—
St. John .....	2,832	5,607	5,343
Lai Chi Kok Female Prison .....	—	8,368	—
<b>Clinics &amp; Dispensaries:</b>			
Violet Peel .....	24,895	42,197	37,974
Harcourt T.B. ....	—	—	—
Kowloon T.B. ....	—	—	—
Social Hygiene .....	—	—	—
8 Public Dispensaries .....	11,717	51,680	95,380
12 New Territories Dispensaries .....	8,983	33,697	993
Families Clinic .....	—	689	—
Police Medical Post .....	2,633	6,752	5,689
Victoria Remand Prison .....	1,156	5,796	—
Mongkok Clinic .....	—	231	844
Port Health .....	—	972	—
<b>Health Centres:</b>			
Western .....	—	—	—
Kowloon .....	—	—	—
Harcourt .....	—	—	—
<hr/>			
Total of Government Institutions .....	329,674	488,442	195,992
Tung Wah Group .....	11,779	36,529	23,455
Nethersole Hospital .....	—	9,893	1,475
<hr/>			
Grand Total .....	341,453	534,864	220,922

in Government and Government assisted institutions:—

12

—1951

Assisted Hospitals, Clinics & Dispensaries

Ante-natal	Post-natal	Gynaecological	Social Hygiene	Eye	Ear, Nose & Throat	Tuberculosis	Total
340	—	619	—	219	110	130	14,248
2,442	751	1,012	—	7,568	1,537	—	488,406
1,843	131	1,450	—	4,319	645	—	129,137
6,735	300	—	—	—	—	—	7,035
—	—	—	1,742	—	—	446	53,193
89	—	74	—	—	—	—	13,945
—	—	—	—	—	—	—	8,368
—	—	—	—	—	1,441	—	106,507
—	—	—	—	—	—	15,747	15,747
—	—	—	—	—	—	18,562	18,562
—	—	—	17,934	—	—	—	17,934
3,022	—	3,122	—	30	41	7	164,999
1,434	—	—	923	323	—	454	46,807
—	—	—	—	—	—	—	689
138	—	74	89	334	410	23	16,142
—	—	—	186	167	51	80	7,436
—	—	—	—	—	—	—	1,075
—	—	—	—	—	—	—	972
304	—	—	—	—	—	—	304
463	—	—	—	—	—	—	463
349	—	—	—	711	—	—	1,060
17,159	1,182	6,351	20,874	13,671	4,235	35,449	1,113,029
10,767	—	1,172	—	7,341	—	304	91,347
2,069	950	6,280	—	—	—	—	20,667
29,995	2,132	13,803	20,874	21,012	4,235	35,753	1,225,043

46. Table 13 gives a summary of the total attendances at

**TABLE**  
**Outpatients**  
**Total Attendances at Government and Government**

Institutions	Dressings	General Out- patients	Children's Clinics
<b>Hospitals:</b>			
Queen Mary .....	4,646	9,587	—
Kowloon .....	289,602	247,287	3,869
Sai Ying Pun .....	38,027	101,027	72,556
Tsan Yuk .....	—	—	—
Stanley Prison .....	18,009	53,080	—
St. John .....	5,986	9,786	8,302
Lai Chi Kok Female Prison .....	—	8,368	—
<b>Clinics &amp; Dispensaries:</b>			
Violet Peel .....	44,246	66,467	58,972
Harcourt T.B. ....	—	—	—
Kowloon T.B. ....	—	—	—
Social Hygiene .....	—	—	—
8 Public Dispensaries .....	47,344	80,423	130,099
12 New Territories Dispensaries .....	32,163	58,402	2,574
Family Clinic .....	—	7,284	—
Police Medical Post .....	4,285	9,782	9,976
Victoria Remand Prison .....	2,372	10,289	—
Mongkok Clinic .....	—	291	981
Port Health Clinic .....	—	1,030	—
<b>Health Centres:</b>			
Western .....	—	—	—
Kowloon .....	—	—	—
Harcourt .....	—	—	—
<b>Total of Government Institutions .....</b>			
Tung Wah Group .....	486,680	663,103	287,329
Nethersole Hospital .....	23,214	70,009	49,191
	2,609	19,997	4,286
<b>Grand Total .....</b>			
	512,503	753,109	340,806

Government and Government assisted institutions:—

13

—1951

assisted hospitals, clinics and dispensaries.

Ante-natal	Post-natal	Gynaecological	Social Hygiene	Eye	Ear, Nose & Throat	Tuberculosis	Total
2,049	218	2,102	—	223	110	130	19,065
9,168	867	2,146	—	12,378	3,422	—	568,739
4,603	272	3,797	—	20,303	2,050	—	242,635
15,980	524	—	—	—	—	—	16,504
—	—	—	2,763	—	—	564	74,416
125	—	167	—	—	—	—	24,366
—	—	—	—	—	—	—	8,368
—	—	—	—	—	2,120	—	171,805
—	—	—	—	—	—	52,866	52,866
—	—	—	—	—	—	49,637	49,637
—	—	—	152,294	—	—	—	152,294
5,595	—	8,769	—	37	44	15	272,326
2,538	—	—	1,213	437	—	8,169	105,496
—	—	—	—	—	—	—	7,284
160	—	106	187	471	650	77	25,694
—	—	—	361	397	125	298	13,842
—	—	—	—	—	—	—	1,272
—	—	—	—	—	—	—	1,030
1,925	—	—	—	—	—	—	1,925
2,282	—	—	—	—	—	—	2,282
1,080	—	—	—	1,070	—	—	2,150
45,505	1,881	17,087	156,818	35,316	8,521	111,756	1,813,996
12,893	—	2,205	—	15,832	—	1,051	174,395
4,895	970	11,344	—	—	—	—	44,101
63,293	2,851	30,636	156,818	51,148	8,521	112,807	2,032,492

47. Table 14 gives an analysis of the cases treated in Government and Government assisted hospitals, and the total deaths in the Colony.

48. It will be seen from the figures quoted that there has again been a marked increase in the number of persons treat-

TABLE  
Cases treated in Government and Government assisted

Intermediate List Number.	Detailed List Number.	Cause Groups
A 1	001 - 008	Tuberculosis of respiratory system .....
A 2	010	Tuberculosis of meninges and central nervous system .....
A 3	011	Tuberculosis of intestines, peritoneum and mesenteric glands .....
A 4	012 - 013	Tuberculosis of bones and joints .....
A 5	014 - 019	Tuberculosis, all other forms .....
A 6	020	Congenital syphilis .....
A 7	021	Early Syphilis .....
A 8	024	Tabes dorsalis .....
A 9	025	General paralysis of insane .....
A10	022, 023 026 - 029	All other syphilis .....
A11	030 - 035	Gonococcal infections .....
A12	040	Typhoid fever .....
A13	041 - 042	Paratyphoid fever and other Salmonella infections .....
		<i>Carried forward</i> .....

ed. As the estimated population of the Colony in 1951 has decreased by about 252,000 from that of 1950, and there have been no large outbreaks of infectious disease, consequently it is clear that an increasing proportion of the population is attending Government or Government assisted institutions for the treatment of their common ailments.

14

hospitals with the total deaths in the Colony for 1951.

Cases Treated 1951		Deaths 1951		Deaths 1951			
Government Hospitals	Government Assisted Hospitals	Government Hospitals	Government Assisted Hospitals	Whole Colony			
				Male	Female	Sex Unknown	Total
1,133	3,853	68	2,125	1,899	1,107	—	3,006
142	862	99	646	454	404	—	858
35	47	5	29	33	29	—	62
130	135	4	12	18	9	—	27
147	265	33	87	126	111	—	237
40	31	8	8	10	9	—	19
102	1	—	—	—	—	—	—
5	21	1	2	4	1	—	5
61	2	17	1	15	3	—	18
164	77	13	14	40	12	—	52
769	1	—	—	—	—	—	—
549	355	69	42	78	54	—	132
26	3	2	—	1	1	—	2
3,303	5,653	319	2,966	2,678	1,740	—	4,418



Table 14—

## Cases treated in Government and Government assisted

Intermediate List Number.	Detailed List Number.	Cause Groups
		<i>Brought forward</i> .....
A14	043	Cholera .....
A15	044	Brucellosis (undulant fever) .....
A16(a)	045	Bacillary dysentery .....
(b)	046	Amoebiasis .....
(c)	047, 048	Other unspecified forms of dysentery .....
A17	050	Scarlet fever .....
A18	051	Streptococcal sore throat .....
A19	052	Erysipelas .....
A20	053	Septicæmia and pyæmia .....
A21	055	Diphtheria .....
A22	056	Whooping Cough .....
A23	057	Meningococcal infections .....
A24	058	Plague .....
A25	060	Leprosy .....
A26	061	Tetanus .....
A27	062	Anthrax .....
A28	080	Acute poliomyelitis .....
A29	082	Acute infectious encephalitis .....
		<i>Carried forward</i> .....

Continued

hospitals with the total deaths in the Colony for 1951.

Cases Treated 1951		Deaths 1951		Deaths 1951			
Government Hospitals	Government Assisted Hospitals	Government Hospitals	Government Assisted Hospitals	Whole Colony			
				Male	Female	Sex Unknown	Total
3,303	5,653	319	2,966	2,678	1,740	—	4,418
—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—
229	5	18	1	13	15	—	28
102	10	4	—	5	4	—	9
3	—	—	—	—	1	—	1
2	—	—	—	—	1	—	1
8	1	—	—	—	—	—	—
4	1	—	—	2	—	—	2
12	30	6	10	9	10	—	19
488	1	104	1	53	68	—	121
150	9	15	1	13	7	—	20
18	6	12	1	7	6	—	13
—	—	—	—	—	—	—	—
18	4	—	4	7	2	—	9
72	129	48	48	65	43	—	108
—	—	—	—	—	—	—	—
15	—	—	—	3	—	—	3
1	—	—	—	—	—	—	—
4,425	5,849	526	3,032	2,855	1,897	—	4,752

Table 14—

## Cases treated in Government and Government assisted

Intermediate List Number.	Detailed List Number.	Cause Groups
		<i>Brought forward</i> .....
A30	081, 083	Late effects of acute poliomyelitis and acute infectious encephalitis .....
A31	084	Smallpox .....
A32	085	Measles .....
A33	091	Yellow Fever .....
A34	092	Infectious hepatitis .....
A35	094	Rabies .....
A36(a)	100	Louse borne epidemic typhus .....
(b)	101	Flea-borne epidemic typhus (murine) .....
(c)	104	Tick-borne epidemic typhus .....
(d)	105	Mite-borne typhus .....
(e)	102, 103 106 - 108	Other and unspecified typhus .....
A37(a)	110	Vivax malaria (benign tertian) .....
(b)	111	Malariae malaria (quartan) .....
(c)	112	Falciparum malaria (Malignant tertian) .....
(d)	115	Blackwater fever .....
(e)	113, 114 116, 117	Other and unspecified forms of malaria .....
A38(a)	123.0	Schistosomiasis vesical ( <i>S. hæmatobium</i> ) ...
		<i>Carried forward</i> .....

Continued

hospitals with the total deaths in the Colony for 1951.

Cases Treated 1951		Deaths 1951		Deaths 1951			
Government Hos-pitals	Government Assisted Hos-pitals	Government Hos-pitals	Government Assisted Hos-pitals	Whole Colony			
				Male	Female	Sex Un-known	Total
4,425	5,849	526	3,032	2,855	1,897	—	4,752
9	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—
258	5	29	—	16	23	—	39
—	—	—	—	—	—	—	—
68	3	3	—	5	—	—	5
1	—	1	—	1	—	—	1
—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—
5	—	—	—	—	1	—	1
72	66	—	2	5	3	—	8
3	—	—	—	—	—	—	—
26	122	1	14	15	7	—	22
—	—	—	—	—	—	—	—
129	221	2	1	3	2	—	5
7	—	—	—	—	—	—	—
5,003	6,266	562	3,049	2,900	1,933	—	4,833

Table 14—

## Cases treated in Government and Government assisted

Intermediate List Number.	Detailed List Number.	Cause Groups
		<i>Brought forward</i> .....
A38 (b)	123.1	Schistosomiasis intestinal (S. Mansoni) .....
(c)	123.2	Schistosomiasis pulmonary (S. Japonicum) ...
(d)	123.3	Other and unspecified schistosomiasis .....
A39	125	Hydatid disease .....
A40(a)	127	Onchocerciasis .....
(b)	127	Loiasis .....
(c)	127	Filariasis (bancrofti) .....
(d)	127	Other filariasis .....
A41	129	Ankylostomiasis .....
A42(a)	126	Tapeworm (infestation) and other cestode infestations .....
(b)	130.0	Ascariasis .....
(c)	130.3	Guinea Worm (dracunculosis) .....
(d)	124, 128 130.1, 130.2	Other diseases due to helminths .....
A43(a)	037	Lymphogranuloma venereum .....
(b)	038	Granuloma inguinale, venereal .....
(c)	039	Other and unspecified venereal diseases .....
(d)	049	Food poisoning infection and intoxication .....
		<i>Carried forward</i> .....

Continued

hospitals with the total deaths in the Colony for 1951.

Cases Treated 1951		Deaths 1951		Deaths 1951			
Government Hospitals	Government Assisted Hospitals	Government Hospitals	Government Assisted Hospitals	Whole Colony			
				Male	Female	Sex Unknown	Total
5,003	6,266	562	3,049	2,900	1,933	—	4,833
—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—
—	1	—	—	—	—	—	—
—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—
1	—	—	—	—	—	—	—
—	1	—	—	—	—	—	—
8	2	—	—	—	—	—	—
63	119	—	1	1	—	—	1
—	—	—	—	—	—	—	—
91	234	—	—	—	—	—	—
—	—	—	—	—	—	—	—
4	47	—	—	2	—	—	2
19	1	—	1	1	—	—	1
—	1	—	—	—	—	—	—
1	—	—	—	—	—	—	—
1	—	—	—	—	—	—	—
5,191	6,672	562	3,051	2,904	1,933	—	4,837

Table 14—

## Cases treated in Government and Government assisted

Intermediate List Number.	Detailed List Number.	Cause Groups
		<i>Brought forward</i> .....
A43 (e)	071	Relapsing fever .....
(f)	072	Leptospirosis icterohæmorrhagica (Weil's disease) .....
(g)	073	Yaws .....
(h)	087	Chickenpox .....
(i)	090	Dengue .....
(j)	095	Trachoma .....
(k)	096.7	Sandfly fever .....
(l)	120	Leishmaniasis .....
(m)	121(a)	Trypanosomiasis gambiense .....
	(b)	Trypanosomiasis rhodesiense .....
	(c)	Other and unspecified trypanosomiasis .....
(n)	131	Dermatophytosis .....
(o)	135	Scabies .....
(p)	036, 054, 059 063, 064, 070 074, 086, 088 089, 093, 096.1 096.6, 096.8, 096.9, 122, 132 - 134, 136 - 138	All other diseases classified as infective and parasitics .....
A44	140 - 148	Malignant neoplasm of buccal cavity and pharynx .....
		<i>Carried forward</i> .....

Continued

hospitals with the total deaths in the Colony for 1951.

Cases Treated 1951		Deaths 1951		Deaths 1951			
Government Hospitals	Government Assisted Hospitals	Government Hospitals	Government Assisted Hospitals	Whole Colony			
				Male	Female	Sex Unknown	Total
5,191	6,672	562	3,051	2,904	1,933	—	4,837
—	—	—	—	—	—	—	—
4	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—
10 <sup>d</sup>	1	3	—	1	2	—	3
—	—	—	—	—	—	—	—
4	1	—	—	—	—	—	—
—	—	—	—	—	—	—	—
7	—	1	—	1	—	—	1
—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—
1	—	—	—	—	2	—	2
15	26	—	—	—	—	—	—
370	8	4	2	4	4	—	8
118	113	7	62	67	40	—	107
5,814	6,821	577	3,115	2,977	1,981	—	4,958



Table 14—

## Cases treated in Government and Government assisted

Intermediate List Number.	Detailed List Number.	Cause Groups
		<i>Brought forward</i> .....
A45	150	Malignant neoplasm of œsophagus .....
A46	151	Malignant neoplasm of stomach .....
A47	152, 153	Malignant neoplasm of intestine, except rectum .....
A48	154	Malignant neoplasm of rectum .....
A49	161	Malignant neoplasm of larynx .....
A50	162, 163	Malignant neoplasm of trachea, and of bronchus and lung not specified as secondary .....
A51	170	Malignant neoplasm of breast .....
A52	171	Malignant neoplasm of cervix uteri .....
A53	172 - 174	Malignant neoplasm of other and unspecified parts of uterus .....
A54	177	Malignant neoplasm of prostate .....
A55	190 - 191	Malignant neoplasm of skin .....
A56	196 - 197	Malignant neoplasm of bone and connective tissue .....
A57	155 - 160 164, 165, 175, 176, 178 - 181, 192 - 195, 198 199.	Malignant neoplasm of all other and unspecified sites .....
A58	204	Leukaemia and aleukaemia .....
		<i>Carried forward</i> .....

Continued

hospitals with the total deaths in the Colony for 1951.

Cases Treated 1951		Deaths 1951		Deaths 1951			
Government Hospitals	Government Assisted Hospitals	Government Hospitals	Government Assisted Hospitals	Whole Colony			
				Male	Female	Sex Unknown	Total
5,814	6,821	577	3,115	2,977	1,981	—	4,958
9	11	3	5	12	5	—	17
51	122	18	66	72	61	—	133
10	24	2	11	20	10	—	30
24	54	5	14	15	15	—	30
10	1	2	—	2	2	—	4
32	15	13	10	23	17	—	40
74	75	2	17	1	30	—	31
175	134	4	62	—	90	—	90
31	80	5	15	—	43	—	43
4	1	—	—	3	—	—	3
2	8	—	—	1	—	—	1
8	21	2	7	8	5	—	13
196	173	77	94	171	82	—	253
34	5	14	3	13	7	—	20
6,474	7,545	724	3,419	3,318	2,348	—	5,666

## Cases treated in Government and Government assisted

Intermediate List Number.	Detailed List Number.	Cause Groups
		<i>Brought forward</i> .....
A59	200 - 203 205	Lymphosarcoma and other neoplasms of lymphatic and haematopoietic system ...
A60	210 - 239	Benign neoplasms and neoplasms of unspecified nature .....
A61	250, 251	Nontoxic goiter .....
A62	252	Tyrotoxicosis with or without goiter .....
A63	260	Diabetes mellitus .....
A64(a)	280	Beriberi .....
(b)	281	Pellagra .....
(c)	282	Scurvy .....
(d)	283 - 286	Other deficiency states .....
A65(a)	290	Pernicious and other hyperchromic anaemias
(b)	291.	Iron deficiency anæmias (hypochromic) .....
(c)	292, 293	Other specified and unspecified anæmias .....
A66(a)	241	Asthma .....
(b)	240, 242 - 245, 253 254, 270 - 277 287 - 289, 294 - 299	All other allergic disorders, endocrine, metabolic and blood diseases .....
		<i>Carried forward</i> .....

Continued

hospitals with the total deaths in the Colony for 1951.

Cases Treated 1951		Deaths 1951		Deaths 1951			
Government Hos-pitals	Government Assisted Hos-pitals	Government Hos-pitals	Government Assisted Hos-pitals	Whole Colony			
				Male	Female	Sex Un-known	Total
6,474	7,545	724	3,419	3,318	2,348	—	5,666
29	3	9	2	14	3	—	17
635	183	5	1	7	4	—	11
20	2	—	—	—	—	—	—
132	13	4	2	1	8	—	9
43	39	4	8	14	8	—	22
29	35	4	5	22	23	—	45
5	—	—	—	—	—	—	—
1	—	—	—	—	—	—	—
52	135	2	7	8	8	—	16
2	1	1	—	3	—	—	3
39	10	—	2	1	5	—	6
30	312	2	—	4	3	—	7
61	361	2	4	18	16	—	34
114	45	11	5	9	9	—	18
7,666	8,684	768	3,455	3,419	2,435	—	5,854

## Cases treated in Government and Government assisted

Intermediate List Number.	Detailed List Number	Cause Groups.
		<i>Brought forward</i> .....
A67	300 - 309	Psychoses .....
A68	310 - 324 326	Psychoneuroses and disorders of personality ...
A69	325	Mental deficiency .....
A70	330 - 334	Vascular lesions affecting central nervous system .....
A71	340	Nonmeningococcal meningitis .....
A72	345	Multiple sclerosis .....
A73	353	Epilepsy .....
A74	370 - 379	Inflammatory diseases of eye .....
A75	385	Cataract .....
A76	387	Glaucoma .....
A77(a)	390	Otitis externa .....
(b)	391 - 393	Otitis media and mastoiditis .....
		<i>Carried forward</i> .....

\* Among these, 7 died of A 1 Tuberculosis of respiratory system.  
 1 died of A20 Septicaemia and pyæmia.  
 1 died of A66(b) All other allergic disorders, endocrine,  
 metabolic and blood diseases.  
 2 died of A70 Vascular lesions affecting central  
 nervous system.

† This one died of A 3 Tuberculosis of intestines, peritoneum  
 and mesenteric glands.

Continued

hospitals with the total deaths in the Colony for 1951.

Cases Treated 1951		Deaths 1951		Deaths 1951			
Government Hospitals	Government Assisted Hospitals	Government Hospitals	Government Assisted Hospitals	Whole Colony			
				Male	Female	Sex Unknown	Total
7,666	8,684	768	3,455	3,419	2,435	—	5,854
726	3	*16	—	4	—	—	4
203	122	† 1	—	1	—	—	1
38	—	—	—	—	—	—	—
102	330	51	207	248	162	—	410
57	2	32	1	25	19	—	44
1	—	—	—	—	—	—	—
62	54	1	—	2	1	—	3
58	16	—	—	—	—	—	—
3	85	—	—	—	—	—	—
1	33	—	—	—	—	—	—
14	2	—	—	—	—	—	—
60	43	3	2	6	3	—	9
8,991	9,374	872	3,665	3,705	2,620	—	6,325

1 died of A 81 Arteriosclerotic and degenerative heart disease.  
 1 died of A 89 Lobar Pneumonia.  
 1 died of A108 Acute nephritis.

Table 14—

## Cases treated in Government and Government assisted

Intermediate List Number.	Detailed List Number	Cause Groups.
		<i>Brought forward</i> .....
A77 (c)	394	Other inflammatory diseases of ear .....
A78(a)	380 - 384 386, 388, 389	All other disease and Conditions of eye .....
(b)	341 - 344 350 - 352 354 - 357 360 - 369 395 - 398	All other diseases of the nervous system and sense organs .....
A79	400 - 402	Rheumatic fever .....
A80	410 - 416	Chronic rheumatic heart disease .....
A81	420 - 422	Arteriosclerotic and egenerative heart disease .....
A82	430 - 434	Other diseases of heart .....
A83	440 - 443	Hypertension with heart diseases .....
A84	444 - 447	Hypertension without mention of heart .....
A85	450 - 456	Diseases of arteries .....
A86	460 - 468	Other diseases of circulatory system .....
A87	470 - 475	Acute upper respiratory infections .....
A88	480 - 483	Influenza .....
A89	490	Lobar Pneumonia .....
A90	491	Bronchopneumonia .....
		<i>Carried forward</i> .....

Continued

hospitals with the total deaths in the Colony for 1951.

Cases Treated 1951		Deaths 1951		Deaths 1951			
Government Hos-pitals	Government Assisted Hos-pitals	Government Hos-pitals	Government Assisted Hos-pitals	Whole Colony			
				Male	Female	Sex Un-known	Total
8,991	9,374	872	3,665	3,705	2,620	—	6,325
3	1	—	—	—	—	—	—
24	111	—	—	—	—	—	—
137	89	11	1	9	13	—	22
5	18	—	1	2	2	—	4
207	514	23	152	121	166	—	287
22	732	8	291	311	262	—	573
127	228	23	15	91	31	—	122
57	12	8	7	33	21	—	54
27	59	—	—	20	10	—	30
64	11	10	4	28	29	—	57
287	372	6	3	6	3	—	9
452	260	6	—	4	4	—	8
75	683	—	—	27	22	—	49
166	940	27	375	465	272	—	737
442	3,595	124	1,877	2,054	1,998	—	4,052
11,086	16,999	1,118	6,391	6,876	5,453	—	12,329



Table 14—

## Cases treated in Government and Government assisted

Intermediate List Number.	Detailed List Number.	Cause Groups.
		<i>Brought forward</i> .....
A91	492, 493	Primary atypical, other and unspecified pneumonia .....
A92	500	Acute bronchitis .....
A93	501, 502	Bronchitis, chronic and unqualified .....
A94	510	Hypertrophy of tonsils and adenoids .....
A95	518, 521	Empyema and abscess of lung .....
A96	519	Pleurisy .....
A97(a)	523	Pneumoconiosis .....
(b)	511 - 517 520, 522 524 - 527	All other respiratory diseases .....
A98(a)	530	Dental Caries .....
(b)	531 - 535	All other diseases of teeth and supporting structures .....
A99	540	Ulcer of Stomach .....
A100	541	Ulcer of duodenum .....
A101	543	Gastritis and duodenitis .....
A102	550 - 553	Appendicitis .....
A103	560, 561, 570	Intestinal obstruction and hernia .....
A104(a)	571.0	Gastro-enteritis and colitis, between 4 weeks and 2 years .....
		<i>Carried forward</i> .....

Continued

hospitals with the total deaths in the Colony for 1951.

Cases Treated 1951		Deaths 1951		Deaths 1951			
Government Hospitals	Government Assisted Hospitals	Government Hospitals	Government Assisted Hospitals	Whole Colony			
				Male	Female	Sex Unknown	Total
11,086	16,999	1,118	6,391	6,876	5,453	—	12,329
49	520	3	104	60	115	—	175
246	120	4	5	96	101	—	197
60	641	2	13	59	98	—	157
226	18	—	—	—	—	—	—
44	54	1	5	33	33	—	66
38	112	—	2	121	63	—	184
1	—	—	—	—	—	—	—
134	90	14	7	69	51	—	120
18	3	—	—	1	—	—	1
116	40	1	1	—	2	—	2
215	367	6	35	46	20	—	66
137	58	3	5	15	4	—	19
72	273	1	—	5	2	—	7
571	320	1	3	11	4	—	15
353	229	21	20	36	20	—	56
537	2,940	110	1,313	978	1,041	—	2,019
13,903	22,784	1,285	7,904	8,406	7,007	—	15,413

Table 14—

## Cases treated in Government and Government assisted

Intermediate List Number.	Detailed List Number	Cause Groups.
		<i>Brought forward</i> .....
A104(b)	571.1	Gastro-enteritis and colitis, ages 2 years and over .....
A104(c)	572	Chronic enteritis and ulcerative colitis .....
A105	581	Cirrhosis of liver .....
A106	584, 585	Cholelithiasis and cholecystitis .....
A107	536 - 539 542, 544, 545 573 - 580 582, 583 586, 587	Other diseases of digestive system .....
A108	590	Acute nephritis .....
A109	591 - 594	Chronic, other and unspecified nephritis .....
A110	600	Infections of kidney .....
A111	602, 604	Calculi of urinary system .....
A112	610	Hyperplasia of prostate .....
A113	620, 621	Diseases of breast .....
A114(a)	613	Hydrocele .....
(b)	634	Disorders of menstruation .....
(c)	601, 603 605 - 609 611, 612 614 - 617 622 - 633 635 - 637	All other diseases of the genito-urinary system .....
		<i>Carried forward</i> .....

Continued

hospitals with the total deaths in the Colony for 1951.

Cases Treated 1951		Deaths 1951		Deaths 1951			
Government Hospitals	Government Assisted Hospitals	Government Hospitals	Government Assisted Hospitals	Whole Colony			
				Male	Female	Sex Unknown	Total
13,903	22,784	1,285	7,904	8,406	7,007	—	15,413
381	604	23	132	295	216	—	511
18	94	3	22	26	18	—	44
104	224	21	94	124	41	—	165
116	80	—	5	12	4	—	16
587	759	40	80	101	61	—	162
33	74	—	5	11	9	—	20
122	576	15	129	180	100	—	280
26	6	1	1	3	2	—	5
89	53	—	—	1	2	—	3
10	3	—	—	3	—	—	3
35	16	—	—	—	—	—	—
72	31	—	—	—	—	—	—
215	150	—	—	—	—	—	—
764	1,000	5	9	10	7	—	17
16,475	26,454	1,393	8,381	9,172	7,467	—	16,639

Table 14—

## Cases treated in Government and Government assisted

Intermediate List Number.	Detailed List Number	Cause Groups.
		<i>Brought forward</i> .....
A115	640 - 641, 681, 682, 684	Sepsis of pregnancy, childbirth and the puerperium .....
A116	642, 652 685, 686	Toxaemias of pregnancy and the puerperium.
A117	643, 644 670 - 672	Haemorrhage of pregnancy and childbirth ...
A118	650	Abortion without mention of sepsis or toxaemia .....
A119	651	Abortion with sepsis .....
A120(a)	645 - 649 673 - 680 683 687 - 689	Other complications of pregnancy, childbirth and the puerperium .....
A120(b)	660	Delivery without complication .....
A121	690 - 698	Infections of skin and subcutaneous tissue ...
A122	720 - 725	Arthritis and spondylitis .....
A123	726, 727	Muscular rheumatism and rheumatism, unspecified .....
A124	730	Osteomyelitis and periostitis .....
A125	737 745 - 749	Ankylosis and acquired musculoskeletal deformities .....
A126(a)	715	Chronic ulcer of skin (including tropical ulcer)
		<i>Carried forward</i> .....

Continued

hospitals with the total deaths in the Colony for 1951.

Cases Treated 1951		Deaths 1951		Deaths 1951			
Government Hos-pitals	Government Assisted Hos-pitals	Government Hos-pitals	Government Assisted Hos-pitals	Whole Colony			
				Male	Female	Sex Un-known	Total
16,475	26,454	1,393	8,381	9,172	7,467	—	16,639
19	3	—	2	—	3	—	3
433	126	11	24	—	38	—	38
320	203	6	23	—	43	—	43
435	965	—	1	—	2	—	2
3	4	—	—	—	—	—	—
3,009	1,278	4	12	—	25	—	25
10,320	18,025	—	—	—	—	—	—
425	1,002	3	6	5	14	—	19
81	313	—	1	2	1	—	3
9	96	—	—	—	—	—	—
133	53	—	2	1	1	—	2
15	7	—	—	—	—	—	—
41	420	—	—	1	—	—	1
31,718	48,949	1,417	8,452	9,181	7,594	—	16,775

Table 14—

## Cases treated in Government and Government assisted

Intermediate List Number.	Detailed List Number	Cause Groups
		<i>Brought forward</i> .....
A126(b)	700 - 714 716	All other diseases of skin .....
(c)	731 - 736 738 - 744	All other diseases of musculoskeletal system.
A127	751	Spina bifida and meningocele .....
A128	754	Congenital malformations of circulatory system .....
A129	750, 752 753 755 - 759	All other congenital malformations .....
A130	760, 761	Birth injuries .....
A131	762	Postnatal asphyxia and atelectasis .....
A132(a)	764	Diarrhoea of newborn (under 4 weeks) .....
(b)	765	Ophthalmia neonatorum .....
(c)	763,766 - 768	Other infections of newborn .....
A133	770	Haemolytic disease of newborn .....
A134	769, 771, 772	All other defined diseases of early infancy ...
A135	773 - 776	Ill-defined diseases peculiar to early infancy.
A136	794	Senility without mention of Psychosis .....
A137(a)	788.8	Pyrexia of unknown origin .....
(b)	793	Observation, without need for further medical care .....
(c)	780 - 787 788.1 - 788.7 788.9 789 - 792 795	All other ill-defined causes of morbidity .....
		<b>Total</b> .....

Continued

hospitals with the total deaths in the Colony for 1951.

Cases Treated 1951		Deaths 1951		Deaths 1951			
Government Hos-pitals	Government Assisted Hos-pitals	Government Hos-pitals	Government Assisted Hos-pitals	Whole Colony			
				Male	Female	Sex Un-known	Total
31,718	48,949	1,417	8,452	9,181	7,594	—	16,775
101	434	5	2	1	7	—	8
61	21	—	—	1	—	—	1
12	3	2	3	3	2	—	5
24	5	9	5	7	8	—	15
158	44	26	25	29	28	—	57
81	2	24	2	34	30	—	64
219	31	18	31	51	32	—	83
16	25	—	7	57	47	—	104
15	—	—	—	—	—	—	—
11	107	5	66	96	77	—	173
9	5	9	4	16	8	—	24
81	26	23	16	38	67	—	105
625	603	119	424	589	425	—	1,014
7	249	—	108	73	101	—	174
58	1	—	—	1	2	—	3
391	22	—	—	—	—	—	—
68	141	6	2	600	588	9	1,197
33,655	50,668	1,663	9,147	10,777	9,016	9	19,802



Table 14—

## Cases treated in Government and Government assisted

“E” Code. Alternative Classification of  
Accidents, Poisonings, and Violence (External Cause).

Intermediate List Number.	Detailed List Number.	Cause Groups
		<i>Brought forward</i> .....
AE138	E810 - E835	Motor Vehicle Accidents .....
AE139	E800 - E802 E840 - E866	Other transport accidents .....
AE140	E870 - E895	Accidental poisoning .....
AE141	E900 - E904	Accidental falls .....
AE142	E912	Accident caused by Machinery .....
AE143	E916	Accident caused by fire and explosion of combustible material .....
AE144	E917, E918	Accident caused by hot substance, corrosive liquid, steam and radiation .....
AE145	E919	Accident caused by firearm .....
AE146	E929	Accidental drowning and submersion .....
AE147	E923 E920 E927	Foreign body entering other orifice .....
		Foreign body entering eye and adnexa .....
		Accidents caused by bites and stings of venomous animals and insects .....
		Other accidents caused by animals .....
AE148	E928 E910, E911, E913 - E915, E921 - E922 E924 - E926 E930 - E965, E970 - E979	All other accidental causes .....
AE149	E980 - E985	Homicide and injury purposely inflicted by other persons (not in war) .....
AE150	E990 - E999	Injury resulting from operations of war .....
		GRAND TOTAL .....

Continued

hospitals with the total deaths in the Colony for 1951.

Cases Treated 1951		Deaths 1951		Deaths 1951			
Government Hos-pitals	Government Assisted Hos-pitals	Government Hos-pitals	Government Assisted Hos-pitals	Whole Colony			
				Male	Female	Sex Un-known	Total
33,655	50,668	1,663	9,147	10,777	9,016	9	19,802
895	4	57	—	80	26	—	106
294	—	12	—	44	15	—	59
91	3	4	—	6	1	—	7
848	67	61	—	73	27	—	100
168	8	—	—	1	—	—	1
147	4	19	—	16	13	—	29
196	24	12	—	7	7	—	14
20	—	2	—	2	1	—	3
23	1	—	—	85	31	—	116
69	1	—	—	—	—	—	—
8	—	—	—	—	—	—	—
11	4	—	—	—	—	—	—
4	12	—	—	—	—	—	—
888	84	82	4	180	118	—	298
231	—	20	—	39	6	—	45
—	—	—	—	—	—	—	—
37,548	50,880	1,932	9,151	11,310	9,261	9	20,580

Table 14—

## Cases treated in Government and Government assisted

“N” Code. Alternative classification of Accidents,  
Poisonings and Violence (Nature of Injury).

Intermediate List Number.	Detailed List Number.	Cause Groups
AN138	N800 - N804	Fracture of skull .....
AN139	N805 - N809	Fracture of spine and trunk .....
AN140	N810 - N829	Fracture of limbs .....
AN141	N830 - N839	Dislocation without fracture .....
AN142	N840 - N848	Sprains and strains of joints and adjacent muscle .....
AN143	N850 - N856	Head injury (excluding fracture) .....
AN144	N860 - N869	Internal injury of chest, abdomen and pelvis.
AN145	N870 - N908	Laceration and open wounds .....
AN146	N910 - N929	Superficial injury, contusion and crushing with intact skin surface .....
AN147	N930 - N936	Effects of foreign body entering through orifice .....
AN148	N940 - N949	Burns .....
AN149	N960 - N979	Effects of poisons .....
AN150	N950 - N959 N980 - N999	All other and unspecified effects of external causes .....
		TOTAL .....

Contd.

hospitals with the total deaths in the Colony for 1951

Cases Treated 1951		Deaths 1951		Deaths 1951			
Government Hospitals	Government Assisted Hospitals	Government Hospitals	Government Assisted Hospitals	Whole Colony			
				Male	Female	Sex Unknown	Total
302	4	77	—	137	44	—	181
271	5	12	1	19	5	—	24
832	12	9	—	11	1	—	12
77	6	1	—	1	—	—	1
46	8	—	—	—	—	—	—
620	4	38	—	25	13	—	38
73	—	34	—	70	21	—	91
553	126	7	—	9	3	—	12
189	9	—	—	—	—	—	—
82	1	2	1	2	3	—	5
289	28	27	—	40	24	—	64
431	3	47	—	55	43	—	98
128	6	15	2	164	88	—	252
3,893	212	269	4	533	245	—	778

## II. PUBLIC HEALTH

### INTRODUCTION

49. The Director of Medical & Health Services is responsible for public health administration throughout the Colony. However an Urban Council exercises control over matters of general sanitation in the urban areas of Hong Kong and Kowloon. Senior public health personnel of the Medical Department are seconded to the Urban Council for duty in the urban areas over which the Urban Council has jurisdiction.

50. A medical officer of health advises the District Administration in the New Territories which is substantially a rural area containing several small townships.

#### *Urban Areas.*

51. Under the control of a Senior Health Officer, two Health Officers, seconded to the Urban Council, have responsibilities on Hong Kong Island and in Kowloon. Also in those areas are Senior Health Inspectors and Health Inspectors employed by the Urban Council. This staff is generally supervised by the Deputy Director of Health Services.

52. For purposes of public health administration the urban areas are divided into districts and these in their turn into sub-districts each of which is the responsibility of a Health Inspector. In Hong Kong there are sixty-two sub-districts and in Kowloon twenty-five. The Health Inspector is responsible for the general sanitary supervision of his sub-district, the investigation of infectious disease and the carrying out of disinfection and disinfestation.

53. Other duties of Inspectors include the supervision of dairies, milk and food inspection and sampling, control of wet cultivation, and the supervision of hawkers, markets, abattoirs, cemeteries, etc.

54. A pest control officer is responsible for anti-rodent measures in the urban areas.

55. The department is also responsible for anti-epidemic work, health education of the public, port health work, the operation of maternal and child health services which includes a school health programme, social hygiene work, tuberculosis and malaria and mosquito control.

#### *Rural Areas.*

56. The Medical Officer of Health, New Territories has under his jurisdiction an area of some 350 square miles which includes numerous islands and has a population of about 200,000.

57. His staff consists of a Senior Health Inspector and five Health Inspectors each of whom is responsible for a district of the New Territories wherein he supervises all public health matters.

### **HYGIENE & SANITATION**

#### *Refuse Removal & Conservancy Services.*

58. Refuse removal and conservancy services in the Urban Council area are the responsibility of a Superintendent of Sanitary Services under whom a Chief Health Inspector directly superintends the work.

59. Two systems of night soil disposal are in operation, (a) a water carriage system with sewers serving part of the City of Victoria and discharging directly into the harbour and (b) bucket conservancy which is necessitated in certain areas by the old type of premises prevailing. It is the single bucket system which operates generally but the two pail pilot scheme initiated in Kowloon in the previous year to serve 320 houses was extended to serve 100 floors on Hong Kong Island. This worked very

satisfactorily but general introduction of the system was not practicable on account of high cost of plant.

60. Night soil disposal is effected partly by dumping at sea and partly by treatment in maturing tanks in the New Territories. After treatment it is disposed of for fertiliser through various distributing depots in the New Territories.

61. Domestic refuse is removed daily from the urban district by refuse lorries and then by specially designed barges to Kuntong, on the north east side of the harbour, where it is used as filling for reclamation.

62. The pilot scheme for composting night soil and refuse, referred to in the previous report, continues. Following the visit of an expert in this matter from England, consideration is being given to developing this activity on a considerable scale.

#### *Water Supplies.*

63. The main water supply of the urban area is a piped one. Its source is from controlled catchments on the Island and in the New Territories which drain into large reservoirs. The water is then filtered and chlorinated.

64. Qualitatively it is excellent but quantitatively it is inadequate and water restrictions are necessary for a substantial part of the year.

65. Because of this water shortage additional casual supplies, such as streams, wells etc., are made use of by the urban people.

66. In the New Territories wells constitute the source of supply to the greater part of the population.

#### *Housing.*

67. There was again considerable building activity throughout the year but the housing erected was largely of an

expensive type. In one area of the Island, however, a number of houses, suitable for workers of the lower income groups, was erected.

68. A considerable amount of new housing resulted from the general scheme for the resettlement of squatters.

### *Squatters.*

69. This remains Hong Kong's major sanitary and social problem. It is estimated that some 350,000 persons occupy unauthorized huts of the poorest type.

70. Early in 1952 resettlement of these squatters commenced in approved areas where the people were permitted to build their own huts to approved specification, conforming to a planned layout which provided fire lanes. Piped water supply was led to these areas and latrines were erected. Health education of the squatters was carried out extensively by the health inspectorate, and extensive preventive inoculations were carried out.

## RURAL HEALTH

71. The work of the Department in the New Territories is similar, in most respects, to that in the urban area, but is controlled by separate legislation made under the New Territories Ordinance (Cap. 97).

72. The control of building standards, both in permanent and temporary buildings, is a matter which requires constant attention. Conditions are rather different from those in urban districts where space is limited. The type of building is often simple, but it has been possible, in several cases, to achieve buildings which are cheap and simple while being of substantial construction and far more healthy than the tin shacks they replace.



73. Buildings erected to house labourers on temporary projects are a serious problem. Most prominent among these are the appalling shacks put up by illegal miners working the scattered wolfram deposits throughout the New Territories. These have not only risked their own health by their insanitary mode of living, but have also caused a serious danger to the health of others through the contamination of water supplies and interference with irrigation in general. The scattered situation of these mines and the lack of firm financial prospects for the miners are two of the reasons which make control extremely difficult. At the moment, however, the position is generally improving.

74. Considerable work has been done to keep the areas around military establishments free from fly and mosquito nuisance and fair success has been attained. The problem is not eased by the fact that many of the nuisances arise from contractors working in connexion with the camps themselves.

75. A new market has been built by private enterprise at Shatin and is a great benefit to the community.

### COMMUNICABLE DISEASES

76. In 1951 there was no case of cholera, plague, smallpox, epidemic typhus or yellow fever.

77. Only 2 cases of scrub typhus fever were notified from among the troops but the disease is neither epidemic nor endemic.

78. For the fifth year in succession the Colony has been free from any major epidemic.

79. During the year 1951, there was no case of rabies, human or animal. The case registered in March 1951 actually occurred on the 24th of December 1950 in Tai Po, N.T., and the laboratory test was not confirmed until the 16th of March 1951.

80. Pulmonary tuberculosis increased both in cases (50%) and in deaths (30%), the former being due partly to better notification.

81. The leading causes of deaths by communicable diseases are:—

Diseases	Cases		Total	Deaths	Fatality rate
	Chinese	Non-Chinese			
1. Tuberculosis...	13,855	31	13,886	4,190	30.2%
2. Enteric fever ..	1,015	9	1,024	134	13.1%
3. Diphtheria ....	569	5	574	121	21.1%
4. Measles .....	390	138	528	39	7.4%
5. Malaria .....	482	44	526	35	6.7%
6. Bac. Dysentery ...	318	53	371	28	7.5%

#### *Notifiable diseases*

#### 82. *Enteric fever.*

There were 1,024 cases with 134 deaths, in 1951 as against 907 cases with 160 deaths, in 1950. The incidence of the disease has been steadily rising since 1946.

83. In spite of repeated efforts, no focus of infection could be found. It is believed that carriers are the source of infection. Data showed that squatter populations had a higher percentage in both incidence and deaths than the community at large. The disease continued to be particularly fatal to young male adults.

#### 84. *Dysenteries.*

While bacillary dysentery showed a 47% increase in incidence, amoebiasis registered a 13% decrease. There were 154 cases of amoebiasis with 9 deaths and 371 cases of bacillary dysentery with 28 deaths during the year, as against 177 cases

of amoebiasis with 10 deaths, and 253 cases of bacillary dysentery with 14 deaths.

85. As usual the non-Chinese population showed a relatively greater susceptibility than the Chinese population.

86. *Poliomyelitis.*

This disease has become more serious in this Colony as elsewhere throughout the world in recent years. There were in 1951, 28 cases with 3 deaths as against 16 cases with 3 deaths in 1950. The non-Chinese population appeared to be disproportionately susceptible.

87. *Diphtheria.*

The incidence of this disease showed a 10% increase but the fatality rate decreased markedly.

88. There have been 574 cases with 121 deaths as against 524 cases with 135 deaths in 1950.

89. The disease mainly affects children in the second and third years of life (60%) but the fatality rate is very high among infants below 1 year of age.

90. An absence of immunization of infants and youngsters is the cause of the high incidence, and a preference for Chinese herbalist treatment rather than for early scientific treatment is responsible for the deaths of the infected.

91. *Cerebrospinal Meningitis.*

There have been 26 cases with 13 deaths, as against 49 cases with 26 deaths in 1950.

92. The disease affects Chinese children almost exclusively and the incidence has fallen markedly during the last few years.

93. *Measles.*

There have been 528 cases with 39 deaths.

94. The cause of death among children of poor and ignorant Chinese families was invariably Pneumonia.

95. About 11% of the cases occurred in non-Chinese without any deaths.

96. *Pertussis.*

There is evidence that the marked increase in the incidence of this disease during the last 2 years is largely due to better notification. This incidence in the Colony is greatest during the summer months.

97. There have been 747 cases with 20 deaths against 306 cases with 16 deaths in 1950.

98. *Puerperal fever.*

In 1951 there were 7 cases without deaths.

99. *Tuberculosis.*

The incidence of pulmonary tuberculosis increased 50% as compared with the preceding year. Better service and active propaganda certainly ushered in more cases.

100. In 1951 there were 13,886 cases with 4,190 deaths, as against 9,067 cases with 3,263 deaths in 1950.

101. A separate report on tuberculosis will be found in paragraphs 167-218.

102. *Malaria.*

In 1951 there were 526 cases with 35 deaths as against 502 cases with 89 deaths in 1950. There was less subtertian malaria than previously.

103. Table 15 gives the number of vaccinations and

**TABLE**  
**Inoculations and Vaccinations**

MONTH	Anti- smallpox vaccina- tions	Anti- cholera inocula- tions	Anti- typhus inocula- tions	Anti- tetanus inocula- tions
January .....	192,535	7,137	1,285	1,054
February .....	124,977	5,013	808	1,002
March .....	136,230	6,589	1,227	1,101
April .....	83,863	47,250	1,196	1,053
May .....	28,183	133,164	900	1,397
June .....	18,434	132,463	1,158	1,477
July .....	13,535	107,027	1,029	1,580
August .....	12,283	74,007	886	1,484
September .....	12,723	58,338	790	1,467
October .....	124,571	18,106	745	1,506
November .....	167,375	6,288	712	1,375
December .....	127,988	5,141	575	1,291
<b>TOTAL</b> .....	<b>1,042,697</b>	<b>600,523</b>	<b>11,311</b>	<b>15,787</b>

inoculations done each month:—

15

done during 1951

Anti-diphtheria inoculations		Anti-typhoid inoculations		Anti-plague inoculations		Anti-rabies inoculations	
1st doses	2nd doses	1st doses	2nd doses	1st doses	2nd doses	1st doses	Other doses
1,953	9,080	2,841	86	5	0	305	1,461
808	972	2,139	1	1	0	308	1,360
932	919	3,034	10	0	0	240	1,477
629	811	4,449	293	0	0	261	1,772
952	493	5,233	628	21	0	306	2,177
995	482	3,235	326	1	0	278	1,887
898	673	3,544	1,931	0	0	320	2,153
670	427	3,162	370	4	0	269	1,784
461	378	2,602	129	1	0	241	1,701
653	545	2,341	957	3	0	300	1,698
1,226	461	2,886	2	0	0	498	1,931
2,741	417	2,405	8	0	0	239	1,580
12,918	15,658	37,871	4,741	36	0	3,565	20,981

## ANTI-EPIDEMIC MEASURES

104. Anti-epidemic measures are under the control of an Epidemiologist but early in 1952 the Senior Port Health Officer took over this work in addition to his own duties.

105. His staff consists of 11 Public Vaccinators and 19 Inoculators who are trained nurses.

106. A new form for the notification of infectious disease was introduced last year and has proved satisfactory.

107. The anti-epidemic work consists mainly of immunization against smallpox, cholera, and diphtheria. The staffs of all food establishments are inoculated and vaccinated in due season. Also all staff of Government departments and the larger commercial firms are dealt with by teams which visit their offices. In addition the great body of squatters is given prophylaxis early, as it is there that the most explosive source of epidemics lies. This year a new scheme was adopted to allow a greater stress of anti-diphtheria prophylaxis—the year being divided into 3 periods of 4 months January to April—diphtheria; May to August—cholera; September to December—smallpox.

108. For the 5th year in succession there was no case of cholera. Plague remains absent, but continuous attention was paid to the examination and control of rats and preparation of flea indices in view of proximity to the hinterland where plague has been reported.

109. *R. norvegicus* is the more common type of rat found in the tenement houses. *R. rattus* is more common in ships but is also found in tenement houses. Final disposal of all rats is by burial.

## HEALTH EDUCATION

110. No further progress has been made with an actual Health Education programme for the Department itself, as all publicity work has been taken over by the Public Relations Officer. Nevertheless a considerable amount of teaching is done by lectures and demonstrations particularly in the Infant Welfare Section. Vaccinations and immunization campaigns are usually preceded by radio talks given in English and Chinese. Anti-spitting propaganda is well publicised by a film, prepared by the Cinema Association which is shown in over 40 picture houses. A special film on venereal diseases, prepared locally by this Department has been shown to male audiences. It is a film which has received special commendation, and may give some real results in the prevention of the disease, and the seeking of treatment at an early date. A specially fitted cinema van for the showing of pictures on hygiene and health problems has been a success throughout the year.

111. Series of lectures on hygiene have been given to the teachers in training at Northcote Training College who will thus be in a position to pass on this knowledge to pupils in due course.

## PORT HEALTH

112. The main administrative officers of the Port Health Office are accommodated in the Marine Department Building. Three inoculation centres cater for the travelling public, two on the Hong Kong side, and one at Kowloon. The Airport section is housed in the Terminal Building at Kai Tak. At Lo Wu, the Port Health team is responsible for the quarantine inspection of travellers from Canton. The two quarantine anchorages at Kowloon Bay and Stonecutters Island are made use of throughout the year by vessels of all tonnages and flags.

113. During the year under review, the establishment of Assistant Port Health Officers remained constantly at seven.



114. A Senior Port Health Inspector assisted by two Health Inspectors dealt with all deratting and disinsecting aspects of Port Health work. Cyanide and sulphur fumigation were undertaken by the port. 19 vessels were fumigated with cyanide, 72 with sulphur, and 152 exemptions were granted for 1951.

115. The port was free of any epidemic of quarantinable disease during the year. However, one imported case of smallpox, and one local case of smallpox, which was notified on 17th January, 1952 and 18th February, 1952 respectively, were recorded.

116. Due to the absence of accurate epidemiological intelligence from the Chinese mainland all cargo originating from areas in China where plague is endemic had to be disinsected as a precaution against the introduction of plague-infected fleas in the cargo.

117. 82,816 passengers, 191,838 crew, and 3,742 vessels were inspected during the year 1951 as against 731,148 passengers, 537,991 crew and 13,781 vessels in 1950. (The 13,781 included small craft which arrived from Macao and the river ports in the Kwangtung Province).

118. Due to travel restrictions and the limitation on the quota permitted for contracted labourers, the total number of emigrants inspected during the past year was 13,487 as against 25,038 for 1950.

119. The number of Bills of Health issued during the calendar year 1951 was 2,769.

120. Although air passenger traffic had not increased much, 32,669 passengers as compared with 32,177 in 1950, were medically inspected. All passengers and crew of arriving aircraft were medically inspected, and the International Civil Aviation Organization's recommendation regarding the routine spraying of aircraft was insisted upon.

## SOCIAL HYGIENE

121. For the greater part of the year there were 7 Doctors, one Technical Assistant, 12 Nurses, and 6 Dressers on this work. In the early part of 1952, 4 Social Hygiene Health Visitors were recruited for contact tracing as a result of the Venereal Diseases Ordinance.

122. There is one Hospital for female patients with 20 beds and 8 cots, and 6 clinics of which 3 are for males and 3 for females. The clinics run full time and evening sessions are arranged for office workers.

123. In addition a great amount of work has been done in improving the control of venereal disease in the prisons; with the newer drugs giving more rapid results there is real hope for clearing up this problem.

124. As a result of the presence of large numbers of Army personnel in the New Territories it has been necessary to develop anti-venereal disease work in this area and special clinics have been set up.

125. A close link has been established with ante-natal, infant welfare and maternity services. Blood specimens are taken as a routine at these clinics. 24,375 specimens were examined last year, and 7.5% were positive to the Kahn Test and this may be assumed to be a fair sample of incidence of venereal disease. One disturbing feature is that of the positives only 31.8% came for adequate treatment.

126. Home visits are being increased to educate and persuade infected mothers to attend for treatment.

127. A record number of 17,934 new cases of which 40% were females, was recorded in 1951 as compared with 13,524 in 1950. The total attendance of all patients was 152,294.

128. Only 19 cases of Ophthalmia neonatorum were reported last year.

129. Venereal disease must reach a high percentage in the Colony, reckoned to be about 7 to 8% with such figures as are available, because the Colony possesses all the factors which are conducive to the disease and its spread. In particular it is a busy port, within easy reach of other maritime towns, there are many refugees both rich and poor, it is crowded with sly brothels, and private consorts are easily available in the cabarets or hotels and other places of amusement which abound in the Colony, thus making contact and contraction of venereal disease an easy matter.

### MATERNAL AND CHILD HEALTH

130. There has been a steady increase in interest in this subject among the Chinese population, as is shown by the well attended clinics that are run both in urban areas and in the villages. A practical approach is maintained by an attempt to meet the social, physical and mental health needs of the families and to educate the mothers in such a way as to stimulate their interest.

131. At present there is a gap in respect of the pre-school child and post-natal care in Maternal and Child Health Centres, but plans are in hand to attempt to meet this need.

132. There are three main centres with doctors in charge, Harcourt and the Western Infant Welfare Centre on the Island, and Tsim Sha Tsui Centre in Kowloon. Besides this, there are four subsidiary Infant Welfare Centres staffed with Health Nurses at Stanley, Aberdeen, and Shaukiwan, on the Island, and Shamshuipo in Kowloon.

133. During the year, 11,646 home visits were made by the Health Nurses in connexion with Infant Welfare work.

134. The number of attendances at the clinics was as follows:—

*Table 16*

*Attendances at Infant Welfare Clinics.*

	New	Revisits	Total
Harcourt Centre ... ..	2,980	33,654	36,634
Kowloon Centre ... ..	2,952	29,802	32,754
Western Centre ... ..	2,310	21,942	24,252
Aberdeen ... ..	258	2,209	2,467
Stanley ... ..	157	1,923	2,080
Shauiwan ... ..	1,130	8,352	9,482
Shamshuipo .. ..	382	2,903	3,285
Grand Total ... ..	10,169	100,785	110,954

135. Congee and UNICEF milk were given to the ill nourished. Mothers have a growing appreciation of the benefits of a balanced diet, the need for hygiene in preparing and serving food, and they respond well to the friendly atmosphere of the clinics.

136. Health sessions continued to be adapted to the cultural levels of the participants. During the year study and observation groups included medical, midwifery, social science and social welfare students, school teachers and school girls for mothercraft, anti-tuberculosis trainees and welfare workers from official and voluntary organizations.

137. Arrangements are under way to teach midwives in active practice how to instruct the mother in the care of herself and her child. As there are about 900 midwives registered in Hong Kong, their health educational activities backed by such improvement as is possible in housing conditions, will help substantially in the reduction of infant mortality rates and in the promotion of child and family health.

TABLE  
State of Health of Attendances at

Centres	New				Total
	Under 1 year		Over 1 year		
	Without Defect	Some Abnormality	Without Defect	Some Abnormality	
Harcourt .....	2242	593	82	63	2980
Kowloon .....	2086	787	58	21	2952
Western .....	1829	431	40	10	2310
<b>Total: .....</b>	<b>6157</b>	<b>1811</b>	<b>180</b>	<b>94</b>	<b>8242</b>

### SCHOOL HEALTH

140. On the 1st April, the services provided in the School Health Scheme were made available to private schools resulting in an additional 25,528 pupil participants.

138. Early in 1952 doctors in the maternal, infant, and school health programmes commenced the preparation of joint educational sessions including the care of the pre-school child.

139. Table 17 shows the state of the health of the patients attending the main Infant Welfare Clinics.

17

the Main Infant Welfare Clinics

Revisits				Total	Grand Total
Under 1 year		Over 1 year			
Without Defect	Some Abnormality	Without Defect	Some Abnormality		
24785	2176	6152	541	33654	36634
20187	2281	6858	476	29802	32754
16069	759	4938	176	21942	24252
61041	5216	17948	1193	85398	93640

141. In the year under review 314 schools participated in the School Health Scheme, the parents contributing fees on a voluntary basis. The total school population was 187,032 of whom 40,048 participants in the Scheme were specially covered.

142. The system of routine medical inspection of new entrants, periodic examination of pupils and teachers and special observation of participants in the School Health Scheme requiring special attention continued.

143. 56,186 medical examinations were made and it was found that dental caries remained as formerly the largest single defect in all schools. Errors of refraction constituted the main sight defect. Only 19.6% of children from private schools were appraised as having no apparent defect.

144. The following tables (18-22) give an indication of the nutritional standard of school children according to age groups. The letters A, B, C and D refer to different types of schools as follows:—

A—Government schools which are directed, maintained and staffed by Government personnel;

B—Grant-in-aid schools which are operated by missionary bodies with the assistance of a Government grant;

C—Schools of primary standard subsidized by Government;

D—Schools maintained entirely from their own resources.

145. 417 cases of infectious diseases were notified from pupils and school staff in all schools. The cases were scattered and there were no epidemics in schools.

146. Table 23 shows the defects found in schools.

147. Table 24 gives the results of medical inspection of pupils.

148. Table 25 gives a summary of the infectious diseases during the year in the schools.

149. Table 26 gives the number of pupils treated in clinics and hospitals.

*Table 18*  
*Types A, B, C and D Schools.*

Age Groups	Number inspected.		Standard of Nutrition					
			Normal		Slightly below normal		Poor	
	1st. examination	Re-examination	1st. examination	Re-examination	1st. examination	Re-examination	1st. examination	Re-examination
5	1990	185	1655	169	306	14	29	2
7	2552	641	1977	519	515	115	60	7
10	2354	1182	1777	909	530	258	47	15
12	2600	1720	2009	1369	538	324	53	27
15	1958	1812	1622	1535	304	248	32	29
18	873	643	713	579	149	62	11	2
<b>Total</b>	<b>12327</b>	<b>6183</b>	<b>9753</b>	<b>5080</b>	<b>2342</b>	<b>1021</b>	<b>232</b>	<b>82</b>

*Table 19*  
*Type A Schools.*

Age Groups	Number inspected.		Standard of Nutrition					
			Normal		Slightly below normal		Poor	
	1st. examination	Re-examination	1st. examination	Re-examination	1st. examination	Re-examination	1st. examination	Re-examination
5	59	—	58	—	1	—	—	—
7	20	35	20	35	—	—	—	—
10	34	52	31	48	3	4	—	—
12	17	56	17	56	—	—	—	—
15	18	40	18	39	—	1	—	—
18	5	14	5	14	—	—	—	—
<b>Total</b>	<b>153</b>	<b>197</b>	<b>149</b>	<b>192</b>	<b>4</b>	<b>5</b>	<b>—</b>	<b>—</b>



*Table 20*  
*Type B Schools.*

Age Groups	Number inspected.		Standard of Nutrition					
			Normal		Slightly below normal		Poor	
	1st. examination	Re-examination	1st. examination	Re-examination	1st. examination	Re-examination	1st. examination	Re-examination
5	93	12	71	12	21	—	1	—
7	167	208	101	161	24	43	3	4
10	128	401	128	305	36	89	3	7
12	209	656	156	530	51	116	2	10
15	120	920	109	765	11	136	—	19
18	30	457	26	412	4	44	—	1
<b>Total</b>	<b>747</b>	<b>2654</b>	<b>591</b>	<b>2185</b>	<b>147</b>	<b>428</b>	<b>9</b>	<b>41</b>

*Table 21*  
*Type C Schools.*

Age Groups	Number inspected.		Standard of Nutrition					
			Normal		Slightly below normal		Poor	
	1st. examination	Re-examination	1st. examination	Re-examination	1st. examination	Re-examination	1st. examination	Re-examination
5	362	173	289	157	66	14	7	2
7	587	398	413	323	155	72	19	3
10	528	729	382	556	135	165	11	8
12	563	1,008	410	783	138	208	15	17
15	266	852	212	731	50	111	4	10
18	27	172	26	153	1	18	—	1
<b>Total</b>	<b>2333</b>	<b>3,332</b>	<b>1732</b>	<b>2703</b>	<b>545</b>	<b>588</b>	<b>56</b>	<b>41</b>

Table 22

Type D Schools.

(New Entrants).

Age Groups	No. inspected	Standard of Nutrition		
		Normal	Slightly below normal	Poor
5	1476	1237	218	21
7	1817	1443	336	38
10	1625	1236	356	33
12	1811	1426	349	36
15	1554	1283	243	28
18	811	656	144	11
Total	9094	7281	1646	167

TABLE  
DEFECTS FOUND

Schools	No. of School Premises	No. with Defects	Lighting Defects	Defects in Latrines	Defects in doors & windows
Government .....	21	9	2	2	—
Grant-aid .....	20	7	—	1	—
Subsidized.					
Hong Kong ...	37	13	—	5	—
Kowloon .....	22	5	—	1	—
Private.					
Hong Kong ...	248	49	—	16	1
Kowloon .....	185	32	3	12	—
<b>Total .....</b>	<b>533</b>	<b>115</b>	<b>5</b>	<b>37</b>	<b>1</b>

## IN SCHOOLS.

## Details of Defects

Blackboards Not Matt surfaced	Water Closets requiring repairs.	Windows requiring glazing	Seats without backrests	White- washing required	General repairs required.
3	2	—	—	—	3
3	2	—	—	—	3
3	1	—	—	1	5
—	—	—	1	2	3
20	9	1	—	3	27
—	—	—	—	4	23
29	14	1	1	10	64

TABLE

## Results of Medical

Schools		Number of medical inspections undertaken.	Number of pupils with no apparent defect.		
Type	No.			Observation	Treatment at General Clinics.
"A"	5	894	411	467	16
	%	—	45.97%	52.24%	1.79%
"B"	28	11305	3791	5516	1687
	%	—	33.53%	48.79%	14.92%
"C"	68	17247	5577	7481	4067
	%	—	32.34%	43.38%	23.58%
"D"	213	26740	5241	15625	12002
	%	—	19.60%	58.43%	44.88%
Total	314	56186	15020	29089	17772
	%	—	26.73%	51.77%	31.63%

## Inspection of Pupils.

## Number of Pupils with Defects Requiring Attention.

Treatment at Eye Clinics.	Treatment at E.N.T. Clinics.	Treatment at Dental Clinics.	Treatment at Surgical Clinics.	Treatment at T.B. Clinics.
68	9	152	—	—
7.61%	1.01%	17%	—	—
1338	141	2739	—	1
11.83%	1.25%	24.22%	—	0.01%
1189	217	5812	—	8
6.90%	1.26%	33.70%	—	0.05%
3196	615	11085	1	11
11.95%	2.29%	41.45%	0.004%	0.04%
5791	982	19788	1	20
10.31%	1.75%	35.22%	0.001%	0.035%

Table 25

*Infectious Diseases.*

<i>Diseases</i>	<i>Cases</i>
Cerebro-spinal meningitis ... ..	2
Chickenpox ... ..	14
Diphtheria ... ..	50
Dysentery, Amœbic ... ..	4
Dysentery, Bacillary ... ..	2
Measles ... ..	24
Mumps ... ..	179
Poliomyelitis, acute ... ..	—
Pulmonary tuberculosis ... ..	50
Typhoid fever ... ..	61
Para-typhoid 'A' ... ..	1
Whooping-Cough ... ..	39
Leprosy ... ..	1

Table 26

*Curative Care.*

1. General Clinic	—	New Cases .....	32,564
		Revisits .....	12,944
		Total .....	<u>45,508</u>
2. Dental Clinics	—	New Cases .....	14,981
		Revisits .....	5,412
		Total .....	<u>20,393</u>
3. E. N. T. Clinics	—	New Cases .....	1,411
		Revisits .....	656
		Total .....	<u>2,067</u>

80 cases were given operative treatment in hospitals.

4. Eye Clinics	—	New Cases .....	3,204
		Revisits .....	1,219
		Total .....	<u>4,423</u>

18 minor surgical cases were done at the clinic and 5 cases operated in hospital.

2330 pairs of spectacles were issued during the year.



## MALARIA AND MOSQUITO CONTROL

### *Control of Breeding.*

150. The larval control programme covers the whole of the inhabited area of Hong Kong island, and in Kowloon, an area from Lai Chi Kok in the west to a mile beyond the Airport in the east, and extending as far north as the Kowloon Reservoir. In addition, the area from Lyemun to Rennie's Mill, and Cheung Chau Island are also included.

151. With the setting up of a squatter resettlement camp at Ngau Tau Kok, the larval control programme has been extended beyond that area since the beginning of 1952. The camp includes a large population with infected people, and in the interest of the nearby Kai Tak Airport, this extension of work was essential.

152. Another new commitment at the beginning of 1952 is the malaria control work at the Tai Lam Chung Reservoir site. While preliminary construction work is in progress, the place is to be made safe from malaria for the occupation of a large labour force. Vigorous initial work in the form of canalizing and training of streams, has now been done.

153. Since May, the use of malariol as a larvicide has been entirely discontinued; its replacement by water-miscible gammexane brought numerous advantages, the chief being the saving of transport, labour, expense, and its harmlessness to vegetation with the dosage that was employed. The use of gammexane bricks (25% gammexane and 75% plaster of Paris) which was introduced last year on suitable potential breeding places like tanks and small pools, continued to prove very effective in controlling breeding.

154. Where possible, permanent work in the form of cement filling of rock holes was continued along the sea-coast at Shek-O, Stanley and Green Island. This work brought excellent results as it has permanently cleared the breeding places of *Aedes togoi*.

155. The fact that gammexane miscible powder leaves no readily discernible trace after having been applied, calls for even closer and stricter supervision of labour. Numerous checking catches and surveys were done in the controlled area of Kowloon and Hong Kong Island, but no anophelines, either larval or adult, could be found. Constant vigilance, however, is being maintained, as there is no satisfactory natural barrier between the controlled and uncontrolled areas, and the condition is made worse by heavy land and sea transport between these places.

#### *Imagocides.*

156. Quarterly residual D.D.T. spraying was undertaken during the warmer months at Sai Wan, Lyemun, Shek-O, Telegraph Bay and Pokfulam, as a supplementary barrier check in villages on the perimeter of the larval controlled area, and in all Government buildings in the New Territories.

#### *Mosquito nuisances.*

157. Mosquito nuisances were investigated on behalf of the Urban Council at various districts. As a result, 93 legal notices were applied for, and 15 prosecutions conducted during the year.

158. In Cheung Chau Island, good results were achieved in regard to mosquito infestation since the extended programme was undertaken.

### *Malaria Incidence.*

159. During 1951, a total of 526 cases of malaria with 35 deaths were notified, comprising 340 cases of benign tertian, 140 subtertian, 18 quartan and 28 clinical malaria. Of these cases, 44 were Europeans, the majority belonging to the armed forces. Almost invariably, the infection was contracted outside the larval controlled area.

### *Malaria surveys.*

160. Adult anopheline mosquito catching was carried out during the year in different parts of the New Territories, which were not included in the larval control programme, namely Woo Li Hop, Tai Po, Fanling, Sek Kong, Ma On Shan and Tai Shui Hang. A total of 16802 mosquitoes were caught and 12432 examined. It is rather perplexing to note that from dissections made, no infective mosquito was encountered. Frequent larval surveys were carried out during the year.

161. Since July 1951, blood smears have been obtained from children in different parts of the New Territories. 858 smears were thus examined, with 37 positive for malaria infection, giving a parasite rate of 4.31%.

162. In a separate survey conducted in July and September, 5 out of 187 blood smears taken from Cheung Shu Tan Village, Kam Chin Village and Woo Li Hop Village were found infected.

163. The spleen index and parasite rate of the children at Tai Lam Chung Village were taken in February 1952 when anti-malarial measures had just commenced. Of the 36 children examined, 9 were found with palpable spleens (spleen rate 25%). 2 out of 48 blood smears taken were found positive with malaria infection.

164. A malaria survey was also undertaken at Hay Ling Island (Leprosarium) during the year.

*Other work.*

165. In addition to the routine work, much consultative work was carried out with the Royal Navy, Army and Air Force. At Sek Kong, New Territories, where the Army has started a big building project, much time has been taken for preliminary surveys on the spot.

166. Advice was given on the abatement of the fly nuisance at the Dairy Farm, Pokfulam.

### TUBERCULOSIS CONTROL

167. The relative importance of tuberculosis in the mortality statistics of the post war years has continued to grow at an alarming rate. For the year 1951 this disease accounted for more than 20% of deaths from all causes as compared with the figure of 14.6, 16 and 17.7 per cent recorded from the years 1948-50 respectively. The mortality rate has increased by 44% over the 1950 figure and is almost double the rate recorded in 1947. It must be pointed out however that the 1951 figures probably represent a more accurate picture of the true situation than any of the figures since 1945 as the common practice normally adopted by the chronic sick, of returning to their native village is not now easy in view of the present restrictions at the Chinese border. At the same time economic conditions have recently deteriorated with an increase in the cost of living and a definite rise in the number of persons not in employment. Over-crowding has been materially alleviated although there has been a fall of more than 11% in the estimated total population.

168. Tuberculosis notifications show an increase of 53% over the 1950 figure. Some part of this increase is undoubtedly due to several factors—an increase in the diagnostic facilities available to the general public by the opening of the new Tuberculosis Clinic in Kowloon, an intensification of the search for

disease among contacts and the introduction of X-ray surveys in factories made possible by the gift by UNICEF to the Medical Department of a mobile X-ray unit. The true increase in morbidity is difficult to assess.

169. The facilities available for the institutional treatment of the disease remain pitifully inadequate with little prospect of improvement for those in the lower income groups and with the existing conditions; the general emphasis must remain on out-patient treatment which is even under the best of circumstances a very poor second best, particularly if the unfortunate individual must remain at work during the period of treatment.

170. The available figures are as follows:—

**Tuberculosis (all forms)**  
**Notifications and Deaths.**

Year	Estimated population	Notifica- tions	Deaths	D/N Ratio	Death rate per 1,000,000 estimate population
1920 .....	648,150	—	2082	—	321.2
1921 .....	625,116	—	1894	—	303.1
1922 .....	638,300	—	2096	—	328.3
1923 .....	667,900	—	2108	—	315.6
1924 .....	695,500	—	2358	—	339.0
1925 .....	725,100	—	2291	—	315.9
1926 .....	710,100	—	1912	—	269.2
1927 .....	740,300	—	2123	—	286.7
1928 .....	766,700	—	2537	—	330.9

Year	Estimated population	Notifica- tions	Deaths	D/N Ratio	Death rate per 1,000,000 estimate population
1929 .....	802,900	—	2158	—	268.7
1930 .....	838,800	—	1994	—	237.7
1931 .....	840,473	—	1983	—	235.9
1932 .....	900,812	—	2042	—	226.6
1933 .....	922,643	—	2225	—	241.2
1934 .....	944,492	—	2179	—	230.7
1935 .....	966,341	—	2237	—	231.5
1936 .....	988,190	—	2416	—	244.5
1937 .....	1,281,982	—	4028	—	314.2
1938 .....	1,478,619	—	4920	—	332.7
1939 .....	1,750,256	7591	4443	1 to 1.7	253.8
1940 .....	—	—	—	—	—
to					
1945 .....	—	—	—	—	—
1946 .....	1,600,000	2801	1752	1 to 1.6	109.5
1947 .....	1,750,000	4855	1861	1 to 2.6	106.3
1948 .....	1,800,000	6279	1961	1 to 3.2	108.9
1949 .....	1,857,000	7510	2611	1 to 2.8	140.6
1950 .....	2,265,000	9067	3263	1 to 2.8	144.0
1951 .....	2,013,000	13886	4190	1 to 3.3	208.0

171. It will be seen that the unfavourable post war trend in the morbidity and mortality statistics is continuing at an accelerated pace and that the effect of the influx of refugees is now becoming apparent.

*Mortality.*

172. The rise in the tuberculosis death rate has occurred at all ages, but is slightly greater in the adult groups, particularly in males. Deaths from tuberculous meningitis, more than 85% of which occurred below the age of 5 years, account for 20% of the total tuberculosis deaths, and despite a fall in the total population of more than 11% show a gross increase of 30%. Deaths attributable to forms of tuberculosis other than respiratory and meningeal show a marked drop.

173. Respiratory tuberculosis continues to dominate the tuberculosis picture, accounting for 3,006 deaths, a gross increase of almost 39% over the year 1950, the death rate per 100,000 showing an increase of 56%.

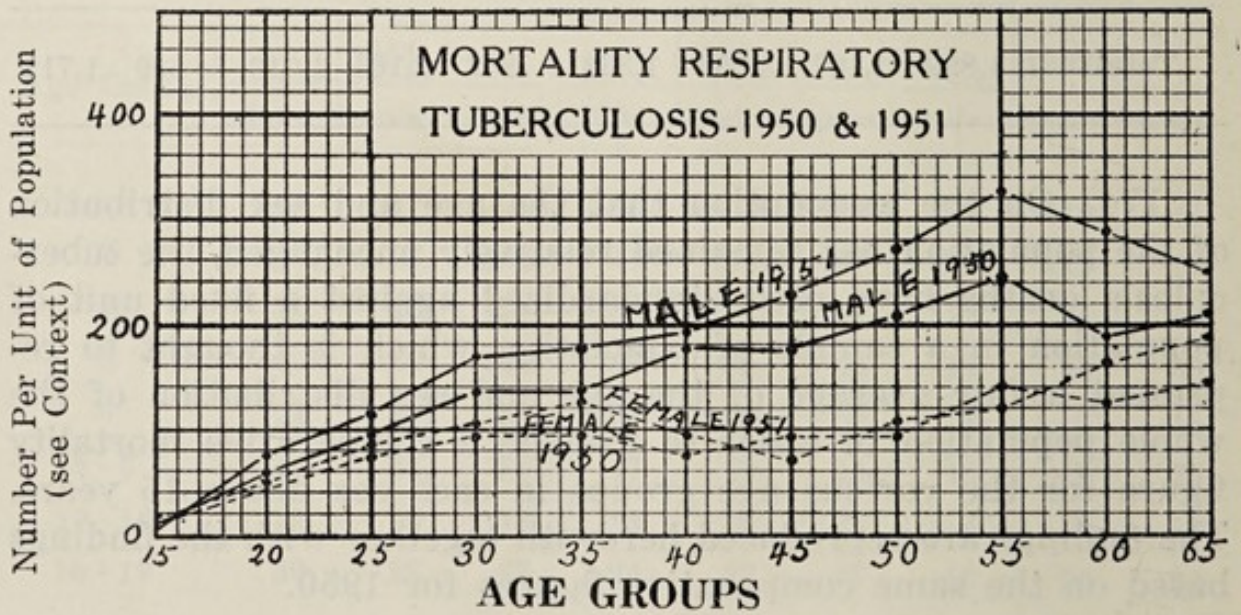
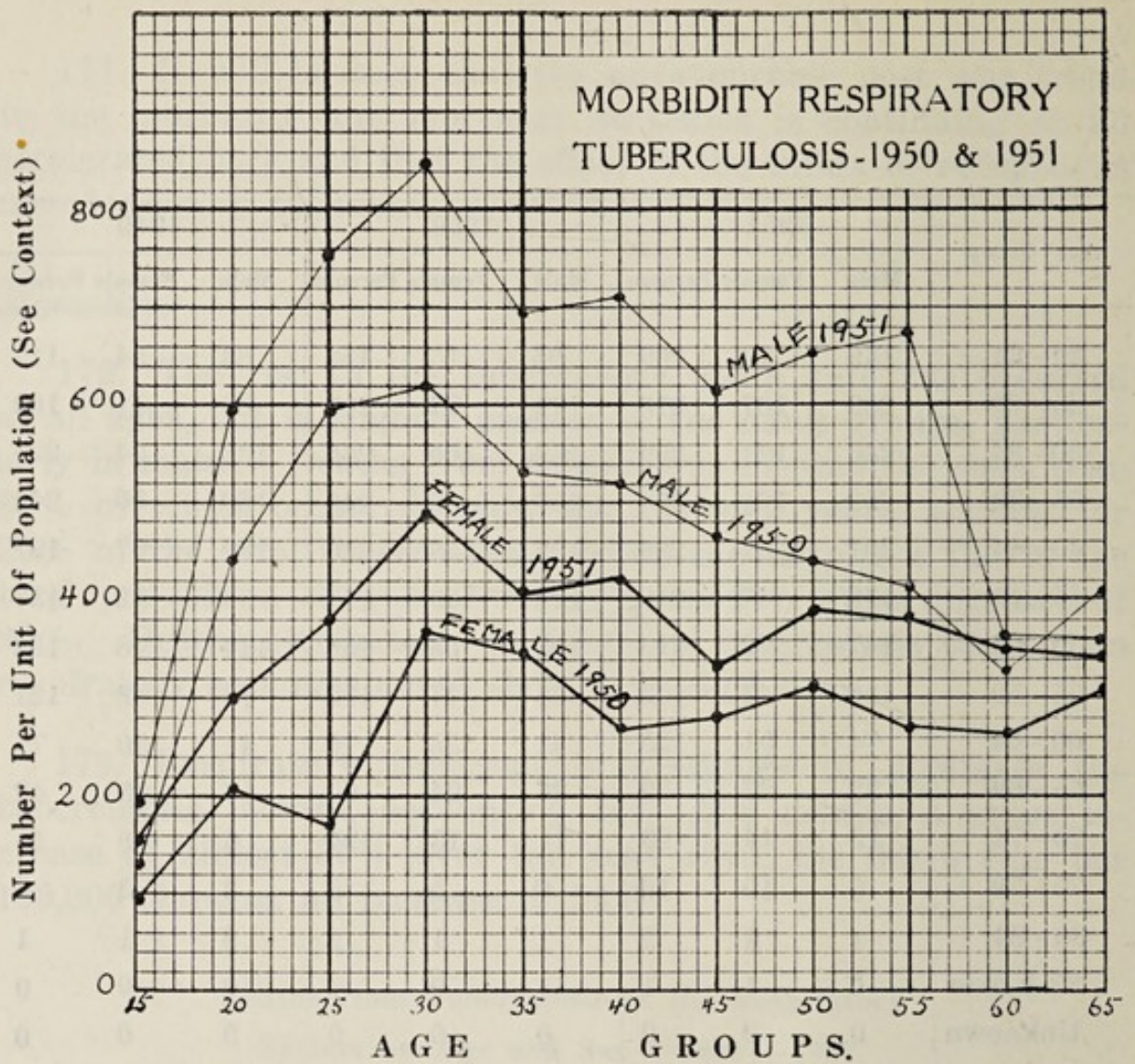
Deaths from Tuberculosis of the Respiratory System by Age and Sex — 1949 — 1951.

Age Group	1951			1950			1949		
	Male	Female	Persons	Male	Female	Persons	Male	Female	Persons
Under 1	48	47	95	48	43	91	17	14	31
1	48	57	105	44	49	93	12	17	29
2	56	55	111	39	28	67	18	15	33
3	47	57	104	35	29	64	17	13	30
4	24	37	61	26	26	52	8	7	15
5 - 9	41	43	84	17	17	34	16	9	25
10 - 14	12	6	18	13	8	21	4	9	13
15 - 19	39	28	67	24	23	47	16	20	36

Age Group	1951			1950			1949		
	Male	Female	Persons	Male	Female	Persons	Male	Female	Persons
20 - 24	139	70	209	95	57	152	63	54	117
25 - 29	209	107	316	128	77	205	89	71	160
30 - 34	236	123	359	166	100	266	132	94	226
35 - 39	252	124	376	158	82	240	150	90	240
40 - 44	201	87	288	162	58	220	130	67	197
45 - 49	172	47	219	122	55	177	85	52	137
50 - 54	147	72	219	101	55	156	114	48	162
55 - 59	100	43	143	65	47	112	73	48	121
60 - 64	74	51	125	41	35	76	41	30	71
65 - 69	32	27	59	36	24	60	17	25	42
70 - 74	15	14	29	11	13	24	6	9	15
75 - 79	6	10	16	0	5	5	2	3	5
80 - 84	1	1	2	1	1	2	0	1	1
85 & over	0	1	1	1	0	1	0	0	0
Unknown	0	0	0	0	0	0	0	0	0
<b>Total:</b>	<b>1,899</b>	<b>1,107</b>	<b>3,006</b>	<b>1,333</b>	<b>832</b>	<b>2,165</b>	<b>1,013</b>	<b>699</b>	<b>1,712</b>

174. On the assumption that the age and sex distribution of the population has remained relatively unchanged, the tuberculosis deaths have been standardized against a fixed unit of population in a sample of population which is thought to represent a fair average of the age and sex distribution of the whole population in order to provide a comparative mortality figure for the various age groups in each sex above 15 years. The findings are reproduced herewith together with the findings based on the same comparative figures for 1950.





175. It will be seen that the mortality figures for males are considerably higher in males at all ages than for females, the disparity increasing with age. In comparing the 1951 figures with those recorded in 1950, deaths in females are slightly increased, but in males there has been a marked increase in the deaths above 30 years of age.

*Morbidity.*

176. Notifications of tuberculosis show a marked increase over last year's figures. The comparative figures for the two years are set out below and shown according to origin:—

	1950	1951
Government Tuberculosis (Harcourt) ...	2,959	3,858
Clinics (Kowloon) ...	—	3,038
Government Institutions .....	2,339	5,522
Non-Government Institutions .....	3,202	524
Private Practitioners .....	567	944
Total: .....	<u>9,067</u>	<u>13,886</u>

177. Respiratory tuberculosis notifications are set out below according to age and sex for the year 1949-1951:—

Notifications of Respiratory Tuberculosis by  
Age and Sex for the year 1949 to 1951.

Age Group	1951			1950			1949		
	Male	Female	Persons	Male	Female	Persons	Male	Female	Persons
Under 1	98	80	178	59	59	118	33	22	55
1	163	132	295	77	79	156	40	42	82
2	177	182	359	88	68	156	38	24	62
3	189	168	357	68	56	124	28	26	54
4	177	143	320	64	62	126	28	18	46

Age Group	1951			1950			1949		
	Male	Female	Persons	Male	Female	Persons	Male	Female	Persons
5 - 9	435	303	738	97	75	172	70	55	125
10 - 14	101	87	188	66	34	100	36	34	70
15 - 19	349	206	555	199	115	314	167	111	278
20 - 24	1,089	406	1,495	706	246	952	630	220	850
25 - 29	1,279	481	1,760	888	377	1,265	787	310	1,097
30 - 34	1,216	543	1,759	803	403	1,206	707	343	1,050
35 - 39	985	453	1,438	665	313	978	607	319	926
40 - 44	732	409	1,141	480	225	705	362	237	599
45 - 49	479	235	714	321	177	498	254	136	390
50 - 54	361	239	600	217	163	380	191	116	307
55 - 59	205	148	353	114	91	205	117	97	214
60 - 64	111	113	224	68	72	140	61	51	112
65 - 69	47	55	102	45	47	92	27	37	64
70 - 74	18	30	48	13	21	34	9	15	24
75 - 79	7	8	15	2	4	6	2	4	6
80 - 84	4	2	6	1	1	2	0	2	2
85 & over	0	0	0	1	1	2	0	0	0
Unknown	46	16	62	4	6	10	0	0	0
<b>Total</b>	<b>8,268</b>	<b>4,439</b>	<b>12,707</b>	<b>5,046</b>	<b>2,695</b>	<b>7,714</b>	<b>4,194</b>	<b>2,219</b>	<b>6,413</b>

178. The notifications of respiratory tuberculosis show a very marked increase over last year's figures. The notification rate for 100,000 population has risen from 341 to 631, an increase of 85%. While this alarming increase must be in part due to the increased diagnostic facilities, it is very doubtful if this is the whole explanation.

*Diagnostic Facilities.*

179. The only large Government centres occupied full time in the diagnosis and treatment of pulmonary tuberculosis are the two Tuberculosis Clinics, one of which has been in operation since 1947, the second having been opened in Kowloon in February 1951, each holding daily sessions. It was anticipated that this second clinic would considerably relieve pressure on Harcourt, the original clinic, but the total fall in attendances at Harcourt was just over 11% while the attendances at Kowloon almost equalled the Harcourt attendances. Four smaller clinics are held weekly in outlying districts.

180. All diagnosis and treatment is free and all comers are dealt with daily irrespective of number and origin. The amount of out-patient treatment has shown a substantial increase and the number of out-patients treated with P.A.S. has been increased also. Domiciliary treatment is possible to a very restricted extent only. An increasing amount of survey work is being undertaken by the clinics on behalf of private firms in conjunction with the medical officers of the firms.

181. Details of the combined attendances are as follows:---

First Visit	...	...	...	...	...	...	...	...	34,838
Return Visit	...	...	...	...	...	...	...	...	69,596
									<hr/>
Total	...	...	...	...	...	...	...	...	104,434
									<hr/>

Origin of New patients:

Attending Voluntarily	...	...	...	...	...	28,459
Contact	...	...	...	...	...	1,801
Referred by	{	Private Practitioners	...	...	...	530
		Hospitals	...	...	...	1,472
Government Servants	{	Routine	...	...	...	483
		Voluntary attenders	...	...	...	71
		Survey	...	...	...	1,894
Non-Government School Teachers	...	...	...	...	128	

Conditions of new patients on first attendance.

(1) Examination not completed:

(a) Attended but did not wait to be examined	...	...	...	...	4,681
(b) Examination incomplete as at 31/12/51	...	...	...	...	1,637

6,318

(2) Examined and found non-tubercular 16,984

(3) Examined and found to be suffering from tuberculosis:

Active Tuberculosis	...	...	7,286
Quiescent Tuberculosis	...	...	2,968
Arrested Tuberculosis	...	...	1,282

11,536

Total attended for the first time 34,838

182. It is of interest to note that 2,980 of the cases of tuberculosis who attended had minimal disease in an active easily treatable state. Considerably less than one quarter of this number were able to secure admission to hospital.

*Bacteriological Examinations.*

183. Examinations are carried out on behalf of the tuberculosis clinics by the Government Pathological Institute. Details are as follows:—

Materials tested.	Positive	Negative	Total
Sputum .....	2,965	10,420	13,385
Gastric content .....	11	90	101
Pleural Fluid .....	0	24	24
Blood for Kahn Tests .....	16	22	38

*Radiological Examinations.*

184. Radiological examinations are carried out on behalf of the clinics by the Radiological Department, at Queen Mary Hospital in the case of Harcourt Clinic, and in the same building in the case of Kowloon Tuberculosis Clinic. First examinations are normally done on 35 mm. film and positive cases confirmed on full size picture—normally papers. Clear films are used most sparingly.

*Out-patient Treatment.*

185. The following treatment was carried out on out-patients at the Clinics:—

Number treated (specifying forms of treatment)	
Initial treatment .....	0
A.P.T.—Refills .....	546
Unsatisfactory (abandoned) .....	12
Completed treatment .....	3
Initial treatment .....	39
A.P.P.—Refills .....	873
Unsatisfactory (abandoned) .....	12
Completed treatment .....	1
Specific drug treatment	
(a) Streptomycin (not used in out-patient work)	0
(b) P. A. S. ....	215
Pleural Aspiration .....	52

*Hospital Treatment.*

186. Hospital admissions for the treatment of pulmonary tuberculosis were arranged as follows:—

Ruttonjee Sanatorium .....	241
Government Hospitals .....	483
	<hr/>
Total .....	724
	<hr/>

187. Ruttonjee Sanatorium, an institution operated solely for the treatment of pulmonary tuberculosis by the Hong Kong Anti-Tuberculosis Association admits a proportion of its patients

through the Government Tuberculosis Clinics. It has expanded during the year to 163 beds. Details of the admissions were as follows:—

(a) Priority patients (direct admission) .....	52
(b) General public (non-priority from Government clinics) .....	189
	<hr/>
	241
	<hr/>

These patients subsequent to discharge become the responsibility of the Ruttonjee Sanatorium After-care Clinic.

188. The beds available in Government Hospitals are located as follows:—

1. Queen Mary Hospital .....	61
2. Lai Chi Kok Hospital .....	202
3. St. John's Hospital, Cheung Chau (Convalescent Ambulant cases only) .....	42

The admissions to Government Hospitals were as follows:—

Government Servants .....	159
Other priority .....	51
General public .....	273
	<hr/>
	483
	<hr/>

189. The number of admissions during the year was substantially increased as compared with last year's figure, principally because of the reduced number of advanced cases under treatment resulting in the more economical use of beds.



190. The details of treatment in Government Hospitals were as follows:—

	1951	1950
(a) Number of patients remaining in hospital at last day of previous year...	293	291
(b) Admissions .....	483	400
(c) Discharges:		
(A) Completed Treatment—		
(i) Improved	351	269
(ii) In same condition	62	46
(iii) Worse	2	2
(B) Discharged against medical advise	27	26
(C) Died .....	38	36
(D) Transferred to other hospitals ...	11	19
Total discharges during the year	491	398
(d) Number of patients remaining in hospital as at last day of the year .....	285	293

Apart from the substantial drop in the average duration of treatment there is little of note in comparing the two years.

191. During the year a satisfactory start has been made in the establishment of major surgical treatment for pulmonary tuberculosis. The results have been eminently satisfactory as regarded from an immediate standpoint but the long term results will have to be awaited. In all 10 thoracoplasty operations have been completed without untoward result and the further extension of these activities is restricted not by the demand but by the shortage of beds.

192. In addition the following collapse measures were carried out:—

A. P. T.	{	Induction .....	68
		Refills .....	306
		Pneumolysis .....	7
		Abandoned .....	7
Phrenic Operations .....		71	
A. P. P.	{	Induction .....	28
		Refills .....	351
Bronchoscopy .....		9	
Thoracoplasty .....		10	

Streptomycin was administered to 136 patients, in all cases with P.A.S.

#### *Social Work.*

193 All patients on first diagnosis are interviewed in the Almoners department where detailed records of the social conditions of all tuberculous patients are prepared and retained for future reference. Such problems as exist are dealt with according to the extent of the available facilities and every effort is made to ensure that the patient, if he is fortunate enough to secure admission to hospital can do so free of anxiety.

194. As there is no general social security scheme the need for an efficient and well provided Almoners department is of paramount importance. Few tuberculosis sufferers can afford to give up work for the length of time necessary to effect reasonably satisfactory treatment. Some employers, mainly the larger firms, are prepared to grant prolonged sick leave with

pay to their tubercular employees. In other cases a promise from the employer to keep the job for his worker until he is again fit to work is all that can be obtained but to the majority the possibility of prolonged sick leave with or without pay is an almost unrealizable dream. In the absence of any financial scheme to assist the tubercular household there follows the inevitable train of plunging the already miserable family into the depths of despair, adding further to the burden of sickness and aggravating the social and environmental conditions which precipitated the first case with the almost certain occurrence of further cases in the same household.

195. Fortunately it has been possible to assist such unfortunate cases by the provision from government sources of funds to assist families who are deprived of their sources of income by the occurrence of tuberculosis. Such assistance may be provided where it proves impossible owing to the age of the family, to help the family to help themselves by obtaining employment, or other means of subsistence for a fit member of the household. In this connexion mention must be made of the excellent cooperation of the Sanitary Department who have been most helpful in not only providing employment, but in granting hawker's licences.

196. The almoner also assesses the hospital maintenance charge, if any, to be made to the patient during his stay. Only a small proportion of the general public cases are in a position to contribute to their up-keep. The maximum charge in the general wards is HK\$1.50 per day, all investigation and treatment being included in this sum. Higher charges are levied in the special accommodation in Queen Mary Hospital—only a very small proportion of which is occupied by patients other than Government Servants or other government responsibilities.

197. Other duties of the almoner include the distribution of milk powder to cases under special treatment and to contact children, distribution of P.A.S. to out-patients, admission of children

to the Contact Home at Shatin and all the multifarious work necessary in looking after the welfare of the tubercular household.

198. Some details of the work carried out by the almoner's department are as follows:—

Total number of interviews .....	11,933
Admissions to hospital arranged	{ Government Hospitals 483 Ruttonjee Sanatorium 241
Transfers between hospitals .....	111
Numbers of families granted financial assistance	132
Average weekly grant approximately .....	\$ 26
Number of patients (or relatives) placed in employment .....	25
Hawkers' licences obtained .....	46
Milk powder issued (one pound per week per patient) .....	14,980 lbs.
Number of home visits .....	723
Repatriations .....	27

199. In addition the almoner is responsible for directing the activities of the Tuberculosis Workers.

*Tuberculosis Workers.*

200. These workers, nine in number and in process of increase to 24, are responsible for maintaining contact between the clinic and the patient. They educate the patient in the simple measures possible to prevent spread of infection, encourage the patient to keep in touch with the clinic, bring the social problems to the notice of the almoner and arrange contact examination of cases notified from all sources.

201. A summary of the work done is as follows:—

Total number of home visits made .....	11,069
Addresses not found .....	608
Contact examinations arranged .....	13,420
Contact examinations carried out .....	9,663

*Contact Examination.*

202. Examinations of contacts is so arranged that only contacts under 8 years of age need attend the clinic for tuberculin test. Older members of the family go straight to the hospital for X-ray and need attend the clinic only if the X-ray shows evidence of pulmonary tuberculosis.

203. The results of contact examination were as follows:—

Tuberculin Test of contacts 8 years and under .....	2,025										
X-ray findings of children 8 years and under, subsequent to positive tuberculin test	<table> <tr> <td>Active tuberculosis .....</td> <td>188</td> </tr> <tr> <td>Inactive or healed .....</td> <td>57</td> </tr> <tr> <td>Suspicious of tuberculosis ...</td> <td>213</td> </tr> <tr> <td>Free of tuberculosis .....</td> <td>420</td> </tr> <tr> <td><b>Total .....</b></td> <td><b>878</b></td> </tr> </table>	Active tuberculosis .....	188	Inactive or healed .....	57	Suspicious of tuberculosis ...	213	Free of tuberculosis .....	420	<b>Total .....</b>	<b>878</b>
Active tuberculosis .....	188										
Inactive or healed .....	57										
Suspicious of tuberculosis ...	213										
Free of tuberculosis .....	420										
<b>Total .....</b>	<b>878</b>										
X-ray findings of contacts over 8 years	<table> <tr> <td>Active tuberculosis .....</td> <td>623</td> </tr> <tr> <td>Inactive or healed .....</td> <td>232</td> </tr> <tr> <td>Suspicious of tuberculosis ...</td> <td>558</td> </tr> <tr> <td>Free of tuberculosis .....</td> <td>6,199</td> </tr> <tr> <td><b>Total: .....</b></td> <td><b>7,612</b></td> </tr> </table>	Active tuberculosis .....	623	Inactive or healed .....	232	Suspicious of tuberculosis ...	558	Free of tuberculosis .....	6,199	<b>Total: .....</b>	<b>7,612</b>
Active tuberculosis .....	623										
Inactive or healed .....	232										
Suspicious of tuberculosis ...	558										
Free of tuberculosis .....	6,199										
<b>Total: .....</b>	<b>7,612</b>										
Total of contacts, all ages, X-rayed .....	8,490										
Contacts 8 years and under, tuberculin test negative ...	1,147										
Examinations incomplete ... ..	26										
Grand total of contacts examined .....	<u>9,663</u>										

204. The high incidence of pulmonary tuberculosis in contacts will be seen from the above figures. Expressed as a percentage the following results are obtained:—

Contacts less than 8 years of age examined and found to have active pulmonary tuberculosis	} .....	9.2%
Contacts over 8 years of age examined and found to have active pulmonary tuberculosis	} .....	8.2%

205. These results amply justify the large amount of time and labour expended on contact examination.

206. At the same time much valuable educational work is being done by the tuberculosis workers in the home, the value of which cannot be set out statistically.

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

207. Preliminary work is already far advanced in the organization of this campaign which is expected to start on 1st April, 1952 and to continue for about 3 years, and thereafter to proceed on a maintenance basis.

#### *Surveys.*

208. Many employers, for various reasons are learning to appreciate the value of X-ray surveys and more and more requests are reaching the department to have such examinations carried. Under present conditions such surveys are carried out free of charge provided the firm concerned is prepared to make adequate social and medical provision for positive cases found. In some cases surveys are carried out by one of the two fixed 35 mm. X-ray units, in others for convenience, the surveys are carried out by the mobile X-ray unit given by UNICEF to the Hong Kong Government.

209. Subsequent clinical examinations present a considerable difficulty since the tuberculosis clinics, already overloaded, are the only organized units available for diagnosis and assessment on a large scale. As a result some assessment is carried out by medical officers engaged by these firms, but the majority is done by the tuberculosis clinics.

#### *Future Outlook.*

210. A new clinic is now being planned to take the place of the existing clinic in Harcourt Health Centre which is quite unsuitable by reason of size and layout for a tuberculosis clinic and which possesses no X-ray department or even space to install a machine. This new clinic when completed, will ease the problem of dealing with the large numbers of patients who attend yearly.

211. When one considers that during 1951 only 462 hospital vacancies could be allocated to the general public while 2,980 minimal active cases attended the clinics, the need for a substantial increase of sanatorium beds needs no emphasis. At the same time the deteriorating economic conditions indicate a probable further deterioration in the position regarding pulmonary tuberculosis.

212. The infant death rate from tuberculosis which constitutes 34% of the total may in due course yield at least in part to the B.C.G. vaccination campaign if this should reach a substantial proportion of the infant population. On the other hand one can hold out little hope of a substantial improvement in the position of adult disease for many years to come unless new methods of treatment become available in quantity at a reasonable price.

213. The overcrowding problem is at present under review and a first step is being undertaken to provide additional housing for the working classes at an economic rent. This scheme is being operated privately and is being sponsored by the Government. This if extended will do much to improve the tuberculosis position but like all other known methods will benefit the next rather than the present generation.

*X-ray Survey of Government Servants.*

214. The total number of individuals surveyed was 19,611 as compared with the total of 22,688 surveyed in 1949-1950 which included about 2,000 teachers from private schools. The overall figure constitutes not less than 95% of Government servants. Much of the survey work was done on the mobile X-ray unit which resulted in a more complete examination of departments. There was a considerable fall in the total number of police personnel X-rayed. The fall in the number of Marine Department employees is to some extent accounted for by departmental changes. No other significant changes in totals were observed.

215. As a result of the survey 2,640 individuals were called for examination at the tuberculosis clinics as compared with the previous survey total of 1,430, 628 of whom, on further examination, were found to be non-tubercular. 20 were found to be suffering from other disease and referred to appropriate clinics. In all 68 new active cases of pulmonary tuberculosis were discovered, more than half of which were minimal cases.

216. Analysis by departments is summarized herewith, only departments of 500 or more being recorded and the comparative figure for the previous survey being set out alongside for convenience.



Departments	Active Tuberculosis	
	1949-50	1951-52
Government Stores .....	2.38	1.36
P.W.D. ....	2.2	1.11
G.P.O. ....	1.74	1.11
Medical .....	1.4	0.9
Marine .....	1.05	0.9
Urban Council .....	0.9	0.78
K.C.R. ....	0.7	* 1.83
Police .....	0.66	0.56
Education .....	0.18	* 1.32

The overall incidence of active disease was found to be 0.98%

217. One hundred and fifty-nine of these cases were admitted to hospital for treatment during 1951 and 893 were kept under supervision at the clinics.

218. The overall drop in percentage of active cases from 1.13 to 0.98 and the discovery of 68 new cases of active disease fully justified this survey. What cannot be easily recorded

\* The two departments annotated thus show a marked increase over the previously recorded percentages. K.C.R.'s total examined increased from 568 to 763 which may account for the increase. Particularly disturbing is the rise in the figures recorded for the Education Department but investigation has shown that the high figure is made up principally of non-teaching staff. The General Post Office which was the subject of a special report and investigation following the previous survey has shown a marked drop in the figures for active disease although the quiescent cases necessarily remain high.

statistically at this stage is the difference in the type of case being found. While the advanced cases must continue to remain on the books until they are, for one reason or another, written off, the new cases coming forward are much less extensive and with better prognosis, likely to yield more satisfactorily to treatment in a shorter period, a considerable advantage not only to the unfortunate individual but also to the employing authority and to the tuberculosis problem as a whole.

### III. HOSPITALS AND CLINICS

#### QUEEN MARY HOSPITAL

219. This modern and well equipped hospital is the largest in the Colony.

220. It has 574 beds for the treatment of all types of cases other than infectious diseases.

221. It serves as the teaching hospital for the Hong Kong University Medical Faculty and it maintains a Nursing Training School.

222. The work done by the hospital during the year has continued to expand in relation to previous years—each department recording an increase in the number of patients treated.

223. The medical staff totals 36 full time doctors—about half of whom are employed by the Hong Kong University; in addition, there are 10 House Officers.

224. Nursing staff at present numbers 173 of which 37 are Nursing sisters, 110 nurses, and 26 dressers—a nursing staff/patient ratio of 1: 3.3.

225. 10,322 inpatients were treated during the year as compared to 9,819 in 1950.

226. There were 629 deaths, 221 (over one third) of which occurred within 24 hours of admission. Of the deaths occurring within 24 hours of admission, 69 were children under 2 years of age.

227. The Maternity Wing of 37 beds continued to be increasingly busy as the following figures for the year show:—

Total cases treated	—	2,118
Live births	—	1,910
Still births	—	37
Neonatal deaths	—	35
Maternal deaths	—	3 (2 of which had never attended ante-natal clinics)
No. of Caesarian Sections		55

Statistical rates were:

Maternal Mortality	—	1.4 per 1,000
Still births	—	19.9 „ „
Neonatal Mortality	—	18.3 „ „

228. The yearly increase in maternity work is shown in the following figures:—

Year	No. of Live births
1948 .....	719
1949 .....	1,164
1950 .....	1,580
1951 .....	1,910

229. Operations performed in the Surgical operating theatres numbered 5190; the annual increase is indicated in the following yearly figures:

Year	No. of operations
1948 .....	4259
1949 .....	4460
1950 .....	4563
1951 .....	5190

230. The Blood Bank arranged over 1,000 transfusions during the year and continues to be increasingly used.

231. Attendances at casualty and hospital clinics in 1951 were 19,065 of which 14,248 were new cases.

### KOWLOON HOSPITAL

232. Kowloon Hospital is the only emergency hospital for the mainland; its 231 beds are quite inadequate for dealing with the amount of work it is called upon to meet, but Kowloon will have to await the new hospital before it can be considered to be supplied with an adequate number of beds.

233. During 1951 there has been a further considerable increase in the amount of work done by every department of this hospital as compared with previous years. The problem of dealing with all the medical demands of Kowloon and the New Territories increases each year and throws a very great strain on the existing medical facilities.

234. In order to ease the pressure of in-patient accommodation, a new block was built during the year, this gave a further 72 beds bringing the total of beds up to 231.

235. During the year 7,540 in-patients were treated as compared with 6,285 in the previous year and there were 480 deaths, 264 of these occurring within 24 hours of admission. 3,006 operations were done as compared with 2,277 in 1950. There were 2,210 maternity cases delivered with 2,175 live births during the year. There were 35 stillbirths and 34 neo-natal deaths giving stillbirth rate of 15.8 per 1,000, and a neo-natal death rate of 15.6 per 1,000.

236. In addition to the building of a new block another important improvement was the extension to the existing Physiotherapy Department, enabling hydrotherapy to be used for anterior poliomyelitis and similar conditions.

237. The large and very busy Out-Patient Department where general and special clinics are held, worked at full pressure throughout the year. The department works in two sessions from 9 a.m. to 5 p.m. and from 6 p.m. to midnight. The day session is attended to by 10 doctors and the evening session by 4 doctors. Plans have been made for considerable structural improvements in this department which will lead to improved conditions for the patients and will also supply a much needed large casualty department in this block.

238. There has been a great increase in the number seen in the Out-Patient Department; 488,406 new cases were dealt with as compared with 284,280 in 1950 and 94,009 in 1949. The total number of attendances throughout the year reached the figure of 568,739.

239. It says much for the administration of the hospital that the organization and direction of these vast crowds was carried out day after day quite smoothly, and much of the credit for this must go to the Almoner's Department.

240. No less credit is due to those doctors who made no serious mistakes while working at high speed for long hours in the out-patient department with the ever present fear that they might miss some serious condition.

## MENTAL HOSPITAL

241. The Mental Hospital is an old building, and is now not only inadequate in size, but ill-adapted to modern methods of treating mental patients, and plans have been approved for replacing it during the next five years building programme. This hospital has official accommodation for 140 patients, but the daily average number of patients in recent years has been as follows:—

1948 .....	95
1949 .....	119
1950 .....	156
1951 .....	201

242. Owing to the difficulties in ingress and egress existing between Hong Kong and China, there is a greater tendency than was the case in previous years for families to send their mentally afflicted relatives to the Mental Hospital rather than back to the native village. This change is shown, in part, by the increase in cases of senile dementia now being admitted to the hospital.

243. Rattan work, needlework and a library, provide the patients with some diversional therapy.

244. The following statistics cover the year 1951:

Remaining in from the previous year .....	163
1st admissions .....	550
Re-admission .....	222
	—
Total Treated .....	935
	—

Discharged home .....	651
Discharged to other hospitals .....	25
Died .....	35
Remaining at end of year .....	224
	—
Total .....	935
	—
Daily average number .....	201

---

Total No. discharged or transferred .....	676
Of these, No. fully remitted .....	401
No. partially remitted .....	170
No. unchanged .....	80
No. with 'No Psychiatric diagnosis' .....	32

245. Although the rates of 1st admissions and re-admissions as well as the rate of discharge were similar to that of the previous year, over-crowding annually increases because unrecovered cases do not necessarily die. At the end of the year there was an excess of admissions over discharges totalling 61, compared to 63 of the previous year.

246. A serious problem was the lack of a place for effectively isolating cases of infectious disease.

Notifiable Diseases:

The following cases were notified:

Tuberculosis, mainly phthisis .....	11
Dysentery .....	3
Typhoid .....	1
Malaria .....	2

There were 35 deaths from causes as follows:

Tuberculosis .....	8
General Paralysis of the Insane .....	17
Insulin Coma .....	1
Leucotomy .....	2
Other causes .....	7

*Out-patients:*

247. 193 new cases and 285 old cases were seen.

*Forensic work:*

248. The following were dealt with:

(1) Police cases sent in for observation .....	51
(2) Remand Prisoners sent in for observation .....	1
(3) Prisoners found guilty but insane .....	1
(4) Sentenced prisoners becoming insane .....	3

*Voluntary Patients:*

249. Patients admitted on a voluntary basis or gaining voluntary status after admission numbered 64 males and 51 females.

*Legislation:*

250. An amendment to the Mental Hospital Ordinance was made concerning the conditional discharge of insane criminals who had recovered.



## SAI YING PUN HOSPITAL

251. This hospital is the infectious disease hospital for the island with a normal capacity of 88 beds. In the hot weather extra camp beds have to be provided on some of the enclosed verandahs.

252. During the year a total of 1,719 patients were treated with 278 deaths which compares with 1,207 with 196 deaths in 1950.

### *Diphtheria.*

253. 240 cases occurred with 44 deaths, giving a case mortality rate of 18.3%.

### *Enteric Fever.*

254. There were 138 cases with 19 deaths giving a case mortality rate of 13.7%.

### *Whooping Cough.*

255. 110 cases were reported with 14 deaths giving a case mortality rate of 12.7%.

### *Measles.*

256. 108 cases were reported with 14 deaths giving a case mortality rate of 12.9%.

### *Out-patients Department.*

257. Under the same administration, but in a separate building not associated with the infectious diseases hospital, there is an out-patient department.

258. General clinics are held in the mornings and evenings. In the afternoons only special teaching clinics are held by the University Clinical staff and Government Honorary Consultants.

	<i>Day Clinic.</i>	<i>Night Clinic.</i>
Dressings: .....	35,482	2,545
General Out-patients: .....	48,836	50,588
Children's Clinics: .....	38,222	34,334
Ante-Natal Clinics: .....	4,603	—
Post-Natal Clinics: .....	272	—
Gynæcological Clinics: .....	3,797	—
Eye Clinics: .....	20,303	—
Ear, Nose & Throat Clinics: .....	2,050	—
Vaccinations .....	7,371	—
Inoculations: .....	3,917	—
Diphtheria .....	291	
Rabies .....	2,672	
Tetanus .....	519	
Cholera .....	421	
Typhoid .....	14	
Skin Diseases Clinics: .....	1,391	—
Orthopædic Clinics: .....	212	—
	—————	—————
Total .....	166,456	87,467
	—————	—————

259. The total attendances at this out-patient department amounted to 242,635 as compared with 192,534 in 1950 and 164,676 in 1949.

### LAI CHI KOK HOSPITAL

260. This hospital consists of 2 sections. The lower section, containing 310 beds, is the infectious diseases hospital for the mainland, and the upper section, a convalescent hospital, has 180 beds. No out-patients were seen other than members of the staff of the hospital.

261. In the infectious disease section, 208 beds are set aside for pulmonary tuberculosis cases. Since the beginning of this year, 10 children's cots were added for tuberculous children. A total of 507 tuberculous patients were treated during the year 1951, 304 of which were new admissions. There were 30 deaths. The new policy of admitting fairly early cases after careful selection in the Harcourt and Kowloon Tuberculosis Clinics resulted in an increased use of active treatment and a quicker turnover of cases.

262. There were 102 beds in a separate building reserved for general infectious diseases. During the year a total number of 993 infectious disease cases were treated with 193 deaths. Temporary asylum was also afforded to a few lepers until they could be taken over by the proper authorities. 5 leper women were admitted from Sandy Bay Leprosarium as maternity cases.

263. Diversional therapy for the tuberculous patients was carried out throughout the year by the Hong Kong Branch of the British Red Cross Society. An additional rattan class provided a very useful form of rehabilitation for the patients in teaching them a new trade.

264. The upper section of the hospital is used as an overflow for Queen Mary Hospital and Kowloon Hospital. Here convalescent cases are housed and attended to until fit for discharge. During the year 1,852 patients were treated, the majority of which were orthopædic cases.

The following are the cases treated during the year:—

	<i>Cases.</i>	<i>Deaths.</i>
Tuberculosis ... ..	507	30
Typhoid fever ... ..	345	45
Diphtheria ... ..	203	55
Measles ... ..	117	15
Meningitis:—		
Meningococcal ... ..	13	9
Tuberculous ... ..	45	38
Others ... ..	18	10
Dysentery—bacillary ... ..	55	7
—amœbic ... ..	31	2
Chickenpox ... ..	34	1
Whooping Cough ... ..	27	1
Tetanus ... ..	25	16
Rabies ... ..	1	1
Poliomyelitis ... ..	2	—
Leprosy ... ..	13	—

## TSAN YUK HOSPITAL

265. While this hospital is administratively under the care of a Government Medical Officer and is staffed with Government nurses and midwives, the University Obstetrical Unit is responsible for the clinical work.

266. The following is the report by Professor Gordon King of his Unit's activities in the hospital during 1951.

267. The year 1951 is outstanding on account of the fact that the record number of 6,199 patients were admitted to the hospital of whom 5,819 were delivered of babies. This exceeds by over 800 the record of admissions of any previous year in the history of the hospital.

### *Hospital admissions since 1946.*

268. The following figures illustrate the post-war growth of the work of the hospital:—

<i>Year</i>						<i>Total Admissions.</i>
1946	...	...	...	...	...	3,012
1947	...	...	...	...	...	4,176
1948	...	...	...	...	...	4,830
1949	...	...	...	...	...	4,572
1950	...	...	...	...	...	5,385
1951	...	...	...	...	...	6,199

269. In interpreting these figures it is necessary to remember that although the Tsan Yuk Hospital is the largest maternity hospital in the Colony, it only possesses 85 beds. It is clear therefore that the average stay of the patient in hospital

is unduly short, and it has only been possible to handle such large numbers since a scheme was introduced during the summer of 1951 whereby many normal patients were sent home by ambulance within one or two days of delivery and were then given further care by visiting midwives. Experience has shown that this scheme is not an ideal one and that the only satisfactory solution to the present problem is to rebuild or enlarge the hospital so that it will accommodate 200—250 patients.

#### *Ante-natal Care.*

270. A very satisfactory feature of the year's work was that 92% of the patients delivered in the hospital had received ante-natal care. This contrasts very favourably with the figure of 30% in 1941 and reflects the opinion of the patients themselves as to whether ante-natal care is worth while or not.

#### *Maternal Mortality.*

271. Seven deaths occurred during the year, giving a mortality rate of 1.2 per thousand. The causes of death were as follows:—

Eclampsia—3 cases.

Post-partum hæmorrhage and shock—2 cases.

Acute cardiac failure—1 case.

Hypertension with cerebral hæmorrhage—1 case.

#### *Infantile Mortality.*

272. The figure shows that there was a stillbirth rate of 15.7 per thousand and a neo-natal death rate of 16.7 per

thousand (the great majority of which were in premature infants weighing less than  $5\frac{1}{2}$  pounds at birth.) These figures are the lowest that have been recorded in the history of the hospital.

#### *Eclampsia.*

273. There were 18 cases of eclampsia during the year, many of which were of a very severe type, reminiscent of the form of the disease which was encountered in 1940—1941.

#### *Ante-partum Hæmorrhage.*

274. There were 46 cases of placenta prævia during the year and 16 cases of accidental hæmorrhage without any death in either group.

#### *Operative Delivery.*

275. The hospital has maintained its conservative tradition in regard to operative delivery as it will be seen by reference to the tables which follow. The operative delivery rate was only 3.4%. This included 91 forceps deliveries and 51 Cæsarean sections. 5 of the Cæsarean sections were of the extra-peritoneal type.

#### *Training of Medical Students and Midwives.*

276. The hospital continues to hold its place in the Colony as the chief centre for the training of medical students and midwives. Over 60 medical students from the University of Hong Kong, in groups of 5 or 6, passed through a period of one month's resident training during the year and there were 28 pupil midwives undergoing a two-year period of instruction.

Table 27

TSAN YUK HOSPITAL

Report for the year 1951

Numerical Summary

	Booked	Non-booked	Total
1. Delivered in Hospital:			
a. Discharged well .....	5,350	463	5,813
b. Transferred .....	1	0	1
2. Admitted after delivery .....	13	6	19
3. Discharged undelivered .....	292	62	354
4. Died:			
a. After delivery .....	5	0	5
b. Undelivered .....	2	0	2
5. Abortion .....	5	0	5
	5,668	531	6,199

Of the 5,668 booked cases, 1,459 were primigravidae and 4,209 were multigravidae.

Of the 531 non-booked cases, 129 were primigravidae and 402 were multigravidae.

Total number of deliveries:

Booked .....	5,356
Non-booked .....	463
Total .....	5,819



Table 28

*Numerical summary of Cases delivered in the Tsan Yuk Hospital  
admitted for treatment or admitted after Delivery.*

	Booked	Non-booked	Total	
<b>PRESENTATIONS (EXCLUDE TWINS):—</b>				
Anterior Position of Occiput .....	4,930	392	5,322	
Posterior Position of Occiput .....	256	23	279	
Breech .....	114	30	144	
Face .....	10	1	11	
Transverse .....	4	6	10	
Compound .....	5	1	6	
Undetermined .....	3	1	4	
<b>TWINS PRESENTATIONS:</b>				
Occiput Anterior .....	48	} .. 33	9	42
Occiput Posterior .....	7			
Breech .....	25			
Transverse .....	3			
Compound .....	1			
Undetermined .....	1			
<b>TRIPLETS:</b>				
Occiput Anterior .....	1	} .. 1	0	1
Compressed foetus .....	2			
<b>PATIENTS DELIVERED IN HOSPITAL ...</b>	<b>5,356</b>	<b>463</b>	<b>5,819</b>	
<b>PREGNANCY TOXAEMIA:</b>				
a. Pre-eclampsia .....	117	20	137	
b. Eclampsia .....	14	4	18	
c. Essential Hypertension .....	12	1	13	
<b>PRESENTATION &amp; PROLAPSE OF CORD</b>	<b>8</b>	<b>5</b>	<b>13</b>	
<b>HYDRAMNIOS .....</b>	<b>6</b>	<b>4</b>	<b>10</b>	
<b>TUMOURS ASSOCIATED WITH PREGNANCY .....</b>	<b>3</b>	<b>0</b>	<b>3</b>	
<b>PRIMARY UTERINE INERTIA .....</b>	<b>26</b>	<b>2</b>	<b>28</b>	

	Booked	Non-booked	Total
INDUCTION OF LABOUR .....	24	6	30
LABOUR FOLLOWING PREVIOUS CAESAREAN SECTION .....	7	0	7
FAILED FORCEPS .....	1	1	2
CONTRACTED PELVIS .....	24	5	29
<b>OPERATIVE DELIVERY:</b>			
<i>a.</i> Forceps .....	74	17	91
<i>b.</i> Version in labour .....	5	7	12
<i>c.</i> Willets Forceps Application .....	10	7	17
<i>d.</i> Craniotomy .....	3	2	5
<i>e.</i> Caesarean Section .....	36	15	51
<i>f.</i> Laparotomy and Hysterectomy .....	1	0	1
OPERATION FOR POST-PARTUM STERILIZATION .....	70	4	74
2nd & 3rd DEGREE LACERATION AND EPISIOTOMY .....	377	39	416
<b>ANTE-PARTUM HAEMORRHAGE</b>			
<i>a.</i> Accidental Haemorrhage .....	12	4	16
<i>b.</i> Placenta Praevia .....	31	15	46
POST-PARTUM HAEMORRHAGE .....	121	12	133
MANUAL REMOVAL OF PLACENTA ..	29	7	36
<b>MATERNAL MORBIDITY</b>			
<i>a.</i> Cases (i) Puerperal Infection .....	5	0	5
(ii) Other Causes .....	37	5	42
<i>b.</i> Percentage .....	.78%	1.08%	.81%
<b>MATERNAL MORTALITY</b>			
<i>a.</i> Cases .....	7	0	7
<i>b.</i> Per Thousand .....	1.3	0	1.2

	Booked	Non-booked	Total
<b>INTERCURRENT DISEASES.</b>			
Cardiac Disease .....	12	0	12
Avitaminosis B <sub>1</sub> .....	11	1	12
Oedema (uncomplicated) .....	165	7	172
Cheilosis and Glossitis .....	22	3	25
Varicose Veins .....	56	1	57
Cellulitis of legs .....	3	0	3
Pyelitis .....	2	0	2
Bronchial asthma .....	1	0	1
Bronchitis .....	7	1	8
Pneumonia .....	2	0	2
Pulmonary Tuberculosis .....	4	0	4
Tuberculosis hip .....	1	0	1
Right Pleural effusion .....	1	0	1
Malaria .....	1	1	2
Flexner Dysentery .....	1	0	1
Anaemia .....	8	1	9
Indirect inguinal hernia .....	1	0	1
Urethritis .....	1	0	1
Carbuncle of sacral region .....	1	0	1
Fibroid of uterus .....	2	0	2
Prolapse of cervix .....	5	1	6
Right ovarian dermoid cyst .....	1	0	1
Ruptured bladder .....	1	0	1
Ruptured uterus .....	1	0	1
Haematoma of right lateral wall of perineum .....	1	0	1
Engorgement of breast .....	9	0	9
Breast abscess .....	2	0	2

Table 29

Infant's Report

	Booked	Non-booked	Total
<b>MATURE INFANTS.</b>			
Born alive and survived .....	4,869	371	5,240
Stillbirths (including macerated foetus) .....	30	15	45
Neo-natal Deaths .....	23	5	28
<b>Total</b> .....	<b>4,922</b>	<b>391</b>	<b>5,313</b>
<b>PREMATURE INFANTS.</b>			
(Birth weight 2,500 grams or 5½ lb. and under)			
Born alive and survived .....	385	48	433
Stillbirths (including macerated foetus) .....	35	12	47
Neo-natal Deaths .....	49	21	70
<b>Total</b> .....	<b>469</b>	<b>81</b>	<b>550</b>
<b>TOTAL NUMBER OF INFANTS DELIVERED</b> .....			
	5,391	472	5,863
Stillbirth rate (including macerated foetus) .....	1.21%	5.72%	1.57%
Neo-natal death rate .....	1.33%	5.51%	1.67%
Combined Stillbirth and Neo-natal Morality rate .....	2.54%	11.23%	3.24%

**EASTERN MATERNITY HOSPITAL**

277. This hospital consists of 24 beds, but canvas beds have frequently to be used as well because of the over-crowding.

278. During the year, 2,331 cases were admitted to the hospital with 2,288 deliveries and one death, giving a maternal mortality rate of 0.44 per thousand.

279. There were 13 stillbirths and 27 neo-natal deaths, giving a stillbirth rate of 5.7 per thousand and a neo-natal death rate of 11.8 per thousand.

280. The number of admissions to this hospital created a new record since the hospital was first opened, and indeed many patients had to be turned away. In addition to this, the stay in hospital of normal cases was reduced from 5 to 3 days.

### ST. JOHN HOSPITAL, CHEUNG CHAU

281. This hospital of one hundred beds, which is the property of the St. John Ambulance Association, is being administered by Government under a five year agreement. It serves a large territory. Patients, apart from those of Cheung Chau and the floating population, come for treatment from all the villages on southern Lantau, Pingchau and the neighbouring islands.

282. The year 1951 was a crowded one. There was an all round increase in the total number of inpatients and outpatients treated as is indicated by the following figures:—

	1951	1950
Total number of inpatients .....	1,657	1,193
Total number of outpatients .....	24,366	18,133
Maternity cases .....	412	319

283. The beds in the tuberculosis wards were increased from 31 to 42. The tuberculosis cases were in a convalescent stage and no special treatment was given to them.

### STANLEY PRISON HOSPITAL

284. This hospital which is incorporated in the prison itself, has 3 wards of 16 beds each, and 6 isolation cells.

285. The total admissions to the prison during the year 1951 was 7,495, all of whom were examined by the Medical Officer.

286. The following principal diseases were found amongst prisoners on admission to prison:—

Chronic tuberculosis .....	112
Chronic opium smokers .....	1,873
Skin diseases .....	863
Venereal diseases .....	497

On admission to prison, 73 prisoners were admitted direct to the hospital, 346 were found unfit to perform any labour, and 410, being unable to carry out hard labour, were put to half labour.

287. All prisoners were inoculated against cholera in Summer, and every prisoner vaccinated against smallpox on admission.

288. The total admissions to the hospital during the year 1951 was 1,136: the daily average being 37. Of these patients:

771	were general cases.
264	„ infectious cases.
75	„ tuberculosis cases.
26	„ mental cases.

289. The total number of prisoners reporting sick was 53,193, the daily average being 145.

290. 15 deaths occurred in the hospital, representing 0.2% of the total admissions to prison.

The causes of death were as follows:—

Pulmonary tuberculosis .....	8
Epilepsy .....	1
Ruptured aortic aneurysm .....	3
Lobar pneumonia .....	1
Chronic nephritis .....	2
	—
	15
	—
Deaths due to judicial hanging .....	12

291. 3,094 examinations and tests were carried out in the prison laboratory. 989 prison staff were given treatment for minor ailments during the year.

292. In a test survey, 2,700 specimens of blood and smears from prisoners on admission to the prison were sent to the Pathological Institute. Of these 16.1% were found to be suffering from one or more forms of venereal disease:—

Syphilis .....	15.2%
Gonorrhoea .....	0.75%
Syphilis & Gonorrhoea .....	0.15%

293. Dental treatment was carried out by the Government Dental Surgeon who visited the prison twice a month. During the year 626 extractions were carried out.

294. During the year 6,249 prisoners were X-rayed by the Mobile X-ray unit, and 129 were found to be suffering from pulmonary tuberculosis requiring treatment.

## PRIVATE HOSPITALS

295. The following table shows the cases treated as in-patients in the private hospitals of the Colony:—

*Table 30*  
*Inpatients Treated in Private Hospitals 1951*

Name of Hospital	No. of Beds.	General Cases	Infectious disease cases	Tuberculosis cases	Maternity Cases	Mental Cases	Total
Tai Wo .....	34	938	15	80	53	—	1,086
St. Paul .....	154	776	114	1,096	588	—	2,574
Ling Yuet Sin							
Infants .....	120	387	6	7	59	—	459
Precious Blood .....	114	1,794	171	116	190	—	2,271
Hong Kong Sanatorium & Hospital .....	235	4,245	159	546	768	51	5,769
St. Francis .....	62	1,014	24	32	335	—	1,405
St. Teresa .....	71	1,256	85	161	350	—	1,852
Hong Kong Central	95	1,652	115	327	76	—	2,170
	885	12,062	689	2,365	2,419	51	17,586

296. The following table gives an analysis of the total attendances of out-patients at the private hospitals:—

*Table 31*  
*Total Attendances of Out-patients at Private Hospitals, 1951.*

Name of Hospital	Dressings	General	Children	Ante-Natal	Post-Natal	Gynaecological	Eye	Ear, Nose & Throat	Tuberculosis	Total
St. Paul .....	48	13,847	676	—	—	—	—	—	1,083	15,654
St. Francis ...	235	850	—	—	—	—	—	—	—	1,085
Precious Blood	—	1,004	368	177	—	—	—	—	—	1,549
Hong Kong Central .....	—	—	4,323	38	—	—	—	—	—	4,361
Hong Kong Sanatorium and Hospital	—	6,769	—	2,241	—	—	—	—	—	9,010
St. Teresa ....	120	1,955	1,300	1,450	135	545	35	90	900	6,530
Ling Yuet Sin										
Infants .....	1,835	3,753	2,950	75	59	—	—	—	—	8,672
Grand Total...	2,238	28,178	9,617	3,981	194	545	35	90	1,983	46,861



## NEW TERRITORIES CLINICS, MATERNITY HOMES AND TRAVELLING DISPENSARIES

297. The clinical work in the New Territories is under the control of the Medical Officer of Health New Territories, enabling close co-operation to be maintained between the curative and preventive branches of the work.

298. There are ten establishments in the New Territories. Two are hospitals with general and maternity beds and resident doctors (Cheung Chau and Tai O). Two clinics have maternity beds with resident doctors (Taipo and Un Long), and at the other six clinics there are resident midwives with a small number of maternity beds, namely Ho Tung, Shataukok, Shatin, Saikung, Sanhui and Silver Mine Bay. At Ho Tung Clinic there are also four beds for minor ailments among the Police force.

299. In addition there are two vehicles which are based at Taipo and Un Long and provide Travelling Dispensary services among the smaller villages, one working on the west and one on the east side of the mainland. A weekly outpatient service is also carried out at the island of Ping Chau by launch.

300. Of the above mentioned clinics, that at Silver Mine Bay was built and handed over to the Medical Department by the local community.

301. The Ruttonjee Clinic at Sham Tseng was closed down in the course of the year.

302. Infant welfare, ante-natal and venereal disease clinics are held at Taipo and Un Long by the medical officers in charge. Leprosy cases are seen at special sessions from time to time.

303. Medical officers from Hong Kong and Kowloon also visit Taipo, Un Long and Cheung Chau to hold dental, tuberculosis and eye clinics.

304. Vaccinators are posted to Taipo and Un Long to assist in routine work and additional staff are provided from time to time by the anti-epidemic office to cope with additional demands.

305. The following table shows the details of the cases treated at the dispensaries in the New Territories.

*Table 32*  
*Medical Centres—New Territories*

Dispensaries	Out-patients		Deliveries	
	New Cases	Total Attendances	In-patients	Domiciliary
Tai Po .....	14,257	33,700	766	38
Ho Tung .....	1,181	3,296	253	92
Shataukok .....	529	1,595	115	23
Un Long .....	11,488	26,592	950	70
Sun Hui .....	1,428	2,968	204	40
Sai Kung .....	2,112	4,442	99	65
Shatin .....	2,016	3,707	127	113
Tai O .....	6,650	16,022	367	7
Silver Mine Bay .....	2,302	4,814	19	11
Ping Chau .....	1,745	3,566	—	—
Travelling (East) .....	1,656	2,849	—	—
Travelling (West) .....	1,443	1,945	—	—
	46,807	105,496	2,900	459

## DENTAL CLINICS

306. The Dental Sub-Department is responsible for the provision of dental treatment under 2 heads:—

A. General Dental Service.

- (i) Government servants and pensioners.
- (ii) Families of Government servants and pensioners.
- (iii) General public poor persons.
- (iv) Referred in-patients of government hospitals including Mental Hospital.
- (v) Prisoners.

B. School Health Service.

- (i) Government and Government aided schools.
- (ii) Private schools.

307. In all, eight full time dental clinics and one dental laboratory were operated during the year under review.

308. Full dental treatment for government servants and their families was available at Sai Ying Pun Hospital after a waiting period which varied from 2 to 6 months at different times of the year. The high standard of treatment carried out was maintained, but with the staff and facilities available it was impossible to eliminate the waiting list of government servants and families requesting full treatment. Emergency treatment was always immediately available.

309. For the emergency treatment of poor persons, four regular clinic sessions were operated each week—two at Sai Ying Pun Hospital and two at Kowloon Hospital. In addition, a monthly clinic at Cheung Chau Hospital was maintained, and

regular fortnightly clinics for prisoners at Victoria Remand and Stanley Prisons were continued. Nearly 12,000 treatments were performed on these classes of patients during the year 1951.

410. With regard to dental treatment in the School Health Service, a substantial year's work has been carried out. Unfortunately, the statistical summary reveals the heavy weighting on the side of extractions as against fillings. In the case of government and government aided schools, this has been so because the facilities available for the treatment of their pupils have been so limited that for the most part only children specially referred by the school medical officers because of pain or gross dental caries could be treated. Nevertheless, more than 2,000 fillings were inserted which must be reckoned as a good year's work considering the enormous volume of emergency work additionally necessary. In the case of private schools, treatment consisted mostly of extractions because the patients were participating in a new scheme, and were mostly receiving dental treatment for the first time. Necessary extractions were carried out for all participants in the scheme before attention could be given to conservative treatment.

411. The Hong Kong Dental Society has continued to supply dental clinics for the treatment of poor persons, especially children. This most laudable effort on the part of the dental surgeons of the Colony (who include government dental surgeons and dental officers of Her Majesty's Armed Forces, as well as private practitioners) has been a most valuable addition to Government's arrangements for providing dental treatment for the poor. Dental materials for these clinics and for the dentists working with the St. John Ambulance Brigade Penetration Parties visiting outlying districts of the New Territories have been supplied from government stocks without charge.

412. In spite of the inadequacy of clinic facilities, a satisfactory year's work is reported. When the planned new dental clinic is opened in Hong Kong it will be possible to effect a considerable improvement in the amenities available for patients and in the conditions of work of dental staff.

**Statistical Summary of Dental Treatment  
Carried out during 1951.**

Class of Patients	No. of Visits for Treatment	Surgical	
		Extractions	Other Operations
School Children Non-Govt. ....	11,894	11,182	203
School Children Govt. Schools .....	9,217	7,330	311
Govt. Servants .....	6,635	2,127	211
Govt. Families .....	4,518	1,430	67
General Public .....	11,835	11,586	298
Grand Total .....	44,099	33,655	1,090

Class of Patients	Conservative		Paradental	Prosthetic
	Fillings	Temporary Dressings	Scaling & Gum Treatment	Dentures, Orthodontics & Splints
School Children Non-Govt. ....	2,071	579	257	—
School Children Govt. Schools .....	2,228	1,034	62	1
Govt. Servants .....	2,411	421	661	315
Govt. Families .....	1,389	279	340	163
General Public .....	—	6	14	10
Grand Total .....	8,099	2,319	1,334	489

## VIOLET PEEL POLYCLINIC

413. This clinic is the third largest outpatient department in the Colony, and is situated in a very congested part of the island.

414. The medical staff consists of four doctors, with weekly or twice weekly visits from specialists in medicine, surgery, chest and ear, nose and throat diseases.

415. The clinic is very well attended and the number has increased from 99,482 in 1949 to 126,804 in 1950 and 171,805 in 1951. The overcrowding necessitated a night clinic which was started in June, 1951 in order to relieve the congestion. The night clinic is staffed with two doctors, and is open from 6 p.m. to midnight. In six months they had seen over 30,000 cases.

## PUBLIC DISPENSARIES, URBAN

416. There are 8 public dispensaries (apart from those in the New Territories) where a charge of \$1 is made for each visit, as in the case of the polyclinics. Authority is, however, given to the attending doctors to waive this fee in cases of the very poor.

417. There has been a considerable drop in the numbers of attendances at these dispensaries. This may be in part due to the introduction of the \$1 fee, but it is possible that there has been a drift of patients to the more fully equipped poly-clinics, where the number of attendances had increased so much as to outbalance the decrease in these dispensaries.

418. Midwives are attached to 5 of these dispensaries for district domiciliary deliveries, and in one case there is a small maternity hospital.

Table 33

*Attendances at Public Dispensaries.*

Public Dispensaries	Out-Patients				Deliveries		Vaccinations	Inoculations
	Children		Adults		Inpatients	Domiciliary		
	New Cases	Total Attendances	New Cases	Total Attendances				
Central .....	12,952	21,608	8,262	18,947	—	—	8,102	673
Eastern .....	10,497	14,116	8,760	21,083	—	—	11,026	926
Shaukiwan .....	19,009	25,387	11,146	20,497	—	617	5,111	1,724
Aberdeen .....	4,410	6,108	4,692	8,221	—	461	3,240	395
Shamshuipo ....	24,512	33,719	18,785	36,787	—	568	23,488	2,005
Yaumati .....	12,965	15,946	9,431	20,294	—	238	9,115	3,276
Hung Hom ....	10,218	11,914	7,565	12,761	—	—	4,777	129
Stanley .....	817	1,301	978	3,637	259	19	1,157	884
Total .....	95,380	130,099	69,619	142,227	259	1,903	66,016	10,012

**MIDWIVES AND MATERNITY HOMES**

419. There were 22 Government midwives employed in 16 district centres during 1951. 11 of these district centres have small maternity homes attached, and a total of 6,417 deliveries was carried out during the year by these midwives, 2,873 being domiciliary cases and 3,544 being delivered in these maternity homes.

420. 122 private maternity homes were registered during the year; 56 of these being in Hong Kong and 66 in Kowloon and New Territories. There were 22,338 cases delivered in these private maternity homes in 1951. This number constituted about one-third of the total deliveries of the Colony.

421. Visits of inspection are paid to all private maternity homes by the Supervisor of Midwives, and 876 visits were made during the year, 450 of these being in Hong Kong and 426 in Kowloon and the New Territories.

422. Table 34 below shows the size and site of these private maternity Homes.

*Table 34*

*Private Maternity Homes.*

Size of Home	1 bed	2 bed	3 bed	4 bed	5 bed	6 bed	7 bed	Total
Number of Homes in Hong Kong .....	2	12	18	20	3	—	1	56
Number of Homes in Kowloon .....	—	16	30	10	5	3	2	66
Total number of Homes .....	2	28	48	30	8	3	3	122
Total number of beds available .....	2	56	144	120	40	18	21	401

423. 903 midwives were registered in 1951, 54 of these being new graduates.

424. Of the midwives on the register, 215 were in active private practice. Regular inspection of their records and equipment were made by the Supervisor of Midwives.



425. Table 35 shows the number of patients attended by a doctor or midwife in the various institutions in the Colony from 1946 to 1951. In view of the large numbers of newcomers to the Colony it is surprising that they should have learned so quickly to appreciate the value of the maternity service provided.

*Table 35*

*Births attended by a doctor or a midwife.*

	1946	1947	1948	1949	1950	1951
Queen Mary Hospital .....	117	398	719	1,164	1,580	1,910
Kowloon Hospital .....	979	1,261	1,189	1,287	1,576	2,175
Tsan Yuk Hospital .....	2,645	3,826	4,458	4,223	5,012	5,781
Eastern Maternity Hospital ..	868	1,633	1,831	1,783	1,995	2,254
Lai Chi Kok Female Prison Hospital .....	—	—	—	—	—	7
St. John Hospital .....	—	—	—	—	—	379
Private Hospitals .....	4,058	9,066	12,161	15,387	16,333	20,002
Government Dispensaries (Attended by Midwives) ...	640	1,260	1,582	2,013	2,633	3,544
Private Maternity Homes ...	9,586	13,150	14,324	18,730	21,226	22,338
<b>Total births delivered in hospitals and maternity homes .....</b>	<b>18,893</b>	<b>30,594</b>	<b>36,264</b>	<b>44,587</b>	<b>50,355</b>	<b>58,390</b>
Domiciliary cases delivered by Midwives .....	5,628	9,237	10,120	8,991	9,125	9,054
<b>Total Number of Births attended .....</b>	<b>24,521</b>	<b>39,831</b>	<b>46,384</b>	<b>53,578</b>	<b>59,480</b>	<b>67,444</b>

426. The Supervisor of Midwives, who is a senior doctor in the department, combines her supervisory duties with the secretaryship of the Midwives Board, and this close liaison between the supervisory staff and the Board is an important factor in the efficiency of the maternity service.

#### IV. GOVERNMENT ASSISTED HOSPITALS

427. There are five hospitals in the Colony run by charitable institutions which receive a considerable grant from Government. Three of them, known generally as the Chinese hospitals, and comprising the Tung Wah Hospital with 495 beds, the Kwong Wah Hospital with 340 beds, and the Tung Wah Eastern Hospital with 250 beds, are part of the charitable work carried out by the Tung Wah Board of Directors. The actual administration of the hospitals is under the control of the Tung Wah Hospital Medical Committee comprising the three Principal Directors for the year with the three Medical Superintendents and two advisers, and is under the chairmanship of the Director of Medical and Health Services.

428. The two other assisted hospitals are the Nethersole and Affiliated Hospitals, associated with the London Missionary Society, with 185 beds, and the Hong Kong Anti-Tuberculosis Association's Ruttonjee Sanatorium with 163 beds.

#### TUNG WAH GROUP HOSPITALS

429. Treatment in these hospitals is for the benefit of the poor, but there are a small number of private wards.

430. During the year the total number of cases treated in the three hospitals was 45,441 as compared with 40,909 in the previous year and the combined attendances at the out-patient department amounted to 174,395 which compares with 139,616 in 1950.

431. The official bed accommodation is somewhat misleading in these hospitals, as they endeavour to meet with any demands made upon them, and the number of patients in both the Tung Wah and Kwong Wah Hospitals often exceeded by two hundred or more the official number of beds.

432. During the year a much needed new nurses home, Selwyn Clarke Nurses Home, was almost completed at the Kwong Wah Hospital.

433. The statistics for these hospitals are seen in the tables on pages 24 - 29 giving the data of in and out-patients treated in Government and Government assisted hospitals.

### **NETHERSOLE HOSPITAL**

434. This hospital which is under the control of the Senior Missionary in Hong Kong of the London Missionary Society receives an annual grant from Government. During the year the accommodation for general patients has been increased to 145, and for maternity patients to 40. Both the numbers of in-patients admitted and numbers of births in the hospital during 1951 have been higher than ever before in the hospital's history.

435. The statistics for this hospital are seen on the tables on pages 24 - 29 giving the data of in and out-patients treated at Government and Government assisted hospitals.

### **RUTTONJEE SANATORIUM**

436. This hospital which is operated by the Hong Kong Anti-Tuberculosis Association also receives a subvention from Government. During the year the number of beds has been increased to 163, and an out-patient department has been built to serve as a "follow-up" clinic.

437. The statistics for this hospital are seen on the tables on pages 24 - 29 giving the data of in and out-patients treated at Government and Government assisted hospitals.

## V. SPECIAL SUB-DEPARTMENT

### PHARMACEUTICAL

438. During the year medical supplies were issued to 131 Government institutions as against a total of 113 for 1950. Costs showed a sharp increase during this period, in many cases as high as 50% over the 1950 figures.

439. The new Central Medical Store was occupied in May 1951. These premises are a great improvement on the old store in the Fire Brigade Building, although not all the fittings and fixtures have been completed. With the installation of an electric tablet machine, large quantities of tablets have been made.

440. The production of sterile parenteral solutions has proceeded very satisfactorily. All such preparations for use within the department are now produced at the Central Medical Store with the exception of those required for Queen Mary Hospital. With the installation of a new sterile-product room at Queen Mary Hospital, sufficient of these products to meet that hospital's needs are now made there. It has been possible to produce a satisfactory anti-coagulant solution for the storage of blood. The following figures are quoted for comparison:—

	1950	1951
Bulk Intravenous Fluids: Litres .....	5,568	19,648
Injections, various, in 20 ml. bottles	12,428	22,135

441. The following figures showing issues of licences, etc., are tabulated with the corresponding figures for 1950.

TYPE	1950	1951
Wholesale Dealers' Licences .....	287	424
Listed Sellers' Licences .....	197	218
Registration of Pharmacists .....	44	45
Registration of Premises .....	15	22
Premises visited .....	356	328

442. In addition to the above licences, 241 penicillin permits were issued during the year.

443. It was not possible during 1951 to carry out as many inspections of premises as was desirable. With the issue of new penicillin permits during the year, it is estimated that no less than 600 visits would have been a satisfactory minimum. While the Chief Pharmacist was out of the Colony, the only pharmacist normally available for routine visits of inspection was in the acting post. During this period offences involving poisons and antibiotics became numerous. Mention should be made of the excellent cooperation from the Director of Criminal Investigation and his staff in the control of poisons, and more particularly, the antibiotics. 42 cases were prosecuted under the Pharmacy and Poisons Ordinance and the Penicillin Ordinance.

444. During the year dangerous drugs resulting from 2,389 seizures by police and revenue officers were received. With the exception of the relatively small number of items suitable for conversion to medicinal preparations, these were destroyed by dumping at sea.

#### *Chemists and Druggists Classes.*

445. Final examinations were held twice during the year. A total of 5 students presented themselves for examination. 4 passed, and one was referred for re-examination in 1 subject.

Of the 5, 2 were pharmacists holding qualifications not recognized by the Hong Kong Government, who had been directed by the Pharmacy Board for examination in forensic pharmacy only.

### ALMONER

446. The year 1951-1952 was a difficult one for the almoner's department. Increasing unemployment and a rising cost of living made greater demands on the social service work of the department, and at the same time the staff were widely made use of by the medical staff inside the hospitals, by those at clinics as well as by patients in the community. It was unfortunate that at the same time the department was understaffed the whole year, there being three almoners absent for a large part of the time.

#### *Medical-Social Work.*

447. Assistance has been given to patients in the following ways:—

(a) Artificial Limbs and other Surgical Appliances:

The supplying of hearing aids, surgical boots, walking calipers, a hernia support, and dentures, to the patients who could not afford to meet the expenses themselves.

(b) Repatriation:

The number of Chinese patients who could be repatriated was smaller this year than formerly, because of political reasons. Four European mental cases were sent back to England and two elderly European ladies evacuated to Hong Kong from Amoy.

(c) Maintenance of Children:

With the opening of a new Kowloon Branch of the Society for the Protection of Children, one more place to which children of poor patients can be sent for maintenance is now available.

(d) Financial Assistance:

Financial assistance can be given to needy patients or their families from two sources, (a) the Samaritan Fund and (b) the After-care of tuberculous patients. Vote for maintenance while the bread winner of the family is unable to work on account of sickness; these sources also provide patients with extra nourishment and clothing, small capital for buying hawkers licences, or for setting up as hawkers and so on.

(e) Re-employment:

The almoners' department can often make arrangements for a patient to learn a trade when his last employment is found to be unsuitable or should he be unable to go back to his old job on account of his disability. With the co-operation of the Labour Department it is sometimes possible to secure from their former employers light work or alternative employment for patients.

(f) Attempted Suicide:

Medical treatment and hospitalization if necessary is frequently arranged by the almoner for attempted suicide cases, accommodation being found either in a government hospital, or at the Tung Wah group of Hospitals.

(g) Injured Patients:

The almoners' department works closely with the Labour Department and Traffic Office on every industrial and traffic case, very often being able to obtain reasonable compensation for the patients.

(h) Extra Food:

Milk powder is being given to tuberculous patients weekly at the two tuberculosis clinics. At the beginning of the year, milk powder from the United Nations International Children's Emergency Fund was given to expectant mothers and children in the outpatient departments.

*Tuberculosis Work.*

448. The Aftercare of Tuberculous Patients Vote has been well planned and carefully spent by the Tuberculosis Almoner. 132 families received financial assistance. The Children's Home for Contacts in Fanling run by the Mennonite Mission has proved to be a valuable service, and at the same time a happy home for many of these unfortunate children.

*Mental Hospital.*

449. Psychiatric social work has been developed in this institution since a full time almoner was posted there. She is able to follow up most of the patients after discharge or to expedite a patient's discharge, and make accommodation available for new admissions.

*Occupational Therapy.*

450. There is no trained occupational therapist in the Medical Department. The Physiotherapist and the Principal Almoner with the help of the Committee Members of the Occupational Therapy Fund are doing their best to arrange occupational therapy for the long term cases. The Hong Kong



Branch of the British Red Cross for several months provided voluntary instructors for Lai Chi Kok Hospital and Mental Hospital to teach the patients reading, knitting, sewing, etc. There is also a Chinese lady who has been doing similar voluntary work at the Queen Mary Hospital and the Mental Hospital. During the last two years she has done very valuable work.

451. There are two rattan instructors giving classes to patients at the Mental Hospital and the Lai Chi Kok Hospital. One is being paid by the Government and the other from the Occupational Therapy Fund. Throughout the year, the Secretary of the British Red Society has helped to dispose of the finished rattan articles—a very necessary function.

#### PATHOLOGICAL (INCLUDING MORTUARIES)

452. The Pathological Institute under the direction of the Government Pathologist, consists of a main building where a large amount of diagnostic work and vaccine production is carried out. In addition to this there are two branches, one at the Kowloon Hospital which is responsible for most of the diagnostic work in Kowloon, and one at the Queen Mary Hospital which is mainly concerned with clinical pathology.

453. Routine work continued to grow in volume, and showed an overall increase of 39% as compared with the records for the previous year. This was due mainly to the greater number of Kahn tests carried out at the Institute and to a general expansion at the Kowloon branch, where the numbers of specimens dealt with now exceed the prewar figures for the whole Colony. At the Queen Mary Laboratory, where only one Senior Assistant can be spared, work has remained steady.

454. Other items of interest or significance during the year included the following:—

Kahn tests numbered 95,547—an increase of over 40,000: the frog test for pregnancy proved increasingly

popular and requests for the Friedman test are becoming more and more infrequent: potency tests on samples of penicillin, introduced during the year, were both numerous and time consuming: and in an investigation of an outbreak of abortion in the herd of a local dairy, *Vibrio foetus* was found in the foetus in 27 instances, and was also isolated in culture from the semen of a bull.

455. The figures in the following tables include those of the Kowloon and Queen Mary branches.

*Table 36*

*Annual Number of Specimens Examined.*

*Year*

1930	8,721
1931	11,632
1932	17,208
1933	16,918
1934	22,271
1935	27,463
1936	38,797
1937	42,096
1938	44,710
1939	60,790
1946	51,957
1947	107,335
1948	120,775
1949	128,542
1950	149,259
1951	207,646

456. Protozoology and Helminthology—Blood films for malaria—4,511 films were examined for the parasites of malaria. Classification of types and negative findings are shown in the table.

*Table 37*

*Blood Examination for Malaria.*

Subtertian	...	...	...	...	...	...	186
Benign-tertian	...	...	...	...	...	...	376
Quartan	...	...	...	...	...	...	50
Unclassified (type undetermined)...	...	...	...	...	...	...	8
Multiple infection	...	...	.....	...	...	...	6
Negative	...	...	...	...	...	...	3,985
Grand total	...	...	...	...	...	...	<u>4,511</u>

457. Filaria—Microfilarial parasites were found in two cases.

458. Anthrax—Infection with *B. anthracis* was established in six instances in blood films taken from sick animals.

459. Faeces—13,887 stool specimens were examined for parasites, ova, or cytological picture.

*Table 38*

*Examination of Stools for Intestinal Parasites.*

Ascaris	...	...	...	...	...	...	1,954
Clonorchis	...	...	...	...	...	...	486
Trichuris	...	...	...	...	...	...	927
Ankylostoma	...	...	...	...	...	...	432
Taenia	...	...	...	...	...	...	2

Hymenolepis nana	...	...	...	...	...	3
Schistosoma	...	...	...	...	...	3
Fasciolopsis	...	...	...	...	...	109
Oxyuris	...	...	...	...	...	5
E. histolytica	...	...	...	...	...	177
Balantidium coli	...	...	...	...	...	2
Multiple infection	...	...	...	...	...	1,016
Negative	...	...	...	...	...	8,771
Grand total	...	...	...	...	...	<u>13,887</u>

460. Haematology—Most of this work is carried out at the Kowloon branch, activities at the Queen Mary Laboratory remained greatly restricted owing to shortage of trained staff.

*Table 39*

Haemoglobin percentage	...	...	...	...	1,306
Total Red Cell Count	...	...	...	...	1,304
Total White Cell Count	...	...	...	...	1,910
Differential Count	...	...	...	...	1,799
Blood Sedimentation Rate	...	...	...	...	1,219
Blood Bleeding Time	...	...	...	...	31
Blood Coagulation Time	...	...	...	...	31
Platelet Count	...	...	...	...	22
Reticulocyte Count	...	...	...	...	2
Blood Grouping	...	...	...	...	875
Cross Matching	...	...	...	...	235
Grand total	...	...	...	...	<u>8,464</u>

461. Serology—The Kahn reaction—95,547 sera were tested, representing an increase of 73% over last year's figures. The Berger-Kahn modification was used in all ante-natal cases.

Table 40

*Examination of Blood Sera for Syphilis.*

Strong Positive	...	...	...	...	2,677
Positive	...	...	...	...	6,745
Weak Positive	...	...	...	...	2,938
Doubtful	...	...	...	...	3,591
Negative	...	...	...	...	79,596
Grand total	...	...	...	...	95,547

462. Agglutination tests—2,812 sera were examined for the presence of agglutinins against various organisms. All the positive findings for *Br. abortus* occurred in pigs.

Table 41

*Agglutination Tests.*

Organisms	Positive	Negative	Doubtful	Total
Bact. typhosum .....	820	1,186	118	2,124
Bact. paratyphosum A .....	84	—	—	84
"          "      B .....	11	—	—	11
"          "      C .....	2	—	—	2
Enteric fever (type undetermined)	80	—	1	81
Br. melitensis .....	2	3	—	5
Br. abortus .....	112	240	—	352
Weil-Felix reaction .....	3	150	—	153
Grand total .....	1,114	1,579	119	2,812

463. Bacteriological Examinations—Blood clot culture—Bact. typhosum was isolated from the Widal clot in 152 instances, paratyphoid A 45 times.

464. Faeces—6,270 stools were cultured for pathogenic organisms.

Table 42

*Examination of Stools for Organisms.*

	Positive	Negative	Total
Bact. typhosum .....	86	4,017	4,103
Bact. paratyphosum A .....	13	—	13
B. dysenteriae (Group) .....	5	1,325	1,330
Cytology typical of bacillary dysentery .....	121	—	121
B. dysenteriae (Flexner) .....	478	—	478
B. dysenteriae (Shiga) .....	1	—	1
B. dysenteriae (Sonne) .....	2	1	3
Salmonella group .....	45	153	198
V. cholerae .....	—	23	23
Grand total .....	751	5,519	6,270

465. Sputum—22,705 sputa were examined for the presence of the tubercle bacillus. In addition, gastric lavage from 287 patients gave 21 positive results.

Table 43

*Examination of Sputa for Tuberculosis.*

	Positive	Negative	Total
Direct examination .....	4,473	17,901	22,374
Culture .....	13	318	331
Grand total .....	4,486	18,219	22,705

466. Urine—2,213 specimens were cultured for pathogenic organisms.

467. Urethral and cervical smears—309 smears were examined for the presence of the gonococcus, with 61 positive findings.

468. Nasal smears, etc. for *M. leprae*—418 examinations gave 82 positive results.

469. Rat spleen smears—15,475 examinations were made of smears for *P. pestis*, with no positive findings.

470. Throat swabs—5,029 throat swabs were cultured for *C. diphtheriae*; and 2,881 were examined for the presence of haemolytic streptococci, with 166 positive recorded.

Table 44

*Examination of Throat Swabs for Diphtheria.*

Positive ... ..	504
Negative ... ..	4,525
Grand total ... ..	<u>5,029</u>

471. Cerebrospinal fluid—1,011 specimens were cultured for the presence of pathogenic organisms.

Table 45

*Examination of Cerebrospinal Fluid for Pathogenic Organisms.*

Meningococcus	...	...	...	...	...	2
Pneumococcus	...	...	...	...	...	18
M. tuberculosis	...	...	...	...	...	8
Negative	...	...	...	...	...	993
						<hr/>
Grand total	...	...	...	...	...	1,021
						<hr/>

472. Clinical Pathological Procedures—Urine examinations—15,625 routine and microscopic examinations of urine were carried out.

473. Pregnancy tests—There were 47 Friedman tests, and 547 frog tests, using the local male frog.

474. Miscellaneous tests—748 examinations of an unclassified nature were carried out.

475. Preparation of Vaccine Lymph—Cow calves had to be used for this work as buffalo calves were unobtainable. In consequence yields were much smaller and less satisfactory.

476. Preparation of Vaccines—Production remained much the same as last year. No plague vaccine was called for but 124 litres of T.A.B. vaccine were manufactured.

477. Rinderpest vaccine, using a lapinised strain, has now become a routine activity, and is prepared for the Agriculture Department throughout the year as required.

478. Antirabic vaccine—Only one human case of rabies occurred, consequently fewer cases applied for vaccine treatment and production of vaccine dropped, compared with the previous year.



Table 46

*Cases Treated with Antirabic Vaccine.*

Treatment completed ... ..	2,216
Treatment not completed ... ..	655
<b>Total ... ..</b>	<b>2,871</b>

Table 47

*Vaccine Production.*

	Vaccine prepared	Vaccine issued
Anti smallpox vaccine .....	24,030 ml.	31,042 ml.
" cholera       " .....	524,550 "	430,130 "
" T.A.B.       " .....	124,270 "	36,250 "
" Plague       " .....	Nil	200 "
" Rabic       " (2%) .....	80,850 "	80,410 "
"       " (4%) .....	54,320 "	58,100 "
Rinderpest .....	52,260 "	52,260 "
<b>Grand total .....</b>	<b>860,280 "</b>	<b>688,392 "</b>

479. Examination of Water and Milk—Water—2,105 samples of water from various sources were examined. The Colony's water supply continues to be most satisfactory bacteriologically.

Table 48

Unfiltered raw water ... ..	222
Filtered       "       " ... ..	225
Filtered and chlorinated water from service tap ... ..	1,465
Well water ... ..	14
Water other than public supplies ... ..	179
<b>Total ... ..</b>	<b>2,105</b>

480. Milk and other foods—1,213 examinations of milk were carried out, and 695 samples of ice-cream, popsicle, and aerated water were tested. Results in each category were good on the whole.

*Table 49*

Milks	...	...	...	...	...	...	...	1,213
Ice-creams	...	...	...	...	...	...	...	368
Popsicles	..	...	...	...	...	...	...	139
Aerated waters	...	...	...	...	...	...	...	188
Grand total	...	...	...	...	...	...	...	1,908

481 Morbid Histology—Negri bodies—32 brains were examined for the presence of Negri bodies. One human and one dog brain proved positive. The positive dog's head was sent by the Macau Government.

*Table 50*

	Positive	Negative	Total
Human brains .....	1	—	1
Dog's „ .....	1	22	23
Cat's „ .....	—	7	7
Monkey's „ .....	—	1	1
Total .....	2	30	32

482. 284 tissue sections were examined for histological diagnosis. Of these, 116 were benign or malignant tumours.

TABLE  
SUMMARY OF

Nature of Examination	
Agglutination reaction	Bact. typhosum .....
	„ paratyphosum A .....
	„ „ B .....
	„ „ C .....
	Enteric fever, type undetermined .....
	Br. melitensis .....
Serological reaction for syphilis	Br. abortus .....
	Weil Felix reaction .....
Blood smears	Malaria .....
	Filaria .....
	B. anthracis .....
Haematology	Hb. percentage .....
	Total Red Cell Count .....
	Total White Cell Count .....
	Differential Count .....
	Blood Sedimentation Rate .....
	Blood Coagulation Time .....
	Blood Bleeding Time .....
	Platelet Count .....
	Reticulocyte Count .....
Cultural examination	Blood Grouping .....
	Cross Matching .....
	Naso-pharyngeal swabs (C. diphtheriae) .....
	Haem. Streptococci .....
	Cerebro-spinal fluid for pathogenic organisms .....
	Faeces for pathogenic organisms .....
	Blood clot culture (enteric organisms only) .....
Faeces	Blood .....
	Bone marrow .....
	Urine .....
Tissue section	Intestinal parasites .....
	Occult blood .....
Brains for Negri bodies	M. tuberculosis .....
Sputa	
Gastric lavages for M. tuberculosis	
Smears for gonococcus	
Smears for M. leprae	
Rat spleen smears for P. pestis	
Pus & body fluid	
Urine (Routine, chemical & microscopic)	
Pregnancy tests	(Friedman) .....
	(Frog) .....
Bacteriological examination of milk and foods	
„ analysis of water	
Miscellaneous	
Grand total .....	

## EXAMINATIONS.

Pathological Institute	Queen Mary Hospital Laboratory	Kowloon Pathological Institute	Total
950	222	952	2,124
80	4	—	84
11	—	—	11
2	—	—	2
70	5	6	81
3	2	—	5
350	2	—	352
43	101	9	153
95,547	—	—	95,547
2,302	319	1,990	4,611
—	2	13	15
43	—	6	49
108	126	1,072	1,306
174	92	768	1,034
212	81	1,614	1,907
569	66	1,164	1,799
53	987	179	1,219
—	—	31	31
—	—	31	31
—	—	22	22
—	—	2	2
21	1	853	875
—	3	232	235
2,851	105	2,073	5,029
2,851	30	—	2,881
265	233	523	1,021
2,462	1,023	2,785	6,270
1,569	336	399	2,304
294	264	378	936
122	—	299	421
620	910	683	2,213
3,335	4,328	5,980	13,643
15	221	95	331
3	5	50	58
284	—	—	284
32	—	—	32
7,502	2,975	12,228	22,705
108	176	3	287
109	20	180	309
158	6	254	418
6,715	—	8,760	15,475
80	328	148	556
877	8,422	6,326	15,625
47	—	—	47
352	—	195	547
852	—	868	1,720
2,293	—	—	2,293
542	132	72	748
134,876	21,527	51,243	207,646

*Victoria Public Mortuary.*

483. 1,036 post-mortem examinations were carried out during the year. This figure includes 157 medico-legal cases, of which 24 were examined by the Police Surgeon.

484. 31 specimens of post-mortem materials, chiefly stomach and contents, were sent to the Government Chemist for toxicological examination in cases of suspected poisoning.

485. 115,124 rats and 6,715 rat spleen smears were examined for evidence of plague. No positive cases were found. Of late, special attention was paid to rats and mice collected from steamships after sulphur dioxide fumigation.

486. Specimens of pathological interest are still being collected by the School of Pathology, University of Hong Kong, for teaching purposes.

*Kowloon Public Mortuary.*

487. 3,196 post-mortem examinations were carried out during the year. This figure includes 328 medico-legal cases, of which 45 were examined by the Police Surgeon.

488. 30 specimens of post-mortem materials, chiefly stomach and contents, were sent to the Government Chemist for toxicological examination in cases of suspected poisoning.

489. 106,739 rats and 8,760 rat spleen smears were examined for evidence of plague. No positive cases were found. Of late, special attention was paid to rats and mice collected from steamships after sulphur dioxide fumigation.

*A summary of the work done at the Hong Kong and  
Kowloon Public Mortuaries.*

1951.

Total No. of Post-mortem Examinations performed	
during the year ... ..	4,232
No. of male bodies examined ... ..	2,461
No. of female bodies examined ... ..	1,762
Sex unknown owing to decomposition ... ..	9
No. of claimed bodies sent from hospital, etc. ... ..	875
No. of unclaimed bodies, mostly abandoned ... ..	3,357
No. of bodies cremated ... ..	1,209
No. of Chinese bodies examined ... ..	4,200
No. of Non-Chinese bodies examined ... ..	31
No. of bodies, Nationality unknown ... ..	1
No. of Medico-Legal Cases ... ..	472

	<i>Male</i>	<i>Female</i>	<i>Total</i>
No. of bodies under 2 years of age ...	1,207	1,044	2,251
No. of bodies over 2 years of age ...	1,256	716	1,972
No. of bodies received from the following sources:—			

(Hong Kong)

Victoria District ... ..	486
Shaukiwan „ ... ..	181
Infant Hospitals ... ..	96
Other Hospitals ... ..	266
Marine Police Station ... ..	7
Total ... ..	<u>1,036</u>

(Kowloon and New Territories)

Marine Police Station	...	...	...	...	124
Tsim Sha Tsui	„	...	...	...	23
Yaumati Police	„	...	...	...	107
Mongkok	„	„	...	...	71
Shamshuipo	„	„	...	...	594
Kowloon City	„	„	...	...	530
Hunghom	„	„	...	...	134
Tsun Wan	„	„	...	...	27
Sheungshui	„	„	...	...	17
Shataukok	„	„	...	...	6
Taipo	„	„	...	...	20
Shatin	„	„	...	...	19
Takuling	„	„	...	...	9
Castle Peak	„	„	...	...	11
Pingshan	„	„	...	...	36
Lok Ma Chau	„	„	...	...	9
Kam Tin	„	„	...	...	10
Tai O	„	„	...	...	4
Cheung Chau	„	„	...	...	11
Railway	„	„	...	...	1
Hospitals	...	...	...	...	1,433
Total	...	...	...	...	<u>3,196</u>

No. of rats caught and brought to mortuaries	...	...	221,863
No. of rats examined	...	...	221,863
No. of rats' spleen smears taken for examination	...	15,475	
No. rats infected with plague	...	...	Nil.

## CHEMICAL LABORATORY

490. The Government Chemist, with a staff of two chemists and one assistant chemist to help him, is in charge of the chemical laboratory, where commercial, medico-legal and biochemical work is carried out.

### *Analysis.*

491. The comparative table of samples examined (Table 52) shows a considerable overall increase from the figures for the year 1950. This is to a great extent accounted for by the fact that this was the first full year's working since the amalgamation of the Department of Commerce and Industry Laboratory with the Government Laboratory.

*Table 52*

	1950	1951
(i) Waters & Waterworks Chemicals .....	619	654
(ii) Foods & Drugs .....	39	45
(iii) Chemico-legal .....	628	700
(iv) Commercial .....	1,309	1,841
(v) Biochemical .....	5,658	7,608
(vi) Coal from Department of Commerce & Industry, Supplies Branch .....	59	64
(vii) Miscellaneous from Government Departments .....	165	256
(viii) Work under Dangerous Drugs Ordinance, Dutiable Commodities Ordinance and Importation/Exportation (Prohibition) (Specified Articles) Order, 1951 .....	670	6,400
	9,147	17,568



492. In addition to the routine control of the public water supply, samples from wells and streams have been examined for Government, the Services, and private interests. The continued shortage of water has encouraged owners of property to seek other sources of supply, particularly for use for sanitation and air-conditioning, and the Laboratory has been able to advise on the suitability of these supplies. Samples from the harbour water-boats, from vessels in port, and from local swimming pools have been submitted. Various chemicals used in the treatment of the water supply have also been analysed for the Water Authority.

*Table 53*

*Waters & Waterworks Chemicals.*

Tap Samples .....	243
Samples from Filter Beds .....	340
Water from other sources .....	63
Waterworks Chemicals .....	8
	654
	654

493. The food samples consisted mainly of milk, for control of pasteurisation. Other samples examined were locally canned fish for possible metallic contamination, and flour and soya beans for the Department of Commerce & Industry. The drugs under this heading were submitted by the Chief Pharmacist for control of certain preparations.

Table 54

*Foods & Drugs.*

Samples from:

Department of Commerce & Industry	8
Medical Department:—	
Central Medical Store .....	9
Health Offices .....	24
Prison Department .....	4
	<hr/>
	45
	<hr/>

494. Chemico-legal investigations form a considerable proportion of the work of the Laboratory. The Tables below show the number and variety of the cases dealt with.

495. In the murder cases, articles of clothing were examined for identification of ink stains, and for presence of sea water. The large number of forgery exhibits is derived from one case, in which spurious American gold coins had been made from an approximately correct gold alloy, the value of these coins apparently being above that of the contained gold.

496. There were no cases of homicidal poisoning.

Table 55

*Chemico-legal Analyses.*

Toxicological examinations (including post-mortem materials from 110 persons) ... ..	205
Urine & Blood for Alcohol determination ... ..	35

Articles connected with:

Abortion ... ..	3
Acid-throwing ... ..	2
Arson ... ..	10
Assault ... ..	8
Bombs & Explosives ... ..	34
Breach of Export Control ... ..	13
Dangerous Goods ... ..	30
Death enquiries ... ..	21
Firearms & ammunition ... ..	3
Forgery ... ..	106
Fraud ... ..	6
Illegal practising of western medicine ...	40
Larceny ... ..	6
Medicines & drugs ... ..	33
Murder ... ..	4
Poisoning ... ..	13
Suicide ... ..	88
Traffic accidents ... ..	6
Unlawful possession of ores ... ..	20
Miscellaneous ... ..	14

---

700

---

Table 56

*Toxicological Examinations.*

No poison present	...	...	...	...	...	...	...	57
Adalin	...	...	...	...	...	...	...	3
Acetic acid	...	...	...	...	...	...	...	3
Alcohol	...	...	...	...	...	...	...	4
Alkalies	...	...	...	...	...	...	...	5
Arsenic	...	...	...	...	...	...	...	1
Barbituric acid derivatives	...	...	...	...	...	...	...	21
Carbon dioxide	...	...	...	...	...	...	...	2
Codeine	...	...	...	...	...	...	...	2
Cyanide	...	...	...	...	...	...	...	22
D.D.T.	...	...	...	...	...	...	...	3
Gelsemium Elegans Benth	...	...	...	...	...	...	...	3
Hydrochloric acid	...	...	...	...	...	...	...	2
Lead	...	...	...	...	...	...	...	1
Methyl salicylate	...	...	...	...	...	...	...	3
Opium	...	...	...	...	...	...	...	13
Oxalic acid	...	...	...	...	...	...	...	1
Phenolic or cresolic compounds	...	...	...	...	...	...	...	50
Procaine	...	...	...	...	...	...	...	2
Quinine	...	...	...	...	...	...	...	5
Sea-salt	...	...	...	...	...	...	...	1
Soap	...	...	...	...	...	...	...	1

---

205

---

497. Commercial samples are shown in Table 57, which adequately demonstrates the range and quantity of material dealt with. The fees collected amounted to \$100,747.00.

Table 57

Commercial Samples.

Minerals & Metals:—

Aluminum & Aluminium ore ... ..	7	Iron ore ... ..	7
Barium ore ... ..	3	Lead & Lead ore ... ..	33
Brass & Brass Scrap ...	137	Magnesium ... ..	1
Calcite ... ..	2	Manganese ore ... ..	21
Iron, Steel, & Ferro-alloys	19	Nickel & Nickel ore ...	3
Chromite ... ..	2	Pewter ... ..	13
Clays, Kaolin, & Sand ...	16	Realgar ... ..	3
Coal ... ..	35	Sodium Silicofluoride ...	2
Cobalt ... ..	2	Tin ... ..	5
Copper & Copper Scrap	40	Wolfram ... ..	31
Felspar ... ..	2	Zinc & Zinc ore ... ..	5
Fluorspar ... ..	9	Miscellaneous alloys, metals & ores ... ..	23
Graphite ... ..	39		

Oils & Fats:—

Aniseed oil ... ..	18	Soyabean oil .. ..	9
Camphor oil ... ..	1	Teaseed oil ... ..	19
Cassia oil ... ..	15	Wood oil ... ..	126
Citronella oil ... ..	12		
Peppermint oil ... ..	13	Cylinder oil ... ..	2
		Diesel oil ... ..	3
Castor oil ... ..	1	Fuel oil .. ..	3
Cottonseed oil ... ..	8	Gasoline ... ..	7
Groundnut oil ... ..	9	Motor oil ... ..	1
Linseed oil ... ..	1	Paraffin oil ... ..	2
Mustard seed oil ... ..	2	Transformer oil ... ..	2
Rapeseed oil ... ..	3	Valve oil ... ..	1

Miscellaneous:—

Drugs ... ..	138	Chemicals, dyestuffs etc.	501
D.D.T. ... ..	79		—
Foodstuffs ... ..	141		1,841
Sulpha-drugs ... ..	264		—

498. The biochemical work, as shown in Table 58, again increased during the year.

Table 58

*Biochemical Examinations.*

Specimens received:—

Bile ... ..	5
Blood ... ..	4,257
Cerebrospinal fluid ... ..	1,054
Gastric contents ... ..	1,908
Stools ... ..	66
Urine ... ..	218
Miscellaneous ... ..	100
	7,608

Received from :—

Families Visiting Medical Officer ... ..	20
Harcourt Health Centre ... ..	1
Kowloon Hospital ... ..	1,359

Kwong Wah Hospital ... ..	5
Lai Chi Kok Hospital ... ..	191
Medical Post, Central Police Station ...	3
Mental Hospital ... ..	23
Nethersole Hospital ... ..	91
Private Practitioners ... ..	185
Queen Mary Hospital ... ..	5,143
Royal Naval Hospital ... ..	1
Ruttonjee Sanatorium ... ..	15
Sai Ying Pun Hospital ... ..	221
Tsan Yuk Hospital ... ..	266
Tung Wah Hospital ... ..	22
Tung Wah Eastern Hospital... ..	57
Violet Peel Health Centre ... ..	5
	<hr/>
	7,608
	<hr/>

499. Other Departments of Government made considerable use of the facilities provided by the Laboratory, as shown in Table 59. The large number of items submitted by the Fire Brigade is in connexion with the Dangerous Goods Ordinance. The land storage of these commodities requires continual supervision. Samples of coal shipments to the Colony were received from the Supplies Branch of the Department of Commerce & Industry.

Table 59

*Miscellaneous Samples from Government Departments.*

Samples from:—

Agricultural Office ... .. 7

Controller of Stores:—

Controller of Stores ... .. 20

Sand Monopoly Office ... .. 3

Co-operative & Marketing Department:

Marketing Section ... .. 3

District Commissioner, New Territories 4

Fire Brigade ... .. 156

Kowloon Canton Railway ... .. 18

Labour Department:—

Superintendent of Mines ... .. 18

Marine Department:—

Government Slipway ... .. 3

Marine Department ... .. 1

Medical Department ... .. 5

Public Works Department:—

Architectural Office ... .. 1

Crown Lands & Surveys Office ... .. 6

Drainage Office ... .. 6

Port Works Office ... .. 5

---

256

---

Coal samples from Department of Commerce  
& Industry, Supplies Branch ... .. 64

---



500. Table 60 shows the considerable development of work already referred to under this heading.

*Table 60*

*Analytical work under Dangerous Drugs Ordinance, Dutiable Commodities Ordinance and Importation/Exportation (Prohibition) (Specified Articles) Orders.*

(a) Dangerous Drugs Ordinance.

Illicit possession, etc.

Certificates of Contents issued ... .. 1,436

(b) Dutiable Commodities Ordinance.

(a) Illicit possession, Smuggling, etc.

Certificates of Contents issued ... .. 1,164

(b) Examination for duty assessment and export on drawback.

Samples examined:—

Cigarettes	... ..	884
Paint	... ..	438
Beer	... ..	125
Brandy, Port, Whisky, Gin & Liqueur	...	126
Chinese Liquor	... ..	672
Perfume	... ..	96
Table Water	... ..	16
Denaturation of Alcohol	... ..	1,237
Miscellaneous	... ..	129

(c) Importation/Exportation (Prohibition)

(Specified Articles) Orders, 1951

Certificates of Contents issued ... .. 77

---

6,400

---

### *Equipment.*

501. The Laboratory is now well equipped, and the equipment has been maintained in good condition where practicable.

### *General.*

502. The somewhat bare recital of figures upon which a report of this nature must necessarily rely, gives an inadequate picture of the work of the Laboratory as a whole. In addition to the figures quoted, which for the most part refer to actual samples, the Laboratory is in continual demand, from both Government and private sources, for technical advice and assistance. Recent controls on trading in particular have greatly increased the work and responsibilities of the sub-departments.

## MEDICO-LEGAL DEPARTMENT

503. The Medico-legal work continued under the direction of the Police Surgeon, and consisted of forensic work, laboratory work, lectures and demonstrations to police officers and medical students.

504. The work done consisted of the following:—

(a) Examination of victims and suspects totals ...	91 cases
(b) Attendance at scenes of crimes totals... ..	135
(c) Attendance at various courts totals ... ..	144
(d) Medico-legal Post Mortems:—	
1. Hong Kong ... ..	24
2. Kowloon ... ..	45

(e) Assisting in raids on:	
1. Unregistered Medical Practitioners, and abortionists	10
2. Illegal sale and possession of poisons	30
3. Illegal sale and possession of penicillin substances	29
4. Manufacture of fake medicines	2
(f) Examination of weapons including daggers, knives, axes, etc.	92
(g) Examination of articles including beddings, furniture, linen, etc. totals	511
(h) Examination of hairs and fibres totals	12
(i) Examination of clothing connected with crimes	533
(j) Examination of Powder-marks in shooting cases	6
(k) Medico-legal Blood-grouping	724
(l) Blood-grouping of Police Personnel	951
(m) Examination of motor vehicles in accidents	6
(n) Examination of counterfeit coins	4

## RADIOLOGICAL

505. The work in the X-ray Department continued to increase, as was only to be expected, in view of the great increase in in-patient and out-patient demands on the medical service.

506. The work of the Radiological Department may be divided into the following sections:

### *Radiodiagnostic.*

507. The total number of X-ray investigations carried out was 157,552, which was an increase of 54 per cent over that of the preceding year. This was due to the opening of the Kowloon Tuberculosis Clinic and the Evening Clinics, the increased attendance at the Government out-patient clinics in general, the expansion of the School Health Service, the working of the Mobile Mass Radiography Unit given by the United Nations International Children's Emergency Fund, the examination of Essential Services' Personnel and, lastly but not the least, to the greater realization of the medical profession and the general public of the value of X-ray examinations in the diagnosis of diseases.

508. In connexion with these investigations 103,277 miniature films and 87,829 large ones, (films and X-ray papers) of various sizes were used.

### *Radiotherapeutic.*

509. The total number of cases treated was 259. Of these 183 were treated by deep X-rays, 56 by superficial X-rays and 20 by radiocobalt or radium. This represents an increase of 85 per cent over that of the preceding year.

### *Physiotherapeutic.*

510. This section extended its activities in the Lai Chi Kok and the Mental Hospitals and widened the scope of occupational therapy available in the Colony.

511. In all 5,486 persons of which 781 were in-patients and 4,705 out-patients, were given 47,557 treatments.

### *Training.*

512. On the radiodiagnostic side 8 probationer radiographic assistants, and on the physiotherapeutic side 5 probationer assistant physiotherapists, were being trained.

## **BLOOD TRANSFUSION**

513. The blood bank is centralized on the Queen Mary Hospital and obtains blood from voluntary donors. During the year, 988 transfusions were given, every effort being made when a patient needed a transfusion to get a relative as a donor.

514. The department prepares its own receiving bottles for use and these have proved very satisfactory, allowing blood to be kept in refrigerators up to one month after being taken from a donor.

515. Plans are in hand for an extension of the service during the next year to Kowloon Hospital, and for the assistance of the British Red Cross Society (local branch) to help in the obtaining of donors and blood.

## **BIRTHS AND DEATHS REGISTRATION**

516. The legislation for the registration of births and deaths is provided by the Births and Deaths Registration Ordinance which is under the control of the Director of Medical and Health Services who is the Registrar of the Births and Deaths. There is a central registry and a number of branch registries in different parts of the Colony and New Territories.

517. The volume of work done during the year has considerably increased in comparison with the preceding year, due mainly to the increase in applications for birth certificates. 46,616 birth certificates were issued in 1951 as against 17,334 in 1950.

518. Micro-filming of birth and death registers for all years prior to 1951 was completed during the year. A total of 619 birth registers and 621 death registers were micro-filmed and the films forwarded to the Colonial Office for safe custody.

#### STEWARD. (INCLUDING TRANSPORT AND AMBULANCE SERVICES)

519. The provision situation relative to equipment has again become difficult. There has been some considerable delay in supply of certain items from the United Kingdom, particularly enamelware. Attempts have been made to interest the local enamelware industry in the supply of surgical enamelware but with little success. It has also been found that the quality of some of the local enamelware bears poor comparison with that obtained from Europe. Attempts were made to replace enamelware with stainless steelware in operating theatres, but the supply of these items was frustrated by certain regulations being promulgated in the United Kingdom forbidding the further use of this strategic material for the manufacture of such items. The principle of make and mend, so successfully adopted since the Liberation is still being applied with much saving of public money. Every possible piece of equipment which, on becoming unserviceable, can be cannibalized is so dealt with and the resultant pieces used for the manufacture of serviceable items. The maintenance staff has performed invaluable work in this connexion and has made a large number of items of equipment as well as repairing many hundreds of items of furniture and equipment. The fitter section of the maintenance staff has also assisted in the rehabilitation of the steam installation at the Queen Mary Hospital, most of which had of necessity to be done between midnight and dawn of many nights. This staff is a great asset to the Department and has saved a considerable amount of public money.

520. The transport situation within the Department is still very difficult by reason of the considerable demands made upon it. The situation has been further complicated by the arrival of two large X-ray vans which constitute a Mobile X-ray Unit presented by U.N.I.C.E.F.

521. The Ambulance Service has dealt during the period under review with 26,085 calls, has carried 27,907 patients and has covered 16,128 miles. No new ambulances were made available during the year, the work having to be continued with the ambulances supplied in 1948 (six in number) and the War Department ambulances made available during the Military Administration.

## VI. TRAINING OF MEDICAL & HEALTH PERSONNEL

### *Doctors.*

522. The Hong Kong University trains medical students and its degree is recognized by the General Medical Council, United Kingdom.

### *Nurses & Dressers.*

523. The Government trains nurses (female and male) up to British standards, the local diploma being recognized by the General Nursing Council. Suitable local nurses, after necessary experience, can be appointed as nursing sisters.

### *Midwives.*

524. Full midwifery courses are supplied both in Government and in other hospitals. The local qualification is not recognized outside the Colony.

*Almoners.*

525. The department trains local girls as almoners but they cannot yet obtain reciprocity with Great Britain.

527. *Dispensers.*

*Radiographic Assistants*

*Asst. Physiotherapists.*

*Laboratory Assistants.*

} The department trains young men and women for these posts, but the local diploma is not recognized elsewhere.

*Tuberculosis Workers.*

528. Young ladies of secondary school leaving standard are trained in home visiting, health work etc. After a year's course they are transferred to work under the Tuberculosis Specialist.

529. The following table shows the technical groups that have received training during the years:

*Table 61*

	Appoint- ment	Resigna- tion	Strength at 31.3.52.	Passed
Probationer Assistant Physiotherapist .....	1	—	5	—
Probationer Radiographic Assistant .....	4	1	9	1
Probationer Dispenser .....	1	—	8	2
Probationer Laboratory Assistant .....	1	—	7	2
Probationer Assistant Almoner ...	1	—	3	2
Probationer Nurse .....	39	14	90	17
Probationer Dresser .....	13	11	12	3
Pupil Midwife .....	27	2	40	20



*Health Inspectors.*

530. The Royal Sanitary Institute is represented in Hong Kong by a local Examination Board with the Director of Medical & Health Services as Chairman. Local examinations for the various certificates are set by this body, and certificates granted after approval by the Royal Sanitary Institute of England. Teaching and training is carried out by selected personnel from the Sanitary Department, Health Officers of the Medical Department, and Officers of the Public Works Department.

K. C. YEO,

*Director of Medical & Health Services.*

OCCUPATIONAL THERAPY FUND

Statement of Receipts and Payments for the year ending 31st March, 1951

Receipts		Payments	
Description	Amount	Description	Amount
	\$		\$
To Donations ... ..	1,007.50	By Purchasing tools, rattans and materials ... ..	236.90
To Proceeds from sale of finished rattan-ware ... ..	365.70	By Payment of grant to a patient for acting as rattan instructor at \$150.00 per month, six months ... ..	900.00
		By Balance carried forward ... ..	236.30
	<u>1,373.20</u>		<u>1,373.20</u>

Confirmed

Sd. W. R. N. ANDREWS,  
Appointed Auditor,  
18th May, 1951

Certified correct,

Sd. K. C. YEO,  
p. Director of Medical &  
Health Services.

**SAMARITAN FUND**

**Statement of Receipts and Payments for the year ending 31st March, 1951**

Receipts

Description	Amount \$
To Balance transferred from Bank account to Treasury account ... ..	3,430.63
To Donations:	
Dept. of Veterans Affairs, Canada for Miss V. Buckler, patient in Mental Hospital ... ..	\$623.68
Command Paymaster for Mrs. B. Bacon, patient in Mental Hospital ... ..	\$214.63
Treasury for Mrs. L. Transley, patient in Mental Hospital ... ..	\$270.00
Jewish Benevolent Society for Mrs. M. Weinberger, patient in Mental Hospital	\$270.00
Hong Kong Jockey Club ... ..	\$2,500.00
Other sources ... ..	\$273.20
	<hr/> 4,151.51

To Repayment of loan from the fund ... ..

490.00  

---

8,072.14

Payments

Description	Amount \$
By Providing clothing, food, sweets and maintenance grants etc. to hospital patients ... ..	1,570.65
By Loan to patients ... ..	295.00
By Balance carried forward ... ..	6,206.49

---

8,072.14

Confirmed

Sd. W. R. N. ANDREWS,  
*Appointed Auditor,*  
18th May, 1951

Certified correct,

Sd. K. C. YEO,  
*p. Director of Medical & Health Services.*

NURSES REWARDS AND FINES FUND

Statement of Receipts and Payments for the year ending 31st March, 1951

Receipts		Payments	
Description	Amount	Description	Amount
	\$		\$
	¢		¢
To Balance brought forward ... ..	1,821.15	By Balance carried forward ... ..	2,021.15
To Forfeiture of deposit from Miss Lena Bebe Cheung ... ..	200.00		
	<hr/>		<hr/>
	2,021.15		2,021.15
	<hr/> <hr/>		<hr/> <hr/>

Confirmed

Sd. W. R. N. ANDREWS,  
Appointed Auditor,  
18th May, 1951

Certified correct,

Sd. K. C. YEO,  
p. Director of Medical &  
Health Services.

## OCCUPATIONAL THERAPY FUND

### Statement of Receipts and Payments for the year ending 31st March, 1952

Receipts	Amount	Description	Payments	Amount
	\$			\$
To Balance brought forward ... ..	236.30		By Purchasing tools, rattans and materials ... ..	4.00
To Donations ... ..	6,200.00		By An advance to British Red Cross Society to purchase materials for opening Occupational Therapy class ... .. *	100.00
To Proceeds from sale of finished rattan articles ... ..	2,770.00		By payment of Salary to Leung Ming for acting as rattan instructor to scheme ... ..	3,000.00
	<u>9,206.30</u>		By Balance carried forward ... ..	6,102.30
	<u><u>9,206.30</u></u>			<u><u>9,206.30</u></u>

Examined.

Sd. P. H. JENNINGS,  
*Director of Audit.*  
7th November, 1952.

Certified correct.

Sd. UJAGAR SINGH  
*p. Director of Medical & Health Services.*

\* Red Cross Society failed to produce bills for the payment of materials purchased before the end of the financial year, hence the sum of \$100 was shown as an advance to them. This has been adjusted in this year's account.

SAMARITAN FUND

Statement of Receipts and Payments for the year ending 31st March, 1952

Receipts		Payments	
Description	Amount	Description	Amount
	\$		\$
To Balance brought forward ... ..	6,206.49	By Providing clothing, food, sweets and maintenance grants, etc. to hospital patients ... ..	5,338.10
To Donations ... ..	11,489.84	By Loan to patients ... ..	475.00
To China Motor Bus Co. Ltd. compensation for patient, Yeung Kan ... ..	3,000.00	By Compensation for injury to Yeung Kan from China Motor Bus Co., Ltd. ...	3,000.00
To Repayment of Loan by the patients	300.00	By Adjustment of incorrect credit of Medical Fees to Samaritan Fund ...	46.50
	<hr/>	By Balance carried forward ... ..	12,136.73
	20,996.33		<hr/>
	<hr/>		20,996.33
	<hr/>		<hr/>

Examined.

Sd. P. H. JENNINGS,  
Director of Audit.  
29th November, 1952.

Certified correct.

Sd. UJAGAR SINGH  
p. Director of Medical & Health Services.

NURSES REWARDS AND FINES FUND

Statement of Receipts and Payments for the year ending 31st March, 1952

Receipts		Payments	
Description	Amount	Description	Amount
	\$		\$
To Balance brought forward ... ..	2,021.15	By purchase prizes, certificate & tea etc.	792.75
To Forfeiture of deposit from Miss Maria Li ... ..	200.00	By purchase books as prizes to dressers & nurses ... ..	105.33
		By Balance carried forward ... ..	1,323.07
	<hr/>		<hr/>
	2,221.15		2,221.15
	<hr/>		<hr/>

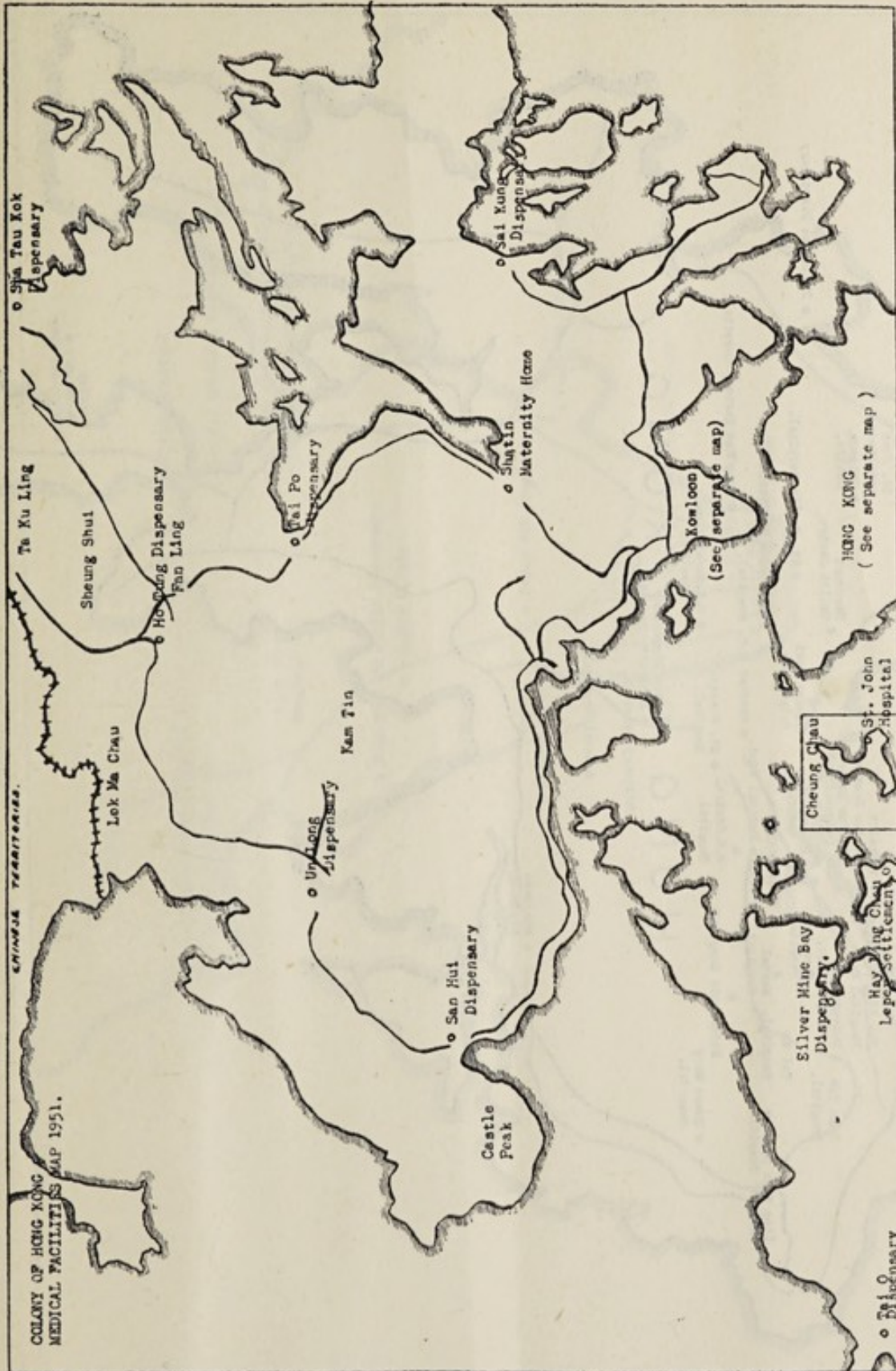
Examined.

Sd. P. H. JENNINGS,  
Director of Audit.  
27th August, 1952.

Certified correct.

Sd. UJAGAR SINGH  
p. Director of Medical &  
Health Services.

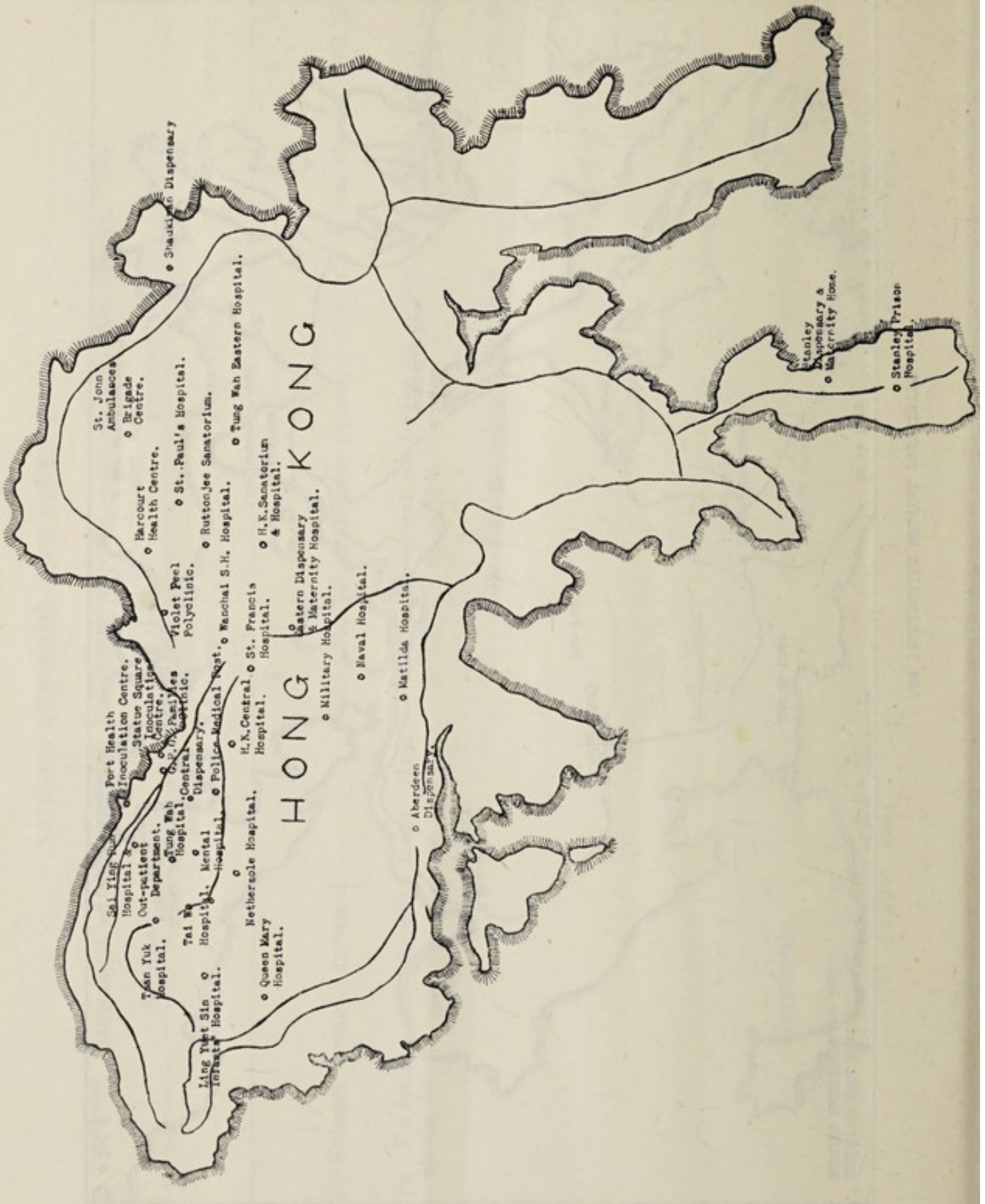
NEW TERRITORIES MEDICAL FACILITIES.



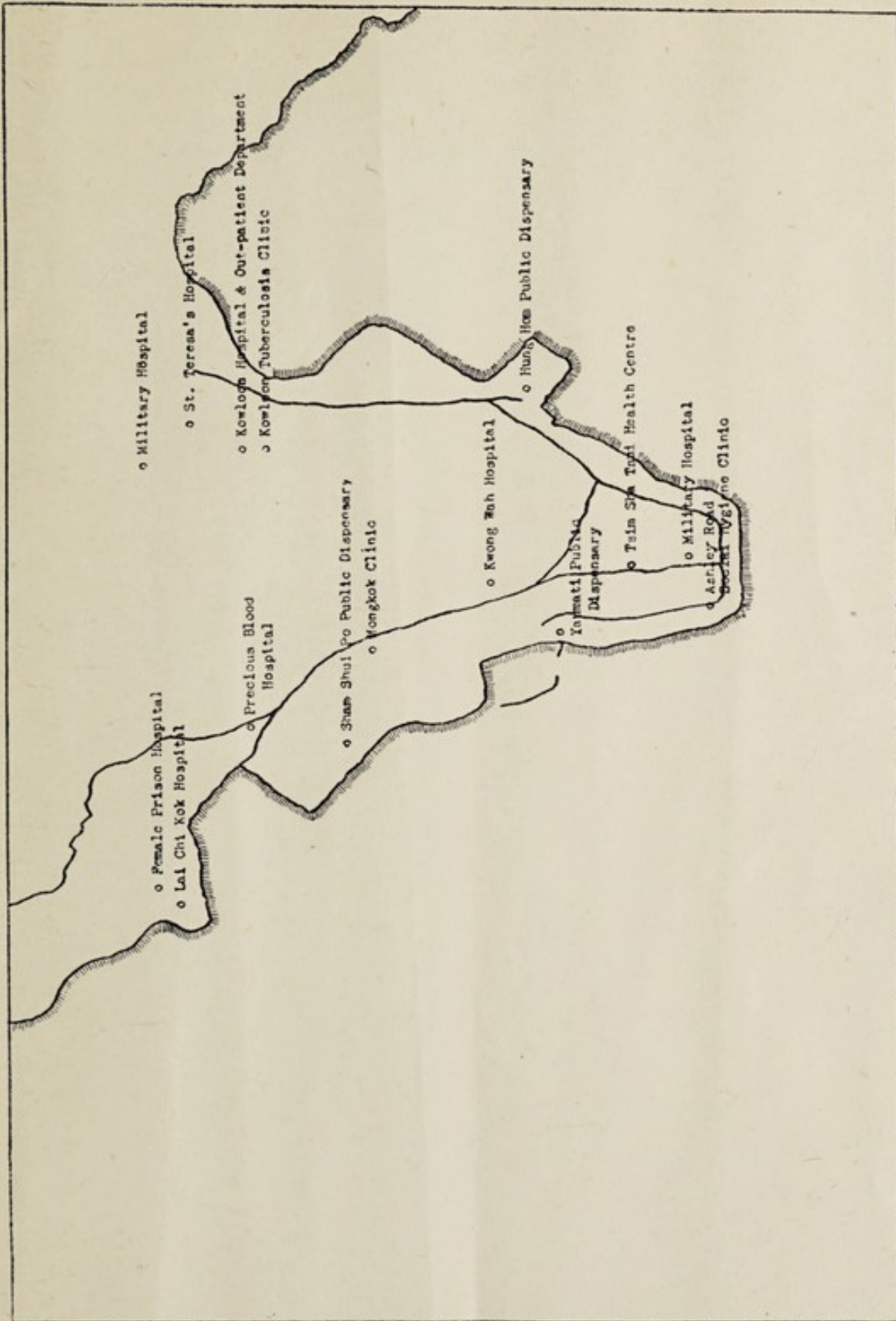


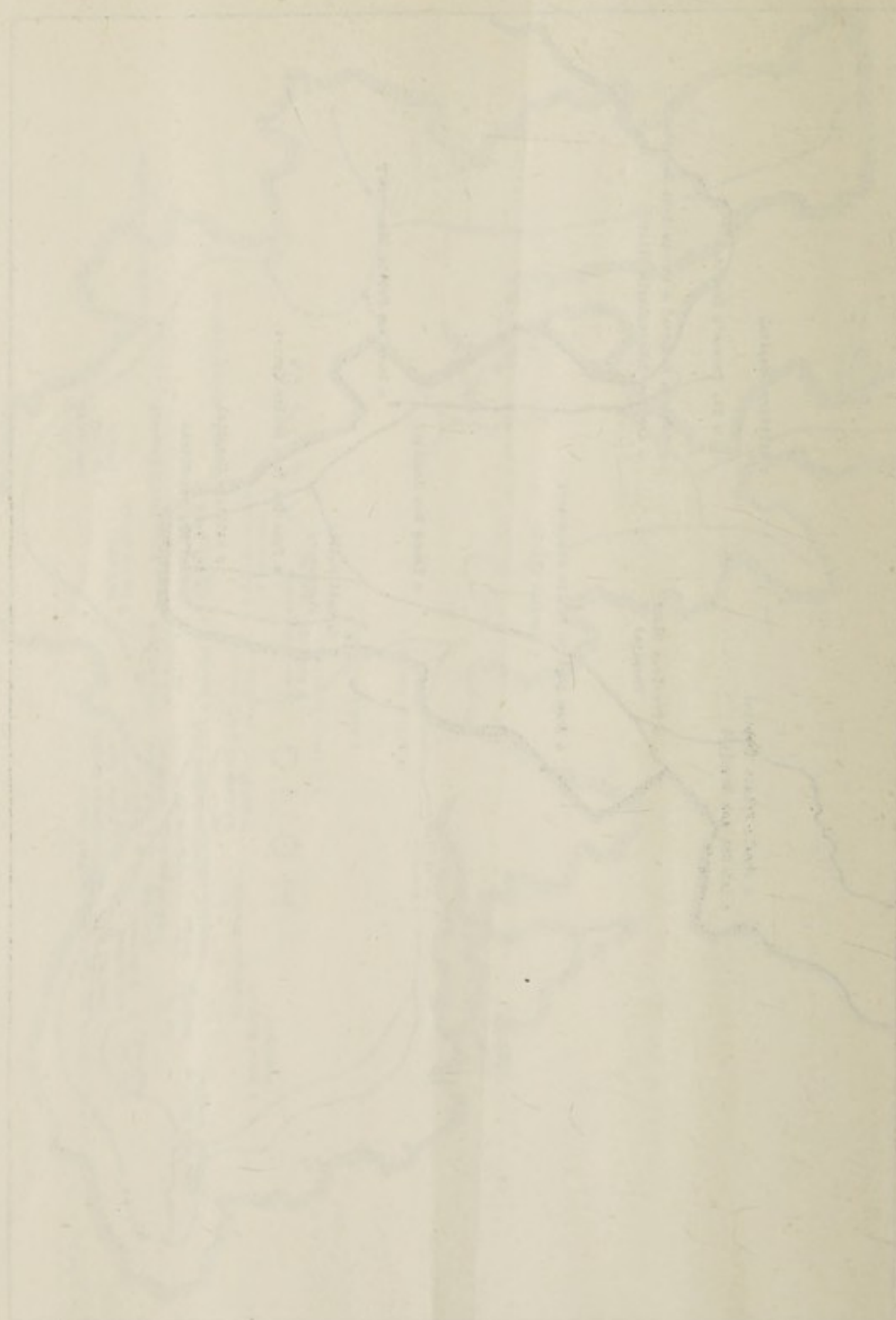
HONG KONG ISLAND

MEDICAL FACILITIES



KOWLOON PENINSULA MEDICAL FACILITIES.





PHOTO

1887

1887



# ROYAL SANITARY INSTITUTE

FOUNDED 1876

TO PROMOTE THE HEALTH OF THE PEOPLE

## LIBRARY REGULATIONS

(a) Books, periodicals and pamphlets may be borrowed by Fellows, Ordinary Members and Associates personally or by a messenger producing a written order. The person to whom such publications are delivered shall sign a receipt for them in a book provided for that purpose.

(b) Publications may be borrowed through the post, or by other means of carriage, upon a written order. The postage or carriage of publications returned to the Institute shall be defrayed by the borrower.

(c) A borrower may not have more than three publications in his possession at one time.

(d) A borrower will be considered liable for the value of any publication lost or damaged while on loan to him, and, if it be a single volume or part of a set, for the value of the whole work thereby rendered imperfect. Marking or writing in the publications is not permitted, and borrowers are requested to call attention to damage of this character.

(e) Books and pamphlets may be retained for twenty-eight days. Periodicals may be retained for fourteen days. Applications for extension of the loan period must be made in writing before its expiry. No publication may be kept longer than three months.

(f) Books and pamphlets added to the library will not be lent until after the expiry of one month from the date received. The current number of a periodical may not be borrowed.

(g) Borrowers retaining publications longer than the time specified, and neglecting to return them when demanded, forfeit the right to borrow until they be returned, and for such further time as may be ordered.

Any borrower failing to comply with a request for the return of a publication shall be considered liable for the cost of replacing it, and the Council may, after giving due notice to him, order it to be replaced at his expense.

No publication may be reissued to the same borrower until at least seven days have elapsed after its return, neither may it be transferred by one borrower to another.

(h) Publications may not be taken or sent out of the United Kingdom.

(i) Publications returned through the post must be securely packed in a box or otherwise adequately protected.

(j) The Library may be used for reference by Fellows, Ordinary Members and Associates during the office hours of the Institute.

(k) Parcels should be addressed :

THE ROYAL SANITARY INSTITUTE,  
90, BUCKINGHAM PALACE ROAD,  
LONDON, S.W.1.



